INSTITUTIONALIZING THE OBSESSIVE PSYCHOPATH

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Fifty years ago, in Germany and in Switzerland, there appeared two books, one by J. L. Koch, the other by Anton Delbruck, on "Psychopathic Inferiority" and on "Psychopathic Lying and the Mentally Abnormal Swindlers." These were the first monographs on a type of psychopathy which is exceptionally troublesome socially. Fifty years ago! In the July, 1944, issue of "The Journal of Clinical Psychopathology," Hervey Cleckley writes about "The Psychosis that Psychiatry Refuses to Face." The paper was read at the Round Table Conference on the Psychopathic Personality at the Centenary Meeting of the American Psychiatric Association in May, 1944, at Philadelphia. Cleckley, referring to about the same type of personalities as were described by Koch and by Delbruck, wants psychiatry to recognize that these psychopaths are psychotics. More important than the classification, is the question as to whether we have made some headway in the treatment of these people.

Again, a historical reminiscence. There was a time when the physiology of hysteria and the hysterical *arc de cercle* were demonstrated and described by J. M. Charcot. One knows today that there is no such typical sequence of stages in the hysterical fit. Moreover, the classical hysterical fits have become rarities since those 10 specimens preserved in the Charcot service, have died away. There have been more "psychiatrogenic" artifacts on the ledgers of mental disorder. And it might be useful to remember that certain neighboring "ists," psychologists, for instance, have been fit to point their fingers at what they call psychiatric malpractice (Link, in July, 1944, issue of "American Mercury"). Those attacks have been duly refuted by leading psychiatrists, among them C. Charles Burlingame, but *aliaquid semper haeret*. And if this sting lasts, it may even be good.

Here is a case from practice. A 27-year-old white woman, the oldest daughter, has always been very much spoiled by an over-solicitous mother. As a child, she felt hurt when her two and one-half years younger sister was born. She was sexually curious at the age of eight years. School marks were good. She worked at
clerical jobs. At the age of 17, she was engaged to a man in many respects her inferior. She married him after several somewhat ominous procedural failures (*Fehlleistung*): Three times, when applying for a license, she forgot her birth certificate. The marriage was a failure from the beginning. The husband could do nothing to satisfy her in any way. If he was nice, she thought he was a weakling. There was never any sexual gratification on her part.

She became entirely intractable, and was sent to a mental hospital for four weeks. When she came back, she carried on in the same way. She was then transferred to the Psychiatric Institute, where she was diagnosed as a hysterical personality, very demonstrative, with good intelligence. She received 10 electric shocks to no avail. She was then cared for in a clinic, and later in several offices of private doctors, who could all—more or less—get along with her. During these years, she went out playing cards, kept up her social contacts, and "let loose" only in the family. While she declared that she hated her mother, could not stand her flabby body and mind, she was, at the same time, very nice to her. She did everything she possibly could; spent what little money she got from her husband on gifts for her mother, sister, and brother. She bought gifts for them, while she herself did without the necessities.

She has carried on in this way for four years. The husband left, at the suggestion of a doctor, two years ago. For two years, the patient has been repeating the following act absolutely stereotypically. She comes in with a sarcastic smile, states that never in her life has she been so ill as today. She cries, asks to be examined, because something must be the matter with her, preferably brain tumor, meningitis, cancer, or chest disease, "I want to be examined." Woe unto the doctor if he asks anything. "So you don't know? You should have known that all along." She brings out obsessive-compulsive ideas: She must kill her mother; she must kill everybody, particularly everybody in her family. Her father, she must kill because he coughs; her sister-in-law, because she is not good to her brother; her sister doesn't know how to handle her husband; her brother, she could kill because he doesn't believe in her illness; some women, she must hit over their breasts; and herself, she must kill because she cannot go on in this way. She is terrified because the first idea when she sees a small child is that