VIGNETTE 2:2 - "FEELING LIKE SLIME"

Chief Complaint: Ms. D is a 26 year-old woman married to an Air Force non-commissioned officer. She has a lengthy history starting in her early teens of many physical complaints for which no clear etiology could be found and describes chronic depression and anxiety with a noteworthy increase in symptoms since she was married 3 months ago.

History of the Present Illness: Ms. D's family doctor made the referral to you after attempting unsuccessfully to treat her with medication. He noted that she was exquisitely sensitive to various medications (e.g., she would go into a daylong sleep after taking 5 mg of an antianxiety medication, diazepam; she would develop severe side effects on 25 mg of an antidepressant, amitriptyline.) Ms. D has a history of chronic suicidal ideas and frequent self-mutilation, often using a razor blade on her breasts and thighs, claiming it helps her "feel like myself" and restores for a personal sense of calm after an upsetting experience.

Until Ms. D was married 3 months ago, she lived with her parents and brother, feeling then that she needed to stay around to minimize the constant threat of family violence. Since getting married, she found herself unable to sleep much and what little sleep she gets is filled with terrifying nightmares with violent themes that involve her family and her new husband. Ms. D and her husband TSgt D were sleeping in separate beds and rooms and were yet to have sexual intercourse together, a situation that Ms. D said her husband was tolerating with remarkable patience though she feared this was unlikely to "last forever".

Past Psychiatric History: Two years ago, she was raped in her apartment. After the rape, she moved back home, forfeiting 2 months' security deposit. Since then, Ms. D had seen a psychotherapist for weekly supportive sessions. She had stayed in the therapy and made some gains, eventually moving out of her family's home and into an apartment of her own and then meeting, dating, and marrying TSgt D, the first man Ms. D had ever dated more than a couple of times. She has no history of psychiatric hospitalization or overt suicide attempts.

Family Psychiatric History: Ms. D's father is an alcoholic who had a history of criminal activities, having served 2 years in prison once in Ms. D's early childhood.

Social & Developmental History: Ms. D gradually reveals a history of chronic family violence and incest. Her father was only occasionally employed, often in illegal activities. He had recurrent alcoholic binges, and used to beat up his two sons regularly, to the point that they both had been hospitalized with broken bones. Ms. D remembered first having sex with her father at age 8, when she and her father and two brothers were snowed in while her mother was in the hospital. She was terrified by her father's breaking open a locked door and forcing her to have intercourse with him, but also remembers feeling that she now had become "special" to her father. These episodes of sexual abuse continued until she moved out of the house to go to college when she was age 18. She recalled her relationship with her father with much self-loathing, convinced for many years that she was to blame for the incest, a sense that left her feeling like "slime" and "a bag of shit".

Throughout her childhood, Ms. D's mother was often ill and Ms. D took care of many of the routine household duties. She always suspected that her mother was aware of the incestuous relationship. She did not remember much of her childhood, and described episodes of "spacing out" during which she found herself in places without knowing how she got there.

Despite the fact that Ms. D had a lot of attention from men, she avoided dating almost entirely until she met TSgt D. She felt terrified when a man showed any interest in her, and even with TSgt D, the two only attended church together. After a year, TSgt D asked her to marry him and she accepted. To this day, their relationship was void of any activities even remotely sexual in nature. Any sexual feelings appeared to be associated in her mind with thoughts of violence. Probably her greatest source of shame was the fact that she was sexually aroused by thoughts of sexual violence, and she had not shared this with TSgt D.

Ms. D's occupational performance has been and continues to be exemplary. She is a paralegal assistant, and she is generally assigned the most complex cases and often stays late doing library research. She also volunteers as a fund-raiser for a charitable organization on weekends. Even though she seems to possess adequate social skills, she has no real friends and no social life beyond TSgt D and four stray cats and two dogs she adopted as her family. She has always feared that people might find out what a despicable person she was. The presence of her animals, she claimed, help her deal with her frequent nightmares about being sexually assaulted.

Recently she has become Big Sister to an abused 10-year-old girl, and has social contacts with cousins. In dealings with her family, she continues to feel that she has no rights and is financially exploited by them. She avoids all contacts with sexual implications including with TSgt D. She still has no sense of having a meaningful future that she can influence. She has had three minor fender-benders during the past year, the result of "spacing out" while driving.

Past Medical History: Ms. D's medical record reflects the following diagnoses - irritable bowel syndrome, chronic pelvic pain, endometriosis, chronic abdominal pain, and chronic insomnia. She has had multiple invasive diagnostic procedures and laboratory and radiographic tests to investigate her physical symptoms.

Medications: She has been prescribed many different medications for her physical symptoms but has tolerated nearly all of them poorly and takes none of them regularly.

Allergies: Ms. D says she is allergic to "all the trees, all the grasses, all the weeds, all perfumes and colognes, cigarette smoke, and all animals except dogs." She describes sensitivities to multiple foods and provides an extensive list of medicines that she cannot tolerate. On closer questioning, there is little evidence that she has ever developed a classic allergic reaction to anything (hives, itching, swelling, wheezing, etc).

Mental Status Examination: Ms. D is a relatively plain looking woman who wears no make-up and usually dresses in loosely fitting overalls and a drab brown leather jacket. She appears her stated age. At first Ms. D is very guarded about seeing you, but over the course of several visits you find her to be very reliable and you are able to establish a constructive rapport with her. She makes only brief intermittent eye contact. She seems to check your expressions vigilantly, especially when she is talking about her violent past or her relationship with TSgt D, as though preparing for some show of emotion on your part. Once she seemed to startle when you halted her stream of speech with an observation. Mood seems chronically depressed with a flat, almost resigned, affect when discussing her past abuse. You've seen her smile but she doesn't smile often or for long. At times she seems "a million miles away" and occasionally loses her train of thought, though generally her thought processes are linear and goal directed. Thought contents are significant for chronic suicidal ideas without plan or intent. She describes periods of intense thoughts of self-mutilation with episodes of cutting occurring about monthly. Her major concern seems to be getting restful sleep and the fear of driving her husband away. She is alert and fully oriented with no significant cognitive deficits on careful screening.