

NOTHING MATTERS

Lois Pitman was admitted to a psychiatric unit in a university hospital because she was depressed and suicidal. She is a divorced, 41-year-old, African American mother of three adolescents. She says she has been using an increasing amount of cocaine in the preceding weeks, because cocaine makes her "feel numb so that nothing matters." This escalation in drug use and thoughts of suicide coincided with an investigation of the family by child protective services, initiated after Ms. Pitman's older daughter made charges of sexual molestation against her mother's live-in boyfriend. The boyfriend denied the charges. Ms. Pitman was devastated by the accusation and unsure about whom to believe. She did not understand how her boyfriend could have done such a thing.

Although she is a registered nurse, Ms. Pitman's license was suspended 5 years ago because of drug use, and she has been unemployed since then. She has completed a number of drug treatment programs, but has been unable to stay sober. She has had a series of stormy relationships with boyfriends. The family lives in a neighborhood characterized by frequent violence and heavy drug trafficking. Ms. Pitman has been mugged several times and nearly raped on several other occasions. Her son was once grazed by a bullet as a result of a "drive-by" shooting.

In addition to two previous hospitalizations precipitated by suicide threats, Ms. Pitman has had an extensive history of outpatient treatment with a variety of therapists. She has often been noncompliant with treatment recommendations, frequently "acted out" strong feelings toward her therapists with suicide gestures and sexual promiscuity, and repeatedly abused substances. Various therapists have described her as "untrusting, bordering on paranoid," "hostile," and "dependent."

Over the course of several years, Ms. Pitman has reported

myriad symptoms and has been given a variety of diagnoses by different therapists. She has described frequent episodes characterized by sad and irritable mood, sleep disturbance (difficulty falling asleep, awakening frequently during the night), weight loss, loss of interest and pleasure, decreased energy, restlessness, free-floating anxiety, low self-esteem and a sense of futility, guilty ruminations, a number of somatic complaints, and frequent suicide attempts, usually with the expectation of rescue.

On some occasions she has reported feeling "paranoid" and having the sensation that her vaginal area was emitting a foul odor. Throughout this time Ms. Pitman has abused a variety of drugs. Until a year ago she had used benzodiazepines, alcohol, and cocaine indiscriminately. For the past year, she has used only cocaine.

A wide range of medications has been prescribed, including antidepressants, anxiolytics, and, occasionally, neuroleptics, without any significant benefits. During her last hospitalization, Ms. Pitman was described as particularly difficult. She hurled racial epithets at the staff and precipitated an explosion of racial tensions on the ward. She would speak only to African American personnel and would dismiss suggestions made by white clinicians. At the end of that hospitalization, the discharging physician concluded that the diagnostic entity that most succinctly captured her array of behaviors and symptoms was Borderline Personality Disorder.

Several weeks into the current hospitalization, Ms. Pitman began having intense flashbacks of being sexually abused by her father. She admitted having had flashbacks of sexual abuse in the past, but had not told anyone about them because she felt "no one would believe" her. She eventually reported that this abuse began when she was age 7, and ended shortly after she began to menstruate, when she was 12.