

Case Study A

For . . . a six-month period, her irritability bordered on the irrational. She screamed in anger or sobbed in despair at every dirty dish left on the coffee table or on the bedroom floor. Each day the need to plan the dinner menu provoked agonizing indecision. How could all the virtues or, more likely, vices of hamburgers be accurately compared to those of spaghetti? . . . She had her whole family walking on eggs. She thought they would be better off if she were dead.

Beatrice could not cope with her job. As a branch manager of a large chain store, she had many decisions to make. Unable to make them herself, she would ask employees who were much less competent for advice, but then she could not decide whose advice to take. Each morning before going to work, she complained of nausea. . . .

Beatrice's husband loved her, but he did not understand what was wrong. He thought that she would improve if he made her life easier by taking over more housework, cooking, and child care. His attempt to help only made Beatrice feel more guilty and worthless. She wanted to make a contribution to her family. She wanted to do the chores "like normal people" did but broke down crying at the smallest impediment to a perfect job. . . . Months passed, and Beatrice's problem became more serious. Some days she was too upset to go to work. She stopped seeing her friends. She spent most of her time at home either yelling or crying. Finally, Beatrice's husband called the psychiatrist and insisted that something was seriously wrong.

(Lickey & Gordon, 1991, p. 181)

Case Study B

Mark remembers his first “firefight” and encountering the VC [Viet Cong] for the first time. He lost all bladder and bowel control—in a matter of a few minutes. In his own words, “I was scared and literally shitless; I pissed all over myself, and shit all over myself too. Man, all hell broke loose. I tell you, I was so scared, I thought I would never make it out alive. I was convinced of that. Charlie had us pinned down and [was] hitting the shit out of us for hours. We had to call in the napalm and the bombing.” During the first fight, Mark, an infantryman, experienced gruesome sights and strange sounds in battle. He witnessed headless bodies. “One guy said to me, ‘Hey, Mark, new greenhorn boy, you saw that head go flying off that gook’s shoulder. Isn’t that something?’” Within 2 weeks Mark saw the head of a running comrade blown off his shoulders, the headless body moving for a few feet before falling to the ground. Mark, nauseous and vomiting for a long time, couldn’t see himself surviving much longer: “I couldn’t get that sight out of my head; it just kept on coming back to me in my dreams, nightmares. Like clockwork, I’d see R’s head flying, and his headless body falling to the ground. I knew the guy. He was very good to me when I first got to the unit. Nobody else seemed to give a damn about me; he broke me in. It’s like I would see his head and body, you know, man, wow!” Mark often found himself crying during his first weeks of combat. “I wanted to go home. I was so lonely, helpless, and really scared. But I knew I could not go home until my year was up.”

(Brende & Parson, 1985, pp. 23-24)

Case Study C

Bob Donaldson was a 22-year-old carpenter referred to the psychiatric outpatient department of a community hospital. . . . During the initial interview Bob was visibly distressed. He appeared tense, worried, and frightened. He sat on the edge of his chair, tapping his foot and fidgeting with a pencil on the psychiatrist's desk. He sighed frequently, took deep breaths between sentences, and periodically exhaled audibly and changed his position as he attempted to relate his story:

Bob: It's been an awful month. I can't seem to do anything. I don't know whether I'm coming or going. I'm afraid I'm going crazy or something.

Doctor: What makes you think that?

Bob: I can't concentrate. My boss tells me to do something and I start to do it, but before I've taken five steps I don't know what I started out to do. I get dizzy and I can feel my heart beating and everything looks like it's shimmering or far away from me or something—it's unbelievable.

Doctor: What thoughts come to mind when you're feeling like this?

Bob: I just think, "Oh, Christ, my heart is really beating, my head is swimming, my ears are ringing—I'm either going to die or go crazy."

Doctor: What happens then?

Bob: Well, it doesn't last more than a few seconds, I mean that intense feeling. I come back down to earth, but then I'm worrying what's the matter with me all the time, or checking my pulse to see how fast it's going, or feeling my palms to see if they're sweating.

Doctor: Can others see what you're going through?

Bob: You know, I doubt it. I hide it. I haven't been seeing my friends. You know, they say "Let's stop for a beer" or something after work and I give them some excuse—you know, like I have to do something around the house or with my car. I'm not with them when I'm with them anyway—I'm just sitting there worrying. My friend Pat said I was frowning all the time. So, anyway, I just go home and turn on the TV or pick up the sports page, but I can't really get into that either.

Bob went on to say that he had stopped playing softball because of fatigability and trouble concentrating. On several occasions during the past two weeks he was unable to go to work because he was "too nervous."

(Spitzer et al., 1983, pp. 11-12)

Case Study D

Brian was spending Saturday sailing with his wife, Helen. The water was rough but well within what they considered safe limits. They were having a wonderful time and really didn't notice that the sky was getting darker, the wind blowing harder, and the sailboat becoming more difficult to control. After a few hours of sailing, they found themselves far from shore in the middle of a powerful and dangerous storm.

The storm intensified very quickly. Brian had trouble controlling the sailboat amidst the high winds and wild waves. He and Helen tried to put on the safety jackets they had neglected to wear earlier, but the boat turned over before they were finished. Brian, the better swimmer of the two, was able to swim back to the overturned sailboat, grab the side, and hold on for dear life, but Helen simply could not overcome the rough waves and reach the boat. As Brian watched in horror and disbelief, his wife disappeared from view.

After a time, the storm began to lose its strength. Brian managed to right the sailboat and sail back to shore. Finally he reached safety, but the personal consequences of this storm were just beginning. The next days were filled with pain and further horror: the Coast Guard finding Helen's body . . . conversations with friends . . . self-blame . . . grief . . . and more.

Compounding this horror, the accident had left Brian with a severe physical impairment—he could not walk properly. He first noticed this terrible impairment when he sailed the boat back to shore, right after the accident. As he tried to run from the sailboat to get help, he could hardly make his legs work. Indeed, by the time he reached the nearby beach restaurant, all he could do was crawl. Two patrons had to lift him to a chair, and after he told his story and the authorities were alerted, he had to be taken to a hospital for evaluation and treatment.

At first Brian and the hospital physician assumed that he must have been hurt during the accident. Perhaps the boat had crashed into his spine or his legs as it was overturning, or perhaps he had injured himself while trying desperately to grab hold of the boat. One by one, however, the hospital tests revealed nothing—no broken bones, no spinal or nerve damage, nothing. Nothing that could explain such severe impairment.

By the following morning, the weakness in his legs had become near paralysis. Because the physicians could not pin down the nature of his injuries, they decided to keep his activities to a minimum. He was not allowed to talk long with the police. Someone else had to inform Helen's parents of her death. To his deep regret, he was not even permitted to attend Helen's funeral.

The mystery deepened over the following days and weeks. Brian's paralysis continued, while further tests and medical consultations yielded no new insights. Brian became more and more reclusive, unable to see more than a few friends and family members and unable to take care of the many unpleasant tasks attached to Helen's death—everything from filing insurance claims to responding to sympathy cards. Indeed, under such conditions, he could not bring himself to return to work or get on with his life. Almost from the beginning, Brian's paralysis had prevented him from focusing fully on the accident

itself or from confronting feelings of personal loss, guilt, or anguish. It had prevented him from mourning the loss of his dear wife, who had been the center of his universe, and it had made him into a self-absorbed and deeply preoccupied person—almost devoid of emotion, unable to look back and unable to move forward.

Case Study E

Laura, 40 Years Old

Laura's desire was to become independent and leave home [in Austria] as soon as possible. . . . She became a professional dancer at the age of 20 . . . and was booked for vaudeville theaters in many European countries. . . .

It was during one of her tours in Germany that Laura met her husband. . . . They were married and went to live in a small provincial town in France where the husband's business was. . . . She spent a year in that town and was very unhappy. . . . [Finally] Laura and her husband decided to emigrate to the United States. . . .

They had no children, and Laura . . . showed interest in pets. She had a dog to whom she was very devoted. The dog became sick and partially paralyzed, and veterinarians felt that there was no hope of recovery. . . . Finally [her husband] broached the problem to his wife, asking her "Should the dog be destroyed or not?" From that time on Laura became restless, agitated, and depressed. . . .

. . . Later Laura started to complain about the neighbors. A woman who lived on the floor beneath them was knocking on the wall to irritate her. According to the husband, this woman had really knocked on the wall a few times; he had heard the noises. However, Laura became more and more concerned about it. She would wake up in the middle of the night under the impression that she was hearing noises from the apartment downstairs. She would become upset and angry at the neighbors. . . . Later she became more disturbed. She started to feel that the neighbors were now recording everything she said; maybe they had hidden wires in the apartment. She started to feel "funny" sensations. There were many strange things happening, which she did not know how to explain; people were looking at her in a funny way in the street; in the butcher shop, the butcher had purposely served her last, although she was in the middle of the line. During the next few days she felt that people were planning to harm either her or her husband. . . . In the evening when she looked at television, it became obvious to her that the programs referred to her life. Often the people on the programs were just repeating what she had thought. They were stealing her ideas. She wanted to go to the police and report them.

(Arieti, 1974, pp. 165-168)

Case Study F

Dazed and bruised from a beating, Eric, 29, was discovered wandering around a Daytona Beach shopping mall on Feb. 9. . . . Transferred six weeks later to Daytona Beach's Human Resources Center, Eric began talking to doctors in two voices: the infantile rhythms of "young Eric," a dim and frightened child, and the measured tones of "older Eric," who told a tale of terror and child abuse. According to "older Eric," after his immigrant German parents died, a harsh stepfather and his mistress took Eric from his native South Carolina to a drug dealers' hideout in a Florida swamp. Eric said he was raped by several gang members and watched his stepfather murder two men.

One day in late March an alarmed counselor watched Eric's face twist into a violent snarl. Eric let loose an unearthly growl and spat out a stream of obscenities. "It sounded like something out of *The Exorcist*," says Malcolm Graham, the psychologist who directs the case at the center. "It was the most intense thing I've ever seen in a patient." That disclosure of a new personality, who insolently demanded to be called Mark, was the first indication that Graham had been dealing with a rare and serious emotional disorder: true multiple personality. . . .

Eric's other manifestations emerged over the next weeks: quiet, middle-aged Dwight; the hysterically blind and mute Jeffrey; Michael, an arrogant jock; the coquettish Tian, whom Eric considered a whore; and argumentative Phillip, the lawyer. "Phillip was always asking about Eric's rights," says Graham. "He was kind of obnoxious. Actually, Phillip was a pain."

To Graham's astonishment, Eric gradually unfurled 27 different personalities, including three females. . . . They ranged in age from a fetus to a sordid old man who kept trying to persuade Eric to fight as a mercenary in Haiti. In one therapy session, reports Graham, Eric shifted personality nine times in an hour. "I felt I was losing control of the sessions," says the psychologist, who has eleven years of clinical experience. "Some personalities would not talk to me, and some of them were very insightful into my behavior as well as Eric's."

(Time, October 25, 1982, p. 70)