

Abnormal Psychology

Chapter 8 Case Study - Michael

Michael, a 39-year-old gay male, tends to worry frequently about anything and everything. For example, even though he “works out” regularly, he is often upset by intrusive, uncontrollable thoughts and fantasies that he will gain excessive amounts of weight and be abandoned by his long-time partner (According to his partner, this is an unrealistic fear). He frequently worries that he will lose his looks and “get even fatter” as he ages as well. Michael often wakes up early in the morning after a nightmare with an extremely elevated heart-rate and blood pressure. He is usually unable to get back to sleep for the rest of the night and has done this nearly every day for the past 8 months.

Additionally, each day Michael searches his hair for signs of hair loss (he is losing hair in a rather rapid fashion) in a highly predictable manner. It seems that he divides his scalp into four regions and begins by checking both sides of the back of his head, then moves from side to front on the left and then on the right. As he knows this is extreme, he does this in secret, and, if interrupted, has to start all over. He estimated that he spends at least two hours per day “checking” for hair loss. He stated several times that feels that he is “crazy” as he is unable to stop these behaviors.

When asked about his medical history, Michael reported some strange heart beats that feel like his heart is “jumping and then almost stopping and then jumping again.” He also mentioned that his skin gets dry and itchy sometimes. After a bit more prodding, he told you that he fainted a couple of times in the past month. After each of these incidents, he went to the emergency room where he was “observed” and released. The physicians attributed the fainting spells to stress and recommended that he learn to relax more. An MRI was scheduled to rule out any neurological problems. He has not received the results from that test at the time of this interview. The only surgeries that Michael remembers are an appendectomy (when he was about 15) and liposuction on his abdomen about eight months ago to remove excess body fat and expose his “abs.” He also reported frequent stomach pain, headaches and diarrhea. His current medications are Aciphex (for his stomach complaints), Ambien (for sleep) and a generic blood pressure medication. In addition, he takes several vitamins and supplements each day. No other surgeries or prior illnesses were reported. Michael’s mother, younger sister and older brother have all been diagnosed with Major Depressive Disorder. While his mother and brother are currently not experiencing an episode, his sister was recently admitted to a local mental hospital for non-lethal suicidal gestures. She also has a history of Bulimia Nervosa.

Michael is 6'1" and weighs approximately 140 pounds. His waist is about 29 inches (something he is very proud of) and he wears medium sized shirts (to show off the well- formed pectoral and bicep muscles that he carefully cultivates at the gym each day).

When asked about his exercise regime, he spent a good deal of time describing a "routine" that begins at 6am each morning with a trip to the gym to do an hour and a half of "Cardio" prior to work. Generally, after work, he goes to the gym where he works out with weights for another hour and a half. He works out different muscle groups seven days per week in a regular routine established by a personal trainer. As he is especially unhappy with his abdomen, Michael reports that he feels tremendously guilty if he "whimps out" and doesn't go to the gym each day. When asked about his daily diet, Michael proudly describes that he feels really in control of his eating. Apparently, he eats five small meals per day that never amount to more than 300 calories per meal. He also avoids processed sugar, animal fat, carbohydrates and grows his own vegetables when the weather permits. He limits alcohol intake to two drinks per day. He denies any other drug use or purging behavior in the past or present. (His partner has told you that he is worried about Michael's stringent eating behavior and has found empty laxative packages in the bathroom trash can.)

When asked what he does for fun, Michael reported that he loves to cook and entertain. He collects cook books and spends a good deal of time watching the Food Network to develop new recipes. Michael also enjoys photography with his partner. He stated that, to look his best for the photos, he goes to the same dentist in LA as some of the Hollywood stars for teeth whitening. He smiled as he stated that he is often carded when he buys alcohol. Apparently, vodka martinis are his "weakness." Much to his dismay, he drinks one or two each evening after his workout to "wind down." He is most worried about the "empty" calories.

The reason that he called a therapist now is that over the past several months, he has had an increasingly difficult time concentrating at work as he feels the need to check his hair. He also tends to be quite irritable, especially during the afternoon. His work as an accountant in the Clovis area requires a good deal of concentration and these issues have begun to cause him to make mistakes in calculations that have in turn created some embarrassment for him with various clients. Increasing irritability has also created some problems with co-workers and friends. Michael will usually apologize for "snapping" at someone, yet people have begun to avoid him. He is quite worried that he will lose his job (this fear is also not very realistic) should he not get things "back in control." By the end of a work day, he is so frustrated and worried that, as he drives to the gym, he finds himself crying "out of anger and fear." Michael is convinced that he is ugly, fat and "going crazy."

As a result of all of this, over the past three months or so, Michael has begun to think a bit about ending his life. Through tears, he stated that, though these thoughts occur relatively often, he has no plan to act on them. He also denied any previous suicide attempts or family history of suicide. He also did not indicate a well-organized plan.

Michael's partner, Jason, has noticed a marked change in Michael's activity levels this past year. He has told Michael many times that they need to get out and do something on the weekend. Apparently, Michael is not interested in doing much these days. He prefers

to work out, watch TV and putter in his garden. When asked if he wants to have some friends over for dinner, his usual excuse is that he is tired and really wants to just be alone. Jason is becoming increasingly frustrated with Michael and is also quite worried about him. Usually quite the optimist, Michael has become increasingly negative and easily frustrated. For example, the other day, when he came home from the gym, he found a mound of dog feces on his front lawn. According to Jason, Michael immediately "stomped over to his next door neighbor's house" to complain about the dog. This ended in a rather heated argument with the neighbor and a threat that Michael would shoot the dog if saw it on his lawn again. When asked if he had a gun, Michael denied that he did. He also denied any real intent to harm the animal.

Finally, while Jason attempts to reassure Michael that he will not leave the relationship, Michael is convinced that he will. When asked for evidence that Jason will leave, Michael, stated, "Why would he want to stay with me? I am ugly, fat and want nothing to do with sex! He can find someone better!"

Please answer the following questions:

1. Based on what you have learned in this class so far, which diagnosis might you explore when working with Michael? (Remember, not all of the diagnoses need to be from Chapter 8)
2. For each diagnosis list the symptoms and circumstances from the case study that you would use as evidence for these diagnoses.
3. Based on the treatments you have learned about so far, what would you recommend and possible intervention to treat Michael?