

Maps to Nowhere

By Ligia Batista

It was not until I accepted that I was both—the patient and the doctor, heads and tails—that I was able to lead a normal life. I guess I had rejected this fact during a large portion of my life. It was not until I found myself in the Frankfurt airport that I had such a thought. It was not until I woke up that I wished I were dead. It was not until I stood still in front of gate 2B, seeing a flood of passengers coming through, that I felt alive.

I am a woman of science, of objectivity, of factual information.

I am a professor of psychiatry, but no longer a psychiatrist.

Every first day of that same class, for the past seven years, I had asked my students the very same question: *What is Normal?* And all my students—undergrad, grad, and post-grad—looked puzzled, giggled, and remained silent. And every month, as I asked this very same question, I wanted to take off my mask of science, of objectivity, of factual information, and ask them another question: Can you feel my pain?

Post-Traumatic Stress Disorder, or PTSD, page 47, I announced. *Who knows anything about this? You? You in the back there? Yes, you with the grey polo shirt. No? Nothing? Nothing.* It amazes me how during 90 minutes I get lost in the sound of my own voice and nobody asks a single question. Eventually, a black-and-white power-point slide elucidated the students in the lecture hall: PTSD is a neurological disorder that is associated with the impairment of certain brain functions and is characterized by chronic, intrusive memories resulting from a traumatic event.

I continued: *Does anyone know what could lead to PTSD?* Answers were fired to the front of the lecture hall: war, rape, abuse, bullying, car accidents. Trauma. Correct.

I continued to lecture by saying that the causes for PTSD remain unknown. Someone interrupted: *Didn't you just say that trauma causes PTSD?* Yes, but imagine you and I go through the same traumatic event, and you develop PTSD and I don't. That's what I meant—I meant we don't know why I wake up every night sweating, at four o'clock in the morning, waiting to have my head smashed against the wall, and you don't. But despite what I meant, I bluntly answered: *Imagine you and I go through the same traumatic event. You might develop PTSD but I don't. There is something fundamentally different that creates that distinction, and the scientific community does not know yet what that something is.*

We continued to page 48: How do we diagnose PTSD? I informed my students, on minute 17 of this particular class, that there were several criteria in order for a mental health professional, a psychiatrist or a psychologist, to diagnose a patient with PTSD. I continued teaching. As we discussed the different criteria for diagnosis of PTSD, I traveled in time, searching through my memories, only to see myself—to hear myself—being diagnosed. During that class, I traveled to a time and a place where I was a doctor seeing a doctor.

Let's start with the stressor, I stated.

Criterion A: stressor

Let me tell you about the weirdest, most terrifying thing I have ever seen. So I have this friend, Jonathan, whom I have known since primary school. Jon is funny, outgoing, plays the banjo, and really likes oranges. Jon is kind and has rarely raised his voice at me. We both share a passion for the arts. During my childhood, I was never allowed to spend time at other children's houses; both my baby sister and I had explicit instructions to go back to the house whenever class was over. For almost a decade I had learned the consequences of not going so. One day, we must have been what, six, seven?, one day, after class was over, I very carefully packed my belongings into my bag: first a Tupperware with half of my lunch and then, my apple juice box on top of that. My father always instructed me to arrange them in this order or else, well, there could be no else.

Okay; so one day, after school, I am walking towards the school gate with Jon, and we see Jon's dad approaching us. He knelt down as soon as he saw us — us! both Jon and me — he spread his arms wide open, waiting for us to arrive safely at his chest, and then, he closed his arms behind our tiny backs. He did not let go for a long time. I had never felt anything like that. Only much later I figured that not having that thing was, for the normal person, the weirdest, most terrifying thing. For me, it was just commonplace.

Criterion B: intrusive recollection

There is a song by Françoise Hardy. I have always liked that song a lot.

The song was playing on the radio of my father's Rover. It was the summer of 1991. I, against my father's orders, had taken rather long to get into the car and, as the buzz of the car insisted on informing, I had not closed the car door (the one on the right side) properly. My father had just started the car. As we were leaving our street, I gently opened the car door (the one on the right side) in order to close it properly. He got very angry, like he always did. I felt the car stopping abruptly. I knew what was coming. I am so sorry, I pled pointlessly. He opened the car door, the one on the right side, grabbed me by the neck, threw me onto the asphalt, and mercifully kicked me in the head.

I vaguely remember the car driving away. I walked home.

It was another normal day.

There is a song by Françoise Hardy. I used to like that song a lot.

I used to play that song until I fell asleep, doctor. Now I just can't sleep. I have this recurring dream. I dream that that song was playing on the radio of my father's car. I, against my father's orders, take rather long to get into the car and, as the buzz of the car insists on informing, I didn't close the car door (the one on the right side) properly. My father had just started the car, we were leaving our street, and I gently opened the car door (the one on the right side) in order to close it properly. He got very angry, like he always did. In my dream, he becomes a monster with bark hands, black fur covering his skin, and big fire-like eyes. In my dream, I feel the car stopping abruptly. I don't say anything. I often wake up after the last scene: he opens the car door, the one on the right side, grabs me by the neck, throws me onto the asphalt, and mercifully kicks me in the head.

And I die.

I have this recurring dream, doctor. It scares me and I can't sleep.

Criterion C: avoidant or numbing behavior

People kept asking me if I was suicidal. Sure, who wouldn't.

Sometimes, I wanted to die, but I didn't actively seek death.

But I was sad a lot. Sometimes I still am.

(...)

Of course, I'm not an idiot, there are things I just don't do.

I'd rather stay in my room with the lights out than go out.

I hate cars. I'd rather walk, or bike, or take the bus. I mean, who wouldn't. I used to like theater in school, when I was a kid, but then when I became a teenager, a woman even, I couldn't stand being around men, so I dropped. I never had a boyfriend either. I am afraid of things and I do not know why I am afraid of things. I know I'd rather be alone. On my own. At least I don't get hurt. I think that's natural.

Criterion D: hyper-arousal

Other than the car incident I told you about last year?

Now you're just thinking I'm not normal.

I know I'm weird, thanks for reminding me.

I don't know.

Did you know that, from my room, I can usually count between 245 and 277 stars in the sky? If the sky is clear, that is. I usually take around 4 or 5 hours to count them. Stars make me feel happy because they make me feel small. D'you know that feeling, doctor? The stars keep me company when I can't fall asleep.

Why? You're probably gonna think I'm weird. Okay. Sometimes my roommate, Danielle, stays downstairs when she needs to study until late. She is very clumsy, you know? I love her to bits, but she is just so clumsy. On the very first month we moved in together, she was downstairs. It was round 4:03am and I heard this hammering sound, this loud hammering noise. I automatically felt myself shaking; anxious. Like I knew what was coming. He was coming, I knew he was coming. I knew that noise, of course I knew that noise. He used to come back to the house at around that time, stinking of vomit, cigarettes, and cheap bourbon; he used to wear these heavy, hammering-sounding military boots. I knew that sound. I ran down the stairs and saw, not him, but Danielle, trying to kill a fly with her Inorganic Chemistry textbook, the one by Miessler and Tarr, the fourth edition. I mean, who does that? So I yell at her and slap her against that same wall, with that same book. I'm not sure why and I can't fully recall the episode, but that's what I was told at the Dean's office the next morning. I know, you think I'm not normal.

What happened? I was expelled.

What do you mean, how do I feel? I feel fine.

I'm fine.

I don't know how long I was out for.

In my head? Over an hour.

In that lecture hall? Probably a little under two seconds.

I continued by saying that PTSD is best described as a condition in which the process of recovery from trauma is impeded; *as if you were so sad you did not have the strength to get out of it, man*, commented one of the students. Although I could have spent a whole class trying to define trauma, I advanced.

Today, I affirmed, researchers are investigating key factors that may explain why person X is more prone to developing PTSD than person Y. I grabbed a piece of white chalk and wrote in capitals: vulnerability factors. Can you guys think of any potential vulnerability factors?

Silence (Come on).

A timid hand lifted up: *Could it be something passed on from your parents?*

That could be a possibility. In fact, research suggests that heritability could play a role in your likelihood to develop this disorder. There are some issues with some of these studies in this area; for example, maybe there is an overlap between heritability per se and your environment and socioeconomic factors, which you

may share with your parents. But yes, very good guess. But think broad. If we are talking about a trait being passed on from your parents to you, we are talking about biological factors, something that was not “working properly” in the first place.

They finally begin to show interest in the subject: *A gene?*

I pull up the next slide. *As you know, a gene is a unit that contains your genetic material, your DNA, so it would make sense that they would be involved if there's a possibility for heritability.* The first slide read “serotonin,” so I asked who knew what it was. From the back of the room, a girl sitting on the stairs taught her fellow students: *It's an important chemical of sorts; I know that if you don't have the amount needed, you're screwed, or well, you're probably gonna be depressed? Something like that, right prof?* Right, something like that. In student-language that was just-about-to-be-right. I corrected by explaining that serotonin is a neurotransmitter (or a chemical of sorts!) that, amongst many things, had been implicated in anxiety behaviors; hence the connection between serotonin and depression we had just learned about. *Researchers think there is something funny happening with the gene that encodes the serotonin transporter.* The students look puzzled. *Like a truck driver for serotonin!* I try.

I succeed.

How many times I had been told that my depression, my PTSD, my personality – it was all due to a chemical imbalance; that I had to think positively; that I had medication to take. There were support groups and therapy and fighting the nightmares. But sometimes, if only someone had asked what I needed, I would have said all I needed was to be taken care of, just for a minute.

We are halfway through the class.

Another cluster of susceptibility factors are known as cognitive factors. These include things like lower IQ and lower executive functioning performance. Some fairly recent research also points to negative self-perception, and “rumination” as potential vulnerability factors; this means that you already thought little of yourself before the trauma took place. Either way, I would argue that these last factors are always a product of your environment, but potentially also of your genetic make-up. So I guess biology always wins.

The clock informs we have fifteen minutes left.

The evidence we have today points to this idea of PTSD as the result of a “real bad” fear learning. That means a lot of the research around PTSD is looking into memory: how we form memories, how memories are consolidated, and how they are retrieved at some point or other. In this line of research, on memory, I said as I advanced to the last slide, there was an initial focus on the role of the hippocampus and later on, on the amygdala. Fear conditioning means you have now associated a harmless context to a life-threatening situation. Can anyone give me an example of what I'm saying here?

A student replied with uncertainty: *Seeing your father getting shot in some dark alley. You won't go there no more, ma'am.*

That was exactly right. I added that the idea of seeing all alleys as dangerous places was a form of “generalization”: *you're putting all these contexts into the same fearful bucket, does that make sense? But for the normal person, who hasn't experienced the trauma you have experienced, a broom is just a broom because they weren't beaten up with it. Does that make sense? This idea of generalization is also associated with the idea of “sensitization,” which we can colloquially explain by saying you are more fearful of certain situations by being repeatedly exposed to them. Researchers are now trying to see if treatment for PTSD must address these two concepts, generalization and sensitization. So we should focus on working with the patient on discrimination, a way to teach the patient to “limit fear to the specific trauma cue.” Another keyword here is “extinction,” an active process by which we could create a new memory. This new memory would allow*

the old memory to be less emotionally charged; therefore, the patient would be less emotionally attached to that traumatic memory. We'll talk more about this idea of extinction later on in the semester.

Less emotionally attached to that traumatic memory—I repeated to myself—less emotionally attached to the traumatic memory.

Criterion A: stressor

I honestly think it was a matter of bad luck; being at the wrong place at the wrong time, you know? Sometimes

I think that's what it comes down to. Maybe I'm a bad person.

I used to work at the restaurant, high-end, fast-paced; loved it there. It took me a while to get there; about an hour I would say. But there was another guy who worked there, who lived by my house. It was handy. He used to give me a ride home. He was a bartender, I was a waitress. One day he forgot to take me to my house and took me to his house instead. It was 2 a.m., he was tired; honest mistake. So we go upstairs to his place and he tells me that we are adults, we can share the same bed.

He told me we were adults, that we could share the same bed.

I am an adult. I can do this.

And as I felt my body traveling up and down on that bed, with him on top of me, I forgot where I was. I thought: what's my shift tomorrow? How am I getting home? He came. And I thought of that song, you know, that one by Françoise Hardy. He bit me and called me a hairy bitch.

I kept singing in my head.

I went to work the next day; I had the morning shift. Just another normal day.

That's what happens in my head when I get close to people. I avoid it. I think of my grocery list.

I mean, I'm an adult, I can do this.

The class was over.

I like teaching. I like teaching because I can make a fool of myself. It's liberating; almost like acting. I'm paid to entertain, and teach my students never to take themselves too seriously. Even if I was split inside, teaching about biology and not feeling like biology had worked in my favor. But what can you do? You laugh.

You can leave now, I told my students.

You can go.

I accepted that I was both – the patient and the doctor.

But nobody needed to know which one I was — am I the patient or the doctor?

I am both.

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