

# A Casebook in Abnormal Psychology

From the Files of Experts

EDITED BY Richard P. Halgin

Susan Krauss Whitbourne



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*FROM THE FILES OF EXPERTS*

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# I *The Therapeutic Process*



*Richard P. Halgin and  
Susan Krauss Whitbourne*

Relationships, the core of human existence, are experienced in countless ways in our lives. Those that promote positive growth are typically loving, teaching, or caring connections with other people. In this book, you will enter the world of professionals who have devoted much of their lives to the task of helping to foster positive change in individuals suffering from psychological disorders. You will learn about some of the relationships in which these mental health experts have touched the lives of troubled people. You will also read about the ways in which these troubled individuals have, in turn, affected the clinicians who treated them.

All the professionals whose case studies you will read in this book are internationally regarded as leaders in the field of psychiatry and psychology. They share stories from their files that bring to life the complexities of diagnosis and treatment of a disorder in their area of expertise. They tell the stories of their clients (referred to by some as patients) in a way that brings the clinical process to life.

## THE THERAPY RELATIONSHIP

When thinking about psychotherapy, some people conjure an image of a process in which one person “does something” to another person. That is, a therapist “treats” a client by applying certain psychological techniques. What is missing from this view is the reciprocity, or mutual impact, that each person in the dyad has on the other. In therapeutic relationships, caregivers can also be affected in profound ways by those who come to them for help. On a broader level, therapists may find that working with clients stimulates them to develop or refine their theories, research approaches, and scholarly writings. Even the most prominent of experts may be affected in significant ways by those who turn to them for help. As we explore the intricacies of the therapy relationship, we will look

separately at the qualities of the helpseekers and the helpers, and then explore the fascinating interaction between the two.

### Who Are the Helpseekers?

Who are these people who seek out the wisdom of helping professionals? To tackle this question, it is important to have an understanding of the different views that professionals have of this relationship. Some clinicians, particularly those who adhere to a medical model of psychiatry, prefer to view the helpseeker as a “patient”—literally, a person who is suffering and in need of a health professional’s attention. Although the term may imply that the patient is a passive recipient of care, this is not what is meant by clinicians who favor this term. Clinicians who use the term “patient” regard their relationship as a professional bond that is deeply rooted in mutual trust. The doctor’s relationship to a patient is regarded as involving a sacred obligation similar to that which characterizes the work of a priest or minister. Other clinicians prefer to view the helpseeker as a “client” who enters a relationship with a professional who is being paid for services; in this view, the clinician is a consultant who takes more of a collaborative stance with the person seeking help. Interestingly enough, some clinicians use the terms interchangeably, depending on the context; perhaps they see *patients* at the hospital and *clients* in the office of their private practice. Although this debate may seem to be a matter of semantics, it is an important issue for some clinicians.

The most essential point to consider, regardless of terminology preference, is that psychotherapy involves an intense relationship. The concept of a partnership captures the spirit of two people journeying toward some goal. Along this route, each of the participants will change, and in the best of situations each will grow. For the sake of simplicity, and because the term “client” is used in most of the cases in this book, we refer to helpseekers as clients in this chapter.

### Who Are the Helpers?

Who are the people who provide guidance, wisdom, and care for these troubled helpseekers? Optimally, clinicians are astute observers of human nature who have developed expertise in listening to the concerns and problems of people and in recommending interventions that are aimed at reducing distress and alleviating pain. There are many types of clinicians, and they approach their work in a variety of ways, based on their training and orientation. Some are psychiatrists, or medical doctors, whose initial training was that of a physician with a subsequent specialization in the field of psychiatry. Others are clinical psychologists whose post-college training has been in a graduate program in psychology. Social workers comprise a third segment of the mental health field; these professionals obtain their training in graduate schools of social work. You will read cases by specialists in each of these three fields. Interestingly, it is not their

clinical practice alone that has brought them international renown, although they are gifted clinicians. Their prominence has evolved from the research and scholarship they have published in books and prestigious journals. In their case studies, they draw from both their clinical experience and their scientific expertise in telling the stories of their work with clients.

## THE CASE STUDY

This book is a compilation of some of the most compelling case histories you will ever read. They are the ones that have stood out in the minds of the contributors for very special reasons. Some have been turning points in the careers of the contributors. Others epitomize the theoretical and clinical approach of the contributors. To prepare you for reading these stories, we feel it is helpful to share the elements of a well-developed case study, elements you will find in each of these chapters.

Customarily, a case study is the clinician's description of the client's presenting problem, assessment of the client, and intervention. Those are the basics, but for this volume we have asked contributors to go beyond the essentials of the usual case study in which the clinician speaks only about the client. We have asked these clinicians to put their narratives in the first person, to reflect on their thoughts about the case, their strategies in approaching the case, and the struggles they encountered along the way. What has emerged in this process is a unique collection of the innermost thoughts and reactions of the contemporary world's experts. This is a wonderful privilege, usually provided only to other professionals.

In these cases, the clinicians begin their stories by giving us a snapshot of the initial presentation of the clients. The initial presentation helps the reader imagine how these individuals appeared at the point of the first encounter—their appearance, notable behaviors, and manner of speaking. The clinicians draw our attention to some of the clues which they perceived to be key to the development of their diagnostic hypotheses. Next, you will read about the history of these clients—the past and recent life events that give some insight into how the client developed the disorder.

### The Diagnostic System

Following the introductory material, the contributors present their diagnoses using the technical terms that are common in the field. These diagnostic terms are derived from a formal list that is published by the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Disorders*, currently in its fourth edition. This volume, which was published in 1994, is more commonly known as *DSM-IV*.

In the *DSM-IV* each psychological disorder appears on one or both of two

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“axes,” or dimensions, known as Axis I and Axis II. The three remaining axes are used to provide objective indicators of a client’s physical health (Axis III), extent of stressful life circumstances (Axis IV), and overall degree of functioning (Axis V). Let’s take a closer look at each of these dimensions, or axes.

### *Axis I: Clinical Disorders*

The major disorders that form the focus of clinical treatment are designated on Axis I. Included on Axis I, for example, are anxiety disorders, dissociative disorders, sexual disorders, mood disorders, schizophrenia, and so on. These disorders share the common feature that they are, in a sense, like illnesses that arise at some point in the individual’s life and overwhelm or overshadow the individual’s underlying personality or cognitive functioning.

### *Axis II: Personality Disorders and Mental Retardation*

In contrast to Axis I disorders, the disorders on Axis II are considered to be part of the underlying “fabric” of the individual’s disposition or intellectual capacity. Personality disorders represent enduring, inflexible, and maladaptive personality traits that cause the individual to experience feelings of distress or to suffer from considerable impairment in the ability to carry out the everyday tasks of life. Although this book does not include a case involving mental retardation, such a diagnosis would be specified on Axis II and would represent an enduring disorder of intellectual functioning. In this book, you will read about two personality disorders—one involving borderline personality disorder, and the other antisocial personality disorder.

Clients may receive diagnoses on both Axis I and Axis II, and this is the case for a number of the individuals described in this casebook. As you will see in your reading of these cases, clients with multiple diagnoses present especially difficult treatment challenges for clinicians.

### *Axis III: General Medical Conditions*

Clinicians document medical conditions on Axis III, which is based on a medical classification system. Some of the medical conditions that can interact in important ways with psychological disorders include chronic diseases such as arthritis, multiple sclerosis, respiratory dysfunction, cancer, cardiovascular diseases, asthma, and diabetes. Terminal illnesses such as cancer or AIDS present particular psychological difficulties that may become the basis of a psychological disorder. The documented existence of a physical disorder is a crucial piece of information that the clinician must have because it means that a major facet of the client’s life is being affected by something outside the psychological realm.

#### *Axis IV: Psychosocial and Environmental Problems*

On Axis IV, the clinician documents events or pressures that may affect the diagnosis, treatment, or outcome of a client's psychological disorder. Stressful events such as job loss, an automobile accident, or the break-up of a long-term relationship can interact with psychological disorders in significant ways. For the most part, the life events on Axis IV are negative in nature. However, "positive" life events, such as a job promotion, might cause problems for an individual because of the increased stresses associated with the position and should be taken into account when developing a comprehensive diagnostic picture.

#### *Axis V: Global Assessment of Functioning*

The full *DSM-IV* diagnosis is completed when the clinician arrives at an overall judgment on Axis V, which indicates a client's psychological, social, and occupational functioning. The Global Assessment of Functioning (GAF) scale provided on Axis V rates the individual's overall level of psychological health, ranging from a high rating of 100, indicating good functioning in all areas, to a low rating of 1, indicating a markedly serious level of functioning, possibly including suicidal acts. Clinicians use the GAF ratings both to assess the client's prognosis, or chances of improvement, and the seriousness of the client's current symptoms.

### **Case Formulation**

As you will see when you read the diagnoses assigned to the clients in this volume, very limited information and understanding is communicated by the shorthand phrases of the *DSM-IV* diagnoses. Because even people with the same diagnosis have different characteristics, and the contributing factors to each individual's psychological problem are unique, it is important for clinicians to try to understand the complex set of issues that coalesce in causing and maintaining psychological disturbance. A case formulation transforms the diagnosis from a set of code numbers to a rich descriptive narrative about the client's personal history, and helps the clinician in designing a treatment plan that is attentive to the client's symptoms, unique past experiences, and potential for growth.

Once the stage has been set for understanding the client's history and diagnosis, the clinician describes the course of treatment and the outcome of the case. It is here that you will learn about the events which unfolded in the helping relationship. Even the experts must confront and manage the ups and downs involved in trying to bring about change in a person whose life has been seriously disrupted by psychological disorder. Although most of the cases provide cause for optimism, you will certainly be struck by the fact that clinicians, even world-renowned experts, face a formidable set of challenges. You will see

that “success” in psychotherapy is sometimes elusive, and may be measured in different ways.

## **EMPIRICAL CONTRIBUTIONS TO UNDERSTANDING AND TREATMENT OF THE DISORDER**

The case studies, compelling as they are, only tell part of the story. The contributors to this volume have provided us with insights into how their cases have become woven into their scholarly work. We asked them to explain how their research and theoretical views contributed to their understanding of these clients. They provide an insider’s look into the development of their approach, and they explain how their research and treatment of similar clients over the course of years led to the formulation of their system of understanding psychological disorder.

The excitement of looking into the minds of these world-famous clinicians will become evident as you read these cases. In addition to witnessing the therapeutic processes of experts, you will also be privy to understanding how their clinical models have been informed by their scholarship, and how their research and theory have evolved from these clinical endeavors.

## PERSONALITY DISORDERS

- Chapter 2: Borderline Personality Disorder
- Chapter 3: Antisocial Personality Disorder

A personality disorder involves a longlasting maladaptive pattern of inner experience and behavior, manifested in the ways that a person thinks, feels, relates to other people, and controls impulses. This longlasting pattern is a rigid aspect of the individual and pervades most aspects of the person's life. People with personality disorders are likely to suffer from intense inner distress or encounter problems in many spheres of life.

Personality disorders are usually apparent by the early adult years and over time, these difficulties become part of the very fabric of the individual's being. Inner conflicts and problems relating to other people become more and more entrenched. It's not surprising that many clinicians find these psychotherapy with individuals to be so challenging.

About  
the  
Author

*Theodore Millon, PhD., DSc, is Professor, Department of Psychiatry, Harvard Medical School, Professor of Psychology, University of Miami, and Dean, Institute for Advanced Studies of Personology and Psychopathology. He has served as President of the International Society for the Study of Personality Disorders and was founding editor of the Journal of Personality Disorders. Author of numerous books, notably Disorders of Personality, 2nd edition (Wiley, 1996), Personality and Psychopathology (Wiley, 1996), Toward a New Personology: An Evolutionary Model (Wiley, 1990), he has also published numerous other books, chapters, and articles. Professor Millon is perhaps best known for his diagnostic clinical inventories, namely the Millon Clinical Multiaxial Inventory (MCMI), the Millon Adolescent Clinical Inventory (MACI), and the forthcoming Millon Behavioral Medicine Consult (MBMC), each published by NCS Assessments. A widely respected lecturer, Professor Millon has given talks throughout the European continent, in Asia, as well as in over 250 universities and regional workshops in the United States. His forthcoming book on Synergistic Psychotherapy represents his culminating ideas regarding the most effective and successful approaches to the treatment of both Axis I and Axis II mental disorders.*



# Ann: My First Case of Borderline Personality Disorder

## About the Disorder

Borderline personality disorder, a condition that is both complex and fascinating, causes inner torment for the individual as well as tension and exasperation in relationships. Sparking many interpersonal difficulties is the style used by these individuals in order to frantically avoid real or imagined abandonment; even a brief departure by a loved one may set off depression and rage. It is not surprising, then, that relationships tend to be unstable and pathologically intense, characterized by sudden shifts between idealization and devaluation of others. These individuals tend to be perplexed about their own identity; they may be confused about their direction in life and other central features of their personality. Their impulsivity may create self-damaging or possibly fatal problems; for example, they may recklessly engage in promiscuity, dangerous driving, or binge eating. Attempts to injure themselves may be so extreme that suicide is considered or attempted; some individuals do not go so far as to threaten their own life, but they injure themselves by cutting or burning. Instability of mood results in emotionality that causes them to feel anxious, irritable, and unhappy. They commonly describe feelings of emptiness, which are intensified by boredom that propels them to take action to fill a distressing sense of void. When provoked, even by something unimportant, their expression of rage may overpower others. Lastly, they may become so upset that, at times, they develop psychotic-like symptoms such as paranoid thinking or feelings of unreality or dissociation.

Imagine how challenging it is to treat someone who is so unpredictable. In Dr. Milion's words, they "run through the whole gamut of emotions in therapy, and their erratic and frequently threatening behaviors stir many therapists in response to them."—Eds.