PSYCHOPATHOLOGY 2ND SEMESTER

CLINICAL CASES

GROUP: ARA

Instructions:

After reading each clinical case, please complete the following sections with relevant information (some sections cannot be completed):

- Identification data.

- Referent and reference reason/ derivation.

- Complaint / Reason for consultation.

- Description of the current problem.

- Interference.

- History and evolution of the problem.

- Past mental problems and treatments.

- Medical history.

- Relevant biographical information.

- Family history.

- Premorbid personality.

- Psychopathogram or mental status test:

- **Appearance, interview behaviour, and illness awareness.**
- **Awareness, alertness, orientation.**
- **Attention.**
- **Memory.**
- **Perception and mental images.**
- **Thought form, language and speech.**
- **Content of thought.**
- **Self-consciousness, identity.**
- **Affections and emotions.**
- **Motor activity and intentional behaviour.**

- **Physiological functions: diet, sleep, sex.**
- **Intellectual / cognitive capacity.**
- **Social area and interpersonal relations.**

- Examiner reaction.

- Categorical diagnosis DSM-5 (justify this).

- Reasoned differential diagnosis.

CASE Nº 1

“JAVIER”

Javier, a 39-year-old single man, was taken to hospital by the police because his strange and hyperactive behaviour and unstoppable loquacity had alarmed his family. He shouted that he did not need treatment and threatened to take legal action against the hospital and the police. The family reported that a month before his admission to hospital, Javier took a work permit and bought a large number of cuckoo clocks and a very expensive car, which he planned to use as a mobile showcase for his goods in the belief that he could make a lot of money. He began to walk frantically around the city, buying and selling watches and other goods, and when he wasn't outside, he was on the phone doing "business". He rarely slept and spent his mornings drinking excessively in the neighbourhood bars (which was somewhat unusual for him) although, according to him, he was "transporting goods and negotiating". At the time of his admission to hospital he had a debt of 9,000 euros and had led his family to exhaustion with his excessive talkativeness and hyperactivity. He said, however, that he felt "on top of the world".

Javier had previously requested psychiatric treatment at the age of 26 when he had a scholarship to study at university. He then felt depressed and hopeless, unable to function in college and afraid to meet girls. He was treated with psychotherapy for a year, finished his studies and got a job as an administrative assistant. A few years later, after losing his job, Javier suffered another depression and received treatment (psychotherapy plus low doses of tranquilizers) for about a year.

His third depression began about six months before he was admitted to hospital. He felt that he was in a dead-end job, he felt he was incompetent and had no energy or interest in anything. Again he received psychotherapy and was also prescribed tranquilizers and antidepressants. His activity level increased and he became interested in many new activities, culminating in the frenetic hyperactivity that led to his hospitalization. Javier was the eldest of five siblings. He was described as being a very responsible and "good" boy who often took care of his younger siblings. He was loved and respected by everybody. He was doing well in school, although he was quite shy and insecure. After high school, he worked in a supermarket for two years before doing

military service. In the army he was stationed as a clerk, and he was pleased to have a safe and relatively interesting job. He made some good friends and began his first romantic flirtations. After graduating, he received a scholarship and was the first college student in his family. After his mother's death, he continued living with his father, a retired postal worker. His father was a "heavy drinker" who often became violent when drinking. One of her sisters had been hospitalized several times for violent behaviour associated with alcohol, and his other sister had been treated with electroconvulsive therapy for postpartum depression. She was fine now. His two brothers have their own families and have never been ill.

Source: Booklet of practical cases of General Psychopathology from the University of Valencia.

CASE Nº 2

“ALBA”

Alba is a 16-year-old girl who lives with her parents and two younger siblings. She studies secondary education at a high school near her home. She was referred to the Mental Health Unit by her family doctor after her parents noticed she is sad and irritable and does “strange” things.

When she was asked about her problem at the first interview, Alba said she was very worried because she does things she knows are really stupid and make no sense but says that she has to do them because she fears something bad will happen if she does not. She said that about a year ago she began to fear that her clothes would be full of germs and that when she gets dressed in the morning, she shakes them for half an hour. When she arrives home from school, she has to change her clothes because she feels “dirty” and every day she asks her mother to wash her school uniform (she now does this herself). Before doing anything, such as washing her face or getting dressed, she washes her hands. Over time the problem has been getting worse. Washing her hands was not enough, so she started rubbing them with alcohol. It was winter and it was cold, and these cleaning habits caused her hands to bleed. They even bled when she immersed them in water. Her parents thought she had a skin disease and took her to a dermatologist. When the therapist asked her how long she spent performing these personal hygiene habits, she said roughly six hours a day. In the mornings she has to get up before five o’clock to go to the high school and even then, she has no time to brush her hair or have breakfast. In fact, on many occasions she misses the first hour of class, which has led to problems with her teachers. At weekends she has stopped playing tennis in the morning or going to the town centre with her friends because she does not have time to shower before going out. It is her cleaning habits that prevent her from doing this.

She also began to think that if she heard words related to illness or germs, something bad could happen. If she did hear them, she needed to think of certain numbers – e.g. counting in threes – in order to ‘cancel out’ the effects of hearing those words. These numbers seemed to have protective properties for her. She is really terrified that something bad will happen to her if she does not act as she does. When she tries to

explain to her friends what is happening so that they can understand her, they say things like, “That’s stupid”, and she knows they’re right. However, when she is alone, her mind starts to wander and worry more and more about the possibility that someone in her family might hurt themselves, or about everything that could go wrong if she does not act. Her grandfather is 83 years old and, although she knows he is old and will not live much longer, Alba is afraid that she might do something to make him fall sick or die. Moreover, she has recently had the feeling that she never does her homework very well, so she repeats it over and over until she feels it is how it should be. Once, she erased the solution to a maths problem so many times that she made a hole in the paper. For the last six months, Alba has been dating a high school classmate whom she likes very much. However, she says they have already had arguments about the things she cannot do or the places they cannot go because of her problem. Alba currently feels sad most of the day. She thinks her boyfriend is going to leave her because, according to her, “it’s not worth dating a useless person like me”. She also feels distanced from her friends and lately prefers to stay at home. Her academic performance was very good until a year ago. However, her performance has dropped in the last academic year because “these thoughts don’t let me concentrate”. She also feels bad because she knows that her parents are very worried.

CASE Nº 3

“VICTOR”

Victor is a 28-year-old man, of medium height, stout, with a thick neck and strong forearms. He is a Jehovah's Witness and has been married to a South American woman for five years. He has four children and three of them are girls from a previous marriage of his wife’s.

Victor was sent to a mental health clinic after undergoing a series of extensive neurological examinations in which no cause was found to explain a series of episodes that had occurred over a 4-month period. These episodes included strange and violent behaviour that he did not remember and witnesses described as Victor "losing his temper".

Apparently he had experienced no emotional problems before his first attack. On that occasion, he had returned home from work as a taxi driver and went into his bedroom to take off his clothes. Then he began to feel a "cold prick at the base of his neck and a heavy weight above his head". The only thing he remembered later was that he was three blocks away from home in a heated confrontation with two policemen, his clothes were torn and his hands were bleeding. They told him that he had been screaming, had fainted and convulsed and foamed at the mouth.

The police reported that when they arrived to the neighbourhood in response to a desperate call for help, Victor had a fierce expression in his eyes. According to his wife, before the police arrived, Victor, in rage, had broken items of furniture, pieces of glassware, decorative objects and he had shredded some of his clothes.

The police took him to the neuropsychiatry unit where a mental examination found him to be alert, well-oriented, with no evidence of psychosis, no memory deficits (except for the period in which he had the seizure), no deficit in concentration, no deficit in attention and no deterioration in reasoning. Victor denied suffering from any symptoms of anxiety, depression or any other type of chronic environmental or interpersonal stress. However, before that day, a passenger had tried to force him at gunpoint to drive his taxi to a nearby city, at gunpoint. Eventually, he managed to convince the passenger to abandon his quest in exchange for the money that Victor was carrying in the taxi.

The doctor sent him to a neurologist for a thorough neurological examination that could reveal the presence of a brain disorder. Victor's fainting and seizures did not include loss of sphincter control and there didn't seem to emerge any subsequent obnubilation of consciousness (which are characteristics of true brain disorders with attacks), so the neurological examination conducted a few months later was negative.

The second episode of violent behaviour, of which he had no recollection either, again began with cold sensations and sharp pain at the base of his neck and weight above his head. When he came to his senses, he realised he was strangling his wife. Later she told him that he had also tried to throw her downstairs.

At the time of the third episode, which took place the day before his first visit to the clinic, he was attending a meeting of Jehovah's Witnesses. He experienced the usual symptoms prior to an episode. When he regained consciousness, he found several of his companions trying to free his hands from his own neck. A Jehovah's Witness who accompanied Victor to the first session confirmed that he appeared to be making a serious effort to strangle himself. He mentioned that even his face was starting to turn blue before the efforts of a group of men prevented it.

Although Victor defined himself as hardworking, unimaginative, calculating and lacking any visible tendency toward drama, he admitted to the psychologist certain strange experiences, feelings and thoughts that he had had since the first episode. For example, he mentioned that there was a room in his house that he did not like. He could never go past the door to this room without feeling a chill and on more than one occasion, when he was inside, he claimed that out of the corner of his eye he could see a "black cloud" or "dark shadow" that seemed threatening. He also spoke about the feeling of "something" was "inside" him, something bad and demonic. He related situations in which he was conscious that he was doing things he didn't want to do, but he felt powerless to stop, as when sometimes, looking in the mirror, he began to utter the vilest of blasphemies. He had also stained with shaving cream some of his stepdaughters' clothes and underwear.

His companion suggested to the psychologist that Victor may be under the influence of one or more evil beings, a possibility that is recognized in the belief system of Jehovah's Witnesses.

Victor had a stable work history, having worked in aircraft maintenance for eight years after graduating from high school. After the company he worked for closed down, he worked for two years as a taxi driver.

His current marriage was his first one. Victor said his marriage was a happy one and he had no problems, although he was worried about his three older daughters, aged 13 to 17. They seemed to have limited freedoms because of their parents' religious and cultural background. He also confessed that, deep down, he was not sure how he had become initiated into the belief system of Jehovah's Witnesses. He had previously been a Catholic, but despite having received a strict parochial education, or perhaps because of it, he had discovered that religion did not satisfy him emotionally. After briefly approaching other churches such as the Charismatic, Pentecostal and Evangelical, in which speaking strange tongues and suffering cataleptic states were common experiences for others, though not for him, he tried to fit in the Jehovah's Witnesses. It was at a meeting of witnesses where Victor met the woman who is nowadays his wife.

The psychologist who examined and treated Victor in the clinic found that he had no spatial-temporal disorientation and he had an adequate level of consciousness. However, the reports on his sensations that there was something inside him and that he saw a black cloud in a room of his house made the psychologist think that Victor had suffered brief psychotic experiences. Despite this, his conversation (apart from its strange content) was relevant, organized and lucid. His capacity for abstract thinking remained intact and overall cognitive functioning seemed to be within normal limits.

Victor was clearly depressed and anxious, partly because of his financial problems but also because of the disturbing experiences he had suffered and could not understand in spite of his Church's explanations. The possibility that his experiences had an organic basis rather than being caused by psychological factors or even by demonic possession had been eliminated from the negative results of neurological examinations.

Victor saw himself as kind, hardworking, full of good thoughts and trying to live by the standards of Jehovah's Witnesses. Nevertheless, he had begun to fear that he might seriously harm or kill someone or himself against his will and possibly unaware. At the same time, he vehemently denied being homicidal or suicidal. He had no history of drug or alcohol abuse.

At the second session, when the psychologist asked him to tell him in detail about the blasphemies of which he had spoken, Victor suddenly began to breathe heavily and made sounds in an agitated fashion. He turned violent, his face became deformed, his eyes bulged and his gaze became wild. His voice got deeper and took on an unmistakable foreign accent. He began to insult the psychologist calling him "black" and "bastard" and asking him in a threatening tone: "What are your people trying to do?" The psychologist then asked him who he was, and he said, "I'll tell you who I am, I'm the devil, I've taken Victor." Meanwhile, Victor had got out of his chair and was heading, arms raised, towards the psychologist's neck. When, without thinking, the psychologist folded his arms in front of his face to protect himself, Victor's face relaxed, he closed his eyes and collapsed heavily on the floor. He was unconscious for 1 or 2 minutes. When he came to his senses, he had no memory of what had happened during the episode. His voice and limbs were trembling. He complained of dry mouth and that his muscles were stiff and sore.

The demon appeared again in a later session. This time its appearance was deliberately provoked by the therapist, who had discovered that it could be incited to manifest itself by threatening to touch Victor with a crucifix or to pour holy water (normal tap water) on him. Once the devil appeared, Victor could be made unconscious by simply making the sign of the cross.

CASE Nº 4

"PARALYZED"

When Carlos was referred to a mental health service by his neurologist, his left arm and hand had been paralyzed for a year. He was able to move his fingers but he could not raise his arm without helping himself with the other hand. Exhaustive neurological examinations revealed no brain or nerve damage that could explain this paralysis. He had been receiving rehabilitation therapy twice a week in the previous year (but did not notice any improvement). His paralysis was the result of a car accident in which he suffered several cuts to his leg and neck muscles. On his way to work when the accident happened, he says he 'fainted', lost control of the car, and hit a highway fence.

Carlos is 30 years old and married with two children aged eight and ten, respectively. His wife, Diana, is a secretary for the director of a large manufacturing company. Carlos is a senior administrative officer who had worked for an electronics company for two years before the accident. After the accident he did not return to work, claiming that rehabilitation and paralysis made it impossible for him to hold down a full-time job.

Carlos was born in a small town. His mother, who was not married when he was born, married his stepfather when he was two years old. His stepfather was an arrogant, angry man with drink problems. He did not allow Carlos to remain at home after the wedding, so the child was left with a maternal aunt who raised him until she died (when he was 15 years old). Her death was a shock for him because she was the only person who had provided him emotional support. After his aunt's death, Carlos lived with a succession of family members. He found it very difficult to recover from her death and devoted himself completely to schoolwork. As a child, Carlos strove hard to be self-sufficient. At the age of 10, for example, he worked by taking errands and at high school and university he carried on doing casual jobs.

At university he met his future wife, Diana. They had been together for a year and planned to get married when she got pregnant. Their marriage was very traditional in the sense that he carried on with his career while she helped him as best she could and looked after the children. After leaving university, Carlos worked for several companies but never felt satisfied. In his opinion, companies always promised more than

they could give. He was annoyed with the tasks entrusted to him and got into quarrels and arguments with his supervisors. So he would always leave his job and look for something more stimulating. In his last job (before the accident), he was fine and after his first year he was promoted. However, in the second year, a colleague he disliked was promoted to supervisor and the quarrels and arguments intensified.

Carlos had numerous marital problems at the time of the accident. Four years earlier, his wife had returned to work to help support the family. Once the children started school, she concentrated more on her work, became more independent and made a circle of friends that her husband did not like. This led to arguments. He wanted her to spend more time caring for the house and the children. Though he believed she was not a “good mother”, he rarely expressed his anger but felt disillusioned and adopted a passive attitude.

When he was interviewed for the first time at the mental health clinic, Carlos collaborated but seemed depressed and indifferent to his situation. Though he spoke about his accident and paralysis, he did not seem to be worried about his paralysis. He also tended to minimize conflicts at home and at work and could not understand how psychological factors might play a role in his paralysis. The financial problems caused by his loss of employment were the focus of his concern. The family was living on his wife’s salary and this affected the family’s financial situation. However, he believed he could not go back to work until his arm fully recovered.

CASE Nº 5

"POSSESSED"

Victor is a stocky, 28-year-old man of medium height, with a thick neck and strong forearms. A Jehovah's Witness, for five years he has been married to a woman of South American origin who is 13 years older than him. He has four children, three of them girls from a previous marriage of his wife's.

Victor was sent to a mental health clinic after an extensive series of neurological examinations in which no cause was found to explain a series of episodes that had occurred over a four-month period. These episodes included strange and violent behaviour that he did not remember and that witnesses described as Victor "losing his temper".

Apparently he had experienced no emotional problems before the first of these attacks. On that occasion, he had returned home from work as a taxi driver when he began to feel a "cold prick at the base of his neck and a heavy weight above his head". The only thing he remembered later was that he was three blocks from home and in a confrontation with two policemen. His clothes were torn and his hands were bleeding. They told him he had been screaming and foaming at the mouth and that he had fainted and convulsed.

The police reported that when they arrived in response to a desperate call for help, Victor "had a fierce expression in his eyes". According to his wife, before the police arrived, Victor, in an outburst, had broken items of furniture, several pieces of glassware and a number of ornaments, and shredded some of his clothes.

The police took him to the Neuropsychiatry Unit, where a mental examination found him to be alert and well-oriented. He showed no evidence of psychosis, memory deficit (except for the period of the attack) or concentration or attention deficit, and no deterioration in reasoning. He had not suffered from any symptoms of anxiety or depression or any other type of chronic environmental or interpersonal stress. However, before that day, a passenger had tried to force Victor at gunpoint to take him by taxi to

a nearby city. Eventually, he managed to convince the passenger to abandon his quest in exchange for the money he was carrying in the taxi.

Although Victor's fainting and convulsions did not include loss of sphincter control and there did not appear to be any subsequent obnubilation of consciousness (which is characteristic of true brain disorders with attacks), the doctor sent Victor to a neurologist to examine whether there was any brain disorder associated with the attacks. This neurological examination, which was conducted a few months later, was negative.

The second episode of violent behaviour, about which Victor remembered nothing, again began with cold sensations and sharp pain at the base of his neck and a weight above his head. When he "came to his senses he realised he was strangling his wife, who later told him he had also tried to throw her down the stairs.

At the time of the third episode, which took place one day before his first contact with the clinic, he was attending a meeting of Jehovah's Witnesses when he experienced the usual symptoms prior to an episode. When he came to, he realised that several of his companions were trying to free his hands from his own neck. A Jehovah's Witness who accompanied Victor to the first session confirmed that he appeared to be making a serious effort to strangle himself.

Although Victor defined himself as hardworking, unimaginative, calculating and lacking any visible tendency toward drama, he admitted to the psychologist certain strange experiences, feelings and thoughts that he had had since the first episode. For example, he mentioned there was a room in his house that he did not like. He could never go past the door to this room without feeling a chill. On more than one occasion inside the room, out of the corner of his eye he claimed he could see a "dark cloud" or "dark shadow" that seemed threatening. He also talked about a feeling that "something" was "inside" him – something bad and demonic. He recounted situations in which he realized he was doing things he did not want to do but felt powerless to stop. For example, when looking in the mirror he began to pronounce the vilest of blasphemies. He also stained with shaving cream some of his stepdaughters' clothes and underwear.

His companion suggested to the psychologist that Victor may have been under the influence of one or more evil beings, a possibility that is recognized in the belief system of Jehovah's Witnesses.

Victor had a stable work history, having been employed in aircraft maintenance for eight years after graduating from high school. When this company closed down, he worked for two years as a taxi driver.

After experiencing his first episode of violent behaviour, he was advised to stop driving, so for four months he and his family were supported by social security.

His present marriage was his first. Victor said his marriage was a happy one but that he was worried about his three older stepdaughters, aged 13 to 17 years, since they seemed to have limited freedoms because of their parents' religious and cultural backgrounds. He also confessed that, deep down, he was not sure how he had become initiated into the belief system of Jehovah's Witnesses. He had previously been a Catholic but, despite having received a strict parochial education (or perhaps because of it), he had realized that religion did not satisfy him emotionally. After briefly approaching other churches, such as the Charismatic, Pentecostal and Evangelical, where speaking foreign languages and suffering cataleptic states were common experiences (though not for him), he tried the Jehovah's Witnesses. At one meeting of the Witnesses, Victor met the woman who is now his wife.

The psychologist who examined and treated Victor in the clinic found that he had no space-time disorientation and presented an adequate level of consciousness. However, his reports of feeling that something was inside him and of seeing a black cloud in a room in his house made the psychologist think that Victor had suffered brief psychotic experiences. Apart from its strange content, however, Victor's conversation was relevant, organized and lucid. His ability to think abstractly remained intact and general cognitive functioning seemed to be within normal limits.

Victor was clearly depressed and anxious, partly because of his financial problems but also partly because of the disturbing experiences he had suffered and could not understand despite his Church's explanations. The possibility that his experiences had an organic basis rather than being caused by psychological factors or

even demonic possession had been eliminated from the negative results of neurological examinations.

Victor considers himself to be phlegmatic, kind, hardworking and full of good thoughts. He says he also tries to live by the standards of Jehovah's Witnesses. However, he had started to become afraid that, against his will and possibly unaware, he might seriously harm or kill someone or even himself. At the same time, he vehemently denied being homicidal or suicidal. He had no history of drug or alcohol abuse. At the second session, when the psychologist asked Victor to explain in detail the blasphemies he had been reporting, Victor suddenly started to breathe heavily and to make sounds in an agitated fashion. He turned violent, his face became deformed, his eyes bulged, and his gaze became wild. His voice got deeper and took on an unmistakable foreign accent. He started to insult the psychologist, calling him "black" and "a bastard", and asking him in a threatening tone: "What are your people trying to do?" Then the psychologist asked him who he was and he replied, "I will tell you who I am, I am the demon! I've got him now, and I've taken him". Meanwhile, Victor had got out of his chair and moved, arms raised, towards the psychologist's neck. When, without thinking, the psychologist covered his face with his crossed arms to protect himself, Victor's face relaxed. Then he closed his eyes and collapsed heavily on the floor. He was unconscious for one or two minutes. When he came to his senses, he could not remember anything that had happened during the episode. His voice and limbs were trembling. He complained of having a dry mouth and that his muscles were stiff and sore.

The demon appeared again in a later session. This time, its appearance was deliberately induced by the therapist, who had discovered it could be incited to manifest itself by threatening to touch Victor with a crucifix or to pour holy water (normal tap water) on him. Once the devil appeared, simply making the sign of the cross made Victor lose consciousness.

CASE Nº 6

"CUCKOO CLOCK"

Javier, a 39-year-old single man, was taken to hospital by the police after his strange and hyperactive behaviour and unstoppable loquacity had alarmed his family. He shouted that he did not need treatment and threatened to take legal action against the hospital and the police. The family reported that a month before being admitted to hospital, Javier took a work permit and bought numerous cuckoo clocks and a very expensive car, which he planned to use as a mobile showcase for his merchandise in the belief that he could make a lot of money. He started to roam the city frantically buying and selling clocks and other merchandise. When he was not outside, he was on the phone doing "business". He rarely slept and spent his mornings drinking excessively in the neighbourhood bars (which was somewhat unusual for him), though he said he was "transporting merchandise and doing business". Two weeks before his admission, his mother died suddenly of a heart attack. Javier cried for two days but then his mood changed again. At the time of his admission, he had an outstanding debt of 9,000 euros and his family was exhausted because of his excessive talking and hyperactivity. Javier, however, said that he felt "on top of the world". Javier had previously requested psychiatric treatment at the age of 26 when he had a scholarship to study at university. Then, he had felt depressed and hopeless, was unable to function in college and was afraid to go out with girls. He felt like a "mummy's boy" who could never achieve anything. After receiving psychotherapy for a year, he finished his studies and got a job as an administrative assistant. After losing his job a few years later, Javier suffered another depression and was treated with psychotherapy and low doses of tranquilizers for about a year.

His third depression began about six months before his admission to hospital. He felt he was incompetent and had a dead-end job and he had no energy or interest in anything. Again he received psychotherapy and was also prescribed tranquilizers and antidepressants. His activity levels increased and he became interested in many new activities, culminating in the frenetic hyperactivity that led to his hospitalization. Javier was the oldest of five siblings. He was described as being a very "good" and responsible boy who often took care of his younger siblings. He was loved and respected by

everybody. He was doing well in school, though he was quite shy and insecure. After high school, he worked in a supermarket for two years before doing military service. In the army, he was stationed as an office worker and was pleased to have a safe and relatively interesting job. He made some good friends and began his first romantic flirtations. After graduation, he received a scholarship and was the first college student in his family. After his mother died, he continued living with his father, a retired postal worker. His father was “a heavy drinker” who often became violent when drinking. One of his sisters had been hospitalized several times for violent behaviour associated with alcohol and his other sister had been treated with electroconvulsive therapy for postpartum depression. She was fine now. His two brothers have their own families and have never been ill. During his hospitalization, Javier was treated with large doses of antipsychotic medication. He refused to take one of the medications prescribed to him (lithium) because he feared it would be easier to commit suicide with lithium if he suffered a new depression. After three weeks, his mood stabilized and he was allowed to return to work and continue psychotherapy as an outpatient.

The following year, he again showed signs of hyperactivity, hyper loquacity, and ostentation. He wrote letters to people in public service, telling them how they should run the city and the country and referring to himself as “the one who moves resources” (meaning that he was a puppeteer and his associates were all puppets). His intrusive and provocative behaviour finally cost him his job. When his father tried to stop him, he reacted by throwing furniture and clothes out of the window, so the police took him to the emergency services. During his hospitalization he was treated with phenothiazines and when the acute symptoms were under control, he agreed to take lithium prophylactically. After two weeks he was admitted onto a day hospital programme, which he adapted to very well. He was respected by the other patients on the programme and helpful with the team.

CASE Nº 7

"DEFENDANT"

Pedro was taken by his mother to the hospital after she became scared of her son's fear of killing people who were following him because he believed they were trying to "accuse" him of being homosexual. Pedro is 22 years old, tall and thin. He became very angry when he was hospitalized because "there was no reason for me to be there" and right from the beginning he was worried about how to get out. He knew who he was, where he was and what the date was, and had no memory problems. He spoke rationally and logically, and there was nothing unusual in his language. Apart from his desire to leave the hospital, his main topic of conversation involved a conspiracy to spread the rumour that he was homosexual. He denied having visions or hearing voices. He said he had heard people referring to him as a "residue", but this was a false interpretation of a real conversation. He had not experienced symptoms that his thoughts were being disseminated or that they were being inserted into his mind or any similar phenomenon. He considered all his difficulties quite realistically and was sure he had no "mental problems". In his opinion, his problems had begun two years earlier when a co-worker had a thing about him and began to spread the rumour that he was homosexual. A year later Pedro was fired from his job after getting into a fight with another co-worker who insinuated that he was gay. However, the man who had started the whole thing was a police informant, so Pedro believed that wherever he went (to prison or to start a new job), the people would think he was gay. He lost another job for the same reason. He also believed that on at least two occasions someone had incited people to attack him, so he started to carry a knife to defend himself and planned to attack one of them.

At first, Pedro's family thought his fears seemed probable but when they tried to verify his story, they could not find evidence of any conspiracy. In previous months, they said he had often accused people of wanting to grab him, calling him '*mariquita'* (Spanish derogatory term for homosexual), accusing him and wanting to kill him. It was then that Pedro began to take the knife with him everywhere. He even attacked his neighbour, who in the end managed to convince Pedro not to fight. Later, he became so afraid of going to work that he stayed at home with his family. Recently, however, he had started to think that both his mother and his brother were involved in the

conspiracy. Pedro has an older brother and three younger half-sisters. There is no family history of mental illness. His father died when he was still a child. He got along well with his family but had problems with his stepfather. He performed poorly at school, left high school and attended a technical school where he received vocational training to become a professional laminator. Before being admitted to hospital, he had supported himself financially by performing a wide range of jobs. His work performance had always been satisfactory, but he had lost his jobs owing to his fear of other employees and his uncontrolled anger towards them because of the 'conspiracy'. It was verified that Pedro had no history of homosexuality and he said his sexual dreams and fantasies were related to women. Eight months before his admission to hospital, he married a woman he had known for two and a half years and who was pregnant at the time of the wedding. He described her as "everything one could wish for". They separated a few days after the wedding when he lost his job, but he was still emotionally attached to her and her one-year-old son. He had no other friends.

Shortly after separating from his wife, he pleaded guilty to two charges of drunk driving and began a programme for treating alcohol problems. Apparently, there was no other social effect from his alcoholism. His excessive drinking was limited to periods when he had emotional problems, but he never drank more than six beers a night. After drinking, he usually fell asleep. He maintained this drinking pattern until his admission to hospital. He refused to take drugs and, according to his brother, despite the drunk-driving charges, alcohol had not been a source of problems.

CASE Nº 8

"A NICE GUY"

Guillermo was 21 years old and in the final year of university studies when he sought treatment at the university counselling centre because of problems he had had since breaking up with his girlfriend, Rosa, three months earlier. His relationship with Rosa had been one of "true love". However, when they decided "not to limit themselves to their relationship", she began dating another man.

Since their break-up, Guillermo had been unable to concentrate and had lost interest in his studies with the result that he left many of his subjects unfinished. He had trouble sleeping and was concerned about Rosa, in whom he still expressed an interest. Whenever he thought about her, he felt sad, though at other times he was able to have fun with friends and continue his sporting and university activities.

Guillermo was the second son of a working-class family. He described family relationships as calm but not very intimate. His father worked hard and was "loyal to his family". The only argument he remembers having with his father concerned his intention to grow a beard. His mother was "extroverted" and "always meddled" in his affairs but he had no complaints against her.

Guillermo expressed good feelings for his parents, whom he loved and helped. He had a great relationship with his elder brother, who was 32 years old and a lawyer of great prestige. During his time at university, Guillermo did athletics and was a member of the students' union. He was well regarded by his classmates and they enjoyed each other's company. In his first years at university, he was elected president of a liberal student group. He worked at the university campus cafeteria for a few hours a week to support himself financially. Until his problems appeared, he had received good grades in all his courses. He dated other girls before his relationship with Rosa, but "had never fallen in love before".

CASE Nº 9

“SUFFOCATED”

Fernanda was referred to the general practitioner after visiting the hospital’s Accident and Emergency Department (A&E). In turn, the doctor referred her to the Mental Health Unit. At her interview with the psychologist, she was very nervous and gesticulated a lot. At the same time, however, she looked healthy and was collaborative, open and lively. Fernanda is 28 years old and lives with her husband and two children. She graduated from university and, since getting married, has been looking after the household.

She reported that the previous Saturday she had visited A&E and returned there on Sunday. She said her legs were weak and that she felt suffocated, lacked oxygen, and had a heavy stomach. Nervous and upset, she believed she was suffering from “some form of attack”. She was prescribed 0.25 Trankimacin to be taken three times a day. From A&E she was sent to her family doctor, who, for reasons she does not know, told her to go to the Mental Health department.

She reports that she has always been a nervous person and that she has experienced drowning. This occurred roughly five years earlier when she jumped headfirst into a pool and her breathing stopped. Since then she has always bathed carefully. Roughly one year earlier, she had had an operation on a fistula. At a previous check- up, the doctor had warned her of possible future illnesses caused by her smoking habit and, although tests showed no ailment, she became very scared. She was very nervous and wanted to cry. She became terrified of the operation and of catching some smoking-related disease, especially asthma. From then on, she started choking at night, believing she was sick. She says her husband and family ran “a continuous anti-tobacco campaign against me”.

Last summer when she was going on holiday with her family, she began to feel very hot in the car and started choking. She felt stomach pain and weakness in her legs. When she arrived at her mother’s house, she had to lie down but felt bothered by people and noise. She wanted to smoke but started to choke just thinking about it. She visited her doctor, who apparently prescribed a tranquilizer, though she does not remember its name. The next day she felt fine but at night when they went to a beach bar for dinner,

the smell of food bothered her, and she began to feel hot. There were a lot of people there and she felt short of breath. She was afraid of having an asthma attack and was taken to hospital, where she was prescribed “something” and advised “to do breathing exercises and not to think she was drowning”. She suffered several bad days on which she wanted to cry, was afraid and felt short of breath but she controlled this feeling by trying to breathe better.

On her first day home after the summer, she was taking her children to school when she felt another “attack”. She went to hospital, where she was prescribed 0.25 Trankimacin. The next month she experienced another “attack” and the hospital increased her dose to 0.5. She began to feel better but that Christmas when they lowered her dose back to 0.25, she began to feel worse until last weekend when she had to go back to hospital.

She says she is extremely afraid of contracting a tobacco-related disease, especially asthma. She admits that she has always smoked in secret, first from her mother and now from her husband. With great remorse and fear, she smokes about half a pack a day, always when she is alone.

She reports other situations in which she “always” becomes very nervous, including being in crowded places, getting on crowded buses and being alone. For the last five years she has also been afraid to dive headfirst into water, take her children to activities where they might hurt themselves, and suffer respiratory problems. She says she avoids doing anything she is afraid of, including physical exercise, in case she runs out of air.

She says that during her “attacks” she experiences weakness, a dry mouth, fear of dying, restlessness, fear of losing control, dizziness, an upset stomach, flushing of the face, a lump in the throat, difficulty concentrating, and hot and cold flushes. These sensations last for “a time that feels like an eternity”. She says she has never had any psychological problems and, although she is very frightened by what is happening to her, she does not complain that her problem is interfering with her life. Her small operation aside, she has never had any major illnesses.

She describes herself as a “normal person” who is cheerful, open and influenceable who has little willpower and whose worst flaws are being nervous and irritable. Her childhood and adolescence “were normal”. She has always got on well with

her family, as she does now with her husband and children, though she admits becoming irritated by anything. Her father died 15 years ago of asphyxiation in a work-related accident. She also recalls in great detail the deaths of two of her uncles, one from a heart attack and one from asthma, whose asthma attacks she witnessed several times.

CASE Nº 10

"THE ACCIDENT"

Manuel is 28 years old and was referred by his family doctor. He first visited the doctor because of a supposed back pain he said he had been suffering since being involved in a car accident a month earlier. Complaining of pain in his lower back, he requested pain medication. During his visit to the doctor he expressed feelings of depression and asked for help in claiming compensation for the accident. The psychologist was asked to "assess how far psychological factors contributed to his complaints of pain and evaluate his level of depression". The doctor was unable to identify specific organic factors for the pain and was alerted by the patient's insistent request for further and different types of narcotics.

During his interview with the psychologist, Manuel expressed his emotions, was very talkative and relatively uninhibited. He talked freely about his past and admitted being confused about his future and worried about the stability of his marriage, certain "unimportant" legal difficulties, and whether his back had been seriously damaged by the accident. Although he admitted being involved in antisocial behaviours during his adolescence, such as the occasional fighting, shoplifting, and truancy, he said he was now "past all that" and no longer interested in alcohol or drugs (except prescription drugs). He was eager to describe his physical symptoms and repeatedly asserted that he needed stronger drugs to ease his pain, which particularly affected him when working or doing activities that necessitated exertion. He was supportive of the evaluation.

According to Manuel, his fundamental problems were back pain, the resulting physical disability, and depression. His marital problems and legal "difficulties" were considered secondary and only came to light from the interviewer's direct questions. There was no medical documentation to justify physical disability or his continuing complaints of pain.

Manuel was the eldest of three children. His father was a merchant seaman and his mother a teacher. Both parents spent little time at home. Manuel says that fights between his parents were quite frequent and motivated especially by his father's drinking problems and extramarital flirtations. He described his father as a "strong,

loving and hardworking man", while he described his mother as "hardworking, very critical and controlling" and asserted that she "always reproached him for being like his father". When he was 11, his parents separated. He said that he was deeply affected when his father left home.

Manuel had never liked school. He says his classmates admired him, that he was a "leader", and that he once had a fight with one of them. He began smoking when he was eight and using marijuana when he was 13. He had his first sexual relationship, with a 17-year-old girl, when he was 14. Since then he has had sexual relations with many girls. He used to miss class and steal "unimportant things" from department stores. He said he was "very clever but didn't get good grades because he was not interested in the subjects".

When he was 16, he robbed a pharmacy and was arrested. He said that at this time he was drinking a lot and using marijuana regularly. When reviewing his past, he said he was not satisfied with that period. He was disconcerted and affected by his father's absence. He said that after this incident he had planned to change, to study and to become someone. Just at that moment, however, the girl he had sex with more regularly got pregnant, so he married her and went to work. Manuel says that at first the relationship worked very well as he spent a lot of time at home and drank less. However, this soon changed. He complained that his wife was very absorbent and he soon started dating others. At 27, he confessed that he had "lost control of his life". He was using marijuana, cocaine and amphetamines, and drinking excessively. At the time of the interview, he had several lawsuits pending for drink driving and his wife had filed a lawsuit to separate from him.

His last accident had caused him the pain that currently afflicted him. He said that if he stayed at home, his wife would take care of him.

When Manuel's wife was interviewed, she supported her husband's claims of back pain. She also confirmed that her husband drank too much and had abused drugs for a long time. She also confirmed that they were constantly having marital problems, many of which were motivated by his repeated sexual infidelities. She said she did not use drugs, was not unfaithful and did not drink alcohol excessively except when she was

stressed. She said her husband did not seem worried about his back when he went out with friends. She complained that he tended to change jobs frequently and without warning, and that she did not know exactly what he did or how he got his money. She said that although the first few months had been happy, the marriage had deteriorated. She was the one who took financial responsibility for the family and without her intervention they would have had serious financial problems. She also complained that her husband did not take care of their son and that did not seem to care about him or his future. She ended the interview by saying that she was afraid her marital problems could not be solved, that she loved her husband and desperately wanted to make it work, and that he would find work.

CASE Nº 11

“CHEST PAIN”

Carmen is a 41-year-old married woman with a 13-year-old son. She lives in an industrial village in the Valencia region. Her cultural and socioeconomic level is average. She is currently a housewife and her husband has a secure, well-paid job. She attends a Mental Health Unit after referral by her family doctor. After the doctor had taken some personal and biographical data, she went to her first interview with the Unit’s psychologist.

T: Good afternoon, please come in and sit down. In this first interview I would like you to tell me what made you come here. I will ask you some questions so that I can know what is happening to you and help you get better. If you have any questions, please ask me. Now, tell me, what’s the problem?

Q: I don't know what’s wrong with me. I feel terrible. I feel great sorrow here (she points to her chest), and I can’t do anything to make it go away.

T: Do you mean you feel sad, Carmen?

Q: Yes, I’m terribly sad all day (she starts to sob).

T: Have you noticed that you cry more often than you used to?

Q: I’ve always been a bit of a cry-baby and a coward but now I cry about everything: when I see the news, when my son or husband scolds me for something that’s not very important. I cry about everything.

T: So, Carmen, you feel sad most of the time and cry almost every day, do you?

Q: Yes, I feel terrible. What can I do, doctor?

T: For now, you’re doing very well because I know how difficult it must have been for you to come here and you’re giving me the information we need to help you. Let’s move on to something else. Have you noticed whether you’ve stopped doing the things you used to do?

Q: I do the things I have to do, though they're more difficult for me than before. Everything is bigger and heavier for me.

T: Can you give me an example?

Q: Yes, the housework. I do the minimum – the meals and the basic cleaning. But I don't have any desire or strength to clean thoroughly.

T: Have you stopped doing things that you used to enjoy?

Q: Yes, I've stopped going to knitting classes. I don't go out with my friends for coffee or to the cinema, either, unless they're persistent. But I don't have a good time and then I feel worse.

T: You said you don't feel strong. Do you get tired easily?

Q: Yes, I'm always tired. Sometimes I get very tired just doing the housework. I feel pressure here (she points to her chest) and sometimes I can't breathe.

T: Do you have any other physical sensation that bothers you?

Q: The worst thing is the pressure in my chest, which sometimes stops me from breathing well. It happens especially when I get up. Sometimes I've also noticed my heartbeat accelerating for no reason and it stays like that for some time.

T: Do you feel worse in the mornings, Carmen?

Q: Yes, the first half of the day is when I'm at my worst. I don't know if it's because I'm on my own more or what. I seem to feel a bit better and less tired in the afternoon.

T: Do you find it easy to fall asleep at night?

Q: I do, actually. I fall asleep very early and I think that's when I'm best, when I'm sleeping.

T: Do you sleep well at night?

Q: Yes, but I wake up very early in the morning.

T: How early?

Q: About five o'clock. And I can't get back to sleep. I try to read or watch TV, but nothing works.

T: So, from what you tell me, you have stopped doing things you used to like, you feel more tired than before and, although you can sleep, you wake up very early and can't get back to sleep.

Q: Yes, I don't think I've ever felt like this before. Well, I was like I am now many years ago because I was fired from my job when I was single. I was like that for three or four months but, thanks to some pills the doctor gave me, I got better. Otherwise, I've always been a very active person, you see, now I'm not worth anything.

T: Carmen, does this feeling that you are worthless often occur to you?

Q: It's not that it crosses my mind, it's that you can see it. I'm not even able to run my own home. I can't listen to my son because he exhausts me, the house is a mess, and even the food I eat doesn't taste good anymore.

T: Have they told you that at home?

Q: No, my husband and son don't say anything because they're too nice. All I do is worry them with my nonsense. I'm not a good wife anymore and not even a good mother. If my father saw me he would be ashamed.

T: Is your father dead?

Q: Yes, he died five years ago. We were very close. He was proud of me because I had married a good man, raised my son the way he raised me, worked eight hours a day, and ran the house.

T: And you think that's changed now?

Q: I told you, everything is a mess. Now that I don't work, I'm not able to take care of my family.

T: Do you feel guilty about it?

Q: Yes, I know that God is going to punish me for what I'm doing. I'm lazy, everything is difficult for me. The only thing I have to do, which is the house, is a mess.

T: So, you think you're not doing what you should be doing and because of that you should be punished.

Q: That's right, I'm a disaster, my family doesn't deserve this.

T: Have you ever thought about death?

Q: Recently, many times. I'd like to go to sleep and never wake up. I think that would give me rest and stop making my family miserable.

T: Have you ever thought about taking your own life?

Q: I've thought about throwing myself out the window, but I don't think I could do that because I'm a coward.

T: Can you think of any other reason not to take your own life?

Q: My son would suffer a lot and I'm making him suffer enough now. Besides, I believe in God and He is the only one who can take and give life.

T: Do you think these are good reasons not to commit suicide?

Q: Yes.

T: And do you think maybe there's some other way to alleviate your grief?

Q: Maybe, though I think it will be very difficult. I don't know if you can give me a pill that will take away this pain.

T. I'm sure there's something we can do, and with your help it will be easier. Let's change the subject, shall we? Have you noticed you've lost your appetite?

Q: No, not that much. Yes, things don't taste like they used to and I don't feel like eating so much, but I think it's the same.

T: Have you lost weight?

Q: No, I'm the same weight or I may have put on two or three kilos because I don't move.

T: Do you have trouble concentrating?

Q: Yes, very much.

T: Can you give me an example?

Q: I can’t follow the thread of a film on TV. I’m thinking about other things.

T: Does it happen in other situations?

Q: In everything, I can’t read. When I have a conversation, I forget what I or other people have said.

T: Do you find it difficult to make decisions?

Q: Very much. Important decisions I leave them to my husband. I can’t even decide what to buy at the supermarket.

T: Is there anything else that happens to you, Carmen?

Q: Above all it’s the grief and tiredness I feel.

T: Carmen, could you tell me how long you’ve been feeling this way?

Q: I don’t know. I think it’s been seven or eight months.

T: Did you feel bad from the beginning or has it gradually got worse?

Q: At first, I wasn’t so sad and I could do my chores better. It’s got worse, and now I feel worse. I don’t know what I’m going to do.

T: Why do you think this is happening to you?

Q: I don’t know, it came suddenly.

T: Was there any change, or did something happen in the months before this started?

Q: The only thing is that I stopped working.

T: And what did that mean to you?

Q: Well, it was good. I've always worked because we didn’t have enough on my husband’s salary but when he got promoted we decided that I could stay at home.

T: Had you worked for a long time?

Q: Nine years. Before I went to work, I was at home for five years since I gave birth. Then I went back to work until about a year ago.

T: Did you feel good at work?

Q: Yes, I was a bit tired because I worked on my feet in a toy factory. But I got along very well with my workmates and bosses.

T: Do you miss work?

Q: Yes, especially because it filled up my day. But I thought that by quitting I would be better off through having more time for my family, you see.

T: Could it be that this change has influenced your current state?

Q: It's possible but I don't think it has to be that way.

T: And you don't see any other reason.

Q: Not really.

T: Have you ever felt that way before?

Q: Yes, many years ago, I was like now or even worse. I was very sad. I wanted to die. I couldn't get out of bed. But it didn't last so long. Apart from that, I've always been very concerned about things but I've always faced my problems and been very active. This has never happened to me before.

T: Have you ever received psychological or psychiatric treatment for any other reason?

Q: That time the doctor gave me some pills and I got over it. Another time, when I was already married, I was taken to the psychiatrist. But that was for something else.

T: Yes, what happened?

Q: It was weird. I felt very animated, well, probably too much.

T: You mean you felt euphoric?

Q: Yes, I laughed at everything, I spent the day doing things non-stop, cleaning, I wanted to go out every night, go to restaurants, I bought things that didn't make sense.

My husband had to ration my money because one day 15 years ago, I spent 700 euros on clothes in one day. We were almost ruined until he put the brakes on me.

T: How long did that last?

Q: Not long, about two months because they took me to the psychiatrist and gave me some very strong pills and I got over it.

T: Have you ever felt like that since?

Q: No, just that once.

T: Do you know if any of your family members have had psychological problems?

P: My mother has suffered from depression all her life and has always taken pills. And when her brother, my uncle, was young he was hospitalized in a psychiatric ward because he was mad. He ruined the family, well, they lost the little they had. He's always been a show-off: he says he knows everything, that he is the best at this and the best at that, and the poor man believes it's true.

T: Okay, let's move on. Do you have a physical illness?

P: No. Recently I had a blood test and a hormone test to see if my tiredness was due to some disease, but there was nothing, everything is fine.

T: All right, Carmen. Is there anything else you want to tell me?

P: Well, no, now, after talking about this I feel very tired.

T: I know you've made a big effort. That's the attitude we need to help you get out of this. You've given me a lot of information and from here we can start thinking about how to help you.

P: I hope it will be soon.

T: Now my co-worker will see you and prescribe some medication. We'll see you next week to begin psychological treatment. Do you agree?

CASE Nº 12

"CANCER"

Carolina is a 24-year-old houseworker. She is married and has a son aged seven years old. She completed eight years of primary and secondary education. Since her grandfather's death from liver cancer three years ago, she has been worried about contracting a serious illness but is especially worried about breast cancer. Every symptom worries her (e.g. redness of the skin, headache, chest discomfort, etc.). She is afraid of death and everything that reminds her of it. She also worries excessively about her child's health. She admits to having a number of obsessions, such as folding clothes in a specific way, not wearing certain clothes if they are associated with something unpleasant, tidying up the pantry, etc. She also admits that she has a difficult relationship with her mother (in fact, she hates her because she thinks she abandoned her, though at the same time she tries to attract her attention and affection). She also has a difficult relationship with her siblings (she loves them but she is also jealous of them because she thinks they are her mother's favourite children). Her parents divorced when she was four years old. She then lived with her maternal grandparents and her mother went to work in another town. Shortly afterwards, her mother married her current husband with whom she had several children. Carolina lived for some time with her mother and some time with her grandparents, though she saw her parents almost every day because they lived in the same village. At first the relationship with her stepfather was good but as Carolina grew older their relationship became stranger and she even accused him of trying to sexually abuse her. When she was 17 she got pregnant and got married. She seems to get on well with her husband. Her son has many behavioural problems (e.g. beating classmates, running away from school, breaking glass, etc.) and is currently being treated by the school educationist.

Carolina's problem is more acute when she is home alone at night. To control the problem, she tries to distract herself by watching TV, listening to music, eating sweets or going shopping, etc. Whenever she feels ill, she generally tries to get comfort from her mother by calling her on the phone or going home. She has multiple avoidance behaviours with regard to hospitals, cemeteries, coffins, wreaths, colours reminiscent of illness (e.g. red-blood; yellow-hepatitis) and doctors, etc. Body checking behaviours

(e.g. touching her breasts and armpits) also abound. She recognizes she is constantly worried about her body. When she wants reassurance, she frequently discusses her symptoms and concerns with her husband, mother, sisters and local pharmacist rather than her doctor. She also acknowledges that illness is her favourite topic of conversation. She does research and picks up details about known illnesses (e.g. symptoms, evolution and treatments, etc.) from TV, the radio and magazines. With regard to her concerns about her child's health, she recognises that she is constantly observing her child (e.g. the colour of his face, whether any part of his body hurts). She also often takes him to the paediatrician. When the problem began three years ago, she was treated for several months by a psychologist, whose intervention focused on relaxation exercises. She has never taken psychotropic drugs. For a while she considered consulting a healer. Although in the end she did not do so, she has not completely ruled out this possibility yet. In general, the problem does not prevent her from performing her daily activities but she sometimes leaves the household chores undone. The biggest impact concerns relations with her mother since her harassment is so intense that her mother sometimes stops paying attention or does not respond to all her complaints.

CASE Nº 13

"CRITICIZED"

According to his mother, Jaime was always a "difficult" child. He was very highly strung and always wanted to be right and to win every game. If anyone contradicted him, he would get angry and kick up a tremendous fuss. He showed a fondness for reading and his grades were not bad. His mother considers him to be much more sensitive than his two sisters. After his high school years he decided not to continue studying but to find work instead. He started working in a garage and then did several minor jobs. It was always Jaime who left, not because he did not perform in the jobs he did or because his bosses were unhappy with him but simply because he "didn't feel at ease". When he was 20, he wanted to be independent and to live alone. For a year and a half he tried to do so, moving to the outskirts of a small town for a while. However, here too he did not find what he was looking for. His parents began to notice that he was sadder, more closed. He said he was upset and that he had no friends. Always "sensitive" and "susceptible", his character became increasingly sour. Always serious, he did not tolerate his friends' jokes and generally took everything badly. After a while, on a friend's encouragement he decided to live in a naturist and ecological commune in a village in Alicante. After a few months he returned home to his parents. He became gravely ill and began his contact with the Health Centre soon after. Jaime appears to be a normal person. He dresses in a simple and austere fashion. He is generally clean-shaven and has a pleasant physique. His movements and gestures do not attract attention and he can maintain a normal conversation on any subject. The only thing an attentive observer might find is a certain sadness and anguish in his gaze. Below this veneer, however, is a person who lives in permanent hell, tortured by thoughts and sensations that have not only isolated him from the world but "changed the world".

His problem appears to have started quite abruptly when he was in the commune. It cannot be ruled out that it relates to his ingestion of some hallucinogenic substance. He began to notice that the atmosphere around him had suddenly "changed". Without knowing very well why, the idea generated inside him that he was being controlled, that there were people who "were going" after him, who wanted to kill him. These thoughts, which undoubtedly haunted him and obsessed him to the point

of despair, were related to sensations or ideas Jaime began to have at the same time. He was convinced that "his mind was being directly controlled" and that the voices and whistles inside his head were sent by those who "wanted to drive him crazy". Naturally, this plunged Jaime into a state of profound anguish. Fear has never left him since that moment and his thoughts never stop spinning as he tries to understand "what is happening". According to his mother, when he returned home he had many obsessions. He would not go out alone. He said that nobody loved him and he got angry for no reason. He became aggressive, insulting his mother ferociously. In his words, he felt very "weak and this attacked [his] brain". He saw "disgusting, grotesque" things, especially images of penises and naked men, which were constantly repeated in a multitude of places. He says these visions were imposed on him by his enemies, who wanted to make him "homosexual". He felt "very male" and rejected everything related to homosexuality, which he considered degenerate. Any attempt to contrast his claims was futile. He was fully convinced of his ideas and his sensory experiences. For example, the constant whistling in his head is, for him, confirmation that all his intuitions and reasoning are true.

At the centre of all his concerns was a girl he had met in the commune. Jaime had fallen in love with her but the relationship apparently did not prosper and she ended up dating someone else. From the outset, Jaime told the girl directly or indirectly about the strange phenomena that were happening to him. For example, he told the girl's family and boyfriend that the "mafia wants to kill [him]". He said he had also seen a car license plate whose letters and numbers were clear messages addressed to him about his friend. However, when we asked him about these matters in an attempt to clarify his thoughts, the relationship between his visions and the girl and between the strange phenomena in his head and the mafia, etc., we were never able to construct a complete and coherent plot. Jaime could not get beyond the story of these isolated, intuitively apprehended convictions, repeating in an obfuscatory fashion that "something was happening around him".

For the last few months Jaime has lived in a state of alertness. In the psychologist's office he has often expressed his fear and that he "sees everything

completely dark". His greatest suffering is his emotional block or, in his own words, his "inability to cry".

After many months, he is still obsessed with clarifying the dark plot in which he is immersed. He is obsessed with going to see the girl, or her father, and clearing up once and for all what is going on. He wants to win her over, whatever happens. Jaime has spoken these words in front of me more than once. When he does so, his gaze becomes crooked and a rictus of rage and tension is reflected on his face. Only those closest to him enjoy his trust, but nobody is safe from his painfully accumulated aggressiveness.

He does not work or do any productive activity. He lives with his parents, whom he constantly asks for money. He wakes up very late (never before 12 pm). At nights, he has problems sleeping and suffers from nightmares. Sometimes he goes out with a few friends he has kept from school and occasionally plays football. Generally, though, he feels weak, tired and unwilling to do anything.

Reference: Ramos, F. Material de prácticas de Psicopatología.

CASE Nº 14

“NERVOUS”

Josefa is a 45-year-old married housewife with three daughters aged 20, 15 and 13, respectively. Her husband is a businessman, so the family enjoys quite a good economic status. Her eldest daughter is studying music and has been living in another city for a year. Josefa was referred by her family doctor because she suffers from a 12-year evolutionary case of anxiety. She has been taking benzodiazepines intermittently for eight years.

At the beginning of her assessment Josefa defines herself as a very anxious person who sometimes needs to take anxiolytic medication to overcome times when she is not feeling well. These episodes last two or three months and have always been associated with significant life events (e.g. moving home, the end of her daughter’s studies, travelling with her husband for work reasons, etc.).

Her current symptoms, reported by the patient and her husband, have several characteristics. For the last six months, coinciding with her husband’s renal process, Josefa has been frightened and over-concerned about anything. Her husband and daughter tell her that she is “over the top”. She agrees her concern is disproportionate but is unable to control herself.

Although she has been taking anxiolytic medication for five months, she does not sleep more than four hours a night. She wakes up startled and unable to fall asleep again. During the day she is tired, easily fatigued and suffers neck and back pain which, according to her traumatologist, is due to muscular tension. She is irritable and cannot tolerate being contradicted. When someone contradicts her, she gets angry easily and wants to continue arguing. Then she torments herself because her whole family is suffering, and this causes her deep sadness.

She cannot specify what exactly causes her anxiety but mentions certain situations that make her most anxious. The phone, she says, has become a real nightmare. Every time it rings she gets startled and thinks something bad must have happened to her daughter (the one who lives in another city). She is also worried about becoming a “drug addict” because of the anxiolytic medication she is taking. She sums

up her feelings as follows: “I can get worried about anything”. What currently worries her the most is her sadness and how little she is motivated by her daily domestic or leisure activities. She gets tired easily and does not feel like doing anything. She has marital problems because she does not want to go out. Although she prefers to stay at home, when she does go out she enjoys herself. The reason she wants to stay at home is that she wants to be near the phone so she can be available if any misfortune should befall a loved one.

His mother suffered from recurrent major depressive disorder. During the interview Josefa was collaborative and motivated for the treatment, though she was tense and easily startled by noise in the waiting room. When a child suddenly started to cry, she became restless. She said it reminded her of when her own children were young and she was afraid that something might happen to them. Throughout the interview she wrung her hands and asked insistently if she would ever recover or whether she would be like her mother.

Reference: Ruipérez, M.A. and Heimann, C. (1995). Trastornos del estado de ánimo y por ansiedad. Valencia: Promolibro.

CASE Nº 15

"SUICIDE"

Jenifer is a 14-year-old secondary school girl. She has always performed badly at school but her grades have been deteriorating in the last few years. She is an only child and the atmosphere at home is good. She has been dating a boy for a year but does not think this relationship causes her any problems. Her mother takes her to the office because she has observed significative changes in her daughter's behaviour and has found notes written by Jenifer in which she has expressed suicidal thoughts. In the last two years, the family has noticed Jenifer gradually becoming more irritable and nervous and acquiring a sad expression.

For her part, Jenifer reports feeling sad and down, wanting to cry, having difficulty in performing her academic and domestic responsibilities, and complaining constantly of tiredness. She likes going to the disco and riding her bicycle but this does satisfy her as much as it used to. She seeks and enjoys social relationships. She says she is fine with them, though the people she goes out with do not pay her much attention. She says she understands this attitude towards her because she considers herself to be "next to nothing" and would be surprised if they behaved differently. For several years she has often thought about suicide. These thoughts have increased progressively in the last few months, coinciding with the suicide of one of her cousins. She has never seriously attempted suicide but she feels indifferent to remaining alive or dying. She is nervous and has problems getting to sleep.

Jenifer is a little overweight and finds it difficult to control her weight. She feels embarrassed because her breast development is noticeable, so she tries to hide it. Her mother has been diagnosed with a relapsing depressive disorder in remission, which she controls by pharmacological treatment. Jenifer's initial attitude is hermetic. She tends to underestimate concerns and make light of the symptoms her mother describes. However, as the interview progresses she gets more involved and in the end adopts a more participative and cooperative attitude. At less serious moments during the interview, she laughs out loud.

Reference: Ruipérez, M.A. and Heimann, C. (1995). Trastornos del estado de ánimo y por ansiedad. Valencia: Promolibro.