Jerry, age 37, was diagnosed when he was 23 years old. At the time, he had dropped out of college because of his illness and was living at home with his parents. He subsequently was stabilized on antipsychotic medication, was placed under case management, moved to a group home, and worked in a sheltered workshop. He lived in the group home for 11 years. Last year, he stopped taking his medication, believing he no longer needed it. The nurse at the group home arranged for Jerry to start receiving monthly injections of a depot form of antipsychotic medication. He took the injections for 4 months, but then refused to take any more. He was told that he must take his medication in order to remain in the group home. He packed his clothes and took a bus to his parents' home, where he has been living ever since, taking no mediation for his illness.

He has progressively become more withdrawn and suspicious. His mother reports that he talks to himself all the time. He doesn't bathe or have his hair cut, and he wears dirty clothes, despite efforts by his parents to provide assistance with his self-care. He takes his food to his room and eats alone.

Last night, his father went to Jerry's room and told him he was going to have to "straighten up and do something about his situation, or he was going to be out on the street." Jerry became angry, picked up a baseball bat, and started swinging it at his father. He hit him once on the back, but his father was able to get away without further injury. Jerry's mother called the police, who came to the home, put Jerry in handcuffs, and took him to the emergency department of the local hospital. He was admitted to the psychiatric unit. He continues to talk to himself and tilts his head to the side occasionally, as if he is listening to something. He is very distracted and speaks with loose associations. His verbalizations reflect paranoid delusions.

Ilene, age 75, is taken to the community mental health center by her daughter, Amy. Amy explains to the psychiatric nurse practitioner that Ilene came to live with her and her family last year after Ilene's husband, Ray, died. Ray and Ilene had been married for more than 50 years. They had two children, Amy and a son, Charles, who lives 500 miles away. Ilene and Ray had lived in a small town all their married life. Amy and her family live in the suburbs of a large city. Amy explained that because Ilene had no relatives in the small town, they felt it would be better if she came to live with Amy and her family (a husband and two teenagers).

Amy explains that in recent months, Ilene has become increasingly withdrawn and isolates herself in her room. She eats very little and has lost about 15 pounds in the past 5 months. She has trouble sleeping, and Amy reports hearing Ilene up walking around at night. Amy became concerned when she overheard Ilene talking on the phone to a friend back in her hometown. She heard Ilene say, "I don't have a lot left to live for."

In the intake interview, Ilene speaks only when spoken to, keeps her head downcast, and twists a handkerchief in her hands. When asked to explain the statement that was overheard by Amy, Ilene starts to cry and states, "I miss my friends and my church. My husband is buried back in that town. I don't know anyone here. Amy and her husband both work, and the kids are in school and busy with their friends. I feel so alone. I miss my husband. I really don't think I have a lot left to live for. I just want to die!"

Janet, age 29 and the mother of a 6-year-old girl and an 8-year-old boy, has come to the community mental health center alone. She tells the psychiatric nurse practitioner that she is here because her husband said he would leave her if she didn't get some help. She describes her problem as, "My nerves are shot." When asked to explain, she states that she likes everything to be "in order." She says she cleans her house "from top to bottom" every day. Then when her husband and children come home, she "has to go along behind them and clean as they mess up!" She explains that she can't leave the house without checking and rechecking locks on all doors and windows, and checking and rechecking all electrical outlets and appliances. Sometimes, this routine takes most of an hour before she feels satisfied and ready to leave the house. She said she had to get started getting ready to come to the clinic this morning about 3 hours before she left. "We seldom go out anymore, because my husband says it's just not worth the effort. I'm driving everyone crazy, and I don't know how to stop. I *can't* stop!" The psychiatrist diagnoses Janet with

Derek worked in a large office as a computer programmer. When another programmer received a promotion, Derek felt that the supervisor "had it in for him" and would never recognize his worth. He was sure that his coworkers were subtly downgrading him. Often he watched as others took coffee breaks together and imagined they spent this time talking about him. If he saw a group of people laughing, he knew they were laughing at him. He spent so much time brooding about the mistreatment he received that his work suffered and his supervisor told him he must improve or receive a poor performance rating. This action reinforced all Derek's suspicions, and he looked for and found a position in another large company. After a few weeks on his new job, he began to feel that others in the office didn't like him, excluded him from all conversations, made fun of him behind his back, and eroded his position. Derek has changed jobs six times in the last seven years.

Mary's problems started one day when she was pumping gas. Some rough young men came over and made rude remarks. She was frightened and began avoiding gas stations. The fear increased, and she became unable to do the grocery shopping without her husband. She spent much of her day worrying about anticipated trips out of the house. Within two years, she was housebound. Her husband consulted a psychiatrist who gave him advice on how to persuade Mary to come in for a consultation. The psychiatrist saw them together and prescribed medication. At Mary's next session, she was calm enough to begin the therapeutic work of enlarging her "perimeter of safety." Her husband attended all of the sessions. Between sessions, he helped her with her homework. He would accompany her as she gradually went further from home. When she began to go places on her own, he was coach and cheerleader. She was eventually able to deal with her fears on her own. Mary elected to remain on her medications for a year after her symptoms had gone away.*

When the man first walked into the homeless shelter, he hadn't a thing to his name, including a name. He'd been referred from a local hospital's emergency room, but he told the clinician on duty that he'd only gone there for a place to stay. As far as he was aware, his physical health was good. His problem was that he didn't remember a thing about his life prior to waking up on a park bench at dawn that morning. Later, when filling out the paperwork, the clinician had penciled in "John Doe" as the patient's name.

Aside from the fact that he could give a history spanning only about eight hours, John Doe's mental status exam was remarkably normal. He appeared to be in his early 40s. He was dressed casually in slacks, a pink dress shirt, and a nicely fitting corduroy sports jacket with leather patches on the elbows. His speech was clear and coherent; his affect was generally pleasant, though he was obviously troubled at his loss of memory. He denied having hallucinations or delusions ("as far as I know"), though he pointed out logically enough that he "couldn't vouch for what kind of crazy ideas I might have had yesterday."

John Doe appeared intelligent, and his fund of information was good. He could name five recent presidents in order, and he could discuss recent national and international events. He could repeat eight digits forward and six backwards. He scored 29 out of 30 on the Mini-Mental State Exam, failing only to identify the county in which the shelter was located. Although he surmised (he wore a wedding ring) that he must be married, after half an hour's conversation he could remember nothing pertaining to his family, occupation, place of residence, or personal identity.

"Let me look inside your sports jacket," the clinician said.

John Doe looked perplexed, but unbuttoned his jacket and held it open. The label gave the name of a men's clothing store in Cincinnati, some 500 miles away.

"Let's try there," suggested the clinician. Several telephone calls later, the Cincinnati Police Department identified John Doe as an attorney whose wife had reported him missing two days earlier.

The following morning John Doe was on a bus for home, but it was several days before the clinician heard the rest of the story. A 43-year-old specialist in wills and probate, John Doe had been accused of co-mingling the accounts of clients with his own. He had protested his innocence and hired his own attorney, but the Ohio State Bar Association stood ready to proceed against him. The pressure to straighten out his books, maintain his law practice, and defend himself in court and against his own state bar had been enormous. Two days before he disappeared, he had told his wife, "I don't know if I can take much more of this without losing my mind."

I always thought of myself as a fairly rational person - quite calm, not easily stressed, able to cope with most of the ups and downs that life threw at me but, for almost as long as I can remember, the one thing that was absolutely guaranteed to transform me into a quivering wreck was an encounter with a spider.

The sight of a spider scuttling across the floor would throw me into a state of panic. My heart rate would increase, I would hyperventilate and I would often be reduced to tears. I really did not want my children seeing me in such a state and I was acutely aware of the fact that I was probably passing on my phobia to them.

I began to realize that even if I didn't see a spider, I was looking for one. When I entered a room, I found that I was quickly scanning it for spiders - particularly the ceiling. I reasoned that obviously if there was a spider on the ceiling, it would fall on my head! I had other irrational rituals as well. For example, I would always throw back the bed clothes before I got into bed, just to check I wasn't going to snuggle up with a spider. I always checked my shoes before I put them on, again to make sure there wasn't a spider lurking in there.

I didn't really want to become best friends with the arachnid population. I didn't want a tarantula

8

Alex periodically suffers from extremely high levels of anxiety but he cannot pinpoint the source or otherwise say why he is so anxious. He is terrified at times, his heart often races, he feels wobbly, and has difficulty concentrating.

Karen worries excessively about developing a rare disease. When she meets friends or writes letters to her relatives, she is constantly discussing how she feels and expresses concern that even the most minor irregularities in the functioning of her body are symptoms of underlying diseases. She spents a good deal of time consulting doctors for a second opinion.

P.T. is a 21 year-old man who was referred to this office for psychiatric problems secondary to a work related accident. He was working on a construction site and driving a front-end loader when a dump truck crashed into the loader. He was trapped under the loader for approximately 25 minutes.

He was taken to Shock Trauma at the University of Maryland Hospital. After a careful evaluation, it was found that although there were some severe strains, there were no actual physical injuries that required any type of surgical intervention. He was sent home on muscle relaxants and pain killers.

Since he has been home he has found that he is quite limited physically. He is bent over, and walks with a great deal of difficulty-even with the assistance of a recently purchased cane. He has been followed by a number of physicians, all of whom feel that there is no obvious physical injury.

Patient gives a history of being raised in an extremely volatile household. His father, a policeman, would come home after duty and be extremely assaultive to the family. His father would also drink heavily. He remembers his mother being struck, and he and his brother being thrown around the room and being quite terrified. He would often urinate in his pants when these traumatic episodes would occur. He was a bed-wetter until the age of thirteen.

He stated that he was always frightened of his father, but at the same time respected him. Now he thinks that this was a good way to have been raised, and he likes the toughness that the father created within him. His father was in later years, diagnosed with manic depressive illness and was successfully treated with lithium therapy.

Patient has been married twice. He has two daughters by the present marriage. He states that there has been some difficulty within the marriage.

He is frustrated with his doctors who cannot seem to find out what is physically wrong with him. He knows that he needs his cane and that he cannot work anymore due to the physical limitations that this has created for him.

The patient is not known to the clinic. She asks that her husband participate in the assessment and starts the conversation by pointing out that she decided to present to the appointment only after repeated arguments with him. She says: "The major reason I am here is that I hope he will stop aggravating me, stop saying that I need a psychiatrist, and stop insisting that I go back to my previous psychiatrist." The husband says that he had convinced the patient to schedule the appointment, but then it was very difficult for him to convince her to go to the clinic. Upon specific questioning, the patient says that she is not sure if she really needs help, and that in any case, she does not want to start medications like lithium, which she tried in the past and did not tolerate. As the evaluation proceeds, she reports that she was feeling well until about 4 weeks ago when she started to experience frequent mood swings. She describes her mood as alternating between irritability and euphoria. She also reports feeling very depressed to the point of crying two to three days a week for a period of approximately 30 minutes.

She states that her ability to carry out normal daily activities has severely decreased. She also complains of the following symptoms: racing thoughts, increased anxiety, indecisiveness, distractibility, difficulty concentrating and remembering, over-talking, agitation, excessive cleaning behavior, and a pervasive eating disturbance (eating only once a day, such that she has lost 10 lbs over the past 10 days). Furthermore, she reports severe difficulty in falling asleep and says that when she does eventually manage to fall asleep, she periodically wakes up.

She has been verbally aggressive with her family members and neighbors, although she denies being physically aggressive towards her husband or children. She declares that she would never inflict harm on them, nor does she think that she is unsafe in her community. Her husband states that she has experienced similar episodes in the past and has never become physically aggressive, nor has she ever been a serious danger to herself or others.

The patient also reports having daily anxiety attacks associated with dizziness, sweating, and fear of losing control. She denies having any other physical symptoms outside of the time when she is experiencing an anxiety attack. The attacks develop abruptly and peak within a few minutes. They occur once a day if she stays home or more frequently if she goes out. Consequently, she is terrified of leaving the house, and as a result, is isolating herself at home. To avoid leaving the house, she asks friends and/or relatives to run errands and perform tasks that would require her to leave the house. She states that she is afraid that she might have an anxiety attack or cry in public. She says that she will walk her son to school down the block, but other than that, she will not leave the house. Her seclusion in the home almost prevented her from coming into the clinic.

The patient has a past history of alcohol abuse, but states that she has not used alcohol or drugs in the past 3 years. She reports no symptoms of obsessive-compulsive disorder. She denies delusions or hallucinations. She denies any suicidal ideation, intention or plan, and contracts for safety. She also denies any prior suicide attempt and states that no one in her family has ever attempted suicide.

The patient was born female to a mother who was a famous show person. The father died shortly after her birth. The mother gave the little girl to another very well known family to raise.

The patient now relates that she (as a female child) was severely sexually abused throughout childhood. She says the adopted father would rape her and the step-mother gave her enemas for punishment. When she was nine years old, she confided in a teacher whom she says "got fired for trying to help her." She felt since the adopted parents were so prominent and powerful in the community, there was no hope for rescue.

The patient remembers dissociating since age six. She knew that she lost time and sometimes found herself in the boys' line instead of the girls' line at school. The patient knew there were male alter personality states who were good in ice hockey and other activities. At age 11 her biological mother took her back. She was aware of the time lapses but said it was easy to hide them. "If you acted funny, well, people thought you were a show person." There were seven or eight personalities then, 32 or 33 now.

Two male alters, John and Mike, began to dominate. The patient cross-dressed for 11 years most of the time. There were simultaneously existing female alters, one who designed jewelry.

The patient went to a gender dysphoria clinic in Jacksonville, Florida, where she withheld information about dissociating. Mike and John passed all the tests. Surgeries were done in 1975, 1976 and 1977. In 1986 the patient married a Swiss woman. He subsequently developed diabetes and had a nervous breakdown in 1988 and again in 1989.

He now keeps a calendar of time, tries to be more aware and co-conscious with other alters.

He is on disability for diabetes and knee replacement, is dating a woman who was also sexually abused, and is in therapy.

Two of the 32 male alters are Mike and John and two female alters are Michelle and Jackie. Michelle has a very feminine voice and is mildly suicidal. Jackie is eight years old, has a childlike voice, and likes to play with Barbie Dolls.

Jaeson Ngu and Vincent Oh were staying in a Khao Lak resort when the tsunami strike.

While they survived, they lost all their possessions.

They were left with only Vincent's tattered passport.

Vincent was visiting the resort where Jaeson worked.

Now the 21 year-old is home safe and sound, but he still bears the emotional scars.

Vincent said: "I did have nightmares and phobias of going to the beach, did dream of dead bodies lying in front of me because I was actually there at the beach. I can imagine a lot of bodies lying on the roadside. I am a bit scared of the waves. I may not want to go because it is a bad memory in my heart and I am still afraid of waves."

Dr Adrian Wang, Chief Emergency Behavioural Officer at IMH, said: "During these first few weeks, months of re-adjusting and re-climatising back to your normal life, it is a process that is going to take time.

"They may experience anxiety and fear, they may experience nightmares and flashbacks, they may develop phobic symptoms - fear of the sea, of the water, of going to Phuket, any cues to remind them of the situation.

"By and large given six months to a year, most people will find their feet and recover again.
It is only a small percentage that may develop depression or worse

One holocaust survivor, Ava Landy,

- "So much of my childhood between the ages of four and nine is blank....It's almost as if my life was smashed into little pieces . . .
- The trouble is, when I try to remember, I come up with so little. This ability to forget was probably my way of surviving emotionally as a child. Even now, whenever anything unpleasant happens to me, I have a mental garbage can in which I can put all the bad stuff and forget it . . . .
- I'm still afraid of being hungry. . . . I never leave my house without some food....Again, I don't remember being hungry. I asked my sister and she said that we were hungry. So I must have been! I just don't remember." (p. 188).

Gary is 55, divorced the only woman he was ever with 20 years ago, dated scarcely and without physical relationship, raised 3 children alone after traumatic abandonment by wife/mother after 16 years of marriage. Very little has changed in 20 years, as though his life is frozen in time. Whenever change is threatened, he becomes very anxious, always holding out suicide as his way out if cornered or overwhelmed.

Gary has lived all his life on property in his family since 1800s, worked at the same job 35 years, driven same car more than 20 years, and lives in the same manufactured home he lived in with his wife. Inside his home, cob webs cover back of living room and dining room. Showers/bathrooms, and kitchen have not been cleaned since one of the children did it years ago. Gary uses the same towels and washcloths for twenty years, now rags. Gary never goes to a doctor, dentist, or psychiatrist, and refused any help. While providing extravagantly in a material way for his children, Gary lives off frozen meal entree's, one or two per day, and wears the same clothes for all these years. He won't accept gifts or help.

As a child, Gary was the youngest of six. He was unwanted, and often speaks of wishing they would have "made him an abortion, like they considered to do." He had one brother and all the others sisters. He talks about being "in the way" all the time. He spent his time roaming fields, with few if any friends. Still he has no close relationships, and confides only in one of his sisters, who obviously attempts to translate her own opinions into him. He has contradicting thoughts, some of the way he would like to live, and some, dominant ones, about how he "should" live, by what principles and standards.

Gary does not, has not, will not expose himself to pornography, violence, abusive speech, or drugs. He is pristine. He keeps himself physically clean and presentable, but spends nearly all his non-work hours at home in a chair watching TV or reading to "escape," he says. He attends church on occasion when heavily prompted by, and accompanied by, a few members of his family. He is afraid of "connections;" relationships. He fears the elders in his church so much, that he parks his car near the entrance and leaves as soon as possible.

One more thing. Gary seems unable to be assertive or aggression, being polite and passive all the time.

Al, age 32, has been ordered by the court to have a series of psychological tests and an evaluation by a psychiatrist. Because he is under an arrest warrant, he is placed on the locked unit with the acutely ill psychiatric patients.

Al has been picked up by the police 10 times since age 18 for muggings, petty larceny, possession of marijuana, and multiple other infractions of the law. He has spent most of the past 10 years either in prison, on probation, or in some type of community service as payment for his crimes. He works at odd jobs when he can find them, or whenever he wants to and needs some money. He has had many girlfriends, but the relationships have all been superficial. He was recently involved in an automobile accident, for which he was responsible and in which he was driving under the influence of alcohol. As a result of the accident, a man and a woman were sent to the hospital with multiple fractures and abrasions. He demonstrates no remorse for any of his past behaviors. In fact, he continues to state, "I haven't done anything wrong!"

The admitting nurse learns the following about Al in her intake interview. Al was the child of a unmarried 15-year-old girl. He was made a ward of the state when he was 18 months old, after his mother was arrested for selling and using cocaine. He spent the next 14 years in and out of numerous foster homes, finally running away at age 15, and has been on his own since that time. He dropped out of high school during his sophomore year.

On the unit, he is loud and socially inappropriate with the staff and other patients. To the nurse he says, "Wow, this place is nutty! I may be wild, but I don't belong here with these looney-tunes! Hey, Babe! How about you and me getting together when I get out of here. We could go out and have a great time together!"

It may happen when you first wake up, or while flying on an airplane or driving in your car. Suddenly, inexplicably, something changes. Common objects and familiar situations seem strange, foreign. Like you've just arrived on the planet, but don't know from where. It may pass quickly, or it may linger. You close your eyes and turn inward, but the very thoughts running through your head seem different. The act of thinking itself, the stream of invisible words running through the hollow chamber of your mind, seems strange and unreal. It's as if you have no self, no ego, no remnant of that inner strength which quietly and automatically enabled you to deal with the world around you, and the world inside you. It may settle over time, into a feeling of "nothingness", as if you were without emotions, dead. Or the fear of it may blossom into a full-blown panic attack. But when it hits for the first time, you're convinced that you're going insane, and wait in a cold sweat to see when and if you finally do go over the edge.

What you don't know at the moment is that this troubling experience is distinctly human, experienced briefly at some time or another by as much as 70 percent of the population. In its chronic form, popular culture once saw it as part of a nervous breakdown. Some have called it "Alice in Wonderland" disease. Jean Paul Sartre called it "the filth" , William James dubbed it "the sick soul". It's been linked philosophically to existentialism, even Buddhism. Yet to its victims, it's anything but an enlightened state of mind. Welcome to the world of

Melanie Johnson is a 32-year-old accountant who moved to Green Bay, Wisconsin, two years ago from her hometown of Sarasota, Florida. Beginning this past November, for the first time in her life, Melanie began experiencing periods of depression, lethargy, and excessive sleeping. In addition, she noticed that she was eating more than she had previously, and as a result, had gained 10 pounds.

Melanie made an appointment with her physician, who after ruling out all potential medical causes of the symptoms she displayed, and after she was examined by a psychiatrist to rule out other causes of her depression, diagnosed her as having…