

Case Study for formulation – CL

At the time of his admission to the psychiatric hospital, Carl Landau was a 19-year-old single African American male. Carl was a college freshman majoring in philosophy who had withdrawn from school because of his incapacitating symptoms and behaviours. He had an 8-year history of emotional and behavioural problems that had become increasingly severe, including excessive washing and showering; ceremonial rituals for dressing and studying; compulsive placement of any objects he handled; grotesque hissing, coughing, and head tossing while eating; and shuffling and wiping his feet while walking. These behaviours interfered with every aspect of his daily functioning. Carl had steadily deteriorated over the past 2 years. He had isolated himself from his friends and family, refused meals, and neglected his personal appearance. His hair was very long, as he had refused to have it cut in 5 years. He had never shaved or trimmed his beard. When Carl walked, he shuffled and took small steps on his toes while continually looking back, checking and rechecking. On occasion, he would run in place. Carl had withdrawn his left arm completely from his shirt sleeve, as if it was injured and his shirt was a sling.

Seven weeks prior to his admission to the hospital, Carl's behaviours had become so time-consuming and debilitating that he refused to engage in any personal hygiene for fear that grooming and cleaning would interfere with his studying. Although Carl had previously showered almost continuously, at this time he did not shower at all. He stopped washing his hair, brushing his teeth and changing his clothes. He left his bedroom infrequently, and he had begun defecating on paper towels and urinating in paper cups while in his bedroom, he would store the waste in the corner of his closet. His eating habits degenerated from eating with the family, to eating in the adjacent room, to eating in his room. In the 2 months prior to his admission, Carl had lost 20 pounds and would only eat late at night, when others were asleep. He felt eating was "barbaric" and his eating rituals consisted of hissing noises, coughs and hacks, and severe head tossing. His food intake had been narrowed to peanut butter, or a combination of ice cream, sugar, cocoa and mayonnaise. Carl did not eat several foods (e.g., cola, beef, and butter) because he felt they contained diseases and germs that were poisonous. In addition, he was preoccupied with the placement of objects.

Excessive time was spent ensuring that wastebaskets and curtains were in the proper places. These preoccupations had progressed to tilting of wastebaskets and twisting of curtains, which Carl periodically checked throughout the day. These behaviours were associated with distressing thoughts that he could not get out of his mind, unless he engaged in these actions. Carl reported that some of his rituals while eating were attempts to reduce the probability of being contaminated or poisoned. For example, the loud hissing sounds and coughing before he put the food in his mouth were part of his attempts to exhale all of the air from his system, thereby allowing the food that he swallowed to enter an air-free and sterile environment (his stomach).

Carl realized that this was not rational, but was strongly driven by the idea of reducing any chance of contamination. This belief also motivated Carl to stop showering and using the bathroom. Carl feared that he may nick himself while shaving, which would allow contaminants (that might kill him) to enter his body. The placements of objects in a certain way (waste basket, curtains, shirt sleeve) were all methods to protect him and his family from some future catastrophe such as contracting AIDS. The more Carl tried to dismiss these thoughts or resist engaging in a problem behaviour, the more distressing his thoughts became.

Clinical History

Carl was raised in a very caring family consisting of himself, a younger brother, his mother, and his father who was a minister at a local church. Carl was quiet and withdrawn and only had a few friends. Nevertheless, he did very well in school and was functioning reasonably well until the seventh grade, when he became the object of jokes and ridicule by a group of students in his class. Under their constant harassment, Carl began experiencing emotional distress, and many of his problem behaviours emerged. Although he performed very well academically throughout high school, Carl began to deteriorate to the point that he often missed school and went from having few friends to no friends. Increasingly, Carl started withdrawing to his bedroom to engage in problem behaviours described previously. This marked deterioration in Carl's behaviour prompted his parents to bring him into treatment.