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Faculty Advisor's Column

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Faculty Advisor's Column

The challenge of understanding and treating the increasing number of patients who suffer from some form of eating disorder has been addressed at length in the past issues of the *Jefferson Journal*. Beginning in the July 1985 issue, Dr. Eric Levin presented a clinical and theoretical report entitled "Bulimia as a Masturbatory Equivalent." The last issue contained an "In Response" column by Dr. C. Philip Wilson, a foremost authority on the psychoanalytic approach to this problem. This issue brings forth further commentary by Dr. Jeffrey Jonas, a recognized leader in the pharmacologic concept of treatment. The differences in approach are vast and were brought to mind recently as I evaluated a new patient.

Ms. L. is a 21-year-old, academically superior college woman who was referred by her otolaryngologist who astutely pursued a history of self-induced vomiting in the patient who presented with bilateral parotitis. On evaluation Ms. L. vaguely reported a four-year history of eating problems with comments like "I can't stop doing it." "I'm sure my mother would never do such a thing." "It's such a sinful thing to do, I hope no one finds out I have this horrible habit." "It really upsets me when doing that damages my body." Further history of severe pubertal discomfort with her developing secondary sexual characteristics (i.e., "I prayed that my body wouldn't develop"), an avoidance of any emotional and physical closeness with males her age beyond teasing seductiveness, and extreme sexual inhibitedness to the point of being unable to speak of the subject, all suggested that her "eating problem" was a regressive manifestation of her conflicts over her masturbatory fantasies and wishes.

The patient also described a strong family history of affective disorder and alcohol abuse, as well as an intermittent history of feeling depressed with vague and non-specific vegetative signs.

To polarize the issue slightly for purpose of illustration, a reader of the current psychiatric literature would be faced with the question of whether or not to give this patient a trial of antidepressants. Some might feel that the treatment of choice is pharmacotherapy with the goal of alleviating her presenting symptomatology as quickly as possible. This would be utilizing the most thoroughly documented and least expensive modality for a specific chief complaint. Others would cite the literature that reports an additive effect of psychotherapy and medication for depression and would suggest that this model apply as well for the eating disorder patient. That is, that the medication would be given to relieve her symptoms and the verbal therapy would be in service of addressing the other life issues she is struggling with. Still others would feel that since the strategy of 'combined is better than either alone' was documented with an interpersonal psychotherapy, that perhaps by definition could not be expected to relieve intrapsychically derived symptoms, that its conclusions may

not hold for a dynamic therapy. That is, that giving the patient medication may interfere with the neutrality necessary for the development of an observable transference relationship and hence may in the long run make more difficult the cure of the symptoms through the method of affectively reworking the neurosogenic unconscious fantasies.

I do not propose to present or even possess the correct answer to these choices in all situations. I do believe that the questions are of central importance to our clinical thinking and should be raised—in training programs and elsewhere—more often than they are. The dialogue presented in the current issue of the *Jefferson Journal* is intended to illuminate the conceptual underpinnings of our clinical decision-making process and challenge us to more deeply understand our work.

The conflict over acknowledging one's passive urges has been noted to be ubiquitous. When instinctualized, masochistic fantasies and behavior may emerge from the universal dilemmas of infancy and early childhood. For some patients, these wishes to suffer may form an organizing nucleus around which much of the rest of their character may form. Expressing at all times various proportions of drive, defense, and punishment, these masochistic traits, symptoms or personality structure are the subject of Dr. Fuller's paper, "Masochistic Personality Disorder: A Diagnosis Under Consideration." Addressing the current debate over the inclusion of this new descriptive diagnosis into *DSM-III-R*, Fuller presents a method of quantification to determine the usefulness of this new category. His review of the literature as well provides a glimpse into the conflicted passions that are at the essence of masochism and may in derivative form be contributing to the heat of the current scientific debate.

The challenge of treating a psychiatrically ill pregnant patient requires a thorough knowledge of maternal and fetal physiology, psychotropic pharmacokinetics and teratogenicity, and the boundaries of effectiveness of intensive psychotherapy. In "Treatment of Mental Disorders in Pregnancy: A Review of Neuroleptics, Antidepressants, and Lithium Carbonate," Dr. Lawrence Kerns notes that up to 35 percent of pregnant women take psychotropic medications and that all these medicines cross the placenta. He raises the troubling issue of long-term cognitive and behavioral consequences to prenatal drug exposure and documents the growing literature on psychoteratogenicity. After reviewing each class of medications with particular focus on lithium, Kerns makes recommendations for the management of the pregnant patient who requires psychotropic intervention.

Long and difficult nights of on-call are an integral aspect of psychiatric residency training. The encounter with that which appears bizarre characterizes this training site from most all others. The residents' professionalization of attitude from naive observer to precision phenomenologist usually occurs after some months of exposure and supervision. Dr. Keith Cheng in "Dynamic Considerations in Psychiatric Crisis Intervention" discusses the underlying

concepts of evaluation and treatment in this setting that often are bypassed in the rush to defend against the intensity of the moment by quick disposition. While differing in goals and technique from traditional psychotherapy, Cheng makes clear the essential role of alliance, transference-countertransference, evaluation of ego functions, and cognitive restructuring. The evaluation of family functioning may also be crucial in recognizing the latent precipitants to the presenting crises.

The conceptual underpinnings of the biologic and analytic paradigms extend much further than their understandings of psychopathology. As discussed by Dr. Bruce Rosenblum in "Different Perspectives of Psychiatry Within Two Neighboring Residency Training Programs," their differing manners of dress, authority, and teaching derive from their unique world views. Rosenblum makes clear the virtues that intensive exposure to each has to offer to the trainee. He also recognizes the value of pushing each system to the limit—that is, beyond the point where "common sense" would call for a change in approach—in order to extract its greatest therapeutic power. In the dynamic mode, this includes maintaining a neutral self-other monitoring position even when transferentially stimulated by the patient to act out, i.e., to medicate. Pharmacologically it means not giving up the search, on the basis of psychological theorizing, for the proper medicine or combination of medicines when faced with the non-responding patient. To have access to the appropriate "fanaticism" of each paradigm requires a depth immersion into both systems that is rarely provided in a single training program.

Poets and artists have long been valued for their intuitive appreciation of the essence of the human experience. Their structured access to the primary process avails to the observer of their work a resonating encounter with their own fantasy life. The twentieth century introduced the new art form of motion pictures, which, in its unique way, exposes its audience to the dilemmas of modern day. Dr. Mark Sullivan uses the imagery of body-snatching from the film, *Invasion of the Body Snatchers*, to illustrate the consequences of the relatively recent illness-disease dichotomy. Understanding "illness" as the patient's perception of what ails him—i.e., "what the patient feels when he goes to the doctor"—and "disease" as the objective clinicopathologic findings of a third party—i.e., "what he has on the way home from the doctor's office"—Sullivan describes the dangers of the physician confusing the latter for the former. Interweaving Descartes' concern with proof as opposed to trust, and the film's demonstration of the limitations of knowledge gathered solely from outside the patient's inner experience, Sullivan makes a strong case for the special powers of empathically derived data.

In the Brief Reports Section, Dr. Vanshdeep Sharma reports on "Depressive Phenomena in Infants." The existence of this definable disease in childhood has recently gained wider appreciation and has led to further epidemiologic, dynamic, and pharmacologic investigations. While much work remains to be done in understanding the meaning of depression in the developmental vicissi-

tudes of the prepubertal and adolescent years, Sharma reminds the reader of Spitz's original contribution to the concept of anaclitic depression.

Dr. Alan Cohen describes a patient in "Psychosis in a Case of Mycoplasma Pneumonia Encephalopathy," who presented with an acute behavioral change subsequent to an upper respiratory infection. Low dose neuroleptics for agitation alone permitted a thorough neurologic assessment and eventually a correct diagnosis. Stepwise recommendations for evaluating and managing the acutely disruptive patient are made.

"Synthetic Heroin-Induced Parkinsonism" by Dr. Bhupendra Gupta discusses the common finding of depression in patients with Parkinson's disease. Using the recently discovered model of MPTP-induced Parkinson's, Gupta suggests a metabolic pathway for MPTP that may explain the usefulness of tricyclics and MAO inhibitors in treating depression.

This issue of the *Jefferson Journal* concludes with the Book Review Section and a lively series of Letters to the Editor.

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