My Chemical Romance: Battling Depression

When Jill Ajao's libido wilted and she felt stressed-out and depressed, a doctor prescribed a hormone cocktail that seemed like a miracle cure. She felt amazingly good—until she wrecked her marriage, lost her job, and almost ended up in jail.

BY ANN BAUER
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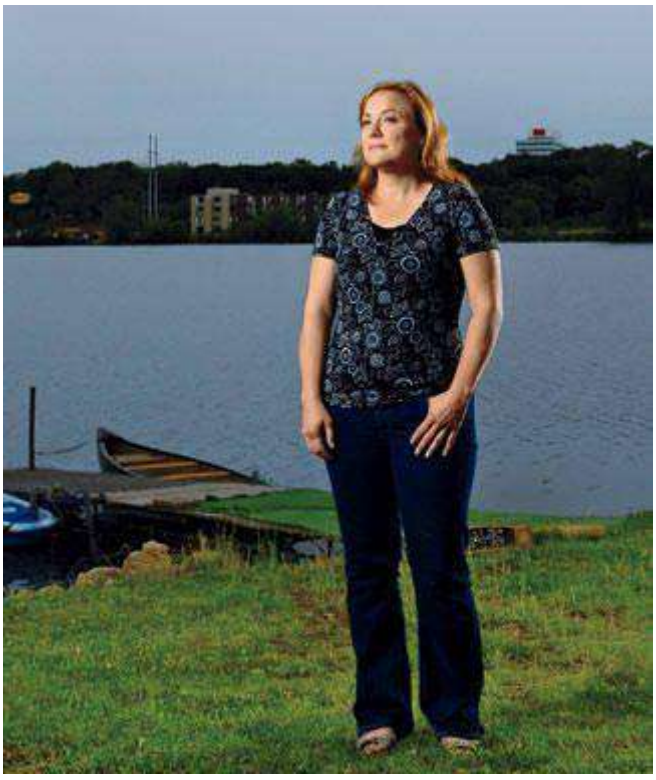

DARIN BACK

Despite the fact that I've seen her photograph and heard her described by a police investigator and a lawyer, I do not recognize Jill Ajao.

The still shots from security camera footage showed a bulky woman with wiry dark hair, a fleshy, squint-eyed face, and a lumberjack's stance. Legal professionals who met her in 2006—the year she falsely reported a rape and sent the Saint Paul, Minnesota, police department on a costly six-month investigation—remembered a confused, inarticulate woman. Frumpy, secretive, and insecure.

"This woman was not polished," says Jerry Strauss, the attorney for the man she accused. "She had a disheveled appearance, a kind of heavy, middle-aged homemaker. Maybe of average intellect or below. Not at all what you'd expect of a psychologist with a PhD. There was no higher-level thinking going on."

But the woman who approaches me in a coffee shop just blocks from the scene of her crime is decidedly feminine. She has chestnut hair that falls to her shoulders in soft waves. Her face is youthful for 43. Curvy in jeans, she's wearing a mauve T-shirt and delicate gold earrings. Her lips are full and glossy. A diamond stud glitters from the left side of her nose.

"Do you mind if I get some coffee?" she asks, tipping her head toward the barista. "Can I get something for you?"

When she returns, Jill (who no longer uses the surname Ajao) perches like a plump, pretty pigeon on the chair. She apologizes for being late. She was spending the morning with her mother, who recently underwent surgery for ovarian cancer that had spread to her colon. "It's really hard to watch," she says softly.

A few years ago, it was Jill's refined, reserved mom who had to watch as her daughter was treated for injuries said to be caused by a violent rape, then summoned into court and publicly exposed when it was discovered that she'd solicited the brutal S&M encounter online before calling police.

Following what she refers to only as "the incident," Jill's name appeared in area newspapers and on local newscasts. The tale of her false accusation became a rallying cry for men's rights groups. She was sentenced to 20 days of electronic home monitoring with work release and was required to pay $3,275 in restitution to the accused. Her therapy license was suspended. Her marriage soon ended, and her husband won primary custody of their kids.

"My mother was very supportive through the whole thing," Jill says. "She knew something was wrong with me. But basically, she blamed everything on my husband for hardly ever being around."

Jill doesn't share this view, though she admits that for years leading up to the 2006 encounter she was lonely, exhausted, and "feeling trapped." Her husband, she says, was a perfectionist who took her shopping for clothes and told her how to dress. He was frugal to the point that they lived "like cashiers from Walmart," Jill's mother says. Their stately Saint Paul home was full of cast-off furniture and dead appliances. There were holes in the ceiling and walls.

Yet none of this, Jill insists, would have driven her to be unfaithful, particularly in such a masochistic way, or to lie to the police. Her explanation for all these behaviors: "Testosterone. For me, it's like cocaine."

Jill was raised in Mendota Heights, Minnesota, an affluent suburb of the Twin Cities. Her parents were divorced when she was 12, and her mother married her junior high school principal the year Jill was in seventh grade. "Tell me that wouldn't make your adolescence suck," she says with a grin.

Jill was a good student. At 18, she went to Cornell College, in Mount Vernon, Iowa, where she met D., the man she would eventually marry. (D. declined to be interviewed for this story and asked that we not use his name.) D. was a senior majoring in philosophy and was descended from wealthy landowners in West Africa; he was worldly and serious, almost "regal," Jill says. She was a brash, smart Midwestern girl. They'd both landed in the middle of Iowa because they wanted a rural school without distractions. Soon, they were studying together every night, and she changed her major to his.

She proposed in April 1985, a month before the end of her sophomore year. She was willing to move to his native country, she told him. She'd become a traditional subservient African wife. D. refused, on all counts. But the following year, he enrolled in a master's program in nutrition at the University of Iowa—just 21 miles from Cornell College—and their romance continued. Eventually, they moved to Minnesota together. He started a doctoral degree in food science, and she enrolled in a clinical psychology program. They married in 1994.

"Those first three years without children were great," Jill says. "We had good friends. We bought a little condo, and things were easy."

It was after their first child was born, in 1997, that Jill says "the big divide" began.

"He pretty much left the child rearing up to me," she says, "and I had some strong ideas. The Montessori approach was very important to me, and that put me in direct conflict with D. He was more about strict discipline. I wanted my child to develop an internal locus of control. But D. didn't want his children to be American brats—lippy and outspoken. He believed in spanking. I absolutely did not."

Despite their differences and the fact that Jill fell into a deep funk after she gave birth (which she now thinks was due to postpartum depression), the couple went on to have two more children within three years. D. said he couldn't work on his dissertation when they were around; he accused Jill of being lax in her discipline. Tired of being the only one to get up with the kids at night, Jill retaliated by hauling an extra mattress into their bedroom and establishing a family bed. "D. came home that night and said, `You cannot just do this to me. It's a whole philosophy shift.' " Her voice goes low, like a man's. "He said it would be like him taking another wife and bringing her home with him. But I told him, `If she's going to cook and clean and help me take care of babies, bring her on.' "

Even after D. got a good corporate job and finished his doctorate in 2000, and after they moved to a larger house in 2002, Jill insisted they share a bedroom with the children. D. began sleeping on the couch. They'd bought a dilapidated Victorian, near where Garrison Keillor lives, with the intention of fixing it up, but nothing ever got done. Insulation leaked from the walls; the oven and stove top broke but were never repaired or replaced. D. didn't want to spend the money, and Jill, working part-time in private practice, couldn't pay for the fixes herself.

Meanwhile, Jill was gaining weight. She was depressed and having trouble sleeping. She didn't want to have sex. Her primary care physician diagnosed low thyroid, - depression, insomnia, and anxiety, and referred her to an endocrinologist who

treated her with a combination of antidepressants (Effexor and trazodone), anti-anxiety and hypothyroid medications (Ativan and Synthroid), and a sleeping pill. But her problems continued.

In the summer of 2005, Jill read a book by Suzanne Somers called *The Sexy Years*. Though intended for menopausal and post-menopausal women, it addressed everything Jill had been experiencing: moodiness, insomnia, vaginal dryness, low libido. The answer, Somers wrote, was bioidenticals.

Bioidentical hormones are therapies that makers claim are purer and more molecularly similar to natural human hormones than standard FDA-approved drugs. They are mixed by specially licensed pharmacies instead of drug companies, with the intent of matching the particular blend of hormones to a patient's specific symptoms and needs.

In November, Jill made an appointment at the Midwest Institute of Urology, a sexual health clinic in nearby Edina. After she was given a series of blood tests, Jill was informed that she had low levels of free testosterone (in her bloodstream) and TTe (total testosterone), as well as readings low in progesterone and high in estradiol (the major form of estrogen)—though her medical records show that her levels fell within the normal range. On the basis of her symptoms, Jill was diagnosed with "estrogen dominance" and "androgen [aka testosterone] insufficiency." The clinic's only physician—osteopath/urologist Lyle Lundblad, MD, who Jill says never actually examined her—prescribed a course of progesterone followed by a testosterone cream, applied daily. (Lundblad refused to comment for this story despite Jill's willingness to sign a medical release.)

The therapy seemed to take effect within a month. "I no longer had PMS symptoms," Jill recalls. "There was this general calmness, and my pasta cravings, which had been huge, were gone."

In February, after she'd been on the hormone regimen for a few months, Jill went back to Midwest Urology for a checkup. According to notes on her records from February 9, 2006, Jill's insomnia and depression were lifting. Her libido had improved but "could be better yet." Strangely, however, blood tests indicated that Jill's testosterone level had actually dropped from 46.1 nanograms per deciliter (ng/dl) to less than 20.

"I was told, `You need to take more,' " Jill says. "The testosterone wasn't being picked up by my body for some reason. So I was told to double the dose."

Within a month, Jill felt completely cured. Alert and powerful. For the first time in years, she and D. were making love several times a week.

Testosterone is often considered the male sex hormone, but it's critical for healthy functioning in both sexes. More generally referred to as an androgen, testosterone influences libido, helps regulate muscle mass and mood, and is a building block for estrogen, the hormone that promotes the development and vigor of the female reproductive organs. In fact, contrary to popular opinion, women produce more testosterone than estrogen throughout most of their lives.

The testosterone reading on Jill's original blood test fell squarely within the target range for her age. "An initial level of 46.1 ng/dl is solidly normal," says Vin Tangpricha, MD, an associate professor of medicine in the division of endocrinology, metabolism, and lipids at Emory University. "I don't think you can say her symptoms were due to low testosterone."

Jill says she began experiencing a few unwanted side effects—hair growth on her thighs where she rubbed the cream, and a gruff, masculine voice. And, for the first time in nearly a decade of parenting, she found herself screaming at her kids. (Other risks of high levels of testosterone in women include birth defects, developmental damage to children in close proximity, and possibly liver toxicity, cancer, and high blood pressure.)

On August 8, 2006, records from Midwest Urology show, Jill's testosterone level had hit a staggering 1,600 ng/dl—about twice that of an average man. (Says Tangpricha, "There is no reason a woman should have a level that high unless she's undergoing gender reassignment to become a man or taking drugs illegally for sports.") Jill says she told clinicians about her side effects, yet notes from Midwest Urology dated the same day say, "Patient denies chest pain, palpitations, edema, acne, hair growth, lower voice." (The Minnesota Board of Medical Practice had cited Lundblad in 1996 for "having failed to maintain complete and accurate documentation of his recommendations, prescribing rationale, evaluations, and examinations in patients' medical records"; his unrestricted license had been restored four years later, in 2000.)

The notes from Midwest Urology also say that Jill was told to discontinue the testosterone cream for two weeks and "call for future recommendations." Her next appointment was set six months out. When she called as directed, she says she was told to resume using the cream every two to three days. She did so, despite having misgivings. "It was hard to stop," Jill admits, "because it felt so good."

Back on the cream, she ignored the pesky hair growth and attributed her explosive temper to chaos at home: three young children on summer vacation and a crumbling house. Midway through July, in an attempt to quell her constant aggravation, she began mixing frozen daiquiris in the early afternoon. By fall, a new symptom had arisen. "There was this weird hypersexuality," she says. "I'd get on a bus and see a cute young guy and think, I have to have that."

For the first time in her life, Jill says, she was surfing the Web looking at pornography. The more extreme the better. "This was completely out of character for me," she insists. "My husband had a bunch of *Hustler* magazines in our closet. I had always told him how much that bothered me. But now I was looking at even harder-core stuff."

It was while visiting an X-rated site on her laptop (she'd stepped out of a psychology conference she was attending because she couldn't concentrate) that Jill saw a pop-up ad for a service called Adult FriendFinder. She enrolled. That was Saturday, October 21.

By Tuesday morning, she had traded several e-mails with a man who called himself Jeff. Using the screen name Peyton, Jill wrote: "The submissiveness—just a need I've always had, perhaps—to be told what to do—but this has more to do with being able to honestly tell my husband (and myself) that I have not had an affair.... I'm serious, it has to be rape—like, I say I'm not interested, but you force me anyway."

That afternoon, Jeff came to the office building where Jill worked. They met at a bar on the main floor, where they talked and drank. Then they went to her office, where she performed oral sex on him and he tied her up, beat her with a rolled-up magazine, and sodomized her, among other things.

Her first note to him, four hours after this encounter, began, "I don't ever want to see you again and I want you to meet me tonight after my kids go to sleep." The second, sent near midnight, said, "Today was fabulous and I can't stop thinking about it. I really liked the fisting thing. As well as covering my mouth, spanking, pulling my hair—still think you need to be more forceful."

Reading her e-mails now, Jill is struck by her wild ambivalence. "I went home to my children and worked very hard at blocking it all out," she says. "I contacted him to say that it was overwhelming and I don't want to see you again...but maybe I do."

On Wednesday, she awoke with intense abdominal pain. She was determined to work, to see her clients and forget about what had happened, but she felt she had to go home after she became incontinent and soiled her clothes.

By Thursday, Jill was panicked. Her gastrointestinal symptoms were getting worse, and she knew she needed medical attention, but she didn't know how to explain her condition to doctors. "Also, it dawned on me that this man could come back," she says. "He knew where I worked, and by this time he knew my real name; it was right on the office door. I became very anxious. I thought maybe he put something inside of me that was causing all the pain. I was a lot more impulsive than I normally am. I picked up the phone and called the police."

There are no widely accepted medical guidelines for prescribing testosterone to women to increase sexual desire, and it's not approved for that use by the Food and Drug Administration. In fact, in 2006 the Endocrine Society, an international professional group for clinicians who specialize in hormone disorders, advised against ever diagnosing androgen deficiency in women, citing a lack of data about safety, as well as the impact of varying levels of testosterone on sexual and other functions.

That said, plenty of doctors prescribe the hormone to women off-label—and many are critical of the Endocrine Society's position. "This is a very conservative organization, and they issued this decision out of bias and fear," says Abdulmaged Traish, PhD, a professor of biochemistry at Boston University and the director for the school's Laboratory for Sexual Medicine Research. "They just closed the door on women's sexual function, which is really unfair." The FDA has estimated that in 2007 some 25,000 women used the most common formula, AndroGel, off-label.

Yet even physicians who recommend testosterone are confused about how and why it works (or doesn't). "I see women...who have no response to hormones and manage to boost their love lives with exercise, therapy, books, or lingerie," San Francisco family practitioner Daphne Miller, MD, recently wrote in *The Washington Post*. "Equally perplexing are those with rock-bottom testosterone levels who are off-the-charts randy."

Just as hotly debated is whether testosterone supplements can trigger antisocial behavior, sexual or otherwise. The conventional wisdom, of course, is that it can, and Nanette Santoro, MD, vice president of clinical science for the Endocrine Society, says she isn't shocked by what happened to Jill. "This is a person who would ordinarily have low levels of testosterone but was exposed to sky-high levels," she says. "She did not go through a normal male puberty, which might have given her some time to cope with the rise in testosterone. It's the abruptness with which you give it that causes significant issues such as hostility and sexual aggression."

Traish, however, believes the hormone's "dangerous" reputation is unfounded. It stems from ancient times, he contends, when castration was used to make animals (and occasionally men) more docile and, more recently, from reports of " 'roid rage" among athletes taking massive amounts of steroids (synthetic androgens). And psychology professor Eli Coleman, PhD, director of the program in human sexuality at the University of Minnesota, agrees: "It is mythology that compulsive sexual behavior is produced by excessive hormones. One can suppress sexual desire by suppressing testosterone—but not the other way around." He compares taking extra testosterone to extra vitamins: If you have scurvy, supplementing with vitamin C will cure you, but if you have enough vitamin C, adding it to your diet has no impact.

While anecdotal cases of testosterone-induced madness are easy to find—a 1997 safety surveillance study reviewed 863 "adverse reaction" reports among women taking testosterone and found that 1.7 percent of them were based on "aggressive behavior, aggressive feelings, rage/angry outbursts, and physical attacks and regretful feelings"—large, controlled studies generally have not been able to detect any pattern. T. Byram Karasu, MD, a professor of psychiatry at the Albert Einstein College of Medicine and author of the text *On Sexuality*, says that research shows extra testosterone may cause people to "*feel* more sexual and aggressive," but that doesn't translate into behavior change. A 2009 study in *Maturitas*, the journal of the European Menopause and Andropause Society, for instance, noted "an increase in mean hostility scores" among women using a combination of estrogen and a testosterone patch, but went on to say that "behavioral changes [had] not been - observed or reported."

"A person's commitment, morality, marital status, and judgment can supersede one's testosterone level," Karasu says. "The cortical layer of the brain has the ability to override impulse in civilized human beings."

But no matter what their position on testosterone use in women, a preponderance of medical experts are highly skeptical of bioidentical hormone treatments or oppose them outright. The term itself, they say, is misleading. While Somers and company argue that bioidenticals are "natural" and safe, all hormone treatments are manipulated in a lab to get the finished product. What troubles doctors most, however, is that the pharmacists who mix the bioidenticals aren't regulated by the

FDA or any other body. "With bioidentical hormones, you have no idea what's inside," Traish says.

Jill's police report of the rape was a confusing mess. First, she claimed that Jeff was a new patient who'd made an emergency appointment, entered the office in an agitated state, and raped her. But when detectives examined the building's security tape, it showed the two of them walking down the hall, chatting amiably.

The man was very nervous, Jill countered, so she'd actually met him at the front door. Police took her at her word, cropped her out of the video, and sent it to every television station in the Twin Cities. A couple of days after Jill called the police, "Jeff's" police sketch was all over the news.

"There was a hammer under her couch with evidence that it had been used in a really brutal way" in a sex act, said Sergeant Paul Schnell, who acted as lead investigator on the case for the Saint Paul police. "She was describing a middle-of-the-day stranger rape. Our number one objective was to find the person who did this and get him off the streets."

However, when officers interviewed staff from the bar downstairs from Jill's office the following day, they heard a very different story. Jill and Jeff had been there together, and she'd consumed two Long Island iced teas. Under questioning, Jill also admitted to purchasing $425 worth of S&M
equipment and triple-X movies the weekend before. She suggested Jeff might have seen her and followed her back to her office. But when police visited the adult store to check through security tapes, they discovered Jill had returned the day after she was attacked to return a defective vibrator.

"It was unusual in my mind for someone to go into a sex store the day after a rape," Schnell said. "But human beings do weird, human things. This simply wasn't evidence that a sexual assault didn't occur."

In the meantime, a week after she'd contacted the police, Jill e-mailed Jeff to say she was sorry. She was working hard to protect his identity and her own "wonderful life."She offered to speak with an attorney he'd hired and tell him the whole story. And she did so, meeting Strauss—the man who'd later describe her as disheveled and inarticulate—at a restaurant.

More than two months into the investigation, after police had served a costly and embarrassing search warrant on a fellow psychologist with whom she'd once had a dispute, Jill admitted to Sergeant Schnell that she'd contacted Jeff online. But she - insisted that her purpose had been to create a sexual fantasy for her husband. Jeff was a "consultant," like a wedding planner, she said. Only, when he arrived to advise her, he raped her instead.

On February 7, 2007, just as police were nearing the truth, Jill wrote to Jeff again: "I need to apologize—really had a freak-out experience and messed up quite a bit. I'm sorry. Wondering if I could ever see you again? You could take your anger out on me—I'm sure I would enjoy it." She signed this message with a winking emoticon.

According to Midwest Urology's records, during this period Jill continued to take testosterone (at a lower dosage, 1/8 teaspoon two or three times per week), and her blood level was 430 ng/dl—still several times higher than the normal female range.

On February 23, the Saint Paul police, who had tracked down Jeff through his Internet service provider (using the e-mail address Jill gave them to support her consultant story), executed a search warrant and found a man Schnell described as an "ordinary midlevel professional guy in the suburbs," whose wife had just left for work. "We knocked on the door and he opened it and said, `I told my attorney we should just call you,' " Schnell recalls. "The guy was relieved because for five months every time he saw a squad car or heard a siren, he thought we were coming."

Jeff handed the officers a stack of printed e-mails from Jill proving she'd solicited him before and after the events of October 24. While they read, he called his lawyer, who invited Schnell to his office, where he listened to the tape in which Jill confessed to every detail of her crime.

The Saint Paul police had spent nearly four months and literally thousands of man-hours on Jill Ajao's false rape case.

"There are so many things I look back on and think, Good Lord, Jill, where was your head?" She shakes her head, earrings tinkling, and picks up her cup, peering in as if the answer might be inside. "I've gone over this so many times. Why did I initially say this guy was a client of mine? Why did I call the police? Oh my God! Had I been in my right mind, I never would have done these things. But, of course, if I'd been in my right mind, I wouldn't have been in the situation at all."

It was the testosterone that made her impulsive and irrational, she says. It had still been in her system, still influencing her behavior, during the months she was lying and trying to reignite a relationship with the man she'd accused of rape. Such was the argument used by her attorney, Jerod Peterson, when he tried to plea-bargain after she was charged with falsely reporting a crime.

Police and the Saint Paul city attorney's office had agonized over whether to even file charges. "We were very aware of the chilling effect this could have," Schnell says. "We didn't want to reinforce those perverse social beliefs about rape allegations—that many of them are false. Because our data shows this simply isn't true."

In the end, however, Schnell and former Saint Paul city attorney John Choi decided they owed it to the public. "This was a high-profile case that triggered a chain of events and caused the police to allocate a great number of resources," Choi says. "We felt it was important to make sure that the offender would be held accountable."

According to the Minnesota Board of Psychology, Jill's license was suspended in October 2008 for violation of ethics; fraudulent, deceptive, or dishonest conduct; severe mental or physical illness; and impaired objectivity. She was ordered not to practice, to abstain completely from "alcohol, testosterone, and all other mood--altering chemicals" and referred to the state's Health Professionals Services Program (HPSP), which monitors health care professionals with illnesses that might impact their ability to practice.

Today, Jill is under the care of a team that consists of an endocrinologist, a primary care physician, a psychiatrist, and a psychotherapist, all connected to HPSP. Jill says she doesn't mind not drinking and she's happy to comply with the random drug screenings. But she's angry at a system that will not allow her to work. It would've been reasonable, she concedes, for the board to put her on some kind of temporary administrative leave, similar to what is done when police officers are involved in a shooting. "But I don't believe I ever hurt any of my clients," she says. "I think the biggest harm that was done to them was when I was forced to abruptly quit practicing."

Now Jill lives in a small house near her former home. She and D. went to marriage counseling for a year following the revelations, but ultimately, Jill says, he couldn't forgive her—for her infidelity or for the humiliation he suffered. "My husband didn't understand the addiction and depression part of it," she says sadly. "I don't think he could trust me anymore. Whereas if I had become addicted to heroin instead of testosterone, he probably could have dealt with that."

The couple divorced in 2008. Jill has their three children Mondays, Wednesdays, and every other weekend. The children have remained largely unaware of the saga aside from their parents' divorce. Jill now supports herself with the money from the settlement and attends classes to keep her psychology credentials current, cares for her ailing mother, and helps out at her kids' schools.

She regrets the end of her marriage, and she cries when she talks about D. "He's a good man. I was totally in love with him, and I hurt him a lot. I miss him terribly. I miss the friendship we had." But just moments later, she brightens. "One really good thing came out of this: I love living alone."

Finally, I have to ask: Do you really think testosterone was to blame for what happened, or were you just reacting to your extreme discontent with your husband? If you'd never taken the drug, would you still be married to D.?

Jill pauses, stares into space. For the first time since we met, she looks uncertain. "Without the testosterone, I believe I would have tolerated things for a long time," she says. "I was unhappy, yes. But I think many of the problems in our marriage were solvable. There was a snippiness about us, a disconnect, definitely a loss of affection. And yet, I'd never had a fantasy about a romantic relationship on the side. Then came this drug."

She opens her hands wide. "Every regular sexual thought would just keep expanding. And I just couldn't push those thoughts away."

https://www.elle.com/beauty/health-fitness/advice/a11366/battling-depression-with-a-dangerous-treatment/

A number of photographs have been removed from the above article; they are all duplicates as far as I can tell.