

AP Psychology

Psychological Disorders and Therapies Project

Objective: Analyze the symptoms of individuals, properly diagnose their disorders and apply each therapy to the situation to help treat the patient.

Process:

1. Read the assigned case vignette
2. Diagnose the psychological disorder
3. After diagnosis check with me to make sure its correct diagnosis
4. Decide how each therapy would view and treat the disorder
5. Use the textbook, library resources, and the internet as resources

Paper:

1. Assume the reader has no specific knowledge of psychological disorders and therapies.
2. Type, doubled spaced, Times New Roman, 12 font
3. Use proper APA style citations
4. Be sure to include your name, date, period, and case study number
5. Each section should include a heading as shown below
 - Diagnosis
 - Insight Therapies
 - Behavioral Therapies
 - Cognitive Therapies
 - Group Therapies
 - Biological Treatments

Grading:

Mechanics	5 points
APA citations	5 points
Diagnosis	10 points
Insight Therapies	10 points
Behavioral Therapies	10 points
Cognitive Therapies	10 points
Group Therapies	10 points
Biological Therapies	10 points
TOTAL	70 points

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CASE STUDY # 1

A married woman, whose life was complicated by her mother's living in their home, complained that she felt tense and irritable most of the time. She was apprehensive for fear that something would happen to her mother, her husband, her children, or herself. She has no definite idea what it was that she fears might happen. She suffers from occasional attacks in which her heart pounds with irregular beats; she can not seem to catch her breath when this happens. Often she breaks out in a profuse perspiration. Her mouth seems to be always dry, even though she drinks a great deal of water, and because of this and her diffuse anxiety she cannot sleep.

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CASE STUDY #2

A man, aged 32, was admitted to a psychiatric hospital. Two months before commitment the patient began to talk about how he had failed, had “spoiled” his whole life, that is was now “too late.” He spoke of hearing someone say, “You must submit.” One night his wife was awakened by his talking. He told her of having several visions but refused to describe them. He stated that someone was after him and trying to blame him for the death of a certain man, who had been poisoned, he said. In the admission office of the hospital he showed many mannerisms. He laid down on the floor, pulled at his foot, made undirected violent striking movements, again struck attendants, grimaced, assumed rigid postures, refused to speak, and appeared to be having auditory hallucinations. He was at once placed in a continuous bath where, when seen later in the day, he was found to be in a stuporous state. His face was without expression, he was mute and rigid, and paid no attention to those around him or to their questions. His eyes were closed and the lids could be separated only with effort. There was no response to pinpricks or other painful stimuli. For five days he remained mute, negativistic, and inaccessible, at times staring vacantly into space, at times with his eye tightly closed.

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CASE STUDY # 3

The patient was hospitalized at the age of 18. During the preceding year there had been a gradual disintegration of personality, evidenced by inappropriate laughing and giggling, bizarre conversations, and failure in school. The patient's illness began soon after her father departed from home. As described by the patient's mother, "She started to worry about a year ago. My husband left and she began to think about him all the time. She used to talk funny-funny things all the time. She used to hear an airplane and stand on the kitchen table looking at the ceiling. She would look out of the kitchen window at children who were playing at school about a mile away and asked if the other children could see her. She helped with the housework, but often stood outside staring at nothing. She would say, 'I don't know whether I am a boy or a girl. Do you think I will ever get married and have a baby?' And she would say, 'you are staying young and I am growing old.'"

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CADE STUDY #4

During an interview, the 50-year old female patient expressed beliefs covering almost the entire range of delusions. She felt that her niece was in on a plot with other relatives to take away the property she owned in 106 countries which she was planning to use, after training religious missionaries, to establish missions to convert the heathens. In spite of the fact that her husband was alive and visited her weekly, she maintained that her husband was dead and that he had been killed by the FBI. The FBI had six agents assigned to her alone and had killed her husband. She had learned of their spying and talking about her from the television where they were portraying her life in several of the continuing series programs. She had learned other things about the plot from the voices that came between the television programs and the commercials. She was convinced that the hospital attendants were in on the conspiracy and that poison was being placed in her food. She was also concerned about the electrical waves that were “messing up “ her mind.

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CASE STUDY #5

This case deals with a woman of 75 who believed that her son-in-law planned to assault and kill her. Her reaction to this idea was expressed in many letters sent to friends and relatives, mailed, surreptitiously, and causing the daughter and son-in-law much embarrassment. Aside from this idea, the woman behaved normally and at no time did she show any tendencies to violence. When interviewed in her son-in-law's home she was somewhat suspicious at first, conversed logically about impersonal matters, showed no defects in memory or orientation. As she became friendly with the examiner, she began to verbalize her delusions, explaining that she based her idea on the fact that articles in her room were sometimes disarranged, that the son-in-law walked past her door unnecessarily or looked at her in strange manner. The patient was "clear" aside from the one delusion, and her ideas were consistently organized and acted on. Insight was lacking only in the one area of functioning, as she kept busy with gardening.

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CASE STUDY #6

Fred K. is a 50-year old married man who developed a marked contracture of his left hand, and a partial paralysis of his arm. He held his arm bent in front of him, as if it were in a sling, and his fingers were curled inward toward the palm of his hand. He could raise his arm to the level of his shoulder, and there was slight movement in his fingers. The symptoms came on suddenly, and before he was referred for psychological treatment, the patient had undergone medical and neurological work-ups by local physicians as well as by specialists at Rochester, Cleveland, Baltimore, and Boston. Many different diagnoses were made, and many medical treatments were tried, but the patient did not respond, and the symptoms remained unaltered.

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CASE STUDY # 7

Mrs. M was first admitted to a state hospital at the age of 38, although since childhood she had been characterized by mood swings, some of which had been so extreme that they had been psychotic in degree. At one point she became depressed and asked to return to the hospital where she had been a patient. She then became overactive and exuberant in spirits and visited her friends, to whom she outlined her plans for reestablishing different forms of lucrative businesses. She purchased many clothes, bought furniture, pawned her rings, and wrote checks without funds. For a period thereafter she was mildly depressed. In a little less than a year Mrs. M again became overactive, played her radio until late in the night, smoked excessively, took out insurance on a car that she had not yet bought. Contrary to her usual habits, she swore frequently and loudly, created a disturbance in a club to which she did not belong, and instituted divorce proceedings. On the day prior to her second admission to the hospital she purchased 57 hats.

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CASE STUDY # 8

“They are following me. Quick, hide behind the stacks.” Beth, an attractive seventeen year-old , dragged her startled classmate by the sleeve as she peered between some books on the library shelves.

“What are you talking about?” asked her friend

Beth cupped a hand over her friend’s ear and whispered, “They watch me all the time. They don’t think I recognize them just because they disguise themselves as teachers or students. But I can tell. I see right through their tricks.”

The other girl backed off and tried to gauge Beth’s seriousness.

Beth stepped close to her and said in an insistent whisper, “Its the Soviet KGB and the radical terrorists who are out to get me. They shoot electronic waves into my house to try to brainwash me. They douse us all with impulses to soften our brains and our resistance, then they pipe preprogrammed thoughts into our heads. It’s all part of their conspiracy to gain worldwide mind control.”

The other girl was backed into the far corner of the stacks by now, and, a little frightened by Beth’s vehement accusations, she avoided her penetrating gaze.

“You,” muttered Beth, pointing a finger. “They already own you. I see it in your eyes.”

“Beth, I have to get to class,” said the girl as she tried to squeeze past.

“I knew it all along,” said Beth, fleeing from the girl. “They’ve got you in their power just like they have seventy-five percent of the kids in this school.”

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CASE STUDY # 9

Edna, age 20, a sophomore in college, had a pronounced fear of being left alone with a man, whether a fellow student, professor, relative, or acquaintance. She refused all dates and never allowed herself to be placed in situations where it was necessary for her to go home with someone of the opposite sex. She could give no good reason for this fear, but recognized her problem; yet there seemed to be nothing that she could do about it. Recently when it appeared inevitable that she must go home from a party with a boy, she trembled, her hands became clammy, and she became very faint. As a result her hostess invited her to remain for the night.

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CASE STUDY #10

An 11-year boy instituted the following ceremonial before going to bed. He did not sleep until he has told his mother every last minute detail of the events that occurred that day; there must be no scraps of paper or other rubbish on the carpet of the bedroom; the bed must be pushed right to the wall; three chairs must stand by it and the pillows must lie in a particular way. In order to get to sleep he must first kick out a certain number of times with both legs and then lie on his side.

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CASE STUDY # 11

George T., age 35, an auto mechanic, on several occasions found himself in a motion picture theater after having left home to report for work. He would “come to” in a bewildered fashion and would go to a bar for a few drinks. Eventually he would go home. As a child, George had a pattern of wandering away from home. He came from a very unhappy family; his parents were divorced, and he was left at home with housekeepers. His father was very harsh with him and on several occasions gave him such severe whippings that the neighbors called the police. His mother was a highly emotional person and tried to discipline George by screaming at him and threatening to place him in a boarding home. In adolescence, he twice found himself going off to school and eventually, “coming to” in a park about two miles from home. In school, George got along well with the teachers and other students. He was a poor student and failed both the second and seventh grade. He quit school at 16.

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CASE STUDY # 12

A Portrait of Erica

Erica's looks like her letter of introduction. The moment people lay their eyes on her shining face, her long blonde hair, her big, brown, alert eyes, they relaxed their natural skepticism most of us use to protect ourselves against strangers. She wore her smile like a tasteful ornament, like an expensive piece of jewelry that caught the eye without gaudiness. Those who were unmoved by her loveliness or by her quick smile always succumbed to her ingratiating manner. With a combination of easy eye contact and soft responsiveness, she managed to give everyone whom she had directed her attention to the feeling that they were appreciated and important.

An incident that occurred while Erica was a senior in high school typified her antisocial behavior. Erica, who is very bright and articulate, had been exempted from submitting a research paper assigned in her history class. Since discussion was an integral part of the class activity, she had impressed her young but well-qualified teacher with her ready opinions and her willingness to participate.

The day the assignment was due, Erica went to the school cafeteria for lunch and happened to sit next to a girl named Vicki who was a student in her history class. Erica overheard Vicki telling one of her friends how hard she had worked on her research paper.

"I spent four weeks," said Vicki, "doing research, writing, and typing. A good grade on this is the only way I'll pass the course because that teacher caught me cutting class."

When Vicki and her friend left the table to stand on the serving line, Erica was suddenly inspired and excited by an idea. With Vicki no more than a few feet away, Erica went through the books she had left at the table, found the neatly typed research paper, and slipped it into her own notebook. She stayed at the table after Vicki had returned, calmly ate her lunch, and even made casual conversation with Vicki and her friend. As soon as Vicki was finished eating, she and her friend picked up their empty trays and books and said goodbye to Erica.

Erica waited coolly at the table. Within minutes, Vicki scurried back to the table, her face contorted with worry. Erica was amused while Vicki frantically scanned the table top and then got to her hands and knees to check the floor.

"What's up Vicki?" asked Erica, nonchalantly.

"I lost my research paper," said Vicki, her voice shaking.

"Bad news! Anything I can do?"

"Thanks anyway," said Vicki, over her shoulder, as she hurried from the room. Erica had a bit of a laugh. Then she took out the research paper, tore off the cover sheet and inked her own name on the first page without even bothering to read the paper. Vicki did not show up for history class that day, and when the teacher collected the assignment, he was surprised when Erica submitted a paper.

"Did it for extra credit, huh?" he said. "I am impressed."

When he called the class's attention to Erica's apparent diligences as a positive example to follow, a number of the kids who knew Erica well looked somewhat skeptical.

The very next day in school, all hell broke loose. Right before homeroom, Vicki, escorted by two of her friends, intercepted Erica in the hallway.

“You stole my research paper,” snarled Vicki, “and you had the guts to turn it in as your own. You’d better tell the teacher what you did, or you’re in big trouble.”

“What are you talking about?” said Erica, the picture of innocence.

“You know damn well what I’m talking about. You’d just better admit it to that teacher.”

In a perfect pose of righteous indignation, Erica threw back her shoulders and looked Vicki in the eye. “Don’t you threaten me. I won’t stand for it. And don’t you dare blame me for your own carelessness. Now get out of here and leave me alone before I report you to the assistant principal.”

Vicki and her friends sneered at Erica, then stalked off.

Although she was not really worried, Erica looked up Mike, her former boyfriend. “You want me to do what?” asked Mike after she had found him outside one of his classrooms.

Erica touched her hand to his arm. “Just tell my history teacher that you were with me while I was doing research for the paper and that you helped me type it.”

Mike’s anger softened when she gave his arm a little squeeze. He met her eyes. “What are you up to this time, Erica?”

“Oh, come on,” she said, flashing a seductive smile to weaken his resistance. “For old times.”

Suddenly, he pulled free of her touch. “Old times. You mean, you want me to lie for you again. Like I did to your parents every time you broke your curfew. Like I did to my boss every time you came into his store and shoplifted? No way Erica. Find yourself another fool. Or have you already used up all the guys in this school? Does everybody know you’re the only one you care for?”

The history teacher waited until the end of the period to confront Erica.

“Steal Vicki’s paper?” said Erica, her voice controlled, her manner poised. “That is absurd. Why would I steal her paper when I wasn’t even required to turn one in?”

“You tell me, Erica,” said the teacher.

“I don’t like being accused, sir. I do have my legal rights, you know. Since this is only your second year in this school, maybe you are not aware of how things are run around here.”

The teacher did not flinch at her implied threat. “Erica, if you don’t tell me why you stole Vicki’s paper and put your own name on it,” he said, quietly, “I am going to bring this matter to the administration.”

Erica flashed one of her smiles. “No big deal. The principal is a personal friend of mine.”

“Why did you do it, Erica?” persisted the teacher.

Erica laughed. “It was a joke. Just a harmless joke.”

“Harmless! You stole Vicki’s paper when you knew she needed it to pass this class and to graduate. A joke, you say.”

“What’s the difference?” said Erica. “Vicki is a loser anyway.”

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CASE STUDY #13

Heather, a 19 year old college junior, has an intense fear of speaking to people she does not know very well. During her first and second years, she chose large lecture courses, which allowed her to hide in the back of the lecture hall and not speak to other students or to participate in the class discussions. Heather received high marks in all of her courses, earning a place on the dean's list and the honor roll. In her third year, Heather is now required to take some smaller upper level courses in which class participation and small-group discussions are mandatory. She is sure that she will do something embarrassing, such as vomit, and others will judge negatively. Because of these fears, Heather has trouble sleeping at night and is considering dropping out of school.

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CASE STUDY # 14

An enlisted man in the Air Corps had some previous experience as a private pilot. After a disagreement with his wife, he decided to punish her by committing suicide. Choosing the most dramatic method he could think of, he took off in a large, unattended aircraft and made several passes at the local river, each time pulling up before he plunged in. Very soon, all other aircrafts were diverted to other cities, and the local control tower was concentrating on trying to persuade him to change his mind. He finally agreed, but then he discovered that although he knew how to take off, he did not know how to land the unfamiliar plane. After some tense interchanges with the tower control, however, he managed to get the plane down. When the military police arrived at the plane, he found himself unable to remember his name or anything about his identity, his present situation, or the events leading up to it.

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CASE STUDY # 15

Tamara, a 54 year old female, moved to Seattle about 6 months ago and now works as a cocktail waitress in a bar. When she first applied for the job, the name on her driver's license and social security card did not match the name she was now using. She explained that she was divorcing and changing back to her maiden name. The manager of the bar saw no reason to question her explanation. Tamara was a very hard worker who got along well with the other employees and the customers. Her coworkers liked her but thought she was odd because she never spoke about her past. When they took a break together, Tamara laughed and smiled at everyone's stories but never added any of her own. When directly questioned about her past, Tamara only smiled and shrugged, occasionally stating that she couldn't remember. One day at work, a customer kept staring at her. The customer asked another waitress if Tamara had a sister who lived in Montana. The waitress said she didn't know. This customer insisted that Tamara looked just like a woman from Montana that he knew about. This woman had been married with two children and had disappeared about 6 months before. There had been a massive search for her, but nothing was ever discovered. Police suspected the worst because nothing else had been missing except the woman's purse and the clothes on her back.

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CASE STUDY #16

During a routine physical examination, Nick, a 25 year old single male, suddenly started crying and blurted out that he was extremely depressed and thinking about a suicide attempt he had made as teenager when he felt this way. He was referred to psychiatrist. He goes to the psychiatrist, dressed in a white suit with a red roes in the lapel. When asked why he has come for an evaluation, he replies laughingly that he has done it to appease his family doctor “who seemed worried about” him. He has also read a book on therapy and hopes that “maybe there is someone very special who can understand me. I’d make the most incredible patient.” He tells the psychiatrist that he plans on being a famous actor. He has had little previous acting experience, but he is sure that success is “only a matter of time.” When asked about his love life, Nick says he has no lover and this is because people are just “superficial.” He recently dated a woman that he “adored” but then realized she was ugly and was an embarrassment because she dressed too poorly. Nick then explains that he owns over 100 neckties and about 30 suits and is proud of how much he spends on “putting myself together.” He has no relationships with male friends, considering most other men as “mindless and without aesthetic sense.” The only people who have understood him, he says, are older men who have suffered as much as he has. Nick’s father was very critical of him and was rarely around. His mother was “like a friend.” She was chronically depressed about her husband and turned to her son. When he was 18, Nick’s mother started an affair of her own. Nick then felt abandoned and made a suicide attempt. At the end of the interview, Nick requested a referral to someone who would offer him free treatment, seeing no reason for paying anyone as the therapist “would be getting as much out of it” as he would.

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CASE STUDY #17

An individual had provided the following description of how they have been feeling over the last several months. “There is a particular a kind of pain, elation, loneliness, and terror involved in this kind of madness. When you’re high, it’s tremendous. The ideas and feelings are fast and frequent like shooting stars, and you follow them until you find better and brighter ones. Shyness goes, the right words and gestures are suddenly there, the ability to captivate others a felt certainty. There are interests found in uninteresting people. Sensuality is pervasive and the desire to seduce and be seduced irresistible. Feeling of ease, intensity, power, well-being, financial omnipotence, and euphoria pervade one’s marrow. But, somewhere, this changes. The fast ideas are far too fast, and there are far too many; overwhelming confusion replaces clarity. Memory goes. Humor and absorption upon friends’ faces are replaced by fear and concerns. Everything previously moving with the grain is not against – you are irritably, angry, frightened, uncontrollable, and enmeshed totally in the blackest caves of the mind. You never knew those caves were there. It will never end for madness carves its own reality.”

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CASE STUDY #18

My breathing starts getting very shallow. I feel I'm going to stop breathing. The air feels like it gets thinner. I feel the air is not coming up through my nose. I take short rapid breaths. Then I see an image of myself gasping for air and remember what happened in the hospital. I think that I will start grasping. I get very dizzy and disoriented. I cannot sit or stand still. I start pacing. Then I start shaking and sweating. I feel I'm losing my mind and I will flip out and hurt myself or someone else. My heart starts beating fast and I start getting pains in my chest. My chest tightens up. I become very frightened. I get afraid that these feelings will not go away. Then I get really upset. I feel no one will be able to help me. I get very frightened I will die. I want to run to some place safe but I don't know where.

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CASE STUDY #19

A 34 year old woman describes the ordeal of some of her weekly activities. “Once I have attained control of the car, I have the burden of getting into it and getting in going. This can be a big project some days, locking and unlocking the doors, rolling up and down the power windows, putting on and off the seat belts, some times countlessly . . . Sometimes while driving I must do overtly good deeds, like letting cars out of streets in front of me, or stopping to let people cross. These are things everyone probably should do, but things I must do. . . . My trip in the car may take us to the grocery store. Inside I have certain rituals I must perform. I am relatively subtle about how I do them to avoid drawing attention to myself. Certain foods must have their packages read several times before I am allowed to purchase them. Some things need to be touched repetitively. There are certain tiles on the floor must be stepped on by my family and myself. I’ll find myself having to go from one end of an aisle to the other and back again, just to make everything all right. I fear being accused of shoplifting sometimes because of the way I behave and the way I am always looking around to see if people have noticed my actions.

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CASE STUDY #20

Ruth Langely was 30 years old when she sought help from a therapist after experiencing long-standing fears of contamination. She stated that she became intensely uncomfortable with any dirt on herself or in her immediate environment. After noticing any dirt, she felt compelled to carry out elaborate and time-consuming cleaning procedures. This usually involved thoroughly washing her hands and arms. Moreover, if she found dirt in her apartment, she was compelled to scrub her apartment methodically, in addition to showering in a very regimented manner. Her cleaning rituals have severely restricted her life. She now washes her hands at least four or five times an hour, showers six or seven times a day, and thoroughly cleans her apartment at least twice a day.

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CASE STUDY #21

Mike, a 32 year-old man, performed many acts that were preceded by a fear of harming other people. When driving, he had to stop the car often and return to check whether he had run over people, particularly babies. Before flushing the toilet, he had to check to be sure that a live insect had not fallen into the toilet, because he did not want to be responsible for killing a living thing. At home he repeatedly checked to see that the doors, stoves, lights, and windows were shut or turned off. . . . Mike performed these and many other checking behaviors for an average of 4 hours a day.

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CASE STUDY #22

Margaret explained to her therapist that she often “hears a voice telling her to say things and do things.” It was, she said, “a terrible voice” that sometimes threatened to “take over completely.” When it was finally suggested to Margaret that she let the voice “take over,” she closed her eyes, clenched her fists, and grimaced for a few moments during which she was out of contact with those around her. Suddenly she opened her eyes and one was in the presence of another person. Her name, she said, was “Harriet.” Whereas Margaret had been paralyzed, and complained of fatigue, headache and backache, Harriet felt well, and she at once proceeded to walk unaided around the interviewing room. She spoke scornfully of Margaret’s religiousness, her invalidism, and her puritanical life, professing that she herself liked to drink and “go partying” but that Margaret was always going to church and reading the Bible. “But,” she said impishly and proudly, “I make her miserable – I make her say and do things she doesn’t want to.” At length, at the interviewer’s suggestion, Harriet reluctantly agreed to “bring Margaret back,” and after more grimacing and fist clenching, Margaret reappeared, paralyzed, complaining of her headache and backache, and completely amnesiac for the brief period of Harriet’s release from prison.

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CASE STUDY #23

Lonnie, a 38 year-old chemical engineer for a large pharmaceutical company, sought a consultation at the urging of his wife, Maria. He told the psychologist that Maria had grown exasperated over “his little behavioral quirks.” It seems that Lonnie was a compulsive checker. When ever the two of them would leave their apartment, he would insist on returning to check and reached that the gas jets were turned off, the windows were shut, the door was securely locked, and the refrigerator door was tightly shut. Sometimes he’d get as far as the garage before the compulsion to return to the apartment would strike. He would apologize to Maria and leave her fuming. When retiring to bed a night, he performed an elaborate ritual of checking and rechecking to see that everything was secure. But even then, he would often bolt out of bed to check everything again, which would disturb Maria’s sleep. Leaving for vacation was especially troublesome, as it required checking rituals that consumed the better part of the morning. Yet he would still be bothered by nagging doubts that would plague him throughout his trip. Lonnie recognized that his compulsive behavior was wrecking his marriage and causing him emotional distress. However, he feared that giving in them up would leave him defenseless against the anxieties they help to ease.

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CASE STUDY #24

A 35-year-old mathematician gave a history of episodic palpitations and faintness over the previous 15 years. There had been periods of remission of up to 5 years, but in the past year the symptoms had increased and in the last few days the patient had stopped working because of the distress. His chief complaints were that at any time and without warning, he might suddenly feel that he was about to faint and fall down, or tremble and experience palpitations, and if standing would cringe and clutch at the nearest wall or chair. If he was driving a car at the time he would pull up at the curbside and wait for the feelings to pass off before he resumed his journey. He was becoming afraid of walking alone in the street or of driving his car for fear that these episodes would be triggered by it and was loath to travel by public transport. Although he felt safer when accompanied, this did not abolish his symptoms. The attacks could come on at any time of day or night.

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CASE STUDY #25

Susan was a young woman placed by her school in a class for the emotionally disturbed. She talked at length about her interests and occupations. She said she made a robot in the basement that ran amok and was about to cause a great deal of damage, but she was able to stop it by remote control. She claims to have built the robot from spare computer parts, which she acquired from the local museum. When pressed on details of how this worked, she became increasingly vague, and when asked to draw a picture of one of her inventions, drew a picture of an overhead railway and went into what appeared to be complex mathematical calculations to substantiate the structural details, but which in fact consisted of meaningless repetitions of symbols (eg: plus, minus, divide, multiply). When the interviewer expressed some gentle incredulity, she blandly replied that many people did not believe that she was a super genius. She also talked about her unusual ability to hear things other people cannot hear, and said she was in communication with some sort of creature. She thought she might be haunted, or perhaps the creature was a being from another planet. She could hear his voice talking to her and asking her questions.

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CASE STUDY #26

It takes the greatest effort to get out of bed in the morning. I am tired all day, yet when night comes, sleep evades me. I stare at the ceiling, wondering what has happened to my life, and what will become of me. Nothing is getting done at work. I have projects to complete, but I can't think. I try to focus on my work, and I get lost. I keep wondering when the boss will discover how little I have accomplished. My wife does not understand. She keeps telling me to "snap out of it." I'm irritable all the time, and yell at the kids, then I feel terrible later. Nothing is fun any more. I can't read, and the music I used to enjoy so much does nothing for me. I am bored, but I feel like doing nothing. There are times, when I'm alone, that I think that life is hopeless and meaningless, and I can't go on much longer.

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CASE STUDY #27

In an interview a 30 year woman sits and describes her unhealthy fascination with her looks. "I sat in front of my mirror several times today and picked at my face. Matt, my husband saw my red puffy face and got upset. He only cares but he does not understand that it is not a conscious decision to sit there for an hour and pick at my face. And is it really that abnormal to stare at your breasts for ten minutes and go over and over in your head that they are not the same size? I am so tired of feeling compelled to look in the mirror whenever I pass by one. I hate that I cannot not look in the rear view mirror at myself while driving. I have to know what I look like no matter what I am doing. I hate that I think of my bulging stomach over 30 times a day. I hate always thinking about my nose and chin and my eyebrows, my hair, my boobs, my stomach, do I smell? Is my hair frizzy today? Can anyone else tell that my right boob is bigger than my left? Great, I picked at my face and now I have to go back to work red and puffy. I have to make sure and do my eyeliner so that my right eye doesn't look so much smaller than my left. I am so tired of bathing with several different soaps in one shower and then using a good smelling lotion and body powder. I am sick of washing my face two or three times at once. It feels better to get it all out."

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CASE STUDY #28

Mr. A, an extremely intelligent, shy but arrogant 25-year-old man, was a college student and came for therapy because he had suffered from depression for several years. Although an exceptionally competent student, he constantly felt unappreciated. He tended to devote his time in lectures to "giving the teachers and professors a hard time" by criticizing them, and asking "impossible" questions in order to prove their incompetence and make them embarrass themselves in public. He described himself as extraordinarily superior with feelings of disdain and confusion toward people he experienced as different from himself—people who he felt had lower standards and different values than he. He also described himself as intellectually unique, stressing his specific theoretical and philosophical perspectives and high academic standards. He had several close friends among his male peers, but admitted that he experienced severe problems in relating to young women, had difficulty connecting, and felt shy and insecure. Mr. A came from a very competitive and successful family background. His father was a famous lawyer in his early 60s, and Mr. A described having a complicated relationship, with mixed feelings toward the father. On the one hand he highly admired and idealized his father; on the other hand he despised the father's demands, values and expectations, and tended to take every opportunity to protest against him. While he envied his father and fantasized about becoming as successful, Mr. A also felt inferior, and believed that he would never become as successful as his father. Often he felt deeply misunderstood by his father. After successfully graduating from college, Mr. A decided to work as a pizza deliverer, a decision that he considered to be unusually risky but in line with his "unique approach" to life.

AP Psychology
Psychological Disorders and Therapies Project

CASE STUDY #29

Ken is plagued by constant worries that what he has planned will not occur as scheduled. He makes hundreds of to-do lists each day and often checks these lists to make sure they are correct. Ken incessantly reminds his colleagues of upcoming deadlines, sometimes 15 or 20 times each day.

AP Psychology
Psychological Disorders and Therapies Project

CASE STUDY #30

Brian appears to be a mild-mannered 20-something, but he sometimes believes he is a teenage female named “Suzy” who is a member of a high school dance team. At these times, he dresses in various matching outfits, carries pom-poms, and practices various dance routines. Brian is confused about why he sometimes awakens dressed in strange clothing.

AP Psychology
Psychological Disorders and Therapies Project

CASE STUDY #31

One day, Karl, a native of Hawaii, wakes up in Nebraska, with no memory of who he is, how he got there, or from where he came.

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CASE STUDY #33

Julio believes he is an alien who has been left behind on Earth by his “pod.” He is often difficult to understand, because he speaks frequently in rhyme and makes up his own words.

**AP Psychology
Psychological Disorders and Therapies Project**

CASE STUDY #34

Driving back from a concert, Gerri fell asleep at the wheel and crashed her Jaguar convertible. Her best friend perished in the crash. Ever since, although doctors can find nothing physically wrong, Gerri has been paralyzed in the arm with which she was steering.

AP Psychology
Psychological Disorders and Therapies Project

CASE STUDY #35

Keshona is terrified of speaking in public. Although highly knowledgeable and competent, whenever she has to address a gathering of adults, her heart pounds, and her mouth gets dry.

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CASE STUDY #36

Tuan has been arrested on numerous occasions for disturbing the peace and for illegally producing and selling alcohol and drugs to minors. Although a number of his clients have died from overdoses, he feels no remorse.

AP Psychology
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CASE STUDY #37

Trent was raised in a rural, isolated area. Interactions with members of the opposite sex were minimal. Now Trent can be sexually aroused only by llamas.

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CASE STUDY #38

While she was on a visit to the Midwest, Samantha's residence was demolished by a tornado. Ever since, she has been plagued by terrible nightmares and occasional flashbacks.

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CASE STUDY #39

Don goes through periods when he feels he just can't lose. He goes on gambling sprees, launches new get-rich-quick schemes, and engages in promiscuous behavior. At other times, he feels so down that he can't even get out of bed. Life seems purposeless.

AP Psychology
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CASE STUDY #40

No matter what he is doing, Ikimba always feels a little tense. The apprehension has no apparent cause. Even during weekends and vacations, he experiences constant uneasiness.

AP Psychology
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CASE STUDY #41

Karen worries excessively about developing a rare disease. When she meets friends or writes letters to her relatives, she is constantly discussing how she feels and expresses concern that even the most minor irregularities in the functioning of her body are symptoms of underlying diseases. She spends a good deal of time consulting doctors for a second opinion.

AP Psychology
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CASE STUDY #42

Terry complains that he is experiencing recurrent episodes of lightheadedness, rapid breathing, and dizziness, especially as he attempts to leave his house. The symptoms have become so severe that, in fact, he is leaving his house less and less frequently. He now only goes the grocery store in the company of his sister. Once in the store, he checks immediately for the exits and windows.

**AP Psychology
Case Study Answers**

Case Study #1	Generalized Anxiety Disorder
Case Study #2	Catatonic Schizophrenia
Case Study #3	Disorganized Schizophrenia
Case Study #4	Paranoid Schizophrenia or True Paranoia
Case Study #5	Paranoid
Case Study #6	Conversion Disorder
Case Study #7	Bipolar Disorder
Case Study #8	Paranoid Schizophrenia
Case Study #9	Phobic Disorder
Case Study #10	Obsessive-Compulsive Disorder
Case Study #11	Dissociative Fugue
Case Study #12	Antisocial Personality Disorder
Case Study #13	Social Phobia
Case Study #14	Dissociative Amnesia
Case Study #15	Dissociative Fugue
Case Study #16	Narcissistic Personality
Case Study #17	Bipolar Disorder
Case Study #18	Panic Disorder
Case Study #19	Obsessive-Compulsive Disorder
Case Study #20	Obsessive-Compulsive Disorder
Case Study #21	Obsessive-Compulsive Disorder
Case Study #22	Dissociative Identity Disorder
Case Study #23	Obsessive-Compulsive Disorder
Case Study #24	Panic Disorder
Case Study #25	Schizophrenia
Case Study #26	Major Depressive Disorder
Case Study #27	Body Dysmorphic Disorder
Case Study #28	Narcissistic Personality
Case Study #29	Obsessive-Compulsive Disorder
Case Study #30	Multiple Personality Disorder
Case Study #31	Dissociative Fugue
Case Study #33	Disorganized Schizophrenia
Case Study #34	Conversion Disorder
Case Study #35	Social Phobia
Case Study #36	Antisocial Personality Disorder
Case Study #37	Sexual Disorder – Bestiality
Case Study #38	Post Traumatic Stress Disorder
Case Study #39	Bi-polar disorder
Case Study #40	Generalized Anxiety Disorder