PSYCHOPATHOLOGY

EXERCISE BOOK

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PRESENTATION

The following booklet has a modest but necessary objective in the university context of teaching psychopathology, a basic discipline for any future professional in psychology: to provide real examples of various presentation forms of psychopathologies, so that students can familiarize themselves with them and relate them to the acquired knowledge in theoretical teaching. We think that the only way to glimpse the scope and complexity of psychopathology and its multiple and varied forms of manifestation, is by relating theory to reality. This is why, in most examples, special attention has been paid in order to respect the verbal expression form of individuals.

Obviously, there are many other ways of learning practically: from people direct observation, through role-playing, seeing interview and intervention sessions, conducting clinical sessions, etc. But reading and pondering about what has been read are also important learning procedures, which in many cases can also help the student to deal with more complex and compromising situations at a later stage, such as direct observation.

The booklet is distributed in sections, related to the different mental processes and functions studied in psychopathology. The student is expected to be able to identify the specific disturbances that appear in each of the short stories offered as examples, as the final result of an individual analysis process. In other words, it is a matter of identifying which the problem is, if there is one, how it is called, and why it specifically is that problem and not another one.

However, the last section is presented in a different way: more complex and comprehensive stories are offered, without "clues" that provide any guidance about the type of problems that might appear, so that the student can become more aware of the interconnectedness of the several issues and thus get closer to the clinical reality.

Finally, information on videos and other types of materials that students can use to expand and exercise their analytical and comprehension skills are also included.

PSYCHOPATHOLOGICAL EXPLORATION AND THE MENTAL STATE EXAMINATION

Psychopathological exploration is a fundamental part of the assessment process carried out in clinical psychology and psychiatry. Its main goal is to be able to establish the "portrait" of a person's mental state at a given time. It is, therefore, a transversal and not a retrospective exploration, although it may sometimes be necessary to explore whether current problems have also happened at previous moments or periods of life.

This examination is carried out in direct contact with the subject through an interview process in which any possible problem that may appear in each of the processes, activities and/or mental functions are examined. Other aspects, such as their motor behavior, appearance, emotional state, gestural language, and all those decisive are examined, so the evaluator is able to identify the presence of clinically significant anomalies in each and every one of these areas, or the opposite: the absence of such anomalies. Therefore, the mental state examination should not be confused with the diagnostic proposal according to the manuals or criteria used, although a correct mental state examination is essential to propose a final (categorical) diagnosis.

On the other hand, in order to perform a mental state examination it is necessary to keep in mind not only the presence of signs and symptoms which suggest problems or anomalies that are clinically significant in themselves, or isolated from one another, but also any probable or possible relationship between them, so that a global linkage of the psychopathology of the person being evaluated can really be outlined. In order to do so, it is also necessary to take other aspects into consideration such as the socio-cultural context of the person being evaluated, his or her age, gender, expression, introspection and analytical abilities, etc., as well as the possible relationship established between these aspects and the different signs and symptoms observed. Therefore: do not focus only on the presence of symptoms, but also on the position of each symptom regarding all available information.

In Kurt Schneider words: "Experience shows us that it is often difficult to establish a psychiatric diagnosis from a psychopathological finding. In this case, it does not mean from the beginning, to add and combine symptoms perceived and demonstrate objectively, as in a somatic diagnosis, but of a judgment of manifested life experiences, of an evaluation of behavior and of attitudes of the patient and the consideration of the impressions of the examiner. (...) Often the problem is that the clinical diagnosis, for any reason it may be, goes ahead, and then the symptoms are assessed in the sense of that previous diagnosis (...). In

fact, the correct path takes the opposite way: first comes the apprehension and naming without clinical prejudices, and then comes the diagnosis deduction from them".

The terms "psicopatograma" and "mental state examination" are often interchangeably used. Actually, both aim to the same objective ("here and now" or cross-sectional analysis of a person's psychopathological symptoms), but they come from different traditions or models. The Spanish term "psicopatograma" (psychopathology chart"), most commonly used in the psychological clinic and in the Germanic psychiatric tradition, refers to the Greco-Latin terms "pathos" (suffering) and "graphos" (graph, written), while the term "mental state", more typical of the American psychiatric tradition, refers to an analogy with the examination of physical state.

There are several formats of mental state examination, but most of them include a review of the following aspects:

- Appearance, interview behavior and illness awareness
- Consciousness, alertness, orientation, attention
- Memory
- Perception and mental images
- Thought, language and speech form
- Content of thought: Abnormal beliefs
- Self-awareness, identity
- Affective and emotional expression
- Motor activity and intentional behavior
- Physiological functions
- Intelligence, intellectual capacity, skills
- Social and interpersonal relations
- Reaction of the examiner

Finally, it should be kept in mind that not all alterations have always been framed within the same processes and/or functions, and also the differential aspects of each process and function and their constituent elements have not always been the same. It is partly a consequence of the advances that have been taking place in the analysis of the psychopathologies and understanding, and of the discipline on which it is based, psychology. But it is partly also a consequence of the reality of the human mind and its many facets of activity, as well as subjective experience and behavior, which are not "fragmentable" and easily isolated. That is, the same psychopathology or the same symptom can be a consequence of the anomalous functioning of more than one process or function and, at the same time, all processes and functions are interdependent.

Definitely, the mental state examination, like any other analysis of the experience and mental activity of people, introduces an element of artificiality into the authentic way in which such experiences and activities work, always globally and unitarily. However, from a scientific perspective, it is currently the best way to capture the reality of the psychopathology presented by an individual. Resorting again to Kurt Schneider's words:

"It is true that we have fragmented the psychic unity of functions, but we have done so only because, if anyone wants to get the experience of something in general, he or she has to look from one function to another... Neither the botanist who describes the shape, color, surface structure, etc. of a leaf thinks that it is made up of the sum of these elements. But if he wants to give a description he will also have to do an analysis, because he can't say everything at once. Well and only like that, we are able to understand our analysis. From this, it results that occasionally the limits of the different sections will be blurred crossed over. That is, it is possible to consider a single manifestation in isolation, it is even necessary to do so, but it is not isolated itself" (pp. 128-129).

PSYCHOPATHOLOGY OF ATTENTION

I. THE CLASSICAL APPROACH: QUANTITATIVE AND QUALITATIVE **ALTERATIONS OF CONSCIOUSNESS**

CASE 1

Ana's attitude when entering was one of surprise and strangeness, she seemed not to understand where she was, she constantly asked if it was day or night,... When asked something, she would stare at the other person but her gaze seemed the one of someone who did not see or understand what was in front of her, and then she would look at her hands and nails carefully, turning them slowly in front of her face, as if she was abstracted in their contemplation... After a while, she would ask for the questions to be repeated, but then she was not able to explain clearly what was happening to her, she did not seem to be able to synthesize her experience in a clear and coherent way...

CASE 2

When she was admitted to the hospital, the patient's lips were dry and chapped, and it was evident that she had consumed few fluids. At first, she did nothing to communicate and did not answer the questions when asked. When she was asked for information about herself and her family, she simply replied: "I don't know". She didn't seem to know who she was, where she was, or which day it was, and she also seemed disoriented for recent and past events. When she couldn't answer any of the questions, she said: "Something went wrong in my head. I don't remember anything. I can't tell you what happened. There's something wrong with my head. I can't remember. I can't tell you what happened". Sometimes she walked around restlessly, but most of the time she was sitting motionless. Her facial expression was one of unhappiness, and from time to time she would utter small phrases of complaint. From time to time, she would wring her hands, pull her fingers, look at her nails and wrinkle her clothes.

II. THE COGNITIVE APPROACH: ALTERATIONS AND ANOMALIES IN THE ATTENTION FUNCTIONS

CASE 3

I was so nervous before the exam that when the teacher said "turn the paper over and start writing", I got stuck... I didn't know where to start, whether by turning the paper over or by writing!... It lasted a few seconds but it seemed like an eternity... I was very upset and I couldn't concentrate enough for the whole time the exam lasted...

CASE 4

It was a sunny winter morning. The sea was calm. I laid in the sun on the deck of the boat, with my eyes closed. I didn't sleep, I didn't think about anything: I was just there. Suddenly, a wave jumped overboard and I got soaked. I realized then that I was too far from the shore. I looked at the clock: it had been 2 hours. I couldn't remember anything I had done during that time.

CASE 5

I put the cake in the oven and, while I was waiting, I started to read a novel... After a while I heard my sister crying out to me. The kitchen was full of smoke and I hadn't noticed. The cake burned, of course.

CASE 6

I work in a department store. If a costumer asks me for something, whatever it is, I have no problem in serving him or her, in finding out what he or she is saying... but if when I'm serving him or her someone else comes up and asks me something, I don't know what to do... It's as if I got lost... I don't know where to look, who to serve... Everything gets confusing... It seems as if the background music is suddenly loud...

CASE 7

I was walking down the subway stairs and wondering if I'd make it to class on time. Suddenly, there was screaming and people running up the stairs screaming. I was like nailed in the middle of the stairs, I couldn't move... I just saw the smoke, I saw it as through a tube... The rest, what was around, even the people, everything seemed blurred.....

The patient wouldn't stop from looking in all directions, she was in a constant state of alertness, any little noise scared her, and she behaved as if she was scared to death: curling up, avoiding approaching anyone or anything within her reach...

When I leave the house, I am always attentive to not meeting one of those people... sick, handicapped, in wheelchairs... That's why I often prefer to stay at home, even if I'm alone... It is a horrible experience...

CASE 9

When my wife left me, my whole world fell apart... I didn't have any motivation, I couldn't do anything... I spent hours lying on the sofa, alone, without washing myself, without shaving, eating anything I could find at home,... I also drank everything I could find, even those little bottles in the hotels,... I lost my job... I couldn't understand anything... I started to think about my behavior in the last few months... and the result was that I felt despicable, it was all my fault, I had not been able to realize that she needed me and I was not there... Everything was more important than my wife: work, friends, money... How could I have been so mean, so stupid, so selfish...? ...I'll never meet anyone like her again, I'm definitely finished, castrated for love, I'll die alone... I don't even care about that anymore...

PSYCHOPATHOLOGY OF IMAGINATION AND PERCEPTION

CASE 10

"I had to leave the party because I began to feel terrible: I saw my hands and feet as if they had suddenly become those of a giant, they were huge."

CASE 11

Luis is easily scared. One night he had to go to a farmhouse, away from the town, because one of his brothers who lived there got sick. He had not even walked for two miles when he hurried back and reported to the police that he had seen four men squatting that stood up when he approached, and who had chased him to catch him. The officers accompanied him to the place and the alleged "corpulent men" were nothing; they were bushes. When he became aware of his mistake, Luis was very surprised, because he was sure that he had seen their heads and arms perfectly. When he escaped, he was practically sure that they were chasing him. He had even heard the sound of the footsteps of his pursuers, confusing the sound of the wind moving the brush with human footsteps.

CASE 12

"Even the most insignificant objects, such as cigarette butts, burned matches in the ashtray, pieces of tiles piled up in the building under construction that could be seen from the window, ink stains on the desk, monotonous rows of books... everything was lit up at the same time in a brilliance of colorfulness that is difficult to describe... Even the shadows on the ceiling of the room and the walls, or the pale shadows that the furniture reflected on the floor, had a fine, tender shade of color, which gave a legendary charm to the whole room..."

CASE 13

In the garden, a small goldfinch sang gently perched on a branch. The patient complained of not being able to rest. He said that the sound of the bird was unbearable because of the huge roar the bird made when it was singing...

CASE 14

The plasticity of the fantasy often intrigued me as a child. There's one thing I especially remember. Through the window of my room, at my parents' house, I was staring at an old house. In some places of the front of the building, the painting was very blackened, but in

others, it was grouped in a kind of multiform mass that suggested the old coloring. When I looked through the window at the wall of that house, I could recognize some faces that had a very clear expression in the contours of the "peeling" paint that was left, as I looked more closely at them. When I wanted to draw the attention of others to those faces I saw, the others said they couldn't see them..., but I saw them clearly. In later years, when I returned to my home, I could never find those faces again.

CASE 15

The sun's rays pale in front of me when I turn to them and stare at them. I can look at the sun calmly and it hardly dazzles me, whereas on days when I am healthy, as would happen to anyone else, it would not be possible for me to look at the sun for a minute.

CASE 16

Since I had the head injury, I have temporarily experienced an extraordinary sharpening of the ear, at intervals of 4-8 weeks (never during the day, but at night in bed). The transition is surprising and sudden. Buzzes, which are almost not heard in a normal state, resound in front of me with absolute, terribly clear sonority. I try to stay absolutely immobile because even the noise of the bed and the pillow cause me extraordinary discomfort. The clock on the bedside table seems to become the clock of the tower; the usual noise of passing cars and trains, which usually do not bother me, reach my ears like a thunderous avalanche. Bathed in sweat, I try to remain absolutely immobile and rigid, and then, I suddenly find out that everything has returned to normal without any transition. This phenomenon lasts about five minutes, but it seems to me to be infinitely long.

CASE 17

Sometimes when I'm stressed, the smells are more intense than usual. I start to smell soft smells that remind me of happy stages of my life and my childhood. Other times they are unpleasant smells that make me sad and then I start to cry. I can't do anything to make it happen, or to stop remembering the things and the feelings that go with them.

CASE 18

The leaves of the trees have a different green and are blurred, as they are wrapped as in a fog. Everyone is also fatter and some people have one arm or one leg fatter than the other.

I felt as if my body was growing in size, especially my arms and head. I knew it wasn't true, but the feeling was that they were bigger and weighed more on me.

CASE 20

The patient had to be isolated from the others and had to remain tied to the bed when she was alone. She was constantly hitting herself all over the body. She seemed not to feel the pain, even though she had already suffered several major injuries.

CASE 21

Lying on the beach, I could see the clouds passing by. I entertained myself by looking for shapes: "this one is shaped like a dog, the other one looks like an elephant..." Suddenly, as the sky filled with clouds, I began to panic: it seemed to me that the little animals innocent until that moment- were about to jump on me and attack me.

CASE 22

It was the first Sunday of August. I smoked a cigarette on the balcony of my room and I noticed that the street was empty. The day had been exhausting and I went to sleep, thinking about how would I be able to cope with the next day with the serious problem that had arisen at the last minute at work. Nothing was heard, not even the slightest noise. I realized I must be practically alone on the building. When I was falling asleep, suddenly I woke up startled: I thought I had heard a knock in the next room. I sharpened my ears: It sounded like whispers, and when I looked through the half-opened door of my room, it seemed to me that someone or something was crossing the hallway towards the living room. I felt terrified, my heart was beating really fast, I was heavily sweating, I didn't know what to do, and then, I had the impression that someone was watching me through the window of the balcony. I said to myself: calm down, get up and turn on the lights. I did so and, at that moment, I realized that my cat was not where she always was: in the armchair of my room.

CASE 23

He was sitting there talking to María, and suddenly, María started to become smaller and smaller, then bigger and bigger, and then again smaller.

Sometimes, when I turn the TV on, I hear the voice of my uncle Antonio, who died in the mine, saying "Put it down, put it down, it's too loud". Other times, in the middle of a movie, he says "Let's go hunting".

CASE 25

When I go out on the street, he gets in front of me and insults me. He tells me things like, "Where are you going with that ugly appearance?". Other times he tells me "You look like a normal guy, but you know you're not, that's why women run away from you because they don't trust you". He's a tall, blond guy, who speaks with a strange accent: I don't know if he's German, or Basque, or what, but he's certainly not from here.

CASE 26

She got up on the kitchen table and started screaming in fear. She said that one of the planes that had just taken off would come to our house and crash. She said she saw it and heard it very clearly, and she also heard the pilot saying: "Let's get her, let's get that crazy woman, we're going to throw the plane at her and you'll see how she shuts up...".

CASE 27

The first two nights she was very agitated, and they had to tie her up in bed with bandages because she wouldn't stop screaming and asking them to get rid of the disgusting bugs that were all over her body and were coming out of her ears and nose.

CASE 28

During the day, I'm pretty well. But when it gets dark, all the horrible sensations of that day come to mind again: the smell of dirt, sweat,... the disgusting taste of semen in my mouth..., his hands grabbing my neck,... and then the worst comes: I see his face as clearly as I see you now, I hear him yelling "whore, whore" at me.

CASE 29

Many mornings I wake up convinced that the alarm clock has just sounded. Then I check that it didn't ring.

I woke up suddenly at midnight. I felt a female figure, hugging me and covering my face with her hair. "Quick, quick! You have to die!" -she screamed-. Then everything disappeared. I woke up totally disoriented, not knowing what had happened.

CASE 31

Sometimes at night, when I can't fall asleep because I've had a very hard day, or I'm very tired from something, or sad, the image of the girl in *The Exorcist* when her head turns comes to mind, and I get very nervous because I know this image is going to stay there all night, as if it were fixed.

CASE 32

Marta felt a lock of hair being pulled out of her neck at night. At the same moment, she saw a flare coming out of the darkness, and it immediately disappeared. She woke up instantly, and she was unable to see anything that had happened to her, everything was gone. She had identical sensations twice before, in the clinic at night, but on those occasions, the sensations were in the sexual organs. Briefly and quickly, she felt movements like sexual contact. When she opened her eyes, there was no one there.

CASE 33

Sometimes, when my fever goes up a lot, or my head hurts a lot, I close my eyes and see little lights.

CASE 34

When I go to sleep and walk past the bathroom, I see my husband, who died six months ago, brushing his teeth. It doesn't scare me. Actually, it almost reassures me to see him there, as usual, as he had always done all his life, I feel his company.

CASE 35

While the therapist was speaking to him, he suddenly saw the devil standing behind him. It was such a clear and vivid vision that he was able to describe it in detail. When the therapist tried to reason with him, he responded that he had the gift of seeing through the back of his neck what was behind him. When he was told that they were "imaginations", he protested vehemently, saying that they were not imaginations, but a truly exceptional ability to see such things.

I'm going to eat, and the steak is placed in my mouth... I don't see it, but it is like that, because I feel the touch of the steak, even though it's on the plate. It comes into contact with my mouth and it doesn't come out of the plate.

CASE 37

I was with my brother-in-law picking olives and I heard voices in some bushes. I told my brother-in-law and he told me that it wasn't true, that it was just my imagination. The voices were like a murmur and they said: "Don't take the bitter olives".

CASE 38

Interviewer: How do you know they want to strangle you?

Patient: Because they tell me, they keep tormenting me with their threats.

- I.- But, do you hear their voices?
- P.- Perfectly, they speak to me as you are speaking to me.
- I.- And do you listen to them through your ears, like my words?
- P.- No, they are spiritual beings and they cannot be heard through the "outside ears". I hear them through the "inside ears". They are real voices like yours or anyone else's, but inaudible by the ears (He touches the ear canopy). It can be only heard by the ear that our mind has in the middle of our heads.
- I.- Is it not your imagination?
- P.- I know when I imagine and when those voices appear. They are not of my imagination because they are strange to me, but as real as you or me. I can recognize even the tone of his pronunciation.

CASE 39

He had been busy picking apples uninterruptedly for much of the day. On the top of a ladder, he was handling the apple picker, constantly looking up at the treetops and pulling the cutter scissors tied to the tip of a long handle. When I returned home later, at night, through the dimly lit streets of the city, I was annoyed to see the apple-laden branch constantly in front of me as I walked forward. The phenomenon was so compelling that I had to move forward with the cane in front of me -shaking the empty air- it lasted several hours until I went to bed and fell asleep.

CASE 40

They put an iron plate in my brain. I watched them doing it: while I was at the dentist, the doctor took something and put it into my brain. Since then, the iron increases the inner tension and my head weighs a lot. I have a lot of weight on my head.

I see very small people next to me doing obscenities, not caring if we all see them there. But it seems like the others don't care they do that and don't tell them anything.

CASE 42

I was standing next to the washing machine to do the laundry, and when I started it up, I noticed that the machine was talking to me. Along with their noise, insulting voices came out or gave me recommendations. When I stopped the washing machine, I immediately stopped hearing those words. I turned the machine on, and then, they started talking again. I got really scared. I didn't want to wash anymore that day. The next morning, I tried again and, as the noise started, the conversations came. So, I preferred to wash by hand, away from the machine. But when I opened the faucets in the laundry room, the voices came out again in the noise of the water: they were also loud and manly. In the end, it was enough to move a piece of furniture to make these dreadful words appear. So, frightened and disconcerted, I didn't want to do anything, because in the silence I couldn't hear the voices. What I don't understand is my family saying they don't hear those voices. They're loud enough for anyone to hear.

CASE 43

Alma W. has come to Spain to shoot a film. While visiting Granada, she suddenly realizes that loudspeakers at maximum power can be heard from the terraces of the buildings near the hotel. When she was wondering what could it be, she hears that the speakers say, "She wonders what could it be. She is frightened". She wonders how is it possible that what they say matches what she thinks. She purposely wants to think of something to see if they repeat it. She immediately hears: "I'll think of something to see if the speakers will repeat it". She thinks about calling her husband on the ground floor of the hotel and the voices say, "I'm going to call my husband". While she's alerting him by phone, the voices of the microphones repeat their conversation. When her husband arrives and tries to caress her to give her peace of mind, the microphones repeat her thoughts, including the most intimate ones.

CASE 44

"I'm like stuffed with long worms, like macaroni, that sometimes come out of my nose. I am going to show you." He is blind and makes gestures to carefully extract such worms from his ears and nose. "Look at how they move, they're white and have little hairs on their backs." He asks us to explain to him that how is it possible that, being a blind man, he could see the worms.

My thought sounded even though I didn't want to, and the others replied to what I thought. I didn't have to speak; the words came out from the thought. I said: "I'm from ETA" (Spanish terrorist organization), it's not that I said it, it's that I thought it, and then, they replied: "Why do you say you're from ETA if you're not", and I answered: "I'm not from ETA, I just thought it".

CASE 46

The omelet had a very strange taste, and when I ate it, I noticed that I had some acid reflux and a pain in my guts and my stomach broke down. They drugged me or whatever. Then, weird stuff and cramps started to happen in my navel and here (he points out his genitals). They are like weak electricity.

PSYCHOPATHOLOGY OF MEMORY

CASE 47

The patient M. L. M., 75 years old, maintains a dialogue with the psychiatrist without any inconvenience. He remembers everything about his life until two years ago, when his granddaughter was married, a wedding he attended but he no longer remembers. He often asks for the date of the wedding; and despite he has been told many times that his granddaughter has already married, he keeps asking for the same thing, forgetting even the fact that he has already asked it. After more than half an hour of interviewing, he moves on to another room where he is evaluated. Hours later, he meets the first doctor again, whom he recognizes, even saying that he had been talking to him for a while. The next day he comes back to continue the interview. He doesn't remember anything. He believes that he is seeing the doctor for the first time and that nothing has been fixed in him from the previous day's interview. After six months, he returns for a check-up. Seeing the psychiatrist who saw him, he presents his compliments. But when asked if he had met him before, he says no; he says that it is now that he has had the pleasure of meeting him for the first time.

CASE 48

I was sitting in college. I was there a month ago. I was sitting at a desk in the front row, with my back to the platform. On the opposite side of me, there were three boys. We were talking, when I suddenly had to shut up. I got very nervous because I was very worried about what was happening to me: suddenly I felt that on another occasion everything happened exactly as it is now; I said exactly the same words and the same people were there. I was affected by this impression for an hour, which left me feeling taciturn and insecure.

CASE 49

One morning, during a long drive, I was dozing off. The last thing I remember was seeing a traffic sign, after which I fell asleep. Then I heard a huge rumble. The right tire blew out. I was scared when I realized what was happening: the car was going to crash into the bridge. During the time the car was sliding I thought about all the things I had done. I only saw a few, the most important ones, but they were very real. In the first memory I followed my father as he walked along the beach; I was 2 years old. In chronological order I saw more of my early years and remembered breaking the new red car I had been given at Christmas. I remember crying when I first went to school, wearing a yellow raincoat that my mother had bought me. I remembered something of each year I spent in school, each of my teachers and a little bit of each year. Then I went to high school, got my driving license and started working in a grocery store. I remembered until the present moment, just before I started my first year of college. Those things and some others went through my mind at great speed. It probably didn't last more than a tenth of a second. That's when it all ended and I just stared at the car. I thought I was dead, I thought I was an angel. I pinched myself to find out if I was alive, if I was a ghost or what I was. The vehicle was wrecked, but I didn't hurt myself. Somehow I had jumped out of the windshield. When I calmed down I thought it was strange that everything had crossed my mind in those moments of crisis. Now I could remember them and describe them one by one, but it would take at least 15 minutes. Everything had happened very fast, in less than a second. It was amazing.

CASE 50

The patient had a perfect memory capacity, but complained of experiencing in the course of certain conversations "a sort of veil" that suddenly made impossible for her to remember some facts that seemed trivial. The truth is that such events were always related to trips, to her affections for other people and her family. It was finally discovered that one of her brothers died in a plane crash. When the family was given the news of the death, she was so surprised that she could not even mourn. The mother accused her in front of her family of having no feelings and of not loving her brother. From then on, she forgot everything that was related to her feelings, to her travels or to her family. Her memory problems went so far that she couldn't remember the name of her boyfriend or siblings. It was impossible for her to study geography, because she associated it with travel and this term with aviation. However, in all other sectors of her personal world, the lack of memory did not manifest itself, as it did not cause her any tension.

CASE 51

A 22-year-old boy had his frontal lobe damaged in a motorcycle accident. He was unconscious for an hour and a half. When he regained consciousness, he seemed to realize what was going on around him and answered the questions correctly. However, when amnesia was evaluated a week later, it was noted that retrograde amnesia was momentary, but he could only remember one event that occurred during the first two days after the accident. He had a vivid impression of his mother's face looking at him and asking him what had happened to his clothes. This was corroborated as an isolated memory that occurred in the first post-traumatic 24 hours. Normal continuous memory appeared 48 hours later.

CASE 52

I woke up in a hospital bed and saw my father talking to a doctor (I don't remember his name now). The doctor asked me a lot of questions. I remembered who I was, I knew where I was, my father's name, etc., but I didn't know how I got there or why. My mind was a full vacuum. Instead, I remembered that I had eaten paella the day before (although I was later told that it had been a week ago, the same day I had the accident). I don't doubt it, but for me that week does not exist.

CASE 53

I woke up in a hospital bed and saw a man crying (he said he was my father). There was also a person in a white coat who told me he was my doctor. He comes to see me every day and is very kind, but I can't remember his name, even that I ask him every time. Another day (I don't remember when) a guy (my brother, he said) brought me a MacBook laptop. It has some new programs that I don't know about and I'm having a hard time learning them. Every time I turn it on, it's like it's the first time, but in the end I sort things out pretty well.

CASE 54

Suddenly, I had forgotten my name. I couldn't complete my passport details and I left. When I got home, I remembered and I cried.

CASE 55

I know no one lives here but me, and no one has the key to my house. So I don't understand why in my closet there are clothes of my size that I don't remember buying and that, besides, I would never be able to because it's awful. There's also some weird stuff in the bathroom I don't know where it came from. Anyway, it's like everything is familiar to me, but I don't remember any of it being mine.

CASES 56

- What's my name? I don't understand the question.
- Could you tell me who that lady is? She says she's my wife, but I don't know her at
- Sometimes, when he's brushing his teeth, he starts screaming in horror. He says there's someone in front of him (in the mirror) who makes the same movements.

CASES 57

- It's a rounded and long and pointy thing and if you put it on another object you can make stripes, letters, and things like that. I don't know its name.
- It's nice, it sounds good, I like to listen to it, but I don't remember the name of the singer, and I don't remember the song either.

- If he touches it with his eyes closed, he says: it's a spoon. But if I just let him look at it, without touching it, he doesn't know what it is. If I put a yogurt in front of him, he uses it correctly.
- If I give her the spoon and put the yogurt in front of her, she looks at me and doesn't know what to do. Then I have to stand in front of her with a spoon and a yogurt and start eating it: she imitates me and smiles.

Luis is 23 years old. Two years ago he went on a trip with his friends through Egypt and they suffered a car crash. His best friend, Pedro, died in the accident, and he suffered several broken ribs, one leg and two lumbar vertebrae. As a result, he was hospitalized in Egypt for one month. During the first week of hospitalization he was in a coma. When he was able to be repatriated, he came back in a medicalized plane to Valencia and spent another month in the hospital. After intense rehabilitation, he managed to regain full mobility, and currently has only a slight limp. He is currently undergoing psychological and pharmacological treatment and has returned to his life quite normally. When asked about the accident and his stay at the hospital, he says that all he remembers is that he was arguing with Pedro because they couldn't agree on the place they were going to visit the next day. From that moment until the day he was informed that he was being transferred to Spain: "everything is an immense emptiness... I only remember smells, colors, strange sensations, noises that I would not know how to reproduce... my mother tells me that she was with me since the third day, that she accompanied me on the plane, but I only remember one nurse, Maria, very kind... I don't remember my father being with me in the hospital in Egypt either, although he tells me that he was there the last two weeks... but all this doesn't worry me very much, I will remember it sometime, and if I don't get it, all the better because I'm sure it is not pleasant...

VIDEOS OF INTEREST

http://www.dailymotion.com/video/x9td3v_cuando-llega-el-alzheimer-2_school

http://www.dailymotion.com/video/x9d1mi_amnesia-anterograda-jeremy_school#rel-

http://www.dailymotion.com/video/x7gom0_amnesia-severa-clivewearing_school#rel-page-8

PSYCHOPATHOLOGY OF THINKING PROCESS

CASE 59

When I turned sixteen... What was I saying?... They have taken the memory away of my mind again... I've been a serious and formal person... What I said has already disappeared!... Ah, my friends did not understand me!... They have taken it away from my mind again!... Do you have a cigarette?... My father liked it... I can't deal with what I was saying anymore... Oh, yes, I did say that my brother got badly along with... Do you understand me? I don't remember anything at all! It's not fair to be given so little money.

CASE 60

Nobody talks to me... That's what my mother says, but they won't talk to me. Why should I go out if I don't feel like it? That's what my mother wants. Well, because I want to. You smoke; you can smoke here, can't you? And why not? Well, I don't smoke... And this book, why is it sitting on its side like this? I don't see anyone, they're people who talk, they say what they want, it's like they make jokes. People talk, of course I hear it... Sometimes they mess with me, sometimes they don't, and they say to me: "You are the son of Christ".

CASE 61

Excerpt from a letter sent by a 34-year-old male patient to his therapist: "For analogous and natural reasons I let you know that I have done various examinations that are based on new introductory developments of time and refer to all the natural rights of freedom. Self-help is the best and most economical in every situation. We know what national pride is; what an honor it is, am aware of that; and what knowledge exists strictly speaking, those are my secrets. Respect for my cause, which is linked to the above. I always exercise my sight and hand for my homeland. So my business must be strongly acknowledged. That's how I tell you I'm known and here as the first state's attorney".

CASE 62

Well, if you want, I will answer the test, but I warn you that the answers will not be mine, because for the test I have to think and I no longer have a thought, they have it; they are smarter and they answer better than me, but they do not answer what I want. But I know the ones on top, the ones on the ship with the red and green lights, stop, stop, stop, stop, no more talking.

It's like I don't have a personality, I can never decide even on insignificant things; I doubt all my decisions, I never act if I'm not forced by events and I always have the impression that what I do will be a failure... Often, after a while of chatting with someone, I return to a question that was raised at the beginning and that I have not been able to stop thinking about. I always have the impression that there is a more exact word than the one I have said, a better answer. I go to all the masses because I can't help but get distracted over and over again. I repeat my confessions without stopping, and I am never sure of my state of contrition.

CASES 64

- Therapist: Could you explain to me what did you feel when you were told that your husband had the accident?
- Patient 1: Bad.
- Patient 2: It was like when you're, I don't know, in one place but you're in another place, and it's not exactly what it should be, or how you'd expect it to be, and it's all like that and you go back to the same place, and everything is ugly. And dirty and sometimes not, sometimes it's okay, but.... you never know.
- Patient 3: I didn't expect it and then when it happened I started thinking if I hadn't gone, or if... that lamp was there last time? I don't remember, sometimes... it's like... it's hot now, isn't it?

CASE 65

I've spent this week like other times... I've done some more things as we agreed we had to do.... to keep striving and not to faint or sink into what happens when you're like this, with this disease that is so little evident that it is taking you and you don't know what else..... I don't know what else I'll be able to do this week... but what did you want to know?

CASE 66

P: I wouldn't want to bother you, but I will always come back with time to be seen over and over again, over and over again, over and over again, by the Dr.

I: Please sit down and wait for the doctor to finish and call you.

P: I will wait, but he knows I need to be seen, I need to, I need to, and I will wait over and over, over and over again, I will wait until the doctor sees me over and over again, over and over again, and so on every day.

CASE 67

Therapist: Hi Luisa, I'm glad you could finally come.

Louise: I'm glad you could finally come, come, come, come, come, come....

Therapist: Let's see, how was your week?

Luisa: the week, cheek, peek, how did you spend the week?

Therapist: How have you found yourself this week?

Patient: You see, I've tried to concentrate and keep up with the pace, or the march, or the direction of things. On Monday I got up and went shopping because there was nothing left to eat that was decent, you know, time passes and you have to restock. I saw that the chicken was on sale and I said to myself why not? and then I met my neighbor, the one who didn't greet me before, and you won't believe it but she gave me a couple of kisses and started talking to me and told me about the trip, which apparently...

T: Yes, but how were you feeling?

P: Well, that's what I was saying, that I put on and proposed and then I told myself that it wasn't so, and then, when I was in those, I remembered that I had to go to the church to see when the first communions were this year because all of a sudden the time is upon us, and well, I tried to feel good, and sometimes I could get it, believe me, not without effort, but in the end a little better than the other week...

CASE 69

- Therapist: Hi, I'm glad you could finally come.
- Manuel: Look, doctor, I didn't want to come to the office today, because we could all stop and that's why I would come.
- Peter: "Why are you happy? Is it because you feel better and you control me? I don't understand what it means, and what I understand is not good for me or my senses. We should think about what all this means before we go any further. And besides, why did your assistant smile at me? What's so funny? Do I look like a joke to you or what?

CASE 70

- Being thin is always more important than being healthy. I have to be careful not to get fat.
- If I don't dress in a strict order, I'll have a bad day. It may be silly, but if I don't, I know I'll be uncomfortable all day.
- If I see a knife, a pair of scissors, or some cutting object, I get the idea that I might take it and stick it in someone, or myself... It scares the hell out of me. That's why I threw them all away.

CASE 71

What worries me a lot now is that the idea that something might happen to my brother has entered into my head.... it's an idea that comes to me more and more often and makes me so nervous that I have to do something to get it out of my head, and then I start counting backwards and forwards, or by sevens, or rubbing my hands non-stop, until I can stop thinking... Other times I call him to his cell phone, or I follow like a spy to make sure he gets to the Institute, or whatever... It's awful.... I haven't told anyone...

MEDIA RESOURCES

Video Obiols: Fernández Case (Formal) and the Suso case (delusional)

PSYCHOPATHOLOGY OF IDENTITY AND **SELF-AWARENESS**

CASE 72

I did not feel my body, neither my arms or legs, same for my entrails... nothing. Everything was the same, the head, the entrails, the feet... I saw it but I did not feel as mine. Do you understand me? And I thought if I would be crazy and my voice came out from my head and it was like the bird's voice, it was that voice, and my mother said to me "eat and you'll get better" and then if I began to eat, I was afraid to bite my tongue because it was like food.

CASE 73

It was wonderful, everything there was wonderful, I was the light and I was flying and saying things to the people of the plane and then I was that plane and they were screaming and I said "Do not be afraid", and the voice sounded like the engines, and then was when I got so scared, because I did not know where my voice was, my body, and maybe that was the reason why I fainted.

CASE 74

As soon as the plane took off, we heard a huge noise, similar to an explosion. Immediately, we could see the flames that came out from under the wing where my seat was on. Many people began to scream, others got up from their seats, and the rest were frozen. Nevertheless, I felt a kind of inner peace... I felt like I was under the effects of a strong drug. So, the plane slammed to a halt: I unbuckled my seatbelt calmly and I sat seeing what was going on and waiting, just like when a usual landing takes place. Actually, I think I did not realize the mess that had happened... I was just paying attention to what the hostesses said.

CASE 75

It was my first lesson after competitive exams. The children looked at me waiting for my first word, so I started to explain them what we will be going to do during the course, what I expected of them and such kinds of things. I had been thinking about how to do it for several days, but the weird situation started when I began talking, I suddenly started to feel like I was outside myself, I even heard my own voice different from mine, like it came from a loudspeaker or something like that, and I started to think that I was talking nonsense and the children would not understand anything from my speech. It was a disaster, I felt terrible, ridiculous, and I felt like if I was being reviewed by myself, by a kind of another self who was just picking on me.

PSYCHOPATHOLOGY OF AFFECT AND EMOTIONS

CASE 76

Pedro, after an accident: "I don't feel like doing things I was always ready to do before, like leaving home, going out to party, or being with friends... They tell me that I look like a zombie, that they don't know if I'm having fun or if I'm bored... My family tells me that too, they tell me that I don't react to things, that it doesn't matter what they tell me... I do care about what they tell me, but it's like seeing it in a movie and not being part of my life...".

CASE 77

She became increasingly sad, lost her appetite and woke up between four and five in the morning, unable to go back to sleep. She could not read the newspaper or watch television because "she could not follow the thread". The situation continued for nine months. During that time she had done very little, only sitting in her apartment and staring at the wall. Her children did most of the housework. She continued to take the same drug on an outpatient basis until her new admission.

CASE 78

Jorge was 35 years old, married had two children. He worked as a physical education teacher in a school. His life had changed drastically in the last two weeks. However, it was not the first time he had had psychological problems. The first of these was when he was a student, and there didn't seem to be any precipitant, as he was a well-adjusted boy. Then he lost interest in everything and stopped attending classes and studying. He didn't go out with his friends either and he spent all day locked up watching TV. He didn't even have the energy to play football, which was his favorite sport, and he wasn't interested in his sporting future either. He requested therapeutic help following the advice of his trainer and within several weeks returned to his normal level of functioning. He had not had any more problems until he was admitted, when Jorge started working day and night, without going home or sleeping, preparing "to be the best coach". At the time, a local television crew called him for an interview, and he spent two days locked up to prepare for the interview. His wife, the few times she had the chance to see him, found him "very strange"; he spoke very quickly, moved quickly from one side to the other and gave the impression that he had not slept for a long time. The TV interview was a complete failure, and when he returned to his office at school he spent the whole morning making phone calls and missing his classes. When the headmaster of the school asked him to explain his behavior, he replied that he was going to be appointed coach of the Spanish Olympic football team. Faced with such behavior, the headmaster called his wife and he was admitted to the hospital. At the time of his admission, Jorge spoke very quickly and claimed to be the coach of the Olympic team. His movements were fast and somewhat strange, like measuring the corridors on foot and exploring all the rooms. At the slightest provocation he was angry

and he could not sleep for three nights. Though he looked like a tired and defeated man, he was still in great turmoil.

CASE 79

She sometimes walked around restlessly, but most of the time she was sitting still in an attitude of defeat. Her facial expression was one of constant unhappiness, and she periodically complained aloud. From time to time she would wring her hands, pull her fingers, look at her nails and wrinkle her clothes.

CASE 80

When he was admitted to the hospital, Luis did not answer when he was spoken to, or he did so with a kind of mocking face, regardless of the content of what was asked.

CASE 81

I can't study, I can't concentrate. I spend all my time restlessly. I can't laugh. I think I've never really laughed more than four or five times in my entire life. For the past three years, I've been constantly thinking about killing myself. I've never felt this bad before. I think I want to hide from things. I don't know if I like or dislike people.

CASE 82

After the accident, and for many months, the worst thing for me was to deal with my feelings... Even now I am not able to express what was happening to me, because I do not understand it, it is as if it had happened to someone else, as if my feelings were reversed... For example, I had laughing fits that I could not control when I remembered how my son had been thrown out of the window, although inside I was devastated... Other times I would cry heartbrokenly, unable to help myself in the face of anything, no matter how silly or insignificant, that I would not have felt at any other time, for example when watering the plants or opening the mailbox to collect the letters...

VIDEOS: Obiols: Fernández and the bipolar.

PSYCHOPATHOLOGY OF BEHAVIOR AND **PSYCHOMOTRICITY**

http://www.youtube.com/watch?v=qhmct5g6qvo

http://youtu.be/lslgwuhc1mq

http://youtu.be/zaej-jvndms

http://youtu.be/989nuglaurs

MENTAL STATE EXAMINATION: COMPLETE **CASES**

TERE

A 37-year-old married woman was sure that other people talked about her marital relationship with her husband and that he was cheating on her with another woman. The husband and other people in the village in which they lived insisted that there was no real basis for her ideas, and the patient temporarily calmed down, but soon accumulated more "evidence"" to support her doubts and fears, and once again she reached the certainty of conviction.

"I think people speak badly of me, and this has become an obsession. It had never happened to me that someone disapproved of what I was doing. My husband and I have been through bad times: his father died last fall and his mother was hospitalized soon afterward for cancer. In addition, we have made many reforms in our business and there have been a lot of pressures and problems; I was involved in so many problems, that I almost never attended my husband. I felt too insecure; I felt I did not satisfy my husband, although I did everything to achieve it. He never made me jealous, but I began to realize that his secretary was talking about me, because she always laughed when she saw me. My husband and I went on a trip this spring and when we came back I started thinking he was doing everything possible to get away from me, and he replied that my thinking was wrong, but I could not get rid of that idea. As long as I am at home without going out, the more I think about it. I thought that the secretary and other people commented about my husband's estrangement from me.

So small incidents happened. For example, in a conversation with some friends a woman was mentioned, there was a pause in the conversation and people looked at me, and I thought they were all in a kind of conspiracy. That night I went to a party and that woman they were talking about was there and she looked at me in a weird way. By her look, she wanted to say: Does she know it or not? When my husband met us, she walked away from our group. I felt that everything was related to our marriage. Then I remembered the first time that woman was mentioned: it was after we came back from our trip, they were talking about her and when I approached the others stopped talking. I have a feeling that my husband talks more and more about her, and he pays more attention to her than before.

Last year we had some problems, and I felt I did not satisfy my husband, I did not do the things he wanted. Instead, I have repressed myself and I left all decisions to him. When I speak loudly and tell him what I want, he does not want to make it". When the patient was asked if she had observed any change in their sexual relationships, she answered: "No, except that I think that he pays me more attention, more than I need or desire. We have sexual relationships more frequently and I feel it is not spontaneous, as if he thinks I expect him to behave that way. "

AMALIA

Amalia is 21 years old, single, an only child and lives with her parents. She studies economics and works occasionally in a supermarket. The first episode of illness occurred when she was 16 years old, when she was in high school with great performance. She studied with scholarships and her parents' financial status was very humble. They describe her as kind, friendly, affectionate, responsible, hardworking and very sensitive to criticism.

As the medical records indicate, the day she received the sacrament of Confirmation (at the age of 16) she said that she had seen a light in front of her when she was in Church while everything around her remained dark. She was very uneasy about this experience, as she would later explain, but she tried not to give it too much importance and she did not tell anyone about it for fear that they would think she had gone mad. Three days after the event her parents began to see her "strange, nervous and excited". She said things like that she had the mission to save the world and that she was destined for a great mission. The following week, after attending another religious event at school, she felt again very upset, hyperactive, moving around and talking all the time. She said things like that something terrible was going to happen, that everything was falling apart, that they had to get out the house as soon as possible, etc. The family tried to reassure her without success and they called the primary care doctor who, after examining her, referred her to the hospital. The psychiatrist on call admitted her for a sedative treatment that calmed her down after about an hour.

After three days of treatment, she seemed to be in a position to understand what was being told and she was interviewed. In the interview she seemed confused and her speech was full of contradictory phrases, such as: "I have to be more independent... but I am still a child...". "I have to study more... but I also have to have fun, but if I do that I could lose my scholarship..." "I'm too old to depend on my parents, but I'm a student and it's normal to depend on the family..."

Her attitude was one of surprise and strangeness, for example, she was surprised to see that it was already night, and she did not seem to notice how the daily time worked. She said sometimes she seemed to hear voices inside her head that only she could hear. Sometimes she interpreted these voices as a threatening message against her parents or friends and came to believe that they could die because of her. When this happened, she entered a state of great agitation: she began to move around the corridors of the room without stopping that behavior, gesticulating a lot, and banging into the walls.

At other times, when she calmed down, she seemed perplexed and she looked into infinity without seeming to notice what was happening around her. When asked how she felt, she hesitated a lot and after a long silence said "it is as if the world has changed and nothing is the same as before". Other times she would say, "I don't know if it's me or the other people, but someone must be crazy. At this point, her speech was difficult to follow because she stopped in the middle of the dialogue too many times, she changed from one subject to another, on other occasions she remained as if she was self-absorbed and she was not able to explain in a synthetic way what was happening to her. Then she said things like "if the world is like this, it is because tomorrow was yesterday" "nobody knows what is to come or not to come", "if you ask, you will know your ass from your elbow". She changed her mood suddenly from laughs to tears, with these emotional changes having a direct relationship with the content of her speech or with what was happening around

her. At other times she behaved and expressed herself as a little girl and she had to be fed, accompanied to the bathroom, cleaned, etc. Generally, she seemed frightened, kept looking in all directions, remained in a constant state of alert and behaved like someone who was frightened. She asked for a change of room because she said that the chairs, the window, the closet and every furniture piece in the room was put inside her and she was not able to tell who she was and "who" things were.

After fifteen days, her condition improved considerably and she was discharged from hospital, to continue her outpatient treatment. She was progressively improved and, six months later, she fully recovered her normal level of performance and activity.

She had not relapsed until she comes back to the hospital in the middle of the morning, brought by her parents. She is in a state of confusion, having difficulty to express herself, and responding just monosyllables to the questions of the practitioner. The parents report that she has been in this state since the previous night when a nephew called them at dawn saying that he had just picked up Amalia and that she was at home, because he had found her wandering alone in a bad neighborhood of a small town far away from the city. When he asked her what she was doing there, Amalia said she didn't know. Nor could she explain how she had arrived there, neither did she seem to know where she was or how to go back home. She couldn't remember her name and said her name might be Antonia, but she wasn't sure.

Amalia had left home early in the morning to study at the Faculty Library because she was on exams and spent her time studying alone at home or in the Library. Fearing that the same thing would happen to her again as a few years earlier, her parents took her to the hospital. At the time of the interview she still didn't remember her name, didn't know why she was there, and didn't recognize her parents, even though she was calm and relaxed.

JULIA

Julia is 20 years old and lives in a small town (close to Valencia). In the last five days, she has hardly slept or eaten almost anything, but she has remained in a state of great activity, which she describes as "out of control". Her appearance is disheveled and dirty and her family says that her whole room is "upside down", which is very unlike her because she is a very tidy and careful girl.

She has expressed strange ideas to her friends and family, such as that she is not menstruating because she belongs to a "third sex", superior to the other two, and that she is capable of having children without having to have sex.

She has also been very concerned about the possibility that the politicians in her town hall, and in particular the deputy mayor, will start a nuclear war, because according to her, he is a very powerful man, who has contacts with the Russian and Ukrainian mafias. She says she is sure of that because she has heard through the walls, some conversations in Russian that this man (in front of her house) has had with someone called "Boris", in which they talked about when and how they were going to sell the nuclear weapons and make them explode on the village bridge, coinciding with the August festivities.

To "avoid the disaster", Julia put posters all over town, warning her neighbors about the problem. Regarding her work as a citizen, she says that the Prime Minister telephoned her yesterday to offer her a special political position in Madrid, in his own office. She adds that she has rejected this honor, because she feels very tired and does not feel like going to Madrid.

She also says that her head does not stop having extraordinary ideas and, since she does not want to forget them, she writes them down everywhere: on the walls of the house, clothes, and of course on her computer. She also uses her mobile phone to send these ideas through messages to her friends' mobile phones.

When we ask her why she comes to the hospital, she tells us that it is so that we can protect her and help her because she is very frightened: she tells us that she has been madly in love with the baker for months, something she has never told anyone. However, since the day before yesterday, obscene thoughts about the baker have been constantly coming into her head, and she is convinced that he and his wife have noticed by the way they look at her. She is also convinced that people can read her thoughts and that this is why everyone will end up knowing the horrible things that are going on in her head (sexual images about her and the baker, obscene words that assault her when she thinks of him, etc.). She asks us to help her because she cannot control those thoughts and is very afraid of what might happen to her.

ELOISA

Eloisa is 60 years old and has a long history of alcohol abuse. She has been living alone for years and has been hospitalized for a week.

Her appearance is sloppy and dirty, and the nurses say she refuses to wash and change her clothes, and she does not seem to know how to use the cutlery because she cannot put her spoon in her mouth and ends up throwing food in her face.

The nurse also tells us that the first two nights she was very agitated, and that they even had to tie her up in bed with bandages because she wouldn't stop screaming and asking them to get rid of the nasty bugs that were all over her body and that came out of her ears and nose.

When we ask Eloisa directly, she does not know where she lives, her name, how long she has been in the hospital, and she does not seem to know that she is in a hospital.

The Social Worker has managed to locate a niece of Eloisa's, who is the only person in the family with whom she has had any contact in recent years. However, Eloisa says that the person who is there (her niece) does not know her, and that she must be some impostor because although she looks like her niece she is not her.

When we assessed the magnitude of her memory problems, we found that she did not remember who was the current Prime Minister, and was not able to say the name of the political group to which he belonged, and did not remember what she had done or where she had been for the past six months.

Her speech was difficult to understand: for example, when we asked her about her family, she told us: "Families are like that little bird that destroys beds around the world".

Her facial expression was striking: it was as if her face was an inexpressive mask. Her tone of voice was also monotonous, even when we talked about the episode of the first two nights, when she was kept immobile in bed. She did not seem to be showing any emotion, either positive or negative, and she seemed more like she did not care about anything around her or what we said to her.

It was difficult to keep her attention, because she kept circling around the room and kept looking everywhere, without keeping her gaze fixed on anything.

MARIO

Psychologist (P): How old are you?

Mario (M): I am as old as the pyramids that are disintegrating.

P: How long have the pyramids existed?

M: That is a questionable topic. Maybe the idea is that television roars, and it is at noon that the sun warms up the most.

P: What did you do yesterday?

M: When I am in front of the television, the presenter and his voice, they do not get mixed, the image is one and the voice is another thing. It is not two sensations together. However, yesterday we had a good meal (paella).

P: Did you have a drink?

M: The coffee, the coffee, it was like stones that ravaged the throat. Then I noticed that the throat was like stone.

P: Did someone put stones in your coffee?

M: Probably. I cannot say it clearly. I cannot think about it because then they will find out.

P: Who will find out about this?

M: They. People who ruin everything. They are always the same. They are always stalking, chasing, cursing. They are like beasts. They are worse than beasts.

P: Describe something else to me. Who they are, what they do, what do they tell you.

M: My wife says that is impossible, but I hear them very well. They are over there, through the walls, behind the walls. They are Japanese or something, because sometimes I do not understand them. However, when they want to talk with people, they can talk very well. They told me bastard, cuckold...

At this moment, Mario got up from his chair with an expression of intense fear on his face, he was very nervous. He was screaming that we remove the bugs that were entering him by all the parts of the body.

LUIS

Luis is 36 years old. He is single and lives with his parents. He is the oldest of two brothers, who are married and live in different cities. He lives in a small town. He studied until the third year of high school and has never had a remunerated job.

His biography does not contain any information of interest until he was 18 years old. His evolutive development was normal. According to his parents, he was a good student with many friends. In spite of the family's limited financial resources, he started high school and went on to the third year of high school, the only course that he repeated. Many times, he did not go to school, argued with classmates, was always angry, became very irritable, and said strange things such as he was going to be a bandit.

He left school in the middle of the course. The school's psychologist recommended that his parents visit a psychiatric clinic. He received two years of psychopharmacological treatment (antipsychotics) and was hospitalized due to a worsening of his aggressive behavior. He remained there for a month, and then continued to be treated on an outpatient basis in the mental health unit. During his hospital admission, he showed elusive behavior, his facial expression was unchanging, he rejected contact with other patients, his family, and the medical staff. He did not answer when people asked a question. If he did, it took him a long time to answer, and his answers were very brief or monosyllabic. His interlocutors often doubted whether he had understood the question or whether he was listening to them. He did not pay attention to his physical appearance and almost totally neglected his hygiene habits. He did nothing during the day: he remained seated most of the time or wandered alone and with an attitude absorbed in the corridors, often making gestures and grimaces, as if he were talking to himself. This same pattern of behavior remained practically unchanged when he was discharged. In the following 8 years, he was admitted to hospital three times for episodes of violent behavior against himself or his family members.

In the periods between these episodes, he remained in bed or seated most of the time, was unable to engage in spontaneous activity, did not perform the tasks assigned to him by family members or therapists, often refused medication, refused to seek occupational therapy, and looked careless.

In the last of his violent crises he began to insult people on the street, because he said they read his thoughts. He said he felt threatened by the whole people, as they were all "socialists, communists or Francoists". He also began to abuse alcohol and, as a result of a very serious assault on one of his siblings, was admitted to a long-term psychiatric hospital, where he is still being held.