

"The Wayward Astronaut: Psychiatric Lessons" By Mark S. Komrad M.D.

As a psychiatrist, I would like to reflect on the recent case of the suddenly abnormally behaving astronaut. First, I want to note up front that I have never personally met Lisa Marie Nowak, nor have I examined her psychiatrically. Therefore, I have absolutely no foundation for making a specific psychiatric diagnosis of this unfortunate woman. However, I have been noting with interest the bewilderment in the media that someone could go through NASA's psychological screening procedures and, some years later, show signs of profoundly abnormal behavior. I think it is important for people to understand that the emergence of abnormal psychiatric symptoms (thoughts, feelings, and behaviors), after many years of healthy behavior, is actually not at all unusual. Some of the most serious psychiatric disorders can often emerge suddenly, without any history of prior problems. Sometimes they can emerge after little or no significant stress whatsoever. This is true, in particular, for the most common illnesses: major depression, bipolar disorder (manic-depression), and schizophrenia.

We are increasingly learning that these disorders are grounded in biology and genetics. The sudden ?turning on? of disease based on genetic vulnerabilities is actually commonplace in other fields of medicine. Adult onset diabetes, Alzheimer's disease, and rheumatoid arthritis are just a few examples of diseases that begin suddenly, much later in life, after years of good health. The human genome sometimes has ?time-bombs? that can go off after many years--sometimes after repeated bombardment by the stress of life experience, or other factors in a lived life.

This is not meant as an apology for NASA's psychological screening procedures, about which I have no specific knowledge. It's simply to say that it is sometimes hard to tell the future about medical problems in general, psychiatric problems in particular. A legacy of Freudian influence on popular culture is the idea that all disturbances in mental life can be ?traced-back,? and seen as emerging from earlier antecedents. Clues to later psychiatric problems, people mistakenly believe, are always present, if we look closely enough, especially in retrospect. This is just not always so. There are certainly some problems that fit this paradigm. They can be explained as emerging meaningfully from the understandable narrative of a person's life. There are other problems however, that emerge suddenly, without meaningful explanation, and are not any more psychologically foreseeable than predicting later diabetes from someone's psychology in their teenage years. They are due to biological vulnerabilities that can take years of life's ticking clock to manifest themselves clinically. The fact that some illnesses suddenly begin later in life, doesn't mean they are not treatable. Often acute illness in midlife is even more treatable than chronic illness that begins in youth.

So, though I certainly cannot say what is clinically happening in the particular case of astronaut Nowak, it is a good opportunity for learning about a common, but largely unappreciated psychiatric fact. We do not always have to search for deeply hidden psychological or environmental factors, reaching for sophisticated analysis about ?what could make an astronaut crack.? This unfortunate example of a surprising, yet dramatic change in a person's psyche, after years of good good mental health, gives us all an opportunity to understand one of the common ways that mental life can be suddenly, and unpredictably, derailed by illness of an all-too-vulnerable organ-- the brain.

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