Mental Disorders in Children and Adolescents

**THIN TIM**

Eight-year-old Tim was referred by a pediatrician who asked for an emergency evaluation because of a serious weight loss during the past year for which the pediatrician could find no medical cause. Tim is extremely concerned about his weight and weighs himself daily. He complains that he is too fat, and if he does not lose weight, he cuts back...
on food. He has lost 10 pounds in the past year and still feels that he is too fat, though it is clear that he is underweight. In desperation, his parents have removed the scales from the house; as a result, Tim is keeping a record of the calories that he eats daily. He spends a lot of time on this checking and rechecking that he has done it just right.

In addition, Tim is described as being obsessed with cleanliness and orderliness. Currently, he has no friends because he refuses to visit them feeling that their houses are "dirty." He gets upset when another child touches him. He is always checking whether he is doing things the way they "should" be done. He becomes very agitated and anxious about time. He has to get up at 6:30 hours before leaving for school each day in order to give himself time to get ready. Recently, he woke up at 4:30 a.m. to prepare for school.

**Discussion of "Thin Tim"**

The emergency evaluation is because of Tim's recent weight loss. He has lost 10 pounds in the last year, during which time a boy of his age might have been expected to gain about that amount. This means he is actually 20 pounds below his expected weight for his age. Although Anorexia Nervosa is unusual in a male and in one so young, his refusal to maintain a normal weight suggests this diagnosis (DSM-IV, p. 344). Tim also has the other characteristic feature of the disorder: fear of becoming fat, feeling his own weight excessively underweight.

Although not the focus of attention, Tim's preoccupation with various recurrent thoughts concerning dirtiness causes him considerable distress. Moreover, he has to check whether he is doing things the way they should be done, and such activities apparently interfere with his normal functioning (he has to get up several hours before school in order to get ready). Although he does not seem to experience these recurrent thoughts and repetitive acts as inappropriate, it is reasonable to assume that the thoughts do intrude into his consciousness and are beyond his control, and that his lengthy "getting ready" routines are performed in response to these thoughts. Thus, they represent true obsessions and compulsions. Because the content of these obsessions and compulsions is

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**Nighttime Visitor**

Nina was 16 when her guidance counselor referred her to the Family Treatment Center in Cleveland because of disruptive, aggressive behavior. Her 11-year-old brother, Don, and her 9-year-old sister, Sara, were also evaluated, together with their mother.

Several months earlier Nina had been admitted to the hospital with vaginal bleeding and a discharge. A diagnosis of vaginal smears (candidiasis, atrophica) was made, and the vaginal culture proved to be positive for gonorrhea. When questioned by a social worker whom the pediatrician asked to see the children, Nina revealed that she had been sexually molested by their father for the past 2 years. According to her, he would come into their bedroom regularly at night and have sexual intercourse with her and, more rarely, with Sara. The girls noticed that if they were awake, their father often would not bother them. Nevertheless, Nina was so frightened that she would close her eyes and fall asleep during the molestations. Their father threatened them with beatings if they divulged the secret, so they had never told anyone.

Their brother, Don, after witnessing one of the molestations, told their mother. She did not believe him, told their husband, who then proceeded to beat Don. In fact, Don had often been beaten by his father. After Don's disclosure, Nina and Sara told their mother what had been happening; but she scolded them for "making up stories."

When the social worker talked with the mother about these events, she admitted that she had suspected that her children were telling the truth, but was afraid of confronting her husband about his sexual abuse because she feared his murderous rage. During their 12-year marriage, he had frequently beaten her, but she never thought of leaving him because her religion forbade divorce.