

DAY-TO-DAY UPS AND DOWNS OF CHILDHOOD...

I - EATING PROBLEMS

1 - Early eating problems¹:

They cannot be dealt with without looking at the mother, the child and what develops in their relationship

✓ **The mothers:**

Anxious and (or) dominated by 'I have to', they are problematic as they transmit their restrictive message to the child: ARGENTUM NITRICUM in their haste, ARSENICUM ALBUM and CYCLAMEN in their insistent perfectionism, SILICEA in their obsessive anxiety and their fear of not being equal to the task are convincing examples of this...

Authoritarian or (and) narcissistic, they include their pathogeny in an insistent 'He/She has to'.

At the least refusal, the child feels that they are misunderstood and the mother rejected. LACHESIS does not cope well with it and gets tense, NUX VOMICA fidgets and shouts, PLATINA hardens, LYCOPODIUM gets angry and tends to humiliate the person who resists their injunctions...

*Depressive, 'abandonniques'*²: 'I can't' - and, in a way, 'I don't want... I no longer want...' - become attached, invest a lot of emotion'. SEPIA, AURUM, SILICEA, CHINA, NAT CARB, GRAPHITES, etc. often say those sorts of sad things at first. The relationship suffers...

To that feeling expressed in a more or less implicit way, the child can only respond in as implicit a way, 'What's the point of living?'.

SEPIA, NATRUM MUR in their anaclitic depression and even, sometimes, their disorders of the symbolic function, PULSATILLA, always crying, anorexic - and sometimes bulimic -, SILICEA, sickly, wrinkled, retracted, made thin, are the convincing examples of this.

Immature: 'I don't know', also, perhaps... 'I don't want to know'.

¹ It is important to distinguish plain anorexia that can sometimes be found when the child is weaned, which expresses the fear of the stranger, from that, complex and enduring, which expresses the massive refusal to incorporate the destructive mother confused with food. In the struggle with the mother for mastery, there may be several outcomes. They may take on a perverse, disturbed or even almost psychotic quality - in which the death wish may emerge. "Entre 6 et 8 mois, l'on peut observer, s'il y a carence de l'apport maternel, une rumination autoérotique incessante d'une partie du contenu de l'estomac - mérycisme - avec des attitudes autistiques. Le sensorium est désinvesti au profit de l'intérieur du corps avec un désir de maîtrise orale et musculaire d'un objet partiel. Certains érotismes mortifères de ce type jouent ainsi un rôle de pare-excitation autonome, non lié à la mère." ('Between the age of 6 and 8 months, one may observe, if there is emotional deprivation from the mother, constant auto-erotic rumination of a part of the contents of the stomach - merycism - with autistic attitudes. The sensorium becomes uninteresting to the advantage of the interior of the body with a desire for oral and muscular mastery over a part-object. Certain sorts of deadly eroticism of that type act as autonomous "pare-excitation" not linked to the mother.') J. BERGERET, A. BECACHE, J-J. BOULANGER, J-P. CHARTIER, P. DUBOR, M. HOUSER, J-J. LUSTIN, *Psychologie pathologique théorique et clinique*, Masson, 10ème édition.

² Suffering from abandonment anxiety. (Translator's note)

To PULSATILLA, the child, their fellow creature, is an object with all that it means for the present and the future.

Ambivalent: whether they are torn between submission and retraction like ACTAEA RACEMOSA, love and rejection like ANACARDIUM, or refusal and guilt as MEDORRHINUM may often be, they pose problems.

Eternal adolescents, they take on the retracted quality of NATRUM MUR or that, 'vague', of PHOSPHORUS or CALC PHOS...:

For both of them, the plunging into psychosis is possible at any moment.

Anxious and overprotective, they ask a single question, 'Am I appropriate?'... This is the problem that THUJA, CALC CARB and CYCLAMEN have...

Unstable:

CALC FLUOR and FLUORIC ACID, changeable;

MERC SOL, subject to intempestive reactions;

LILIUM TIGRINUM, agitated;

BARYTA CARB, pusillanimous and not making one feel secure given their mental inadequacy...

Confronted with those mothers, experiencing every day and in their body what is carried of those more or less conscious problems,

✓ ***The child:***

Their heredity, what constitutes the web of what they are, the things they have got used to doing, the influence that a somatic pathology that they might or might have carried may have should be examined carefully³.

Any incident likely to engender anxiety, overstrain or more or less guilty calling into question can only have an effect on the relationship they form with their mother and cause disturbance in the present and in the future.

Whether the child eats insufficiently or too much or has trouble digesting or tolerating what they are offered can only affect their mother...

She reacts to it more or less calmly according to her responding type.

Eating disorders marked by 'too little' or 'too much' are found here.

Their effects are more or less marked.

✓ ***'Hypo-' disorders***

* ***The child eats little but still has a healthy appetite:***

³ The psychosomatic disorders occurring after the age of 30 months would indicate "un enfouissement plus net dans le corps et se rapprochent de ce que l'on voit en psychosomatique adulte". ('more marked burying in the body and are close to what is seen in adult psychosomatics'), cf. J. BERGERET, A. BECACHE, J-J. BOULANGER, J-P. CHARTIER, P. DUBOR, M. HOUSER, J-J. LUSTIN, *Psychologie pathologique théorique et clinique*.

Four puny subjects with bad general assimilation:

Relationship problems prove to be more or less minor in them.

PSORINUM lacks energy and should be noticed. The medicine should therefore be given when the mother has taken remedies before or during her pregnancy. The child's physical and psychological reactivity will only be better (7 CH, 9 CH, 12 CH, 15 CH successively, at intervals of 10 or 15 days).

CAUSTICUM lacks tone and dynamism but, as they 'bite the inside of their mouth while masticating', mealtimes are not pleasant.

ABROTANUM, SARSAPARILLA are malnourished, emaciated, prematurely aged. One is 'intensely hungry and groans continuously', with digestive disorders; the other, prone to 'aphthae and abdominal pain', does not enjoy eating.

Five malnourished subjects suffering from a mineral deficiency:

The relationship problems are secondary to the feeling of malaise and 'Emptiness'. In that special phase in which food and mother are linked, at that stage of development, that unspeakable experience is assimilated by the child to a sort of 'absence of a mother'.

Even when the latter has not been deficient in her ability to care for them appropriately, they see her as deficient.

In spite of the fact that they are not the only ones who may experience it, SILICEA, CHINA, MAG CARB, NAT CARB, ARSENICUM ALBUM, etc., in their respective aspects of exhaustion or lack of vitality, should be more particularly mentioned here.

Subjects intolerant to/of ... :

The relationship problems are part of the impossibility of 'assimilating' what is received... This may be taken literally as well as figuratively.

▪ *Intolerance to milk or of the mother?*

This is the problem posed by SEPIA, NAT CARB and MAG CARB:

Confused, symbolically linked, the milk received and the mother who gives it carry the same toxic – in every sense of the word – strength. Made vulnerable, sensitised to feel what comes from the outside world only in its difficult, unpleasant and asthenic aspect, the child cannot come out of that real and symbolic contribution unharmed. Their feelings about the world and life in general can only be affected by it and make them have feelings of malaise, 'Emptiness' and non-fulfilment.

SILICEA and CHELIDONIUM, who have so much difficulty in digesting hot milk, most probably have – but who can tell? – the same feelings.

Moreover, do not SEPIA mothers very often beget SEPIA subjects?

Are they not, in spite of themselves, likely to transmit to them their physical and psychological experience? Is it not taken into account by the child in all its pathogenetic strength, particularly when they are of the same responding type as their mother?

Moreover, is not the refusal to accept the milk, which disagrees with them so much, a sort of protection response, a form of defence against what may be seen as 'aggressive' and difficult to assimilate, given the trouble and the oppressive message that it carries?

▪ *Intolerance of what comes from the outside world...*

Is not LYCOPODIUM, because of their metabolism, unable to assimilate its sweetness? Do they not have great difficulty in bearing its sweet aspects, about which they are nevertheless particularly crazy?

Does not everything happen as if, from the very beginning, they had to brace themselves and refuse to accept what comes from the outside world – and therefore from their relationship with other people – and includes pleasure?

Is it not that inconvenience aspect, present from the very beginning, which leads them to be so cynical and prophetically enlightened on a world they see as aggressive, rejecting, illogical and absurd?

They may constitute a link with the following category:

* ***The child eats little but has a variable appetite.***

The risk of anorexia emerges implicitly.

The psychological disorder engenders the physical disorder, which leads to the relationship disorder, which... maintains the psychological disorder; and this constitutes a sort of vicious circle.

Silent about their real need, NAT MUR very often has eating disorders at the beginning of their lives. All psychological disorders in them manifest in that manner. They herald disorders of the symbolic function and also, very often, difficulty in clinging to life.

* ***The child eats irregularly.***

Their appetite is maintained more or less but they have digestive disorders:

The psychological disorder develops because of an unpleasant physical experience linked to a problem of bad assimilation as well as the overall context of malaise surrounding them:

ARGENTUM NITRICUM feels insecure. Their strength has weakened all the more as they are agitated and their glycaemia, linked to their low tolerance to sugar as well as their constant stress, engenders in them alarming feelings of tiredness.

They choke, fear that food might slip from their mouth... Their mother's anxiety has left so many marks on them that they seem to tend desperately to join in her tireless race. Race for what? Race to whom? Race, why?... They do not know, and neither does she.

The emptiness inside ulcerates them in every sense of the word. The emptiness outside frightens them. They are hungry... and their hunger eats away at them. Their greedy stomach remains insatiable and yet impossible to be put at rest.

STRAMONIUM is afraid...: something stops, blocks their throat and prevents them from swallowing... Do they choke their anger or cries stifled when faced with a violence that is beyond them, causes distress to them and, above all, does not permit theirs to emerge? They stammer because of it... and 'feel an impossibility of swallowing' that verges on dysphagia...

The child has a whimsical and irregular appetite

Caught between the demands of their metabolisms, the paroxysms of their fatiguability and their proclivity to escape into a disembodied universe in the face of 'materiality' seen as

restrictive and marked, CALCAREA PHOSPHORICA, PHOSPHORUS and TUBERCULINUM, unstable in their appetites for food and life, often belong to that category.

They contrast with the following category:

✓ ***'Hyper-' disorders: too strong appetites***

CALC CARB, ANTIMONIUM CRUDUM and, to a lesser extent, PULSATILLA reassure themselves by eating... Their appetites increase when they have cravings...

ANACARDIUM calms down during meals, which lessen their coarse and offensive aggressiveness as well as their anxiety.

SULPHUR and NUX VOMICA, who are delighted with everything life can offer them, make the most of it without really asking themselves questions...

2 – Secondary eating problems

The notion of the classic 'Since' plays a role here...

Vaccinations, the conditions causing anergy are often in question, alone or as 'pretexts' for heralding a problem in the mother-child relationship.

But these are not the only ones.

Various psychological disorders may be at issue here. They constitute a form of break in the development, with a regression to a previous stage.

Linked to the resurgence of an older mark that is reactivated when a sometimes insignificant event happens, they may occur after a period of real – or felt as such – abandonment.

They sometimes constitute a response to an unaccepted situation that leads to a behaviour of marked opposition.

In any case it is essential, when confronted with an eating disorder, particularly when it manifests in its 'hypo-' form, to:

- distinguish true from false anorexia,
- determine the real origin of the disorder, its importance and potential risks at the physical and psychological levels,
- assess its impact on the child's relational life,
- remain all the more vigilant as the 'tuberculinique' element is marked.⁴

To be continued...

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⁴ Translated by Pascale Tempka