

## Starting Out

By JP Sutherland

Seen from a distance they made an idyllic picture. Rosa was twenty-six, and although the bloom of pregnancy had faded it was being replaced by the deep contentment of first-time motherhood. In her arms was Patrick Junior, ten days old and gazing steadily into his mother's eyes. One hand had escaped from the blanket and I marveled, as I always do, at the tiny perfection of an infant's fingers.

However.

The first sign of something wrong was the setting. This was the emergency room, and I was the psychiatric resident on-call. Although that implied an ill-starred start to motherhood, it was only when Rosa started to speak that the image of nurturing mother and child crumbled.

"Congratulations on a healthy baby." I had started conventionally.

"Thank you. Isn't he wonderful?" She beamed. "And he means an end to infertility."

"Your doctor's referral letter said you'd had some difficulty conceiving. Tell me more about that." The referral note had actually gone a lot further, but I wanted to hear it for myself.

"Well, Patrick cured my infertility, and now he can cure others."

"I understand about him being an end to the struggles you've had, but explain to me about the others."

"I just have to give them a part of him and then they'll be able to conceive."

"A part of him...?"

"Yes. The fingers I think." She frowned. "I don't like to think of having to cut them off, they're so perfect."

"But you wouldn't actually do that would you?"

She looked at me with a disquieting intensity. "I *have* to. You don't understand. But it would be terrible as well, I know that."

I paused, not for any purpose or effect, but because for once I was truly speechless and had to think. But she broke the silence before I did, with a return of her smile after the moment of doubt had passed.

“But it will all be worth it when he can help so many other would-be mothers.”

Compared to other areas of medicine such as cardiology or surgery, psychiatry doesn't really have too many emergencies. We psychiatrists are used to taking our time, listening to our patient and expecting the improvements in someone's mind to occur over days, or more likely weeks. However, this was one of the definite psychiatric emergencies that we had been taught – a mother, delusional, with thoughts of hurting her baby, and cradling the potential victim in her arms. I was only partly trained and would usually report back to my boss before taking any major action, but this wasn't the time to be waiting ten or fifteen minutes for them to answer their pager. I needed to separate Rosa from Patrick, and then arrange for her detention in hospital for everyone's safety.

I headed for the door, and asked her to follow. But the space where our security staff usually stands, available to assist us at short notice, was empty. I knew the security team well from numberless nights on call, and I understood they were wanted from time to time in other areas of the ER, but I needed them now. After looking left and right I finally saw them in the distance at the minor trauma area.

The person who was right outside the room was Rosa's husband, Patrick Senior. I hadn't yet spoken to him and now I needed his help. Hopefully he was going to do as I asked.

“Hi,” I said as calmly as I could, “I'm the resident doctor on-call for psychiatry. Can I ask you to take little Patrick for a moment while Rosa and I just go over there?”

He reached out instinctively, but she held back and was looking at me skeptically.

“Where are we going?”

“Just over to the other side of the ER where I can get you weighed.”

“Why do you need to weigh me?”

“It's just a routine.”

This was technically true, but I would never make it part of the initial assessment, and I would rarely perform the weighing myself. However, the scales were on the other side of the ER, near where I would get the support I needed.

She didn't move, and looked doubtful, clutching her baby tightly. My pulse began to quicken, and I wasn't sure how to proceed if she wouldn't hand over little Patrick. I knew our staff would separate them, but I feared for the baby's safety during such a struggle, and we all needed this to go smoothly.

“Here love, let me take him,” said her husband, and as she handed him over I tried to nod at him with meaning, and gratitude.

Rosa then followed me across the hall, looking back from time to time.

“Hi Steve,” I said to the friendly young man in the hospital’s blue uniform, “can I introduce you to Rosa?”

“Hi Rosa,” he said in a pleasant voice, though I’m sure he knew what was coming.

Psychiatrists rarely introduce security staff to our patients without an underlying reason.

“I’m going to be detaining Rosa under a certificate of the Mental Hygiene Law, and I didn’t want to do that while she was holding her baby. That’s him, over there with his Dad. Could you and your colleagues help us manage the situation?”

“Sure I can,” came the easy reply.

Rosa just stood there for a moment, with the bliss draining out of her as she gradually took in what I had said. Then she slowly began to move back towards the two Patricks. Steve followed her, and as she broke into a run, he easily slid his arm around her waist and brought her to a stop.

“Nooo!” she wailed, “My baby!” and struggled against Steve’s restraint. His colleague arrived quickly and they soon took control and slipped her back into the interview room, which they then locked. That left them outside with me, and Patrick Junior, and his father whose face now bore a look of horror.

This was postpartum psychosis, rather than the depression, which is more widely known as blight on the precious first few months of motherhood. There may be a mood component to this illness too, but if so it’s mania, that mirror image of depression. The hallmark of postpartum psychosis is the hallucinations and delusions that take over someone’s mind and characterize the public’s typical impression of madness. Rosa didn’t have hallucinations as far as I had seen so far, but her delusions about little Patrick’s miraculous abilities were more than enough problem for her and us to be dealing with.

So there we all were. A new mother, who is finally emerging from the years of struggling against infertility, only to be overtaken by a breakdown, and on the verge of delusionally harming her child. And a new father, seeing his long-cherished dreams of having a family collapse into this nightmare of madness. Most people couldn’t picture a more disastrous situation. So it was a sign of just what a strange perspective psychiatrists have on life, and how quickly I had developed my professional detachment, that I wasn’t feeling anything except relief and optimism. And from my side of the room there was every reason to be positive, now that mother and baby were safely separated.

By now we had arrived in the hospital’s mother and baby unit, and my boss was talking with Rosa and explaining to her the need for medication, and from the sound of Rosa’s screaming it wasn’t going well. Little Patrick was now in the care of Rebecca, the unit’s nursery nurse, which left me to talk with Patrick Senior.

“It looks terrible I know, but what I need you to understand is that this is temporary.”

His eyes were riveted on mine, as if I was handing out a life sentence, and thankfully in this case I wasn't.

“Rosa is expected to get better, but this will take a few weeks. She has to stay here, and we can keep Patrick as well so they aren't completely separated. She'll need medication, whether she likes it or not, but you should look forward to having your wife back again.”

“It looks terrible...” He repeated, but got no further, and I realized that my smoothly delivered speech of optimistic reassurance had gone unheard through his heavy shroud of despair. I tried again, and more gently, but without much improvement.

Finally, he asked, “What can I do?”

“Visit, and don't give up on her. Whatever terrible things she may be saying at the moment, it's not her but the illness talking.”

Rosa didn't have the easiest of journeys through her hospital admission, and I still have memories of the security staff chasing her around the inpatient unit, with me following with a syringe to inject her. I had been quick to accept my profession's coercive side in my first years of training, and I had Panglossian confidence in our plan of action during the first couple of struggles with Rosa. But on the third occasion that an intramuscular injection was needed, because Rosa was still refusing oral medication, the security team had positioned her awkwardly. This meant her face was turned towards me, and close to mine, as I eased the delusion-dissolving haloperidol into her. Then I quickly retreated under cover of needing to dispose of the needle and syringe. But as I went home that night her image stayed with me, and I finally saw the gulf between her despair and my assumption, half-professional and half-naïve, that all was going to be well.

But with time she did begin to change. First her behavior calmed down, and then it was possible to sit with her and have a conversation. But the content of what she talked about remained as delusional as ever. She told me that God gave little Patrick to her so that she could cure so many other infertile couples. She didn't *want* to harm him, but she believed it was God's will, and so would go ahead with it when she had the chance. Then we began to see her psychotic thoughts gradually retreat. Now Patrick didn't need to lose fingers to cure others, but just a visit from him would do it. Next, she slid into thinking she would be a useful resource talking to women struggling with infertility since she had successfully conquered it, and seeing Patrick would be enough to encourage others to continue, without having to harm him.

Although I appeared so professionally wise to Rosa and Patrick when I told them how to expect a good recovery (or at least I hoped I did), I was still very green, just three years into my training, and the magical difference that blocking a single neurotransmitter could make to

someone's psychosis was a small miracle to me. I woke each morning eager to see what new improvement I would find when I sat down with Rosa for my daily interview, and after three weeks of antipsychotic medication she finally offered me some insight.

"I was insane, wasn't I?" She asked, with none of her previous conviction.

"'Delusional' is probably the better word," I answered, "but your mind was certainly not thinking right."

"But why? Did I do something to cause this?"

"No Rosa, it was nothing but bad luck. This happens to a very few new mothers, and it's nothing any of them have caused."

"I can't believe that I would have hurt Patrick."

"No, it seems almost impossible for anyone to do that. And we're not convinced you would have hurt him, because you still retained some understanding that it was wrong. But the risk was certainly too high."

"Will it happen again?"

"Probably not in ordinary life. You never had such a problem before, and so you should be OK. However, there is a definite risk the same thing would happen in another pregnancy. When you think about having another child you would need to involve us early on to minimize the risks."

"Another pregnancy?" She smiled ruefully, "You must be joking, I can't even think about it."

One more week of hospitalization allowed her to complete the gradual tests of passes back home with her husband, which went smoothly and without incident. Within the ward we were now letting her care for little Patrick independently. Rebecca kept her distance, but her eyes were quietly watchful, and she reported back to us that Rosa was mothering wholly appropriately.

On the day of her discharge I signed Rosa out from the ward and watched the family leave. Seen from a distance they once again made an idyllic picture. Looking down the corridor I saw them pause at the point where the mental health wing meets the rest of the hospital. They were overloaded with the usual baggage train of belongings that slows all parents, and they took a moment to rearrange things for the rest of their walk to the car. Rosa readjusted her hold on the baby, and briefly leaned in towards her husband. I saw him kiss her on the head, and smile at little Patrick. Then, shoulders squared to better carry their burdens, they walked off without looking back, and entered their future as a new family together.

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**JP Sutherland has come late to writing, after a long career as a psychiatrist. He is writing non-fiction to try and help demystify this most-misunderstood branch of medicine. His first work is being published in *Ars Medica*.**

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