

Case Studies in Abnormal Psychology

Bob ~Case 1, Time: 13”

Bob is a forty-eight-year-old former university teacher of mathematics who reports that he is diagnosed as suffering from the **bipolar disorder**. His slow monotone speech reflects his current **depression**. However, the symptoms he describes and the fact that he has been confined for a considerable length of time on an inpatient ward ...[suggest] the possibility that his case may be complicated by **schizophrenia**. Indeed, he points out that earlier he was diagnosed as schizophrenic, but says, “I was misdiagnosed.” He also reports that he suffered from **alcoholism** for over 20 years. Bob’s symptom pattern reflects the fact that in many cases individuals have symptoms of more than one disorder, thus making diagnosis more difficult.

In discussing his symptoms, Bob talks about how he thought he “represented a fifth column of Russian invaders” and how he drove out to “meet a Russian satellite landing on a hill.” Concerning his depression he says,

“I just don’t find much flavor, emotional flavor in anything. I don’t give a damn about anything. I just lay on the floor. I don’t commit suicide because I don’t really care whether I live or die.”

Some of Bob’s most poignant comments are made when he talks about what it is like to be a mental patient. Among other things, he recalls a time when he confided to a colleague that he was schizophrenic, and the colleague immediately assumed that he was violent. Bob went on to say,

“I think a lot of people feel that when we’re hospitalized, that *they’re* being protected from us, but really it’s kind of the other way around. *We’re* being protected from *them*. We’re being protected from abuse and neglect and so on.”

He also pointed out how mental patients...

“tend to be ghetto-ized. Like homosexuals, but it’s more difficult for us to stand up for ourselves than it is for gay people because gay people have a more uniform experience and they’re not really crippled by their condition. We tend to be handicapped. We have trouble dealing with things. And when we get to be normal, we’re stigmatized.

Because of his problems and the stigma attached to individuals with mental diseases, Bob is not optimistic about the future. He says,

“I’m 48 years old now. I don’t really expect that’s it very likely that I’ll be able to work myself back into, you know, living just like a normal person. I expect that most likely I’ll be poor and marginalized and live in this kind of mental health ghetto.”

Bob also comments on the effects of a recent budget cutback on the hospital. He says,

“There was a cut in the budget, and they had to combine two floors together--Three South and Two South. And those were both our long-term care units. Now we just have one. And the patients that were doing the best were placed outside the hospital, and now we have a population of patients that’s much more low function, have a lot more problems, and there’s a lot more conflict, and so on, on the ward, a lot more noise.”

Wayne ~Case 2, Time: 11”

Wayne is a young man who suffers from **schizophrenia**. My interview with Wayne illustrates the problem of **associative interference** and the consequent **disorganized thought processes** that characterizes many individuals with schizophrenia. Because of the associative interference, Wayne has a very **hard time keeping his thoughts on track**, and hence his responses are often irrelevant or ramble. For example, when early in the interview I asked him about an **hallucination** he had mentioned, he said,

“Well.. .cut the action, roll ‘em, take five, John Wayne, I guess. It’s a long story. I used to be a chauffeur for Michael Jackson. Before I was in therapy I was employed by a Cadillac firm, and we did funeral contracts also. And in that exposure to drugs and sex and violence and things like this---a lot like the way the media is today with a lot of our television shows and broadcasts---I became a victim of violence, of an assault on another person, and I was released for that ...[charge] on good behavior and I was entered into psychiatric treatment for it by order of the, by judge, by order of the courts at Research Hospital. And schizophrenia is an in-depth process that makes a person not essentially even want to feel loved. And for the first time in my life, I feel loved.”

As the interview progresses, Wayne pauses and **stammers** more and more as he struggles in vain to keep on track. He talks about his problem with “**confusion**” (“...it disables me.. .it incapacitates me.”), and we can clearly see the problems it poses for normal functioning. This interview illustrates problems with **disturbed thought processes** and also illustrates the difficulty of interviewing persons who have disturbed thought processes.

The personal information Wayne gives in the interview is often incorrect. For example, he did not major in psychology, is not a college graduate, was not a chauffeur for Michael Jackson, and he has only been out of the hospital for three weeks.

Steven ~Case 3, Time: 8”

Steven is a middle-aged former university teacher of theater. The interview revealed three things of particular interest. The first is Steven’s **delusion** that [former] President George Bush [senior] is trying to kill him. This delusion is ... [complicated] by the fact that Steven also believes that George Bush is dead, and that on television George Bush is being portrayed by “an actor wearing a special cosmetic make-up, which resembles George Bush.” Steven does not see any inconsistency in these delusions.

Second, Steven talks about having “too many ideas to think about in one particular moment.” [Clinicians refer to this as...] **stimulus overload**. He says that he is:

“overwhelmed with stimulation. . . . It is like having all of the letters of the alphabet in your head running backwards at an incredible speed so that there’s hardly a millisecond.”

Steven goes on to talk about how he tries to deal with this by finding “a small balance between concentration and relaxation.” There is consistency (in ideas). One idea is linked to another, and the trick is to bridge from one moment to the next.”

The third problem Steven mentions is his ability to read other people’s minds. He says,

“...sometimes I feel as if I can read the minds of other men, and that I have this gift, this incredible gift, to see what somebody else is thinking. It has many positive possibilities. It could, for example, eliminate the need for language altogether.”

Psychology 380, Abnormal Psychology

He then gets distracted by another thought, and goes on to say:

“But [he pauses] I think in my counting of scenes, I sometimes feel as if I’ve reached the point past infinity. And in mathematics, there is no number past infinity, but I feel as if I’ve got to that point.”

This interview illustrates the presence of **delusions**, **stimulus overload** and **cognitive interference** in a bright, well educated, and articulate individual who is suffering from **schizophrenia**.

Mark ~Case 4, Time: 5”

Mark is a young man who suffers from a **learning disability** as well as **depression** and **schizophrenia**. His major problem seems to be that **he hears voices** that tell him to do things (e.g., put up the Christmas tree in the middle of the night). He and talks about what he calls his “**split personality**.”

“There’s a person named Vanessa that comes out, and she wants to get rid of me but she don’t understand if she does, I will, she’ll be dead too. So, when she comes out, she does, forces me to do things that I don’t know I’m doing like doing an overdose of pills or ripping up, tearing up things, have me do like suicide and I really don’t want to, but I don’t know how to handle it at times.”

Mark does not suffer from **multiple personality**; rather, he has a **delusion** (accompanied by **hallucinations**) that another person lives inside him and controls his behavior. Rather than having different personalities at different times, he interacts with Vanessa. At the end of the interview, Mark talks about the social stigma associated with mental disorders.

Anthony ~Case 5, Time: 7”

Anthony suffers from **schizophrenia**. He is also being treated for a problem with **substance abuse**. His most notable symptom is a **visual hallucination**, a type of hallucination that is relatively rare. The **hallucination** revolves around...

“black angels which came out of the sky and just landed on top of the trees. And they had these white lights around their eyes and they had, their wings were made of clouds, but you could see how they were feathers, but they was made of clouds. And this giant, this giant angel stood up before them, sat up before them, but he didn’t have wings. And he just moved his mouth, but could couldn’t hear his voice like we speaking. It sounded like thunder. And I had other visions of Samson.”

Concerning Samson he said, ...

“This time he was laying down, and I was saying, ‘get up, Samson, get up!’ He say,, ‘Well, if I got up, there will be chaos and confusion and not one stone standing upon another.’”

It has been explained to Anthony that he had an **hallucination**, but he rejects that interpretation and refers to his “visions.”

Psychology 380, Abnormal Psychology

Anthony also talks about “[racing thoughts](#)” and the resulting “[confusion](#),” and he discusses the positive effects of his medication (Thorazine). For example, when asked about how he is better off now he says:

“Well, like confused thoughts. You know, being kind of confused or not being able to concentrate... The medicine I’m taking now, it forced me out of confusion. I’m able to concentrate, able to focus.”

At the end of the interview Anthony talks about the problem of the image of individuals with mental diseases. In making a case for the understanding and acceptance of individuals with mental disease, he draws a parallel between a person who has a head injury because of an automobile accident and a person who suffers from a mental disorder; one is accepted while the other is made fun of, ridiculed, and considered “subhuman.” He also draws a parallel between antipsychotic medication and medication for high blood pressure. He pleads for understanding and tolerance.

Dennis ~Case 6, Time: 12”

Dennis has a problem with [anger](#) and [impulse control](#), especially with women. He said,

“I get angry with women without no reason.. I don’t get upset with them, really, .. I like women, but I get mostly angry. You know, inside. Feel like punching people.”

He deals with his impulses by trying to ignore them. Ignoring the voices has been part of his therapeutic training. He also reports that his medication helps, “but it doesn’t help with the voices.”

Dennis says that his diagnosis is “[undifferential schizophrenic paranoid](#),” and he reports that he is concerned that others might hurt him, “Beat me up. Shoot me.” He has [auditory hallucinations](#), and when asked about them, he said: “Well, they say ‘attack and kill,’ mainly.” He just tries to ignore them.

He also reports that for a while [he believed that he was Jesus Christ](#), but that he:

“...knew better than that... I just wanted to believe it just to have something to believe in... I suppose I wanted to be important... I just want to be happy.”

Overall, Dennis is a [very disturbed, disheveled, potentially hostile](#), but a likeable chap. With daily support in the hospital, he is able to live independently in a boarding house.

Andy ~Case 7, Time: 10”

Andy has been hospitalized on and off since he was eleven years old, and he is now diagnosed as suffering from a [Borderline Personality Disorder](#). He was originally hospitalized because of violent outbreaks. He said:

“There would be times when my mother would say something and I’d be real nice, and there was other times I would kick her. And after pulling a knife on my mother and chasing her down the hallway, my mother felt that it was time I got some help for the safety of me and my family members.”

Psychology 380, Abnormal Psychology

He describes his father as very abusive, and he talks about his emotional scars and his mother's broken teeth.

Andy describes how when he is not on his medication or if he has been **drinking heavily**, feelings of **hostility** well up in him and he may act out. He says that when he is not on his medication (Mellaril) he is "off the wall." Concerning his medication he says, "I don't like taking it, but I'd rather take it than end up back in the hospital or anything, you know."

Andy has a long history of **suicide** attempts. He reports that while on another ward, "I would take the lights and bash the lights and cut myself and slice my hand with it. And I'd lock nr door so nobody could get in." He would do this "about every other week."

Andy lives by himself in an apartment and comes to the hospital during the day. Among other things, he is in a vocational training program and studying for his GED. He wants to live a "normal life," but he is not sure what that is because he has not been there yet. The hospital helps with "support."

"Even though I'm out on my own and everything, I'm still dealing with a lot, and it helps to have friends and to be able to come to a day center and everybody's just happy to see you. You know, it's real nice. It's a support program, and that's what I need."

Anne ~Case 8, Time: 12"

Anne is a sixty-five year old woman who has suffered from **chronic depression** and has made numerous **suicide** attempts. When she was six, her father shot her mother while she watched. Later she was abused by an alcoholic husband. She has a brother who committed suicide, one daughter who committed suicide (using her mother's pills), and her four surviving children suffer from occasional bouts of depression. This high incidence of depression and depression related behaviors in the family may suggest a **biological predisposition**. However, it is clear that she was also exposed to numerous **stressors** that may have triggered the problem.

Anne talks about how aging has exacerbated the problems of living and her depression, and she also reflects on the general problems of aging. For example, she says that:

"When you're younger, you think, 'When I retire, my life will be very easy,' you know, and simple. It just don't work that way, because you have chronic illnesses, which I do. It also makes you feel like, well, maybe there's not much left for me. And you--it's harder for you to do things than it was when you were young."

Anne also talks about the positive effects of the social support she receives through group therapy. Anne has been through a lot and continues to face problems, but she is optimistic and up beat. At one point she points out that,...

"I have told many people my life, instead of beginning at 40, it began at 60. I started to live. I found out I was, could do things, was a human being. I even learned to operate a computer."