

# Recurrent Paternal Puerperium Psychosis: A Case at the Goma Neuro-Psychiatric Hospital Center

Francois Polepole Maheshe<sup>1,4</sup>, Albert Yemba Baruani Ahuka<sup>2,3,\*</sup>, Eugene Bashombe<sup>1</sup>, Jean Marie Ciza<sup>1</sup>

<sup>1</sup>Neuropsychiatry Department, Neuropsychiatric Hospital Center of the Brothers of Charity, Goma, D. R. Congo

<sup>2</sup>Department of Gynecology-Obstetrics, Clinic International of Advanced Medicine in Kivu, Goma, D. R. Congo

<sup>3</sup>Department of Gynecology-Obstetrics, University of Goma, Goma, R. D. Congo

<sup>4</sup>Neuropsychiatry Department, University of Goma, Goma, R. D. Congo

## Email address:

baruualbe@hotmail.com (A. Y. B. Ahuka), yemba.albert@unigom.ac.cd (A. Y. B. Ahuka)

\*Corresponding author

## To cite this article:

Francois Polepole Maheshe, Albert Yemba Baruani Ahuka, Eugene Bashombe, Jean Marie Ciza. Recurrent Paternal Puerperium Psychosis: A Case at the Goma Neuro-Psychiatric Hospital Center. *American Journal of Psychiatry and Neuroscience*. Vol. 10, No. 1, 2022, pp. 1-3.

doi: 10.11648/j.ajpn.20221001.11

**Received:** October 25, 2021; **Accepted:** November 12, 2021; **Published:** January 24, 2022

**Abstract:** Puerperal psychosis is an acute psychiatric disorder with a predilection for women, one pregnancy in 1000. In the past, it was never mentioned in men. This disorder can be recurrent (PPR) under certain conditions and its manifestations are variable. The objective of this clinical case report is to bring to the attention of the scientific world, among the rare cases reported, the recurrent paternal puerperal psychosis that occurred in a 33-year-old male subject in our neuropsychiatric hospital of the Brothers of Charity Saint Vincent de Paul of GOMA/NK in the DRC. The clinic had highlighted during the psychiatric observation, a delirious syndrome, an anxious agitation, a total and mixed insomnia with a personal and family psychiatric history. The questioning invading the paternal ego weakens him in front of a questioning due to the new responsibilities that some have difficulty to manage, of only one neck it can upset the concerned one what would bring it to a decompensation towards a paternal puerperal psychosis. Paternal psychosis, whether recurrent or not, is therefore a real emerging pathology that requires special attention, contrary to the old theories that referred to this entity only to women in postpartum.

**Keywords:** Recurrent Paternal Puerperal Psychosis, Goma, DRC

## 1. Introduction

Puerperal psychosis is a psychiatric disorder that often occurs in a woman in postpartum. Although rare, this disorder is currently reported [1] We report an exceptional case of recurrent paternal puerperal psychosis in a patient who was hospitalized at our neuropsychiatric hospital in Goma, North Kivu, Democratic Republic of Congo, in August 2019.

## 2. Observation

Mr. BAL, 33 years old, was admitted and hospitalized for a behavioral disorder marked by instability, logorrhea and insomnia evolving since 2 weeks in a context of childbirth of

his wife. This is the second hospitalization, occurring 3 years after (2016) in the same circumstance and the notion of his child's illness at the time. He was interned for one month on Haloperidol Cp 1x 2 /Jr, Promethazine 75mg each evening. There is a notion of occasional taking of alcohol, a notion of mental disorder in his father. A polygamy well assumed by the spouses was evoked, no notion of conjugopathy.

The psychiatric examination objectified an acute delirious syndrome made of delirious ideas of greatness and hope: "it is a prince who will save me..." with a congruent mood associated with an anxiety syndrome. During its evolution, ideas of devaluation and hyper investment with hyper protectionism. The blood test carried out had revealed nothing abnormal apart from the direct stool examination which had revealed innumerable Ascaris eggs and giardia

Lambia not contributing to the diagnosis. The mental state stabilized 3 weeks and 4 days later the monitoring.

### 3. Discussion

Puerperal psychosis (PP) is a psychiatric emergency affecting one pregnancy in 1000, it has been described many times in mothers, but few studies have looked for a related disorder in fathers [2]. The particularity of this pathology lies more in the context of its appearance "after childbirth" giving birth to a child for whom the father is invested. This shows the nosographic place of this disease, which must be discussed, especially since the present episode occurred at the same time as the birth of his second child, a son considered as "a prince".

Previous work on the factors favoring a puerperal psychosis and the notion of the evoked risk factors having a strong sensitivity. Far from talking about hormonal factors as in women, previous fragile personality disorders and personal psychiatric history were mentioned [3, 4].

Rather than developing a delirium involving the father's physical appearance of the child, idealization took precedence over the ideas of infanticide often evoked by a mother in front of her newborn child, a kind of baby blues of the postpartum "third day syndrome" as in a mother, characterized by anxiety, aggressiveness, and a memory disorder... but also sleep disorder, in our context manifested by "the delirious king, father to the virtual prince" [5]. We observe here the affirmation of the enameled paternity of a sinister characterized by a precarious life not ready to give everything to the born prince [6].

This pathological necessity characterizing a delirious and benevolent father would certainly have caused anguish to the father who wants to be, great, king, possessor of the vanished goods. A kind of intrapsychic conflict would have arisen in relation to the ideal self and the ideal self in the expectation of a newborn boy expected in a period of family material insufficiency.

Donald Woods Winnicott talks about "necessary illness" and projects on a possible impulsive and libidinal regression invested [5].

To speak about the fusional regression between this father and his son with regard to the attitudes of hyper-investment which are already imposed in the relationship with the baby in an exclusive and invasive way. And thus there the Ego of the father to the prince would have felt too weak, and would then have led him in such a fast evolution towards psychosis. It is a question there as Philippe Jaeger says in health according to Winnicott "To fall sick to remain in good health" because he says, a very good health is sometimes the expression of a false self, of a maniacal defense against the recognition of the interior life, a way of "hiding a relative need of collapse" [7].

It is worth mentioning among men that the birth of their newborn child could often generate an emotional shock, a questioning in the face of these new responsibilities that some find difficult to manage, or even a single neck can

upset the person concerned.

This is an unexpected role, unlike the woman who gradually learns her role as a mother throughout the 9 months of pregnancy, and then weaves a bond with baby after birth, especially with breastfeeding, as the father does not benefit from the same "signals" to build his new "self" dad. He may therefore feel excluded while questioning his own identity [8-10].

The themes of delirium are centered on the mother/child relationship, with negation of motherhood, sinister, even gloomy remarks. The risks are then pathological behaviors such as suicide or infanticide, it is in this same sense that magic maman evokes that in case of puerperal psychosis of man, the ideas of persecution are centered on the mother and on the child, the patient delirious in an acute way.

The first of its kind in our structure and our region, this case of male puerperium psychosis presents all the antecedents favorable to talk about puerperium psychosis.

recidivism in view of the antecedents observed during his hospitalization to be affected by it: appearance of the same crisis during the first paternity, notion of loss of property, use of alcohol. Sciences et Avenir, in one of its journals, had reported, in an 18-year-old man, the notion of certain antecedents during his first paternity that exposed him to a puerperal paternal psychosis. His antecedents were social isolation, marital problems, difficult childhood and massive consumption of narcotics. In these cases, as in our patient, there was hyper-investment, the mental illness reported by the father to our patient and also the previous crisis that occurred in the same context of the birth of his first child [11-13].

While motherhood has been the subject of numerous studies over the years, access to fatherhood has only recently been integrated into research (Nanzer, 2009, p. 101) [14]. Furthermore, the father's role is constantly evolving and differs according to the society and culture in which one finds oneself. In addition, Percival & McCourt (2004), identify some of the problems fathers encounter in adapting to their new role, "In pre-birth preparation sessions, it is important to discuss the representation of the father's and mother's roles for the parents themselves and in society [15].

### 4. Conclusion

Very often described in women in the postpartum period, puerperal psychosis, requires more than ever a very watchful eye when observing disorders occurring in men especially in the post-partum period of their wives especially because of the unexpected role as the father does not benefit from the same "signals" to build his new father "self". He may therefore feel excluded while questioning his own identity. This questioning invades the paternal ego and quickly weakens it, leading to a decompensation towards a paternal puerperal psychosis or a recurrent paternal puerperal psychosis.

## Conflicts of Interest

The authors declare no conflicts of interest.

## Authors' Contributions

All contributed to the writing of the article. All authors have read and approved the final version of the manuscript.

## References

- [1] Colombel M, Rebillard C, Nathou C, Dollfus S (2016). Can men be included in the population subjected to puerperal psychosis? A case report. *L'Encephale*. 21 avr; 42.
- [2] Jaeger P (2009). La santé selon Winnicott: les rapports psyché-soma [Health according to Winnicott: the psyche-soma relationship]. *Revue française de psychosomatique*. 1 janv; 36.
- [3] Gressier F, Tabat-Bouher M, Cazas O, Hardy P (2015). Dépression paternelle du post-partum: revue de la littérature [Postpartum paternal depression: a review of the literature]. *La presse médicale*. 44 (4): 418-24.
- [4] Gedzyk-Nieman, S. A. (2021) 'Postpartum and Paternal Postnatal Depression: Identification, Risks, and Resources', *The Nursing Clinics of North America*, 56 (3), pp. 325–343.
- [5] Diawar épouse Te Bonle M (1985). Pathologies psychiatriques de la gravido puerperalite: à propos des cas recensés de Janvier 1985 à Août 1986 à l'hôpital psychiatrique de Bingerville [Psychiatric pathologies of gravido puerperalitis: about cases recorded from January 1985 to August 1986 at the psychiatric hospital of Bingerville].
- [6] Beetschen A, Charvet F (1978). Psychologie et psychopathologie de la maternité. Confrontations psychiatriques [Psychology and psychopathology of motherhood. Psychiatric confrontations]. 16: 83-123.
- [7] Jean-Strochlic C (2010). Une histoire de bouches. *Revue française de psychanalyse* [A history of mouths. French journal of psychoanalysis]. 74 (5): 1627-33.
- [8] Le Coq M, Williams-Smith ER (2011). Dépression postpartum du père: rôle préventif de la sage-femme [Postpartum depression in fathers: the midwife's preventive role] [PhD Thesis]. Haute Ecole de Santé Vaud.
- [9] Barooj-Kiakalae, O. et al. (2021) 'Paternal postpartum depression's relationship to maternal pre and postpartum depression, and father-mother dyads marital satisfaction: A structural equation model analysis of a longitudinal study', *Journal of Affective Disorders*, 297, pp. 375–380.
- [10] Blackhurst, Z. J. (2020) 'Predictors of Paternal Postpartum Depression: A Meta-Analysis'. Brigham Young University.
- [11] Edmondson OJ, Psychogiou L, Vlachos H, Netsi E, Ramchandani PG (2010). Depression in fathers in the postnatal period: assessment of the Edinburgh Postnatal Depression Scale as a screening measure. *Journal of affective disorders*. 125 (1-3): 365-8.
- [12] Glasser, S. and Lerner-Geva, L. (2019) 'Focus on fathers: paternal depression in the perinatal period', *Perspectives in public health*, 139 (4), pp. 195–198.
- [13] Swami, V. et al. (2020) 'Mental health literacy of maternal and paternal postnatal (postpartum) depression in British adults', *Journal of Mental Health*, 29 (2), pp. 217–224.
- [14] Ausoni L, Veillon Sahli A (2012). Dépistage de la dépression du postpartum par les infirmières Petite Enfance: quelles échelles scientifiquement reconnues et quelles applications pour la pratique? [Screening for postpartum depression by early childhood nurses: what scientifically recognized scales and what applications for practice?] *Travail de Bachelor* [PhD Thesis]. Haute Ecole de Santé Vaud.
- [15] Lamboy B (2009). Soutenir la parentalité: pourquoi et comment? [Supporting parenthood: why and how?] *Devenir*. 21 (1): 31-60.