

## COMORBIDITY OF KIDNEY STONES AND PSYCHIATRIC DISEASE

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### SUMMARY

*This paper describes a patient who is suffering from PTSD with elements of hypochondria, panic attacks and episodes of depression in comorbidity with kidney stones. Kidney stones provoked exacerbation of psychiatric symptoms. Kidney stones and frustration about them have taken part of provoking factor, the last drop, which led to regression of otherwise precarious, but compensated patient's mental functioning which resulted in development of psychiatric symptoms.*

**Key words:** kidney stones – frustration - psychiatric illnesses

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### INTRODUCTION

In this study we demonstrated comorbidity of somatic and psychiatric diseases.

This paper describes a case of patient with PTSD with elements of hypochondria, panic attacks and depressive episode in comorbidity with kidney stones. Patients' psychological functioning worsened when he contracted the disease of kidney stones. Kidney stones provoked exacerbations of psychiatric symptoms. There appeared symptoms of PTSD, hypochondria, panic attacks, and later depressive episodes.

### CASE REPORT

From the patient's anamnesis we learn about a number of adverse life circumstances that have affected the formation of his personality. On the other hand, the patient from the beginning of war for years has been an active member of the Croatian army and he participated in a series of military operations. However, the adverse circumstances of patient's early development, as well as the objective reality of difficult war circumstances, did not lead to the failure of his psychological functioning. The failure of his mental functioning, regression and the appearance of psychiatric symptoms occurred only after the frustration that came with somatic disease - kidney stones and its treatment.

Kidney stones and frustration about them have taken part of provoking factor, the last drop, which led to regression of otherwise precarious, but compensated patient's mental functioning which resulted in development of psychiatric symptoms.

Our patient, we will call the name of Luke. Luke's medical problems began two years before the start of psychotherapy. Previously he always felt strong and healthy and was not paying special attention to his health. At that time he had a kidney stone, which was removed by surgery.

### The last drop

One of the most prominent of Luke's symptoms are cramps in the chest. Luke remembers exactly when cramps in the chest appeared for the first time. This happened after twenty days in the hospital. During this period he was subjected to a series of medical tests. All this time Luke was in great fear and uncertainty. That day in his room came surgeon urologist who has in an open and rather coarsely manner made known to Luke that medical tests showed a kidney stone. However, surgeon said, Luke need not need worry, because he will cut it and put inside a plastic tube. That same night Luke for the first time felt a cramp in his chest.

Since then he always suspects that there is somewhere in his body a severe physical illness. He experiences attacks of fear in which a sense of suffocation occurs. In these situations he has an irresistible urge to go to a doctor for examination. Examinations always show his physical health and that somewhat consoles and comforts him, but for short. Luke also feels empty, without energy and will to do anything. Nothing is joy for him. He is isolated from all. He became almost totally impotent. He also increasingly often began to experience painful cramps in the chest.

During therapy, Luke was 28 years old. He used to come very regularly, 50 minutes once a week. He was about a year in therapy.

At first interview a psychiatric diagnosis of PTSD with hypochondriasis, panic attacks and depressive episodes was set up (DSM-IV-TR, 2000), (ICD 10, 1994).

### Review of the session after one year of psychotherapy

Luke: 'This week was pretty good. I felt great. Even with my parents, I had a correct relationship. Something very good happened to me. Relationship with that girl continued. This week I have experienced so much, as I

have not for a long time. I felt emotions that I have already forgotten. I can say that I fell in love. However, there were also fears’.

Psychotherapist: ‘Perhaps you could say something about these fears’.

Luke: ‘I have tried to attribute everything to drugs and my body disease. Perhaps the fears arise because I take so much medication. I began to worry again about my physical health.’

Psychotherapist: ‘Maybe we could try to see how you felt fear. Or, you can describe a situation in which you were scared.’

Luke: ‘Well, fear is about sex. This week I tried to avoid sex at all costs. The fear was so strong that I even thought to escape from this relationship, to leave until the relationship has not yet broken.’

Psychotherapist: ‘How are you afraid of sex?’

Luke: ‘I was afraid of failure. That I will not be able to sexually satisfy this woman, about which I care so much. It would cast a shadow on our entire relationship. Maybe I would not have felt so much fear, that she does not mean so much to me. Now, when we go on what I thought it was impossible for me, when I finally found this woman, I do not want to lose her. We understand each other in all. With her I can talk about everything, the same as with you. However, in relation to sex, I am very conservative, so I do not have the courage to talk to her about this problem. I do not know how much patience she will have with me. It comes to me that I break everything, while everything is so nice. I know that my whole life I shall long for her, if now I broke that relationship....In this therapy, many parts of my personality returned. However, now in front of me is perhaps the most important question so far: to have my sexuality back.’

Psychotherapist: ‘Maybe you could say something more about it.’

Luke: ‘I remember that cystoscopy. It was not one cystoscopy, it was a series of examinations...’

Psychotherapist: ‘After all these tests, urologist told you very directly he would cut the stones, and that evening cramps appeared.’

Luke: ‘Cramp first appeared on that day. The day before I had one cystoscopy. A day earlier I had one more in a series of them. For a long time after that I had a feeling that I was somehow physically injured. Because, when I was on the cystoscopy, the doctor asked me if I had children. This instant I felt now it's all over. What happened, happened, from now on I will no longer be able to have kids.’

Psychotherapist: ‘You had a feeling like you're castrated’ (Bilić et al. 2006).

Luke: ‘Yeah, just so. Afterwards I kept thinking that these examinations in some way hurt my privates and I would never be the same as before. I started searching for my physical illnesses. As soon as I was released from the hospital, I began my relationship with a

woman. To her I could not feel anything, but we had intense sex.’

Psychotherapist: ‘Like you're wanted to prove that after all, you can still function sexually.’

Luke: ‘Yes, exactly so. However, my feelings have been somewhat ‘wooden’.

Psychotherapist: ‘As if the injury was not really physical, but in your feelings.’

Luke: ‘Yes, it is so. The injury occurred in my soul that hurts me a lot. Even more so because I am a conservative man. Is hard for me to speak on such matters relating to sex, such as the manipulation of my genitalia was difficult for me. But now I want to talk about that. Now I want to solve this important problem. On the other hand, appears to me to escape from all this, to stop until everything is still so beautiful...I now I'm fighting for my manhood. The Army helped me a lot in it. And then this series of cystoscopies really threw me backwards. However, this therapy has helped me a lot in many things. In many matters, I am stronger and better defined. It seems to me that what is happening now is more important than anything that has happened so far ... to regain that part of me. In therapy, I again returned many parts of myself and this is very important to me. Problem is that things have to happen very quickly now, because I'm afraid that this woman might be disappointed.... My mother raised me in such a way that did not encourage my masculinity and aggression.... I have always supposed to be good and obedient. No wonder, I do not know how to be a man. I have to learn it. So far I have used drugs and physical health as a justification for the problems with potency. I used to run in the medications or physical illness. I tried to look for the cause in that. Now I see that it is all in my head.’

Psychotherapist: ‘Yes. Drugs and body are your usual way. Maybe ‘this is all in your head’ relates to your whole life, not just the current situation.’

Luke: ‘Yes, it is now surging in me. Now I feel a lot of feelings that I have not felt for a long time. Perhaps through relationship with this woman now I can get back part of my life which I felt that was stolen from me. However, to unite sex and love is a huge task for me...Maybe it's all the more difficult because in such matters I am very conservative. It is hard for me to talk about such things with this woman. Anyway, now I have been talking with you about 50 minutes about that.’

## DISCUSSION

Regression and identify with his mother and her symptoms of heart disease becomes evident during a severe frustration (Jung, 2009).

Following statements by the surgeon, who said to Luke he will cut out something (kidney stones) from his urogenital apparatus, which came after a series of cystoscopies and especially after the last one during

which the urologist asked Luke whether there are children, Luke felt for a long time after that that he was somehow physically hurt. The same evening after this conversation there was a symptom of cramp in the chest, according to the model of Luke's mother heart disease.

After the frustrations in hospital which culminated in surgeon's careless statements, which triggers unconscious castration fears and Luke experienced unconscious castration, there is regression in object relations to dyadic identification with the mother and with her heart symptoms. The symptom of cramp in his chest and hypochondria fears of serious somatic illnesses appeared. After that, Luke experiences himself as serious somatic patient and has hypochondriac fears.

Oral fixations and addictive personality traits are manifested by the regression to dyadic model of relationships and identification with the mother are also expressed in other ways. Luke is a heavy smoker of cigarettes, which can not be resolved, and is also prone to taking psychopharmacological agents as a way of resolving internal tensions (Laplanche & Pontalis 1992). He smokes two to three boxes of cigarettes a day. He says that without a cigarette he can not work and that the cigarette is his best friend, who steadies him when there are difficulties. On several occasions he tried to stop smoking, or tried to limit smoking at the time periods, but failed.

In the regression, he defends by projection (Bilić et al, 1998). He projected the cause of his problems on the drugs and the body and looks for the cause of his potency problems in the medications or physical illness. During psychotherapy he realizes 'that it is all in his head'.

In a war situation paranoid fears are externalised to external enemies (Bilić, 2000). After war external enemies are replaced by hypochondria fears of harmful somatic diseases (Bilić 2004). Unconscious castration fears manifested also through the anxiety of taking the driving exam. Luke did not claim the last exam in faculty and avoided the advancements offered at job. His oral fixations manifested through smoking cigarettes for cigarettes as a way of reducing anxiety.

Entering the army Luka partially repaired his identity and becomes more determined. However, at that time the Oedipus complex is unresolved. Luke establishes intimate relationships with older women. Compulsive repetition of relationship with his mother manifests in relationships with his 9 years older wife and another 9 years older woman.

There are also a strong pre-Oedipal tendencies, which manifest in the establishment of symbiotic dyad relationships, whether with women or with men. After Luke managed to establish an intimate relationship with peer, that woman wants to come to therapy and participate in discussions about Luka's impotence. Luke could not keep for himself the content of psychotherapy sessions, but he spoke to her about it. Also, in

relationship with his superior officer, Luke believes that their intentions and wishes are the same, and was frankly surprised because he was threatened by military tribunal when he violated the order.

Before starting psychotherapy Luka by two psychiatrists collects information about therapist.

A substantial portion of Luke's ego is free from conflict. Luke shows his autonomy by marriage with a woman that his parents were not accepted. Later he differentiated from his father when he voluntarily appeared in the army against his father's wishes.

## CONCLUSION

This paper describes a case of patient with PTSD with elements of hypochondria, panic attacks and depressive episode in comorbidity with kidney stones. Patients' psychological functioning worsened when he contracted the disease of kidney stones. Kidney stones provoked exacerbations of psychiatric symptoms. There appeared symptoms of PTSD, hypochondria, panic attacks, and later depressive episodes.

Kidney stones and frustration about them have taken part of provoking factor, the last drop, which led to regression of otherwise precarious, but compensated patient's mental functioning which resulted in development of psychiatric symptoms.

During psychotherapy Luka partially overcomes castration and separation fears. Fear of driving decreases and disappears and Luke passed driving test. Luke opposed former wife and her father and bought a car against their will. Later he definitely separated from his wife and her primary family, goes and will never come back. His symptoms decreased. When symptoms appear, he better submits anxiety and no longer goes to the emergency medical examinations. He strengthens his autonomy and the limits of self, stops talking to everyone about his intimacy and separates from people with whom there is no internal connection. He also can separate from his primary family and accepts the further education in Zagreb, which is a requirement for career advancement.

Luke resolves Oedipal repetition compulsion in love relationships with older women. After romantic relationships with older women, he begins a love affair with peers, although he feels strong fear. However, new option of mature heterosexual relationship with peers is associated with castration fear, and fear of narcissistic injury of self-esteem.

This paper describes a case in which comorbidity between kidney stones and psychiatric illnesses hypochondria, panic attacks and depressive episode was found. Kidney stones and frustration about them have taken part of provoking factor, the last drop, which led to regression of otherwise precarious, but compensated patient's mental functioning which resulted in development of psychiatric symptoms.

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