



ANNOUNCEMENTS

AFSP Walk September 28th, contact Dr. Myers to get involved.

Film Forum kicks off Sept 11th, kudos to Dr. Berkowitz and the Film Forum Team.

La Boheme, at the Metropolitan, tickets still open, contact the Chiefs

Congratulations, Rishi is engaged!!

Vignette # 1 Ms. A is a woman in her 50s who lives with her husband and her teenage son from a previous marriage. She was diagnosed with a chronic physical illness in her youth but has experienced tremendous difficulty in accepting her diagnosis and adhering to the necessary treatment. She was referred to the out-patient clinic by her primary care physician who became concerned by her poor compliance and low mood. Around the time of our first meeting, Ms. A had become embroiled in legal trouble, stemming from accusations that she stole narcotic medication in order to maintain an opiate addiction, which she strongly denies.

Her early life experiences included a number of disappointments. Her alcoholic mother abandoned the family when she was a young girl, leaving her to be cared for by a “cold” grandmother and distant older siblings. At the age of 12, she was molested by a “favorite” uncle and this was followed by a series of failed relationships with men. The most recent rejection she experienced was committed by her teenage son, who prefers to stay at the home of his biological father who “spoils him” materially.

During the initial nine months of treatment, Ms. A maintained a defensive stance, marked by blaming others and an avoidance of problem areas in her life. She frequently pushed painful issues out of consciousness by talking excessively about other topics, changing the subject when these issues arose and “blinking out” or “forgetting” things which were too stressful to deal with.

As the sessions progressed, a ‘dark side’ of the patient slowly emerged. Glimpses of this ‘dark side’ were revealed in her stories over the course of many months. She recalled that in grade school, she was teased by a boy in her class, whom she “beat up” severely. She recounted an incident in which she became so enraged after being hit from behind by another driver that she cursed and threatened the other driver until her family begged her to stop. She shared a fantasy in which she watched as her pet cat scratched her ex-husband’s eyes out. She admitted that her family “treads carefully” around her for fear of unleashing her “bad side.”

During one particular session in which the therapist tried to engage her in a discussion about a subject which she had been avoiding, she resorted to her well-practiced defenses. Eventually, I asked her if she

resisted talking about such painful topics for fear of revealing her “bad side.” At that point, she opened up and admitted that there was “a devil-woman” that lived inside her whom she did not want me to see. This “devil-woman” was personified by a sub-character in her personality whom she referred to as *Helga*, a name which Ms. A detested. She described Helga as “vulgar” and “out of control” in stark contrast to her own calm exterior. She recounted a few incidents in her life during which Helga emerged, cursing and furious. In addition to allowing an expression of her angry feelings stemming from childhood neglect and maltreatment, it became apparent that Helga’s role was, also a protective one. She appeared at times when Ms. A or someone close to her was being threatened. *SF*

Commentary The concept of intra-psychic conflict is central to psychodynamic theory. Human beings often have contradictory thoughts and feelings. We can dislike aspects of a person whom we also love. We often have conflicting opinions about people, and harbor different points of view about an issue. Conflicting sides of an internal conflict are sometimes ‘given voice’ through differently personified aspects of the personality. At a neurotic level of functioning, a person might say to himself or herself, “Part of me wants to say yes, but another part of me is saying no.” A psychotic version of this conflicted internal dialogue might entail a hallucinated ‘voice’ instructing the person to take or not take a certain course of action. In the case of Ms. A. she has psychologically split off a violent side of her nature and given this aspect of her personality a separate name (*Helga*) different from her own. Unlike a person with dissociative identity disorder who is unaware of switches between different personalities, Ms. A. has an on-going awareness of *Helga*’s existence, and experiences this side of her personality as occasionally intruding and taking behavioral control. If Ms. A. cannot think about *Helga*’s anger as her anger (if she cannot own it) her ability to tolerate and process aggressive feelings will remain limited. She will be unable to even understand that she is angry, and certainly unable to understand what she is angry about, a state of mind which will continue to place severe constraints on her interpersonal relationships. One goal of long term psychotherapy with Ms. A. would be to help her tolerate and understand her angry feelings.

Vignette # 2 Ms. B is a 30yo woman currently living with her husband. She was referred to the outpatient clinic for worsening depression, irritability, passive suicidal thoughts, worsening anxiety, negative self image with ruminations and a sever loss in functionality. She was enrolled in a local university with an aspiration to pursue finance, but has not been able to keep up with course work and academics. Onset of mood changes/depression and irritability started around 4 years ago and has been treatment resistant for most part. At the time of her initial appointment she had already had a trial of Lexapro, Prozac, Abilify, Trazodone, Buspar, Wellbutrin, Tegretol, among other antidepressants, with minimal to no response. Assessment was suggestive of affective dysregulation with intermittent episodes of low mood and irritability masked with periods of increased functionality, with persistent racing thoughts, possibly a subtle bipolar depression, making the treatment approach different from MDD. **Course of Treatment:** At the time of initial consult she being prescribed Buspar 10mg BID, Tegretol 100mg and Trazodone 300mg. The patient reported an adverse reaction to Tegretol, which was discontinued, and an augmentation trial of Lurasidone was offered. Over the course of next 2 months the treatment response was sub optimal with varying trials of Trileptal, Topiramate, Quetiapine and Lithium. Novel antidepressants were then prescribed, including Vortioxetine and Vilazodone. Increasing the dose of these agents often led to an increase in racing thoughts, which further raised the suspicion of a bipolar affective disorder. Augmentation agents that were used also included Riluzole and Deplin. The mood symptoms responded well to Riluzole. The regimen which achieved best results included Lithium 600mg daily, Riluzole 100mg BID, Buspar 10mg TID, Deplin 15 mg daily and Vortioxetine 5mg daily. A few months ago she started complaining of worsening cognitive function, unrelenting headaches, joint-finger pains, jaw stiffness, light sensitivity/blurry vision, vague generalized body aches, a “burning” sensation in the peri-abdominal area and extremities, acid reflux(unresponsive to high dose PPIs) and a history of frequent travels to Liberty/Monticello areas of Catskill NY, a Lyme endemic region. She had endorsed similar symptoms at time of initial presentation but they were not so acute. The acute onset of somatic symptoms and travel history prompted a thorough work up for tick borne illnesses, with the following results:

NWH(Northern Westchester Hospital)- Negative serology(IgM/IgG) for Bartonella/Ehrlichia, SUNY STONY BROOK- Negative Serology for Lyme(Borrelia),IGENEX(California)- Lyme Western Blot Igm/IgG – *Positive*, Lyme PCR in whole blood/serum/urine- *Negative*, Sonoma County DOH- Negative serology for Babesia Treatment was changed again with a trial of Minocycline and Azithromycin. Currently she receives IV Ceftriaxone recommended for 4-6 weeks. Her cognitive function improved considerably with antibiotics, with much lesser irritability and anxiety, a decrease in vague body aches and reflux. However, low mood and affective dysregulation have had a more protracted course. **Discussion:** Lyme disease is the most common tick-borne disease in North America and Europe, and one of the fastest-growing infectious diseases in the United States. The neuropsychiatric manifestations of disseminated Lyme disease are often vague and get missed due to difficulty making the diagnosis with certainty on clinical grounds alone. These patients respond well to antibiotic treatment as an adjunct to antidepressant and mood stabilization agents. This case in particular was complicated due to comorbid affective dysregulation rather than unipolar low mood and disseminated long standing Lyme infection, which caused the working diagnosis to change depending on the symptom presentation. The symptoms of subtle bipolarity were picked up early mandating the use of adjunctive mood stabilizers and SGAs. The suspicion for Lyme was heightened after worsened physical symptoms and poor response to multiple medications, which led us to a trial of antibiotics.



Director's Corner

Music: *The Wreckless Side of Me* The Steel Drivers

*There's two angels sittin' on my shoulders.
All they ever do is disagree
One sits on the side of rhyme and reason
The other on the reckless side of me*

*I've been known to gamble on a long shot.
Leave my better judgment on the rocks.
When it comes to takin' sides or takin' chance:
There's a part of me that didn't come to talk*

*There's two angels sittin' on my shoulders
All they ever do is disagree
One sits on the side of rhyme and reason
The other on the reckless side of me*

*I've spent a lifetime listening to the whispers
Always try to heed my second mind
Never done nobody wrong on purpose
But I've come mighty close a couple times*

*There's two angels sittin' on my shoulders
All they ever do is disagree
One sits on the side of rhyme and reason
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*There's two angels sittin' on my shoulders
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In keeping with this month's psychotherapy vignette about conflicted, personified parts of the self, this song speaks of two angels sitting on opposite shoulders, one representing wreckless impulses (the Freudian id) and the other side, sound reason and restraint (the frontal lobe ego and superego). As we all know, on occasion, the id gets the upper hand.