

SOME FURTHER OBSERVATIONS ON HEAD-BANGING AND ALLIED
BEHAVIOUR.

By JOAN FITZHERBERT, M.R.C.S., L.R.C.P., D.P.M.,
Psychiatrist, Kent Education Committee.

[Received 28 October, 1951.]

In a paper published in the *Journal of Mental Science* for July, 1950, I suggested that head-banging originated in the infant's desire to reproduce the thrust of the mother's apex-beat against his head while he was being nursed on her left arm, either as a means of self-comfort or in retaliation for what he had felt to be an attack or as both combined. In the present paper I propose to analyse this infantile experience further, and to trace to some of its component elements certain other peculiarities of childish behaviour.

I shall begin by considering the case of a bottle-fed baby, that is to say, one who at every feed is held in his mother's left arm with his right temple against her left breast (and I shall suppose that the mother is not herself a case of dextrocardia.) In addition to the teat in his mouth and the milk being swallowed, such an infant feels the thrust of the mother's apex as a series of taps against his head which tend to impart to the latter a rolling side-to-side movement, he hears her heart-beat as a rhythmic lub-düp, he feels the rise and fall of her chest in respiration as a slower to and fro rocking of his whole body, and he hears the sighing rustle of her breathing beneath his ear. The sound and thrust of the heart-beat are of course louder and stronger at the limit of the mother's expirations, and indeed the tap of the apex may be felt only then. In other words, the suckling hears two separate series of interwoven unsynchronized rhythmic sounds continuing throughout the whole of his feeding times. In addition to all this, he feels the warmth of the maternal body, the steady clasp of the mother's arm, he smells the milk and the woman's body odour (sweaty, or scented by her soap and talcum powder), and lastly, he feels (and may smell) her breath as an intermittent warm breeze on his face and in his hair. The mother seldom speaks while she is feeding her baby, and the room is often quiet, mother and child being alone together. A breast-fed baby also feels smooth warm skin under his fingers, but he has the mother's heart against his head, during only half his feeding times.

The other occasions on which a woman commonly holds a child firmly against her breast are, of course, when she is trying to comfort a crying baby, or to restrain a struggling toddler from escaping to some forbidden activity. Here the child is angry and the mother herself often either anxious or angry or both, so that her heart-beat is greatly increased in force, and the furious infant feels it as a series of aggressive blows on his head, each of which is accompanied by a bumping noise.

ATTEMPTED REPRODUCTIONS OF THE NURSING EXPERIENCE: IMITATION
AS A MEANS OF SELF-COMFORT.

I shall begin with the good feeding situation, and consider first the infant's experience in it as a whole. To the suckling this experience represents the greatest possible satisfaction of his desires, and therefore the state of greatest possible content, so that it is natural that in later life when he feels the need of comfort he should try to recreate that early situation. However, the experience does not only contain the seeds of future nostalgia, but also, perhaps, memories of a previous state. The new-born baby held against its mother's left breast after feeding comes nearest to recapturing the conditions of his recent antenatal life. How much an infant of a few days old can possibly remember the anatomists and physiologists may one day be

able to state with certainty and precision, but we already know that the infant begins to learn in very early life, and for learning memory is essential, so that it seems possible that enough may be remembered of antenatal conditions to give rise at least to a sense of familiarity, and therefore of security and content, when early post-natal experience approximates to that previous state.

The foetus *in utero* floats in warm amniotic fluid, which maintains an even gentle pressure over most of his skin surface. All his needs of food and oxygen are met without effort on his part, and therefore without his needing to experience desire (a state approximating to Nirvana, one must suppose). He is in darkness, but not in silence. The sound and thrust of the pulse in the mother's abdominal aorta, in front of which the uterus is lying during the later months of pregnancy, must be clearly transmitted to the amniotic fluid as sound and pressure waves. In place of the rise and fall of the maternal chest in respiration experienced by the suckling, the foetus experiences an up and down tossing and swinging movement when the mother walks, and in place of her respiratory sounds beneath his head, the peristaltic sounds round about are probably audible *in utero*.

To return to firmer ground, however, Margaret Mead observed (1) that thumb-sucking occurred in children who had had feeding difficulties during the earliest months of life. From the small series of cases I have so far collected, I would say tentatively that head-banging as a means of self-comfort appears to occur in certain children who are too abruptly weaned, or who are deprived of their mother or of her attention at about the time of weaning. I give a brief extract from the history of such a case.

ALEC: This child was brought to the Chatham Child Guidance Clinic. He had been bottle-fed from birth (which was normal). He had been an 8½-lb. baby and "good" till three months old, but thereafter used to cry between feeds by day till eighteen months old. Until he was eight months old his mother held him on her lap to feed (she is right-handed), but after that she sat him in a high chair for his feeds. He was weaned from the bottle by eleven months old. At eight months old Alec developed the habit of banging his head backwards against the chair when he was first placed in it (that is, before his meal began) as long as his mother was in the room, but always stopped if she went out or moved to where he could no longer see her. He lost this habit at about the age of eleven months, that is, when he ceased to be fed from a bottle.

This case shows clearly the association in the child's mind between suckling and the banging on the back of his head. He tried to expedite the start of his feeds by himself providing the right accompaniment, when his mother herself ceased to do so, as soon as he saw that she was present.

The commonest spontaneously adopted method of reproducing the nursing's situation is, I think, for the child to rise on hands and knees in his cot, and to rock backwards and forwards in that position, bumping his head into the pillow at the end of each forward thrust. Sometimes he also makes a rhythmic humming noise as well. (In the case I reported in my previous paper the boy imitated the sound of the German V1 bombs, the "doodles," and in another case I saw at the same Clinic the child, whose mother had formerly made a practice of singing to him while holding him in her arms, used to sing to himself while rocking and banging in this way). As the child grows older this habit often gives place to head-rolling on the pillow. I had recently a twelve-year-old boy under treatment at the Chatham Clinic who had been a head-banger till four or five years old, and who used to roll his head rhythmically from side to side while sitting drawing in silence in my room—an occupation which he loved.

The next commonest method of reproducing the longed-for situation seems to be by rocking in a sitting position. I have been told by a friend that when her husband visited several Displaced Persons' Camps in Germany after the war, he was struck by the fact that the younger children all had the habit of rocking to and fro as they sat, and he was informed by workers that this was the habit longest retained after the children had been adopted into private families. He was also told that some of the children had been taught to clap their hands (a German way of expressing "please" in infancy, I learn), and that if someone sang to them, these children would sit and rock to and fro, clapping their hands twice at the end of each forward swing of the body. It is of course well known that rocking with the thighs pressed together is a common method of masturbation in infancy, but it does not appear that all, or even most, of these children were masturbating in the strict sense of the word, that is stimulating the external genitalia, though it is obvious that they were

comforting themselves, and I suggest that the comfort was derived from the simulation of their old nursling situation.

A third method of achieving the same thing I have heard described only at second hand: a little boy greatly puzzled his parents by developing the habit of rocking from side to side in a standing position, clapping his hands twice near his right ear after each swing to the right.

Before leaving the subject of rocking, it is worth recalling that until recently babies were put to sleep in rocking cradles, and that even now mothers instinctively rock their children in their arms to soothe them, reproducing fairly closely, I imagine, the type of movement felt by the foetus *in utero* when the woman is walking. Nor is it only small children who find comfort in movements and sounds suggesting those experienced at the breast. A hammock swinging in the garden on a warm day with the breeze rustling intermittently in the leaves, a rocking chair in front of a purring fire with a clock ticking on the chimney piece, a hammock slung within a ship as she rises and falls on the waves with the distant throb of the engines or creak of the rigging audible, all these give a feeling of safety and drowsy content to their adult occupants.

HEAD-BANGING AS ANGRY RETALIATION FOR A SEEMING ATTACK.

Into this category fall those cases of head-banging by angry toddlers in which the child beats his forehead against the floor, wall, or furniture when he is in a tantrum, his fury increasing with the pain of each blow, since that pain itself seems to him his mother's present retaliation for his own attack. This type of banging is particularly disturbing to mothers, partly because they fear the child will really injure his head or even his brain, or that the habit is itself a sign of insanity (though this is not often openly admitted at first), but partly also, I think, because the mother does realize, without putting that realization into words, that the child's action is intended as an attack on herself. She may even be chiefly disturbed by her own emotional reaction to this knowledge.

EXAGGERATION OF THE MATERNAL APEX BEAT, REAL OR APPARENT.

I have collected six cases so far in which exaggeration of the force of the maternal apex beat, either real or apparent, was followed by the development of head-banging in the child.

Real exaggeration may be either functional and intermittent, or organic and (usually) persistent.

Functional increase in the force of the mother's heart-beat occurs of course in anger and in fear. In the case I reported in my earlier paper the mother was very much afraid of the VI air raids, and during alerts used to sit alone in the shelter with the child on her lap clasped to her breast by her left arm. The boy himself was not at all frightened, and he later developed the habit of banging his head backwards against the wall when sitting in his high chair, making a noise suggestive of the "doodles" all the while (as mentioned above).

Two most interesting cases of head-banging in the same family reported to me by Dr. Stephenson of Vancouver illustrate the development of the habit in children whose mother's heart beat was greatly increased in force as a result of organic cardiac disease. I quote, with his permission, part of Dr. Stephenson's personal communication, written from the Child Guidance Clinic, 455, Thirteenth Avenue West, Vancouver:

"We have lately seen three siblings, two of whom showed the symptom of head banging.

"The children's home has been a battleground for the parents. They have often witnessed and experienced physical brutality on the part of the father when drunk. They all show gross signs of anxiety and emotional disturbance.

"June, born February, 1943, has sucked her fingers since the age of three months.

"John, born May, 1944, has banged his head against the bed at night since the age of six months. He had eczema as an infant. He is clumsy in his movements, having been coercively changed from left- to right-handedness. Relates poorly to other children.

"Allan, born November, 1946, bangs his head and hums in a monotone since the age of eleven months. Screams when startled or aroused from sleep. He is restless and distractible.

"The mother is right-handed and always cradled her babies in her left arm. The children were all bottle-fed. The monotonous humming of the youngest child drew my attention

since the mother is reported to have a cardiac lesion. I thought it would be interesting and strengthening to your theory should she prove to have a murmur. Accordingly I took the opportunity of listening to her heart and found that she had an abnormally forceful apex beat together with a rough, moderately intense apical diastolic murmur."

Apparent increase of the force and sound of the mother's heart-beat occur, one may suppose, in certain abnormal physical states of the infant in which there is hyperaesthesia. The commonest of these is, no doubt, otitis media. I have collected three such cases; in one the child's illness, diagnosed as meningitis, was followed by the appearance of an aural discharge a few months later, the second was a case of recurrent otitis media in a girl, and the third a case of concussion due to a blow on the vertex. I summarize part of the history of one of these as illustrating this group.

CHARLIE: seen at the Chislehurst Child Guidance Clinic. Full-term infant, normal birth. Breast fed till six months old. This boy was healthy until the age of two years; he then developed meningitis, was very ill for three days, and off his feet for two weeks, being nursed at home. Some two or three months later he began to have temper tantrums, which were accompanied by head-banging "on the floor, the wall, the table or sideboard, anything hard" nearby. About two months after this (his mother is a poor informant) he was found to have an offensive aural discharge, which persisted for several weeks. The head-banging during outbursts of anger continued till after he entered school at five years old.

To the child suffering from headache or earache, especially one with a tense and bulging tympanic membrane, even the slight concussion of the maternal apex beat (which may be increased in force either by the mother's anxiety or her irritation over the abnormal fretfulness of the infant, whose trouble is often as yet undiagnosed), even this tap must produce an exacerbation of pain at each beat, so that far from succouring him, his mother seems to him to be deliberately making his trouble worse, attacking him at the very time he most needs her help. Of the three children in the group just described, the first two developed head-banging of the purely aggressive type, that is to say, indulged in only during outbursts of anger, and the third (the concussion) that of a mixed, that is, ambivalent kind, all of them some months after recovery from the physical disorder, when presumably the unusual sensitivity to pain had subsided.

I think there is yet another mechanism by which aggressive head-banging may arise in children who have suffered from pain in the head or ears. In both otitis media and severe headache the patient's own pulse-beat may be felt as a throbbing fluctuation of his pain, and to the infant or small child who associated the throb of a heart-beat with being held against his mother's breast, it may seem that it is Mother who is now attacking him *from within* his head, and this in turn may lead to the development in him of retaliatory fantasies of his smashing *into* her with his head-banging.

I do not propose in this paper to enter into a consideration of the fantasies which a small child may evolve both to express to himself and to explain to himself his urge at times to rock and to bump his head, either when he feels lonely and in need of comfort or when he is angry with his mother, after the conscious memory of the nursing's experience has faded, but I have no doubt that such fantasies do arise in this way as well as in that just suggested above; their elucidation, however, falls within the province of analysis.

I would like to express my thanks to Dr. A. Elliott, County Medical Officer of Kent, for his permission to use case-material from the Chatham and Chislehurst Child Guidance Clinics.

REFERENCE.

- 1) MEAD, MARGARET: *Sex and Temperament in Three Primitive Societies.*
-