

The Sailor

7 Psychiatric consultation was requested by an emergency-room physician on an 18-year-old male who had been brought into the hospital by the police. The youth appeared exhausted and showed evidence of prolonged exposure to the sun. He identified the current date incorrectly, giving it as September 27 instead of October 1. It was difficult to get him to focus on specific questions, but with encouragement he supplied a number of facts. He recalled sailing with friends, apparently about September 25, on a weekend cruise off the Florida coast, when bad weather was encountered. He was unable to recall any subsequent events and did not know what had become of his companions or how he had gotten to the hospital. He had to be reminded several times that he was in a hospital, since he expressed uncertainty as to his whereabouts. Each time he was told, he seemed surprised.

There was no evidence of head injury or dehydration. Electrolytes and cranial nerve examination were unremarkable. Because of the patient's apparent exhaustion, he was permitted to sleep for six hours. Upon awakening, he was much more attentive, but was still unable to recall events after September 27, including how he had come to the hospital. There was no longer any doubt in his mind that he was in the hospital, however; and he was able to recall the contents of the previous interview and the fact that he had fallen asleep. He was able to remember that he was a student at a southern college, maintained a B average, had a small group of close friends, and reported a good relationship with his family. He denied any previous psychiatric history and did not abuse drugs or alcohol.

Because of the patient's apparently sound physical condition, a sodium amytal interview was performed. During this interview he related that neither he nor his companions were particularly experienced sailors capable of coping with the ferocity of the storm they had encountered. Although he had taken the precaution of securing himself to the boat with a life jacket and tie line, his companions had failed to do this and had been washed overboard in the heavy seas. He had completely lost control of the boat and felt he was saved only by virtue of good luck and his lifeline. He had been able to consume a small supply of food that was stowed away in the cabin over a three-day period. He never saw either of his sailing companions again. He had been picked up on October 1 by a Coast Guard cutter and brought to shore, and subsequently the police had brought him to the hospital.

Psychology Extra Credit Assignment

Correctly identify each psychological disorder. Explain why you chose this diagnosis. Each correct diagnosis is worth 1 point.

1. What symptoms is the person showing?

2. What is the diagnosis?

3. Why?

The Singer

8 A 20-year-old singer was referred by a friend for evaluation. Eight months before, her boyfriend had been stabbed to death during a mugging from which she escaped unharmed. After a period of mourning, she appeared to return to her usual self. She helped the police in their investigation and was generally considered an ideal witness.

Nevertheless, shortly after the recent arrest of a man accused of the murder, the patient began to have recurrent nightmares and vivid memories of the night of the crime. In the dreams she frequently saw blood and imagined herself being pursued by ominous, cloaked figures. During the day, especially when walking somewhere alone, she often drifted off in daydreams, so that she forgot where she was going. Her friends noted that she began to startle easily and seemed to be preoccupied. She left her change or groceries at the store, or when waited on could not remember what she had come to buy. She began to sleep restlessly, and her work suffered because of poor concentration. She gradually withdrew from her friends and began to avoid work. She felt considerable guilt about her boyfriend's murder, although exactly why was not clear.

Psychology Extra Credit Assignment

Correctly identify each psychological disorder. Explain why you chose this diagnosis.
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3. Why?

30

A 42-year-old woman, accompanied by her husband, sought psychiatric consultation, primarily at the husband's request. She described a number of marital difficulties of an unexceptional nature and appeared to lapse into periods of daydreaming during the evaluation. Independently her husband reported that on occasion she would leave the house suddenly, dressed in a manner quite different from her customary sedate appearance, and not return for 12 to 36 hours. At other times, after some minor family argument, she would withdraw into a corner of the room, sit on the floor, curl up, and talk as if she were a young girl. Her husband found that he could not bring her out of these episodes easily. His subsequent attempts to discuss them with her were fruitless as she refused to talk about them.

Initially the patient claimed to have no awareness of these incidents: but under hypnosis she acknowledged them openly, giving a highly detailed, vivid, and emotional account. She had been born in 1938 in Poland, shortly before the German invasion. During the war she lived in a variety of orphanages, as her father was killed during the hostilities and her mother fled the country to live in Italy with relatives. The orphanages were run by nuns, who provided institutional care and strong discipline. Food supplies were meager, friendships marginal, and moves frequent, necessitated by wartime conditions. The patient described a make-believe female companion of the same age with whom she engaged in lengthy reveries from about age four. In the face of wartime privation, she would retreat with this companion and imagine playing in a sunny peaceful field with dolls. The girls would run there to get away from family chores. They would dress up in their parents' clothes and impersonate grownups, flaunting the staid customs of their rural village. These reveries continued and, in fact, increased in frequency when she was a young adolescent, especially after she was sexually molested by two Soviet occupation soldiers stationed in Poland after the war.

The patient never saw either of her parents again. She was angry at her mother, whom she perceived as having selfishly abandoned her. Her perception of her father was more complex. She imagined that he had collaborated with German occupation forces as an informant and was killed by residents of his village in retaliation. She felt that her antipathy toward him characterized her relationships with nearly all men, especially after she was molested in adolescence.

Since immigrating to the United States, she had married, but was sexually indifferent to her husband and had difficulty resolving disagreements about money, vacation schedules, and child discipline. When disputes arose, producing clear signs of emotional withdrawal in her husband, she would retreat to the bedroom, dress in flamboyant clothes, and leave the house without a word. During these episodes she would experience herself as Frieda, the girl friend of the Soviet soldier who had molested her. She would meet a man at a nearby bar and propose a sexual liaison, only to belittle his masculinity before any physical involvement occurred. The other incidents, in which she appeared to her husband to curl up on the floor and talk as if she were a young girl, occurred after arguments with her children over issues of discipline, especially their failure to keep their room clean and complete their homework on time. At these times the patient would re-experience as real, her wartime reveries with her imaginary companion.

Following completion of the interview under hypnosis, the patient had no memory of Frieda.

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Too Far from Home

35

This 32-year-old, white, married housewife comes to the clinic because of fear of losing her balance and either falling or fainting. (She has, in fact, never fallen or fainted.) The current difficulties began one year ago, shortly after she and her family moved away from her mother's neighborhood. Her husband went into his own business, which kept him away from home a lot. Before the move she could walk to her mother's and sister's houses. Now she lives so far from them that she knows they can't come over immediately if she needs them. At first she avoided going out of her new house, but she eventually could go alone to small neighborhood stores and supermarkets if they were not crowded. Two months ago a man of 41, who was her friend, died of a brain cyst. Since then she has been continuously anxious, unable to go out, and comfortable at home only when she is with her husband.

The patient's present condition is a recurrence of symptoms she first experienced 12 years ago, immediately after her marriage. She began to fear losing her balance and falling. The more frightened she became, the more unsteady she felt. She became unable to go anywhere. She remembers thinking, "Now that I don't want to die, God is going to answer my childhood prayers, and I will die." At that time she consulted an internist, who was unable to help her; then a psychiatrist, whom she saw three times, with no improvement; and finally, a hypnotist. After hypnosis, her symptoms subsided.

She denies ever having such symptoms as palpitations or chest pain, sweating, or difficulty breathing.

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Emilio

36 Emilio is a 40-year-old man who looks ten years younger. He is brought to the hospital, his 12th hospitalization, by his mother because she is afraid of him. He is dressed in a ragged overcoat, bedroom slippers, and a baseball cap and wears several medals around his neck. His affect ranges from anger at his mother – “She feeds me crap...what comes out of other people’s rectums” – to a giggling obsequious seductiveness toward the interviewer. His speech and manner have a childlike quality, and he walks with a mincing step and exaggerated hip movements. His mother reports that he stopped taking his medication about a month ago and has since begun to hear voices and to look and act more bizarrely. When asked what he has been doing, he says “eating wires and lighting fires.” His spontaneous speech is often incoherent and marked by frequent rhyming and clang associations.

Emilio’s first hospitalization occurred after he dropped out of school at 16, and since that time he has never been able to attend school or hold a job. He lives with his elderly mother, but sometimes disappears for several months at a time, and is eventually picked up by the police as he wanders in the street. There is no known history of drug or alcohol abuse.

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Burt Tate

75 The patient is a 42-year-old white male who was brought to the emergency room by the police. He was involved in an argument and fight with a customer at the diner where he is employed. When the police arrived and began to question the patient, he gave his name as Burt Tate, but had no identification. Burt had drifted into town several weeks earlier and begun working as a short-order cook at the diner. He could not recall where he had worked or lived before his arrival in this town. There were no charges against him, but the police convinced him to come to the emergency room for an examination.

When questioned in the emergency room, "Burt" knew what town he was in and the current date. He admitted that it was somewhat unusual that he could not recall the details of his past life, but he did not appear very upset about this. There was no evidence of alcohol or drug abuse, and a physical examination revealed no head trauma or any other physical abnormalities. He was kept overnight for observation.

When the police ran a description check on the patient, they found that he fit the description of a missing person, Gene Smith, who had disappeared a month before from a city 200 miles away. A visit by Mrs. Smith confirmed the identity of the patient as Gene Smith. His wife explained that for the 18 months before his disappearance, her husband, who was a middle-level manager at a large manufacturing company, had been having considerable difficulty at work. He had been passed over for a promotion, and his supervisor had been very critical of his work. Several of his staff had left the company for other jobs, and the patient found it impossible to meet production goals. Work stress made him very difficult to live with at home. Previously an easygoing, gregarious person, he became withdrawn and critical of his wife and children. Immediately preceding his disappearance, he had had a violent argument with his 18-year-old son. The son had called him a "failure" and stormed out of the house to live with some friends who had an apartment. It was two days after this argument that the patient disappeared.

When brought into the room where his wife was waiting, the patient stated that he did not recognize her. He appeared noticeably anxious.

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Hurting

82 A 26-year-old unemployed woman was referred for admission to a hospital by her therapist because of intense suicidal preoccupation and urges to mutilate herself by cutting herself with a razor.

The patient was apparently well until her junior year in high school, when she became preoccupied with religion and philosophy, avoided friends, and was filled with doubt about who she was. Academically she did well, but later, during college, her performance declined. In college she began to use a variety of drugs, abandoned the religion of her family, and seemed to be searching for a charismatic religious figure with whom to identify. At times massive anxiety swept over her and she found it would suddenly vanish if she cut her forearm with a razor blade. Three years ago she began psychotherapy, and initially rapidly idealized her therapist as being incredibly intuitive and empathic. Later she became hostile and demanding of him, requiring more and more sessions, sometimes two in one day. Her life centered on her therapist, by this time to the exclusion of everyone else. Although her hostility toward her therapist was obvious, she could neither see it nor control it. Her difficulties with her therapist culminated in many episodes of her forearm cutting and suicidal threats, which led to the referral for admission.

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Carbon Monoxide

163

The patient is a 25-year-old female graduate student in physical chemistry who was brought to the emergency room by her roommates, who found her sitting in her car with the motor running and the garage door closed. The patient had entered psychotherapy two years previously, complaining of long-standing unhappiness, feelings of inadequacy, low self-esteem, chronic tiredness, and a generally pessimistic outlook on life. While in treatment, as before, periods of well-being were limited to a few weeks at a time. During the two months before her emergency-room visit she became increasingly depressed, developed difficulty falling asleep and trouble concentrating, and had lost ten pounds. The onset of these symptoms coincided with a rebuff she received from a chemistry laboratory instructor to whom she had become attracted.

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3. Why?

The Housewife

172

A 28-year-old housewife presented with the complaint that she was afraid she would no longer be able to care for her three young children. Over the past year she has had recurrent episodes of "nervousness," light-headedness, rapid breathing, trembling, and dizziness, during which things around her suddenly feel strange and unreal.

Formerly active and outgoing, over the past six months the patient has become afraid to leave home unless in the company of her husband or mother. She now avoids supermarkets and department stores and states that any crowded place makes her uneasy. When unable to avoid such situations, she tries to get near the doorways and always checks for windows and exits. Last summer the family did not go on their usual country vacation because the patient told her husband, "I wouldn't feel safe so far away; it would make me a nervous wreck." Neither she nor her family can understand what is happening to her. Recently she has wanted her mother to stay with her when the children are at home as she worries about what would happen if an accident occurred and she, immobilized by one of her nervous episodes, were unable to help them.

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3. Why?

Burned

174 A psychiatrist was called to see a 28-year-old woman one week after she had been admitted to the Burn Unit. She had incurred a 28% burn injury in a house fire in which her children, aged three and five, had also been injured and her husband killed. The circumstances of the injury had been quite traumatic in that she was trapped, found it difficult to escape, and risked her own life in attempting to save her children.

On examination the patient was alert and oriented, but quite fearful and anxious. She was noted by the nurses to awaken repeatedly during the night, and she reported recurrent nightmares in which she relived the experience of escaping from her home. During the day she was emotionally labile at times seeming inappropriately cheerful, given her recent experiences, and at other times responding fearfully to slight noises, such as traffic. The consultation was requested because the nursing staff had become concerned that she seemed almost "numb" to her husband's death and did not appear to be working through her grief appropriately.

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