

Abnormal Psychology

Chapter 7 Case Study – Susan

Susan is a European-American woman in her early fifties. She has been sleeping very poorly over the past several months (wakes up very early in the morning and can not go back to sleep) and has found herself angry at her husband (first marriage of 25 years) and children (three between the ages of 22 and 24) all of the time. At times, she has fantasies of getting in the car and never coming back. She works as an attorney for Kings County and is having more and more trouble interacting with her co-workers. For example, she tends to snap at them with little to no provocation and has even been reprimanded by her immediate supervisor. These behaviors are highly unlike her and have been happening for about three months now. Susan is a staunch Catholic and confesses to her priest about the recent behavior often. As she seems to be worsening, the priest suggested that she come to you for help.

When asked if there have been any changes in her life over the past several months, Susan denies any (even though she has gained about 25 pounds and had deep, dark circles under her eyes). Later in the interview she mentioned that her favorite cat was killed by a car last month and her oldest son “came out of the closet” about 6 months ago.

When directed to speak about her social life, Susan began to cry. Apparently, the relationship with her husband is becoming strained as he is tired of her behavior. They speak less and less, and she tends to stay long hours at work. As she has very little interest in sex, she reported that they have not had intercourse for at least three months. This is another major concern for her. It seems that, about ten years ago, her husband had a short sexual affair with a woman at work. After a couple of months in marital therapy and a short separation, they “worked through” the issues and reconciled. Although she has no specific evidence, she fears that he is “at it again” because she doesn’t satisfy him in bed.

When asked about her children, Susan also stated that they avoid her “like the plague.” Apparently she has become increasingly overprotective and critical at times. Toward the end of the interview, she confided that she is afraid that one of her children will die somehow. It was at this point that she began to cry again and mentioned that she feels like she is going crazy. When asked what she meant by “crazy,” she spoke about a ridiculous fear of germs and the inability to stop washing under her fingernails. It seems that she has become increasingly afraid that she or one of her children will become ill due to germs in the home. In order to cope with the fear, she has a housekeeper clean the bathrooms three times per week. Susan also washes her hands

in a highly ritualized way. She described how she carries sterilized fingernails file that has been boiled in water to dig out under each nail after she uses any restroom. It is to the point that she has frequently induced bleeding through these daily rituals. They are taking up so much of her time, that she is attempting to “hold it” until she simply can not. She keeps a change of clothing in her office in case of

“accidents.”

Finally, over the past six months, she has increasingly spent less time with her only close friend. They had some harsh words about six months ago and have never “made up.” Apparently, her friend confronted Susan about her “anger problem” which led to the argument. Susan stated that she really misses her friend, as she has no one else to talk to. It is at this point in the interview that she disclosed that she is afraid that her friend will sleep with her husband. When asked if there is any evidence that this has or could occur, she simply said “no.”

On the MMPI-2, the D scale is at 82, the Pt scale is at 75 and her Hy scale is 65. Her BDI-II shows a score of 32. Additionally, her Thematic Apperception Test exhibited themes of loneliness, sadness and fear. Many of her stories covered loss and death. On the Rorschach, her profile evidenced a tendency to think in an “all or none” fashion and a significant struggle with negative emotions. Her suicide potential scale was also quite elevated on this test. This is an important finding, as Susan lost her father to suicide when she was ten. She did admit that she has been thinking much about how the people in her life would be better off without her. Yet, at this point, she does not show a well-organized plan and stated that she would never kill herself as this is a mortal sin.

Finally, a medical evaluation shows some problems with her thyroid and relatively low iron levels in her blood. She also has extremely low estrogen and progesterone levels. Otherwise, no illness or disease appears to be present. She takes no prescription medications, yet she mentioned that she uses over-the-counter pain killers for menstrual cramps. Apparently there is little need for them these days, as her cycles have decreased over the past several months.

Please submit a written document with a title page and answer the following questions:

1. Based on this report, outline the specific aspects of her case that you feel led to the diagnosis of a mood disorder. Match the criteria listed in the textbook with the specific data that you gather from the case study in order to support the diagnosis.

2. Construct a preliminary treatment plan including referrals for treatment of her symptoms and psychosocial interventions to keep her safe.