

Clinical Newsletter - SUNY Downstate Department of Psychiatry





This is the first issue of the monthly SUNY Downstate Residency Training Clinical Newsletter. The Newsletter is meant to be a journal of the learning process of residents, and the good our Department attempts to do for patients. Chief Resident Editors will invite clinical vignettes from residents and faculty that highlight the principles and ideas with which we work, and beneficial outcomes for patients. Vignettes may have a psychological theme, a psychopharmacological focus, or relate to some other aspect of clinical work. Each volume of the Newsletter will also contain resident announcements: posters and publications, fellowships earned, babies born, and other notable events. There will also be a Director's Corner that will likely contain a brief commentary on a piece of music. Each volume will be limited to two pages. The artwork to the left was drawn by a talented woman while an inpatient on NS 52.

Clinical vignettes will be disguised according to the recommendations of Clifft (1986) to protect the identity of patients (article attached). These guidelines are:

- 1. Under no circumstances include any specific identifying information which would reveal the identity of the patient.
- 2. If appropriate and possible, seek the patient's permission, although this is not a legal requirement if the vignette is sufficiently disguised.
- 3. Change non-essential elements of the vignette, such as age, sex, nationality, city, etc.
- 4. Add extraneous details which do not alter the clinical meaning of the vignette, e.g. when the family constellation is not relevant to the vignette, if the patient has an older brother and a younger sister, say the patient has two younger sisters, etc.

Vignette # 1

Ms A is 25 y.o. East Asian woman, the youngest child in a large family of 6 siblings, with an abusive alcoholic mother and an uninvolved father. She had a faint memory of being touched inappropriately by an uncle. When she told her mother what had happened, the mother made her feel that it was her fault. As a teenager she was sexually abused by another male relative, and was abused in similar fashion by her alcoholic husband. She presented for treatment with chronic marked depression and suicidal ideation. She had in the past been diagnosed as suffering from bipolar disorder, and was treated with a variety of SSRI's, SNRI's, MAOI's, TCA's and both 1st generation and 2nd generation antipsychotics, with little effect. At intake she was given an Axis II diagnosis of Borderline Personality disorder and engaged in twice a week therapy.

In treatment she developed a strong transference to the male therapist. She behaved in a flirtatious manner and asked questions about the therapist's personal life. After some months she announced that she 'loved' the therapist. She reported that she had acquired a pillow case with a print pattern that reminded her of the country she imagined to be her therapist's country of origin. She spoke of 'sleeping with the pillow' which led her to imagine she was sleeping with the therapist, who she imagined was watching over her and protecting her.

The therapist's announcement that he would be leaving the program led to an intensification of an already existent erotic transference. She reported a dream in which she was pregnant with the therapist's child. She remarked that the therapy had 'impregnated' her mind with his ideas. She reported feeling sexually aroused during the sessions, remarking that therapy felt in some way like having sex, but she said that she felt confused to be feeling pleasurable body sensations when she was discussing painful events with the She remarked, "Like sex, it's both painful and therapist. pleasurable." When contemplating the last session with the therapist, she said that she would like to do something different in that session, that she would like a handshake or a hug. When the therapist stated with firm but supportive conviction that there could not and would not be any physical contact with the patient, she became angry, and taunted the therapist by saying, "You should go ask your mommy for permission to touch me!" In the second to last session she took out a handmade 'box' that she had fashioned, with pictures of a heart, a love poem, and a bridal couple holding hands. The therapist encouraged her to talk about the meaning of the gift to her. She said that it represented her heart and soul which she was giving to the therapist. Consistent with maintaining clear boundaries, the therapist gently declined to accept the gift, which brought the patient to tears. Therapist returned the gift, but offered to provide the patient in the next session with a handwritten note. As promised, in the last session he gave her a brief note wishing her the best of luck, which patient and therapist agreed would be taped on the outside of the box. She left the office in tears and gave the



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Vignette# I commentary The wish to love and be loved is an urgent human need as vital to living as a potassium under 5. The purpose of all medical practice, including psychiatry, is to improve the length and quality of the lives of our patients, and indirectly the lives of their friends and family. Many of our patients have problems in loving, either loving themselves or loving others, as is clearly the case for the patient in the vignette. When people are sufficiently nurtured as children, the memory of a loving family becomes internalized in ones self – esteem. This internal image stands us in good stead in life, and gives us the capacity to love others. Freud observed of obsessional individuals, "All who doubt their capacity to love must doubt every lesser thing."

One arena in which we learn about a patient's capacity to love is the transference, the feelings the patient comes to have about the therapist. These feelings are often vividly apparent at the time of interruption or termination of treatment. The above vignette describes a woman whose sexual abusers robbed her of the capacity to feel and express a variety of emotions ranging from affection, longing, dependent need to sexual desire. Tragically, the only way this woman could express her feelings over the loss of her therapist was to imagine having sex with him. Even the learning process in therapy was conceived of as being pregnant with the therapist's ideas. Her sexual abuse robbed her of her ability to feel affection within the safety of a relationship with an adult that was not sexualized. Accordingly, her capacity for emotional experience and satisfying interpersonal relationships was profoundly diminished. The therapist's refusal to gratify the patient's wish to experience their goodbye as a sexual encounter is certainly correct. Although there is room to debate technique, knowing that the patient can only experience his interest in her as a sexual interest, and knowing that a refusal to act out with her would be experienced as a stark rejection, his compromise of offering her a handwritten note instead of physical contact is a skillful compromise which models expressing feelings of concern in words while also providing a physical remembrance to modulate her feeling of being abandoned.



Director's Corner Music: I Will Not Be a Mistake Gary Burr

We can still turn back, we can change our minds.

No harm done. We can play it safe And let this moment go. But if we fall into this ocean, and it carries us away, you should know...

I will not be a mistake Or something you have to forget I can be the slightest breeze That passes through your life The smile that comes from thinking Of this rainy night I'll be a chance you had to take A heart you had to break But I will not be a mistake

In the morning light I hope that we don't say goodbye But sometimes hearts collide, and then move on You can say that we were foolish It was reckless, it was weak

I will not be a mistake Or something you have to forget I can be the slightest breeze That passes through your life And the smile that comes from thinking Of this rainy night I'll be a chance you had to take A heart you had to break But I will not be a mistake

Let me love you with all I have And if we let go, then all I ask Is to be the slightest breeze That passes through your life The smile that comes from thinking of this rainy night I'll be a chance you had to take A heart you had to break But I will not be a mistake.

In the morning light I hope that we don't say goodbye But sometimes hearts collide, and then move on You can say that we were It was reckless, it was weak But it wasn't wrong

Chorus I will not be a mistake

Let me love you with all I have And if we let go, then all I ask Is to be the slightest breeze That passes through your life The smile that comes from thinking of this rainy night I'll be a chance you had to take A heart you had to break But I will not be a mistake.

It can be said that this song is about dignity in the face of rejection by someone a person loves. It is a hard lesson to learn that the people we love don't always love us in return. The reasons relationships don't work out can be complex, and are often the subject of psychotherapy. The disappointed lover in this song declines to be 'a mistake'. He is affirming that all human relationships have an essential place and meaning in the time in which they occur. People always do what they need to do and want to do at the time, despite statements to the contrary. The singer wants to stand by the validity of the initial connection with the lost lover, to view the relationship as right and true in its initial time, real and valid and important in its context, a meaningful part of his life to be affirmed rather than disavowed and

lost. MG

Announcments

But it wasn't wrong

- Welcome Incoming PGY1s! Through hard work, perseverance and pursuit of the never ending experience that is medicine, we have on board with us a diverse new group of psychiatry trainees. May you find your travels through residency validating, gratifying, and self-actualizing.
- Welcome Coney Island and Kingsbrook Affiliates!
- * Film Forum: no forum over the summer
- An evening at the opera: "La Boheme" by Giacamo Puccini. September 26th 2014. Contact your Chief Resident for details.