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The Psychological Implications of Lyme Disease

Are your symptoms because you have Lyme, or are they caused by Lyme itself?

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[New Approaches to Health](#)

May is Lyme disease awareness month. Over the years, as an active clinician who regularly sees people who are suffering from Lyme disease, I read with interest the news items that find their way into popular and mainstream media outlets regarding the condition. Most focus on prevention efforts – wear white clothing, tuck your pants inside your socks if going into the woods, wear tick repellent spray, check yourself after coming indoors, mind your [pets](#), etc. Some focus on the medical signs, symptoms, and implications of Lyme – the classic bullseye rash, stiff joints, fatigue, headaches, and so on. Fewer will focus on the enduring medical, legal, and political controversy surrounding this illness. Is chronic Lyme disease real? Should people be treated with long-term antibiotics? Is the testing accurate? Are the current treatment guidelines appropriate and adequate to address all facets of the illness? These are all worthy and important topics to highlight. However, I see few items about the potential psychological and [psychiatric](#) implication of Lyme and other tick-borne infectious diseases. This is a major factor that has tremendous impact on the lives of those suffering from this illness.

Most people know that Lyme disease is contracted by a bite from the common deer tick, which is endemic to the northeastern United States. However, there are documented cases of Lyme disease in every state and in over 80 countries, so it is not just a regional problem. Lyme is a particularly stubborn type of bacteria (*Borrelia burgdorferi*) known as a spirochete, which means it has a corkscrew-like shape. The bacteria essentially bore into healthy cells and disrupts their functioning.

Lyme is not picky – it can invade any type of cell in the body. The classic symptoms, as outlined above, are the most common, but the spirochete can also invade the cells of the nervous system, wreaking untold havoc on cognitive, emotional, and physiological functioning. This is a condition known as Neuroborreliosis, and it is

considerably less well known. It can cause nerve palsy, encephalitis, oculomotor problems, rapid and extreme mood swings, obsessive thoughts, cognitive decline, [memory](#) difficulties, rageful outbursts, intense anxiety, [depression](#), and a host of other symptoms traditionally thought of as psychiatric or psychologically driven. Many people may balk at the idea of an infectious disease causing such a panoply of mental health symptoms, but I would point you to other well-known infectious diseases that cause or contribute to psychiatric symptoms, such as syphilis and streptococcus/PANDAS.

Why is this important? Well, as a non-medical practitioner (or a medical one, I imagine), it can be exceedingly difficult to untangle the medical and psychological causes of behavioral health symptoms. While it is obvious that someone suffering from a debilitating disease may be depressed or [anxious](#) as a reaction to being ill, it is also important to consider that the debilitating disease might be biologically driving the psychological symptoms. In the arena of Lyme, this is even more difficult given the contentious divide among medical practitioners regarding the very basic aspects of diagnosing and treating the disease. It leaves non-medical practitioners and laypeople very confused.

As difficult as it might be for a health professional, it is even more difficult for the person who is extremely sick, who has no scientific training, who is potentially cognitively and emotionally compromised, and who feels lost, scared, and hopeless regarding their condition. Awareness of all possible causes of symptom presentation is important in moving toward proper treatment and symptom alleviation. Inquiring about the possibility of infectious processes contributing to psychological symptoms is a worthwhile inquiry, especially in tick endemic areas.

To be clear, I am not at all suggesting that all or most mental illness is caused by Lyme disease or other infectious processes. I am also aware that certain psychiatric diagnoses lend themselves to excessive focus on medical symptoms. It is *not* my intent or desire to add fuel to that fire. It *is* my intent to increase awareness that some infectious processes *can* cause these symptoms and that it is incumbent upon us to be aware of this. I also want to encourage patients and practitioners alike to take a balanced, educated approach to these issues, to be aware of the controversies surrounding Lyme and other infectious disease processes, and to seek medical and mental health treatment that is collaborative, open minded, and as evidence based as possible. The incidence of Lyme is on the rise and these problems may become more common than any of us would like to see. Building awareness is our best bet for helping ourselves and others now and moving forward.