

Reprinted from

The Japanese Journal of Psychiatry
and Neurology, Vol. 42, No. 2, 1988

The Perimenarche Syndrome (A Proposal)

Sadanobu Ushijima, M.D. and Ryuji Kobayashi, M.D.

Department of Psychiatry, Fukuoka University School of Medicine, Fukuoka



The Perimenarche Syndrome (A Proposal)

Sadanobu Ushijima, M.D. and Ryuji Kobayashi, M.D.

Department of Psychiatry, Fukuoka University School of Medicine, Fukuoka

Abstract: We present here two cases with depression and obsessional symptoms, in which the patients were 11-year-old girls just prior to the advent of menarche. Their clinical picture was fairly different from the one which Deutsch, H., Jacobson, E. and Blos, P. described in their classical cases so far. In our cases the regression to preoedipal level was very prominent, that is, the rapprochement crisis-like state (Mahler, M.S.) with transitional objects such as stuffed animals and dolls (Winnicott, D.W.) was observed. It was believed that with such a background there were changes in the parent-child relationship in preadolescence which the premature physical growth among recent children had brought about, and changes in the concept of the mother and father which cultural vicissitudes had induced. It was also indicated that this kind of direct observation would contribute not only to the encouragement of the sound development in this period of life, but also the understanding and treatment of adolescent or adult cases.

Key Words: *preadolescence, transitional objects, idealized father image, premature physical growth, perimenarche syndrome*

Jpn J Psychiatr Neurol 42: 209-216, 1988

INTRODUCTION

Ushijima, S.,²⁴⁻²⁶ one of the authors, has suggested, through his experience in individual psychotherapy, that attention should be paid not only to the issue of separation individuation in infancy, but also to the developmental problems in preadolescence so far neglected in the current adolescent cases and sometimes even in the adult cases. Preadolescence has its own specific separation-from-the-mother processes which appear similar with, but different from the ones of infancy. It is thought that the way in which the parents cope with their chil-

dren's problems during this stage exerts no small influence on development afterwards.

Along with this assumption, the authors have recently noted that the number of preadolescent cases (age 10 to 13) in which girls with various neurotic symptoms seeking help at our clinic have been increasing. Even though they display a wide variety of symptoms, they seem to have common essential underlying disturbances in relation to the advent of menarche. Neurotic symptoms would disappear shortly after the beginning of menstruation. It is worthwhile, therefore, to conceptualize them as the perimenarche syndrome and to deepen our understanding not only for encouraging the sound development in this stage, but also working out the therapeutic strategies of adolescent or adult cases.

Although it would seem that males of

Received for publication Dec. 23, 1987.

Mailing address: Sadanobu Ushijima, M.D.,
Department of Psychiatry, Fukuoka University
School of Medicine, 7-45-1, Nanakuma,
Jonanku, Fukuoka 814-01, Japan.

the same generation have similar processes, we would like to limit or confine ourselves to the female cases.

CASE STUDY

Case 1

The mother brought the patient, 11 years and 2 months old, to our hospital clinic for the symptoms of lack of vitality and bedwetting. She was in the fifth grade of primary school. She was from an ordinary white collar family which consisted of five members, the father, 41 years old, who worked for a credit company, the mother, 37 years old, a housewife, two brothers, 14 and 16 years old, and herself. The patient's birth and physical growth in infancy had been normal. However, at the age of six months when the mother would take away the feeding bottle the infant would almost always suck her thumb and bite her nails severely. Bedwetting continued till the age of three for which a doctor had been consulted although no treatment had been prescribed.

This spring (patient was in the fifth grade), when the family moved from Kumamoto to Fukuoka, the patient began bedwetting again. At the same time, she began to suck her thumb and seemed to lack getup or vitality. Her mother was more concerned about the lack of vitality rather than the bedwetting because the former meant that the child was practically confined to home.

The patient's personality was characterized by being exact and stubborn. Unlike her brothers, she had never formed any attachments with a blanket or stuffed doll and such in her infancy.

On her first visit she seemed to be an ordinary primary school girl and there did not appear to be any signs of depression. However, upon inquiry the patient revealed that she had had feelings of loneliness and depression. In spite of feeling ashamed of bedwetting, she was neither anxious nor de-

pressed about it. She also did not seem to be having any particular problems in school. Her family seemed to be stable and she did not look overly nervous. The pubertal changes such as breast swelling and so on suggested normal physical growth. However, she had not, as yet, experienced menarche. As she was 151 cm tall and weighed 41 kg, the therapist thought that the current neurotic state might well be the forerunner to the beginning of menstruation. The therapist then informed the mother and the child of this and of the importance of the parents coping with the child's emotional change during this period. A small amount of antidepressant, amitriptyline (20 mg/day), was prescribed for the depression and bedwetting.

The enuresis had improved significantly in the first week. In the sixth week the mother reported that the patient had become quick-tempered. Her anger was easily aroused even with inanimate objects around the house and trifling matters as well as with her younger brother who showed a dependency toward the mother. After 10 weeks she became ashamed of being unclothed in the presence of the father. In the 15th week, it was reported that she wanted to stay up late at night. She also seemed to take an interest in or be curious about her brother's behavior. She became overjoyed at discovering a hidden pornographic magazine under her brother's bed. However, it is noteworthy to mention that what interested her was not the pornography itself but the attitude of the brother in having such a secret. Along with this some changes in the patient's attitude toward the mother were observed. Even though the child was very dependent on the mother, she showed open disgust when the mother would come close. She also displayed a similar attitude toward the dogs, cats and birds which she had previously been looking after. While she seemed to enjoy speaking to them, she would at times treat them with cruelty. She kept many stuffed toys (mostly animals) on her bed.

After 20 weeks, she had the beginning of menstruation at the age of 11 years and 6 months. Along with this her anger or short temper and irritability seemed to have subsided. Particularly, she started to take care of the puppy the parents had got for her. It may also be noted here that she would frequently look at herself in the mirror. Although she had difficulty in dressing her hair and looked as if she wanted her mother to help, she would never ask for such help.

After 24 weeks she would seldom confine herself to her room as before and it appeared that a good degree of her vitality had returned. Furthermore, as contact with family members and friends increased, the stuffed animals were moved from the bed to a shelf. In addition, the patient clearly asked for her "father." On the pretext of having something to ask the father, she would stay up at night waiting for him to return home late from the office. Since she had completely recovered from the enuresis without medication, we decided to terminate the treatment. The entire process took seven sessions over five and a half months.

Case 2

The patient was a primary school girl in the sixth grade, 11 years and 8 months old. She made the first visit to our hospital clinic with complaints of obsessive arrangement of various kinds of items belonging to her (stuffed dolls and animals, school things and so on) when going to bed. Her family consisted of the father, 39 years old (a policeman who had been in charge of delinquents), the mother, 34 years old (a nurse working in a mental hospital), a sister 13 and a brother 9.

Though there was no trouble in her perinatal period, she would frequently vomit when being bottle fed. She was quiet, a bit slow in behavior and liable to be uneasy about separation from the mother in infancy. Even though she was very good at home, she showed a stranger anxiety at nursery school. She had somnambulated transi-

torily due to the intense training for the fife and drum band in nursery school. Her personality was characterized by orderliness, cleanliness and stubbornness.

In the second semester of the fifth grade (she was nearly 11) she began to arrange several dolls which she felt an attachment for on the bed each night. This activity gradually escalated until she was placing other personal items as well, such as school things, tissue boxes, cassette tape recorders and so on. She explained that these things would go away somewhere while she was sleeping. When her worries finally extended to the belongings of her sister and brother as well, the parents became concerned about her behavior. In addition to this another incident occurred when she was 11 years old and just going into the sixth grade. A young female singer, Yukiko Okada, whom she had idolized, committed suicide by jumping off a building. As the patient felt great affection for the young singer and carried her picture with her constantly, she was devastated at the news of her death. She continued to cry for a week and gradually began to suffer from depression, withdrawal, apathy and disturbed sleep. In the second month after the incident the patient cut her wrist upon which the parents decided to consult a psychiatrist.

On the first examination the patient talked incessantly of how sad she had been since the incident. The main symptoms were obsessiveness and depression. Although the patient had not, as yet, experienced menstruation, she had undergone pubertal change such as breast swelling, hair of the armpit and so on. A small amount of amitriptyline (20 mg/day) was administered for the depression and obsession.

Then the mother reported some improvement in the sleep disturbance and obsessive arrangement of things on the bed in the second week. The patient continued to talk about the singer. However, it was significant that she expressed anger at a female teacher whose behavior the patient thought to be

Table 1: Perimenarche Syndrome

Case Number (Age)	Case 3 (13)	Case 4 (10)	Case 5 (13)	Case 6 (13)	Case 7 (10)
Clinical diagnosis	Paranoid reaction	Anorexia nervosa	Anorexia nervosa	Anorexia nervosa	Obsessive state
Depression	+++	++	+	±	±
Obsession	++	++	+++	++	+++
Transitional objects	-	++	++	++	+++
Rapprochement crisis	+	++	++	+++	+++
Idealized father	++	-	+	++	-
Advent of menarche	12 y.o.	Not yet	12 y.o.	Not yet	Not yet

inconsistent. She said she had been so aggressive and emotional that she had been nicknamed "boss of the gang" by her classmates. She participated in and enjoyed camping, swimming class and basketball during the summer vacation. In the third session (the second month) she seemed rather unmoved and disinterested in the topic of the singer but her obsessive arrangement of things showed no further improvement.

In the fourth session it was reported that she had experienced menarche at the age of 11 years and 10 months. About the time of menarche there seemed to be some deterioration in her condition or degree of anxiety. She began to collect even more things on her bed not only her brother's and sister's but her father's things as well. She also became more aggressive, particularly toward her brother who was dependent on the mother. However, these symptoms gradually improved over the following two months. She read a magazine article on the deceased female singer she had once idolized. The article stated that the singer had had an affair with an older man and also a previous suicide attempt when in junior high school. Shortly after this the patient's attention shifted to another young male singer. Though she sent him chocolate on St. Valentine's day, she received no response.

In the 10th and last session after the eighth month since the first psychiatric contact, it was evident that she had been very

ambivalent to her mother. She enjoyed listening to music alone rather than playing computer games which she had previously liked. At this stage she had a prevalence to indulge herself in her own inner world. It is also worth noting here that the father had become much more important a figure as a standard than ever before. In conclusion, she reported that she had had some trouble with a girl friend. The girl had tried to encourage the patient to steal. The patient was disgusted with the girl and desired to forge a real friendship with someone whom she could share her feelings and discuss boys and other things with after entering junior high school.

Some Other Cases

From the psychopathological point of view, the two cases presented above have, as common elements, depression, obsessiveness, the transitional phenomena (inanimate objects) (Winnicott, D.W.²⁷), and ambivalent attitude toward the mother like the rapprochement crisis (Mahler, M.S.¹⁷). Along with this line, the authors examined five other cases in which the patients had displayed neurotic symptoms around the time of menarche. The result is shown in Table 1. All these cases had the same elements, in spite of various clinical diagnoses. This shows that the common underlying disturbances are working around the beginning of menstruation in recent preadolescent cases.

DISCUSSION

The Course of Treatment as a Development Process

The patient seems to discharge aggressive impulses at the point when the antidepressants are prescribed for the depression and obsessiveness (or other symptoms) and how to cope with the emergent situation in which the advent of menarche draws near is taken into consideration. This took the form of being jealous of the brother's dependency on the mother. It is noteworthy to mention that inanimate objects such as stuffed dolls and animals and the like which have something to do with transitional objects in infancy (Winnicott, D.W.) played an important role here. Shortly after this situation, in most cases, aggressiveness of the patient changes into curiosity to know more about the attitude toward instinctual life of those older than themselves. In the cases presented above, they were curious to know about the brother's pornographic magazine hidden under the bed or about the private love affairs or heterosexual life of the singer whom the patient idolized. This would suggest the sexual awakening, that is, the resurgence of oedipal drive, but what is more interesting than that here is the manner in which they set up the defensive organization. They seem to do this by introjecting their elder's attitude toward secrets rather than the interest into the instinctual life. Only in this way, could the patient avoid the confusion of the sense of self. It should be further noted that there is a shift in transitional object-like phenomena. The two cases showed the shift from the stuffed dolls and animals to the puppy or the young singer of the opposite sex. In this situation the narcissistic self-image makes its appearance having a close bearing on idealizing the father. With the support of his image, the patient proceeds to the gang or homosexual stage with play acting or tomboyishness which Blos, P.^{1,2} referred to in his book.

The course mentioned above could be

understood as a restitutive process after the confusion of self-image by the upsurge of instinctual drive. That is, while it is a sort of defensive operation against the oedipal conflicts which reappeared with the onset of puberty, it is also the issue in the transition to the gang stage in which the incestuous object would be renounced. It is interesting that we can observe the two-step developmental process of self-image—the former, which makes its appearance in the form of curiosity to know about their elder's attitude toward secrets, and the latter, which manifests itself in idealizing their father. In order to move to the homosexual relationship with contemporaries of the same sex, both images would be necessary. It would suggest that the following developmental process depends on how the environment (parents) copes with this very delicate situation in preadolescence. In fact, we frequently come across in the adolescent or adult analyses the fact that the unfavorable environment in this stage exerted a bad influence on the restitutive process from the confusion of self-image given rise to by the upsurge of instinctual drive. We are familiar with many adolescent cases in which the self-image was confused by a too intimate father and daughter relationship or by the sexual approach by male adults and in which the patient withdraws into the home because of an inability to build up the idealized father image in the child's inner world.

The Significance of the Perimenarche Syndrome

The authors postulate an increase in the number of these kinds of cases. This supposition would agree with the indication of the recent increase in the number of younger cases in the adolescent psychiatry of Japan.²⁶ What attracts our attention is their infantile behavior which they show under treatment. This has a close bearing on the phenomena in the mother-child relationship prior to the oedipal situation. What do these phenomena suggest?

The authors think that the premature physical growth among recent children has played an important role as one of the contributing factors to the syndrome. It has long been pointed out about the recent improvement in the physique of young people. According to statistics,¹⁸ 80 percent of 12-year-old girls have experienced menarche. Almost all children are said to catch up and pass their parents in height and weight in their 14th or 15th year. However, women in their 40s or 50s whose age corresponds to the age of recent adolescents began menstruation around the age of 15. This disparity of age seems to be important in terms of the syndrome. While girls in their 15th year achieved adolescent removal from the incestuous object,^{8 13 14 20} girls in their 10th to 12th year were in the midst of infantile object relationship in latency. With respect to the influence on the mental structure of children which the advent of menarche exerts, a number of psychoanalytical studies have been published by Deutsch, H.,⁵ Freud, A.,⁸ Jacobson, E.,¹² Blos, P.,¹ Kestenberg, J.,¹⁵ Sarnoff, C.²¹ and so on. Accordingly, the resurgence of oedipal conflicts with some degree of regression to pregenitality dominates the clinical picture in their classical cases. Nevertheless, the essential pictures in our current cases are such conflicts of pre-oedipal quality in the relationship to the mother as depression, obsessiveness and the rapprochement crisis with transitional objects. The mother would take care of her child's menarche in the midst of infantile object relationship, on the basis of experiences which she had at 15 when she achieved some degree of femininity. We cannot make light of the confusion of self-image in this situation which the discrepancy of sense between the mother and child would give rise to. The child would be likely to regress to the earlier stage, when she was maladjusted under the expectation of more mature behavior by the mother.

The second factor, supposed, is the fact that recent children have difficulty in making

the father image appear in their inner world. In classical cases the father image in the children's world has been taken for granted. However, the cases presented above show that there is a process up until the point the father makes his appearance in the child's world. It is a process in which the child builds up a self-image by introjecting another's secret behavior (a process of sublimation). The idealized father follows this self-image. This assumption agrees with the clinical experiences of recent adolescent cases in which the duration of time before the appearance of idealized father in the child's world has been long.^{13 26} With the appearance of the father, transitional objects such as stuffed dolls or animals disappear and the narcissistic self-image appears which opens the way for the gang stage. Generally speaking, as Tylim, I. (1978)²³ has indicated with the help of Kohut, H.,¹⁶ the idealized father image in preadolescent serves not as a substitute for a loved or loving object (as in the case of a neurotic patient with a positive transference), but as a replacement for a defect in the psychological structure of the patient, so to speak, a transitional quasi-object or substitute ego ideal of the patient. This is the psychological area which has a close bearing on the stage just prior to entering the triangular relationship in the oedipal phase (the phallic-narcissistic phase).^{6 7 11 22}

A further point here is the reason for the difficulty of the father in making his appearance in the child's inner world. Quite possibly the cultural vicissitude, for example, the sexual struggles such as the women's liberation movement in the United States and the feminist movement in France, might have exerted not a little influence on the object relationship and other parts in the family. Now the father who enjoys taking care of infants is a phenomenon, particularly not only to Japan, which has been termed "Ikuji-Papa" (baby care father).^{4 10} It is certain that the concepts of the "father and mother" and "masculinity and femininity" have been rapidly changing here. So this

change could be regarded as a move to the building of a new family. These ideas lead the authors to believe that the perimenarche syndrome discussed here is a sort of product in the transition from the traditional to the new family.

CONCLUSION

Freud, S. (1932)¹⁰ wrote, "Pathology . . . has always assisted us, by isolation and exaggeration, in making recognizable things which would normally remain hidden." The pathology which the recent change in the concept of the father and mother and the masculinity and femininity associated with the rapid cultural vicissitude has brought about also seems to throw light on a hidden part of adolescent development. What has become evident in this study is that there are two-step stages in remodeling the self-image which have a bearing on the introjection of the secret attitudes of those around the individual acting as a defense against the instinctual drive and the appearance of idealized father image. This two-step development in the formation of self-image in preadolescence had not previously been recognized in the analysis of adolescent cases. These findings will not merely deepen our understanding of the preadolescent development, but also contribute to the clinical practices in adolescent and adult psychiatry.

REFERENCES

1. Blos, P.: On adolescence. Free Press, New York, 1962.
2. Blos, P.: The genealogy of the ego ideal. *Psychoanal Study Child* 29: 43-88, 1974.
3. Blos, P.: Son and father before and beyond the Oedipus complex. Free Press, New York, 1985.
4. Chiland, C.: A new look at fathers. *Psychoanal Study Child* 37: 367-379, 1982.
5. Deutsch, H.: The psychology of woman. Grune Stratton, New York, 1944.
6. Edgcumbe, R.: Some comments on the concept of the negative oedipal phase in girls. *Psychoanal Study Child* 31: 35-61, 1976.
7. Edgcumbe, R. and Burgner, M.: The phallic-narcissistic phase. *Psychoanal Study Child* 30: 161-180, 1975.
8. Fraiberg, S.: Some considerations in the introduction to therapy in puberty. *Psychoanal Study Child* 10: 264-286, 1955.
9. Freud, A.: Adolescence. *Psychoanal Study Child* 13: 255-278, 1958.
10. Freud, S.: New introductory lectures on psychoanalysis (1932), S.S. pp. 3-182, Hogarth press 1964.
11. Galenson, E. and Roiphe, H.: The pre-oedipal development of the boy. *J Am Psychoanal Assoc* 28: 805-827, 1980.
12. Jacobson, E.: The self and the object world. Int Univ Press, New York, 1964.
13. James, M.: Interpretation and management in the treatment of preadolescents. *Int J Psychoanal* 45: 499-511, 1964.
14. Katan, A.: The role of displacement of object in agoraphobia. *Int J Psychoanal* 32: 41-50, 1951.
15. Kestenberg, J.: Menarche. In: Lorand, S. and Scheer (Eds.), Adolescence. Hoeber, New York, 1961.
16. Kohut, H.: The analysis of the self. Int Univ Press, New York, 1971.
17. Mahler, M.S., Pine, F. and Bergman, A.: The psychological birth of the human infant. Basic Books, New York, 1975.
18. Mamiya, T.: The psychology of sex difference. Kankoshoboh, Tokyo, 1979 (in Japanese).
19. Nishizono, M.: The father in the theory and practice of current psychoanalysis. *Jpn J Psychother* 10: 109-119, 1984 (in Japanese).
20. Root, N.: A neurosis in adolescence. *Psychoanal Study Child* 12: 320-334, 1957.
21. Sarnoff, C.: Latency, Jason Aronson, New York, 1976.
22. Tolpin, M.: Self-objects and oedipal objects—a crucial developmental distinction. *Psychoanal Study Child* 33: 167-184, 1978.
23. Tylim, I.: Narcissistic transference and countertransference in adolescent treatment. *Psychoanal Study Child* 33: 279-292, 1978.
24. Ushijima, S.: The psychopathology of recent adolescent-object relational point of view. In: Okonogi, K. (Ed.), Psychopathology of Adolescent II, Kohbundo, pp. 87-114, 1980 (in Japanese).
25. Ushijima, S.: The significance of pre-adolescent mentality in the treatment of

- borderline patient. *Jpn J Psychiat Neurol* 42: 23-33, 1988.
26. Ushijima, S.: Object relations theory of adolescence. Kongohshuppan, Tokyo, 1988 (in Japanese).
27. Winnicott, D.W.: *Playing and Reality*, Tavistock Pub., 1971.

