1. **Doctor Verification.** In this document of filed evidence are three signatures from my primary doctors, verifying that they have read and discussed the proceeding pain and suffering document with me. The yellow papers are the documented copies of the appointments.

2. **Pain And Suffering Document.** The pain and suffering document itself was written by me, Erik Estavillo, as I am proceeding pro se. It documents all of the suffering I have endured after being banned from the PlayStation Network.

3. **Moderator Picture As Evidence.** A picture has been included in this document as evidence, following the pain and suffering document, which shows a Resistance video game moderator abusing their power by kicking and banning people without just cause from the Resistance video game server.
August 6, 2009

Re: Erik Estavillo
Medical Record Number: 12542983

To Whom It May Concern:

Erik and I have met and discussed the Pain and Suffering document.

Sincerely,

Ward D. Finer PhD.
Department of Psychiatry

Dr. Ruiz was unable to sign, but can be subpoenaed if necessary.
**CHECK-IN RECEIPT**

MRN: 110012542983  
Name: ESTAVILLO, ERICK C

Visit Coverage: Member Medicare

Appt Date/Time: 8/10/09 2:30 PM  
Appt With: SHIN, HARRY MINORU (M.D.)  
Dept: MILPSY

Check-In Date/Time: 08/10/09 2:02 PM

Amount Due: $0.00  
Amount Paid: $0.00  
Source: Ref:

Encounter: 32210467961  
Acct: 322458490  
Receipt:

**PERSONAL PHYSICIAN(S)**

GENERAL: KHAGHANI, ODOD (M.D.)

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Return appointment: _______ days _______ weeks _______ months

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You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges, please call the telephone number on your identification card.
CHECK-IN RECEIPT

MRN: 110012542983 Name: ESTAVILLO, ERIK C

Visit Coverage: Member Medicare

Appt Date/Time: 8/6/09 1:30 PM
Appt With: FINER, WARD DOUGLAS (PHD) Dept: MILPSY

Check-In Date/Time: 08/06/09 1:07 PM

Amount Due: $ 0.00 Source: Ref:
Amount Paid: $ 0.00

Encounter: 32210437235 Acct: 322458490 Receipt:

PERSONAL PHYSICIAN(S)

GENERAL: KHAGHANI, OROD (M.D.)

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Return appointment: _______ days _______ weeks _______ months

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges, please call the telephone number on your identification card.
Pain and Suffering exacerbated by the PlayStation Network (PSN) ban

Crohn’s Disease

1. I have diarrhea more often than I did before the PSN ban. I now have to go to the bathroom 3-4 times a day instead of 1-2. (Dr. Ruiz can verify and video evidence can be provided).

2. I have droplets of blood in my stool now, in which I didn’t have before the PSN ban. (Dr. Ruiz can verify and video evidence can be provided).

3. My stomach hurts more often due to the stress of not talking to my friends on the PlayStation network, which leads to me taking more supplements than I usually would. These supplements include Garden of Life pills and other stomach supplements. (A List of supplements will be provided if deemed necessary).

Major Depression

1. My depression has increased since the PSN ban. I used to take long naps (from 3-5 hours each nap) before the ban. Now I take naps that can last up to 7 hours and I feel even more depressed with the ban than I did without it; hence keeping me in bed for hours. ( Relatives can testify as proof of this condition).

2. I find it harder to workout because of my increased depression. I used to exercise daily for about 15-20 minutes. But since the ban, I sometimes can skip up to 3 days before I work out again, which is resulting in weight increase. (Weight increase can be proven with before and after visual evidence).

Obsessive-Compulsive Disorder

1. After I was diagnosed with panic disorder in early 2008, my obsessive-compulsive disorder took a “back-seat” and was lessened in comparison to my panic disorder which had taken over as the major mental issue in my life. But since the PSN ban, my obsessive compulsive disorder has come back and increased in magnitude.

2. Since the PSN ban, I again began to count things in multiples of 2 so that an even number would result. Such as turning my room’s door knob 4 times. And when I open any time of drinking bottle, such as water, I turn the bottle around 4 times and look at the crease of the cap to make sure it hasn’t been opened. I also now often say “jinx” for no reason and knock on wood 4 times to make the bad feeling of a “curse” go away. There are many other Ocd things that have came back since the PSN ban which I will list in the future if deemed necessary. (Relatives can testify as proof of these conditions).

Erik Estavillo
Print Name

Erik Estavillo
Signature
**Panic Disorder**

1. I now have more limited-symptom panic attacks since the PSN ban, than I did before the ban. This would easily be proven if I would go to the ER room as I did often last year. But having turned my own very room into an ER-like room to feel comfortable, I feel I don’t have to run to the ER room every time I feel these panic symptoms.

2. Nonetheless, since the PSN ban, my panic disorder symptoms have been exacerbated. Since the PSN ban, my exacerbated panic symptoms include the feeling of not being able to breathe to my lung’s full potential (like I can’t breathe in enough air). My pulse is also racing faster on daily basis since the ban, than it did before. My chest often feels like it’s being pressed down or compressed. I often feel like my heart’s going to explode or just stop suddenly. Given I had these symptoms before the ban, I would take medicine which would lessen them and almost get rid of them completely, but since the PSN ban and knowing I wouldn’t be able to socialize the way I need to, or any human person needs to for that matter, my panic symptoms can back and made life just as hard as it was in January 2008 when I was first diagnosed. (Relatives can testify as proof of these conditions and recorded evidence of my vital signs via a blood pressure medical device I have can be used as proof too).

**Agoraphobia**

1. Phobia, intense and persistent fear of a specific object, situation, or activity. Because of this intense and persistent fear, the phobic person often leads a constricted life. The anxiety is typically out of proportion to the real situation, and the victim is fully aware that the fear is irrational.

Phobic anxiety is distinguishable from other forms of anxiety only in that it occurs specifically in relation to a certain object or situation. This anxiety is characterized by physiological symptoms such as a rapid, pounding heartbeat, stomach disorders, nausea, diarrhea, frequent urination, choking feelings, flushing of the face, perspiration, tremulousness, and faintness. Some phobic people are able to confront their fears. More commonly, however, they avoid the situation or object that causes the fear—an avoidance that impairs the sufferer's freedom.

Psychiatrists recognize three major types of phobias. Simple phobias are fears of specific objects or situations such as animals, closed spaces, and heights. The second type, agoraphobia, is fear of open, public places and situations (such as public vehicles and crowded shopping centers) from which escape is difficult; agoraphobics tend increasingly to avoid more situations until eventually they become housebound. Social phobias, the third type, are fears of appearing stupid or shameful in social situations. The simple phobias, especially the fear of animals, may begin in childhood and persist into adulthood.
Agoraphobia characteristically begins in late adolescence or early adulthood, and social phobia is also associated with adolescence.

Although agoraphobia is more often seen in treatment than the other types of phobia, it is not believed to be as common as simple phobia. Taken together, the phobias are believed to afflict 5 to 10 persons in 100. Agoraphobia and simple phobia are more commonly diagnosed in women than in men; the distribution for social phobia is not known. Agoraphobias, social phobias, and animal phobias tend to run in families.

Behavioral techniques have proved successful in treating phobias, especially simple and social phobias. One technique, systematic desensitization, involves gradually confronting the phobic person with situations or objects that are increasingly close to the feared ones. Exposure therapy, another behavioral method, has recently been shown more effective. In this technique, phobics are repeatedly exposed to the feared situation or object so that they can see that no harm befalls them; the fear gradually fades. Antianxiety drugs have also been used as palliatives. Antidepressant drugs (see Depression) have also proved successful in treating some phobias.

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3. Attached is a Wikipedia article on Agoraphobia and its effects. I have highlighted the parts of the article that have an effect on me directly.

4. Agoraphobia causes me to not leave my household, except if I have to leave for a very important reason, such as seeing my doctors. And even then, it causes panic symptoms. I used to be able to drive to see my doctors and I would even go out every day with my dad to the movies before I was diagnosed with Panic Disorder and Agoraphobia in January 2008. After being diagnosed with Panic Disorder and Agoraphobia, I began to only leave the house to go to the ER room, and since January 2008, I had stopped driving completely. To this day, I have to wear a hospital gown and have turned my room into an ER room to feel comfortable and also so I won’t have a full blown panic attack. Since January 2009, after having been in a mental ward on four different occasions, I rarely, if ever, drive. My mother has to drive me from doctor or place to place. I even began taking a woman’s vitamin pill so I can get the extra vitamin D I would normally get from sun exposure, but since it is rare that I leave my room, and even rarer that I leave my house, it is now necessary that I take this certain type of vitamin, which is Women’s One-A-Day Vitamin to get my vitamin D. I have tried exposure therapy for my agoraphobia, such as playing tennis with my cousin in the apartment complex I live at, which has a tennis court; but I found that my heart would begin to skip beats as I played, so I stopped playing tennis completely after only 2 weeks
of trying it out. My agoraphobia is becoming worse and worse and it seems exposure therapy isn’t working.
Agoraphobia

From Wikipedia, the free encyclopedia

Agoraphobia
(from Greek ἀγόρα, "marketplace"; and φοβία, -phobia) is an anxiety disorder, often precipitated by the fear of having a panic attack in a setting from which there is no easy means of escape. As a result, sufferers of agoraphobia may avoid public and/or unfamiliar places. In severe cases, the sufferer may become confined to his or her home, experiencing difficulty traveling from this "safe place."

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- 1 Definition
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- 2 Causes and contributing factors
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  - 3.1 Attachment theory
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- 4 Diagnosis
  - 4.1 DSM-IV-TR diagnostic criteria
- 5 Association with panic attacks
- 6 Treatments
  - 6.1 Cognitive behavioral treatments
  - 6.2 Psychopharmaceutical treatments
  - 6.3 Alternative treatments
- 7 Notable agoraphobes
- 8 References

http://en.wikipedia.org/wiki/Agoraphobia

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Definition

Agoraphobia is a condition where the sufferer becomes anxious in environments that are unfamiliar or where he or she perceives that they have little control. Triggers for this anxiety may include wide open spaces, crowds, or traveling (even short distances). This anxiety is often compounded by a fear of social embarrassment, as the agoraphobic fears the onset of a panic attack and appearing distraught in public.[1]

Gender differences

Agoraphobia occurs about twice as commonly among women as it does in men.[2] The gender difference may be attributable to social-cultural factors that encourage, or permit, the greater expression of avoidant coping strategies by women. Other theories include the ideas that women are more likely to seek help and therefore be diagnosed, that men are more likely to abuse alcohol as a reaction to anxiety and be diagnosed as an alcoholic, and that traditional female sex roles encourage women to react to anxiety by engaging in dependent and helpless behaviors.[3] Research results have not yet produced a single clear explanation as to the gender difference in agoraphobia.

Causes and contributing factors

The causes of agoraphobia are currently unknown. It is linked however to the presence of other anxiety disorders, a stressful environment or substance abuse. More women than men are affected.[4] Chronic use of tranquilizers and sleeping pills such as benzodiazepines has been linked to causing agoraphobia. When benzodiazepine dependence has been treated and after a period of abstinence, agoraphobia symptoms gradually abate.[5]

Research has uncovered a linkage between agoraphobia and difficulties with spatial orientation.[6] [7] Individuals without agoraphobia are able to maintain balance by combining information from their vestibular system, their visual system and their proprioceptive sense. A disproportionate number of agoraphobics have weak vestibular function and consequently rely more on visual or tactile signals. They may become disoriented when visual cues are sparse as in wide open spaces or overwhelming as in crowds. Likewise, they may be confused by sloping or irregular surfaces.[8] Compared to controls, in virtual reality studies, agoraphobics on average show impaired processing of changing audiovisual data. [9]

Alternate theories

http://en.wikipedia.org/wiki/Agoraphobia
Attachment theory

Some scholars\[10\][11] have explained agoraphobia as an attachment deficit, i.e.,
the temporary loss of the ability to tolerate spatial separations from a secure base.
\[12\] Recent empirical research has also linked attachment and spatial theories of
agoraphobia \[13\].

Spatial theory

In the social sciences there is a perceived clinical bias \[14\] in agoraphobia
research. Branches of the social sciences, especially geography, have increasingly
become interested in what may be thought of as a spatial phenomenon. One such
approach links the development of agoraphobia with modernity.\[15\].

Diagnosis

Most people who present to mental health specialists develop agoraphobia after
the onset of panic disorder (American Psychiatric Association, 1998). Agoraphobia
is best understood as an adverse behavioral outcome of repeated panic attacks
and subsequent anxiety and preoccupation with these attacks that leads to an
avoidance of situations where a panic attack could occur.\[16\] In rare cases where
agoraphobics do not meet the criteria used to diagnose Panic Disorder, the formal
diagnosis of Agoraphobia Without History of Panic Disorder is used.

DSM-IV-TR diagnostic criteria

A) Anxiety about being in places or situations from which escape might be difficult
(or embarrassing) or in which help may not be available in the event of having an
unexpected or situationally predisposed panic attack or panic-like symptoms.
Agoraphobic fears typically involve characteristic clusters of situations that include
being outside the home alone; being in a crowd, or standing in a line; being on a
bridge; and traveling in a bus, train, or automobile.

B) The situations are avoided (e.g., travel is restricted) or else are endured with
marked distress or with anxiety about having a panic attack or panic-like
symptoms, or require the presence of a companion.

C) The anxiety or phobic avoidance is not better accounted for by another mental
disorder, such as Social Phobia (e.g., avoidance limited to social situations
because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a
single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of
dirt in someone with an obsession about contamination), Posttraumatic Stress
Disorder (e.g., avoidance of stimuli associated with a severe stressor), or
Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).\[17\]

http://en.wikipedia.org/wiki/Agoraphobia

8/4/2009
Association with panic attacks

Agoraphobia patients can experience sudden panic attacks when traveling to places where they fear they are out of control, help would be difficult to obtain, or they could be embarrassed. During a panic attack, epinephrine is released in large amounts, triggering the body's natural fight-or-flight response. A panic attack typically has an abrupt onset, building to maximum intensity within 10 to 15 minutes, and rarely lasts longer than 30 minutes. [18] Symptoms of a panic attack include palpitations, a rapid heartbeat, sweating, trembling, vomiting, dizziness, tightness in the throat and shortness of breath. Many patients report a fear of dying or of losing control of emotions and/or behavior. [18]

Treatments

Agoraphobia can be successfully treated in many cases through a very gradual process of graduated exposure therapy combined with cognitive therapy and sometimes anti-anxiety or antidepressant medications. Treatment options for agoraphobia and panic disorder are similar.

Cognitive behavioral treatments

Exposure treatment can provide lasting relief to the majority of patients with panic disorder and agoraphobia. Disappearance of residual and subclinical agoraphobic avoidance, and not simply of panic attacks, should be the aim of exposure therapy. [19] Similarly, Systematic desensitization may also be used.

Cognitive restructuring has also proved useful in treating agoraphobia. This treatment uses thought replacing with the goal of replacing one's irrational, counter-factual beliefs with more accurate and beneficial ones.

Relaxation techniques are often useful skills for the agoraphobic to develop, as they can be used to stop or prevent symptoms of anxiety and panic.

Psychopharmacological treatments

Anti-depressant medications most commonly used to treat anxiety disorders are mainly in the SSRI (selective serotonin reuptake inhibitor) class and include sertraline, paroxetine and fluoxetine. Benzodiazepine tranquilizers, MAO inhibitors and tricyclic antidepressants are also commonly prescribed for treatment of agoraphobia.

Alternative treatments

Eye movement desensitization and reprogramming (EMDR) has been studied as a

http://en.wikipedia.org/wiki/Agoraphobia

8/4/2009
possible treatment for agoraphobia, with poor results.[20] As such, EMDR is only recommended in cases where cognitive-behavioral approaches have proven ineffective or in cases where agoraphobia has developed following trauma.[21]

Alternative putative treatments of agoraphobia include hypnotherapy, acupuncture, guided imagery meditation, music therapy, yoga, religious practice and ayurvedic medicine. However, there is no evidence that any of these practices have any impact at all on agoraphobia.

Additionally, many people with anxiety disorders benefit from joining a self-help or support group and sharing their problems and achievements with others. Stress management techniques and meditation can help people with anxiety disorders calm themselves and may enhance the effects of therapy. There is preliminary evidence that aerobic exercise may have a calming effect. Since caffeine, certain illicit drugs, and even some over-the-counter cold medications can aggravate the symptoms of anxiety disorders, they should be avoided.[22]

Notable agoraphobes

- Woody Allen (1935-), American actor, director, musician.[23]
- Kim Basinger (1953-), American Actress.[24]
- Paula Deen (1947-), American Chef.[25]
- William Gibson (1948-), science-fiction author.[26]
- H.L. Gold (1914-1996), science fiction editor; as a result of trauma during his wartime experiences, his agoraphobia became so severe that for more than two decades he was unable to leave his apartment. Towards the end of his life he acquired some control over the condition.[27]
- Brian Wilson (1942-), American singer and songwriter; Primary songwriter of the Beach Boys. A former recluse and agoraphobic who underwent bouts of schizophrenia. [28]
- Daryl Hannah (1960-), American actress.[29]
- Edna Turnblad, A fictional character in the 2007 film Hairspray
- Howard Hughes (1905-1976), American aviator, industrialist, film producer and philanthropist.[30]
- Olivia Hussey (1951-), Anglo-Argentine Actress. [31] [32]
- Boleslaw Prus (1847–1912), Polish journalist and novelist.[33]
- Peter Robinson (1962-), British musician known simply as Marilyn.[34]

References


21. Agoraphobia Resource Center, Agoraphobia treatments - Eye movement


26. ^ "I do not want to receive three hundred e-mail messages per week from strangers wanting to communicate with me" (http://www.josefsson.net/gibson/gibson4.html) Josefsson.net


32. ^ Olivia Hussey Biography - Internet Movie Database (http://www.imdb.com/name/nm0001377/bio)


34. ^ Whatever Happened to the Gender Benders?, Channel 4 documentary, United Kingdom.

External links

- The Agoraphobia Support Network (http://www.agoraphobia-support.co.uk/1.html)
- Anxiety UK (http://www.anxietyuk.org.uk/condition_agoraphobia.php)
- Careline - confidential Crisis Telephone counselling service (http://www.ukselfhelp.info/careline/)
- First Steps, a registered charity that deals with anxiety (http://www.first-steps.org/)
- Mental Health Counselling Directory (http://www.counselling-directory.org.uk/)
- National Association for Mental Health (http://www.mind.org.uk/)
- NHS patient leaflet on Agoraphobia (http://cks.library.nhs.uk/patient_information_leaflet/agoraphobia/introductio
- No More Panic (http://www.nomorepanic.co.uk/)

- Support forum for Agoraphobics, family and friends (http://www.agoraphobia.co.nr/)
- Agoraphobe leaves house after 18 years (http://news.bbc.co.uk/2/hi/uk_news/england/tyne/8003982.stm)
- Panic Attack Treatment (http://www.panicattackpedia.com/panic-attack-treatment.html)

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