File Name:	Dr. Kessler - 3-9-2017
Transcriber:	TranscriptionStar
QA/QC Comments:	Hard to comprehend some of the terminologies
Length of file:	0:36:56
Audio Category List volume, accent, background noise, ESL speakers.	
Any Comments (e.g. times of recording not needing transcription, accents, etc.	
Any Problems with Recording (e.g. background noise, static, etc	
Unusual Words or Terms: **Must be completed** (e.g. Abbreviations, Company Names, Names of people or places, technical jargon	
Number of Speakers:	2

[Off-Topic Conversation]

Dr. Kessler: This is actually what you gave us to us here.

Female Speaker: Right. So, this is going to get to me on a daily basis. I'm having some –

[Video playing in background]

Female Speaker: This is me just sitting at my desk with my computer, and for the last year and four months –

[Video playing in background]

Female Speaker: So now I'm talking to someone.

Dr. Kessler: Do you remember this?

Female Speaker: I don't remember anything that flows out of my mouth until I go back and watch my recordings.

Dr. Kessler: Okay.

Female Speaker: And I've took it upon myself for the last year and four months now filing divorce this evening.

Dr. Kessler: Right.

Female Speaker: And what I go through on the inside of the house magnified to no end. I did not erupt as often as every three minutes like I do.

Dr. Kessler: Right.

Female Speaker: Like I did this last year and four months.

Dr. Kessler: Yeah. And you see it now.

Female Speaker: So I don't even know when I speak –

Dr. Kessler: You don't know.

Female Speaker: I don't know.

Dr. Kessler: So you don't know this is happening when it happens when you have these outbursts?

Female Speaker: Well, I know my physiological changes.

Dr. Kessler: You can sit.

Female Speaker: Oh. I know my physiological changes. There's so much energy inside of me, it's like very thick, dense energy, and when I get into these episodes of rage, it's like my heart is just slamming and I feel all this heat inside of me. And like my head pounds and my heart just slams. And then after my –.

Dr. Kessler: So right here, right here again.

[Video playing in background]

Dr. Kessler: Do you remember – and you don't remember saying any of those things?

Female Speaker: No, it just flows out of my mouth. All I'm trying to do is stay focused in what I'm trying to get done. And I'll get taken over and everything will just flow out of my mouth and I had no control. I had no way to stop what is flowing out of my mouth.

Dr. Kessler: Do you – do you hear yourself speaking at the time in the moment?

Female Speaker: Yes.

Dr. Kessler: So you do – so you're –

Female Speaker: So I'm conscious of – I'm conscious of what is – I guess, I can hear myself speaking, I'm registering what I'm speaking but I cannot recall the next moment what I spoke.

Dr. Kessler: Right. Right.

Female Speaker: And so if somebody asks me, "What did you say the – in the last minute or the last couple of minutes that you have this euphoric episode of laughter and profanity, I wouldn't be able to tell you.

Dr. Kessler: Right. But you remember that you said something?

Female Speaker: But – that's right. And I know that I laughed and I know that garbage flew out of my mouth.

Dr. Kessler: So what are you working on?

Female Speaker: So this last year and four months, I have never **danced** [Phonetic] [0:03:40] with the legal system before.

Dr. Kessler: You've what –?

Female Speaker: The legal system.

Dr. Kessler: The legal system. So what are you working on here?

Female Speaker: This particular case, I might have been researching the law. I might have been looking to some, I might have been trying to widen memorandum. I might have been trying to –.

[Off-Topic Conversation]

Female Speaker: And then I'll show you one minute of intense rage and I think you should see that in terms of what I go through with the amount of physiological changes that I'm having.

Dr. Kessler: Okay. And turn the sound on just to catch on this.

Female Speaker: Oh, sure.

[Video playing in background]

Dr. Kessler: So these episodes often start with laughter?

Female Speaker: It can be anything. It could be just profanity and incredible rage like you see here or it could be laughter. And yes, it's very much nonstop hysterical laughter with sheer garbage, absolute garbage. I don't need – I don't recognize – I mean, I know myself enough to know that I wouldn't say sentences like, you know, bloody asses you know, in my bloody usage.

Dr. Kessler: Yeah. It's not – it's not – it's not you. Yeah.

Female Speaker: It's not me. It's not me. And I'll take on accents and I'll take on forms and there's just – even – I haven't gained – even my form changes in terms of the way I speak. There's almost like a draw, like a very distinct accent of different kind.

Dr. Kessler: Different than yours.

Female Speaker: That's different than – yeah. In the last five months, my bowel movements came to a complete halt. I couldn't actually had a stool – a bowel movements till I actually would do [Indiscernible] [0:06:02]. And so there's been a lot of brisk walks, there's constant fluid gushing into my mouth, there's a lot of urine breath and poop breath from it. There's a – there's a lot of weight gain and a form change from it, which is not my – it was not me a year prior.

[Video Playing In Background]

Female Speaker: So in this video, you'll see like I'm almost ready to kill someone.

Dr. Kessler: Yeah, you look very rageful.

Female Speaker: Right. But then you'll see me go back to work and there's – I can always feel calming energies inside of me because of the way that I've coped and survived this is by staying working all the time. So my means just stay working – you'll see in the last five months of my recordings on this [Indiscernible] [0:07:14] you'll see me always going back to work.

Dr. Kessler: To going back to your work. Okay.

Female Speaker: And when I go back to work after all those rage and physiological changes that I experienced, I' feel some calming energies inside of me and you will see –

Dr. Kessler: Speaking of calmness and speaking of –

[Off-Topic Conversation]

Female Speaker: Actually, I like to show you that calming –

Dr. Kessler: Look at all this.

Female Speaker: Okay.

Dr. Kessler: I've got – everything you're showing me, I have to see.

Female Speaker: Okay. And this is the calming area where I'm just calm after that much rage.

Dr. Kessler: Yeah, I watched that – or I saw – I watched – I didn't watch the whole thing, I watched pieces of it earlier before you came in.

Female Speaker: Okay.

Dr. Kessler: Again, because of time, I'll let you take this back.

Female Speaker: Okay.

Dr. Kessler: And let's move away from that because I need to take some – I'll get some – I'll ask you some questions.

Female Speaker: Okay. Go ahead.

Dr. Kessler: So you can take this back.

Female Speaker: Oh, sure.

Dr. Kessler: And – so, first off, you say – I've worked – you know, the differential diagnoses here right off the bat are, you know, psychosis of some type.

Female Speaker: Right.

Dr. Kessler: Or disassociate disorder.

Female Speaker: Right.

Dr. Kessler: I'm sure you've done your research on both.

Female Speaker: Right. What is unique though about my case is that it comes on explosively the day after my surgery in 2010. So it's not a very recent problem; it's a very, very old problem. It's about six and a half years now. After six and a half years in spite of what I go through, I am so bad this last year and a half.

Dr. Kessler: Right.

Female Speaker: I don't have these dissociated episodes outside of the house.

Dr. Kessler: That's what I was wondering about. Does it ever happen – does it ever happen – it never happens outside of your own home, it never happens when you're on other people?

Female Speaker: No.

Dr. Kessler: You're not sitting and chatting with a friend or a colleague.

[Crosstalk]

Female Speaker: And my brain is just fine.

Dr. Kessler: Or at **Caribou** [Phonetic] [0:09:15] picking up a cup of coffee and suddenly you know, you're screaming to people in profanity and all these other stuff.

Female Speaker: Right. Exactly. Exactly. Yeah, it doesn't come out. And so –

Dr. Kessler: So that – I will tell you that that has – that tends to lean me more towards a dissociative disorder than towards a psychotic disorder.

Female Speaker: Okay.

Dr. Kessler: Because, you know, psychotic disorders, if a person is psychotic or schizophrenic, there's no, like, "Okay, I'm in the – I'm in the –" if they have episodes and they do certain episodes, it's not like at home they're like, "Okay, I know I'm being watched and I know those fuckers are after me." But then they go to Caribou and, like, "Okay. It's Caribou, I better hold it together." That just doesn't happen. And they choose not to curse or they may choose not to yell but they still believe they're being watched or they still believe they're being followed or they still have those false beliefs. So the strength is being much more consistent with the dissociative disorder than with the psychotic disorder. The strange thing you know, dissociative

disorders – let me look into something here. We tend to see with dissociative disorders fairly strong trauma histories in people.

Female Speaker: No, I don't. And it couldn't – it came out –

Dr. Kessler: No trauma history for you?

Female Speaker: No.

Dr. Kessler: And it's – and what is trauma, it's not even like – it's not adult trauma, it's not like my husband beat me, it's like I was abused as a young child. And so that – and when we don't – now, we don't see an onset like yours suddenly after a surgery, the only time we see – the time they see late life – and I say late life I mean as opposed to childhood.

Female Speaker: Right.

Dr. Kessler: I don't mean like you're old.

Female Speaker: Right.

Dr. Kessler: The times we see later in life an onset of dissociative disorders, it's usually in relationship to a trauma that reminds a person of a previous trauma, you know.

Female Speaker: Right, you can experience, yeah.

Dr. Kessler: Sexually abuse the child who then has a sexual experience in their mid-30s that is reminiscent to the childhood sexual abuse and then this sort of all – and so this kind of blossomed.

[Crosstalk]

Female Speaker: In this kind of world, yeah.

Dr. Kessler: But we also – when we look back at that person, we don't see a – for lack of better word, normal previous 10 years. The previous 10, 15, 20 years were troubled in some way but then shoot the person into dissociative. So this presentation isn't consistent with the dissociative disorder either and it's not consistent with schizophrenia. So, you know, I mean, in a nutshell, and **I've been practicing for 22 years** as psychologist and for – going on 30 years as generally as a psychotherapist. **And this one is a new one on me**. And that's a lot of patients, that's a lot of people I've seen. And I did specialize – I did – one of the reason I have to serve – one of the reasons I have to service probably a part to me of is I spent a year doing post-doctoral fellowship in dissociative disorder, so I know my way around dissociative disorder well. And this is definitely dissociative behavior but it's not consistent with dissociative disorder either.

Female Speaker: Right. Because I would think – and I know I'm not as educated as you are in the field of science but just as an everyday kind of girl, to me, when I have no control, I have

absolutely no control of what I'm experiencing, why would I have control when I step outside of the house?

Dr. Kessler: But there's the strange thing is that – is that on some level, clearly you do have control.

Female Speaker: Except at –.

Dr. Kessler: Somewhere in there, that's the part where I'm saying that it's not – that it's not so consistent schizophrenia. The people with schizophrenia don't have any control over their symptoms. They may be able to say in the moment, they may be able to you know, while they're in Caribou, they may be able to decide not to say – well, I'm not going to even say that or repeat that out loud. I [Indiscernible] [0:13:27] just fine, but you know, they may think these thoughts and then choose not to say them.

Female Speaker: Right.

Dr. Kessler: But from what you're saying, you're not even necessarily thinking these thoughts. You're not sitting – you're not staying in line at Caribou saying, "I should say they lick balls," and then you choose not to say lick balls, you're not even thinking about it. So that's more consistent with the dissociate disorder where there is underlying psychological process and some degree of choice; although not conscious choice if I'm making sense.

Female Speaker: The part that I have trouble with is think of me as – it's almost like it's very function-based and I'll just pour down the sheer basics because I know that's the case. I've recorded myself for five months and I know I don't allow myself to think. I don't allow myself to even experience what I just went through. I refuse to. I always go back to what I'm doing. So think of me as getting up in the morning and I don't want to think anything besides what's on my task list and I'm not even thinking that, I write it down, you know.

As I'm working through an article, I kind of know, okay, those are the little things that I have to do, I write those down, and I go back to what needs to happen next on my task list. And I'm typing, I'm just sitting there like you, sitting there typing or sitting there waiting, or sitting there highlighting. And all of a sudden, my – this involuntary laughter erupts out of my mouth and profanity erupts out of my mouth and sheer hysterical garbage flows out of my mouth and it's garbage. I don't even know these sentences, it's sheer garbage that flows out of my mouth. I have no way to stop myself. I don't know how to interrupt it, I have no way of stopping myself until I'm done experiencing it.

And once I'm done experiencing it, I want to go back to work because I don't want to allow myself to feel what I went through neither I want to think about it. So you will see myself go back to work and I will go back to work and I don't even know where I left off because my brain is disrupted, I don't even know where I left off. And so I have to go back and try and figure out where it is that I left off and I feel all these sick energy inside of me.

And then I pick up where I left off and I try to go back to doing that particular thought process, finishing that particular thought process, and my brain will explode again. So it's very function-based. So I take that function and I walk into a medical clinic or I walk into the courthouse or I walk into other appointments –

Dr. Kessler: And you look fine.

Female Speaker: And I'll be fine.

Dr. Kessler: Yeah.

Female Speaker: And the very same functions, you know, my brain – if my brain experience –

[Crosstalk]

Dr. Kessler: You do this at home lying in bed?

Female Speaker: No.

Dr. Kessler: There are some videos of that. Weren't there videos of you lying in bed doing this?

Female Speaker: Oh, when I'm sleeping, yes. When I try to sleep, I keep myself recording the whole time and so when I –

[Crosstalk]

Dr. Kessler: So when you try to sleep, this happens?

Female Speaker: Correct.

Dr. Kessler: It happened – does it – but it never happens with anyone else around.

Female Speaker: No. Inside of the house with my family around, it can happen. And you're going to have to take me at face value at this because there are no recordings prior to November 2015. The bulk of episodes or when I'm alone, my husband has seen me burst into laughter, my children really haven't seen as much prior to 2015. They have seen some post-November 2015, although I have no way of proving any of that to you besides taking me at face value.

Dr. Kessler: I think – no, here's the thing is –

[Crosstalk]

Female Speaker: The only

Dr. Kessler: – because I don't have enough of this, I do take this at face value.

Female Speaker: Okay. The only thing that I can say which I can offer as proof is that my mental health paperwork is filled with, "every morning breaking into laughter, hysterical laughter, and it's a very consistent pattern."

Dr. Kessler: And you've had some in-patient stays right?

Female Speaker: Correct. I've had one in 2012 for an entire month and one in 2014 for an entire week.

Dr. Kessler: And they did testing or no? They must have done testing. They must have done all of those.

Female Speaker: Right. In 2012, they did an MRI.

Dr. Kessler: No, psychological testing.

Female Speaker: They did not do any psychological testing, no. No. They did an MRI. The marginal enlargements that they saw was you know, not even worth –

Dr. Kessler: Not worthy talking.

Female Speaker: It's not even worth talking about, and so they didn't really do anything about it; the key was to observe me. So between 2010 and 2012, I displayed paranoid schizophrenic symptoms from the standpoint that right after my surgery, I walked into a store and I felt very paranoid. I felt very intimidated. And I heard distinct clicks on my phone and I felt like I was being listened on to. And so I called into law enforcement and I let them know how I felt, is there a reason that I am under the radar for some reason, I feel very watched and I feel tailed, and I feel intimidated, and I feel listened on to. And they said – they said that maybe you should get a psych eval done or just figure out if you might be hallucinating, which wasn't the right connotation to me because they weren't taking me seriously.

[Crosstalk]

Dr. Kessler: Right. No, no, and that's – and then – and they're going to do that.

Female Speaker: Right. So between 2010 and 2012, if you look at my paperwork, every morning I'll wake up, I'll scream profanity, I'll laugh hysterically, I'll come down the stairs, I'll be crying hysterically –

Dr. Kessler: Did it happen when you're in hospital?

Female Speaker: It did not, no. But for the entire month there are some reports and there are isolated reports of me breaking into hysterical laughter inside of the room but not on the outside. And I attended all my group sessions, I have my meetings, I'm on the outside of the room just as much. I'm a very good reader, I'll stay reading, I'll stay engaged, I'll stay focused.

Dr. Kessler: Yeah. Let me interrupt you because I don't think that – I think it's going to be very difficult to figure out what's going on here. What seems to me that might be most useful would be to go – to have a really good evaluation done **by people who are approaching it with intense curiosity**. So, you know, I mean, there are couple of – you go to the hospital, you're admitted to the hospital because of apparent schizophrenia and they're trying to reduce your psychotic symptoms and they put you under medications and they're trying to figure out and they either – they're doing MRI to get something off the brain. But you know, I want someone to be intensely curious, I want someone to say, "Let's do every test in the book. Let's evaluate here for this, evaluate her for that and all of that. And you know, it – so that – I mean, that's the kind of – that's the kind of thing that I think it might be most useful for you.

Female Speaker: Right. So kind of like a research program where –.

Dr. Kessler: Well, it – what I'm actually thinking about is whether or not – whether or not they would consider – no, it might not. The place where I did my post-doc 20 years ago is Dissociative Disorder's Unit. They've changed their name to Trauma Disorders Unit because most dissociative disorders are trauma related.

Female Speaker: Okay.

Dr. Kessler: But they know a ton about dissociation, and this looks like dissociation because of that – the **part that really throws me** on on your symptoms is the part where you're not doing – **you're not engaging in the unusual or psychotic-like behaviors out of the home**.

Female Speaker: Right.

Dr. Kessler: **It's not happening here in my office. When I see someone who is psychotic, they are just as psychotic in my office as they are someplace else**. And they may be able to hold back on responding to the voices in their head but only so much, and they can kind – you'll see they're kind of going you know. And at home, they'd be going, "Stop it, [Indiscernible] [0:22:34] but in my office they're restraining themselves on.

Female Speaker: Right. But then –

[Crosstalk]

Dr. Kessler: You don't – **and I'll tell you, you look fine right now. You're absolutely fine. I don't see anything wrong with you at all.**

Female Speaker: Right. But over time that level of control comes down. This is not – this is six years and I've had these symptoms from the day after my surgery. Do you see what I mean?

[Crosstalk]

Dr. Kessler: And –

Female Speaker: That kind – that sheer level of control that I actually have on the outside of the home doesn't quite fit right with the amount of trauma I experience on the inside of the home.

Dr. Kessler: And if it were like seizure-like activities, well, then we would – again, you wouldn't have that control over it in public. It would happen equally frequently in public as it does in private.

Female Speaker: Oh the other sporadic incidents or the episodical incidents on the outside because there's only so much control that you can have like you said. So I might be able to on some level, but yet –

[Crosstalk]

Dr. Kessler: And no history of trauma at all for you?

Female Speaker: No.

Dr. Kessler: Fascinating. That's not good by the way.

Female Speaker: No, it's –

Dr. Kessler: It's the outline **you never want to have a disease, it's so interesting** that **you get it – gets named after you**. And they don't even make light of this; this is a very difficult situation.

Female Speaker: Yeah, yeah.

Dr. Kessler: But I'm honestly trying to figure out what to do.

Female Speaker: Yeah. I kind of lost my entire life after that surgery.

Dr. Kessler: Right. And what we – what I don't want to do is business as usual, you know. Go back and see me in two weeks for psychotherapy, blah, blah, blah. And it –.

Female Speaker: Yeah, because I have no trouble of staying very goal-oriented.
[Crosstalk]

Dr. Kessler: And I get the sense you're not going to – right. And so I get a sense from after service with something similar where she kind of – I mean, **this is unusual for both of us**. And it was some pretty experienced folk.

Female Speaker: Because I mean, I do get mental illness and I do get the need to get into – to give into what you're feeling and what you're going through and your inability to overcome that, and that is not to me. I'm doing everything I can to not even think about it and I have no way of stopping any of it.

Dr. Kessler: Here's what I'm thinking off the top of my head and I have to give your situation more thought.

Female Speaker: Sure.

Dr. Kessler: Thinking off the top of my head would be to reach out to the dissociative folks in my past and say, "Let me tell you about a patient without giving PHI. Let me tell you about a patient, is this someone who'd be appropriate for evaluation in your facility.

Female Speaker: Okay.

Dr. Kessler: Or what facility would you recommend an evaluation of this person. I don't honestly think you're going to get that in Minnesota.

Female Speaker: Right.

Dr. Kessler: I think it's going to be like going someplace else. The place where I work is Baltimore, Maryland.

Female Speaker: Yeah. I went to John Hopkins for a couple of days.

Dr. Kessler: Well, that was the wrong place.

Female Speaker: Yeah. It could have been. I'm just grasping –.

Dr. Kessler: Hopkins was – Hopkins is down the road.

Female Speaker: – grasping [Indiscernible] [0:25:37].

Dr. Kessler: I was at Sheppard Pratt.

Female Speaker: Okay.

Dr. Kessler: And Hopkins doesn't believe – the folks at Hopkins at least 20 years ago didn't believe in dissociative disorders.

Female Speaker: Okay.

Dr. Kessler: The folks at Sheppard Pratt do. And what's great about that program is the folks who were there when I was a post-doc are still there today. So they probably won't remember me for 20 years ago, I mean they would. My inclination would be to reach out to them and say, "Let me tell you about a person." And say, you know, "How would you – is this someone who you think you could evaluate and do a really good work up on?" And if so, let's see if I can put the two of you in touch. And if not, ask them what the heck should I do next, because I honestly have no idea what to do. I think it could be a dissociative disorder – I'm leaning in that direction

just because of the voluntariness of it or the control of it. Again, you feel out of control but clearly you're not. On some level, you have control.

Female Speaker: Imagine yourself and I kind of get that on some –.

Dr. Kessler: Oh, no, no, no, no. I'm not saying you have control like you have, like, you're **thinking of thoughtful control**.

Female Speaker: Yeah.

Dr. Kessler: On some level, some part of your brain that you can't access has control.

Female Speaker: But why would that brain – why would that brain not fire outside of the home.

Dr. Kessler: That's my point, because on some level, there's some part of your brain that has control to not do it outside of the home, and that's the part that –.

[Crosstalk]

Female Speaker: I think that's got to be strong enough. That's got to be strong enough then.

Dr. Kessler: That doesn't – right. That's the part doesn't make sense to me.

Female Speaker: Right. Because then on the inside of the home, I want to give myself some reprieve especially given my behavior of not wanting to even think about it and pick up the next task on my list.

Dr. Kessler: Right. You know, it's almost – there's a Tourette's-like quality to it. But with Tourette – and with Tourette's people do control their outbursts to some degree, but with Tourette syndrome, [Indiscernible] [0:27:32] research that as well.

Female Speaker: I probably didn't know I have that. I know that in neurological level your circuitry is disruptive.

[Crosstalk]

Dr. Kessler: It is a neurological syndrome and you – we look at sort of like "fuck, fuck, fuck, fuck, fuck, fuck" kind of thing.

Female Speaker: Right.

Dr. Kessler: Well, the difference between Tourette's and this is that the person with Tourette's learns – again, it's there – they're in the line – they're in the grocery store or they're in the line at Caribou and they – and the woman turns out in front of them and they go [stuttering], "Can I help you?" And they stop themselves from yelling "can, can, can, can" to the woman's face. They kind of – but the urge comes and they manage to resist it.

Female Speaker: Okay.

Dr. Kessler: You're not getting the urge in Caribou to call the woman in front of you [Indiscernible] [0:28:14] or say terrible things to them. You're just in Caribou by that coffee. I don't go to Caribou enough. So that's where it differs from Tourette's because with Tourette's it pops up at all situation and you resist it. You're not resisting it; it's just not popping up.

Female Speaker: Right. But here's my problem; it's like, in me, I don't even know – I had no way, it just flows out of my mouth. It's not even like I'm responding to a stimuli. I have no –.

Dr. Kessler: Right. And with Tourette's the person is fully aware they're doing it. They know that that's really what's different about it. They know you're out there yelling fuck you at someone, and they can't stop themselves, and you don't – so that's where, I mean –.

Female Speaker: It's almost like emotional incontinence with like PDA or Alzheimer's or Parkinson's, it's very situation inappropriate. They just don't – they don't even know how to control themselves.

Dr. Kessler: Here's what I'd like to do. I'd like to consult with a couple of them. So I may consult with some people within the lineup, consult with some people from outside of the lineup and say, "Gosh, does anyone have an idea of what's going on here because as much as **I have a ton of experience** and Dr. [Indiscernible] [0:29:19] has a ton of experience, **this one is new for us. This is just – this is unique.**

Female Speaker: Okay.

Dr. Kessler: And **I would love to tell you that I know what's going on** and I will tell you that this is – that I just **– this doesn't make any sense to me**. So what I'd like to do is have this. I won't release any of it to anyone else because that's against the law.

Female Speaker: Sure.

Dr. Kessler: I will – I want to discuss it with my team here as well maybe reach out to some other folks I know.

Female Speaker: Okay.

Dr. Kessler: And see what people think and then get back to you.

Female Speaker: Okay.

Dr. Kessler: Okay? Does that make sense?

Female Speaker: Absolutely.

Dr. Kessler: All right.

Female Speaker: Would you – do you think – I was curious about something.

Dr. Kessler: Uh-hmm.

Female Speaker: I did a 24-hour ambulatory EEG, so that meant of course that I got to carry my equipment home.

Dr. Kessler: Right.

Female Speaker: And so then once I'm at the store and I sat there with the EEG cap on me.

Dr. Kessler: Yeah.

Female Speaker: And I sat there for a couple of three hours and I was all right. I spoke to only a few people, I was all right. At one time and I had this intense episode of intense rage, I am experiencing so many physiological changes, it doesn't record anything.

Dr. Kessler: The EEG showed nothing?

Female Speaker: The EEG shows nothing. Is there any reason for that?

Dr. Kessler: I mean, what that would suggest is that it's not – I mean, what we're doing is we're ruling out stuff. That would suggest that it's not seizure-related.

Female Speaker: So what does that mean? So when I think of it from the layman's standpoint when I think of the mental illness especially when it's an ill brain and it doesn't know how to control itself on some level, it's thought process that's distilled, which means that the communication of the circuitry is broken, which is why they're experiencing that kind of internal stimuli and the need to respond to that stimuli, right.

Dr. Kessler: But what we're getting –

Female Speaker: So it's like electrical disruptions almost integrating –.

Dr. Kessler: But it's not where you'd have it show up in an EEG. So I mean, all of these points to is psychological phenomenon.

Female Speaker: But what's the psychological phenomenon? I mean, if you kind of boil it down?

Dr. Kessler: Well, I'll let you know when we figure that out.

Female Speaker: Okay.

Dr. Kessler: No, I mean, as far as about it, I mean, the reality with medicine and with psychology is that for the most part we don't know – what we don't know greatly exceeds what we do know about mental health. You know, we know that if – we know that if we give you an SSRI and you're depressed, you're likely to have recovered from depression, but we don't know why. We know that increases the level of serotonin, we don't know why that helps because people are –.

Female Speaker: But it did help – it did helps some kind of electrical impulse to kind of straighten out right –

[Crosstalk]

Dr. Kessler: But there's clearly no electrical impulse going on wrong. That would show up on your EEG. I haven't seen your EEG, I'm going to find that. I don't look at them very often, so then –

Female Speaker: But isn't the EEG just basically readings of your neuronal communication.

Dr. Kessler: It's reading electrical –

[Crosstalk]

Female Speaker: Which is kind of what your brain is, right? So when you're having –

Dr. Kessler: Electrochemical functions on both electrical level and the chemical level.

Female Speaker: Correct.

Dr. Kessler: And so –.

Female Speaker: Which the chemical level disrupts the electrical.

Dr. Kessler: But the electrical would be visible. The chemical is not so visible, the electrical is.

Female Speaker: Correct.

Dr. Kessler: So –

Female Speaker: So when you're experiencing as much rage and you're experiencing as much disruption at the electrical level –.

Dr. Kessler: It should show.

Female Speaker: It should show.

Dr. Kessler: And it doesn't –

Female Speaker: And it doesn't.

Dr. Kessler: So it suggests that you're not experiencing disruption of electrical level or it will show.

Female Speaker: So, at a chemical level, it's kind of like a Catch-22, it's circular. It should affect the balance.

Dr. Kessler: Towards more psychological.

Female Speaker: But – yeah.

Dr. Kessler: I don't know what does that means.

Female Speaker: But what that means is so when your serotonin level comes down and you're depressed, it means like your brain is kind of lethargic and it's dying, and your electrical levels are kind of again –.

Dr. Kessler: And so I'm going to – what I'm going to do now, I want to end for now.

Female Speaker: Okay.

Dr. Kessler: I'm going to end with this, with arguing.

Female Speaker: Okay. Okay.

Dr. Kessler: I'm going to do some consultation. I'm out of the office most of next week so it won't – so I probably won't get back to you for a couple of weeks. I will get back with you and say, "This is where I think we should go next."

Female Speaker: Okay.

Dr. Kessler: Okay?

Female Speaker: Okay.

Dr. Kessler: But right now I have no answers, and I think if I try to give you an answer, I would just be making stuff up, and I won't do that because that's not the kind of thing to do, okay?

Female Speaker: That's fine.

Dr. Kessler: Okay? Does that make sense? And I'm sorry I don't have any answers for you.

Female Speaker: That's all right.

Dr. Kessler: But I mean no [Indiscernible] [0:33:59] yet and maybe someone will but I don't know who that person will be. We'll hopefully figure that out, okay. And again, my apologies for not having any answers for you.

Female Speaker: That's all right. That's all right. Well, it's kind of – it's nice that it's not consistent with –.

Dr. Kessler: No, it's not consistent. It's not more – it's most consistent with dissociative disorder but it's not entirely consistently with [Indiscernible] [0:34:53]. There's nothing that come – I mean, there's nothing it's consistent with.

Female Speaker: Right. Because then with dissociation, I would have hoped that I would experience that outside of the home.

Dr. Kessler: And a seizure disorder, it's consistent with the experience outside the home and it would show up on EEGs. Schizophrenia is not really consistent with – this is not consistent anyway.

Female Speaker: All right. Well, thank you.

Dr. Kessler: So that's – yeah. So hopefully I'm going to find someone who can figure it out.

Female Speaker: Great. Well, it's a pleasure meeting you. Thank you again.

Dr. Kessler: Take care.

[Audio Ends]