Case 1:

I would diagnose Mr. Wilson with schizophrenia based on the following identified symptoms.

There were no physical symptoms identified.

Positive psychological symptoms:

* He was feeling like everyone was watching him, and that he is under surveillance and that his neighbors are “actors”. He believes that his apartment is the center of some giant communications network between major TV networks. When he is watching TV he experiences that his minor actions are commented on by the announcer.
* Convinced that his classmates were making fun of him based on snorting and sneezing sounds he heard when he entered the classroom. This represents a tendency to have delusions of reference. He also thought that he was getting signals from co-workers. These experiences caused him to become suspicious and socially withdrawn.
* He has experienced auditory hallucinations and beliefs they are being controlled by one of the machines that the neighbors operate. This is an example of illogical thinking based on the fact that he does not realize that the voices are coming from himself. There is one voice which he does not know who controls the voice; he calls this “The Joker”.
* Mr. Wilson has also been exhibiting unusual behavior. He drove 30 miles to go buy shoes because he believed all of the shoes had been “altered” by some “harassers.” According to a delusion of reference these harassers must have known where he was go to go shoe shopping and gone ahead of time and installed special nails in the shoes to annoy him.
* He has a delusion of grandeur which involves the thought that this is all part of a large experiment to discover the secret to his “superior intelligence.”

Due to the delusional thoughts that Mr. Wilson has there is an anxiety that might be a cause for his overall lack of social cognitive skills. This means that he does not handle interactions with others in a usual manner.

Mr. Wilson’s delusions, auditory hallucinations, and lack of social skills have led to a life that lacks normalcy. Beyond having bi-annual lunches with his uncle and interactions with medical health workers, Mr. Wilson has no signs of a healthy relationship with anyone. As a result he has no real support from his family.

If we were able to obtain a more extensive historical record of his experiences before the onset of his illness we might have a better sense of the causes of his condition. He has certainly tried treatment before many times with little success. He has been on a variety of different antipsychotic medications but usually once he gets out of the hospital he soon stops taking the medicine that was keeping him well. He lacks the support that he needs outside of the hospital to keep up with his medications.

I would recommend trying treatment again in a more productive setting than a hospital that provides him with knowledge about his condition and better long-term support. He will need to stay on his medications and as his condition improves I would try to facilitate a steady monitored life style in which a support group can keep in regular contact with Mr. Wilson. Regular meetings and reevaluations should be conducted.

Reaching out to his uncle and gathering some family history of mental illness could provide more insight into an past trauma that might have occurred.

Social skills and cognitive-behavioral treatment can help the patient better understand what is happening to them and help break down some of the delusional ideas. Developing social skills can help him to learn healthy ways to interact with other people. Mr. Wilson should also get involved in a supported employment program where he and his coworkers understand his condition and can facilitate some productive work place activities. This can increase the rate of symptom improvement and enhance leisure, and financial satisfaction and self-esteem.

Case 2:

I would diagnose Marcie with dependent personality disorder based on the following symptoms.

There were no specified physical symptoms.

Marcie is obsessed with her significant other (Sean) and believes she cannot live without him. She displays clingy social behavior, lacks self-confidence, and has low self-esteem. She has difficulty making decisions in her daily life without an excessive amount of advice and reassurance from others. Marcie expects to have her therapist around to help her with decisions throughout the rest of her life and asks her friends for advice on her relationship all the time.

She has trouble expressing disagreement with others because of the fear that she will lose their support and approval. She does not dare voice her disagreement with her therapist for fear of losing that relationship. She feels that she needs the therapist’s input and guidance to help her through this difficult time.

She supports her boyfriend financially by paying for his 7 years of college. This puts a strain on her financial situation. She also volunteered to participate in group sex to make Sean’s fantasies come true. Without him see feels helpless and has anxiety about being alone. She has endured verbal and physical abuse and has not broken up the relationship despite the fact that Sean has cheated on her multiple times. She still says that she wants to know how to hold onto him and wishes he would become addicted to her.

Marcie’s dependence on being close to her boyfriend has negative impacts on her life. She does things for Sean that do not benefit her in anyway. It is very unusual that a girlfriend pay for a boyfriend’s education. Especially when he is abusive and is clearly taking advantage of her. The fact that Sean refuses to attend therapy should be a sign that he really doesn’t care for her wellbeing. It would be good to get a background on her childhood to know if there was a dependent relationship that modelled this type of behavior for her.

There might be a risk of depressive symptoms when the relationship ends.

I would recommend regular meetings with a therapist to help Marcie understand that she can live very successfully without the bad relationship she has with Sean. She needs to understand how the relationship is unhealthy and that she could in fact be much happier without Sean. Medication will not be a useful treatment method here. Helping Marcie become more independent is the goal here. If and when the relationship with Sean ends it is important that she see this as a positive thing. If she becomes depressed for a long period of time therapy may still be necessary. I highly recommend that she try to get Sean to come with her to the therapist so that she can complete successful treatment. It is also important that the success of treatment is not associated with a dependence on the therapist.