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FILICIDE AS RELATED TO FEMALE OEDIPAL PROBLEMS

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The case history method was applied to three groups of women residing in a state hospital for the criminally insane for acts of filicide (murder of their own child or children), homicide, and antisocial but non-person oriented crimes. Identification of the critical life experiences underlying filicide was the principal goal. The other two groups were employed to facilitate interpretation of the findings. From the Freudian viewpoint, it was hypothesized that filicide represents an expression of fused sexual and aggressive impulses resulting from unresolved Oedipal ambivalences heightened by incestual components, and occurring under a decompensated regression associated with serious marital tensions.

Forty-five psychiatric patients committed to the Ionia (Michigan) State Hospital and selected for having IQ's at least within the dull normal range were divided into groups according to their offense: filicide (F), Homicide (H), and Antisocial (A). Five cases from each group were studied intensively by individual clinical interviews. At least 20 interview hours, focused upon the individuals' psychosexual development and patterns of sexual and aggressive behavior, were spent with each patient. An additional 10 cases of each type were studied by abstracting all relevant materials from extensive case file records. Both the individual and case file materials were presented in chronological sequence.

On the assumption that filicide stems, in part, from confounded sexual and aggressive needs which were historically associated with severe Oedipal conflicts, it was hypothesized that the F Group would differ from the others in terms of a higher incidence of incestual relationships during their childhood and also in terms of a higher incidence of self-destructive acts, such as suicidal attempts and abortions than had occurred in the lives of the H and A group women. All three groups were also compared on the variables of socio-economic status (SES), educational attainment, age at admission, reported abusive physical assaults by males, usually spouses, and the excessive use of alcohol or drugs. The F Group differed significantly from the other groups in that the F women averaged higher in SES, higher in educational attainment (11.2 years vs. 8.7 years), younger at admission (27.7 years vs. 36.0 years), and had fewer experiences of excessive use of alcohol or drugs and reported less physical abuse from males than did the H or A groups.

Despite their generally higher cultural attainment, (SES & education), the F women acknowledged a markedly higher proportion (40% vs. 3%) of incestual experiences, largely with their fathers, and a higher incidence of suicidal attempts (93% vs. 37%) than the other women. Abortion incidence failed to differentiate the groups and a .02 tetrachoric correlation between suicidal attempts and abortions in this sample does not support the assumption that abortion and suicidal attempts may be appropriately classified as equivalent destructive acts. Further review of the case history and interview materials suggested that the actual, rather than reported, incidence of incest experiences among the F women may be

even higher than the 40% figure. There was also much evidence of unresolved erotic involvements with their fathers among the F women and frequent indications that they had eroticized relationships with their murdered children. They commonly viewed their killing of their children as an attempt to protect their offspring from a frightening future by "sending them to heaven". It seems likely that the child-killing also represented an effort to forestall anticipated but terrifying sexual relationships with these children.

In contrast with the women in the H and A groups, the F women rarely depicted their spouses as sexually demanding. Interestingly, the H women reported a much higher incidence of physical mistreatment by spouses (60% vs. 7%) than the F or A women. The women also frequently sought "father figures" for spouses. It appears that assaultive behavior by the spouse commonly precedes female homicides since these reports were frequently confirmed by court records.

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BY

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Scientific tasks are impossible unless one pays due head to the knowledge accumulated and systematized by researchers throughout the years. The author is aware that he is indebted to many more people than he can possibly name in this brief passage.

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Introduction

The title of this paper was suggested by certain observations made by the author over a period of years in individual interviews and group therapy sessions with female psychiatric patients. These persons were committed to a mental hospital subsequent to an offense involving filicide, i.e., the killing of a child by his mother. An apparent relationship between filicide and Oedipus problems, particularly incest, emerged from these experiences.

The study of these infrequent and dramatic forms of behavior is important for several reasons. From a social standpoint acting out destructively requires institutionalization and therefore monetary expenditures. Academically, the heuristic value of psychoanalytic theory may be enhanced by incorporating within its framework another explained segement of behavior. As regards therapeutics, the specification of relevant psychodynamic, sociocultural and situational variables interacting with temporal and intensity dimensions may indicate areas to which therapy should directly or indirectly be addressed.

Initially, there was no readily available information regarding the relationship between incestuous experiences and the filicidal act. It appeared reasonable to assume that extreme behavior is motivated by proportionately intense conflict. There was hardly any doubt that part of the explanation was related to immoderate aggression. In what manner problems in sexual adjustment were or were not implicated was not immediately clear.

The central issue of this investigation is the establishment of dynamics underlying the commission of filicide. The speculated sequence of events began with the observation that incestuous behavior encountered relatively rarely in a group therapy setting was encountered much beyond usual expectancy in filicidal cases. The theoretical explanation adopted to account for this observation was that the consummation of Oedipus wishes and subsequent frustration of love-sex needs mobilizes anxiety and ambivalence toward the incest object.

Once established, the ambivalent relationship to father is assumed to persist and resist extinction because of the fused pleasure and anxiety associated with it. In later life, the significance of unresolved ambivalence toward the incestual object in post-hate feelings are transferred onto the husband. In most cases the individual has learned to act out or unsuccessfully repress sexual and aggressive urges. In situations of unusual stress or frustration ineffectual defenses are weakened. Destructive wishes initially aimed at the incest object are reactivated and vented on the substitute object, the child.

In this study there is most concern with recurrent patterns of behavior of a sexual or aggressive nature. The case history method was selected because of being uniquely suited to this type of inquiry. It lends itself to the elicitation and recording of verbal response in chronological sequence of experiences readily identifiable as sexual or aggressive.

Theoretical Considerations

The Development of Sex and Aggression

Psychologists in clinical settings frequently observe the occurrence of aggressive behavior. In a hospital for the "criminally insane" there is an almost grotesque exaggeration of this theme. In these circumstances it is difficult to remain objective concerning the drive status of aggression. One is almost prompted to accept without question Freud's theorizing concerning the existence of an independent aggressive drive, in contradistinction to the other equally attractive view that aggression is one consequence of the frustration of sexual need.

Fenichel (1945) surveys considerable theoretical and clinical material concerning the sequential development of sexual and aggressive drives. He indicates that the several stages of psychosexual development have both phases. In each stage the sexually pleasurable aspect antedates the aggressive.

The receptive phase of the oral state is characterized by gratification of hunger needs producing a satisfying state. In the oral sadistic phase aggression is expressed in the biting of the mother's breasts. In addition, the aim of the act of oral incorporation often assumes a sadistic character probably as a reaction to frustration. A study by Levy (1949) suggests that frustration of the sucking response results in the aggressive biting of siblings.

Theoretically, in the expulsive phase of the anal stage, pleasure and the alleviation of physical tension are derived from elimination. In the sadistic phase elimination is posited to appear

to the child as destructive as incorporation. The pinching off of feces is evaluated as the first anal-sadistic action. Later on, individuals are treated as the feces were previously treated. Through toilet training procedures the child finds opportunity to express opposition against grownups.

Alexander and Menninger (1936) investigated the relationship between psychogenic factors and gastrointestinal disturbances. They observed that certain patients suffering from constipation exhibited marked paranoid tendencies. In their dreams and fantasy life the idea of soiling or attacking people with filthy epithets or even excrement was frequently frankly expressed. They selected two samples, 100 each, one of paranoid individuals and the other a control group. It was found that 76% in the paranoid group were constipated in contrast to only 26% in the control group. The tentative explanation arrived at was that the excremental act was unconsciously connected with hostile attacking tendencies. The latter caused fear of retaliation, denial, and finally projection of these hostile ideas at the same time inhibiting the excremental function.

The phallic stage and the Oedipus complex develop concurrently in females. At first, the daughter turns from the mother to the father since she becomes aware that her mother has no penis and he has. In the girl penis envy is responsible for the introduction of the Oedipus complex. The Oedipus complex is defined as love, inclusive of sexual desires, for the parent of the opposite sex and death wishes against the parent of the same sex. The female's Oedipus complex is not as likely to disappear as is the male's. It may become weaker as she matures and realixes the impossibility of possession of the

father. Identification with the mother takes the place of object cathexis. Fenichel (1948) states that individual experience modifies and elaborates the expression and intensity of the Oedipus relationship.

As viewed from analytic theory, in the cases under consideration, the Oedipus wish either finds consummation or the strength of incestuous wishes continues unabated. Either of these instances may become a uniquely traumatic experience or may assume traumatic proportions as a result of being a chronic influence. Either situation, i.e., unique or chronic, may frequently become the decisive factor if the Oedipus complex is not surmounted in the usual time.

Seduction by a parent or parent surrogate, even if social attitudes have not been accepted by the child, prematurely arouses genitality. The intensity of excitement evoked by external sources may be byond the child's power to control. Undue turbulence creates traumatic states which connect the areas of "genitality and threat" with each other. Anything that increases fear increases sexual repressions and causes disturbances in the subsequent resolution of the Oedipus complex.

Fenichel (1948, p.93) states further that "Neurotic parents bring up neurotic children. The child's Oedipus complex reflects the parents unresolved Oedipus wishes. Very often the mother loves the son and the father the daughter. The parents unconscious sexual love for their children is greater when their real sexual satisfaction is insufficient due to external circumstances or to their own neurosis. This Oedipus love is unconsciously sensed by the children as a sexual temptation making the solution of their Oedipus complex more difficult. Sometimes it is even unconsciously felt by the

parent who then attempts to atone for the induced guilt by sudden threats and frustration so that frequently the children are alternately excited and frustrated by the parents". One of Weinberg's conclusions, (1963, p.251) is that the father, "often may see a resemblance in the female participant to some other sexually inaccessible family member such as his mother or sister".

In our culture the Oedipus wish is alleged to be rarely gratified. As socialization develops there is increased awareness of reality considerations as they pertain to cultural sanctions. For most individuals sexual object choice is determined in accordance with social sexual values, i.e., peers, attraction, propinquity. It is speculated that when there is gratification of the Oedipus wish, conditions are reproduced that were characteristic in the deprivation of needs in the oral or anal stages. The thwarting of incest wishes after gratification sets up a frustration state more intense than in the other two stages. Thus, the intensity of the evoked aggressive drive will be roughly proportional to the degree of frustration.

Barclay and Haber (1965) found a strong linkage between aggressive and sexual motivation. In many aspects of the study they were parallel in effect. Women responded to aggressive arousal by a male with an increase in sexual imagery, not an inhibition of it. Further, there seemed to be little defensiveness attached to this arousal, at least as compared to men.

The overt expression of aggression may vary among individuals with identical motivation. However, as hypothesized by Freud, in these cases it will manifest itself as a conscious demonstration of destructive impulses, i.e., homicidal or suicidal dimensions. In

either case, as Fenichel (1948) states, "No body kills himself who has not intended to kill somebody else".

Cultural Facilitation of Incest Behavior

In our culture the structure of the family circle, particularly the close spatial arrangements within the home, lends itself to unavoidably intimate contacts. Consequently rivalries, jealousies, and hostilities about all sorts of matters develop with relative ease. However, without parental reinforcement, it is difficult to posit that sex, as sex, would become a focal point of conflict.

The increasing participation of women in industrial, recreational, religious, political, educational areas are taking them more and more out of the home. Very frequently, the father or an elder sibling is left to care for the children. Thus, sexually naive individuals are placed in circumstances where they (without conscious awareness of what is transpiring) may strengthen or exploit the sexual urges of the children.

It is obvious that individuals do not come into parenthood as "clean slates". Parents transfer to their children feelings and goals previously learned within their own families. Some, because of parataxic experiences with their own parents, and despite conscious overt verbal disapproval, obtain unconscious and vicarious satisfaction from the child's search for erotic gratification.

It is by now a commonplace observation that when a child shows more than a passing interest in erotic relations with the parent its source is generally the sexual predisposition of the parent toward the child. When a parent shows an especially strong sexual interest in the child the probability is greatly increased that the

sexuality of the child will be affixed to that parent. Complications may ensue, perhaps even to the point of becoming a psychosis inducing problem. When sexual arousals toward the preferred parent are frustrated they may be deflected to the other parent or another sibling. Arieti (1955, p.47) states that "Parental affection may also become a cause of anxiety because it may stimulate incestuous sexual feelings which are disapproved of in the environment. In families or cultural environments where sex is strongly expressed and repressed, the Oedipus situation may in certain cases increase the already existing anxiety and make the occurence of schizophrenia much more probable. The child attributes his sexual desires to being bad".

Actual incest increases guilt because the child feels "more bad" than just entertaining Oedipus wishes. A study by Johnson (1956) attempts to identify various early familial influences in the genesis of schizophrenia. Two major findings are: (1) The occurence of traumatic sexual assults, in many of these cases, by parents or parent surrogates, and (2) the way the schizophrenic patient deals with the assualts by introjection of the hostile aggressor.

In many family groups sexual education is intentionally avoided. Many parents are not sufficiently well-informed to impart the necessary physiological facts, let alone the psychological orientation. Most of them are largely unaware of the affective componants of sexuality.

Incest Behavior from the Standpoint of the Child

The child is vaguely aware that cultural imperatives demand tender love for family members. On the other hand they loosely sense

that an open expression of sexual love is prohibited with even greater intensity. The divided model concerning love set by society is sensed but not understood, since, for the child, emotional logic fuses the two elements. The touches and caresses of the family members stimulate erotic needs. Inchoate wishes for genital pleasure are also produced but are generally frustrated. In instances of unusual closeness, as the child develops a family member may persist as a sexual object on an unconscious or conscious level. These circumstances function to maintain frustration and ambivalent feelings toward family members unless they are resolved either through psychotherapeutic insights, successful defenses, or a successful marriage. If there is an inability to cope with the problem, marital relationships may be regarded as incestuous.

The Linking of Sex and Aggression

When sexual drives are frustrated they sometimes precipitate aggression. Continuous repetitions of these sequences bring about linkage. Parents reinforce the linkage by conscious and unconscious attitudes and influences. They sometimes simultaneously encourage and discourage tendencies to genital gratification and are regarded by the child as sources of both sexual gratification or frustration. In other words genital sexuality is unconsciously sanctioned but at the same time consciously prohibited.

The child is faced with the task of coping with a pair of related but incongruous messages. He is dependent for affection and survival on the parent giving the contradictory messages so that escape is unavailable as a solution. Two contradictory, significant messages mean two inconsistent behavioral demands. Each communication

and distortion of ideas and affects. These readily result in ambivalence toward the source of the message.

In times of sexual excitement the defences of the individual are weakened. At such unguarded moments, incestuous acts may be consummated. The perpetuation of these acts is doomed to failure. Discovery is often imminent because of the ubiquitous presence of the rest of the family. Detection of the act is fraught with serious intrafamilial disruption and potential legal consequences. However, once initiated, the sex acts may be rewarding to the child. Affection for the incest object is, at least temporarily, increased. Discontinuance of the act may then be regarded as rejection and deprivation. Ultimately, the incest object becomes the target of intense ambivalent feelings and sexual union a questionable goal.

Initially, at least, guilt is relatively absent since the act has parental sanction. Sachs (in Fenichel, 1945) states that the frustration of Oedipus wishes in girls brings about partial regression to orality and an attempt to remain attached to the parent through oral incorporation. According to this view, true superego formation can occur only if this oral incorporation loses its libidinal meaning and becomes "desexualized". Incest makes the sexual component of the Oedipus wish a reality and prevents or retards the development of restraints as regards sex and aggression.

The questions of paramount importance to the present inquiry are twofold. In view of the preceding data it is apparent that aggressive acts may originate in infantile sexuality. How far reaching are the effects of the sex-aggression linkage? Under what conditions does sex-aggression find expression in a culture

that highly disapproves of incestual or aggressive display? It is speculated that hostility is less acceptable in females than males. Incest seems equally unacceptable. The infantile as well as the adult aim of aggression is destruction of the offending object. In the filicidal act the child is the immediate object of aggression. However, it is difficult to believe that the real goal of the act is to destroy the child. It is inferred that the real object of the destructive urge is the original source of frustration, the incest object. The husband is an integral part of the complex of conditions since it is through his person that fluctuations in sexual gratification, frustration, and aggression are given continuity. Symbolically, the child substitutes for both individuals. The filicidal act is precipitated within a generally frustrating or stressful state of affairs. In almost all cases filicide only temporarily dissipates aggression.

A Review of the Literature

Introductory Remarks

Socially, filicidal behavior is associated with notoriety, pathos, and intense emotional impact. Many people still retain the currently untenable belief in the maternal instinct. Because of this firmly established notion it seems inconceivable that mothers can intend harm to their children. Therefore, the explanation that these actions are either senseless or impulsive is readily acceptable to the layman.

Clarification of Terms

Originally it was intended to use the concept of "infanticide" to designate the behavioral topic with which this paper is concerned. Legally, however, the term applies to the killing of children within the first year of life. Secondly, a paper reviewed in this series indicates that infanticides are characteristically committed by mothers as a rule unmarried and not psychotic. The child is ordinarily abandoned in garbage receptacles or out of the way places. This latter circumstance is only rarely, if ever, encountered in the cases under consideration.

Another term found in the literature to describe this phenomenon is "child murder". The latter term could depict these acts but it differs somewhat from the concept of the behavior as used herein. The idea of murder usually implies conscious intent. The concept of filicide is presumed to be more generic than the other two. In connotes the following points: (1) Inclusion of

siblings up to and beyond the age of adolescence; (2) Unconscious motivation; (3) A psychotic state on the part of the mother. The model case described in this paper would be that of a woman having one or more children. In the course of everyday life she becomes unable to cope with certain frustrations and stresses. These forces precipitate psychosis. During the acute stage of the illness, the life of one or more of her children is taken.

Specific Studies

In a paper on child murder, Bender (1934) discusses a series of studies related to this topic. She reports that Sullivan described a number of murders of older children committed by individuals suffering from various psychoses, especially manic-depressive psychosis and schizophrenia. Sullivan noted that Kraepelin had pointed out that in the schizophrenic individual the tendency to impulsive , senseless, and violent murderous acts was usually associated with amnesia. The acts were inexplicable to the individuals except that they felt some force compelled them to act. Bender does not indicate whether Sullivan adhered to this interpretation or not. If so, this would imply acceptance of the controversial notion of the irrestible impulse.

In her article, Bender (1934) cites three cases. She concludes that child murder by parents is the equivalent of a suicidal act brought about by the process of identification. In the cases she studied, it was not primarily an expression of conscious or unconscious hatred against the child. In both schizophrenic and manic-depressive psychoses there is a tendency for mothers especially project their symptoms onto their children so that the child may

become the hypochondriacal organ. Bender (1934) does not elaborate more specifically what was meant by "hypochondriacal organ" nor why the child, specifically, is invested with these properties. Her description of how some patients verbalize their perception of the child has parallels in the experience of the author of this study, but the etiological referents, or just why the child is perceived in this way, is not inherent in her description. The child is destroyed because he becomes the symbol of the reason the mother became ill.

The three case histories written by Bender will be briefly summarized since she made no effort to relate her interpretation to the childhood experiences of the individual. In fact, hardly any material on childhood is presented. For example, in case one, the following quote encompasses all of her comments regarding childhood: "The patient was more quiet and withdrawn than her siblings. She never confided in her mother". Case two contains nothing about childhood. Case three mentions that "Our knowledge of her past history is scant".

If one accepts the general principle that one of the most significant developments during the past 25 years has been the steady growth of evidence that parental care is a crucial dimension in personality growth and development, then Bender's report must be looked on as lacking a most important element, i.e., the relationship between childhood and adulthood. On the basis of her data, Bender explains child murder as equivalent to suicide. However, she only partially comes to grips with the explanation of the genesis of suicide or its relationship to the filicidal act.

Zilboorg (1932) presents a psychoanalytic viewpoint. He analyzed the determinants of psychoses, especially depressive reactions, in parents who expressed death wishes against their children. He claimed that basic to this reaction was an unconscious sense of guilt concerning unconscious incestuous drives. He also summarizes findings from severe cases of depression in fathers associated with death wishes directed against their children and suicidal urges due to strong unresolved incestuous drives.

In a paper, "On Parent-Child Antagonisms", Zilboorg (1932) identifies an important factor in unconscious parental aggression against offspring, i.e., that parents by a process of identification with the child live out vicariously the still living remnants of their own infantilism. In more specific terms he asserts that to the unconscious mind of the parents the child plays the role of the id. The parents, for a time, obtain vicarious gratification from his behavior and then hurl upon him all the forces of the superego. They project onto the child their own Id and then punish him to gratify the demands of their uncompromising superego. Zilboorg's interpretive hypothesis that the parents death wishes for the child arose from conflict associated with guilt stemming from unconscious incestuous wishes for their own parents coincides with the first step of our interpretation. He comments that this model has heuristic value and cites excerpts of cases in support of his construction. Some of these illustrations are relevant to the concept developed herein of the behaviors attendant on filicide.

A mother who had never overcome her Oedipus attachment to her father married an older man. Her child became a living testimony of

her unconscious incestuous attitude towards her father. Unconsciously she wished to destroy the living sign of fantasied incest and therefore wanted nothing but evil for the child. The mother finally developed a severe neurotic depression. The main unconscious thought elicited was to destroy her child.

In another case, the eldest son of a mother of five children became the object of an intense incestuous attitude transferred onto him by his mother from her father. The youngest became the object of overcompensatory hatred, which she transferred onto him from her brother. It was striking how in the course of the analysis the mother betrayed her seductive attitude toward the one son and her castrative predisposition toward the other.

In the analysis of a boy fetishist whose pathological theft of certain objects and episodical exhibitionism were combined, a definite impression was gained that the boy's mother was not only fixated on her son, as she had been on her father, but that identifying herself with her son she gradually began to treat him as if he were a girl. The woman was intensely jealous of the boy when he and his father happened to agree on some circumstance, no matter how minor. She first monopolized the boy's affection, then tormented him, and gradually threw him into feminine submissiveness towards his father.

Summary of the Studies on Filicide

Adequately elaborated cases of filicide were not found in the available literature. Zilboorg's efforts to encompass and relate the total life cycle of personality development posits relationships that are dynamic and genetic. Interpretations are dynamic in the sense that

the sexual frustration is defended against by aggressive behavior. Explanations are genetic since continuity is established between infantile and adult patterns of behavior. Zilboorg regards incestuous wishes or relationships as important sources of conflict for psychotic breakdown and death wishes against children. Oedipus wishes initiate a pattern of sexual maladjustment associated with frustration, guilt, and ambivalence. If in adult experience earlier sexual patterns are approximated, repressed anxiety attendant on unresolved Oedipus behavior is reactivated. One solution to the frustrating state of affairs is to bring them to an end by the wished for removal of the frustrating agent represented symbolically by the child.

A Review of the Literature

General Considerations

For the purposes of this study incest is defined as overt sexual acts between parent-child or sibling-sibling. The two transactions are considered to have similar consequences. Sibling-sibling incest is assumed to arise out of sexual desires toward the parents. When the parents are nonreceptive there is a deflection of sexual urges onto the sibling. Fenichel (1945, p. 83) states, "But siblings may also serve as objects of the transference love, especially older ones or those who are only a little bit younger. If there are several older brothers and sisters we may see 'doubles of the Oedipus complex'; what is experienced with the parent is experienced with the older brother and sister a second time. This may have a relieving effect, but may also create new conflicts. Younger siblings who usually are felt as competition may also be looked upon as ones own children, especially if the age difference is great, and thus either stimulate the Oedipus complex (for example, in girls they may not only create the jealous idea 'Father or mother will love the baby instead of me' but also the idea'Father gave mother the baby instead of me') or decrease the Oedipus wishes by a substitute fulfillment."

Few phenomena have meaning for humans apart from their social context. Incest behavior acquires its potential for disruptive influence, to a great extent, because of the social value system of which it is a part. Wienberg reexamines the Oedipus complex from a

sociological standpoint. He states that in the original Oedipus myth, on a social level, the son and mother were strangers. He views Freud as erring in prefering bilogical over social determinants. Freud considered their marriage as incestuous and as the basis for judging incestuous fantasy. But the mother-son relationship is mainly a social relationship on both parts. Without the socializing process the intense emotional revulsion does not appear.

Scientific inquiry into the extent and nature of the subject has been retarded by forces described by writers as "Incest Cread" or "Incest Barriers." Open discussions about incest in almost all social institutions would be about as difficult to initiate as the sexual topic in the Victorian era. Professionals in the social sciences, empathetic with our project, have confided to the author that it is a "sticky" subject. Under current conditions valid or reliable information on the topic is limited. Masters (1963, p.4) states that "Sexologists have neglected or avoided, or at any rate failed to discuss, 'consummated' incest. Compared to the great masses of material available on so many other varietites of sexual experience, the writings on incestare slight. Much of the material is historical, anthropological and woefully superficial. Novelists, playwrights, and literary critic essayists have made a greater contribution to the understanding of incest than have scientists and scholars."

Thus far, the most encouraging trend in removing taboos has been elicited from patients. They have had to bear the onus of working through problems that involvement in incest behavior has entailed. When they are informed that there is only slight standard data available on this topic, they remark that those behaviors that

have had the most significant impact on their lives are seldom those that are investigated in settings where research can most effectively be done.

Social Attitudes Concerning Incest

According to Kroeber (1942), if 10 anthropologists were asked to designate one near universal social institution nine would most likely name the incest prohibition. In our culture incest behavior is regarded with grave concern and is considered by many an extreme form of deviant behavior. Incest is generally not a learned pattern of behavior nor is it regularly discussed with others. The usual leanred norm is to deflect sexual urges away from family members. When conscious incestuous urges exist, particularly in the earlier years, they are most always in the form of inhibited fantasies and dreams and not in terms of overt behavior. Kinsey (1948) finds that many males during their younger years "thought about the possibility of sexual relationships with their sisters and mothers but these fantasies were clearly rejected as modes of behavior. The cultural stereotype of the incest participant derived by Weinberg (1963) from interview material is found to consist of four components, i.e., emotional abnormality, wickedness and disorganization, disgust, and revulsion.

Another view regarding incest is presented by Masters (1963), "Each mature and responsible human is entitled to behave sexually as he or she wishes to behave, the only condition being that no one is victimized by the relationship, and the behavior in question is not a real and potent threat to the social order. This is an essential premise of any rational sex ethic.

"It would seem that what is now legally defined as incest

presents us with an unusually clear-cut case of a practice that may be shown, under certain conditions, to threaten society (by disrupting the family). It also presents us with many examples of behavior in which there is victimization of one individual by another-usually, an adolescent or younger child by an adult. Thus the incest prohibition, under certain conditions, has an exceptionally clear and valid basis (such as most other sexual prohibitions do not possess).

"When, however, the incest occurs outside the home, and when the participants are mature and responsible persons, the above, mentioned valid objections no longer appertain, First of all, no one is victimized or exploited. Each individual, free of coercion, merely affirms the basic right to the sexual use of his or her own body. Secondly, the family is no longer threatened (no more, necessarily, than by any other sexual transgression or deviation from the monogamic ideal). Thus the claim that incest uniquely imperils the social structure no longer is valid on the basis previously advanced. The incest moves into an area in which the inherent rights of the individual transcend the values certain members of society wish to impose upon the whole society. If incestuous unions of responsible, consenting adults are to be prohibited, some new grounds for the prohibition must be advanced."

Incidence of Incest

Masters (1963) and Weinberg (1963) are both of the opinion that the incidence of incest is difficult to determine and is generally underestimated. In a review of state and federal sources the detected frequency of incest varies annually but it is estimated

to be one per 500,000 persons. There are indications from various sources that Master's (1963) and Weinberg's (1963) incidence estimates are based on an incomplete sampling of the field, at least, as they pertain to the state of Michigan. Hurley, J. (verbal communication, 5-24-66) estimates that one out of 10 children seen at community child care facilities has been involved in incestuous behavior. About the same ratio of sexual offenders at the Ionia State Hospital have had incestuous contacts. Inmates committed to the Department of Corrections with crimes such as indecent liberties, gross indencency, statutory rape, and rape have frequently committed incest with their children. It is the writer's opinion that if a more careful and extensive scrutiny of the offenses of individuals who are residents of correctional and mental health agencies were instituted, a much higher incidence, perhaps more than one per 1000 might be established.

Every state and territory legally prohibits incest and marriage at least within the immediate family, i.e., parent-sibling or sibling-sibling relationships. Brown (1961) states that most incest that comes to light is between father and daughter. In New York state almost 10% of all statutory rape cases involve this relationship. Weinberg (1963) reports that out of 200 cases studied in Illinois, 159 instances involved father and daughter. Hirning (1945) is of the same opinion. Karpman (1940) is in agreement with this general finding but estimates that undetected sexual relations between brother and sister are even more frequent.

Review of Relevant Studies

Bender and Blau (1937) in a study of the reactions of children

to sexual relations with adults investigated 16 cases, 11 girls and 5 boys, ranging in age from 5 to 12 years. All of the adult participants were males. The main question explored in the study is the possible traumatic effect of the incestuous act. Trauma is from within. English and English (1,62) define trauma as psychological or physical experience that inflicts serious damage on the individual. The authors regard it as an internal experience rather than an external event which requires repression because it is considered repulsive.

Bender does not explicitly dichotomize the group but there appear to be two distinct effects, depending on the initiating source of the sexual relationship. That is, in one of the subgroups the children were considered willing participants. For these children the sexual relationship did not appear to rest solely with the adult. The child was either a passive or active partner. These children rarely acted as injured parties and often did not show any evidence of guilt, anxiety or shame.

A conclusion arrived at in this study is that adult-child sexual relationships do not always have a traumatic effect. An important observation from the standpoint of our paper is Bender's unelaborated comment that a remote social danger of adult-child sexual relationships (but directly attributable to them) is child murder.

Bender and Blau (1,37) abstrsct a study by Rasmussen that largely coincide with their conclusion concerning the traumatic effects of adult-child relationships. That is, in a German culture, 46 of the 54 cases ostensibly suffered no severly disrupting effects. However in eight of the 54 cases investigated by Rasmussen three

became psychotic, one was considered a hysteric, three became prostitutes, and one died of dementia paralytica. At this juncture it should be borne in mind that Bender studied preadolescents. Incidentally, the question of long range effects was not taken up in the paper. The latter consideration would require a followup study but could have an important bearing on the (stipulated) conclusion.

Sloane and Karpinski (1942) report on five cases of incest in postadolescence. Three were father-daughter and two were brother-sister sexual relationships. In general they note and agree with Bender's findings in preadolescence. However, they speculate that the consequences of incest may be more critical in postadolescence. They reaffirm that the traumatic aspect may lose some of its significance when the child itself often unconsciously desires sexual union and becomes a more or less willing partner in the act.

In the Sloane and Karpinski (1942) study the outstanding finding is the degree of guilt feeling experienced by the girls. Guilt is considered to come from within the self rather than from society. In this group hostile designs and death wishes were directed against the mother. Generally the girls became promiscuous. A conclusion issuing from this investigation was that in postadolescence incest leads to serious repercussions in the girl. Only one of the five made a questionable adjustment, and the rest manifested various degrees of distortion of personality.

Kauman, Peck and Tagiuri (1954), in a study on the family constellation and overt incestuous relations between father and daugher, make the following observations. They state, much like Fenichel, that incest occurs in families of similar psychopathological makeup which

is particularly conducive to the acting out of the Oedipus wish. Promiscuity is interpreted as an attempt to bring back the lost father through the repetition compulsion. Marital sexual relationships may be regarded in much the same way because of an inability to sublimate. Depression and guilt were universal clinical findings. Guilt in general was verbalized. Depression was shown in many forms, e.g., suicide threats, mood swings. Almost all had somatic complaints characteristic of depression in the form of fatigue, loss of appetite, generalized aches and pains, inability to concentrate, and sleep disturbances.

The girls dealt with depression and guilt by searching for punishment, seeking forgiveness, and turning to religion and delinquency. The purpose of sexual promiscuity seemed to be (1) to relive the experience with father, (2) to work through the anxiety through the repetition compulsion and (3) to achieve restitution of the lost parent. These girls tended to act out rather than repress. Their parents had not taught them how to cope with instinctual impulses by inhibition. The lesson had been well learned.

When many of these patients were placed in foster homes, the resultant dependant position caused them to regress and reveal their hostile demanding orality in a most primative form. The regression that occured in many of these girls approached psychiatric states, i.e., prolonged confusional and stuporous periods or rage reactions. These reactions were interpreted to come about because of an inability to sublimate and a sexualization of object relationships. They received little help from the parents in reality testing or superego development.

Rascovsky and Rascovsky (1950), in the psychoanalysis of a

patient who had consummated incest with her father, elicited the following relationships. After sexual relations she became depressed and frustrated, and, along with the intimacy, developed an intense hatred for her father. After marriage and pregnancy she had an abortion. It was speculated that marriage was an escape from her destructive impulses toward her father. Free association material revealed that the destructive wish to kill her father stemmed from the feeling that he was harming her.

Weinberg (1,63) reviews a series of studies in relation to overt behavior subsequent to incest experiences. He stated that studies of prostitution and sex delinquents revealed incestuous experiences in the personal histories of the subjects. Breckenridge and Abbot (1,12) interviewed 157 girls in a state training school in Geneva and found 47 girls who alleged that they had been violated by some family member, in 1) instances by the father, 5 by an uncle, 3 by brothers or older cousins. In a report by a vice commission in Chicago on The Social Evil in Chicago (1,11), out of 72 delinquent girls, 32 had had incestuous relations with their father. Miner (1,10) reports that 5 out of 25 girls incarcerated in a prison in Paris had sex relations with their fathers.

Summary of Studies on Incest

The main thesis developed in all of the papers is the question of psychological trauma to the female participant. Variability of traumatic effect for incest participants was cross sectionally demonstrated by this evidence. More specifically, preadolescent incestuous relationships with active or passive consent on the part of the girl were not conceived as traumatic at the time of the

observations. Incest in postadolescence and most probably adulthood was regarded as almost invariably noxious. Followup or longitudinal studies concerned with long range effects were not considered or found.

Psychological processes, in pathological degree, associated with incest include anxiety or guilt, ambivalence, and destructive (suicidal or homicidal) wishes. Overt behavior related to incest is promiscuity, prostitution, delinquency, psychosis and, in one instance, murder. An important point is that marital relationships may subsequently be regarded as incestuous because participants often seem unable to sublimate their aggressive drives.

Abortion

It is unsystematically observed that there appears to be a higher incidence of abortion among the filicidal cases than is present in the general population. An explanation entertained to account for this phenomenon is that intense turmoil concerning significant males brings about "accidents" physical manipulations or physiological dysfunctions culminating in abortion.

Abortion is defined as the termination of pregnancy before the fetus is capable of sustaining life. Legal or therapeutic abortions are difficult to obtain and are usually allowed when: (1) pregnancy would seriously endanger the physical or mental health of the mother, (2) there is a realistic probability that the child may be born with a serious mental or physical defect, (3) conception results from rape, incest or illicit intercourse with someone under the age of 16.

There are also illegal self-induced or spontaneous abortions.

The latter are described in Lader, L. (1966) as follows, "Women seek out illegal abortionists many of whom are quacks, virtual butchers. Or, frantic, women attempt self abortion using knitting needles, wire coat hangers, crude catheters-risking a perforated uterus-or fatal injection of soap or detergent solutions.

"Into the emergency rooms of our hospitals flows the grim product of these mangled operations. One Boston hospital admits an average of 600 such cases annually. A voluntary hospital in Harlem admits about 300. One recent study by a professor at the School of Medicine, University of California Los Angeles, puts the abortion death rate at more than 5000 a year".

Lader, L, (1966) reports that there are 8000 legal hospital-performed operations in this country. However, one clinical study revealed a ratio of one abortion to each 3.6 live births in the U.S. urban population. Other expert estimates bear out this figure-which would mean as many as 1,200,000 abortions annually in this country.

This investigation is concerned only with self-induced or spontaneous abortions. The behavior is selected for comparative purposes because it is considered to be a manifestation of ambivalent relatedness to crucial experiences with men. The message conveyed to the author by the abortions is that for psychogenic influences the child is unwanted. It is speculated that in filicidal cases self-induced abortion is the equivalent of a destructive act.

Statement of the Problem

The central theme of this paper is that, given certain conditions, eventually, when the child (incest participant) becomes an adult she acts out the death wishes symbolically. The concept that death wishes against siblings stem from unconscious parental incestuous wishes is given expression in the literature by Zilboorg (1932). Essentially the same idea in reciprocal order is elicited from the research on incest, i.e., children who engage in sex with parents, tend to harbor death wishes against them.

These inferences led to two hypotheses: If a group of filicidal persons were compared to two other groups, each characterized by a different aggressive behavior, there would be: A significantly higher incidence of (1) incest; and (2) destructive behaviors (suicidal attempts and abortions) in the filicidal group.

Description of the Study

The introduction has reviewed the clinical antecedents of the study. The theoretical section posits a link between two drive states assumed essential to the explanation of the filicidal act. Sex and aggression are inferred to parallel each other in intensity. The reviews of the literature present relevant data and provide for the speculations concerning suggested dynamics. The latter appear to be reasonable extensions of the reviewed research.

The Population and Method of Study

This study investigates three groups of female psychiatric patients. Each group is composed of 15 females. The groups are differentiated on the basis of a particular type of criminal act. The names of the groups are roughly descriptive of the acts committed

and are entitled: (1) Filicidal (F), (2) Homicidal (H), and (3) Antisocial (A). The central concern of the study is F group.

The behaviors distinguishing the F group and supporting the posited dynamics are investigated by two variations of the case history method. Included are 15 intensive case histories and 30 abstracts of individual case records. Both types of protocols contain information directly pertinent to the stated hypotheses and control variables, i.e., incest, suicide, abortion, admission age, intelligence, race, education, socio-economic status, abuse, and excessive use of alcohol or narcotice.

The Intensive Case Studies

There are five extended histories from each group, in greatest part elicited from the patients directly. Information from the case records is incorporated into the histories when necessary.

There was no actual selection of cases for the intensive studies except for expediency, based on therapeutic considerations. That is, it had been agreed prior to the initiation of the individual interviews that patients in therapy groups other than the examiner's would not be used as intensive case studies. This measure was adopted on the assumption that two therapists for the same patient might introduce antitherapeutic forces or conflicts, either in terms of intrastaff turbulence or by confronting the patient with incongruent therapeutic interpretations.

In Group F, cases F6, F10, F12, and F13 were in groups conducted by other therapists. When the individual interviews were in progress F7, F9, F11 and F14 were no longer in residence at the hospital. F8 and F15 were severely disoriented or resistive and would

not consent to be seen individually. The remaining five cases (F1, F2, F3, F4, and F5) are the ones used for intensive case studies. The ten identified above serve as the abstracts of cases.

Also in established therapy groups were cases H6, H7, H9, H12, H13, and H15. H8 and H10 had been in the examiner's group previously but had voluntarily discontinued, because, stating essentially, "There was too much discussion about sexual matters". Both of them were contacted for individual interviews. H10 outrightly refused. H8 consented but after the second session sent word that she was indisposed. H11 died at the time of the investigation. H14 was a resident of 20 years duration and it was thought that it would be futile to even broach the subject to her. Fortunately, another homicidal case was admitted during the course of the investigation and agreed to participate in the individual sessions. Cases H1 through H5 were studied intensively.

In Group A, cases A6, A7, A9, A10, A11, A12, A13, and A14 belonged to other therapy groups. A8 was severely disoriented and was inaccessible for reliable communication. A15 was in process of placement on convalescent status prior to the inception of the interviews. The remainder (A1 through A5) are used as intensive study cases.

The Abstracts of Case File Records

Ten abstracts from each group are presented. The selection procedure is previously outlined. The information for these profiles is almost exclusively drawn from the case records. In these transcripts only material directly relevant to the hypotheses and control dimensions is included.

The Sexual Variable

There is one comparison of the three groups regarding the incidence of incest.

The Aggressive Variable

The three groups are compared concerning the incidence of suicide and abortion.

Other Comparisons

Comparisons of the three groups are computed on the following behaviors: Admission age, education, socio-economic status, abuse and excessive use of alchol and narcotics.

The Examiner

The examiner is a crucial control as an elicitor and recorder of verbal response. The hypothetical model adopted, and in all proability only partially realized, is that of a neutral, directive listener catalyzing the significant experiences of the patients. The fact that this examiner was known to all the patients as having been an important professional person in the hospital for 15 years also is relevant to the consideration of his role.

Description of the Population

The subjects of this investigation are female psychiatric patients committed through the courts or transferred from a correctional institution as insane or psychotic after the commission of some crime. At any one time there are 105, plus or minus 10 female patients in residence at the Ionia State Hospital. Of the 104 cases, currently present, 55 are not usable because of: (1) Thirty one were eliminated because of intellectual considerations. All of the latter had both verbal and performance IQs of less than 80 on the Wechsler Adult Intelligence Scale (WAIS). (2) Seven were transfers from other state hospitals and had committed no crime. (3) Eight were charged with felonious assault. They were regarded as borderline cases belonging to either Group H or A. (4) In six cases hospital records were inadequate and the patients were too old or too psychotic for interview. (5) Three had been committed under Act 165, which established legal procedures for individuals designated as criminal sexual psychopaths and had never been judged as insane. Of those cases meeting the criteria for inclusion there were: Filicides (16), Homicides (15), Offenses against property but not against person (18). The latter cases include: arson, forgery, larceny, uttering and publishing, etc.

Selection of Subjects

The first step in the formation of the three groups was to review superficially all of the records of the female patients for proper placement. Subsequently, those cases selected for investigation

were perused throughly for information relating to the aggressive and sexual behaviors under consideration

A total of 45 subjects were finally selected for study. The subjects were categorized on the basis of offense committed, i.e., filicide (consummated or attempted), homicide (consummated or attempted) and an arbitrarily named "antisocial" group whose main distinghishing feature is that the offense is not ostenaible aggressive acting out against persons. There are 15 subjects in each group.

Because approximately half of the total female population is being used in this study it is difficult to control for two variables which are related to incest behavior, i.e., race and socio-economic status. Weinberg (1963) states that Negroes had a larger ratio of incest participants when their number was compared with the total proportional population in New York State. Socio-economic status is determined in 80% of the subjects investigated and of this number 5% of the incest participants are in the lower socio-economic strata, 1.2% in the middle and 5.% in the comfortable (Weinberg's category) group. Studies in Weinberg (1963), by Sonden, Hentig, Riemer and Ebner found that incest was most frequently detected in the lower rather than in the middle socio-economic group. This could mean either that it is more frequently detected or that it is more prevalent.

Markedly intellectually retarded individuals are excluded from the groups. No individual with both a WAIS verbal and performance subscale score below 80 is included in the sample unless there is clinical evidence that the patient is more highly endowed. The reasons for using IQ 80 as the lower limit of inclusion is based on

several reasons. In the first place, if individuals with IQs between 80-90 were excluded, it would not be possible to obtain a sample of the desired size. Furthermore, Wechsler (1958, p.159) states that emotional disturbance reduces the efficiency of intellectual functioning. A more important consideration is that rejection of defective individuals in related to the observation that their personality development is arrested. Therefore the emotional conflicts concerning sex and aggression thought to underlie filicidal behavior may be much different from those of individuals of estimated, or psychometrically measured, average or above average intelligence. The reported full scale IQ is in almost all cases based on at least 10 subtests of the Wechsler Adult Intelligence Scale. Subscale scores are based on at least four subtests.

Collection and Analysis of Data

Case records are kept on all patients from the inception of hospitalization. The records which vary in completeness from patient to patient contain information from many sources; i.e., psychiatric reports; material from parents, relatives, or nearest of kin; newspaper accounts of the offense; investigation statements from police departments; verbatim transcripts of trials; FBI and State Police transcripts; statements of previous hospitalization for physical or mental illness; summaries of private psychiatric treatment; military service accounts; and school reports where applicable.

Data contributed by the Ionia State Hospital and common to all patients are the following: the social history-an abstract of information from all outside sources and the patient; the mental status-a summary of all diagnostic psychiatric interviews; and the

abstract mental tests-a summary of interpretations of psychological testing. After this material is evaluated in a diagnostic staff conference, summaries of all individual interviews, accident reports, evaluation of work assignments, and progress reports of treatment are included in the records.

The specific data to be extracted from the records will fall into three categories, i.e., control, exploratory, and that directly pertinent to the hypotheses. The control data are intelligence, socio-economic status, and race. The exploratory variable is age at the time of commitment. Behavior specifically relevant to the hypotheses is suicidal attempts, abortions, incestuous acts, abuse and excessive use of alcohol and drugs.

In order to follow more systematically the development of the dynamics and to provide more extensive data for the hypothesized differences among groups, 5 cases from each category, 15 in all, are traced in historical sequence from childhood to the present. At least 20 individual interview hours have been spent on each case. It is admitted at the outset that all of the material elicited in the outline may not be verifiable. However, in view of the nature of the experiences set down the events are psychologically factual or significant. The latter consideration, in the final analysis, is the most important concern of this paper.

In some cases the amount of extra case record information available to the investigator varies. Some of the subjects of the study are more fully known than others on account of contacts through testing procedures, group therapy participation, or individual interviews. Others became known for the first time. In all cases

recorded data are used as fully as possible. Acceptable evidence that the patients have been involved in the behavior named is either case record information or self admission in group or individual interviews.

Environmental Considerations

All of the female patients at the Ionia State Hospital live in the same 115 capacity building throughout their residence. All patients are admitted on the same ward. Subsequent placement on the two other wards is a function of behavioral adjustment and, to some extent, degree of psychosis.

Rationale for Three Groups

A necessary step to the credibility of the hypothesis that incest serves the specific function alleged is to support the anticipated outcomes through control groups. Significant demonstrations that in aggressive acts, such as homicide and other antisocial offenses, the relationship posited between sex and aggression is not operating, lends support to our suggested dynamics. Therefore, two control groups are used. One, the honicidal group, is composed of individuals who have committed an act of adult homicide. The other, the antisocial group, is comprised of those who have perpetrated one or more antisocial offences.

Certain observations about individuals who act out psychological conflicts guided us in the establishment of the three groups. They are as follows: First, in these patients all of the offenses are regarded as symptomatic of underlying psychopathology. Like most symptoms, they are gratifications and defenses against anxiety, sex, aggression, and other psychological conflicts. In

the case of filicides, a value judgment may be implied, that it is better to destroy aggressively than sexually.

The three types of acts are assumed to be mediated by different antecedent patterns of behavior as well as intensities of inner drives. It is believed that the acting out in the three categories of offenses represents a continuum of aggressive display as well as social unacceptability. A close relationship is posited between the extremes of the antisocial act and the severity of psychopathology. The intensity of aggression is estimated to be highest in the filicidal act, intermediate in the homicides, and lowest in the antisoical incidents. The graded assignment of scale values is based on the conception that the most intense drive would be necessary to break down the very strong cultural restraints usually preventing the expression of destructive urges toward off-spring.

A similar method is adopted for extimating the degree of unacceptability of social attitude regarding the three offenses. The legal code is adopted as the standard for social desirability. Filicide is considered the most objectionable. Legally, individuals committing this act are almost always hospitalized as criminally insane. There is a wider range of permissiveness toward adult homicide. Depending on circumstances in the latter instance, sentences are set aside. Antisocial acts, such as theft, arson, uttering and publishing, etc., since they do not, usually, involve physical harm to persons, are regarded as least noxious and carry the lightest sentences.

The relationship inferred between incest and filicide is that both are extreme modes of behavior on the grounds of both aggression

and social unacceptability. The trauma sustained as a result of participation in incest facilitates acting out in the most undesirable and hostile manner. The actions of the incest participant may be interpreted to mean that her psychological trauma has been brought about by the exploitation of someone very dear; therefore it is fiting to act out in a similar manner toward a person who stands in an affectively equivalent relationship.

The Individual Interview

The interviews are designed to elicit a representative sample of meaningful psych-social experience so that the outlines of the total life sweep of personality development are encompassed. Hopefully, the more significant similarities and differences among the groups as regards dynamics are expected to emerge. Those behavioral acts expressive of the emotional and ideational determinants necessary for the clarification of the issues raised in this paper are as fully detailed as possible. From our perspective this means those incidents indicative of problems in adjustment. They imply idiosyncratically experienced heavy stress, frustration, conflict and trauma. The behaviors most specifically relevant to this inquiry are the personalized acting-out of motivations signaling the discordant development of sex and aggressive urges with the related effects on self-esteem and social interactions.

The chronological areas of inquiry are childhood, adolescence, and adulthood. In childhood the emphasis is on the nature of the affective relationships within the family, especially the associations to father, mother, and siblings or their surrogates. Relationships of family members to each other, exclusive of the patient, are also

considered important. Relatedness to peer and adult relatives outside the immediate family and nonconsanguineous individuals is also explored.

In adolescence, the focus of investigation shifts to extrafamilial situations. The adjustment of the patient to adults and peers in academic, religious and law enforcement institutions is probably largely determined by attitudes and beliefs learned within the family. The extent to which familial relationships are transferred onto individuals met in social institutions constitutes a rough index of the strength of their beliefs and attitudes. In school intellectual unfolding may be hindered by emotional intrusions directly attributable to affective conflicts. Conscience behavior usually reinforced in religious settings may or may not have any noticeable effect on ethical development. Official contacts with legal authorities almost always leave a deep impression. The negative aspect of ambivalence already established toward parental authority figures may be increased.

In adulthood the type of established habit patterns an individual brings into marriage are a measure of the degree of attained maturity. Marriage involves the assumption and discharge of responsibility. Economic expectations and their fulfillment sometimes become thorny controversies precipitating irrational behavior. A critical dimension in the confirmation of dynamics is the enactment of the roles of wife and mother. The character of the mother-child relationship is essential to the final clarification of the dynamics.

To recapitulate, the examination of the intensive case histories

is expected to elicite repetitive patterns of behavior that could be conceptualized as a style of life adopted by the patient. In most cases there is unawareness of the underlying motivation of behavior. It is this style of life carried to its affectively logical conclusion that determines the degree of destructive or reparative behavior acted out by the individual.

The Structure of the Personal Interview

The interviews were scheduled on a weekly basis. The temporal length of the sessions was indeterminate, i.e., dependent in largest part on the patient's need to ventilate with an upper limit of three hours. If the patient was unable to meet with the examiner on account of a disturbed emotional state, no effort was made to pressure participation. Adherence to rigid rules to keep appointments could have evoked a high level of resistance, thereby functioning to prevent patients from observing appointments. Resistance results in the inhibition of meaningful material.

The nature of the incidents to be extracted was expected to be painful and most apt to be revealed in individual interviews where pain and shame are mitigated, rather than through any other media of communication. It is believed that if rapport and the confidence of the patients are gained the goals of the interviews are achieved. It was intended to engage the patient's therapeutic accessability to such an extent that the original incestuous circumstances and their feelings toward the filicidal object would be verbalized. If significant incidents had been intentionally withheld or repressed they would more readily be expressed in privacy than through any other method.

Information necessary for the clarification of the final phase of the dynamics is rarely found in the reports submitted by agencies or in the usual case history. If, as is suspected, incestuous wishes persist up to the time of the filicide, it would be reasonable to expect that they would be held in relation to the filicidal object. Direct report from the patient serves to clarify whether the sex-aggression linkage includes the incest object, the spouse and the child. It was anticipated that the specific patterns of behavior breaching the gap between incest and filicide would support the inference that guilt and ambivalence underlie filicidal behavior.

The patients were not informed that the data obtained from the interviews was to be used for research purposes. There were several reasons for this decision. It was feared that if the patients became aware of the research aspects some of them would refuse to participate. For the participants it would be difficult to estimate to what extent knowledge, actual or inferred, of the investigation would have affected the quality of their response, i.e., the significance of the material elicited. Some of the patients might withhold important events because of fear of legal consequences. Those suspecting the nature of the inquiry might bias their communications along either positive or negative lines.

Patients expect, with some validity, that the primary purpose of interaction with them should be wholly therapeutic in nature. Previously, when research projects have been in process, they have expressed the attitude that they were being used as "guinea pigs". They imply that the primary focus of interest becomes the success of

the project and that the welfare of the patient becomes relegated to the background. Guided by these considerations the interviews were designed to contain sufficient working through and interpretation of personal problems to foster insight.

Findings

The findings for all of the investigated variables for each of the 45 cases in their respective groups are offered in tables 1, 2 and 3 on pages 44, 45 and 46. They provide a comprehensive overview of each of the three groups for all of the ten variables.

Reference to table 4, on page 47 shows the frequencies for the intensive study (IS) groups are generally higher than the comparable frequencies in the case file groups. However, only very limited new information was obtained from the intensive interviews beyond what already existed in the case records, thus the IS procedures resulted in adding only the following instances to the case file information; incest one additional case in the F group, abortion one new case in the F group.

Table 1

Summary of findings for each individual in the Filicidal Group

	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14	F15
WAIS IQ*	10)	)3	)3	9)	ave.	114	8)	114	)3	)3	110	116	8)	9)	103
Admission Age	31	26	1)	27	31	30	22	29	25	22	28	37	36	21	32
Education	12	7	10	12	16	12	11	12	7	12	16	12	10	11	8
Race	W	N	N	W	W	N	W	W	W	W	W	W	N	W	W
Socio-Economic Status	M	L	L	M	U	M	L	M	O	M	M	M	L	L	L
Suicide	X	X	X	X	X	X	X	X	X	X	X	X	O	X	X
Incest	O	X	X	X	O	O	O	X	X	O	X	O	O	O	O
Abortion	O	X	O	X	O	O	O	O	X	O	X	O	O	X	X
Alleged Spouse Abuse	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Excess Alcohol or Drugs	O	O	X	O	O	O	O	O	O	O	O	O	O	O	O

Full Scale Intelligence Quotient Wechsler Adult Intelligence Scale
Race: S: White, N: Negro
Socio-Economic Status: U; Upper, M: Middle, L: Lower
Admission Age: In years
Education: Number of years completed
Suicide, Incest, Abortion, Abuse by Spouse, Excess Alcohol or Drugs: O: No, X: Yes

Table 2

Summary of Findings for each individual in the Homicidal Group

	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	H12	H13	H14	H15
WAIS IQ	105	86	88	107	86	86	109	81	106	89	102	85	Unk.	98	75
Admission Age	39	38	47	57	33	27	36	37	43	35	40	40	23	35	31
Education	12	8	3	8	11	9	10	3	10	8	6	12	10	8	10
Race	W	W	N	N	W	W	W	N	W	N	N	N	N	W	W
Socio-Economic Status	L	L	L	L	L	L	M	L	L	L	L	L	L	L	L
Suicide	X	0	0	0	X	0	X	0	0	X	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Abortion	X	X	0	0	X	X	0	X	0	0	X	0	0	0	X
Alleged Spouse Abuse	0	X	X	X	X	0	0	X	0	X	X	X	0	X	0
Excess Alcohol or Drugs	0	X	X	0	X	0	0	0	0	0	0	X	0	0	X

Unk: Unknown

Same Legend as on Table 1

Table 3

Summary of Findings for each individual in the Antisocial Group

	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15
WAIS IQ	93	108	85	100	106	104	91	80	101	87	96	86	79	87	87
Admission Age	21	26	30	47	40	33	44	42	34	18	40	19	41	36	43
Education	8	12	5	8	6	10	8	12	12	5	10	11	9	8	10
Race	N	W	N	W	W	W	W	W	W	W	W	N	W	W	N
Socio-Economic Status	L	M	L	L	L	L	L	L	L	L	L	L	M	M	L
Suicide	X	X	X	0	X	0	0	0	X	0	0	0	0	X	X
Incest	0	0	0	0	0	0	0	0	0	X	0	0	0	0	0
Abortion	0	0	0	X	X	X	0	0	0	X	0	X	X	X	X
Alleged Spouse Abuse	0	0	0	0	0	0	X	0	0	0	0	0	X	0	0
Excess Alcohol or Drugs	X	0	X	X	X	0	X	0	X	0	0	X	X	0	X

Same Legend as on Table 1

Table 4

Summary of Findings for the exploratory variables shown separately for the intensive and abstract of case files. For the Filicide (F) Homicide (H), and Antisocial (A) groups.

	Intensive Study Case N=15			Abstract Case File N=30			Totals N=45		
	F	H	A	F	H	A	F	H	A
Suicide	5(100%)	2(40%)	4(80%)	9(90%)	2(20%)	5(50%)	14(93%)	4(27%)	7(41%)
Incest	3(60%)	0	0	3(30%)	0	1(10%)	6(40%)	0	1(7%)
Abortion	2(40%)	3(60%)	2(40%)	4(40%)	4(40%)	6(60%)	6(40%)	7(47%)	8(53%)
Alleged Spouse Abuse	0	4(80%)	0	0	5(50%)	2(20%)	0	9(60%)	2(13%)
Excess Alcohol or Drugs	1(20%)	3(60%)	4(80%)	0	2(20%)	5(50%)	1(7%)	5(33%)	0

Percentages are in brackets. They refer to the subsample in that specific category, i.e., for F suicide, 5 of the 5 cases (100%) attempted suicide.

Table 5

Report Incest Participation Frequencies

	F Group	H Group	A Group	Totals
Incest	6	0	1	7
Non-incest	9	15	14	38
Totals	15	15	15	45

Reference to table 5 indicates that six of the 15 cases of group F participated in incest. Only one of the remaining 30 cases in groups H and A were incest participants. Comparison for significance between groups F and H by Fisher's Exact Test yields significance at $P < .01$ level. The comparison between groups F and A, by the same test shows significance at $P < .01$. The results are in accord with the hypothesis concerning incest. The difference between the H and A groups is not significant.

The Suicide Variable

Table 6

Reported suicide Attempt Frequencies

	F Group	H Group	A Group	Totals
Suicide	14	4	7	25
Non-suicide	1	11	8	20
Totals	15	15	15	45

Inspection of table 6 shows that in the F group only one of the 15 cases did not attempt suicide. Four of the H group and seven of the A group tried to destroy themselves. X^2 analysis of the frequencies yields X^2 of 14.22 $P < .01$.

Abortion

Table 7

Reported Abortion frequencies

	F Group	H Group	A Group	Totals
Abortion	6	7	8	21
Non-abortion	9	8	7	24
Totals	15	15	15	45

A survey of the data in table 7 indicates that none of the differences among the three groups achieved significance.

Admission Age

Table 8

Mean admission age comparison

	N	Mean Age	SD	t Value
F Group	15	27.73	5.34	
H Group	15	37.80	8.4[illegible]	F vs. H 4 = 3.85 P <.01
A Group	15	34.27	[illegible].23	F vs. A 1 = 2.60 P <.05

The mean age of 27.73 for the F group is strikingly different from the 37.8 for the H group or the 34.27 for the A group. It is apparent that the t value of 3.85 P <.01 for the F X H interaction is statistically significant. The F VS A comparison is isgnificant at the 5% level of confidence.

Education

Table 9

Mean school achievement comparisons

F Group	15	11.20	2.65	
H Group	15	8.51	2.78	F vs. H t = 2.70 P <.01
A Group	15	8.93	2.30	F vs. A t = 2.52 P <.03

The mean educational attainment of 11.2 grades for the F group is significantly different from the mean grade achievement of 8.51 for the H group at the 1% level of confidence and for the A group at the 3% level.

Abuse by Husband

Table 10

Reported spouse abuse frequencies

	F Group	H Group	A Group	Totals
Abuse	0	9	2	11
Non-abuse	15	6	13	34
Totals	15	15	15	45

Table 10 shows that the incidence of abuse for the H group is impressively high. Analysis of the differences among the three groups by means of Fisher's Exact test show a significant difference between the F and H groups P .01. The difference between the H and A groups yields x^2 of 5.13 and is significant at the 2% level of confidence. The abuse variable is the only one on which the H group is significantly different from the other two.

Excessive Use of Alchol or Narcotics

Table 11

Reported incidence of the excessive use of alcohol and narcotics

	F Group	H Group	A Group	Totals
Excessive Users	1	5	9	15
Non-excessive Users	14	10	6	30
Totals	15	15	15	45

X^2 analysis of the frequencies in table 11 results in

a X^2 of 12.8 for the analysis of the difference between the F and A groups. The latter figure is significant $P < .01$ beyond the 1% level of confidence. The A group is not significantly different from the H group on this dimension.

Table 12

Incidence of socio-economic status among the three groups

	F Group	H Group	A Group	Totals
Upper and Middle Class	8	2	3	13
Lower Class	7	13	12	32
Totals	15	15	15	45

The upper and middle class catagories were combined in table 12 because there was only one instance of upper class belongingness. The latter occured in the F Group. When the frequencies between Group F and Group H are analyzed by Chi Square they yield a X^2 of 3.75 ($P < .05$). The difference between Group F and Group A is not significant.

Comparisons among the three Groups

Table 13

Between Group Differences

Variables	F vs. H Groups	F vs. A Groups	H vs. A Groups
Incest	$P < .01$	$P < .05$	NS
Suicide	$P < .01$	$P < .01$	NS
Abortion	NS	NS	NS
Admission Age	$P < .01$	$P < .05$	NS
Education	$p < .01$	$P < .03$	NS
Abuse	$p < .01$	NS	$p < .01$
Excessive Users	NS	$P < .01$	NS
Socio-economic Status	$P < .05$	NS	NS

NS = Not Significant

The Dynamics of Filicide

From the standpoint of the proposed dynamics this study yields two very important findings. That is, the F Group, as hypothesized, differs significantly from the other two groups on the incest and suicidal variables. The abortion dimension does not discriminate the three groups. Another significant finding was the high incidence of spouse abuse in the homicidal group. In several of the cases the clinical findings strongly support the general interpretation linking sex and aggression. In the others there is need for further investigation.

Development of Trauma and Ambivalence Subsequent to Incest

It is hypothesized that the incestuous relationship initially regarded as satisfying eventually becomes traumatic. With developing awareness of the social significance of incest, the incest object becomes regarded as a frustrating and ambivalent. The anxiety and/or guilt stemming from the incestuous act may increase with acculturation (the F Group was significantly higher in education and socio-economic status). Because guilt is unresolved, it is transferred onto other love-sex objects, subsequently focused on the spouse, and ultimately on the child. In situations of stress psychotic breakdown is precipatated. In the psychotic state, because of the intimate relationship between sex and aggression, both drives are vented on the child.

Trauma and ambivalence are very closely associated by the patients. They are almost always expressed simultaneously. To cite some examples: F3 believed that what her father did to her

was wrong and knew that he had gone to prison because of it. Yet, he was the closest person to her in childhood. She felt mistreated and anticipated more harm from him after she became an adult. F4 initally regarded her father as a "god in whose favor she wanted to bask". Arterwards she projected blame for her psychosis on her father, especially to the effects of the incestuous experience. When she is in remission, she is aware that because of her attitude toward the incestuous act (the father is still a sexual stimulus) she could not adjust to life in the community with him. When she becomes psychotic she is eager to return to him and denies the sexual attraction. Her closing remarks in a letter to the examiner were "In the kitchen the sun went down (for a while). The sun is out now! It will get warmer yet and I know that the sun rises and sets with the affairs of states in my heart, and my heart <u>still</u> belongs to Daddy (on Pedistal)".

As a child F14 was terrified of her father. After hospitalization, on being asked if she wanted to die she said, "Oh, last night I felt like that. I was very lonely and I thought if I could die I would get together with my daddy who died when I was five and everything would be alright". F5 denies sexual attraction to her father. However, she was fearful of the parental bedroom and joined the Army to get away from him. In acute psychotic states "the devil in the walls" of her room calls her and will not let her leave. F9 complained to her mother about her father's behavior, and, as a result, he was sent to prison. In a semi-comatose state the only person she called on for aid was her father. F2 at the time of the interviews was depressed and intropunitive. She was unable to

articulate any negative feeling toward anyone. However, she expressed physical pain and frigidity at the time of the intercourse with her brother.

The stress situation precipitating psychosis is clearly related to the husband's behavior. In all of the comprehensive cases, the spouse or spouse surrogate had either left or was spending a great deal of time outside the home. In the case of F1, F2, F3 and F5 the spouse had deserted. In the case of F4, concurrent academic and vocational activities took the husband out of the home a great deal of the time. Frustration of love needs is apparent. At the time of the filicide all of the F Group were psychotic.

Incest in Relation to Husband and Child

It is speculated that the sexual relationship to the spouse was not consciously regarded as incestuous. If it had been, it is presumed that an attempt would have been made on his life rather than the child. Additionally, allegations of physical abuse and indidelity were not made as often as in the other two groups. On the other hand, there are indicaions that on some level of awareness the child may have been regarded as an incestuous object. Because of the difficulty in lifting the incest taboo the relationship to the child can only be roughly approximated. Only one of the incest participants admitted direct sexual stimulation by her child. F3 experienced sexual feeling akin to climax when she suckled the baby at her breast. The latter circumstance was confided only after she had received encouragement and reassurance by several individuals. In three other cases sexual attraction can be inferred. F4 was very concerned about the fiery red condition of her child's genital area.

It was after this perception that she choked or shook him. In psychotic states she believes she was the cause of his death. More recently, she believes that he had grown to manhood and was socializing with her at an Alcoholics Anonymous meeting. F2 had a dream that her child who looked like a replica of his father had grown physically and was lying in a coffin. After F2 killed her sister-in-law's children, she seared the bodies with a hot iron and placed a nude doll near each body. F5 acted out very regressively when she was asked about possible sexual attraction to her child. There were many dreams about the deplorable psycho-social and physical conditions surrounding the child. Again, there was a very close likeness to his father. Continued involvement with their children long after their death suggests that the patients' unresolved Oedipat relationship had been transferred to the children.

Reconstruction of the Sex-Aggression Linkage

The following explanation is offered of the sex-aggression linkage binding the father, spouse and child. Conflicting marital relationships precipitate psychosis because of severe childhood traumas and weakened defenses. In the regressed state, sexual and aggressive impulses originally associated with father figures are reactivated. The reawakened ambivalence felt toward the father intensifies the fused sexual and aggressive feelings toward the husband and child. In the absence of the husband sexual urges are desplaced onto the child. With the continuance of the frustrating state of affairs aggressive and sexual urges mount. In the regressed state a peer relationship with the child may be assumed to facilitate the derivation of sexual gratification, actually or in fantasy, from

the child.

The following behavioral referrents were reported: After emerging from an acute psychotic episode F4 believed that her father had died. F8 discovered that her husband was not dead as had been reported by the war department and began starving herself to death. F10 attempted to kill her husband with a metal object. F13 stated that "My mind told me to kill my stepfather".

The Filicidal Act in Relation to Incest

From the foregoing it appears that the same set of circumstances obtaining in the patient's childhood were in process of reconstruction within their own family context. In spite of the psychotic condition, there are moments of lucidity when the patient is cognizant that if incestuous union with the child is achieved, or has been achieved, the child is destined (like she was) to a succession of conflicts throughout his life. Guilt about her treatment of the child deepens depression. In the process she reaches the point where the death of her child becomes preferable to his life. Filicide becomes a solution through which this vicious Oedipal circle can be terminated. The solution is satisfactory because the patient can in this way put an end to the victimization and exploitation of her child or children.

The Incest Variable

As anticipated, the patients experienced considerable difficulty in discussing Oedipal behavior. Only one new case of incest was uncovered by the investigator. Of the six incest cases five were father-daughter and one sibling-sibling. In three of the five father-daughter cases sibling-sibling incest was also present.

In this sample, incest appears to be related to socio-economic status in an inverse relationship to that found in the survey of the literature, i.e., that incest occurs usually in individuals of lower socio-economic status. None of the incest participants was able to accept the interpretation that incest is related to filicide in the specific manner advanced herein.

The Non-Incest Cases

Incest was detected in the F Group in only 40% of the cases. In the other nine cases there are provocative but insufficiently explored relationships. In the cases of F6 and F10, there is indication of an intense and unresolved Oedipal relationship. F6 was her fathers constant companion and "princes" through adolescence, although she viewed him as a "SOB" after he remarried. F10 appropriated and wore her mother's clothing and jewelry but afterwards destroyed them. F13's father was never married to her mother or lived with the family. However, the patient's therapist (Luehrig R., personal communication, June 3, 1966) was of the opinion that the patient had sex relations with her stepfather. She recalled that her stepfather "asked me to go with him and I turned him down. I couldn't do a thing like that". She hated him and felt he was responsible for her trouble. F14's father died when she was five. At the age 11, the patient had sexual relations with a man 50 years of age. In the case of F7 the mother died when the patient was 15 months of age and she lived in another household until she was four. More recently F7 has become aware that her husband is very similar to her father. The father of F12 was hospitalized for mental illness. In this instance the patient is reported to have been jealous of any

attention he paid her sister. Her father deserted the family after his release from the state hospital. F15's father committed suicide when the patient was nine. F15 admitted being sexually assaulted several times but, "I did not give in". She steadfastly refused to identify this aggressor.

There are several reasons why the incest relationship, if it was present, might not have come to light. In the first place, the incestuous incident could have been repressed. Secondly, the acts could have been inhibited due to resistance associated with shame, loss of self-esteem and cultural prohibitions. A contextual reason arising within the hospital setting is that there may have been fear that avowal of the act may have been used to retain them longer. It is believed that F6 was advised by one of the hospital personnel not to confide in the investigator. In seven of the nine cases where the probability that the incest existed, there was insufficient inquiry. In cases F13 and F14 there was no father either through death or illegitimacy.

Filicide may occur among females who definitely are not incest participants. In this eventuality the significant behavior related to the destructive act may differ in important respects from that demonstrated or suspected in most of the present cases. For example in Bender's study (1934) the children were killed because blame for an actual or fantasied illness was projected onto their children. A psychotic woman may destroy her child in response to hallucinatory command. Filicide may also come about simply as a consequence of severe conflict with the spouse. The child then becomes an object of displaced aggression.

Comparison of the Three Groups on Sexual Behavior

A closer look at the marital sexual behavior of the three groups uncovers some tantalizing relationships. There are strong indications of sexual deprivation in the F Group. For one reason or another in almost every instance the time spent with the husband is much less than in the other two groups. In no case in the F Group was the husband reported as"oversexed". On the contrary, several husbands were described by these women as undersexed. The allegation of "hypersexuality" was made several times in the H and A Groups. There was relatively little promiscuity or prostitution in the F Group.

In the H Group five of the patients married or lived common-law with men 15-30 years older than they. In one case the man was 25 years younger. The H Group more than the other two appears to be driven to find a father substitute. In this matter our data suggests that absence or rejection by the father is just as potent a force as Oedipal involvements in compelling females to search for a father substitute in a husband. More members of this group affirmed that they were unable to meet the sexual needs of their husbands.

Sexually, the A Group is characterized by more prostitution and promiscuity than Groups F and H. Four members of the latter group were prostitutes and six were promiscuous. In Group A, 11 of the fathers were not living or had deserted the family when the patient was very young. For the most part Group A used sex in an essentially nonaffectionate and somewhat depersonalized manner. It served mainly as a means of gaining security goals or for economic purposes.

The Filicidal Act in Relation to Aggression

If the filicidal act is examined closely, it differs in several respects from the conditions usually associated with a homicidal act. In the first place, the object of aggression is a defenseless and ostensibly loved individual. The verbalized motivations and circumstances accompanying the filicide differ markedly from those attendant on the homicides. The most usual explanation given by F Group members rationalized the filicide as equivalent to euthanasia. That is, the family situation because of marital discord and neglect by the husband is regarded as irreparable. The death of the children and self-destruction are evaluated as welcome relief from unbearable pain. The patient portrays herself as a heroic martyr. She expresses a longing to ascend to heaven where she will enjoy eternal bliss with her children. Inferentially, on earth, the spouse prevents her from attaining the yearned for happiness.

Inferiority Feelings and Aggression

The F Group was excessively preoccupied with the care of their children. Several of them considered themselves inadequate mothers. There was a heightened anxiety about their assumed inadequacies. In contrast, the members of the H and A Groups readily accepted their relatives' assumption of the duties of rearing their children. F3 says, "My biggest problem was how I was going to take care of my children. I didn't think I was the type of mother who could take care of them the way they should be. I wasn't a very good mother". F2 states, "I thought I would never be able to take care of him because I was sick". F5's dreams are characterized by ideas of neglect of her children.

The intense concern regarding the rearing of their children by the F Group is considered an instance of reaction formation designed to cope with guilt stemming from sexual attraction and death wishes toward their children. Even now, years after the tragedy, several of the F Group become acutely disturbed on the anniversary of the filicide.

Comparison of the Three Groups on the Expression of Aggression

In contrast to the F Group most of the H Group extend physical or psychological abuse or infidelity as the main reason for the homicide. In most cases where physical abuse was alleged there was public verification that it was happening, i.e., police investigation reports support their allegations. The H Group differed significantly from the other groups in the incidence of abuse. The outcome of the abuse dimension serves as a basis for the explanation that fear of the husband, a realistic threat to the drive for self-preservation, in most instances precipitated the homicides. The H Group perceived the husband as a destructive aggressor.

In the H Group, another behavior operating to justify and promote destructive urges was that in several cases the patient was being rejected in favor of another female. Therefore, jealousy, sometimes a motive for murder, was a relevant issue in the H Group. H6 felt she was in competition with her husband for the love of her children and ultimately destroyed him. In the F Group, in no case was the husband observed to show marked affection for the children.

The A group appeared to displace their aggression onto inanimate objects. Usually, the acting out of hostility was facilitated by the use of alcohol or drugs, i.e., (1) When A9 became

angry because of an economic difference with a phone company she attempted to shoot down the electrical power lines with a rifle, (2) others set fires, (3) as expressed by A11 "When I am by myself, anger can make me use narcotics quicker than anything else". The examiner speculates that in certain cases a drinking or narcotic spree may be a homicidal equivalent.

The Filicidal Object

Altogether 21 children (20 dead, two nonsiblings) were included in the filicidal transactions. One of the males was beaten severely but was treated in a hospital and survived. Ten of the 20 deaths involved one child. F2 and F5 accounted for six mortalities, three each, four male and two female. F11 and F14 were responsible for four, two each, three male and one female. Collectively, there were 14 males and seven females.

In 11 of the 15 cases, in conformance with the sex-aggression linkage, the gender of the filicidal object would support the prediction that it should be a male. In four instances the filicide victim was not a male. Three of the four female filicides were "only" children. However, as F10 said, "When I killed my baby (a female) I tried to kill my husband". F3 had received sexual gratification from the female child she destroyed. She made the very meaningful statement, "I killed the girl twin but it was the boy twin I did not like". F4 had engaged in homosexual incestuous relations with her sister. She also believed (in a psychotic state) that she had killed her son. In the case of F15 there is insufficient information to understand the underlying motivations. However, the patient informed her husband about the act immediately after its consummation. F15 had

placed a flashlight in such a position that it lit up the face of the child. After F8 choked her female child she gave her artificial respiration to save her life. F6 attacked all three of her children, but only the male died.

When the filicidal object is compared to the homicidal, under hardly any circumstances can the child be considered an objective threat. If the husbands of the F Group were the direct object of hostile intent, there is no valid reason why a younger, better educated, equally aggressive group of individuals could not kill an adult in a similar manner or with more finesse than a less adequate group. Higher socio-economic status and education should function to prevent filicide and to deflect hostility onto the husband rather than the child. For example, F2's sister-in-law was killed with apparent ease.

The Suicidal Attempts

The usual motives extended for suicide, depression due to guilt, played an important part in the suicidal attempts. However, the guilt is speculated to derive not only from unconscious death wishes toward the father, an ambivalent object, but also from similar affect toward the husband and the child. A salient point is that in our sample all of the suicides were unsuccessful. It seems unlikely that this failure was entirely due to chance. There is hardly any doubt the suicide is largely an internalization of the death wishes felt toward the three significant males (father, husband and son). The suicidal failure may be attributed to an alleviation of tension and a reduction in aggression after the acting out of the destructive urges on the child. F4 expressed the opinion that the

killing of her child brought about temporary remission. The filicide dissipates the strength of the pent-up drives. It is also speculated that because of the close identification with the child there is a very close relationship between filicide and suicide. Symbolically, the filicide may substitute for suicide.

The Abortion Dimension

The findings as regards abortion were not expected. The abortion outcome is interpreted to mean that quantitatively the groups were equally aggressive but that situational and psycho-social components altered the intensity of expression. In their study, Rascovsky and Rascovsky (1950) interpreted abortion as motivated by destructive wishes toward the father. It is interesting to note that the mean abortion rate of 46.7% for the 45 cases, the total sample, differed widely from an estimated national average of 27.7%. Our ratio was not computed on the same base as that reported in Lader (1966), i.e., number of abortions per live births. Because of the illegality of abortion Lader's percentage may be underestimated. Our figure was based on each individual aborting irregardless of the number of abortions by that person. One of the patients had six and another nine abortions. A tetrachoric correlation of .02 between abortion and suicidal attempts does not indicate that the two dimensions are related to the extent posited.

Characteristic Defenses

The matter of defenses used by the members of the three groups is a complex one. It is apparent that the main defenses used by all of the patients are regression and acting out. Most of the patients used many of the classical defense mechanisms at one time or another.

Notwithstanding, it appears that each group may be said to have used one of the defenses more rigidly than the others. In the three groups acting out to relieve tension and anxiety is facilitated by the specific environmental context. In the case of the F Group it is precipitated by the desertion of the spouse, bringing about even more severe regression. In the H Group abuse by the husband increased the projection of aggressive urges. In the A Group acting out was more easily evoked by the use of alcohol and narcotics with the subsequent displacement of hostility.

A general finding is that the F Group differed significantly from Groups H and A on six of the eight variables, i.e., (table 13) incest, suicide, admission age, education, abuse, socio-economic status. Groups H and A differed significantly on only one variable, i.e., abuse. There is hardly any doubt that the initial observations that the F Group had several unique characteristics is borne out by this investigation.

Limitations of the Study

The most obvious limitation of the study is that the data was elicited, recorded and selectively abstracted by one individual. The questionable assumption was made that the patients, with his intervention, were able to produce most of the crucial experiences necessary to investigate and interpret the stated hypothese. Thus the danger of bias of observation becomes a relevant one.
It is acknowledged that the theoretical predispositions and experiential background of the examiner, acquired over a period of years, influenced the elicitation and evaluation of case material. However, the frequencies of incest, suicide and abortion are for the

most part publically verifiable. The interpretation of the outcomes may be questioned. Validity of interpretation is related to the comprehensiveness of the sample of behavior. The life data extracted by the case history method is affected by the range of inquiry posed by the examiner, accessibility of the patients and objectivity of the interpretation of the findings may not have become known due to limitations in any one of the three sources of information.

The sample of investigated filicidal cases accrued over a period of 15 years or more. In approximately a year the hospital will cease to accomodate only the criminally insane. Whether in the future a similar sample could be assembled to replicate this study is highly improbable.

Control or utilization of environmental forces was not possible or even attempted. That is, there was no use of ward personnel to produce a climate more suitable for the exchange of therapeutic communication. Two of the five filicidal cases studied intensely were not satisfactory. Greater uniformity of information acquisition may have been gained if a check list type series of questions had been outlined prior to the inception of the study.

Implications for Further Research

The 20 hours of individual interview time alloted to each of the filicidal cases was woefully inadequate to accomplish the goals set for the project. The most sensitive aspect of the study, the exact nature and behavioral type of love-sex relationship between mother and child dwas only superficially explored. More specific and adequate information could clarify the depth and character of regression, i.e., its predominately oral or anal quality.

Further study of the filicidal cases through the use of induced hypnotic regression may permit the evocation of additional experiences necessary for the support of the last phase of the dynamics or the establishment of a modified or new interpretation. In either event more information would enrich and expand the range of knowledge of psychopathology.

Another avenue of research suggested by the findings is the existance of a comparable syndrome in males. That is, does incestuous Oedipal involvement in males culminate in aggressive acts. Currently the question of "snipers" or rape is in the public limelight. Would a group of rapists differ significantly from groups similar to those used in this study in the incidence of incest or unresolved Oedipal behavior? What is the course of aggression and sex urges after acts of forceful sex? In view of the growing incidence of rape, a study of this topic would appear to be indicated. An FBI report quoted in the Grand Rapids Press of September 14, 1966, page 35, notes that "Figures comparing the six months with the similar period of 1965 showed that rape, up 12%, made the sharpest increase among violent crimes".

APPENDIX

The Filicidal Group

The first 15 cases, F1 through F15, are designated the filicidal group. The patients in this category either attempted or killed one or more children.

F1

The patient was committed to the hospital at the age of 31. She is a high school graduate. Intelligence is at the average level (IQ 105). She is of middle class parentage. Diagnosis was schizophrenic reaction, catatonic type.

The examining psychiatrist and social worker who first interviewed the patient were in agreement that up to the time of the diagnostic staff hardly any information of a pertinent social or psychologically meaningful nature had been obtained from the patient or her family. She had remained very guarded and resistive. The social history begins in the following manner: "The patient is inaccessible and refuses to give any information regarding her past. She states that 'it is all over and decided now'". More recently she was asked to participate in group therapy and an extended series of individual interviews. Most of the material submitted in the body of this case history was obtained from these two sources.

The patient's earliest recollections are fragmentary and poorly systematized. In her childhood the grandmother stands out more distinctly than her parents. Her grandmother gave her more attention and there were physical demonstrations of affection. Within the family an older sister took more interest in her general development than anyone else. Her parents confirmed that the patient and her sister

were very close. The sister taught the patient the alphabet and how to read and write. There were no playmates outside of the immediate family. The patient spent most of her recreational time with her next younger brother in the woods.

She is very explicit in asserting that the happiest days of her childhood were spent in the company of the brother and at times with the older brothers. They sometimes went swimming in a creek that ran through their farm. There is very little doubt that her most emotionally satisfying relationships in childhood were with her younger brother.

Throughout her school years she spent most of her nonworking time studying. She started kindergarten at the usual age. Midway through this school year her studies were interrupted by the parents who took her with them on a vacation trip to Florida. She recalls driving by this hospital on the way out. One of her parents remarked that if she did not behave herself she would be sent there some day. It is probably that this experience is a factual one. Later on, her husband who knew relatively little about her family background became aware that there was a long history of mental illness in the family. He was struck by the fact that her parents led a very narrow life devoid of involvement in the finer things. They were preoccupied with needs for exaggerated thriftiness and appeared to be detached from reality. She regards her parents as very reserved and almost stoic in their reactions. But she was impressed that when relatives came to visit they would change suddenly into active and communicative individuals. When asked how she interpreted the parents' silence she was unable to verbalize whether it had any significance for her

or not. When asked if this mode of adjustment could be learned she was equally noncomitial.

When the sexual topic is discussed either in individual interviews or in group therapy she becomes obserably uneasy. On two occasions during discussions of sexual behavior she has left the room without any apparent reason. When questioned about it in individual interviews she will remark that she would like to discontinue coming to the group because she has so little in common with the rest of the members. She rationalizes her underlying reasons for leaving by implying that there is an unequal ratio of colored and white members, "We are out-numbered".

Her first sexual experience occured at about the age of 5 or 6 when relatives came to visit. Some cousins started urinating through knotholes in a board fence. She explains that she did not see their penises because they were on the opposite side of the fence. But she was aware of the difference in structure and that she was not equipped to perform in a masculine manner. She explains that they had no time to explore further because her parents had been keeping a very close watch and immediately called them into the house. They made no comment or asked questions about the event. She never received sexual instruction and was relatively unprepared to understand menstrual phenomena.

After returning from Florida she remained in a country school about which she recalls hardly anything until the third grade. Her parents then moved to another farm and she transferred to another school in a larger community. Home and school activities up to the eighth grade were relatively uneventful. There were, however, two

touching experiences. Most of the time was spent either in the school or on the farm. In addition to her usual household chores during spring and the harvest season she was made to pick potatoes, hoe weeds in the garden. The parents pushed them considerably. She says, "They tried to get me to do more than I was capable of doing". She was expected to keep her oldest brother's room clean and she questions the adequacy of her efforts since, "My brother did not like me very well. At times I didn't think I fit into the family very well". Within the home, she, with the aid of her sisters spent most of her evenings studying her lessons. There was only slight interaction with the parents.

In the seventh grade a community organization requested that some of the members of her class and a selected group of girls perform a dance for a public function. The girls were requested to wear costume materials made out of "cheese cloth" in various colors. When she informed her parents about the details they raised objections on the grounds that this type of costume was not practical. The apparel would not be a supplement to her wardrobe. They substituted a more "practical" dress and she felt out of place during the performance. She, aparently, had very few changes of attire. Once, after wearing a dress for a particularly long period of time her brother on the instigation of her mother tore it off of her to force her to wear something different.

A memorable experience at the age of 13 involved the cutting of her father's hair. The task was usually undertaken by her mother. For some reason or other, on this occasion, her mother was unable to do it. The patient estimates that it took her almost all day

to finish it. She enjoyed taking her mother's place and believes she did an excellent piece of work, "When I was done every hair was in place". And more emphatically, "I was always used to living on my merits. I was proud to give my dad a haircut". Interestingly enough, her father never permitted her to do it again.

Another incident vividly etched in her mind but detached from almost all emotional involvement came about in the following manner. In the eighth grade she elected to take a course in public speaking. Like the other members of the class she was required to deliver an oration as part of her final grade. She selected one in the dramatic tradition of the publically avowed atheist Ingersol. She becomes very circumstantial about the reaction of the audience to her talk and implies that on this occasion some of the parents of the pupils were present. However, almost immediately afterwards, there was an impromptu move by the parents away from the vicinity. She was immediately transferred to another school but there are feelings of apprehension associated with their departure. She dropped speech at the nest school.

There are conflicting statements about her activities and relationships in the new school. In two successive interviews she first stated that she did not become involved in any more activities than in the previous one. Afterwards she remarked that she like the students better. She became a participant in athletics and received a "medal" in basketball. She became a member of the glee club but had to discontinue because she could not practice in the evening. Her father would not drive her into town for extracurricular activities, in spite of the fact that they lived only a mile from

school. She wanted to belong to the 4H club but was not permitted to do so. She comments that "My parents were very strict with me". About this time too she made her first C in an arithmetic course. Prior to this time she had only had A's and B's.

She reached the age of puberty at about the age of 15. As mentioned previously, she had had no sexual instruction. She became very anxious when she first started her menstrual flow. There was no understanding about what was happening. She became acutely disturbed and was rushed to a hospital. In her opinion it was such an exhausting experience that she slept most of the time that she remained there. Even now, she believes that she lost so much blood that she will never be able to replace it again. In a serious tone, she asked the examiner, "What happens if you lose a lot of blood and it isn't restored?"

In the tenth grade, shortly after she received the C in arithmetic, she changed over from a college preparatory course to a commercial one. From that time until she graduated there were no severely disrupting incidents. She graduated at the age of 18 and felt hurt because she had not been selected to be either valedictorian or salutatorian. She believes that she was disqualified because of her lack of participation in extracurricular activities. In any event she was very much disappointed.

Shortly after she finished school she left the farm and went to live in town with her grandparents. Several weeks later she began work as a clerk in a variety store, "a 5 & 10 cent store". She intended to work in this capacity until she saved enough money to move to a large city. While there she became friendly with

another girl working there with similar aspirations. In a short time she moved out of the grandparent's home to share an apartment with this girl.

Up to this time the patient had never dated. The girl with whom she roomed was doing so and made arrangements with a male acquaintance so that they could go out as a foursome. The patient dated him on only two occasions and quickly lost interest. She subsequently dreamed that he had been shot in the back after being inducted in service.

The manager of the variety store where she worked was attentive and kindly toward her. The manager's wife also worked there parttime. The patient had an uncomfortable feeling that this woman watched her very closely. At first she thought that it was because she sometimes sampled the goods from the candy counter. One day she went into the back room where the manager was shelving some paint. She does not quite know how it happened but he put his arms around her. The act was observed by his wife. After this, the patient became even more acutely aware that her every move was being more critically scrutinized. Not long afterwards she was dismissed by the manager. She attributes his act to his wife's influence and stoutly maintains that nothing of a sexual nature transpired between herself and the manager.

Two or three months after this she became severely depressed. She thinks her melancholic state was brought about by two conditions: First, she missed her menstrual schedule, and, secondly, she was very worried about not being able to secure employment. She became severely disoriented and was committed to the psychiatric division of a university.

There she was diagnosed as a case of schizophrenia, catatonic type, with hallucinations, withdrawal and depression. While in the hospital she received 12 electro-convulsive treatments. She improved to the extent that visual hallucinations ceased and "the voices" (auditory hallucinations) no longer gave her instructions. It was felt that she could make a borderline adjustment socially but her prognosis was guarded. She does not remember being visited by her parents. Her feelings that she was not considered a member of her family were reinforced.

After her release from the hospital she went to live with a brother and sister-in-law in a large city. Within a month she started working as a stenographer for a law firm. She held this position for about three years. As before, as soon as she became financially able she moved to an apartment and shared expenses with several girl companions. There was a succession of these females up until the time of her marriage in 1949.

She enjoyed working for the law firm and made some advancement over the three year period. On the surface she appeared to be a capable worker and was charged with increasing responsibility until the following event took place. She was charged with making the necessary arrangements in a case that was being processed in another state. Somewhere during the course of the trip she became disoriented. She has a muddled recollection of train schedules, hotel reservations and appointments which became a confused mass of unreconcilable details. She never arrived at her destination or discharged her duties. She did not return to work for the firm.

In the next three or four years she worked in a variety of occupations but the length of time of employment and the caliber of

the positions deteriorated. For example, she secured another job as a stenographer but lost it within a short time. She claims that the company became bankrupt. Next she became a switchboard operator and clerk. She attempts to rationalize this dismissal by extending that she was a victim of discrimination, "I was fired because they wanted to hire a Jew in my place".

All the time she lived in the large city she led a very restricted social existence. Much of her spare time was spent with female companions in outings or short trips to surrounding areas. The last girl with whom she stayed was a member of the YWCA and took the patient with her to the dances and activities. They also went on hikes sponsored by a local news paper.

Her first extended series of dates was with a young man she met at one of the YWCA dances. She enjoyed his company and was attracted to him. He reciprocated her feeling and asked her to marry him. She seriously considered his proposal until she met his mother. After conversing with her for a short time she became convinced that the woman was mentally ill. She says, "She was just a 'kooky' as I was afterwards she met an Englishman and dated him until he returned to England. He wrote to her from there but she never answered.

She met her future husband while sitting in a restaurant on a "dutch treat" with a fellow worker. She was introduced to him by a Catholic church. She admits some necking but denies premarital intercourse. He was taking an extension course from an Institute of Technology. The patient takes pride in saying that she pushed and

partially supported him through his last year in school. About a year after their marriage he received a BS degree in accounting.

For four years, during which she worked, they lived in an apartment. She extends this as the reason they did not have a child. During this period she was fired successively from a factory office, Wards and a large department store. She describes their marriage as restricted in social relationships except for his family and a few of his friends. In the fifth year of their marriage they built a home but lost it because they could not keep up the payments.

When asked about marital adjustment, at first she denied quarrels or conflict. Subsequently she related that they had bitter arguments because he wanted to move to another city and she wanted to move out of the home and take up residence on a farm. In his report concerning the adjustment of the patient, the husband does not indicate any severe difficulties in marital relationships. He describes the patient as being sociable and sweet and having many friends. She was not particularly religious; quite stubborn, never admitted when she was wrong. Consistent affection was not demonstrated and was never passionate. He regarded her as successful at work but felt she took it too seriously. He indicated that she was nervous, slightly withdrawn and distrustful of many people, particularly males.

At first the patient denied having seen her parents throughout the whole period of her marriage. Then she admits that they came to her husband's graduation and had visited just before Christmas. They spent pleasant times with his parents. When there were disagreements however, they spoke only in Polish so that she could not understand them. Soon after the pre-Christmas visit of her parents

in 1952 her husband noted that she became reserved and suspicious. She refused to discuss what was bothering her and was unwilling to tell her doctor anything. She wrote letters to her father about needing money to buy a washing machine and seemed to become more distant after he refused to send it.

The patient disclaims becoming pregnant by the husband. She considers that conception took place in the following manner. She claims that an unknown man opened the locked door of the house and raped her. She cannot elaborate with any more details because she "blacked out or was hypnotized: She believes that the rapist had been given the keys to the house by her father-in-law. She implies collusion between the father-in-law and the rapist. When her husband came home she told him what had happened and he left her. She says that she saw her husband on only two occasions during the time of her pregnancy. On the first occasion he took her to a doctor for a physical examination. The second time he took her out to dinner. After her husband's desertion she continued working longer than she felt she should have in order to save enough money to weather the ordeal she anticipated.

Now she regards herself as having been mentally disturbed throughout the whole period of her pregnancy. She gave birth to a boy in nine months. She named the baby Randall after her doctor. She did not think that the baby looked either like her or her husband. She bluntly makes the statement that she felt no love for the baby whatsoever. She has never claimed the baby as her own. To date there is manifest confusion about her feelings toward the child, "It wasn't my idea. I had made no plans for it. When something unplanned happens

I just can't compensate for it. Later someone came to the house and said I was keeping the baby home too long. I thought they were connected with the hospital. They took him away and when they brought him back he was all beat up. I got running around on a current; dashing around like a streetcar. The volume of the TV program was too loud".

Several days before she took the life of her child she wanted to call a psychiatric unit to inform them that she was breaking down again and in need of treatment but she could not summon the necessary resolve. She started to feel "driven" to destroy the infant several days before the act occurred. The day before the tragedy she took a butcher knife in her hand; walked to the baby's crib but finally turned around and walked away. The next day a driving electrical force of greater intensity associated with a feeling of numbness coursed through her body. There was no respite on this occasion and she severed the baby's throat.

Almost immediately after the act, the patient called the police and reported a disturbance at her home. When the patrolmen arrived they were admitted by the patient. The following quote outlines the findings of the police department. "On arriving at the home the officers were admitted by a woman fully dressed. They asked her what the trouble was and she stated "my baby" and pointed to the bedroom. In the bedroom they found a baby lying in a crib and saw its throat had been slashed. On investigation, it was learned from the occupant (patient) that she had slashed the baby's throat with a butcher knife and could give no reason for doing so".

After being charged with first degree murder she was seen at a psychiatric Hospital where she was examined by a psychiatric commission. There she was negativistic and evasive. She countered questions with questions. When she was asked the reasons for her examination she said the following: "I killed somebody, period, period, period. I killed a boy, period, period, period. I killed my boy, period, period, period. Something just happened, period, period, period. All of a sudden, period, period, period. It was an impulse". At times she would smile for no apparent reason.

When interviewed at this hospital she was seen as an attractive female, giving the impression of poise and refinement and was meticulous about her personal attire. Her face, however, was almost always set in a masklike apathetic expression. During her first interview she cried profusely but was properly oriented. Very little information was elicited. The patient seemed very reluctant to answer even the most simple questions. Her responses to items were very slow. There was a marked paucity of idention. She was not hallucinated or delusional. Her mood was very melancholic and she seemed preoccupied. Conversation with the examiner, other patients or attendants was not initiated. She impressed hospital personnel as shy and retiring. Psychological testing was refused until more recently. The EEG was abnormal. The diagnosis was schizophrenic reaction, catatonic type.

The following material is a chronological summary of 13 interviews during hospitalization. It is intended to give some idea of the patient's progress during 12 years of institutionalization. The admission note emphasized that she was to be watched day and night

because of manifest suicidal tendencies. Shortly afterwards she was regarded as better adjusted, but evasive. Within three months she appeared silly and confused, and believed that she had had a staff conference when she actually had not been scheduled. Concerning suicidal tendencies she was noncommittal and said, "Perhaps I have had some". After receiving ECT she became verbally aggressive through sarcasm. As time wore on she became indifferent and her speech became disconnected.

Two years after committment she became very delusional and believed that she had a 16½ year old son and a twin sister aged 48. This was followed by a period of relative remission characterized by a revived interest in social activities. About 6 months after this seeming improvement she unexpectedly asked one of the attendants if she knew anything about mountain goats because, "I tied my clothes to one and I haven't seen him since. The prettiest clothing you ever saw". Further remarks indicated that the goat had put her clothes on. In a different vein she added that there were electrons in her sheets.

In the following years she was observed to be quarrelsome and distrubed. On one occasion after visiting with her parents for only five minutes she left them angrily. In June, 1958 the patient in a smiling and almost exuberent tone walked into the supervisor's office and declared, "Guess what happened to me last night? You will never believe it. I was talking to the fellow I used to be married to. I have been talking to him in my room and he's coming over today to spend an hour with me".

She has become increasingly more reluctant to enguage in

work activities. About her occupational therapy she says, "I think my days here are up. The last time I worked in the kitchen it was an effort. I worked there so long it was no longer a pleasure. I couldn't think of any reason to be down there. Besides, most of the girls are new down there. The dishes and dishwashing are too heavy for me".

More recently she has been permitted to go on six visits to either her parents or her sister. The examiner has attempted to discuss her plans for the future. Feelings of inadequacy and doubt about her ability to stand the pace of community living are pronounced. She feels that she would be unable to do either stenographic or clerical work. She says, "If I were out I wouldn't be able to hold my stability. Not that I wouldn't like to but I wouldn't be meeting the requirements. I'm not qualified to clerk. I can't do that kind of work anymore. I'm not accustomed to it now. I would be afraid to become involved in a work situation. I don't like that part. I'm 43, I don't see much of a future for me". In another interview she appeared visibly disturbed at the examiner and accused him, without any foundation, of having called her senile. She considered herself as having "depreciated", she meant deteriorated, since her arrival. She questions her capacity to establish herself in the community, "If I were to settle anywhere they'd ask me where I come from and then I wouldn't get anywhere because they'd associate me with the type of people that are here. I don't want to live in a colored neighborhood. I can't live with colored people. I'd fight with them".

In her two most recent interviews she gave vent to autistic phantasies of an oral aggressive almost canabalistic in nature. She

went on to describe an experience which she considered, "A prettier story than I could express. I saw it. I still have a war going through my mind. I can see to the other side of the Altantic and the Pacific. Passenger ships are being torpedoed for protection of the coast line against the other hemispheres. It's not that we just don't want our population to be increased. I don't think we can care for that many people. I'd rather feed my own than somebody elses, unless they'd be from Siberia or Japan. If war is going on through my mind I can't forget it in two or three weeks. Planes are bombing and being shot down. A large ship was coming into Seattle and some planes came swooping down and sank it. And then a whale eats up all the people who have been shot up and sunk to the bottom of the sea. Then the whale goes into the Atlantic and somebody takes a harpoon and kills the whale so some people on the other side of the Atlantic can have some meat to eat. I would have enjoyed whale meat. Maybe I can live a little longer than what was planned for me. Yesterday I was going to eat a pork chop and it had a bone going through and I thought it was somebody's human leg". When asked if she ate it she replied, "No, I'm not a cannibal".

F2

The patient was admitted to the hospital at the age of 26. She attained a seventh grade education. Intelligence is at the average level (IQ 93). She is of lower class parentage. Diagnosis was schizophrenic reaction.

The patient, an illegitimate child, was the youngest in a sibship of five. Since her parents were never married the patient does not quite know how she became aware of the real identity of her father.

She recalls that her father visited and talked to them from the streets of the neighborhood. After the birth of the patient, her mother married a blind minister. However, (her mother) never lived in the home with him and her family. Her mother took up residence in the home again after his death in an auto accident. Up to the age of 10, the family lived on welfare and her foster father sold peanuts and pencils for a living but his income was insufficient to maintain them.

The patient remembers her foster father as kindly. She believes that he favored her over the rest of the children. She slept in the same bed with him up to the time of his death. She does not recall any sexual overtures or behavior on his part. However, when she was eight she remembers being examined by a public health nurse because of some type of vaginal discharge. She does not remember actual sexual relations with her foster father but is very much perplexed concerning the origin of the disease. She adds that once in a while she and her mother visited her real father on weekends. At such times she slept with him. She does not recall where her mother slept. The patient began masturbating at a very early age. Sometimes she crawled under the bed during the daytime to obtain satisfaction.

During her first ten years, the patient has only a very limited knowledge of her mother's activities. She believes that for the most part her mother lived alone in a rented apartment.

As a child, the patient had very few contacts outside the family. She was bashful; experienced nightmares and was afraid of the dark. She was enuretic until the age of twenty and even now occasionally wets the bed. There have been periods when she would have only partial vision. On two occasions she saw a clock clearly but could not

distinguish the hands. She attended the Baptist church irregularily. Religious practices as such have had relatively slight impact on her ethical development.

Somewhere in her eighth year, while playing with some neighborhood children, she recalls that an old man enticed them to his apartment with a promise of money and candy. Once there, he persuaded them to submit to manual manipulations of their genitalia. After the death of her foster father she began sleeping with an older brother. He almost immediately initiated sexual relations with her. She remembers coitus with him on several occasions. She denies reaching a climax. Instead, she avers some fear and resistance to the experience.

There was relatively little conflict with her sisters. In fact, she expresses fondness for her older one who took her mother's place during the 10 years she lived with her foster father. As an adolescent she was afraid of her older brother who involved her in intercourse. For some reason she still cannot understand, the younger brother would often become angry at her and struck her painful blows in the stomach. There has been a strained relationship between them throughout the years. It was his family with which she became aggressively involved in her present circumstances.

The patient began school at the age of six and dropped out at the age of 16 after completing the seventh grade. She had considerable difficulty with her subjects and failed at least one grade. At first, she rationalized her failures by remarking that she quit school because her family moved to a different town and that there they did not teach school as effectively as in her original residence. She

states that afterwards she used to hide from the children who were on their way to school because, "I didn't feel right when I wasn't in school". Interests were channeled toward activities that reinforced certain fantasies, i.e., movies, school plays and programs in which she did not participate.

Her inability to cope with the academic situation is not too difficult to understand if her home life at that time is taken into consideration. After her mother resumed her maternal role in her family she began operating an unlicensed liquor establishment within the home. From about the age of 11 she was required to help in the upkeep and the serving of drinks. She says that on many occasions her mother would go to bed in the early part of the evening and the patient would continue working until three or four o'clock in the morning. Irregardless of these conditions, school attendance was demanded of her in the same way as the rest of the children.

She started menstruating at the age of 12. No special difficulties were associated with it. At this point she had for some time been experiencing climax from masturbation. One evening, during this age, the mother asked her to go to a neighborhood store for some groceries. One of the male customers offered to drive her there, ostensibly because he was driving in that general direction. However, instead of taking her to the store he drove to a graveyard, drew a knife and threatened to kill her unless she engaged in sexual relations with him. The patient says that she experienced intense fear; was unable to make any outcry and felt immobilized. During the performance of the sexual act there were no physical sensations of pain or pleasure. She is even uncertain whether or not there was penetration.

When she returned to her home she related the experience to her mother but was told that under the circumstances nothing could be done about it. Throughout the time that she worked for her mother many men tried to make dates with her. There were many sexual propositions. The patient is aware that her mother exploited her sexual attractiveness for economic reasons. She relates that once when linoleum was needed for their home it was acquired by offering the salesman the sexual services of the patient in exchange. Men sometimes thrust themselves upon her. One went to the extent of trying to follow her into the other rooms of the home. At other times, she was aware that he would peep at her through the windows. Those experiences frightened her considerably.

At about the age of 14, the patient went to visit relatives in another city. There she met a boy with whom she fell in love. They engaged in coitus shortly after their first meeting. Over a period of a year or two, she saw him on several occasions and corresponded with him regularly. At about the age of 16 they made arrangements to be married without the consent or knowledge of her mother in the hometown of the boy. Immediately after the consummation of the marriage ceremony, they went to the home where they had planned to take up residence. On arrival, they found her mother and one of her brothers waiting for them. Her mother announced that they had come to take her home and that the marriage would be annulled. In an abject manner, the patient describes how neither she nor her husband protested or resisted the pronouncement of her mother. Her husband left the premises in a subdued manner. In parting, he declared, with a semblance of bravado, that he would make efforts to contact her again. The marriage

was subsequently annulled. She has seen her former husband only once in the ensuing years. She states that on this occassion he again asked her to marry him.

Shortly after her marital experience, the patient became sexually involved with a very energetic contractor and brick layer. They decided to live common-law. In 1951 she went along with him to Philadelphia. She relates that from the beginning of their associations she had suspected that he either was or had been married. Her suspicions were confirmed when she found a letter to this effect accidently left behind in his car. She confronted him with the evidence but even under these conditions he denied that he was legally married. For a long time their living conditions were deplorable. She lived under the same roof with eight more of his relatives. She was expected to do all of the essential housework. If she neglected to do it it was left undone.

In about a year the attention he had been paying her diminished. He started staying away evenings a great deal. In response to her queries about his whereabouts he gave the excuse that his absences were due to business engagements. Through contacts with acquaintences she found out that he was involved with other women. By 1953 she was discouraged and disillusioned with the relationship and left him.

She returned to a city in another state and resided with a sister for a while. Next, at her mother's insistence, she moved to another city, and lived with her for a short period. It was at this time that she encountered the man she had married as a girl with the previously mentioned outcomes. Her common-law husband contacted her again. He expressed regret for his previous neglect and a desire

for reconciliation. She returned to Philadelphia but matters did not substantially improve.

During this period she became involved in a very distressing experience. A sister-in-law had been living with them while her husband was overseas. Being in somewhat psychosocially similar circumstances they became very close. Ultimately, they shared very intimate personal experiences. In time her sister-in-law confided that she had urges to kill her child. One evening the patient heard someone crying at the foot of the stairs. Looking down she saw her niece bleeding from the nose. She picked her up hurriedly, put her in the car and started it. In the meantime her sister-in-law had also gotten into the car. On the way to the hospital, the patient noticed that her sister-in-law was trying to smother the child with a pillow. At the hospital the patient had to interfere several times to prevent her sister-in-law from taking the life of the child. She also learned that it was her sister-in-law who threw the child down the stairs.

Prior to this event the patient had liked and respected her sister-in-law. From this time on her presence made her uncomfortable and anxious. They discussed the incident on one subsequent occassion. Her sister-in-law tried to rationalize her destructive behavior with the declaration that her intentions were "good". Her verbalized motive for her hostile act was that if something serious were to happen, her husband who was in service would be permitted to come home on leave. The patient was unable to accept this explanation and regards it as superficial. She thought about the matter and formulated the following explanation. She thinks that the

real reason was that the child was illegitimate and unwanted. It is possible that in the patient's mind illegitimacy and death are related. The patient was born under similar conditions.

This episode was not related in chronological sequence. The patient admits having omitted it consciously. Her reason for the omission is that every time she recalls it it makes her cry. She regards it as poor taste to break down in the presence of the examiner. After the death attempt failed her affection for the child increased. After she returned to the mother she told her about the happening and cryed profusely at the time.

After the second unsuccessful attempt to establish a satisfying conjugal relationship the patient became discontented, unhappy and depressed. In 1953 she went to see a psychiatrist. In their interviews they discussed mainly matters pertaining to sex. She says, "I talked about my nature. I had never had a sexual climax". She admitted that she had been able to achieve orgasm by masturbation or cunnilingus with a man but not through regular intercourse. She thought that her inability to achieve orgasm was causing her headaches. Frigidity was not altered by the interviews.

After she left her common-law-husband in 1956 she returned to her mother and started working at a bar. For a two year period she associated with two men. Both of them engaged her in intercourse. One of them was a "pimp" or panderer. The other, according to verified information, had a long history of arrests, incarceration and imprisonment. She became pregnant but was not quite sure by which one. Her pregnancy was attended by anxiety and social withdrawal. After the birth of her son he looked so much like one of them that she

had no doubts about the identity of the father. However, she did not confront her boyfriend with the information. The latter continued visiting; expressed deep affection and proposed marriage. The patient reciprocated his needs and wishes.

Before the marriage could be consummated he was arrested as a participant in the "numbers racked" and was sentenced to prison. She made many trips to the prison to see him. She was convinced that she had finally found an ideal mate. She relates that he talked with her at great length and with complete trust about the many problem areas in his life. She believed that together they had made a thorough analysis of his difficulties and that he was rehabilitated. She promised to wait until he was discharged from prison so that they could be married.

In 1950, shortly after her baby was born, she resumed living with her mother. She continued tending bar where she had worked prior to the baby's arrival. Up to this time her mother had almost always gotten along very well with her. When she became aware that the patient expected her to care for the baby she balked. At unexpected times, her mother would bring it to the bar without giving her a chance to prepare for its care. The patient was conscious that inadequate child care could have traumatic consequences and she began to worry.

During the time her boy friend was in prison she did not date anyone steadily. There were many offers by men at the bar and the former suitor, the panderer, continued to solicit her attention. One night he forced her into his car at the point of a knife but she managed to excape when he stopped at an intersection. The give and

take of everyday living with her mother was becoming more stressful. A brother who had been in prison on a narcotics charge came home to live. The latter circumstance increased their need for money to meet household expenses. At times there were insufficient funds to heat the apartment adequately.

Her boyfriend was released from prison but die not fulfill the promises he had made. Instead he began associating with another girl. On one occassion he dropped in with his girl friend, ostensibly to see her mother and her child and ignored her. This experience infuriated the patient. She hesitantly admits that her anger had destructive undertones.

By 1959, tensions stemming from her many problems began having very serious repercussions. She was aware that she was mentally ill. She was acutely sensitive about the fact that she could not work and care adequately for the baby at the same time. She applied for ADC compensation but was told that she was not eligible for it as long as she was receiving support from her mother. Finally, she decided to rent an apartment and live by herself.

After she lived alone for a while she recognized that she was becoming more disturbed and wanted to return to her mother. On her part, her mother was sensitive to the patient's condition and refused to take her in. The patient began projecting her illness on the child. And says, "I thought he was mentally ill. He used to cry a lot. I thought maybe from being around me. I thought I would never be able to take care of him because I was sick". In spite of her felt inadequacy, she was compulsively clean and overly solicitous about him. She repeats that she loved him very much. She could not

tolerate his becoming "dirty"like other children. There was obsessive preoccupation with the state of his health although there was hardly any reason for it. Information obtained from her mother reveals that, at this time, when she visited the patient, she found her lying in bed with the baby crying most of the day. The patient tried to persuade her mother to have the child adopted by someone outside the family but her mother would not permit it.

Feelings of incompetency became progressively worse. She arrived at a point where she could initiate no action on her own volition. Everything that she did had to be corroborated by her mother. The belief that she could not care properly for her child continued to plague her. She questioned the appropriateness of all of her actions. The thought persisted that the only solution to her endless dilemmas was to return to mother who would make all her decisions for her. The mother continued to put her off.

The patient began searching for reasons to explain the mother's behavior. She knew that her brother and sister-in-law visited with the mother often. The belief began developing that they were turning the mother against her with references to her abnormal mental condition. Additionally, they were spreading stories around the neighborhood and all of her acquaintances were avoiding her and talking about her. Her problems continued to increase and she could see no way out. When the brother and sister-in-law stopped to visit they commented on the restlessness of the baby and questioned the need for discipline. They maintained that physical punishment had been successful with their children. The patient inferred that they were attempting to influence her to mistreat her child. The

implication that she could abuse him evoked considerable resentment toward them.

She began having destructive feelings and ideas toward her brother, sister-in-law and her child. In the acute phase of her illness she attempted suicide by drinking lye four or five times. Paradoxically, she hid knives around the room with the intention of killing herself. Once she attempted to hand herself but started vomiting, rendering the attempt unsuccessful.

Within the year her paranoid delusional system became more extensive, fixed and disruptive. The frustrated need for mother was more acute. She developed the peculiar notion that if she killed herself and not her son it would be tantamount to deserting him. She had planned the death of her sister-in-law over a period of time. Serve times she went to the home armed with a knife intending to do it. Then either the opportunity did not present itself or she could not summon the courage necessary to bring it about. Just prior to committing the filicide, she could not hold food in her stomach. She describes this period as a kaleidoscope of confusion. There were intense fears of people, ideas of reference and asthma. Everywhere people were saying that she was "crazy". She appeared for treatment at a municipal mental hospital on two occasions. Commitment was recommended in July, 1960, but she was signed out by her mother against medical advice.

In December, 1960 she became deeply depressed. She believes that the mental condition of her son way beyond question. Her child was suffering intensely. She rationalized her destructive urges toward him with the idea that if he were dead he would go to heaven where

he would be happy. Supported by these delusions she smothered her child to death with a pillow. Then she hid his body in a cedar chest. After this she walked to the home of her brother. He was not there but her sister-in-law and children asked her to come in. After a short conversation, she obtained a knife and stabbed her sister-in-law numerous times. The children started to cry and she vented her destructive urges on them too. Then she seared the bodies with a hot iron and placed an undressed doll near each body.

After the multiple murder she sought refuge in the home of a previous boy friend. The latter had no knowledge of the events that had transpired. When the police arrived to take her in custody, she immediately ingested a large quantity of lye diluted with water. She ran into a closet saturated her clothing and some wadded up newspapers with lighter fluid with the intent of setting herself on fire. In court it was obvious that she was insane and she was committed to this hospital.

The patient appeared in the hospital as an attractive 26 year old colored female who was tense, anxious, depressed. She kept her eyes downcast during the interview. She spoke in a low, soft, almost inaudible voice, with long pauses between questions and answers and appeared to be mentally blocked. All thought processes were considerably slowed and there was perplexity and confusion in her thinking. She could not explain the reason for committment but burst into tears when asked why she had been arrested. Later she said "I guess it was murder". She knew she was accused of murdering her three year old son but did not remember it. She did recall being in the hospital and the police questioning. She said "They sent me

away. I remember I was running in the street, cars were blowing horns at me, I don't know".

Concerning her mental condition she said, "I feel it, I don't remember things. My head feels funny, like waves going through it. people can be talking but I don't hear them". About hallucinations she said it seemed like she had heard voices but she was not too sure. at first, she had difficulty sleeping at night because of obsessive thoughts running through her head about her son and the crime. In the acute stage of her illness she thought she saw her son and brother. After being placed on medication she showed some improvement and was able to sleep normally. On neutral subjects she displayed satisfactory affect. But it was apparent that she was coping with her problems by severe repression. When persistently questioned about the crime she broke into tears. She agonizingly says that "I am trying to put it out of my mind".

In the next two or three years there were recurrent periods of depression interspersed with periods of psychic agitation and delusional and hallucinatory experiences. She claimed amnesia for the tragedy until about a year ago. An interview at the time of severe agitation elicited the following verbalization, "I seem so afraid of people. I'm completely lost. I feel so strange. My body is burning all the time. I don't know why. Burning on top of my head. I'm worried about everything. When I put on my clothes it feels that it just burns".

She requested and attended group therapy sessions for a relatively short period of time. In three months she lost about 35 pounds. She contributed absolutely nothing to discussions. Afterwards

she explained that the group discussions were almost unbearable because much of the material was directly relevant to her own experiences. She has made an adjustment of sorts to her psychosis but has continued to need tranquilizing medication.

When she was first seen by the writer in individual interviews she missed several sessions because of a "headache". Subsequently she confided that for a long time every time she saw the writer she developed one. Ventilation of the filicide was extremely difficult. When that period of her life was discussed much time was spent in silence. In one of the last interviews she related the following dream: Her dead child was lying in a coffin but he had gotten older and grown larger physically. Discussion of the dream again brought out the strong resemblance between the son and his father. The person lying in the coffin could just as well have been the boy friend. She says, "He (the child) was just like him. I wrote a letter to him and told him that no matter what happened I would always have a part of him".

F3

The patient was admitted to the hospital at the age of 19. She attained a tenth grade education. Intelligence is at the average level (IQ 93). She is of lower class parentage. The diagnosis was personality trait disturbance, emotionaly unstable personality, history of psychotic episodes.

The patient was born while her father was in service. The patient and her mother lived with her grandmother until the patient was about six years old. Her mother contracted poliomyelitis shortly after the patient was born. She remained an invalid until

she died. The demise of her mother resulted directly from a stroke and nephritis, when the patient was nine. Since the mother could not walk, she remained in a wheelchair in her bedroom a great deal of the time.

Her father visited in her grandmother's home daily. He did not live with them because as long as he was not considered to be contributing to the support of the family, they could receive ADC compensation. The patient recalls that her father was abusive to her mother, especially when he was drunk. Her grandmother, too, was often drunk and under these conditions punitive. When she was sober she was loving and used to "hug and kiss me". The patient considers herself her grandmother's favorite.

Because of her physical condition her mother was unable to discipline the children. Consequently, her grandmother assumed this function. Most of her punishment stemmed from disobeying prohibitions, an inability to accept denial of her demands and "talking back". She still remembers that as a child her most ardent wishes were to be allowed to walk around the block, cross the streets and play outside after school. The latter activities were very important to her because she eventually sought out a 12 year old boy with whom she played. When she was denied these outside activities or pressured into doing undesireable ones she would become intensely frustrated, scream at her grandmother or throw temper tantrums. She often got her way through her uninhibited actions. From a relatively early age the patient was afraid of shadows. She was reluctant to walk up steps because her shadow accompanied her. She despised doing dishes. On one occassion she stole five dollars from her mother. She

gave the 12 year old playmate two of them. With the rest she bought cosmetics. When the theft was discovered she was given a "buck naked whipping".

Her father showered her with more affection than anyone else. He bought her gifts and at first she considered him "pretty nice". The father worked in a coal yard. Somehow in this operation he lost three fingers. The patient was very sensitive to his loss and often asked how it came about but was never told. Later on she became conscious that she was receiving more attention than the rest of the children and wondered why. In this connection, she says, "I looked a whole lot like my mother". At about the age of five she recalls going to a beer garden with the father and being introduced to a female as his girl friend.

In spite of the fact that her parents gave her no sexual information, "Nobody told me nothing about nothing", she had witnessed intercourse and knew about reproduction by the age of six. In support of her latter statement, she remarks that she lived in "Blackbottom". Apparently "Blackbottom" was a section of a large city where all manners of sexual practices were openly expressed. During this period too, she witnessed her parents in the coital act. She is not quite sure how the sight of it affected her.

Up to this time the patient had maintained a very warm relationship with her father. But one night the father came into the bedroom, lay down beside her, took her pants off and "messed with me", i.e., manipulated her genitals with his hands. At the same time she thought she heard her grandmother coming up the stairs and he left immediately. When she was eight he came into her bedroom

again. He gave her and her brother some money and manipulated her genitals. Her grandmother observed him leaving the bedroom and demanded to know what had happened while he was there. "Actually", she says, "I felt I never would have mentioned it, only my grandmother asked. I also told her because I thought my brother would tell her and she'd whip me. My brother saw it happen but father gave him money so he wouldn't tell". Her grandmother immediately made a complaint and her father was taken into custody.

The patient has a vivid recollection of the trial. She was very hurt that her younger brother denied witnessing the second sexual act. She attributes her brother's falsification of events to his being bribed and forestalling anticipated physical abuse on the part of her father. After the trial her father was sent to prison and she was placed under foster home care as a ward of the juvenile court.

Concerning the incestual acts and their consequences she initially is very articulate about the hate she felt for the father. She believes that it was on this account that she was taken away from her mother. Later she modifies her statement with the qualification that her father must have been mentally disturbed to have engaged in incestuous behavior with her. She adds that he was a heavy user of alcoholic beverages. She says, "I don't hate him now but I don't like him either. I think about what he did to me often and I can never forget it: I feel different from other people. I feel kinda low, dirty and unclean. I've felt as though I was nothing. I sometimes feel that I've been mistreated by men and I could find contentment with women".

The patient started school in kindergarten at the usual age.

She liked kindergarten but cannot remember a single experience connected with school activities at that time. In the first grade she was more interested in reciting poems, singing or assuming roles in recreational programs than in academic topics. She failed the fourth grade. (The same year that her mother died) she says, "I couldn't keep my mind on my work". It was in this year too that she was placed in a boarding home. In conjuction with foster home placement she received a series of psychiatric interviews.

The death of her mother had a profound effect on her religious beliefs. She says, "I was hurt because my mother died. I loved my mother. God shouldn't have taken her away from me. God is cruel. God did it because she was suffering". Her foster parents pressured her into going to church. In her opinion she derived no benefit from attendance.

Almost from the start, the patient did not like living in the foster home and wanted to leave. She could see, that while there, she had as many advantages as any other girl she knew. The pleasant aspects of her life were that she went to summer camp with the members of the Urban League. She was a girl scout and participated in almost all of the activities undertaken by the group. Her grandparents came to see her on Sundays and took her on extensive outings.

Some of the drawbacks were that in the face of her protests she was expected to care for her boarding house parent's niece. Occasionally, she was physically disciplined when she played ball in the alley with the neighborhood boys and girls. There was one very serious dissapointment. On one of her birthdays she was given

a bicycle. It was subsequently taken away because she would not remain within the geographical limits set by the foster parents. The latter increased the doubts she already harbored concerning their love. Once she made a date with a girl friend to engage in sexual play with some boys in their garage. She recalls that they went through the motions of intercourse with their clothes on.

There were other foster children in the home. They assumed relatively little importance until the following event was brought to her attention. She came home from school one day to find that one of her foster sisters was very upset. She was informed that her foster father had sexually exhibited himself to one of the girls. Then, he chased her about the house. The implication was that he wanted sexual relations with her. At first, she found the news difficult to believe. A short time later, the children were removed so that she could no longer doubt the validity of the information she had recieved.

The unpleasant situation reactivated another experience whose reality she had suspected. It involved one of her foster father's friends who had rented a room in the home. One night she awoke from a sound sleep to find him lying on top of her. In surprise she asked him what he was doing there and he left without saying a word. Afterwards she recalls feeling terrified because the first thought that flashed through her mind was that he would engage in a sexual act with her as her father had done. She told the foster parents about the experience but they persuaded her that it had been a nightmare.

At the next boarding home she felt out of place from the

begining. Besides the parents, there were 2 children, a boy and a girl. She calls them "light skinned people". "They thought they were better than anyone else". They used to associate with white people. She inferred that their friends did not like her. When the children brought home companions about their own age the patient would remain in her room until they left. She explains her retreats to her room with the statement that she preferred the company of adults. In spite of her professed antipathy to "light skinned people" she considered her foster brother her first real boy friend. He was three years older than she. She thought she was in love with him and wanted to marry him. They became involved with each other sexually and were very jealous of each other. She says, "He'd be ready to fight if I even noticed anyone else". There are contradictory statements about the manner in which the relationship with this youngster ended. He had started associating with a light skinned girl who lived in the same block.

One day while they were talking about his relationship to this girl she became irritated. She does not know exactly how it happened, but she whacked him across the hand with a butter knife. His fingers were cut and bled. The outburst brought their romantic attachment to an end. She expresses two views about the reasons for its ending. She says, "I was jealous of her and wanted him back but he never came back". And in a different vein, "I broke it up because I couldn't think about him and my school at the same time. Besides, he was going to a different school and I thought he would find someone else anyway".

The patient did not get along with her foster sister. They

bickered and disagreed over inconsequential matters. Finally, their deep dislike came to the surface over the possession of a girdle and the patient ran away. She was brought back by one of the court officials within a short time but conciliation was out of the question. She again requested a transfer to a different home and her petition was granted.

At the age of 13 she moved to the third boarding home. There she acquired 3 foster brothers. Soon after her arrival she became attracted to the eldest who was 14 years older than she. Coitus followed soon afterwards. She remarks, "I liked him but I was not in love with him". She had begun menstruating about this time, and even though they did not use contraceptives she did not become pregnant. Neither of them considered the possibility of marriage.

The third set of foster parents attempted to excercise severe controls over her activities outside the home. They were in part successful. She comments, "I couldn't do nothing, go nowhere. I wanted to get out with the girls. I had a real nice girl friend down the street but I couldn't go anywhere unless I was with them. And besides, the places I wanted to go they didn't. I wanted to go to the recreation center and dance halls. I liked to go to dances and parties. My girl friend's mother didn't allow her to go to those places. I even made other friends but I still wasn't allowed to go. I had a boy friend and he was allowed to visit with me in the house".

When her foster parents were not at home the two younger brothers had parties. The latter were accompanied by considerable drinking and smoking. She was allowed to attend but was not permitted

These early homosexual activities were pleasurable but the patient did not achieve climax.

During this period she was introduced to a male singer who lived in an apartment across the street. They frequently talked to each other over the phone. Almost every day, and especially on Sundays when she was alone, he would sit on the porch and keep his eyes glued to the house to catch glimpses of her. She considered him an "ugly boy". He did not stimulate her sexually but she enjoyed kissing him. Once he invited her to meet him in a barn nearby. Although she could have slipped out to meet him she pretended differently.

After about a year she changed homes again. The explanation given for the move was that she wanted to remove herself from the temptation represented by the girl to whom she was homosexually drawn. She states, "She was still coming over and I did not want to be caught between her and my boarding house mother". The latter, unwarrantly, accused her of having gotten one of the other girls in trouble. She believed that her departure would ease the situation for the girl. She was hesitant to request another transfer, consequently, she eloped; was apprehended and returned to the home by the juvenile court.

Two weeks later, she and a girl friend ran away for the second time. Along the way they picked up 2 fellows who took them to the house of a man she calls "uncle". He was not a real uncle and she describes him as old enough to be her grandfather. While there she met a man in his sixties who became attracted to her. He began buying her personal effects and all the alcoholic beverages she

could imbibe. About alcohol she says, "It made me feel good and I like sex when I drink". While she was under the influence the man would attempt to engage in sex with her but he was impotent and unable to achieve erection. She is unable to accept that the relationship between them had father-daughter elements. Her explanation is that, "I needed money so I did it. He was buying me everything he could and giving me money besides". During this period too she met a male homosexual, "a light skinned fellow" who took her to his apartment and initiated her into the use of marijuana. The drug had stimulating effects. She recalls walking down the streets smoking it and "hitchhiking". Not long afterwards she was again taken into custody by the court. She was given the option of returning to the same boarding home or being committed to a training school for Girls. She chose the latter alternative inasmuch as she was very closely attached to a girl who was slated to go there.

At the training school she was able to contact the girl who had been instrumental in her making the decision to go there. However, she soon became acquainted with another girl. The patient describes her as "a real pretty white girl" who was economically well situated. She treated the patient with a great deal of consideration and shared her financial resources with her. When she confided secrets about her boy friend, the patient felt jealous. Not long after this she felt "infatuated" with her and they began exchanging carresses whenever they had the opportunity.

Within 5 months they became bored with the training school and made an unauthorized visit to her home. They were returned almost immediately. Because of the undesirable influence they exerted on each

other they were separated. Within a short time they managed to be placed on the same floor and paired up again. By this time the patient considered herself in love with her but they did not become involved in specifically sexual manipulations of each other's genitalia. She explains that genital homosexual acts were not experienced, not so much because she would not have welcomed them but because neighrt of them "knew what to do". At this juncture she related that she had been homosexually attracted to another girl at the age of 13 and in this instance too did not engage in sexual acts for the same reasons. She tried masturbation to alleviate sexual tension but was unable to derive satisfaction from it. There were no sex dreams to the point of orgasm.

They had several fallings out but eventually resumed their relationship. The other girl reacted quite ambivalently to the patient and often did "certain things" to hurt her. In part the girl needed continual reassurance of the patient's affection and would from time to time exhibit behaviors designed to elicit the patient's concern. At times she would 'tear up', i.e., exhibit severely disruptive behavior. She would then be transferred to a maximum security cottage where the girls were subjected to severe deprivation of priviledges. As soon as reasonably discreet the patient would "tear up" too in order to be with her.

While at the training school she had no visits from any of her relatives. She ran away a second time and attempted to take up residence with the "uncle". He refused to become implicated inasmuch as he had been looked upon with suspicion by the police on the first occasion. She was returned to the maximum security cottage and

became severely depressed. She wanted to run away again but her efforts were frustrated. It was at this point that she made a suicide attempt. She severed an artery on her wrist with a bobby pin. She says, "I think I did it for attention". She subsequently made a good adjustment for a sufficiently long enough period of time to warrant being reassigned to an open cottage and immediately made another escape. At this point she received a dishonorable discharge from the institution. Altogether she was at that institution for 2 years.

After her dismisal from the training school she returned to the home of her grandmother. By this time her father had completed his sentence at the prison and was living with her too. Almost immediately she began dating several men. Within the first few days she met and shared a bottle of wine with a popular young boxer who lived in the downstairs apartment. She liked him considerably but they quit seeing each other by mutual consent after she began going out with another man. The latter turned out to be a panderer. He asked her to be his woman, i.e., to engage in the practice of prostitution. The first night that she went out with him for this purpose she wore her dead mother's clothing. On that occasion she engaged in two acts. She says, "I caught two tricks and made ten dollars". Prostitution turned out to be more complex and less profitable than she had anticipated, and therefore she also began working in the numbers racket.

In this context a girl friend introduced her to her brother. She instantly felt an overwhelming attraction to him. The same day they had their first date. He took her to a house party and they

finished the evening by staying overnight at a hotel room. From that day on they saw each other every day for about a year. At the same time she was involved with a married man, and in spite of his objections, she continued her association with the pimp. At this time, bisexual interests became clearly apparent. She made it a point to meet a wellknown lesbian. The patient was drawn to her and she engineered the meeting to establish a sexual relationship. The latter affair lasted for six months.

Late one night, she arrived at home and found her father, clad only in shorts, waiting for her. He attempted to pull her into the house. She became frightened; ran down the stairs without listening to what he had to say and did not return to the house for a long time. For some time prior to this she had been intentionally avoiding her father's presence. She was aware that her father knew the character of her male and female associates and was attempting to steer her away from them. She remarks, "I didn't want to be around my father. I wasn't getting along with him. We argued a lot about the company I was keeping. I was going out with different fellows and he didn't like some of the girls. I was drinking and smoking marijuana. I didn't believe there was nothing he could tell me because of what he did to me".

The alleged fear of her father served as a means of inducing the married man to rent an apartment for her, although he proved unable to continue contributing to her support. Consequently, she maintained the practice of prostitution. The paramour frowned upon her activities but was in no position to advise her against them. Especially since she became self-supporting. Up to this time she had had

hopes of marrying the pimp but he showed progressively less interest as he became better acquainted with her. At the age of 18 she became pregnant and attributed it to the married man.

When she told her paramour about her pregnancy he took the matter very casually. He reacted as though it were a trivial and insignificant situation. Up to his time she had believed that he cared for her, but his almost total lack of concern regarding her pregnancy evoked doubt and almost conviction that he felt no real affection for her. Now, she questions whether she ever seriously considered marriage to him. She says, "I didn't want him to divorce his wife for me because if he did, he would leave me for somebody else".

After her pregnancy was confirmed she moved out of her apartment to live with a girl friend who welcomed her company. The patient previously had taken care of her girl friend's children while she worked, and in the present situation contributed this service in return for room and board. For awhile her paramour continued to visit her every day. She delivered a set of twins 7 months after conception. She was alarmed by the double birth and remarks, "I didn't like the idea too much. I didn't know how I was going to take care of two children. I still wanted to have fun and not be tied down". Her family was not critical about the conditions under which her twins were born but they were concerned about the fact that she was not married. Her twins were kept at the hospital 2 months subsequent to her release. At the hospital she had been advised to place the infants out for adoption. On her part she was very indecisive as to what action she should take. She says, "I did and didn't want to

give them up". She was interviewed by a social worker who wanted to make arrangements to place them in a boarding home. She had hoped to be eligible for ADC support but did not qualify because she had a father and would not divulge the name of the twin's father. In spite of these drawbacks she decided to keep them.

On her return to the girl friends home the twins' father came to see her every day. However they started having bitter arguments mostly about her activities with other men. He objected to them. She says, "I thought a lot of him but he had no right to tell me what to do. I still wanted to go out and have fun". He began bringing his wife with him. On these occasions, even if she had no commitments, she would leave the house. During this period there were apparently times when he failed to show up. Later, he left the state to go south and she is unable to estimate the length of time that he was gone. She began drinking excessively and says, "I got to the place where I didn't care about nothing. I couldn't accept the fact that I had had children without being married. I knew I had did wrong. I felt it was a mistake. I wanted them to have a father. My biggest problem was how I was going to take care of my children. I didn't think I was the type of mother who could take care of them the way they should be. I wasn't a very good mother".

While the twins' father was away she met a 49 year old man at a bar. In the course of the evening's drinking she confided her predicament as it related to her children. They were drawn to each other, in part, perhaps, by the similarity of their love lives. He was separated but not divorced from his wife. They became constant companions and he began buying her clothing, paid for her liquor,

afforded her sexual satisfaction and took her and her twins out for long car rides. Her intentions were to live with him if he asked her to do so. Eventually she became pregnant by him and had been pregnant for a month at the time of her child's death.

As her twins developed their demands on her increased. Quite frequently, at night she was awakened by their crying. Waking up abruptly irritated her, interfered with her sleep and evoked considerable resentment toward them. She attempted to cope with their weeping by shaking them roughly. On the day of the tragedy, in the morning, she had made arrangements through her church to place them in a boarding home. In the afternoon she changed her mind and decided to keep them. That night she was awakened by the crying of her female twin. She says, "I took her in my arms and laid her down to change her. She still kept crying. After that I had built up quite a temper. I don't know what happened. I was doing the best I could. What more could I do?" She became furious and dropped or threw her, "I don't know which". She continues, "Afterwards, I was frightened. I knew something was wrong, just by looking at her. She wasn't breathing. She was turning color. The inside of her lips and mouth were white". She tried to pick her up to administer first aid but there was no sign of life. She called the girl friend who in turn called the police. The patient was unable to cry. She says, "I knew I had did something wrong. I was afraid because I had killed her; that they would find out what happened. That I would go to jail". She adds, "I killed the girl twin but it was the boy twin I did not like".

The week after the filicide was discussed, the patient did not

appear for the next scheduled interview. When she was casually seen in the kitchen several days later, she was noncommittal about the need for further sessions. Several weeks elapsed without any communication on her part. After about six weeks she requested to see the examiner again. Her opening remarks were that she had some unexplored material she wanted to ventilate. Prior to re-establishing her interviews with the examiner she had asked the opinion of one of the ward personnel and had been advised to search herself to whatever extent possible. Interestingly enough, the sitting terminated without any new material coming to the surface.

The next week, after a brief warm-up, she related the following occurrence. She said, "I was fond of my girl. One night she awoke and wanted a bottle but I did not have one ready so I let her suck on my breast. I felt funny when she did it. I had a feeling or something. Just as if it were part of love making. Just the idea of the way it felt. As soon as I realized what was happening I took and stopped it". She did not perceive any similarities between this experience and the one with her own father.

F4

The patient was committed to the hospital at the age of 27. She left school after her freshman year in college. Intelligence is at the average level (IQ 99). She is of middle class parentage. There have been two diagnoses: schizophrenic reaction, paranoid type.

The patient was told, and it has been substantiated through reports, that her birth was natural. She was "colicy" for the first five or six months. There was a mastoidectomy of the left ear. From the very earliest years she has had a severe asthmatic condition.

In the course of a psychotic episode she still becomes asthmatic. Within the first six years, she broke her left arm twice in falls. As long as she can remember she has been allergic to many things.

Until the age of eight, the patient's memories are happy ones. She experienced an unusually vigorous and gregarious childhood. She started taking dancing and singing lessons at the age of three or four. Subsequently she performed in radio programs and for certain social organizations. She was the only child for eight years. Both her father and mother made her the center of attention. She does not believe that up to this age she loved one any more than the other. The whole family on the side of both parents was a closely knit group. There were frequent get-togethers of uncles, aunts and cousins. She remembers this period as characterized by a great deal of fellowship and happiness. Within all this warmth, there was one discordant incident. She used to play with a neighbor boy in their back yard. On one occasion they engaged in sexual exploratory behavior. He penetrated her hymen with his finger. She recalls the experience as painful.

At the age of eight a sister was born. The warm family atmosphere in which she felt secure and loved changed suddenly. The changes in the mother were more keenly felt than in her father. For the first time in her life she felt that her mother was not concerned about her problems or activities. She says, "I felt insecure because of lack of attention and jealousy of an intruder". Her mother became engrossed with the new arrival. When the patient attempted to break into the affectional circle her mother reacted with obvious irritation. The patient became furious the first time she was slapped

by her mother. Shortly afterwards, she smashed a doll to pieces in a destructive fit of anger. Her mother had given her the doll as a gift.

The patient's mother is described by her former husband as a very quiet person who never displayed any visible emotion toward either of her children. Her mother was a "suppressive" individual. The patient regards her mother as hypocritical concerning religion. She tried to give the impression of a devout conservative Jew but used to send her to the store to buy boiled ham.

Her father, a pharmacist who owns a drug store, has a BS degree in Chemistry. The patient's husband states that as a businessman her father acted intelligently. He Considered matters thoroughly before jumping to conclusions. Socially he was an extroversive individual. As a father, he was impulsive. The relationship to the patient was seductive in nature. Within the limits of his knowledge she had always been strongly attached to him. Her husband was informed that the patient had received sexual instruction from her father. Her father tried to compensate for their mother's lack of attention to the girls, especially the patient, by extending himself to them. The patient relates that her father played checkers with her a great deal. He allowed her to win to increase her self confidence. Also, he taught her to pray.

The real or inferred rejection by her mother after her sister's birth increased the patient's dependence on her father for affection. According to the patient her father also felt neglected by her mother. Their love needs dovetailed and they found mutual support and gratification. In her father she found a ready ear for her troubles.

He became an ally in what soon became open conflict with her mother. The supportive aspect of their relationship became so intense that she could hardly wait for him to come home in order to acquaint him with the day's happenings. When her mother punished her, she telephoned her father at the business establishment. In turn her father would call her mother, reprimand her and order her to desist. This state of affairs, with minor modifications, persisted until her mother was hospitalized for the first time in 1954 and a second time in 1955. She is still a hospitalized mental patient.

After her sister was born, the parents hired a baby sitter to care for their children while they were away. The baby sitter turned out to be a homosexual. She told the patient lurid stories about sex and on several occasions manipulated her genitalia. The patient in turn became very curious about the sister's reproductive organs. She enjoyed looking at them and rubbed them with vaseline. The baby sitter was apparently sexually promiscuous. One night several boys tried to enter the house to "rape" the sitter. Her father became aware of her sexual behavior toward her sister. In an interview at the hospital he called the patient a lesbian and confirmed the homosexual acts involving her sister.

The patient's relationship with her father was associated with considerable physical demonstrations of affection. Their closeness became progressively more intense. From a relatively youthful period she had become accustomed to joining him in the bedroom where she rubbed his bare back with alcohol. Sometimes, he would be clad only in shorts. There was little doubt in her mind that she was his favorite child. At this time, she regarded him as a "god in

whose favor she wanted to bask". She was jealous of any attention he offered her mother. During one of these back rubbing periods he fondled her genitals and engaged her in intercourse. The patient's concept of the experience implies frustration and ambivalence. On the one hand she was aware of the ethical aspects of the act but on the other she enjoyed it and "I wanted him to go deeper".

The patient started school at the usual time. Reflections about her school days elicit the conviction that she never achieved at the level of her potential. During her years in high school she was aware of feelings of inadequacy and admits she felt inferior to others. Interactions with boys were stressful. Most of her dates ended in "wrestling matches". That is, the boys attempted to pressure her into a sex act. She says, "I got a bad reputation because I would not permit desecration of my body". Her father objected to visits in the home by her school mates, especially boys. He was more lenient if the youngsters were Jewish. There was one very close friendship with a girl of dubious reputation. This girl was her confidant through many ordeals. Their relationship persisted until the time of committment.

The patient's first adolescent romantic attachment occurred at the age of 13. A young man, an assistant manager of a neighborhood bowling alley, struck her fancy. At first it was merely sporadic flirtation but it became more serious as she grew older. She knew that her father objected to her seeing him. Nonetheless, she managed to meet him at her girl friend's home. They became sexually involved and she became pregnant. She states that she induced abortion with ergotamine tartrate procured by her girl friend. Her boy friend asked

her to marry him. She informed her father about their intention but he became furious. He phoned an uncle to accompany him and armed himself with a gun. Together they confronted her boy friend and threatened to kill him unless he left her alone. When she called her boy friend to make amends he informed her that it would be wiser if they ended their relationship.

When she finished high school, academic standing was of a marginal nature. She was not accepted at a state university on an accredited basis but was allowed to attend classes. She had always been very dissatisfied with her scholastic status. Had it not been for the encouragement she received from her girl friend she would not have applied to the university at all. She was interested in medical technology but never started the course.

About six months after she started attending classes she met her future husband at the union building. At first, she was attracted to him because of his sense of humor. He had no car. It was safer to walk down the street than to ride in a car where she expected to have to ward off amorous advances. Additionally, her father approved of him: ostensibly because he was of the conservative Jewish faith. Intuitively, the patient sensed that her father's approval stemmed not so much from the religious consideration but because he could be readily manipulated and controlled. Thereby, the patient says, "he could control me". Now, the patient believes that she married him because her father desired it and not because she loved him.

After the marriage they went on their honeymoon with money provided by her father. They had traveled not too far from the city

when they had a serious accident. The car overturned and she received several severe bruises and lacerations. Her husband called her father and they returned to the city. The honeymoon plans were dropped.

Her father had given them many expensive gifts to set up housekeeping. The patient sensed that her father was trying to place her husband in a disadvantageous position. She felt that he was attempting to compete with her husband for her favor. In spite of her sensitivity to matters she was unable to stop it.

After their marriage, her husband continued working toward his academic degree. He worked part time at her father's business establishment. Sexual adjustment was poor. She characterizes her feelings about it as mixed. That is, she desired the sexual embrace but was fearful and frigid. The husband never pressed the issue. Sometimes a month or two would elapse without coitus. From the time her husband started working for her father until her commitment to this hospital there was constant friction among them. Her husband and father acted like little boys running home to mother bearing tales on each other. Her husband informed her about the irregular behavior of her father. Her father made very critical statements about her husband. She learned from her husband that her father was sexually promiscuous. He had a cot in the back room of the drug store where he would entice willing participants. Her husband considered him a harsh taskmaster. Her husband felt that her father's so-called help was an attempt to break up their marriage.

On the other hand her father viewed her husband as lazy and dishonest. Somewhat realistically, her husband was accused of pilfering change and appropriating pharmaceuticals. The latter item

was true since the patient knew that he was bringing home drugs for her and there had been no money to pay for them. The conflict between her father and husband became so intense that they were no longer able to tolerate each other. He was dismissed from his job. There may have been considerable validity to her father's allegations since in the ensuing year he worked and was discharged from seven different drug stores. He finally returned to work for her father.

At the time of the dismissal of her husband, her father, in a very angry mood, called the patient and informed her that he wanted to sever relations entirely with her husband. After several days of silence the patient called her father in hopes of effecting rapprochement between them, but her father refused to talk to her.

Her first child, a male, was born in August, 1950, at about the same time as the rift between the two families. Shortly afterwards arrangements were made to have him circumcized in accord with the traditional Jewish religious rites. The patient invited all of the usual guests except her father. On the night of the ceremony her father appeared at the home and sat through the ritual. After the event was over, while the guests were mingling and conversing, her father-in-law offered her father a cigar. Her father expressed indignation and in a surely tone told him "to stick it up his ass". The patient was nearby and heard her father's comment. The negative turn of events alarmed her severely. She was overwhelmed with distressing despair. She wondered if her life would always be characterized by hopelessness. She accounts for its effects with the explanation that her father's presence had both irritated and pleased her. Then, almost mechanically, she walked into the bathroom

and cut her wrists and throat with a razor blade. She was almost immediately discovered rushed to a hospital sutured and released two days later.

Almost immediately afterwards, she became acutely disturbed. Her husband returned her to the same hospital where a diagnosis of schizophrenic reaction, post partum psychosis, was made, within a month she made a superficial recovery. Against her wishes, arrangements were made to discharge her to her father's home. On arrival there, she found the situation essentially unchanged. A few days later, she made a second suicidal attempt by taking an excessive amount of sleeping tablets. Two days afterwards, again in the face of her objections, she was returned to her father's home. About her predicament she says, "I didn't see any way out of the woods. My husband had no say in the matter". She attempted suicide a third time by taking a pharmaceutical called clinitest. Her father found her almost immediately after she ingested it. As an afterthought, she states that she was still wretching. He made her eat an orange which counteracted the corrosive action of the alkali. In spite of the quick action of her father the chemical did severe damage to her esophagus and respiratory system. Sequelae attendant on the suicide attempt were that she developed empyema of the lungs and two quarts of pus were drained from her thoracic cavity. Surgery was performed and she was told by one of the doctors that she had been in danger of dying. On her part she feels that this was her least serious attempt. She knew beforehand that her father was in the house and that he knew the antidote for the poison. Another complication derived from this "play acting" was that even to this

date she continues to need esophogeal dilatations.

A month later, she was admitted to another hospital with a mental condition diagnosed as manic depressive psychosis, manic type. She received ECT and in a period of five months she was in that hospital twice.

A son was born in August, 1950, after a labor of 17 hours. Prior to that delivery she states that she had had seven involuntary abortions. Her son had a congenital nephritic condition. Up till 1953 he was hospitalized several times for this illness. Her child died in 1953. From March, 1951, until April, 1955, she made a borderline adjustment in her home, but with a great deal of support from her family and husband. She was encouraged to participate in community activities. Several times she attended Recovery, Inc. A daughter was born in June, 1952. Her mother was committed to two different mental hospitals in 1954 and 1955. During this period she was considerably saddened by the deaths of her mother-in-law, her grandmother and her son.

There was intense conflict attendant on the death of her son. During psychotic episodes she has claimed that she was responsible for his death. At other times she projects blame for his death on substandard care received at the hospital. She visited him in the early hours of the night he died. The patient observed that he was edematous; his scrotum was dirty with dried up feces and of a fiery red color. Her son was irritable and asked her to push him in a cart around the corridor. He was restless and she was unable to gratify his need for this type of motion. After she stopped for the last time he continued asking to be strolled. When she refused

he threw a temper tantrum. His behavior prompted her to lose her composure and she shook him roughly. That night he died. In psychotic states she expressed the idea that she choked him and that the child died because of her attack.

In April, 1955, she again became obviously psychotic and was returned to a hospital for ECT. During this period she experienced delusions and hallucinations. One day she went to the cementery to visit her son's grave and saw a rabbit under a pine tree. The idea occured to her that the rabbit was the reincarnation of her son. At times she was mistrustful of everyone, particularly of her family and husband, because she felt persecuted by them. She interpreted radio programs and newspaper items as having been written and containing items about her. She is aware that she would twist and distort reports to coincide with her own thoughts. She also heard voices talking about her. On one occasion they said: "Kill her, she's unclean". In acutely disturbed phases she had difficulty hearing what is said to her directly because of her intense preoccupation with her own problems. In 1950 she was convinced that an entire Arthur Godfrey program was about her. When people laughed; they were laughing at her.

On a Sunday in the last few days of May, 1955, she was induced by her husband to go out for a ride. While riding about the city she suddenly started thinking about the accident they had had on their honeymoon. She became very frightened about the possibility of having another one and opened the door of the car and jumped out. Fortunately she was relatively unhurt but was found to be behaving in a psychotic manner and was again hospitalized for about a month.

Ten days after she returned home the tragedy occured. She recalls quite vividly the events leading to the death of her child. On this evening she was getting ready to attend a meeting of Recovery Inc. The child sensed that she was preparing to leave and started screaming, "Mommie no go, Mommie no go". The screams were very similar to those made by her son. She began thinking that she had to protect her from mental illness and nephrosis. Whereupon she began choking the child. She stopped for awhile; reasoned that she would be arrested and electrocuted in any event and completed the process.

The patient was seen at this hospital as an attractive female. She was oriented for time, place and person. She offered no spontaneous conversation and most of her responses were guarded and delayed. She exhibited no affect whatsoever; stared blankly into space and did not appear to be willing to discuss anything. She was aware that she was accused of killing her three year old child. She remembered taking some sleeping pills obtained on a physician's prescription. There was no change in facial expressions or in intonation of her voice. She appeared to be preoccupied with her own thoughts and frequently asked that a question be repeated. She was given ECT and after the second treatment lost her delusional material and showed sufficient insight to discuss background facts leading to her delusional development. Thoramine medication was started about two months after her commitment and she has been on some type of tranquilizer since that time.

In the approximately ten years she has resided at the hospital she has had a stormy and fluctuating progress. Relevant material from

ten years of adjustment will be included in the following particulars. At the time of her first staff interview she believed that her father had been severely ill and had died. She explained that her hopes for his recovery had been high and that his death had shocked her. Within the year hallucinations and delusions had dissappeared. Her mental condition was such that she was able to work in the record office (a position reserved for highly trusted and efficient patients) sorting mail.

About a year later, in 1957, she was served with a divorce summons, and almost immediately became acutely psychotic and was given ECT. During her psychotic state she exhibited delusions of persecution: "everyone was talking about her, laughing at her, plotting against her". She was depressed. Negative feelings toward her father were expressed for the first time. Attitudes toward him were described as alternating between extreme belligerence or overdependance. In the next two years there were minor mood swings but in general she made a passing adjustment.

In August, 1959, her period of remission vanished and she confided that she had started hearing the voice of God. She felt she was the Messiah and could hear other's thoughts and they could hear hers. She had been rehearsing for the women's show and fell in love with a patient much younger than herself. During psychotic episodes she goes on eating sprees and was on one at this time. At this time she analyzed the death of her daughter in the following manner. Her reasoning was that her son died of nephrosis; her mother was mentally ill therefore her daughter would necessarily be afflicted with both illnesses. In order to prevent her daughter from acquiring

these diseases she killed her.

In April, 1960, she again became acutely disturbed and was again administered a series of ECT. It is interesting to note that at the time of all three psychotic breaks she was being considered for release from the hospital. She expressed the idea that having to return to the father's home was intolerable but preferable to staying at the hospital. While waiting to go on a visit she became confused, manic, delusional and hallucinated.

In an interview in September, 1961, she appeared smiling broadly and seemed very pleased with herself. Whereupon, she states "Ideas, pests, misconceation, According to Della, you were prince of the airwaves. It goes back to the snake. She believed that you were trying to seduce her. I'll have to weigh things for myself. I'll have to use the wisdom of Solomon, the patience of Job, and above all the Star of David". She believes that she is the true Messiah, come from God, to educate and save the world. She was surprised to see the examiner since she had expected to meet her cousin. The belief was expressed that she was to be married today to a former patient. She avers that she is madly in love with him. There have been several love affairs with several patients to date. She wishes to buy some records so that she can learn to speak Hebrew. Throughout the interview she maintained a pseudorelaxed posture and assumed an inapporopriate smile.

Following a staff conference in January, 1963, when she was told that she was going to go on visit, she again underwent a manic stage. She began talking incoherently and ramblingly. There was a disorganization of ideas and thought content. She had been ventilating

her pent-up feelings in group therapy. At this time she claimed that she was to blame for the death of her first child. She imagines that she could still hear his screaming. When she strangled her daughter she screamed too. She adds "You see, you see, I was afraid because I had a mental condition in the family". In this state she wanted to go home to see her father in contrast to her wishes in non-psychotic states.

In accord with the wishes of the patient, attempts were made to find placement with someone other than her father. The father made inquiries but no one was found who would assume responsibility for her. She was, therefore, placed on a successful two day visit with him. Three months later she was placed on a second visit with him but returned in an upset conditon. The patient informed that she inferred that her father either intentionally or unintentionally made the suggestion that they sleep in the same room in different beds. On the next visit she went to an uncle and was very happy with the outcome. The next visit she spent with her father and became psychotic. She became very hostile at him and attempted to visit her mother at a state hospital. Her father became alarmed at her irrational behavior and reported her to the hospital. She was found by the police at the state hospital and returned to this hospital on the next day. On admission she was elated but expressed no forthright psychotic symptoms. There was an attempt to rationalize all of her anxiety provoking behavior. She maintained a tenuous adjustment for about 6 months and at the time of this writing is emerging from another relapse. She presented the writer with the following material: consisting of a letter and two separate transcripts of her ideas: "Dear Rog

(if I may be so bold haha), First of all I want to express my fervant and humble thanks for all the compassionate attention you have extended, not only extended to me but to each and every patient (or co) in your Therapy Class. All fooling aside, when Dad said that I thought you were the salt of the earth, it was a grose understatement that I do, indeed, think the World of you. As you know and so does everyone on these grounds, (populous also, of course) I am an expectant Mother, and also, I know as well as you, Dear, I have a dire need for a heven for the babe (s?) that is in my womb at this time. Honestly from the bottom of my heart, I have to get out of this convent, or I'll really flip-but soon. In reality, I'd rather die than to have a child born here, in this den of iniquity! In trugh life is too precious to me to even think of suicide, due to the injustices I nave seen in this hell hole. Last night I thought my heart would break. Really, dear one, the flood gates of Heaven were broken and the dyke fell through. Of course, you and I both know of the severe and the disgusting frustrations in here. Oh, I know that Dr. Bauman has been unaware of, that couse frustration here! Please, please, please, lot me out of here as soon as possible. With love and sincerity. P.S. With a strong shoulder like yours to lean on, how Could I help but WANT TO LIVE LIFE TO it's fullest".

A week later the following material was received: "Woke up this morning with the cheerful tone of Maury's voice. Jim was a public leaning psot for a few minutes. 6:52 AM Harold's sexy voice came to me on the transistor. Juan is pacifying Mavis (or Ganavis). Lunch, recollection of the good life after Corrieno almost past out. Happy days are here again! Skies are bluer and cumulus clouds

are like lambs after the slaughter---(The lack of depression) rather love of God and Nature delivered by bird's (2 legged and on the wing!!) The outdoors would be nice, if we can use the yard today! It would be appreciation personified (not depreciated) smile!

"April 30th 9:46 AM In the OT. Saw a review through "Beatle's and 'telepathy'. Before I rorget, had to pack 'My troubles in my old (?) kit; the Bag! (It helps to have a woman's viewpoint!) The marinos (Ancient Mariners) brought Harold R. to the OT! It helps to rollew Saints & oven 'black Angels'! Apprex. 11:10 AM. In the kitchen was My Love for whom I spent a lifetime pining For was at the Kitchen table and John was fullfilled by His Ever Present Love; in 'many' forms (Boy has the Form, plus a gallant Brain to use and think for himselr!! Hey, Lover, How Bout some Freedom??! On Ward 5:54 PM. The natives are restless and they're scared to death of Me because I Am God and they know I hold the Keys to the past present and future! Snolem Alccham.

"8:00 PM Smoke, The cowards were scared to death by My anger at evil!!! Only Ernestine & Milli were brave enough to sit down with Me!!! I Am THE THE LORD and a jealous God. They'd better learn it now once and for all! (God Damn their asses they stink- all of them) Betty gave me all the coffee she spared. Went on the porch and Juan deliberately called Me a liar! (over a blue skirt) how MANY pieces of clothing were stolen from Me! Who the Hell did that schmuck think he was playing games with! Demotion IS in order! May Arletta & Juan be shown by bedbugs or even Leprosy! That goeafor any other scatterbrained ACTS. Oscars and Eamys are not in order!! I AM THE LORD"!

"The year of our Our Lord, My Beleved Zaydee!! College for The "Mentally Sick" & TIRED. Chapter 1, As I sit (Sittitis) in the pseudo-Cafeteria I die inside an insidious DEATH, due to frustrations, Fear, Sacrilidge Quilt (of which I have NONE! The drapes in this poor excuse for a Kitchen (ie, Where HELL Cook's! Domination, subjugation & sex are the Initial CAUSE or the Cross I HAVE BORNE for the ingrates of this sardonic ROOM. Sex, the Original determination (in infancy) (ie. Sigmund Freud without WHICH I Edore (adere) the Basic Psychiatry. 'Begging In The WOMB WITH the Suckling of a BABE in the breasts before (even thatrecourse in NOT PRIMARY"!) An infant in the Mother's amniotic fluid and through the sucking instinct while not yet born (e), an angel (God) while still in the womb, blesses the infant with EITHER LIFE or (saddly) DEATH"""!!! (and no questions, Markus Aurelious)!!!! Babies are all beauatiful, in the image of God Almight!!! The reason babies are ALL Loveable is 'Because' God NOT satan MY ADVERSARY WANTED LOVE from the beauty of Parental 'togetherness' through Coitus (intercourse)! The GIFT! of birth plus the bringing of the PARENTS conception of Freedom of LOVE through "MAN & WIFE beauty of creation due to the unity of the sexes communion through the careful and beauty of the Parent's unity of the flesh!!! THEIR Primary LOVE is the Exquiaite Bbaby who is BORN, AND A GIFT OF GOD the ALMIGHTY, to further UNITE, with the Beauty of their ereation, through God, Jesus & Mary the Holy THRINTY!!!!!!! Shabbos via Pesach her in the den of Iniquity! Only Terry & I went to Bible Classes WHY- Do the 'Sheep' hearken? In he kitchen now-Fel depressed- Heard about Bob White committed to death in this hell hole! Previous to our 'eloquent supper' I saw and Heard &

felt the presence of God 'elequent supper' I saw and Heard Bill, Reverend, He clarified the position of He-Irv Roth in relationship to MY identification as the Holy Trinity. Paul (or Irb, or even Uncle Bill) gave a beautiful Serman!!! 3rd Pesach Sedar!! The frustration I've willingly (sometimes angily) suffered are in this room at present. How many still doubt the I am their Messiah, and a jealous one at that! Jealousy that may save 1 (one) or all who have obeyed ME willingly?!? How many respected God Me! The angel of Death is in each & EVERY LIVING CREATURE!!! Only birds are exhonerated, as well as all creeping things, fish, fowl, or have you all been four?!? You all have conscience, Mourish yours. Only I am PERFECT and no more disgusting negativism! God Be With You. Lee.

"Woke up this morning" (Lillibut) to the Messiah! the birds songs then I saw the Seen! In the kitchen the sun went down (for awhile). The Sun is out new! It will get warmer yet and I know that the sun rises and 'sets' with the 'affairs of State', in my heart, & My Heart <u>still</u> belongs to Daddy! (on Pedestal)!"

<u>F5</u>

The patient was committed to the hospital at the age of 31. She is a college graduate, a registered nurse, with a BS degree. Intelligence is estimated to be above the average although to date she has not been spychometrically tested. Socio-economic status is upper class. Diagnosis was schizophrenic reaction.

Initially, the patient emphatically pointed out that she has great difficulty in remembering events. Therefore, up to this time there has been relatively little information other than that obtained from other agencies. The patient has received several courses of

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ECT so that there may be some real basis for her impairment of recall. On the other hand, in one of the first interview she told the examiner an incident that happened 30 years age, i.e., the father had had a difficult time getting the car stared in a snow storm. Several similar examples of recall of relatively neutral topics and alleged total amnesia for clinically relevant themes calls into question the depth of repression. In addition, as rapport between the patient and the examiner increased so did the significance of the verbalizations.

She appeared sincere in the desire to establish meaningful events contributing in the development of psychosis. She says, "I want to understand it (psychosis) and sometimes I feel I'll explode if I don't. Questions build up and I want an answer but I don't have one. When things build up again I have so much wondering in my mind. I've always kept things pent up and now I want to let them out".

Her parents married relatively late in their lives. Both were in their thirties. The patient adds that she knows that some people have difficulties in adjusting when children are born late in life but that her parents had no trouble. She was the first born in a sibship of three. Her sister is a year younger and her brother three years younger. When she compares her childhood to that of the other patients in her therapy group she says, "Mine was less prominent. It was just a normal routine childhood". If it had been otherwise she would remember "scary" or "bad" events. The disciplinary function was assumed by her mother. Her father was too busy with his practice to perform in this capacity. The patient recalls no physical

discipline. However, her mother has assured her that she "spanked" her on several occasions.

As a child the patient considered herself the "stay at home type". At times she played with other children in her sandbox and swimming pool. Mainly she played with her sister, except when the latter threw temper tantrums. Her sister also engaged in tomboy activities which the patient could not tolerate. When disagreements arose with other children she became very fearful and would immediately run to the safest place she knew, home.

Her father was a physican. She remembers that during the day he made a great many house calls. Office hours were held during the evening. Because of his schedule the children saw very little of him except on Sundays. In spite of this she does not believe that it would be fair to say that he neglected them. She insists that he was attentive and concerned about their academic development. He decided that all of them were to take a college preparatory curiculum. Then if they chose to continue their education, the door was open. She prefers to call her father's behavior, "guidance", than by any other name. However, she was subtly given to understand that her father wanted them to enter the medical profession. He did not overtly try to pressure them into it. She traces her wish to be a nurse to grade school. She did not consciously entertain negative feelings toward him. At least, she would not admit them at this point in the interviews.

Prior to marriage her mother had worked as a registered nurse. Because of her father's activities, her mother functioned as plumber, electrician and handy man. As the children grew up they

helped with the housework and snow shoveling. Up to the time of adulthood she was closer to her mother than to any other person. Most of her free time was spent within the home, in the proximity of her mother. Her mother always appeared to have time to devote to her.

Her mother was very exacting as regards household cleanliness. She encouraged the patient to keep her room scrupulously neat. The patient has always aimed at perfection in her role as housekeeper or as a professional nurse. She attributes these behavior patterns to the influence her mother exerted on her. Her mother frequently showed appreciation for her efforts with remarks expressive of gratitude. There were many "thank you's". Her mother meted out most of the discipline. The patient's reactions have already been noted. When reprimanded, her sister threw temper tantrums. She was allowed to have them but her demands were never granted.

Her mother was interested in music and encouraged the children to take lessons. Her brother and sister rejected it. The patient says, "I love music". She persisted in practicing her piano lessons. However, she admits that she did not follow instructions. Instead of scheduling her lessons systematically, as indicated, she would put them off as long as possible, and finish them all in one session. Afterwards, when she recorded them in her notebook, she distributed them throughout the week. Her mother was obviously pleased with her spurious records. In spite of her practice inhibitions, of all her teachers the only one she remembers to any extent was the one who taught music.

Her mother was a Catholic and her father a Protestant. Her father was never converted to Catholicism but agreed to have their

children baptized and reared in the Catholic faith. He always saw to it that they were taken to church and catechism. He neither interfered in their church activities or attended with them. The patient did not enroll in a church school until after she graduated from high school.

Religious and musical activities were very closely associated with her mother. It was her mother who shared these experiences with her. The music teacher was a man. She took music lessons for four or five years and learned mainly classical compositions. She generally took music lessons and catechism on the same day. Her mother was very rigid about catechism participation. There was absolutely no excuse for absences. The patient does not remember ever consciously questioning the doctrines of the Catholic chruch.

In time she began to think that she had to be morally perfect. She even considered it "sinful" to skip classes. Her attitudes were in sharp contrast to those of her sister. She thought nothing of it and "got away" with truanting. Her sister's half of their room would frequently be in a disordered state. This lack of neatness was very irritating to her mother. The patient does not recall reacting with similar feelings. She considered herself "mother's little helper" but was not aware that she felt resentment at having to perform the major part of the household chores. Her sister openly rebelled when asked to do the cleaning or dishes. Her sister never took her into her confidence. In time the patient became aware that everyone in the family was dissociated from the others. Each of them was concerned only about his or her personal needs, "everyone was for their own self sorta".

From a relatively early age she became accustomed to waking up at an early hour. She frequently awoke her father and mother. From time to time she awoke her father when he was upstairs alone. In time she became fearful about the parental bedroom. However, she cannot explain why. She rejects the idea that she may have witnessed a conjugal act. She denies sexual attraction to her father.

To her knowledge their family went on only one vacation. Only her mother accompanied them. Her father either did not have time or did not take it. Their parents almost always took them to the parades in the downtown area. On one occasion, when her mother could not go, her father took them. It was an inclement day and he caught a severe cold. She became extremely disturbed about his illness. She became hysterical, blamed herself, exaggerated the nature and extent of the illness and even expected him to die. She says, "I was really broken up and upset by it".

The patient does not recall entertaining sexual curiosity about the genitals of male children. Her mother explained the menstrual cycle but did not elaborate on the sexual topic. Early in life she availed herself of her father's and mother's medical books. She persued the written material thoroughly and scrutinized the pictorial illustrations avidly. She remarks that she has not been "shocked" by sexual discussions in the group.

She describes herself as a quiet, shy, clean type of girl. Emotional expression was inhibited. There was an extensive phantasy life, mostly about transformation themes. For example, she daydreamed that she was a queen, cinderella or the most beautiful girl in the world. Actually, she states that she felt like she would be an "old

maid" but in imagination she could be "queen of the world".

Unlike her brother and sister, she dreaded radio programs like "inner Sanctum" or horror movies. She was afraid of the dark but not when she was in her own bedroom. She attributes her lack of apprehension to the fact that she shared the bedroom with her sister. She never went to the basement or attic alone. She was constantly on guard against prowlers. There were no reports of them in the neighborhood.

The patient never saw her father and mother exchange affection. She became aware that her father was "high strung" and drove himself in his work. Every so often he would become very tense and then exploded. The eruptions were characterized by "yelling and screaming" at her mother. The first time she witnessed his tirades she was shocked. Her mother's adjustment to his raging states, perplexed her. She would just stand calmly. There were no outward demonstrations of any kind. Once her sister attempted to take her mother's side. Her mother ordered her into her bedroom with the injuction not to come out. In these angry states her father did not use profane language. He was not "filthy mouthed", but his outbursts were terrifying when they occurred. She was surpirsed that her mother did not leave him. They were told that under no circumstances were they to talk about these happenings outside the family.

The patient is not quite sure about the underlying reasons for the heated arguments. Religious difference was one of the issues. At other times it involved her mother's relatives. The central conflict appeared to concern her grandmother. It had become apparent that her grandmother had not wanted her father to marry her mother.

Her mother would point out that her father was overindulged and protected, and had not successfully weaned himself. Her father would retort that she was against his mother and that religious differences were at the root of their unhappy marriage. It was no secret that the mother disliked her grandmother. While her father was in these states her mother would advise the children not to go near him because she was afraid that he might hurt them. Her grandmother died two weeks after her father passed away.

The patient recalls hardly any specific experiences throughout her school years. Academic subjects were not easily mastered. She had to study a great deal. No particular teacher or student stands out for special comment. She was very quiet in the classroom. Her sister was the figure in the family field while she stood unassumingly in the background. She did not participate in extracurricular activities. For the most part, hardly anyone paid any attention to her, and she buried herself in her books. The patient especially liked Latin and took two years of it instead of Spanish or French. The popularity of her sister did not evoke any negative feeling toward her. For recreation, during her high school and college years, she attended operas at a Masonic Temple.

During all of her school years, the patient had only one date. She was taken to the junior prom by a neighborhood boy. She had known and played with him since childhood. In her opinion the boy escorted her to the dance, not so much because he was romantically interested in her, but because he wanted the attention of her sister. There had been two "crushes" on boys who were unaware of her feelings. She "worshiped from afar". The patient is uncertain about the extent

of her feelings for her prom date but subsequent developments suggest that she retained an active interest in him for about seven years.

After enrollment in college and during nurses training her Catholic faith received strong reinforcement. She graduated from a Catholic college and served her internship in a Catholic hospital. She had looked forward to becoming a nurse all of her life. These years are regarded as the happiest ones in her life. She was interested in and enjoyed all matters pertaining to medical practices.

Throughout the four years she was in college she roomed with the same classmates. A very strong tie developed among them. She says that it was apparent to all who knew them, because where you found one you found the other two. She tended to mother her roommates and assumed the responsibility of waking them at a proper hour every morning. Soon afterwards she made it a practice to go into some of the other girls' rooms for the same purpose. During the years devoted to becoming a nurse she saw relatively little of her brother or sister. She went home infrequently.

She graduated with a BS degree in June, 1949. She continued working at the hospital where she served her internship. Through choice, she worked in the obstetrics department all of the time she remained at the hospital. Several times she helped her father in delivering babies. She had no doubts about the quality of her work. There was every indication that she was efficient and aloof. She was a "stickler" for details and meticulous about procedure. When the chief of staff visited their department she was anxious to please. All of the questions of the doctors were answered with a brief decorous "yes doctor" or "no doctor". During this period she did not

become romantically involved with any male.

Although she was satisfied with her work at the hospital, her conflict about her home persisted. She says, "I couldn't take dad's yelling any more". Consequently, she joined the Army Nurses Corps in July, 1950. The opinion is expressed that joining the service was a way of escaping problems at home. She received basic training at a military base in another state. Photographs taken while there indicate that she took care of Korean War casualties.

While in service she bagan exploring the world in ways that would have been prohibited by her parents. For instance, she spent a vacation on a dude ranch where she attended a dance hall and indulged in alcoholic beverages for the first time in her life. She journeyed into Mexico on a sight-seeing tour. There, she was enthralled by the Sierra Madre and witnessed her first bull fight.

Sometime in 1951 she volunteered to go overseas. The transfer was effected in March, 1951, and she was stationed in Europe. On the voyage she became seasick and her sinusitis was reactivated. For some reason she cannot explain, at this time she was writing to the acquaintance that had taken her to the junior prom. Her sister told her that the content of the letters was mainly about the war. The probability that a love relationship existed is rejected. This man married her sister in August, 1952.

Several months after she arrived in Europe, she met a private first class from a nearby installation. He was a patient at the base hospital. Although she was not supposed to associate with him she became romantically attached to him. Physically, he was short and stocky and markedly different from her father, brother or prom date.

The latter individuals were tall and thin. The private was a year older than she.

Most of their dates were spent in nearby bars. They would both drink to the point of drunkeness and spend the night together in some hotel. He had been born in a southern state and they would sit and listen for long periods of time to "hilbilly music". This type of music is still associated with him. During the period of amnesia she would catch herself humming these tunes and wondered why. She became pregnant in February, 1952. They were married by a Catholic chaplin in April, 1952. The husband was a Protestant. When the pregnancy became openly apparent, she was advised to request and received a discharge from the armed forces in May, 1952.

She returned to her parents' home and worked at a hospital for three months. She was very much in love with her husband and is convinced that he had a lot of affection for her. Prior to the birth of her child, she went to visit her husband's sister who was living in a city in a midwestern state. At that time she also met his parents. The purpose of the visit was, "I went to present myself as his wife". She has no definite impression of the in-laws except that she is certain that her husband was her academic and social inferior.

They continued to write each other until her son was born in November, 1952. At that time he wrote requesting a divorce. The patient assumes that his action stemmed from the fact that he was philandering with several other women. She regarded him as immature and unstable and unwilling to assume responsibility. He started divorce procedings when he returned to this country but did not complete them. For at least a year afterwards there was no communication

between them and she lost complete track of his whereabouts. She then took the initiative in the divorce proceedings and it became final in July, 1956.

After the birth of her son whom she regarded as a splitting image of her husband, she began working in an automobile factory, as an industrial nurse. Her father was also working there although on a different shift. The work consisted of assisting at a general factory hospital and several first aid stations.

During this period she developed severe anxiety and compulsive behavior. When her parents left her alone in warm weather, she would check the screen doors and windows to make sure they were fastened. Next, she would go to the bedrooms and look under the beds. She was aware that she was "petrified" with fear. Everything had to be in its exact place. Clothing stored in a drawer or hung in a closet would be examined three or four times to determine whether it was in the exact order in which it had been left. She scrubbed the rugs in the room frequently. Every item in the house had to be spotlessly clean. She used to get down on her hands and knees to clean away the dirt. Insightfully, she says, "I was trying to scrub away my guilt".

At a first aid station located in one of the foundrys she met a crane operator. He came in for emergency treatment. The man was of short stocky build but 10 to 15 years older than she. After they were well acquainted she used to watch with fascination as he operated the crane and manipulated the molton metal. At times she was fearful that it would spill and injure someone.

She began dating him sometime in 1954. Even though her divorce was not final she became pregnant in February, 1955. She left home

and started to live with him prior to the delivery of their child in November, 1955. She did not stop working until October. Another child was born in December, 1956. The latter was delivered by her father at home.

The clandestine relationship with this man was a source of considerable emotional gratification on the one hand and conflict on the other. The patient has never been frigid. She affirms that she enjoyed intercourse but the paramour introduced her to sexual practices that were both pleasurable and disturbing. Somewhere during this interval they began engaging in cunnilingus and fellatio. She reluctantly recognizes that it must have been enjoyable inasmuch as it persisted throughout their cohabitation, but she always felt very guilty about it.

Prior to the admission of the nature of their sexual relationship, the patient experienced an intense cathartic reaction accompainied by unihibited crying, mucus flow, recrimination and disconnected ideas. She introduced doubts about the efficacy of treatment. She stated that there was something "deep" bothering her but that if she brought it to the surface, "It would hurt me more than I've ever been hurt".

She feared that the recall of the content would provoke a more severe relapse than she had had in the past two years. Furthermore she did not want to risk losing everything she had gained. Next, she definitely indicated that the "deep issue" was related to sexual behavior transpiring between herself and the paramour. The topic of sexual perversion was suggested and she confirmed that they had engaged in sexually deviated acts. She would not designate the specific

type.

Unexpectedly, the subject changed to a dream of her dead child. In the dream she perceived her son amid filth, poverty, loneliness, etc. At this juncture she was asked whether there had ever been sexual attraction to the child. The question brought forth another intense state of disorganization characterized by anger, lacrimation and defensive behavior. She chided the examiner for asking such a "horrible" question. She says, "I keep punishing myself because of the murder. He looked just like his father. You know me better than that. Those men over there may engage in sex with their children but not me, no, no, no. You know me better than that". As the intensity of the reaction subsided she was able to recognize the legitimacy of the question.

She had always regarded the relationship to the paramour as perverse and adulterous. She says, "We were both committing adultery. It was horrible. I thought my husband was a sexual pervert. It was disgusting, nauseating and repulsive". She was ashamed of her pregnancies. She describes herself as dirty, trashy and immoral. She looked upon her life as degrading and herself as a "tramp". She believed that she had hurt her parents and entire family. From the time she became aware that sexual offenders were in residence at the hospital she detested every one that walked the grounds. Until the present time she had been unable to understand her negative attitude toward them. Particularly, since she had always prided herself as being "broadminded" concerning sexual matters. She had been taught and accepted sexual offenders as suffering from a mental affliction. Now, she understood that her attitude stemmed from her feelings that

she and her lover were sexual perverts too.

In the winter of 1960 she began breaking out with skin rashes. Her skin became exceedingly dry and itched considerably. Scratching only served to aggravate the condition. Treatment of the dermatitis with antihistamines and ultraviolet provided only symptomatic relief. It was finally pointed out that the skin irritations appeared to be related to attendance at mixed activities (male-female). She discontinued her participation and the condition dissapeared temporarily. A week ago she experienced the worse episode of all. The latter followed an interview where her disturbing sexual situation with the paramour was discussed.

Life with her lover was interupted by a series of brief but continuous absences. She remarks, "I used to make excuses to the neighbors about why he was away from home so much. All the time I was living with him I was trying to pressure him into marrying me. I finally got him to do it. I somehow know that I must have suspected he was married". Not long afterwards she discovered that he was using an assumed name. Suspicions about his marital status became even more pronounced. She looked up his address in a phone book and learned the approximate location of his home. About the next point she is somewhat skeptical but she thinks that she rode out in a bus to that vicinity hoping to verify her information. Next she ascertained that he was married, "He told me he was married". In discussing what course of action they were to take her husband informed her that even though he had no children his real wife would not consider a divorce and that he would have to leave the patient.

Emotional awareness of her predicament did not take place until

her father confirmed that the man was a bigamist. She says, "That's when I knew I had married a bigamist and that's when I got the intention to take my life because of what happened. That's when I wanted to destroy and I didn't want to leave the children behind. I wanted to protect and take them with me".

The police report states that they were called to the patient's residence where they were met at the door by the subject who immediately collapsed, suffering from gas inhalation. The police found the gas stove and water heater turned on. They also found two children lying face down in water in the bathtub. The other baby was on the bed with her face covered with a blanket. She admitted that she had smothered all three children and then placed the oldest two in the water, to make sure they were dead.

During her stay at that institution she had periods of severe depression and at other times appeared happy and cheerful. She was considered suicidal and was placed in the institutional hospital so that she could be watched more closely. As expected she cut both wrists, inner arms and back of her left hand with a razor blade. She was transferred to a municipal hospital. It took two officers and a matron to prepare her for the trip to the hospital. She fought the restraints all the way. At the hospital she refused to engage in interviews with staff members. After the acute symptoms abated she was returned to the correctional institution. The nurses reported that she spoke of her children as though they were alive, at home and that she expected to return to them soon. She knitted several children's garments. Concerning a pair of socks that were complete except for the feet she remarked, "But then they won't need feet in them where

they are now".

Her father told her on one of his visits at the jail that from the time she had returned from service he had been aware that she was emotionally disturbed and that her condition had become progressively worse. At one time he approached her about consulting a psychiatrist but she refused to go. She does not remember the event.

A year after her confinement it was recommended that she be transferred to the Ionia State Hospital because of a severe depression culminating in a suicide attempt. For about 4 months she had been seen psychiatrically because of confusion of thought processes, feelings of depersonalization, ideas of reference and insomnia. A recurrent observation was that she was depressed and struggling with unresolvable guilt. She could not accept the fact that she had killed her children. At times, she pleaded for punishment and said, "I wish someone would kill me". On occasion, she would scream and beat her head against the wall.

On arrival at the hospital she was mute. Subsequently, she appeared partially disoriented and remarked, "I just know that people are against me, thats all. They try to tear me apart behind my back". The latter comments were accompanied by much crying. She told an examinor that she would try to commit suicide by any means at her disposal at the first opportunity. It was impossible to discuss any significant material. In interviews she would break down almost immediately into tearful sobbing and wailing accompanied by wringing of the hands. She did not seem to notice the tears or mucus running down into her lap. She maintained amnesia for almost all of her life. She was recommended for a series of 30 ECTs.

Psychological testing was attempted on two occasions without success. On the second occasion she was literally carried into the psychologist's office. Prior to reaching the chair she collapsed onto the floor. In a disconnected way she explained that she had been having blackout spells and difficulties in locomotor functioning. She was reluctant to answer items on the Wechsler Adult Intelligence Scale and refused to look at the Rorschach cards.

In 1962 she was granted another trial and declared legally insane. Shortly before the decree was received she was noted to have become visibly distrubed. In an interview she said, "I'm about to explode. I've got to have something to help me. Things keep piling up on me and when I'm down I con't get up to fight any more. People want to knock me down and run me down. People just want to take advantage of me. I just don't care any more. I'd like to go to my room and bash my head into a bloody mess".

Although the patient made several suicidal threats she believes that she was serious on only one occasion. She says, "The first time I actually came close to doing it I saw no reason to keep on going. I thought about it all day long. I was going to hand myself. I would tie the sheets together, throw them over the sprinkler system and jump off the table. I was brying to hurt my mother and father by what I was doing. Being sick was a way of hurting them and trying to get back at them. I got back at my mother the most. I was getting back at both my parents for their rejection and neglect. All this time I've felt sorry for myself over the loss of my children".

Throughout her residence at this hospital, the patient has had recurrent terrifying nightmares about her son. In every instance

they are related to either neglect or death. In one dream she leaves him in a foster home where he was not fed and his clothing was dirty and ragged. In another one she loses him or he was kidnaped. He was kept hidden from her and he would never be found. Again, her son is asleep or dreaming and he keeps calling to her. Calling for his mother and "can't get to him because I am here". In another one he calls out to her but she cannot reach him because he is already dead. He is calling out from the grave because he is lonely and afraid and "I can't go to him because he isn't there". Another variation is that the child is living in filth and dirt and is unfed and neglected.

In real life she never left her children alone. The children were reared under very hygienic conditions. They were well fed, adequately clothed and (one might suspect) scrupulously clean. A maid who took care of her children while she worked, and her parents, testified in court that she was a "wonderful" mother. She interprets the nightmares as reflecting the "mess" she had made of her life, i.e., bigamy, divorce, adultery and sex perversion. In addition she believes that through the nightmares she was gratifying masochistic needs. The psychological atmosphere of turmoil and conflict continued to preoccupy her awake or asleep.

Currently the nightmares have ceased. In the last interview the contant was the following: "I awoke in my mother's home. I didn't see my son in the bedroom. I was wondering where he was and I went into the kitchen. He was sitting on a high chair slumped over, stunted in growth to what he should be, undernourished, not peppy at all. Then I woke up".

The patient has experienced nyctophobia, acrophobia and claustrophobia. Much pathologic behavior is associated with her bedroom at the hospital. She estimates that she reached the peak of her disturbed condition about the time of the Christmas season in 1962. She had to be prodded to leave her bed. Her mother came to see her but the patient refused to visit with her. "Mother was heartbroken". She began having delusions and hallucinations about the walls of her room. She says, "The room seemed to hold me there. I felt like climbing the walls. The walls were after me. The walls got my thoughts twisted up. They didn't want me to leave the room. The walls interrupted my thoughts. They seemed to be able to control my thoughts. They twisted them around to the way they wanted them. It was a living hell".

In her confused state she believed that the walls were the devil, her husband and sex. The devil interpreted her thoughts and drew her back like a magnet. She continues, "Whatever I thought, they would turn it into the contrary". In severe depressed or manic states the "devil" could not control her. It was in the "in between states" that she was most susceptible to those disrupting forces. The day after Christmas she felt that the walls crumbled, she was reborn and wanted to go home.

F6

The patient was admitted to the hospital at the age of 30. She is a high school graduate. Intelligence is at the bright normal level (IQ 114). She is of middle class parentage. Diagnosis was schizophrenic reaction, schizo-affective type.

Sexual Behavior The patient was considered her father's favorite child.

Her father was reported to be strongly attracted to the patient. He predicted that she would one day become a movie star. She felt singled out for more favor by her father and more punishment by her mother. She says that at times she felt in competition with her mother for the love of her father. When pointedly asked if she had ever felt sexually attracted to her father she remarks that she may have been but has no manifest awareness of it. She relates very happy moments in childhood when she would romp with her father in the parental bed. Currently she becomes very verbally aggressive to her father. After she was notified that he had remarried she refered to him as a son of a bitch. To date there has been no direct avowal of overt incestuous relationships.

Aggressive Behavior She was enuretic until the age of 16. At the age of 28 she manifested psychotic symptoms in the form of persecutory delusions, auditory hallucinations of a derogatory nature, and suicidal ideas. These symptoms persisted until her entry into the hospital. Just prior to committment she tried to kill her children by placing their heads under water. Next, she turned on the jets in the gas stove and was again unsuccessful. On the third attempt she stabbed all of her children and herself with a kitchen knife. Her son aged two, died of the assault. Her two daughters were seriously injured.

F7

The patient was admitted to the hospital at the age of 22. She attained an 11th grade education. Intelligence is at the dull normal level (IQ 89). She is of lower class parentage. Diagnosis was psychotic depressive reaction.

Evidence Concerning Incest When the patient was 15 months of age her mother died. Her father did not remarry until the patient was about age 4. During this interim period they were cared for by a relative who was remiss in her child care so that her father had to substitute a housekeeper. He subsequently married her. She was given sexual instruction by her stepmother but could not confide in others about sexual matters because she thought it was "dirty". She recalls that during preschool years her father was attentive and gave overt expression of affection. After this period she was largely neglected by both of her parents. About the oedipus relationship she relates that she had never given it serious consideration. More recently, she has become aware that her husband is very similar to her father. She does not recall incestuous involvement.

Evidence Concerning Aggression In spite of her protests, at the age of 9, she and her sister were left alone at home by her parents. She began playing with matches and set some curtains on fire. She received third degree burns and was hospitalized for $2\frac{1}{2}$ weeks. There was a year of absence from school. A year after marriage she was left alone for long periods by her husband. She developed severe headaches for which she received treatment to no avail. For about a year prior to present hospitalization she experienced ideas of inference. She thought people were talking about her in a derogatory manner. She felt that her husband, mother, and father disliked her. The act preceeding committment consisted of beating her children severely. On the last occasion one of her children died and another was seriously injured. It was reported that she whipped her baby with a belt and her hand until she was exhausted. Her child did not

cry. His body was covered with bruises and his intestines were ruptured. Previously she had fractured her child's skull and claimed it was an accident. After the beating of her child she attempted suicide by taking barbiturates.

F8

The patient was committed to the hospital at the age of 29. She is a high school graduate. Intelligence is at the bright normal level (IQ 114). She is of middle class parentage. Diagnosis is schizophrenic reaction, paranoid type.

Sexual Behavior The patient had an ambivalent attitude toward her father. She and her sister practiced mutual masturbation between the ages of 12-14 when they were discovered and severely punished. She was promiscuous sexually before and after marriage. She continued the practice of masturbation after marriage. Her daughter witnessed an act of intercourse between herself (the patient) and a neighbor. After her committment to the hospital, her first remark on coming to after ECT was "I must remember something, why I'm here, what I've done wrong, it has something to do with sex, I know".

Aggressive Behavior After her husband had been in service for some time she was notified of his death by telegram. A short time later she received another one informing her that a mistake had been made and that he was alive. She immediately began to try to starve herself to death. Before she could be induced to eat again she became apathetic and withdrawn and lost 25 pounds. At the age of 29, in the early morning hours, she choked her daughter with a lamp cord but gave the child artificial respiration in time to save its life. Afterwards she struck her son 3 or 4 times in the head with and axe,

killing him instantly. During her residence at the hospital she has verbalized her desire to die.

F9

The patient was committed to the hospital at the age of 25. She is of lower class parentage. She attained a seventh grade education. Intelligence is at the average level (IQ 93). Diagnosis is schizophrenic reaction, chronic undifferentiated.

Sex Behavior Up to the age of 12 the patient was very close to her father. At the age of 16 she engaged in several incestuous relationships with him. She explains that the first incident was accidental, i.e., while she was turned away doing kitchen work, her father mistook her for her mother and approached her sexually from behind. At about this time too, she was forced into sexual relationships with a cousin. In addition to intercourse she performed acts of fellatio on her father and her husband. Her father was imprisoned when the patient was 17½ on account of his relationship with her. After the birth of her first child she developed a postpartum psychosis and was totally inaccessible for about a month. In this state of semi-coma, she called for her father continually and recognized him immediately on his arrival.

Aggressive behavior On the surface the patient is an extremely passive individual. While carrying her second child, which she admits she did not want, she fell down a flight of stairs. Due to disharmony and disagreements her husband left her several times. She recalls fearing that he would be killed and that she would not see him again. Just prior to committment she became enraged and beat her 2 month old child severely. As a result of the assault the baby's leg was

broken and he suffered brain injury. Before this time she had refused to care for the baby.

F10

The patient was committed to the hospital at the age of 22. She is a high school graduate. Intellectual functioning is at the average level (IQ 93). She is of middle class parentage. Diagnosis is schizophrenic reaction, schizo-affective type.

Sexual Behavior The mother committed suicide when the patient was 2. She states that she worshiped her father. After her father married a teacher, considerable friction developed between the patient and her stepmother. At school, initially she was afraid of boys and ran away several times. She took her stepmother's wearing apparel and jewelry and destroyed it after wearing it. She became sexually promiscuous. Her husband could not afford her sufficient sexual satisfaction.

Aggressive Behavior While in school she stole a pair of scissors. She made two suicidal attempts, one by hanging, the other by the ingestion of rat poison. She attempted to kill her husband with an unrecognized metal object but he awoke just as she was about to strike him. She killed her daughter by striking her in the head with a hammer. She was experiencing auditory hallucinations which told her to kill her husband and everyone else. She explains that in killing her child she really wanted to hurt and kill her husband. She says, "Wnen I killed my baby I tried to kill my husband".

F11

The patient was committed to the hospital at the age of 28. She is a college graduate. Intelligence is at the bright normal

level (IQ 110). Diagnosis is schizophrenic reaction, chronic, undifferentiated.

Sexual Behavior Her mother's attitude toward the patient was one of smothering love and excessive fondling. Her mother was likely to place her hands anywhere on her, i.e., kiss her, rub her face or legs. Her husband conceded that the patient was completely dominated by her mother. Although the details are not available sex relations with her brother are indicated. Her husband was asked if he suspected that she had had intimate relations with her brother. He replied that he had wondered about it once or twice. It had occured to him because of her preoccupation with him since he had been dead for such a long time. She dreamed about him and idolized him. She and her mother would become emotionally upset if they were reminded of him by seeing a boy scout or sea scout in uniform or on parade. She practiced fellatio on her husband. In her present hospitalization the patient admitted past and current incestuous relationships with her father. When she tried to stop them he beat her severely.

Aggressive Behavior According to her husband she had an illegal abortion in 1947 or 1948. She cut the throats of her 2 boys, ages 6½ and 11 months with a knife. After killing the children she went into the bathroom and attempted to cut her own throat. Her husband reported that he had to wrestle the knife out of her hands. In an interview at a state hospital she stated that she had died three times. At this hospital she was considered suicidal and admitted suicidal thoughts.

F12

The patient was admitted to the hospital at the age of 38.

She is a high school graduate. Intelligence is at the bright normal level (IQ 116). Diagnosis is schizophrenic reaction, paranoid type. She is of lower class parentage.

Sexual Behavior Her father was reported to have been good to the children. The relationship between her father and mother was one of extreme conflict. Her father was committed to a state hospital when the patient was 11. On his release he deserted his family and returned to his home state. Her mother did not remarry. The patient learned about sex from peers and rejects the idea that she has been involved in any abnormal sexual relationships. She was jealous of the attention paid to the baby by her father. She treated her son more like a playmate than in a mother-son relationship. She did not allow her son to visit her in-laws because he would be infected with germs from the farm animals. Divorce with her husband had been discussed prior to her psychotic break.

Aggressive Behavior The patient expressed considerable hostility toward her own and her husband's family. She was especially angry at an older sister who always interfered in her life. She was fearful that what was recommended for her baby might hurt him. She had contemplated taking her son's life on several occasions but arrived at a final decision after a bitter quarrel with her in-laws of such magnitude that her husband had to be called home to arbitrate. She killed her two year old son by drowning him in a bathtub. Afterwards she wrapped him in a blanket so that "he wouldn't be hurt". Then she attempted to hang herself, but the rope broke. Next she tried asphyxiation by car exhaust fumes but that also failed. After the latter, she again hanged herself with the same results as the first

time. She maintains that she even contemplated taking her life with her husband's gun. In a fit of anger she slashed the walls of the home with a sharp object, smashed the furniture and other belongings. After she was imprisoned she disturbed an inmate's sleep with her hyperactivity. When she was advised to be quiet she engaged that woman in an altercation. During her pregnancy she had fears of dying. In a psychiatric interview she stated that she had wanted to die for three years and was going to provoke someone to kill her. On another occasion she set fire to her bedclothing to show her doctor how "mad" she was at him. There have been no known hallucinations.

F13

The patient was 35 years of age at the time of committment. She received a 10th grade education. Intelligence is at the dull normal level (IQ 89). She is of lower class parentage. Diagnosis is schizophrenic reaction, paranoid type.

Sex Behavior Her father and mother were not married at the time the patient was born. After she was apprised of the identity of her father she never liked him. There was one brother but they were reared apart. Her mother eventually married but the patient disliked her stepfather. She obtained sexual information from magazines, peers and school programs. Although she has not been married she has given birth to three children. She was living with her mother and stepfather at the time of her psychotic breakdwon.

Aggressive Behavior The patient shot her two year old child with a 22 calibre rifle. On that particular day her mind told her to shoot her stepfather. She says, "I took the rifle from underneath my bed.

The baby was lying on my bed. I took the safety catch off. I was sorta in a daze. I tried to put the safety catch on again and the gun went off". The bullet struck the baby in the head. On seeing' it, she screamed, rushed to the child but found it fatally wounded. There were delusions of persecution prior to the homicidal act. She believed that people were cursing her all of the time. Also there were auditory hallucinations. She heard a voice saying, "If you leave the house you're going to get your brains blown out". There have been no suicidal tendencies.

F14

The patient was admitted to the hospital at the age of 21. She attained an 11th grade education. Intelligence is at the average level (IQ 99). She is of lower class parentage. Diagnosis was schizophrenic reaction, chronic undifferentiated.

Sexual Behavior Her father was a lumberjack and farm worker. There were six siblings. The parents had frequent altercations. She was terrified of her father. He died when she was five. Her mother did not remarry. The patient states that her mother became a prostitute. There was a constant stream of men in and out of the house. The patient recalls that they (her mother and the men) lay naked in the living room much of the time. Her mother was not concerned that her children were present. The patient felt that her mother did not care for her or her siblings.

The patient learned about sexual matters from her sister. At the age of 11 she began having intercourse with a 50 year old man. This practice continued with him until she was 14. After her relationship with him terminated she persisted in having sexual affairs

with older men. At the age of 16 she was sent to a girl's training school. Fourteen months later she was placed in a foster home.

There were premarital sex relations with her future husband. He told his parents and a minister about it and at the minister's insistence they were married. She lived with her husband for a period of 1½ years up until the time of her arrest. About her marriage she says, "I hated every minute of it". He forced her to have sex relations ten days after the birth of her second child. It hurt her more than a similar experience after the birth of her first child. She avers that she hated sex relations. Throughout her life she had not known what it was to experience love or affection in or out of marriage.

Aggressive Behavior The patient and her siblings fought continually. They often hit each other with a hammer. The patient has a large scar on her forehead inflicted by her older sister. After her marriage the patient killed her two children, a girl and a boy, by smothering them with a pillow. At the time she committed the murders she felt like she was some one else. During the commission of the crime she changed into a vicious animal. She says, "The only way I can describe it is as if I were a werewolf. I had to kill".

Prior to her arrest she felt that people were against her. They were saying that she had killed her baby. When she became very angry she thought about killing herself. On one occasion she became despondent and "I took a bunch of sleeping pills". When her husband bought cigarettes with some money she had saved she took a razor blade and attempted to cut her wrists. Her hausband took the razor blade away from her.

At the time of psychiatric examination, when asked if she had ever wanted to die she said, "Oh, last night I felt like that. I was very lonely. I thought if I could die, I would get together with my daddy who died when I was five and everything would be alright".

In the course of hospitalization the patient became more upset than upon admission. Several months ago, she became assaultive. She broke her room windows with her shoe and used the broken glass to inflict several superficial wounds on her arms. When queried about her behavior, she said, "The voices were against me and they told me to kill myself".

F15

The patient was admitted to the hospital at the age of 32. She received an eighth grade education. Intelligence is at the average level (IQ 103). She is of lower class parentage. Diagnosis was schizophrenic reaction, catatonic type.

Sexual Behavior When the patient was 9 years of age her father committed suicide by hanging. There is no information on early sexual development except that she once stated that she had been sexually assaulted several times but never "gave in". Masturbation was denied. Her first husband deserted her after a marriage that lasted eight years. There apparently was infidelity on both their parts. There was a second marriage. Sex relations are reported as normal by her husband. She was pregnant at the time of committment and delivered her child during the first several months of hospitalization.

Aggressive Behavior The patient was chronically constipated from a relatively early age. She was easily irritated, jealous, suspicious and there were frequent temper outbursts. There is a history of

several induced abortions during her first marriage and 2 others after the birth of her child subsequent to her second marriage. She worried about the abortions because they were her own idea. Prior to her psychotic break she consulted a doctor about her constipation but afterwards burned up the liquid medicine and pills given her for its treatment.

She describes the death of her child in the following manner: "I loaded the gun. Went into the front room and came out 2 or 3 times. I unloaded it. The second time I went in there the baby was awake. She called me "momma" and I went back into the dining room, then into the kitchen. I walked around awhile out there. Then I went into the living room again with a flashlight and the gun and I shot her. She was asleep when I shop her". Immediately afterwards she walked upstairs and told the husband about the deed.

When her husband saw their child the patient had placed the flashlight so that it shown directly into her baby's face. She made a suicide attempt the first night of confinement in jail. She admitted auditory hallucinations and religious delusions of grandeur. There was very strong resistance to treatment.

The Homicidal Group

The second group of 15 cases, H1 through H15, are characterized by either actual or intended homicide of a person.

H1

The patient was admitted to the hospital at the age of 47. She attained a third grade education. Intelligence is at the dull normal level (PIQ 83). She is of lower class parentage. Diagnosis was personality trait disturbance, passive aggressive personality, history of psychotic episodes.

When the patient was an infant her father was inducted into military service. After his release he did not return to the household. Her mother told the patient that her father never contributed to the support of their family. In fact, while in service, he did not list himself as a married man with children. Her mother believed that his purpose in not naming his dependants was to keep his allotment for himself. When her father returned from the service he assumed residence in town, but lived with another woman. The patient visited at his home occasionally but she says, "I was never around him enough to learn to love him". There were two half brothers by a previous marriage and three from extramarital relationships of her mother. She was told that one died of a fever when he was a baby. When she was ten another one died of unknown causes. There are memories about one of her half brothers. She states that she loved him and can still see him as he worked on the cotton press. The patient did not know until she had grown up that that brother was only a half sibling.

When her mother was home she interacted a great deal with her children. They engaged in considerable conversation about many topics. Her mother read the Bible aloud considerably. On occasion she would become elated, start singing and even shouting. At those times the children would become alarmed and fearful. Sometimes her mother would cry apparently spontaneously. When the children asked her why she was crying she would reply that they were tears of thanksgiving for the bountifulness of the Lord.

During the economic depression that started in 1929 the hotel where her mother was employed closed down. No other jobs were available and there were hardly enough funds for the bare necessities of life. The patient says, "There was hardly anything to eat". The landlady of the home where they lived brought them food and clothing. An uncle provided them with firewood. Eventually, her mother secured employment in a laundry. Sometimes when she arrived at the house she would appear exhausted and would start crying. The children would massage her arms and shoulders so that she could cook the evening meal and complete the house cleaning.

The patient was the eldest child in the family and apparently was expected to assume some responsibility for the care of the two children. She says, "Mother told me to whip the children if they misbehaved, but I wound up being the one who got whipped". She was expected to do the washing but did it so poorly she frequently was forced to do it over again. The patient is reluctant to discuss the disciplinary measures to which she was subjected. Initially she implies that there were frequent beatings because of her "hardheadness". When she disobeyed her mother's orders she anticipated physical

punishment so she would absent herself from home until bedtime. Her mother would wait until she got in bed and then would whip her while she was lying down. She remembers the following incident. On that particular day her mother had made some ice cream. The patient tipped it over and made a hasty exit. Her brother caught her and took her to her mother. The latter whipped her severely and raised welts all over her body. The patient ran to the neighbors for help. Subsequently, they discussed the matter with her mother and warned her that unless she reduced the severity of her punishment they would make a complaint to the police. Afterwards, the beatings were milder and less frequent, but continued. In spite of this the patient says,"She was a very sweet mother. I never saw her with a man and she never stayed out late at night. I never got angry at mother. She whipped me because I done wrong and I appreciated the whippings."

The patient believes that she received satisfactory sexual instruction from her mother: concerning reproduction the patient's mother told her that she had faced death each time she delivered a child. She recalls that she played with the boys in the neighborhood, but there was no sex play. She dated infrequently and was chaperoned each time. She states that she was not concerned whether boys dated her. Many times boys asked her mother for permission to take her out, but when they arrived she would hide until they left. Her first contact with menstruation occurred when the lady for whom she worked started to flow. The patient says, "I thought the woman's husband had jumped on her and cut her". The woman proceeded to inform her how she was to care for herself when her menses arrived. The patient was aware that at certain times her mother had headaches and

"cramps". Prior to menstruation the patient had "blind staggers" and dizzy spells periodically. When her mother noticed her confused state she would order her to lie down until they passed away. After she started menustrating there were no further periodic difficulties.

The patient started school in a nursery while her mother worked as a cook in a boarding house. Her mother reports that even at the age of 9 she truanted frequently. In addition she missed a great deal of school through various illnesses. In the ghird grade she simultaneously acquired pneumonia, typhoid fever, and influenza. On this occasion she was in bed for a long time. When she recovered it seemed to her that she had to learn to walk all over again. She returned to the 4th grade, but had retained hardly any of her previous achievements and was demoted to the "primer". Her younger siblings overtook and surpassed her.

After she left school, at the age of nine, she began working for a "white" family for $1.50 a week and she says, "That was big money". The people for whom she worked took an interest in her but took issue with some of her religious beliefs. The head of the household taught his grand-daughter that there was no heaven or hell. The man's ideas were disrupting to her. There were frequent disagreements on religious beliefs between them. After the man died she became preoccupied with his demise to the extent that she became visually hallucinated. She describes one of these experiences in the following manner. "I saw him after he was dead. I saw him just a plain as I'm looking at you. I was shaking and shivering and they calmed me down. Everybody has a good spirit and a bad spirit. The bad spirit keeps on wandering about after you're dead".

The woman attempted to reduce her fears, but she finally quit working for the family.

The patient states that the women in their neighborhood advised her to marry an older man, "because they're nicer to you". Men were scarce in her home town. Females competed fiercely with each other for their favors. The rate of females to males was 3:1. Her personal experience was that older men were more considerate and stable than younger ones. She says, "Younger men jump (mistreat) on their women".

The patient was married at the age of 18. Her future husband first saw her when she walked past him on the street. Shortly afterwards, he asked her mother for permission to marry her. His request was granted and that night she met him and played cards with him. At the time of the marriage she was still playing with paper dolls. Her husband was old enough to be her father. In fact, he may have been slightly older than her father. Her mother told him, within her hearing, that when he tired of her he should return her unharmed. The patient was pleased with her marriage because she was begining to feel rebellious against the many restrictions imposed by her mother. For example, her mother would not allow her to attend dances. She liked entertainment of this type. Her marriage was, in large part, acceptable because she was certain that afterwards she could go to dances. She "loves" to dance and her husband permitted her to go to dances unescorted.

Her husband was a cook in a CCC camp. He came home mainly on weekends. Sexual relationships with him were satisfactory. They engaged in intercourse every other night. The patient desired contact every night, but was satisfied with the frequency adopted.

There was no conflict concerning sexual adjustment. Shomehow, she acquired syphilis but was not particularly upset by these circumstances. Her husband liked to cook and prepared all of the meals when he was home. On occasion, when he was drunk, he struck her. One time she screamed, ran out of the room and hid behind the chimney. A man who liced in a nearby room subdued her husband and put him in bed. Before he awoke the next day she went to see her mother-in-law and told her what happened. Her mother-in-law took her son aside and reprimanded him. He came to the patient and expressed a contrite attitude and the desire to resume their conjugal relationship. His concern appeared genuine and they were reunited.

He enjoyed traveling around the country. There were many times when he told her that he could not tolerate the company of females and would leave her. Several times she received letters and money from him asking her to meet him at such and such a city. For a time she complied with his requests, "but finally", she says, "I got tired of running around the country". When he wrote her from another state and requested that she meet him, she refused to go. At this time they had bought furniture in a large midwestern city and she had anticipated that they were about to settle down. At this point she sold the furniture and returned to her mother. Prior to her marriage she had been told by her mother-in-law that he had had a girl friend who accompanied him on his journeys. After his mother died she began using alcohol excessively. Throughout the course of their marriage her husband attempted "to teach" her how to drink. She became "high" on several occasions. She says, "I quit because it done me so bad. The next day my hands shook, my head hurt and I'd

be sick for two or three days". They remained harmoniously mated in relation to the frequency with which they engaged in coitus. There were no instances of physical abuse.

After the last misadventure the patient left her husband and took up residence with her mother. She claimed that she went to a Justice of the Peace to discuss her predicament and was advised not to initiate divorce proceedings.

Two years later, while setting on the porch, she began talking to a man she had known only slightly. Before their conversation ended he informed her that he was looking for a wife. The patient accepted his proposal and they were married. Her second husband had a daughter a year older than the patient. He was a very industrous man. A short time after marriage they bought two mules. He acquired and cleared some land of timber and successfully harvested some crops. They began to prosper. After they were fairly well established he started having affairs with other women. She found amorous letters written to him by other women. He refused to go to church with her. She describes her husband's actions in a droll manner. "He started throwing his behind to me. He could't run after me because he was running after other women". They separated after "He jumped on me in front of his girl". She immediately filed a suit for divorce and payed the initial fee of $50.00. An agreement had been made with her husband that he would process it from that point, but it did not materialize. To her knowledge she is still legally married to the second husband.

After the separation she returned to her mother. Not long afterward she obtained employment with a man who made and sold hot

tamales. He periodically used alcohol excessively. On such occasions he usually was incarcerated. He was 45 years older than she, and even though she claims that she did not like men that much older than she, she started living with him in connubial union. They moved to a large midwestern city when she was 37. When they arrived there he acquired pneumonia. She nursed him night and day until he recovered.

Their relationship began to disintegrate when they started attending social functions together. On several occasions, she was mistakenly taken for his daughter and the person would ask her consort if he could date her. He became very jealous and accused her of flirting with other men. Ultimately, he watched her every move and forbade her to leave the house unless he was with her. One day on her return from a visit to her mother's home he assaulted her and cut her back with a knife. The wound was severe enough to require attention at the city hospital. Her relatives tried to persuade her to make a complaint against him, but she could not bring herself to do it. Afterwards he called her and tried to make amends. He desired reconciliation, but she was afraid of him and suspected his motives.

As on previous occasions, when she was alone, she lived with her mother. One day as she was carrying a bag of groceries, an unknown man asked her if he might help her carry it home. From that day on he made himself indispensable. He took her to the doctor's office; sat up with her so that she took her medicine at the proper time and ran errands. At his urging, she moved to an apartment and she rented him one of the bedrooms. Not long afterwards he asked

her to marry him and they began living together. She says, "He had already told people I was his wife". The pattern of circumstances characteristic of her three previous attachments repeated itself in this instance with some slight variation. Her boy friend was two years older than she. He used alcoholic beverages excessively and "forced" her to do the same. They sometimes drank wine, beer, and whiskey simultaneously. She started having "blackouts". On several occasions she could not remember the people or events that transpired in the preceding evening. Under the influence of alcohol her boy friend became abusive and hypersexual. He would sometimes induce her to have intercourse twice in the same night. One night when they were in bed he choked her until her throat bled. He became very jealous. To check on her activities, he would call her on her lunch hour at work or while she was sleeping at two or three in the morning. He ordered her to quit her job and threatened to leave her if she did not. When she refused to do his bidding he beat her. She states that he slapped her with the back of his hand and "cussed" her. He picked her up like they do in a wrestling match and slammed her down on the floor. In her mother's house, he struck her on the head with a beer bottle.

She lived with that boy friend for six years. In the last two his abusive behavior became exaggerated. The patient became progressively more ill as time passed by. She experienced tremendous amounts of nervous tension. There were many sleepless nights. Her boy friend did not permit her to drink wine, but she managed to substitute beer. Sometimes they drank all night. In every case, she drank "to keep him from jumping on me". After ingesting moderate

amounts of beverages she says, "I didn't know what I was doing".

Her boy friend took advantage of his boarding house privileges. One day she came home and found several men lying haphazardly on the living room floor and in the bedrooms, drunk. Vexed, she order them to leave but they refused to go unless they were directed to do so by her boy friend.

He owed her "a lot" of money and would not pay her. The man she worked for gave her a suit for him. He pawned it to buy liquor. She arrived at the point where she could no longer put up with his antics. She left him several times, but on each occasion he persuaded her to return to the apartment. He stayed with his sister for awhile, but she was unable to tolerate his profanity and ordered him out.

Off and on she lived with her boy friend for approximately six years. After the last separation, while he was putting aluminum siding on a house, the patient went to the place and began shouting at him. At the time he was atop a ladder. When the owner of the house demanded that the patient leave him alone the patient warned him that "If you don't leave me alone I'll shoot you". Her boy friend came down from the ladder and pacified her with soothing words. That night her boy friend took her belongings to her mother's home and left them there. That evening the patient returned to the apartment where her boy friend was living. There, she became involved in an argument with her boy friend's brother's girl friend. The patient accused her of having sex relations with her (the patient's) boy friend. The woman closed the door on the patient and retired into the house. The patient removed a gun from her purse; fired

one shot into the air and left. She returned later and had obviously been drinking heavily. By that time, her boy friend was in the house. He met her at the door. She had the gun in her hand. He said, "You've got your pistol. You won't shoot me," and advanced toward her. The patient fired twice and killed him.

The patient says, "I didn't want to hurt him. I loved him". At the time of the shooting she did not believe that he was actually dead. At one point in the sequence of events she said to him, "get up, your not hurt". He answered, "I'm not playing I'm shot". About her severely disrupting emotional reactions she says, "I'm this way. I get angry one minute and then I'm over it later". She has consistently maintained that she was continuously abused by her common-law husband. She says, "He was mean to me, fussed, nagged, hit and twisted my arms, he aggravated me until I couldn't stand it any longer". She insists that the abuse resulted in nervousness, insomnia, and intense pain.

On admission to this hospital, the patient was poorly oriented for time, place and person. There was no indication of hallucinations or delusions. For some time she could not grasp the name of the hospital. She expressed a need for treatment. She could only partially recall the incident that made hospitalization necessary. The first several interviews were marked by uninhibited crying. She admitted using alcoholic beverages excessively for six years but believed that she was forced to do it by her common-law husband.

One aspect of the homicide that she remembered distinctly was that her common-law husband had forgiven her for her destructive act. She says, "The day I shot him everything seemed foggy. I couldn't

remember it. For the last two years my drinking got worser. I couldn't work. My husband and I fought so much. He beat me up so much I couldn't hold a job no more". No frank evidence of psychosis was detectable.

With the passage of time reality contacts and emotional and social relationships improved. For the most part she appeared cheerful and enjoyed participation in group activities. Whe became quite gregarious. When she was informed that she was scheduled for a re-evaluation staff conference she became tense and moderately depressed. Afterwards, when she was informed that she was to be returned to court, she regained her composure and cheerfulness.

H2

The patient was admitted to the hospital at the age of 3[illegible]. She is a high school graduate. Intelligence is at the average level, (IQ 105). She is of lower class parentage. Diagnosis was schizophrenic reaction, chronic undifferentiated type.

As a child the patient was affected with a severe case of scarlet fever. One sequela of the disease was that to this day she is hard of hearing. There are only a few preschool recollections but they are very meaningful ones. For example, on one occasion, she was gazing with her mouth wide open at her brother who was standing on top of a hayload on a wagon. He spit into her mouth. She experienced a feeling of nausea and ran into the house to tell her mother. The latter took no disciplinary action against her brother. Instead, she seemed amused and laughted about the incident.

During that age period her brother exposed his penis to her. He tried to impress her with the distance he could urinate. She was

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During that age period her brother exposed his penis to her. He tried to impress her with the distance he could urinate. She was

intrigued by his phallic behavior and tried to urinate in an upright position. She even measured the length of her flow but recalls her disappointment at her inability to surpass his achievement. These transactions influenced her to want to be a boy. Her brother perceived her need to compete with him and duped her into thinking that if she would drink his saliva through a straw she would become a boy. He told her that if she did as he requested she would grow a penis. She wanted in vain for the transformation to take place. Feelings of envy were also aroused by her desires to possess her brother's toys. She was particularly facinated by his train. An experience, highly pleasurable to her was walking around the yard in the early morning dew with her little red boots on her feet.

Direct interactions with her father were few in number. He provides background accents in several anxiety provoking incidents. For example, her father and mother had many quarrels about trivial matters. A very vivid memory concerning the behavior of her father is exemplified in the following event. She and her brother were watching her father pitch hay when her brother, inadvertantly, in an attempt to help him, got in the way. Her father became furious. He picked her brother up bodily and threw him against the wall of the barn. Accidentally, it happened that a nail was sticking up where his head struck the wall and it bled profusely. She considered her father's action a "brutal" act. She still thinks that her brother might well have been killed. There were several other incidents of this nature between her brother and father. Once her father tried to strike her brother on the head with a metal savings bank. By this time her brother was physically much larger and the episode

ended by his turning on his father in open rebellion and choking him. She was never disciplined by her father but her mother spanked her several times. Each time the patient remembered feeling "nervous".

There was no systematic sexual instruction by her parents or in school. She thinks that her mother wanted to discharge her responsibility as regards sexual education but did not quite know how. One morning her mother motioned her to come into the bedroom while she and her father engaged in a sexual act. The patient did not know how to interpret what she saw, particularly since her parents were covered with a blanket. Witnessing her father on top of the mother gave her an uncomfortable feeling. She interpreted what was happening as "dirty" or else that her mother was being harmed.

Up to the age of twelve her brother had inspected her and her sisters genitalia on several occasions. Once he tried to insert his penis into her vagina but she did not permit it. She explains that it looked so much larger than her organ that she thought that it would "cut" her open. At the time of her first menstrual flow she had no knowledge about the process and she attempted to stop the flow with an old cleaning rag that was almost perceptible to the naked eye. At school she felt "conspicuous". When asked what she meant by this word, she says that the examiner would feel conspicuous too if he had a wadded rag underneath his trousers. She also believed that she exuded an unpleasant odor.

The patient started school at the age of $6\frac{1}{2}$. There were no overt difficulties with the children or teachers. She is reported to have been an honor student. She graduated from high school. Throughout the 12 years she spent in school she had only 2 or 3 close

friends. Now, she thinks that one of her main difficulties during these years was her inability to communicate with the other children. In the presence of others she felt blocked and conversational topics would not come to mind.

Her anxiety regarding interpersonal relationships did not carry over into her ability to study. She does not remember resorting to phantasy activity. She was able to apply herself with vigor to her studies and made good grades. Although she does not regard herself as having much musical capacity she obtained relief of tension by playing the violin.

On the surface her relationships with most of her teachers was congenial. She was most impressed by a male teacher who was especially liked by almost all of the students. She was most impressed by the fact that he used to play or engaged in play activities with them. She recalls that he used to allow them to lie on his back while sliding down hills. She considered this alot of fun. Another teacher who struck her fancy was an individual who used to have asthmatic attacks, sometimes during class periods. She thought he was especially effective in explaining class material and she felt sympathetic toward his affliction.

The patient did not start to date until the age of 16. At that time she went out with two boys simultaneously. With the older one she went more places, i.e., shows, car riding and recreational activities. He only attempted to seduce her on one occasion. When she protested that his efforts were unwelcome he was easily disuaded to stop. The younger suitor was nearer her age, more sexually aggressive and blonde like her brother. On one occasion, they went for a ride.

During the course of the outing they got out of the car and engaged in some heavy necking. He induced her to lay on top of him while he lay prone. Afterwards they re-entered the car and he started "getting fresh with me". They petted heavily for some time then, abruptly, there is no recollection for the remainder of the ride. She says that she had the feeling that someone in back of her struck her in the head with a rock or brick or something. She did not gain consciousness again until they arrived at her home. She denies, even now, that a sexual act took place. However, even at the present time this issue has remained a conflicting one. At the time she discussed the event in group therapy she strongly resisted the probability that sex took place. When she is psychotic he is the center of intense sexual conflict. She graduated from high school at the age of 18. For a year prior to her marriage she worked as a clerk in a nearby city.

At the age of 17, while attending a movie with a girl friend, she met and immediately liked her future husband. There were pre-marital sexual relationships but she regards this as justifiable because he had promised to marry her. Her husband eventually became a factory worker. There were no severe financial difficulties. They lived in a small town for about 5 years. During this period she had three abortions. Two of them were at a fetal stage. The third one lived for about three quarters of an hour but was severly deformed in the chest and the abdomen. She regards the last abortion as stemming from having painted a room. As an afterthought, she recalls that she fell down a flight of stairs.

In this period she became attracted to the Jehovah's Witnesses.

She claims that she never became a member of this cult but that she enjoyed studying with them. It was her parents' observation that she was strongly influenced by them. They attempted to discourage her participation in that group's activities. One of the tenets derived from that group was that she should strive to practice the life and works of Christ. The latter should be foremost in her thoughts, conversation and interactions with people in everyday relationships.

The patient dates the onset of ideas of reference to the early part of their residence in a large city. In a period of about two years she was convinced that her neighbors did not like her. However, she did not venture out of the house to make herself accessible to them. Her husband, although not especially outgoing, talked freely with the neighbors. The patient was aware that they responded to him with much more warmth than they did her. She began wondering why she could not participate in neighborhood activities and started thinking that perhaps she was different from others. Several times she inspected her facial features painstakingly in the mirror for telltale signs of the thing in her that was "different" but she could find none.

Shortly after the successful delivery of her first child she went to church. After they were ushered into one of the pews she observed that the people sitting in the other half of it arose and moved to a different one. She infered that the people had changed seats because of status considerations. Her feelings were so hurt by the experience that she did not attend church again until her commitment. She considered that she was in competition with her husband for the love of their children. She was certain that their

children loved her husband better than they did her. She tried in many ways to win their children over completely, especially by helping them with their homework, but to no avail. She believed that the children in the neighborhood disliked her and on one occasion when rocks were thrown in their yard she thought that they had been aimed at her.

Tne patient was admitted to a state hospital in Januray, 1954. She had displayed mental symptoms since about 1946. She had difficulty sleeping at night, somatic complaints, and became delusional and hallucinated. During this time she frequently accused her husband of infidelity. There were several separations. Divorce was contemplated several times. According to her husband he dated occasionally while they were separated, but not otherwise. According to her mother the patient's husband frequently had been unfaithful. Her mother reported that he worked steadily but had not provided enough income for basic necessities of the children. They were frequently hungry. He left her alone a great deal of the time. Her mother's impressions were partially confirmed by a neighbor.

In relation to the patient's illness, however, her husband seemed to have much more insight than her mother. Most of the time the patient was extremely hostile to her mother and younger sister. Prior to her admission she talked about suicide, killing her husband and children, was mute and refused to eat. Her suicide attempt consisted of placing a metal utensil in the potato salad so that it would become toxic through the development of ptomaine. She actually ate a large quantity of the spoiled food. The patient became quite ill; had a severe case of diarrhea but did not die. She was

hallucinated and pregnant at the time she was committed to the hospital. Auditory hallucinations insistently advised her to kill her child. The "voices" explained that her mental condition would cripple him and he would hear voices too. Prior to this time she had fallen down the stairs. Her child was born three or four months later. Her child had a severe stomach defect and it died shortly afterward.

On admission to the hospital her physical and neurological examinations were essentially negative but she continued to be delusional, hallucinated and hostile. Her diagnosis was schizophrenic reaction paranoid type. Within four months, in part, to avoid delivery of her child at the hospital, her husband requested her return home on convalescent status. The request was denied but she received a series of brief visits. After the birth of a baby girl convalescent status was again requested and refused because the patient continued to be psychotic. She was felt to be hazardous to the welfare of her children. Superficial improvement brought about convalescent status in July, 1954. She returned about a year later, having made a rather poor adjustment. In the next several months several home visits were permitted. These were superficially successful. Her husband, however, indicated that she had again attempted suicide; continued to be suspicious of the neighbors and had poor eating and sleeping habits. She had become maniacal several times and broke windows, dishes and furniture. Her husband continued to believe that for the most part he could cope with her. She became psychotic again but refused to return to the hospital. Her husband did not force the issue until she made some more suicide attempts and an elopement from

home. Even at that point he was hesitant to return her. He finally did so with the help of the sheriff's department. About a month prior to her return she had become hallucinated.

For several months she continued to make a poor adjustment. Among her more striking delusions were the beliefs that she was a beast and that she had more power than God. At the insistence of her husband for leaves of absences, and some improvement associated with medication, she was again placed on convalescent status in September 1955. She made a fair adjustment until she was taken off of medication by her family physician. By March of 1956 many of her former symptoms had returned and she was considered to harbor destructive impulses to herself and to her children. She created open disturbances in the neighborhood. The people began to complain to her husband. She was returned again in September, 1956.

In the next three years there were a series of visits, convalescent leaves and identical symptom formation until July, 1959, when she was granted her last convalescent leave from that hospital. The last item of information received by the hospital was in December, 1959, when her husband wrote that the patient was having difficulties with bizarre ideas but that it was not "serious". He wondered about stronger medication. He was advised to consult with his family physician concerning it.

After the latter events the patient became more acutely disturbed. Delusions and hallucinations were expressive of deep lying conflicts as regards sex and aggression. Early anxiety related to childhood experiences about sex was reflected in statements that when she was two years of age her mother brought John Payne into her

bedroom, propped her feet on a block of wood and encouraged him into "whoreing her". She says her little body was split and the seraphs took it to heaven where she stayed for a short time and then returned to earth. She had been buried alive when she was a child and now she was God. She accuses her father of "whoreing" with her when she was two years old, and "my mother whored with my brother".

The idea of killing her husband was closely related to the boy friend who had attempted and perhaps engaged in sex with her in the back seat of the car. She insisted that she killed her husband because he did not believe voices had directed her to kill a former boy friend whom she believed to be sexually involved with her mother. A slightly different version was that her former boy friend was "going to come into my house, unlock my door and take me out to whore with me". Again, that this man was trying to kill her, and that she wanted to kill him but her husband would not let her.

When she was 39 she became obsessed with destructive thoughts. One day she shot her husband with a deer rifle in the chest as he walked from the kitchen into the living room. At the time of the shooting the children were in the bedroom watching TV. Later they told the officers that, initially, they thought the shots were on TV. They asked, "Is dad dead?" Immediately after the shooting the patient went to a neighbor woman. The lady explained that the patient came to her and said "I have just shot my husband; call the police". She claimed, at that time, that she shot him because he wanted to send her back to the state hospital. She verbalized many other delusions and hallucinations.

The patient was admitted to this hospital at the age of 39.

She appeared as a small attractive, 39 year old female. She looked somewhat younger. When questioned, she invariable flew into a temper tantrum and shouted a steady stream of psychotic material at the examiner. Her tension and hostility seemed to build up during the interview. She assumed aggressive bodily postures. She stated that she knows that Robert Taylor and John Payne (movie actors) were at the hospital because she could see them in the interview. She could also hear their voices and all sorts of other people's voices coming through the walls. She explained that she was being tortured in this manner. She refered to herself as "God", the "Star of Bethlehem", the "Beast", and the "Holy Ghost". She says, "I don't suppose you believe in it. Well, there is a beast and the beast is a woman and the woman is me". She vilified her mother and sister and stated that both were at that time in California, "whoreing around with John Payne and Robert Taylor". She kept up a continuous stream of abuse toward almost everyone and everything. She believed that her mother was at the time "whoreing" around in the capitol with the Governor. In a pathetic tone she said, "My mother drains happiness from my stomach. John Payne put me here with his films. Mother wants everyone to worship her instead of me. I was buried alive with Valentino". She continued to get all sorts of telepathic messages and impulses from various celebrities. She believed that she had a perfect right to kill her husband. She also verbalized wanting to kill her children in order to prevent them from growing up in such an immoral world.

On the ward she was quiet and kept to herself unless approached by the other patients. She refused to take medication. However, she expressed ideas that attendants and physicians were persecuting

her. They had attempted to chloroform her. Staff members were carrying on with various members of her family.

At the time of psychological testing she confided to the examiner that the hospital chaplain was making derogatory statements about her. She pulled her dress above her knees and remarked that the last time she had done that the nurses had threatened to cut her legs off. Attendants were plotting against her day and night. A butcher from her home town wanted to cut her in pieces. Her father had had sex relations with her since she was a child. In addition, there were variations of the sexual and religious delusions previously noted. She became progressively more disorganized and maniacal and had to be led away by an attendant.

The patient remained hallucinated and delusional for about a year. In the interim she was given a course of electroshock treatments but the symptoms did not abate. She claims total amnesia for the first two months of her commitment. Psychotic symtoms were markedly reduced when she was placed on tranquilizers and group psychotherapy. There is still undue dependance on religious activities. That is, she believes that prayer brings about "cures of physical illnesses". Several months ago she developed difficulties in swallowing. She was able to ingest liquids but not solids. She was discussing her personal problems in the group and had talked about frigidity and her occasional orgasm as a result of fellatio. This matter was interpreted as being related to her symptom. She subsequently reported that the problem had practically dissapeared but attributed the success to prayer.

H3

The patient was 38 years of age at the time of commitment. She is 45 years old at the present time. She attained an eighth grade education. Intelligence is at the dull normal level (IQ 86). Diagnosis was schizophrenic reaction, chronic undifferentiated type.

The patient was born in another state. Her mother died in a state mental hospital when the patient was about two years of age. She was hospitalized with dementia praecox. She is reported to have been promiscuous and to have used alcoholic beverages excessively. There is indication that the patient and her sister were placed with an aunt prior to their mother's hospitalization. Her mother did not want them. The patient and her sister lived with these relatives up to the age of 14. Her first feelings about relationships with her aunt and uncle were that she was taken care of very well and that she felt loved. She recalls that her aunt and uncle helped them with their homework and, on occasions, took them on picnics. Her father, a cab driver, lived just around the corner at a YMCA. He saw them every day, if only for a half hour. In her father's case too, the patient felt loved. However, the time spent with her father was extremely limited. The patient regards her father as "nice" and calm and, as far as material goods are concerned, he gave her everything she wanted. The patient speaks of her father in only positive terms and relates that once he found a wallet containing $500.00 in the cab. When he returned it to the owner the latter gave him the whole sum as a reward for his honesty.

The patient was reared largely by her aunt. It was her aunt who made arrangements for church attendance and provided the major

socializing influences. The principle tenents were the following: not to use profane language, not to talk in a loud unladylike voice, not to chew gum, not to go to dances or use lipstick. She was given no information regarding sex. When she was first asked to talk about her affectional relationship with her aunt, she reasoned that if her aunt fed her three times a day, kept her clean, and sent her to school, she must have loved her. The patient is bilingual. Italian was used more extensively than English in her home. Nostalgically, she expresses a desire to return to an Italian community where she will feel welcome and at peace.

She entered a Catholic school at the age of 5. As long as she went to the Catholic school she received average grades. She was taught by nuns, liked them, and did everything in her power to please them. For awhile she was a monitor. Later on, the reasons she cannot recall, she went to two or three different schools and had to repeat the 6th and 7th grades. She did not consider the academic content intellectually difficult. She says, "No, I repeated them because I did not apply myself enough".

She first became aware of the signifiance of the loss of her mother on account of the critical innuendoes of the other pupils. They often expressed in her hearing that they had "real" mothers. She reacted to their remarks with feelings of loneliness. She says, "I felt motherless. It's not a very good feeling. You feel different than the other members of a group". She made active efforts to substitute her aunt for her mother but was not successful. She was preoccupied with these thoughts when she was supposedly studying. She claims that she was never expelled from school but dropped out

after completing the 8th grade. She did not return because her father agreed that she should go to work.

At the age of 14, she took a temporary job baby sitting for an aunt and uncle. Her uncle seduced her. They had sexual relationships several times. The situation came to light when her aunt became suspicious about their relationship. She surprised them in their bedroom when she was supposed to be at work. Her uncle tried to restrain her from coming into the bedroom but she managed to enter and shot him fatally. Just prior to her aunt's entry, her uncle hurried her down the back stairs and she escaped. The patient exclaims,"She was like a madman, and she was intenting to shoot me too".

Her intense fear and nearness to death overwhelmed her. Shortly afterwards she experienced a severe and acute psychotic breakdown. She was taken to the city hospital where she received electroshock therapy. Later, she was sent to juvenile court for a short period of time. While there, she discovered that she was pregnant and subsequently aborted. After the miscarriage, she was committed to a state hospital where she remained for approximately two years.

At about the age of 16, she was placed on convalescent status by the hospital and took up residence with her father. Her sister introduced her to a young man and they went on dates as foursomes. Within a year she fell in love with him; became involved sexually and became pregnant again. She started to deliver her baby while taking a bath at home. After the birth of her daughter, the father attempted to force the young man to marry her at the point of a gun, but the father of her child refused. Afterwards, he refused to talk

with her face to face. In time, she managed to converse with him over the phone, but he explained that he did not have any money and could not maintain a marriage. He went into the service almost immediately afterwards. Her daughter was placed out for adoption. The patient knew the people who took her daughter. She visited her when she was two, four and eight years of age. On these occasions she brought her clothes and money.

Her father remarried about the time the patient was 18. The patient disliked her stepmother and attributes her sterilization to her stepmother's influence. A reliable report indicates that her father was in substantial agreement with the sterilization procedure. He told the patient that her stepmother had suggested it. She says, "I'll never forgive dad for letting her talk him into it". The patient is very sensitive about her sterility. In a quavering voice she remarks, "You're just a half woman if you can't have children. Men don't want to marry you if they know you're sterile".

After the foregoing experience she again became severely disturbed and was committed to a state hospital. For several years she was constantly preoccupied with her father's adjustment. She would leave the hospital under unauthorized conditions to see her father. At the hospital she was working at the staff house waiting at tables. The latter placement afforded her a fairly good income. She had as much money as she needed to live comfortably and was as well dressed as anyone at the hospital. In addition, her income was supplemented by her father so that she always had 50 or 60 dollars spending money at her disposal. Her father continually made efforts to have her returned to the community, but the doctors would not permit

her to return to court for a sanity readjudication.

Throughout her stay at the hospital she was very lonesome for her father. She says, "I just adored my dad. He gave me everything I wanted. I couldn't stay away from him. I just had to see what he was doing". Until about the age of 21 she eloped many times from the hospital ostensibly to see her father, but was always returned.

During this period she recalls that she was becoming bored. She longed to see the world and have a good time. One day she decided to leave the state. The hospital is situated on a busy highway. The latter circumstance facilitated her securing an automobile ride to another state.

As soon as she arrived at her destination there she went to a tavern. She had lots of change that she had received in tips at the hospital. A man sitting on the stool next to her began talking to her and changed it into bills. Before the evening ended she went to bed with him at his hotel. The man turned out to be a salesman about 23 years older than she. He and his brother worked as a team in the field of novelties. She describes him as an alcoholic who drank from the time he got up in the morning till he went to sleep at night. The salesman's brother disapproved of her and she thinks that he continually tried to separate them. She says, "He thought I was after him for his money".

They lived together somewhat compatibly for about 11 years. They shared similar attitudes about living in general. They both worked during the day and spent almost every evening in some tavern. They had a mutual understanding that their lives were their own. If

another man attracted her he would not make an issue if she chose to engage in intercourse with him. She acquired gonorrhea twice while living with him. On her part, as long as he returned to her, she was not concerned if he dated other woman.

At this juncture the patient is somewhat confused about the proper sequence of events. It appears that her consort's father died. He was called home to be present at the settlement of the estate. She did not want him to leave. They became involved in an altercation that ended when she stabbed him with a knife. She states that it happened so long ago that she cannot remember the details. But at the time, she felt he was against her. She believed that he threatened her day and night and that she had a right to protect herself. She became acutely disturbed and was committed to a state hospital. She later learned that his brother killed him as an aftermath of the settlement of the father's will.

A year later, she was deported to the state hospital in her home state. She escaped within a year and returned to another state. A year later she was arrested for illegal cohabitation and placed on a year's probation. In the next several years she lived with several men, at least five, for varying periods of time. She was very promiscuous sexually in this period and there is some indication that she engaged in prostitution. She was arrested a second time, approximately 10 years ago, for aggravated assault. She was arrested while fighting with another woman in a bar. The patient cut the other woman with a knife. The fight stemmed from a flirtation between the patient and the woman's husband. On investigation it was found that the patient was not the aggressor so the case was dismissed.

About four years before her present commitment, she began living with a man who operated a truck stop. He was 21 years her senior. Her relationship with this man underwent many vissicitudes. From her standpoint their relationship was far from perfect but she had companionship and a place to live. This state of affairs was placed in jeopardy when he threatened to leave her. She describes the four year relationship in the following manner: There had been much disharmony and disagreement between them. He would frequently go out with other women and drank excessively. While under the influence of alcohol he was physically abusive and would make derogatory remarks against her family and religion.

One day, after he struck her numerous blows, she escaped from him; took a steak knife and hid in a clothes closet. He continued looking all over the house for her, but could not find her. Then, she thought she heard him go out of the house with a colored man. At this point she came out of the closet but he was still there. He informed her that he was going to leave her until she became calmer. At his last remark she became infuriated and called him a "nigger lover". She was full of feelings of hate because of the way he belittled her family and religion. She stabbed him one time in the upper chest. After this, she felt a wave of panic and ran out of the apartment. She was apprehended within a short time. After court and psychiatric procedures she was committed to the hospital as insane.

In the hospital, the patient appeared as a short, rather dumpy female whose voice was harsh and hostile. When asked about the circumstances surrounding her commitment, she said contemptuously, "Hell yes, I stabbed the son-of-bitch". Then , she questioned whether

she had killed him. She believed that he had just pretended to be dead. She expressed the opinion that the police were trying to "frame me". In a very defensive way, she said, "He stuck the knife in deeper to make the police think I did it all myself".

She tended to ramble and was easily distracted. In the earlier interviews her verbalizations were loaded with obscenities. Although she had never seen any girls there she believed that the dead man had turned the bus stop into a whorehouse. She found women's panties in the basement where he had undoubtedly hidden them. She thought that he surreptitiously removed them when he heard her coming. She became extremely angry and shouted when she told about his having had relations with other women and adds vehemently. "He was kissing their pussies too. I know it because I have an acute sense of smell". She admitted belligerently that she prostituted herself on the suggestion of her consort.

She gave several different versions of her motives for the killing. Her first rationalization was that he was going to kill her so that she would not be able to report his "whorehouse activities". Later, she indicated that the act had originated because of her jealousy of his attention to other women. She finally was able to admit that he had threatened to leave her and she was going to be left without a place to stay.

After being placed on medication, the patient became therapeutically approachable. She consented to attend group therapy. For several sessions she appeared merely to vegetate and made minimal contributions to group discussions. Psychomotor behavior was extremely sterotyped and rigid. Emotional expression was almost

entirely absent. In the next few weeks there was even more severe decompensation and she discontinued group activity for several months. Hindsight suggested that she had been undergoing a catatonic state from which she made a dramatic recovery. When she returned to the group she had lost approximately 30 pounds, was obviously reacting with appropriate affect, and verbalized, even if only on a superficial level, before and after group sessions. She also asked to be allowed to join Alcoholics Anonymous.

As part of democratic group procedures, when she was requested to discuss her personal problems in the group, she consented. She strongly resisted discussing ego involving material. Most of the traumatic experiences incorporated into the body of the report were not related in the group, but came to light in individual interviews. After being granted outside privileges, she broke away from the group for other more satisfying inducements.

The patient's therapeutic activities are grossly contaminated by transference needs. That is, at least in part she came to group therapy to gratify sexual needs evoked by the therapist on account of his likeness to the man she killed, and probably her father. She says, "You look a lot like Johnson, with your black wavy hair and dark eyes". She has become homosexually involved with a colored girl in the group and told her that she loved her because, in some ways, she reminded her of her daughter.

As a by-product of her AA participation, she became amorously entangled with a male patient at least 25 years older then herself. Interestingly enough, that patient was committed subsequent to killing his wife.

H4

The patient was admitted to the hospital at the age of 57. She dropped out of school after completing the 8th grade. Intelligence is at the average level (IQ 107). She is of lower class parentage. Diagnosis is schizophrenic reaction, paranoid type.

The patient's father apparently died before her birth. The patient's earliest memory dates to the time when she had just started to walk. Her family was in the process of moving. When they reached their destination, she wondered why the gates of the fence surrounding the house were not opened. She asked her mother where they were going. She has been informed that at the age of nine months, while living on a farm in Florida, her mother met her stepfather and married him. At the age of four, she recalls that she was more interested in her stepfather than her mother. She loved him very much. They got along better than most children with their real fathers. The harmonious relationship with her stepfather lasted until he died, when she was 30 years of age. She says, "I guess I needed a father. He was very nice. He seemed to think I was more his child than his own child. He spoiled me. Anything I wanted, I had to have. I was his favorite". Her stepfather played with her and her toys a great deal. On a great many occasions, her stepfather rocked her to sleep; dressed and undressed her, and cooked for her. He maintained an affectionate relationship with all of the family members.

Up to the time that her first stepsister was born, the patient slept with her mother. After that, the infant took her place. She says, "I had a fit because she was going to sleep where I'd been

sleeping". Adjustment to the new arrival was rapid. Within a short time she thought of her half sister as "my baby". When her mother left the home to work in the fields, she took her older sister along. Consequently, the patient was required to take care of the child.

The patient remembers that, prior to starting school one night, their home burned almost completely. The fire took place after her stepsister was born. She believes that the fire was started by someone outside the immediate family. The patient does not recall that any difficulties existed between their family and any of the neighbors.

After the patient moved from her mother's bedroom, she slept with her sister. She had been constipated from a relatively early age and was aware that her sister felt sorry for her. When her mother gave her cathartics to promote defecation, her sister ingested them in her place. Her sister's act reacted on the patient in much the same way as if she had taken the tablet. To emphasize the closeness of her relationship to her sister, the patient states that in 1940 she had a tumor in her uterus removed by x-ray. At the same time and although she did not have a tumor, her sister developed pain in her stomach. In the meantime, the patient's sister has developed a tumor and she (the patient) has had stomach-aches. Although the sister has not had her tumor removed, they both have a dark spot in the same place. The dark pigmentation appeared on the patient after the x-ray removal of the tumor. Her sister became mentally ill at about the same time that she did. There were six other sisters, but the patient does not remember anything significant

about her relationship with them.

The patient does not recall starting school formally but had attended with her sister since about the age of three. Concerning these early years, she says, "I learned to count on my fingers and the ABCs". Her sister resented her presence and would oftentimes pinch her. At such times the patient would, for no apparent reason, start crying. When their teacher heard the noise she asked the patient to explain, but she did not dare to reveal the real reason for her tears. The patient is unwilling to admit that her interpersonal relations with the other children in school were unsatisfactory. She relates the following incident which illustrates her tendency to rationalize her conflicts. "I used to fight with kids bigger than me. It happened when we were out in the woods gathering lilies for Easter. A girl larger than I would snatch my flowers and call me names. I told her to stop and when she didn't, I beat her up". The girl told the teacher about it. The teacher told the girl that if she allowed herself to be beaten up by someone smaller than herself it was allright. The patient liked history the best of all her academic subjects.

Her mother died when the patient was eight. A maternal aunt claimed all of her mother's children. Her stepfather kept his own child. The patient was adopted by an aunt and uncle and lived with them for three years. An older sister went to live with her eldest sister. She did not see her stepfather again until the age of 20. The patient considers the time she stayed with her aunt, uncle and their two children as pleasant. She remarks, "They were very nice people". Her cousins were quite a bit older

than she; the younger one was fourteen and the other one almost a young man. She did not associate with them to any great extent. She was given her own bedroom. Her uncle did not take the place of her stepfather, but she liked him. She says, "No one could take his place except my own father". In the three years that she lived with this aunt, she only went to school two or three weeks. She had been in the second grade prior to moving to her aunt's, but was demoted to the first after the transfer. While living with her aunt, she worked in the fields; i.e., she picked cotton, hoed corn, dug potatoes, cut cane, etc. This type of work appealed to her. For recreation, she played with children from a neighboring farm. The game she most remembers is "hide and go seek".

There was very little discipline in that home. She recalls being "spanked" once by her aunt because she did not inform her about an act of theft she witnessed by one of the farm hands. Once, her uncle threatened to discipline her too. As regards her feelings about the actual discipline, she says, "I didn't resent it or appreciate it".

At the age of 11, she went to live with another aunt. The latter was to be operated upon and the patient was needed to do the housework. Both her aunt and uncle worked all of the time. While the patient remained there, she performed most of the domestic chores. Life with her second aunt was more pleasant and they owned a comfortable home. She was expected to attend school and eventually attained an eighth grade education. The patient received no sexual information and was not involved in a specifically sexual experience up to the age of 12. She states that she may have been

aware of male-female sex differences, but did not actually see the genitals of a male until that time.

From a relatively early age, the patient recalls attending Methodist church services and going to sleep on her mother's lap. She enjoys and has participated consistently in church activities. She relates an experience associated with religious circumstances of a most peculiar nature. She says, "My sister, aunt and I were riding through a woody section on our way to church, when I saw the superintendent of the Sunday School on horseback on his way home. We would get a whipping if we were late. When we got there (at the church) he was already there. (If she saw him on the way to his home, he could not have been at the church at the time stipulated). We were going by a place where a man's home, that had been killed, burned down". Afterwards, it was pointed out that events in the order cited could not have occurred. Her aunt and sister did not see anyone at the time she did. The incident was explained with the statement that she had seen a ghost. She says, "I don't believe in ghosts".

The patient regarded herself as superior to her classmates in most respects. At the first school she attended she was held up as an example because of the diligence she exhibited in carrying wood and the cleanliness and neatness of her attire. In the second school she excelled in spelling matches. She considered herself the "head of the class". In both schools, the other children resented her. When she was in the fourth or fifth grade, her classmates started expressing their animosity toward her by fabricating "false stories" about her. "They invented lies". They circulated sexual anecdotes about her and some of the boys. They linked her romantically

to one of the boys and called him her boy friend. Her brother bought her a bicycle but the pupils attributed it to a man with whom she had been seen. They started rumors that the man was having sexual relations with her. She denies that she was romantically involved with the man and says, "I tried not to think or be associated with him in any way". It was said that the only reason she was surpassing the others in school marks was that a boy was coaching her with her lessons. She adds that her teacher liked her very much. She was the only child who could make a bed to her mother's satisfaction. From this time on, school associations were regarded as unpleasant.

Concerning sexual instruction, she says that "families didn't tell you about sex". She received sexual information from her second aunt. She explained the reproductive function of intercourse and familiarized her with the nature of mensturation. Prior to the time she menstruated, she knew it would happen every month and what measures should be taken to manage it satisfactorily. There has been some pain connected with menstruation on an infrequent number of occasions.

Between the ages of 14 and 15, she had three boy friends. They ranged in age from 22 to 28. The patient was married at the age of 15. The patient will not commit herself regarding the undercurrents precipitating her marriage. There was an agreement that she would pursue her academic development. The school authorities agreed to her return to school after marriage. She says, "I wouldn't have married him otherwise. I didn't know whether I loved him or not".

On the day of the wedding, she tried to hide but her fiancee

found her and told her that if she married him she could go to school. If she did not, she would never see him again. Afterwards, he and his aunt discussed the matter and decided that she should not attend classes. She was advised about their decision and expected to obey. His aunt did not believe that a married woman should go to school and told the patient that the other pupils would tease her about being married. She says, "I was more angry at his aunt than him". There were recurrent argume.ts about the school issue. He subsequently promised to allow her to secure training at an industrial school, but subsequently reversed his commitment.

Her husband selected and bought her wearing apparel. He liked "old-fashioned clothes". To justify his purchases, he would say that he could not afford the dresses she wanted. She used to cry because she was forced to wear clothing she disliked. She says, "He made me feel like a child and I had nothing to say about it". She was told by a man that a coat she wore made her look like a bear and that in a particular hat she looked twice her age. The patient believed that her husband was obsessed with the idea that she wanted to enhance her sex appeal. She denies harboring such motives. She did not want to dress fashionably to heighten her sex appeal. She says, "Other people do, but not me".

Several years after her marriage, for three or four years, she experienced digestive difficulties. There were other "spells of illness". At times she felt that she would not live. Milk and water were the only substances she could retain in her stomach. After she finished household chores and sat down quietly, she would lose consciousness. "Therefore", she says, "I kept moving all the time to

stay awake . Finally, she went to stay with a sister for two or three months and the symptoms disappeared. She is able to pinpoint her first fainting spell. It occurred at the time of a visit to her sister, when one of her sister's children awoke and ate soil out of a flower pot.

While discussing her illness with her sister, she expressed the opinion that the patient had been poisoned by an "admirer" of her husband. The patient suspected her husband of infidelity but then "most men are unfaithful. I was sure he loved me. But there are a lot of things that can happen to disrupt any marriage". About a year before his death, he went to a southern state to work for several months. After his return, he remained ill until his death. Several times throughout their marriage and for no apparent reason, her husband would leave her for periods of time ranging from two days to three months.

When her husband was away, she dated and engaged in sex relations with other men. She says, "This is just a natural occurrence. It depends on the attitude of your marriage partner. I would not argue with him about other women, but he would with me about other men". When a woman persisted in sitting next to him in church, she became resentful and assulted her verbally and physically.

Subsequent to her husband's death, she remained single for twelve years. She tried various forms of employment. Economically, she maintained herself satisfactorily. She attended night school but did not graduate from high school. There were many boy friends, and no sexual frustration. Concerning remarriage, she says, "I didn't want to get married. I loved my first husband and I couldn't love

another man". Two of her boyfriends requested to live common-law with her in her apartment, but she did not permit it. At about the age of 30, her stepfather and his family lived with her for three or four months until they found another dwelling place. Shortly afterwards, she took in a female roommate. During this period, she unexpectedly felt a pain in her groin. It started just as if someone had stabbed her and lasted for two months. A doctor diagnosed her condition as a fibroid tumor. A boy friend took her to a white fortune teller who told her she had been poisoned. The woman told her boy friend to give her a particular type of patent medicine and the pain left immediately. In that two month period, she lost 20 pounds.

In 1939 she began dating the brother of her roommate. It was this woman that her sister had suspected of poisoning the patient. The man was aware that his sister had attempted to kill the patient. While she was dating him the patient always asked to be informed when he saw his sister so that she could be on guard. This man finally married someone else. Later, his wife became ill, just like the patient had previously, and died.

In 1937 she was living with another female roommate and they began having difficulties over each other's boy friends. The patient states the matter thus: "She (the roommate) started to take up time with my boy friend. I told her about it. Her boy friend started dating me and she hunted me up. When she found us together, she raised Sam". One day the patient passed by a car in which her former roommate and her brother were sitting. The roommate jumped out and stabbed her in the side and shoulder. The patient lost so much blood that she was unconscious for seven hours. She came to after the

suturing was completed. The aggressor was jailed almost immediately but she complained that the patient had attacked her too. The patient explains further thay they had been friends for one and one-half years before the stabbing took place. The patient says, "She just leeched on me". On the day in question they had planned to go on a picnic.

While living in that neighborhood, she became suspicious about both the men and women. The women were jealous of her because of her attractive appearance. They attempted to justify their hatred of her by alleging that she was trying to lure their husbands away. She quotes one of the neighbors as saying, "I don't blame men for looking at her legs because they look good to me too and I'm a woman". When the woman's daughter heard her remark, she said, "Mother, you make me sick".

In 1939 she met her second husband at a friend's home. They were married four years later. Their marriage ended in two and one-half months. Her husband's sister interfered in their marriage and brought about its dissolution. Her husband's sister had always managed his social and economic affairs, i.e., planned his daily activities, appropriated his war ration-stamp book before and after their marriage and selected their home furnishings. The event precipitating their initial separation was that her husband was invited to one of his sister's parties and she believes that she was intentionally excluded. She was very much embarrassed by being left at home. Afterwards he sought her out and pleaded for a reconciliation, but she was unable to accept the thought of returning to him. Her husband obtained a divorce on the grounds of desertion.

The patient describes the chain of events in the following manner: "He had gotten to where he hated me. Through voodoo, his sister made him hate me. She had broken up all of his marriages. I couldn't compete with his sister, whiskey, girl friends and the woman next door".

From 1943 to 1949 there were only a few noteworthy events. In 1947 she worked in a resturant with a man who gave indications of being attracted to her. One night he did not come to work. Afterwards, as she was entering the living room of her apartment, someone attempted to attack her sexually. They struggled for about twenty minutes and awoke everyone in the immediate neighborhood. After a particularly effective kick, he departed hastily. She says, "I thought he was trying to kill me". She tore a ligament in her left knee that is a source of pain even to this day.

In 1947 she became acquainted with a man, a root doctor, who was living common-law with another woman. They talked together a great deal about their past lives. He told her about an experience that impressed her tremendously. When he was a young boy he and his gang met some "high class girls". At first they were unable to have sex relations with them, but they "put a spell" on them and had "fun" (sex) with them until they "took the spell off". The man came to see her one day. While sitting one step above her on the porch, he "did something" to the top of her head or her hair. After the latter event, she could not stop seeing him. She says, "He hypnotized me". Sometimes, very late at night, she would feel compelled to get out of bed and, even though she hated every step of the way, she would go to his house. She could not sleep; she had

to see him; hear his voice, if only for just five minutes.

Afterwards, he started asking her for money and it dawned on her that that was all he wanted. She started feeling as though she were losing her mind. She went to a colored man who was supposed to be able to remove "spells" and bought some medicine but nothing changed. Next, she went to a Syrian establishment for consultation. One of the women "read" for her and told her that she did not love him. The fortune teller gave her incense to burn and smell, instructed her to hide a gun in the house and to concentrate on not wanting to see him. Three days afterwards he came back. He called her but she was in bed and did not answer. She says, "I did not care to see him again and I have never had that desire since". Finally, he stopped coming. That's the most gruesome thing I ever had happen to me. But, he was a small guy and I don't like men to be small. When we went out together we looked like two children. I've had trouble with men as far back as I can remember. I once met a man who told me I was the only woman in captivity that would run away from men".

At the age of 30, she began working in a confectionery for a 52 year old man. After working for him a week, he tried to "isolate" her from other men. Several months later he moved to another state but wrote to her continually. She was not interested in him and for a long time did not answer him. After he proposed marriage and sent her $100.00 to come to his home town, she answered him but did not move. Gradually, her economic condition deteriorated. Eventually, she became ill and was even unable to afford adequate clothing. She took stock of her situation. She was getting older

and needed a husband to love and care for her. She believes that the marriage proposal was God's way of providing a husband. In spite of these considerations, she did not join him for a year after she received the money.

They were not married immediately, but lived together in a one room apartment. She describes her husband as a "terror", He forced himself on her sexually. On the Sunday following their marriage, he beat her. In addition, he informed her that their landlady was his "sweetheart". Later, her husband told her that he suspected their landlady was trying to promote an affair between the patient and another roomer. Their landlady wanted that woman's husband for herself. On one occasion, her husband saw all three of them together, i.e., the other man, the patient and the landlady. He left her and took another apartment. Although she really did not want to join him, she went to see him in his new location and remained there.

In a weeks time he was threatening to kill her. He was jealous and suspicious. Even if she only went to the bathroom, she had to give an account of her whereabouts. He accused her of "night-clubbing" while he was at work. On his part, he continued to visit their former landlady on the pretext of procuring their mail. He forbade the patient to call on her. Futhermore, he spent long hours playing poker with their landlord. One morning he went to see their former landlady, returned to the apartment and went to sleep. She informed him that she was leaving him and returning to a southern state. His comment was, "Good riddance of bad rubbish". Just prior to this time, the idea occurred to her that if the appropriate circumstances presented themselves he would kill her. Ten days

after she left he came to see her to bring her back. During his stay he assaulted her because she permitted a passerby into their apartment for a drink of water. Her fears about his destructive motives toward her prompted her to refuse his offer to return to his home. After two years of communicating and sending her funds, she rejoined him. At about this time she received x-ray treatments for a tumor in her uterus. A few weeks after she joined him, she learned from a friend of his that he wanted her back so that he could kill her. One day he took her to a municipal park on the pretext of showing her the factory where he worked. On their arrival at the plant they were unable to pass through the gates. The husband knew of a tunnel through which they could pass into the other side. As they entered the tunnel, they saw a watchman standing at the other opening. At the moment she saw the watchman she received a warning from within. A voice told her that she was in danger of being murdered. It was the Lord's work that the man was there. She says, "I don't know why he wanted to get rid of me. He was already rid of me when we separated".

In the next several months they changed residence four times. At the first place, he and their landlady attacked her. At the next abode he became jealous of their landlord because he was single. The succeeding lodging was a single room and they slept in a 3/4 size bed. She kept expressing a desire for a home. He ultimately rented a house. In the process of moving, they separated. "For some time afterwards", she says, "He made things hot for me with everyone he knew". She moved several times in the next year. She believes her husband kept looking for her. She conversed with

him once over the phone but they did not reach any agreement. The latter contact was their last. She tried to get a divorce but had not lived in the state long enough.

In her movements around the city, she met a very heterogeneous group of people. She became acquainted with females who lived together. Lesbians asked her to live with them. Close contacts with prostitutes, homosexuals, bootleggers or narcotic pushers frightened her. Consequently, she lived a solitary existence. During this period, there were no sexual relationships.

In one of her several nomadic shifts of residence about the city, she met and acquired the services of a couple who, out of kindness, moved her possessions from one location to another. However, on the last occasion, she met a stranger who offered to do it for her. After the task was completed, he tried to make love to her. While he was "mauling and kissing me", she opened the door to prevent being forced into a sexual act. At this moment, the son of a sick woman whom she had already met and lived in the building, came to the door and the man left.

From the start, she and the young man enjoyed conversing with each other. She began visiting his sick mother often. His mother started playing cupid. More explicitly, she brought them together at every available opportunity. The patient began associating with other people in the neighborhood. She was informed that the young man, age 33 (the patient was 57),had spent some time in a mental institution. Within a short time it was rumored that she was the young man's old lady. The relationship with his mother became closer. Soon, the patient was cooking, washing, and running errands for her.

The patient says it was like she was "my mother". They also talked about the Bible. The young man's visits to her apartment became more frequent. Although she discouraged him, he continually tried to make love. He pressed the issue with her until she allowed him to engage in intercourse.

The patient was sensitive to the difference in their ages. She simulated romantic interest in another man to end the relationship. The latter was involved in the numbers racket. Her scheme was unsuccessful. One Saturday, the three of them shopped together. Late that same night, she and the young man went to a show. It was early in the morning when they arrived at their abode and they slept together. Later that day, his mother walked in on them and became fully aware of the nature of their relationship. She did not wake them up but the next time he saw her he told her that his mother had "given him the devil". The young man's mother wrote her a letter about the overnight situation and "cussed me out". From this time on, there was considerable friction and competition for the young man's favor between the patient and his mother.

One Sunday he asked the patient to go to church. When his mother learned about it she ordered him to clean out the basement. One night he came to discuss his mother's illness and asked her what could be done about it. He demanded that the patient provide more care for his mother. The patient noticed that his mother would "pet" him more like a husband than a son. At times, the patient suspected that he was not her son at all, but that they might be living common-law. Once, when they were together, the patient was sewing. His mother accused her of wanting to kill her son with the

scissors she had in her hand. The patient became very upset and attacked her. The young man also became involved in the fracas. He cut his hand severely trying to wrest the scissors from her grasp. The wrangling led to a plea on the part of his mother that he discontinue his association with the patient. He told her that he would rather leave her than the patient.

The young man appeared to be torn between the patient and his mother. His mother was very ambivalent about the patient. The patient says, "One week she could invite me to visit and the next she would scream at me like a maniac". Sometimes his mother would ask her to pray for her and rub her hair. At others, the patient thought she wanted her and him for sex. The patient says, "Some women pretend younger men are their sons". One Sunday all three had agreed to go to church together. At the last minute the patient declined to go. Because of illness, the woman was unable to attend too, and asked her minister to give her communion in her home. The patient was invited to share the sacrament with her. Prior to her minister's arrival, the lady told her that she reeked with perfume. When the minister handed her the wine, she entertained a presentiment not to drink it. Immediately after the services, she went to her room, became acutely ill, and began vomiting. When the young man came to see her she was still in the bathroom. She says, "All my joints got weak like water and it wasn't from my own food". She was asked by one of the roomers if the young man had poisoned her. She never entered the woman's apartment again.

The patient questioned the young man's motives toward her many times. Once when she ate an orange he gave her her tongue

became a deep purple like an indelible pencil. She threw it up. He was a large man. On occasions he would pick her up in his arms. She was fearful that one day he would toss her out of a window. Once he threatened to kill her if she left him. There were times when he told her that the gas stove was turned off when it was not. He never made any effort to contribute toward her support. When she brought this matter to his attention, he gave her two dollars. A young woman lived in an apartment on the same floor as he. The patient became very jealous of her because she saw him in her apartment several times. One day the lady came into the living room and asked him to zip up her dress. After this incident she determined to "quite him".

A few days after that incident, she tried to terminate their relationship. She informed him that his living with his mother under such conflicting circumstances was very difficult for her. She intended either to move to another apartment or to leave the city. The next day, they went to church together and were invited by the minister to return to another meeting the next day. In the interim, she was told by his mother that he had become engaged to the girl across the hall and that he was "going to cut her to bits". The patient asked the girl about the engagement. The girl denied that it was true. Then she tried to see him but he was not there. She was informed that he was at a tavern in the neighborhood. The patient decided to confront him about the several issues that were bothering her. She took a gun she had had since 1954 because she was afraid he would attack her in the street. After she found him, he walked her a block or so from the house. He reassured her that

he was not engaged, did not want to kill her, but would be unable to accompany her to church that evening. At this point in the sequence of events, the young man's mother joined them. Across the street a lady from the church was waiting to take them to the meeting. The young man's mother admonished him about his drinking and cautioned him not "to play with God". The patient noticed that both of their eyes were red and looked "awful". As the patient was walking toward the house, the young man's mother called her a "grey-headed so and so" and struck her. The patient struck back. The young man joined the brawl and all three fell to the ground. The patient recalls that he hit her too. The patients says, "He held me and she beat me with a stick". The fight broke up and she started walking home. Then she felt the gun in her bosom. As they walked along she told him that she had the gun and defied him to take it away from her. He attempted to wrest it away, but she pressed it to his side. She demanded that he free her. When he did not, she shot him. As he fell to the street, she shot him a second time.

The man's mother witnessed the shooting and taunted her to shoot her too. The patient started running toward her and his mother rushed off in the opposite direction. The patient caught up with her in a delicatessen and shot her. The patient screamed at her to fight and hit her over the head with the gun until the blood gushed out of her forehead. At this point she lost all desire to fight. She felt like a drunk, hysterical person and began walking toward her apartment. On the way she passed by the young man who was still lying on the ground. He asked her to kiss him.

She replied that if she had another bullet she would shoot it at him too.

On admission to this hospital, the patient was poorly oriented for time. She was cognizant of the name and nature of the hospital. She knew she had been sent for treatment but did not believe she needed any. In individual interviews, she admitted having shot at the woman but denied having hit her. She reasoned that because of their difference in size the angle of the bullets' penetration and passage would have had to be different from that described in the police report. In her opinion the woman died of a heart attack or shock. She explained that the shooting had been done in self-defense. The woman and her son were abusing her mentally and physically. They fed her food in the hope of forcing her to prostitute. They intended to appropriate her insurance or make her a Lesbian. At the time of the shooting her head felt like it was blowing up like a balloon and she was floating on air.

Within the hospital, her social relationships have been marked by conflict. She believes that the other patients talk about her behind her back because of the foul odor she exudes. There have been several altercations with other patients. The fights have arisen in connection with meal time activities. She says, "I get punished for what others do to me". Currently her mental condition is not essentially changed.

H2

The patient was admitted to the hospital at the age of 33. She received an eleventh grade education. Intelligence is of the dull normal level (IQ 86). She is of lower class parentage.

Diagnosis was schizophrenic reaction, paranoid type.

The patient was the eighth sibling in a family of nine children. Her earliest recollection is that while she was in kindergarten she was in bed for a whole month with scarlet fever. She remained out of school for a long time. While she was a child, her father ran over her tricycle with his Model T Ford. She says, "Dad said it was my fault because I left it in the driveway. I was disappointed because he didn't see it but he repaired it". Most of her brothers and sister married and left home while she was quite young. Once in awhile the patient visited a niece, the daughter of her elder sister. While there her sister's husband's brother took care of them, i.e., her niece and herself. One of the visits was made during the Christmas holidays and she remembers making excuses to go to the bathroom so that she could look for her Christmas "baskets".

She and her younger sister (the patient was three years older than her sister) were very close throughout their lives. They slept together from a relatively early age. They were not allowed to be out of the house after dark. If they disobeyed this rule, as they did on many occasions, her father beat them with a razor strap. To this day, a capsule comment symbolizing the whippings they shared and evoking considerable amusement is, "Boy, did we dance that night". The patient estimates that they received physical discipline with the razor strap about once a week. Another circumstance that irritated her father considerably and called for punishment was any noisy behavior on their part while they were in their bedroom. She says, "Dad was a man of few words". If they misbehaved while their father was away,

her mother always succeeded in bringing them back in line by threatening to tell their father about it. She rarely reported them to him.

As indicated her father was a strict authoritarian and punitive individual, but he was a very good provider. Her father went to work every morning at four o'clock at a General Motors foundry. She says, "He made the most of everything". For example, he kept a garden and raised most of their vegetables and some of their fruit; he made all household repairs and even soled and heeled their shoes. He did all of the shopping. One very pleasurable memory associated with him is that he always brought them candy. The children were required to pay room and board as soon as they were financially able.

As a child, the patient loved her mother more than her father. Nonetheless, her mother demonstrated certain behaviors which were questionable to the patient. Her mother was very strict about their wearing apparel. If the clothing was sexually attractive the mother would not permit its use. She was very particular about their social relationships. The patient was not allowed to play with a child who lived across the street. Subsequently, it was disclosed that the youngster was illegitimate. They were not allowed to date boys unless they were chaperoned.

The patient did not receive sexual instruction from her parents. She obtained most of her initial knowledge from the neighborhood children. She recalls that a large number of youngsters from the vicinity used to go to a nearby field to play. On occasion, they played cards, "strip poker". After some of them were completely

unclothed the boys would lay on the girls. She says, "I was bashful and didn't do it, but I learned how". At home, they were not allowed to wear a slip in the presence of her father. Her oldest sister was the first to explain sexual matters to her systematically. The patient says, "People from the old country didn't understand talking about sex. Many mothers don't sit and talk to their daughters about it. It's like they're ashamed of it" Her sister prepared her for menstruation. In the 10th grade, a boy in school asked her what "the virgin" had for breadfast. She did not know what he meant by "virgin". Afterwards she was told the meaning of the word by her sister. She was very curious about bust lines. Her sexual development was slow. She did not wear a brassiere until the others had already used them. Once she thought she could get pregnant spontaneously, i.e., without coitus. There was no intercourse until after marriage. After one of her brothers returned home from the service he gave her some facts about venereal disease.

The patient started school at the age of five in kindergarten and left at the age of sixteen when she was in the 11th grade. Her school experiences are recalled as pleasant and supportive. All of her marks were satisfactory in grade school. She liked school because receiving good grades gave her a sense of accomplishment. One of her teachers paid her compliments on her achievement. When this teacher was ill she was allowed to teach in her place. She says, "I got a lot of credit for doing it".

Their parents took them to a church every Sunday. As a whole they took their religion very seriously as did she. They were of the Lutheran faith.

At the age of sixteen she started dating. Initially, they were always accompanied by another couple. The boys made insinuating remarks about her dresses. She relayed the comments to her parents but they could not afford to buy her the type of clothing she fancied. After obtaining a job at Woolworth's, she discontinued school and was able to secure what she considered appropriate attire.

She terminated her relationship with her first boy friend after six months. He was an intensely jealous boy. When they went skating, if she was joined in a dance by some other boy, he became furiously angry. One night, after he had brought her and another couple home, they got out of the car and started walking down the street toward their respective homes. On the way a lively conversation developed between her and the other boy. Her boy friend observed the interplay and started driving recklessly around the block. He almost ran over the other couple. She finally induced him to stop his harrowing antics. The next day she refused to see him thus terminating the relationship.

She became casually acquainted with her future husband in a restaurant. She had become accustomed to stopping there for a cup of coffee and a cigarette. After she dropped her first boy friend, she dated him several times. One evening while exchanging caresses, he stroked and fondled her hair. At this point, she felt an "electric shock" coursing through her body. She started crying; told him she felt "funny" and asked him to cease "fussing" with her hair. She says, "He could have had sex with me then if he wanted to but he didn't try.

About this time, her mother became seriously ill and had to be hospitalized. One evening she and her father were driving to the hospital to visit her mother, when they had a head-on collision with an intoxicated driver. She sustained a severe skull fracture, a broken nose and deep lacerations about her face. She experienced agonizing pain but received no analgesics at the hospital. Some surgery had to be performed and her face and head remained in bandages for two or three months. The news of the accident was kept from her mother until after she was discharged from the hospital.

After the accident her relationship with her father underwent a marked change. She characterizes it thus, "Father turned soft on me. He couldn't do enough for me. I became his favorite. He acted like he felt guilty. He paid my charge accounts, cooked special food that I liked and bought me cigarettes even though he did not approve of me smoking".

Her second boy friend continued seeing her throughout the course of her convalescence. Four months after their first date, he proposed marriage and it was consummated. She questions whether she loved him, but admits that she developed a great deal of admiration for him. Especially in view of his loyalty toward her in her moment of need. Her father developed a negative attitude toward him. He remarked that the only reason she married him was because her face was disfigured. Her father did not like him, in part because he was Russian. Her father was of German extraction. He tried to rationalize his negative attitude toward her husband with the statement that he had never objected to any of her or her sister's suitors. She was married at the age of seventeen.

After her marriage she continued working. Her husband was a gas station attendant. He did not approve of her occupational activities. From the variety store she went to work in a restaurant until she tired of working. At first her husband worked a split shift at the gas station, i.e., three days and three nights. They did not see too much of each other because of their occupational pursuits. He sometimes worked on Sunday. For the most part she either visited his or her parents. At other times, she went skating with a group of married women during the summer months. Sexual adjustment was satisfactory. Neither of them made undue demands on the other. About a year after their marriage she became pregnant. Her child was born in the usual time. The pregnancy was planned and they were happier after their baby's arrival. She says, "I always wanted a baby".

In general, she regards the first five years of their marriage as "wonderful". There were differences, but at that time allowances were easily made. There were divergences about rearing practices. He did not approve of "potty training". He considered it cruel to compel children to sit on a cold stool. He did not relate well to her parents. He observed that her parents always sided with her when there were differences of opinion between them. She attributes his dislike of her parents to jealousy. She says, "He was jealous from way back. He didn't like his stepfather after (his mother) married. He was jealous because my parents came over to see me quite regularly. When he was drinking, he especially resented my father. Father tried to correct him about his drinking". When her father became ill the patient and her mother spent considerable time caring for him. When her husband came to take her home, her brother ordered him out of the

house. He may also have resented their youngest daughter because the child took all of the patient's time.

Five years after their marriage, with her encouragement, her husband leased a gas station. She kept the accounts. Up to this time her husband had used alcoholic beverages sparingly. Six months after he assumed direction of the business he began associating. with other businessmen. Presumably, they talked over business matters at bars. She says, "At first he went along with them, but after awhile, he asked them to go with him". Eventually, he drank by himself. The last two or three years of their marriage she drank too.

For the first five and one-half years of marriage there were no physical or mental illnesses in the family. After they began operating the gas station the pace of living accelerated. Her oldest daughter started dancing school. The patient became pregnant for a third time. Six weeks after her baby was born she "passed out" and underwent a shock reaction. Her husband's use of alcoholic beverages increased. From this time until his death there was a recurrent cycle of drunken episodes and sobering up periods. There was much controversy and many objections on her part to his drinking. She would begin discussing the problem by inquiring into his whereabouts. She had noticed that he was frequently absent from the gas station. He lost interest in their children and spent less and less time at home. He had no time to associate with his former friends. When she invited old friends for the evening, he would find some pretext to leave.

She began having difficulties in making the books balance. Funds were invariably missing; sometimes as much as $20.00 in one day.

She would accuse him of appropriating it. At first he would "act" guilty. Within a short time her accusations did not particularly disturb him. She adds, "He knew that he was spending it". She was informed that while drinking in a beer garden he became romantically involved with a married woman who had five children. People who traded at the station "accidentally" told her that his car had been parked in the vicinity of her house several times. They could not imagine a certain party's car needing a mechanic so often. Her husband had an answer for every one of her accusations. For example, when she told him that he had been seen at such or such a tavern he would counter that he had stopped to talk to this or that person at the time she thought he was at the bar. The money missing from the day's accounts had been used for automotive materials and he had not received a receipt for the merchandise. She was placed in the compromising position of having to balance the deficits. By recording only half of the lubrications, tire changes, et cetera, she always managed to even the accounts. At first she felt guilty about her manipulations, but eventually the feeling disappeared.

At the time of her fourth pregnancy, her living circumstances became hazy and confused. One day while her husband was drinking they started arguing near the descent of the stairway. At first she stated that he deliberately pushed her down the flight of steps. Immediately afterwards she says, "He pushed out his hand and I don't know whether I tripped or what. I don't know, but I went down the flight of stairs". While she was lying on the floor her stomach became as hard as a baseball. They called a doctor immediately but she chose not to tell him how the fall occurred. She was told

that the lump in her stomach had "retracted".

During her fourth pregnancy she became hyperactive. While drunk, her husband started attacking her with his fists. The assaults persisted until his death. Her reaction to his aggressive behavior was to fight back. Once she stabbed him in the leg with a knife. Her children witnessed the knifing, Her husband reminded her of it from time to time and insisted that they would never forget it. She says, "He was trying to defend himself for having beaten me. When he was drunk he would ask me to kill him. He pounded this into my head".

Her fourth child was born prematurely. When she started swelling unduly, she discussed the matter with her doctor and informed him that her pregnancy was not normal. When her labor pains began a membrane protruded from her genitals. The delivery would not start and her water would not break. In the delivery process her uterus was badly torn and an incision was made to enlarge her passage to pass the head and body of her child. The postoperative repair was considered major surgery. She felt much pain could have been spared her if her doctor had taken heed of her earlier apprehensions. The child was a hydrocephalic. Its head was disfigured and there was considerable pain attendant on the delivery. He lived for three days and died. She blamed her husband for her child's death and was unable to cry. She was given "three hypos" but they did not afford her any relief. She says, "I had an empty feeling in my stomach and pain there. I had an x-ray for ulcers but there were no ulcers. I think it was a nerve pressure and pain there, like you'd like somebody to punch you there because it's empty. If you've lost

a child there's nothing there to replace it".

After the death of her child she could neither sleep nights nor stay home. She lost weight rapidly. At the time of her first breakdown she weighed 79 pounds. Her usual weight was approximately 135. She told her husband it was his fault that her child was dead. She says, "I wanted to hurt back. I couldn't tolerate him any more. He was a stinking mess. He would not bathe. There was a lot of body odor. A lot of times I would stay away because he would want sex".

She became obsessed with her husband's behavior and attributed undue significance to his every movement. Her husband appeared to her to be looking deliberately at certain spots on the wall. She would infer that something was concealed in these places at which he was looking. Then, he would "eye me". Afterwards she would inspect that area minutely. Sometimes she took the woodwork off the walls but could find nothing there. Then, her husband would loosen it up again. He told her parents about her bizzare behavior.

The patient, even now, is unaware of the object of her search. She saved match covers, scraps of this and that, grass from the lawn, and took them to a detective. She climbed on the roof and tore up the shingles. She thoroughly inspected the refuse in the garbage cans. She crawled underneath the foundation of the house; tore down the canning shelves and, in the process, cut herself. She scraped the cocoons of insects and saved them in a paper bag. No one could reason with her about the irrationality of her behavior. She says, "I was right and everybody else was wrong".

She was induced to see a psychiatrist. The content of her

discussions was mainly about her husband. She told the doctor about her husband's excessive drinking; that she had tried to encourage him to receive psychotherapy, but that he had refused. She believes that at one time, her husband had had so much alcohol in his blood that they could not get an accurate blood count. From the time her husband began drinking excessively he had physically abused her. Every time she threatened to take legal action, he would stop for awhile. Within a short time it would start all over again. In his drunken states her husband accused her of being unfaithful and not loving him. He told her sister that he knew she could have her first boy friend whenever she wanted him. He said a lot of "crazy" things when he was drunk that did not mean anything; he was "out in outer space", She says, "I hate people that fight and argue. I wouldn't want to do that again for the rest of my life". She states that the day before she had an interview with a psychiatrist her husband beat her until she lost consciousness. She showed him the bruises on her body. He asked her why she did not take legal action against her husband. Subsequently, she wondered if she was a masochist but cannot accept the notion that she enjoyed the beatings. She broke down completely before she could keep her second scheduled psychiatric interview.

She was admitted to a city hospital and received ECT. She was unable to sleep even with the aid of barbiturates. She was also subjected to subcoma sleep therapy. Within the following two years there were several periods of hospitalization. The main form of treatment was ECT. Conditions within their home remained essentially the same and took the form of a vicious circle, i.e., the husband

would stop drinking for awhile; matters would improve. Next, the drinking and abuse would resume and she would break down.

Finally, commitment to a state hospital became necessary. The first time, she remained there for approximately five months. Concerning her first commitment, she says, "I kept my mouth shut; got well; went home. At home everything would start all over again and I would return to the hospital". After her first release from the state hospital (since about 1960) the patient used alcoholic beverages excessively. Every time her husband brought alcoholic beverages home, she partook of them. Alcohol had a somnolent effect on her. Her drinking was motivated by anger at his continued consumption of intoxicating beverages. While drinking, they argued and fought incessantly about economic matters, i.e., using their money for alcohol instead of paying household expenses. She says, "We argued about impossible things". Once while they were at a bar he started wrangling with a stranger. The man's wife told her she thought he was "kooky". When drunk, her husband used "filthy" language. In front of the children he would use words like "fuck, son-or-a-bitch and goddam". He pretended he was a "big wheel". One time he became "insanely" jealous of a man who had come to the house without his wife. The couple had been invited with some other parties. He called her a "whore" in front of their children. Sometimes while driving about the city in their car she would lose conscious contact with reality and regain awareness in some unrecognizable, unfamiliar part of the city. She would immediately call her husband. He found it difficult to believe her predicaments and would hang up on her. Then she would drive around until she got her bearings. On regaining

consciousness, she would sometimes wonder whether she had killed someone.

Not long after her release from a state hospital, she took an overdose of sleeping pills. After discovery she was taken to a city hospital. Her stomach was pumped but she was in a coma for three days. On the day of the suicidal attempt they had gone to a ballgame. Her husband had promised not to drink. On their return he managed to "sneak" several beers. After they arrived home he started fighting with her. That night she took the overdose. Before she could be released from the municipal hospital she was taken back to the state hospital in an ambulance. There were eight readmissions to that state hospital. The last time, she decided that her husband was the cause of her breakdowns and discussed divorce proceedings with her doctor. She says, "I just couldn't take it any more". She was encouraged to obtain a divorce while she was in residence there. However, it would have taken a year to complete the procedure and she did not want to remain away from her children for that length of time. Her doctor discussed the drinking issue with her husband, informed him that he was an alcoholic and urged him to seek treatment.

Seven months after she left the state hospital she received a sanity readjudication and immediately started divorce proceedings. Her husband continued living with her until he lost his lease on their gas station. He stayed away for three weeks. Then he returned to see the children and took up abode with them again. The same stormy pattern reinstated itself. One evening she tried to hang herself with a rope on the stairway. She seemed to be doing it in a dream, but she lost consciousness. Her youngest son cut the rope and

restored her to life. There was amnesia for the incident for several months.

Her husband obtained another job, reduced the frequency of his drinking and they decided to attempt a reconciliation. He asked her to call her lawyer and cancel the divorce procedure. At the time, she did not want the divorce either, but it was serving to curb his drunkenness, so she kept it in force. At this time her father had a series of strokes. She moved in with her mother to help her care for him. Her husband stayed with their children. Her father was exhibiting behavior that was alarming to her mother. He cut up the linoleum with a knife. For three days at a stretch, he was hyperactive. They watched him continually so that he would not harm himself. Her mother had fallen down the stairs in an effort to restrain him. They were advised by a doctor to commit him to the same hospital where she had been a patient. Her husband commented that if they sent him there, it was tantamount to locking him up and throwing the key away. The patient, too, was horrified about her father's admission to the state hospital. At first, she had volunteered to work in the geriatrics building. On subsequent readmissions she refused to work there again. She says, "The wards smelled bad. There was a strong smell of urine, and they didn't care for their bedsores. The way the beds were lined up, row upon row, it was a horrible sight. I thought to myself 'why do they let people like this go on living and existing?'" The week after his commitment, her father died. He was brought home, and for three days the patient was in constant attendance at the funeral parlor. On the first night of her father's public showing, her husband began behaving strangely. He could not endure

being in the funeral home. On arrival at their home, he jumped out of the car and started running down the street. On his return and while still puffing, he said he was glad he had stopped running because he did not have the slightest idea where he was going.

On the day of the burial, her husband lost his job. He had been drinking and had a verbal clash with her brother and sister. He had been ordered out of the parental home. When she arrived at their house, he was sleeping, awoke and left their house to resume the consumption of alcohol. She was left alone to care for her children. She felt exhausted and nearing a state of shock. Her father's face persisted in appearing over a bookcase. She was thinking, "It's better that he died. It's better that way. I'm responsible for his death, but all of us had to sign the commitment papers. I felt like I was there, but I wasn't there. I was in a fog and couldn't make sense out of anything. I had two beers but I wasn't intoxicated. I tried to watch TV. Then I heard a smash on the door. He was drunk. I didn't want to leave him in. I let him in because he was making such a racket and using filthy language. After he came in, he cuffed me". He walked into the kitchen where he went to the refrigerator for a beer. Her next perception was that "The crazy fog was around me". She went into the kitchen and procured a knife. There was a struggle. Somehow one of the beer bottles was broken.

The next thing she remembers is that her daughter came down the stairs. She asked whether "mommy" and "daddy" had been fighting again and was persuaded to return to bed. The patient found a broom and started sweeping up the broken bits of glass. She says, "After I used the knife he left the house. While I was using it, all I could

think was 'leave me alone, leave me alone, I've been hurt enough, don't hurt me no more'. I don't know whether I meant to kill him. It was like being automatic--like the act of someone who wasn't there. He often asked me to knife him before". When the police came for her she was sitting on their davenport. They told her he had been found dead at the gas station. He had fallen to the ground and told a passerby that his wife had stabbed him.

After the patient became aware that he was dead she became confused. She says, "I couldn't think and I'd question that 2 plus 2 make 4. I couldn't coordinate my speech. I couldn't talk straight. I couldn't read a pamphlet. It was like you're in a dream. Like things weren't real". In jail she wrote voluminously. She recorded long detailed list of hundreds of household items. She jotted down specific instructions concerning the disposition of them. She would phone her sister and inform her that she had something of great improtance to share with her. When her sister appeared she would have nothing to impart. There was a great deal of confusion about proper names. She would address even close relatives improperly. The patient cried immoderately. When she saw her mother-in-law walking across from the funeral home, she became panicstricken. She gripped the cell bars tightly and screamed loudly, "No, it's not true". The matron could not pry her hands loose from the iron bars and her legs were black and blue from the pressure exerted on them.

There were some dreadful nightmares from which she awoke hot and drenched with perspiration. In her dreams she saw herself all alone on a hillside surrounded by coffins and skeleton bones. Coffins were lying all around and it would be windy on the slope. She

would be walking around the areas while the tall grass was blowing and weaving. She says, "It gave me a funny feeling. It wasn't scarry. It was a hollow, funny feeling. The same feeling I had after I lost my baby, only this one was in the chest". She cannot remember distinguishing the days from the nights.

After her psychiatric examination she was committed to this hospital. At the time of admission, she was oriented and therapeutically accessible. After several interviews in which much of the recorded material was elicited, the incident about to be recounted occurred. A group of female patients was scheduled to go to the County Fair, but it was rained out. On the way back to the hospital, she started thinking that two years previously she had taken her children to a fair. She compared the enjoyable time they had had with her present circumstances and she became "not real depressed, but I felt bad". She had been told that lemon extract made a person feel "high" and she needed something to elevate her mood. After swallowing an ounce or two of the extract she felt herself becoming dizzy and as if she were going into shock (ECT). She says, "Once I felt the shock, it was like a bolt going off in your head. It felt real 'staticky'. I felt I was going away and I wanted to come back". In describing the experience more fully, she says, "I started hearing voices. I thought I was a period, or a dot, or a question mark. I thought I wanted to come back, but I was dead. I wanted to come back to the question mark. The only existence was in this building. There was no existence outside". Some of the patients who witnessed the incident told her that she talked to Jesus and that she kept saying, "I'm a period, or a dot, and that's all I am". It was suspected that

she harbored suicidal urges, but she asserted that she knew she could not commit suicide with lemon extract. She says, "If I wanted to die, I'd try something more drastic. Besides, suicide is an unforgivable sin". She maintained that her last suicidal idea had occurred in jail after the death of her husband. The rest of her hospitalization was relatively uneventful and she was subsequently released.

H6

The patient was 27 years of age at the time of admission. She attained a ninth grade education. Intelligence is at the dull normal level (IQ 86). She is of lower class parentage. Diagnosis was schizophrenic reaction, paranoid and catatonic type.

Sexual Behavior The patient received sexual instruction from her mother. She is reported to have had 2 incomplete sexual experiences with boys prior to marriage. She denies any abnormal sexual acts. There are no indications of an unusually close relationship between herself and any other family member. About her father she says, "He has been a very nice father". She characterizes the first 5 years of marriage as "perfect". After her husband's death she maintained that she loved him and God.

Aggressive Behavior There is indication of strong sibling rivalry. At the age of 24, following a miscarriage, her mental condition changed radically. She became suspicious and isolated herself socially. A week before her baby was born she slid her car into a ditch and sustained a slight head concussion. In a very short period after this, she developed many delusions of persecution. The main theme of the delusional system was that her husband was trying to kill

her and her child. Visual hallucinations were also present. She saw imaginary people who were threatening to shoot her. She believed the barking of a dog had some form of control over her mind and thoughts. She felt she was being spied upon and tested by machines. As her husband was entering the trailor in which they lived she shot him to death with a shotgun. After she was jailed she saw a flaming red light covering a wall as if it were on fire.

H7

The patient was admitted to the hospital at the age of 36. She attained a tenth grade education. Intelligence is at the average level (IQ 10?). She is of lower class parentage. Diagnosis was schizophrenic reaction, paranoid type.

Sexual Behavior When the patient was an infant her mother died. Her father remarried when she was 4. She claims that she never received any affection from her father. She admits that she was jealous of her stepmother and believed that it was largely because of her that her father withheld love. Her stepmother mistreated all of her children. Her sister ran away and her brother left home at the age of seventeen. She learned about sexual matters entirely from peers. There were no heterosexual relations prior to marriage. She never experienced abnormal sexual relations. She was married at the age of 19. Orgasm was not experienced throughout her marriage. After she divorced her husband she began an affair with a married man much older than herself. About him, she says, "He is the only person besides my father I ever loved". After the divorce she had a complete hysterectomy. She dates the onset of her most serious emotional problems to that event. She experienced her first orgasm with a boy

friend.

Aggressive Behavior The patient freely verbalizes an intense hatred for her stepmother. At the age of 13 she entertained the idea of doing away with her. At the age of 35 she attempted suicide by taking a whole bottle of aspirin. Immediately afterwards, she was admitted to a state hospital for two months. While there, she describes herself as uncooperative, belligerent and hostile. At the time she was depressed and tried to starve herself. A short time later she attacked the wife of the man she had been having an affair with, for four years, with a knife and hammer. The assault occurred while the woman was asleep. The woman awoke, fought back and the patient left. The patient was preoccupied with the thought that she was excessively hairy. She was concerned that this characteristic induced a masculine orientation. Hallucinations and delusions were not elicited.

H8

The patient was admitted to the hospital at the age of 37. She attained a third grade education. Intelligence is at the dull normal level (IQ 81). She is of lower class parentage. Diagnosis was schizophrenic reaction, paranoid type.

Sexual Behavior The patient describes a satisfactory relationship with her father, mother and 4 siblings. Her mother did not believe in discussing sex. A sister explained the facts of puberty to her. The patient married and experienced her first heterosexual act at the age of 14. She gave birth to a child at the age of 15. Additionally, there were 3 pregnancies which resulted in abortion. Their marriage was characterized by infidelity on the part of both individuals. They

were separated several times for substantial periods of time. From the ages of 21-28 she dated often and was quite promiscuous. At the age of 28 she lived for some time with a 55 year old man. She remarked that the man was like her father because he "looked after me". She married a second time at the age of 35 although she was not yet divorced from her first husband. The patient says, "Our sexual adjustment was very good. I never had a sex problem". After marital adjustment became strained, she stated that they were happy as long as she continued paying the debts attendant on his former wife's death.

Aggressive Behavior There were many arguments between her and her second husband. She maintains that she was the target of considerable verbal and physical abuse. He had made threats that he would someday kill her. The abuse increased progressively until she could no longer tolerate it. One day her husband and 2 other men started a barbecue on the lot next door. She got into her car and drove midway up the lot. After she got out, she ran toward them yelling that she was going to kill her husband. He began running away and she fired at him. The bullet struck him and he fell to the ground on his back. She approached, held the gun very near to his chest and fired 3 more shots. This version of the act was verified by several observers. She stated, that while she was shooting, she saw green spots in front of her eyes. She has had auditory hallucinations. Voices have commanded her to pray and obtain another doctor. There have been persecutory delusions and beliefs that border on religious grandiosity. She has not been suicidal.

H9

The patient was admitted to the hospital at the age of 49. She attained a 10th grade education. Intelligence is at the average level (IQ 106). She is of lower class parentage. Diagnosis was perosnality trait disturbance, emotionally unstable personality, with psychotic episodes.

Sexual Behavior Her parents were separted when the patient was 2 years of age. She knows nothing about her mother. Her father died in 1955. Up until the age of 9 she lived for brief periods of time with her father, grandmother, aunt and friends. She has never been able to form a close attachment to anyone outside of her foster father. From age 9 she lived with foster parents. The patient fell in love with her foster brother but her feeling was never reciprocated. She resented her foster mother and says about her, "She was charitable and big-hearted. She helped everybody else but not at home". Her foster father, 25 years older than the patient, initiated her into fellatio, cunnilingus and mutual masturbation. She remarks, "He believed in the french way with his mouth and fingers. It was more like father and daughter". She was able to achieve orgasm. When she was 29 they were caught in the act by her foster mother and a divorce ensued. Her foster father then married the patient. She has never engaged in intercourse in the true sense of the word. Her husband died of throat cancer. After his death she began having sexual fantasies about a man living in a building across the street. The latter was accompanied by masturbation.

Aggressive Behavior After the death of her husband she was left alone and from time to time thought about suicide. On one occasion she had

an argument with a woman in the neighborhood. Several months afterward the woman's husband knocked on the window sill with his cane and asked her to remove a mirror. She became frightened and shot him to death. Immediately afterwards she considered using the gun on herself but decided against it. There have been no delusions or hallucinations.

H10

The patient was admitted to the hospital at the age of 35. She received an eigth grade education. Intelligence is at the dull normal level (IQ 89). She is of lower class parentage. Diagnosis was schizophrenic reaction, paranoid type.

Sexual Behavior There is no information concerning parent-child relationships. The patient's sister reports that she knows hardly anything about the patient. She moved from Mississippi to Indiana at the age of 27. After a residence of 1½ years there she moved to a northern city where she established a common-law relationship that lasted 3½ years. She contracted syphillis during this period. There were no pregnancies. She denies intercourse with anyone except her common-law husband. After their relationship terminated she said, "I lived with that man and having sex with him was against my bringing up".

Aggressive Behavior As previously noted there is hardly any information about the patient's behavior prior to hospitalization. Neighbors report that she fought much of the time with her common-law husband. She states that he abused her physically. They parted after 3½ years but she continued to think about him obsessively. The thought went through her mind, "Kill him and yourself and everything

will be over". One night she saw him in a bowling alley. She circled around it several times. Then she went to a relative's house and obtained a gun. She returned, sat down and looked at him for awhile. Then, she started to shoot at him. One of the bullets struck the common-law husband and wounded him. Another one hit a pin boy at the end of the alley and killed him. Another struck a girl inflicting a superficial wound. At the county jail, she attempted suicide by swallowing potassium permanganate tablets. During the initial period of hospitalization, she was preoccupied with the idea that she was to be killed. She remarked, "There is nothing left for me to do but die. The punishment is to die. Oh, its horrible to die this way". Once, she attempted to escape and kicked and bit the individual who detected it. Afterwards she described the experience as resembling a Russian battlefield. She tried suicide, on one occasion by hanging, a second time by stabbing herself with an icepick, and on the third occasion by drinking lysol. There have been auditory and visual hallucinations and persecutory delusions. The content of the delusions was mentioned previously. Concerning hallucinations, she saw a girl dancing on a star, rings of fire, and diminutive men giggling at her all night. The voices accused her of killing a little boy named Richard.

H11

The patient was admitted to the hospital at the age of 40. She received a sixth grade education. Intelligence is at the average level (IQ 102). She is of lower class parentage. The diagnosis was paranoid state.

Sexual Behavior Her mother died when the patient was sixteen. She

married the first time shortly after her mother's death. Her husband left her within a short period after their marriage. Her second marriage occured at the age of 20. No children resulted from either marriage, although an abortion was acknowledged during the second. Her father died when the patient was 23. She has not been able to discuss parental or marital relationships any further. She is the only living member in a family of 8 siblings.

Aggressive Behavior There is varified indication of extensive conflict with her second husband. It was reported by their neighbors that she was "mean", cursed and threatened to kill him. It was established that she had intended to scald him with boiling water twice. The second scalding threat occurred the day before the shooting. She shot her husband in their apartment and was apprehended almost immediately after the act was committed. She has never admitted the shooting. She says, "It's a mystery to me why things happened in such a way. This is not the proper time or place for any explanation. The law should be for justice. I was kidnaped to this jail". Several examiners have described her as extremely paranoid. She has had auditory and visual hallucinations but refuses to divulge the contents. She believed someone cast a voodoo spell over her.

H12

The patient was admitted to the hospital at the age of 40. She is a high school graduate. Intelligence is at the dull normal level (IQ 85). She is of lower class parentage. There have been two diagnoses, sociopathic personality disturbance, antisocial reaction and psychosis unclassified.

Sexual Behavior The patient states that she got along with everyone

in the family. She received sexual information as part of the high school curriculum and also from peers. Her mother died when she was 9 years of age. Her father remarried when she was 18. She states that her only heterosexual experience prior to marriage was with the man she ultimately married. She had sexual relationships with him before and after she established a common-law marriage with him. He married her when their daughter was 5 years old. The child needed a birth certificate to enter school. Her husband was 29 years her senior and in later years was unable to satisfy her sexually. They were separated several times. During one of the separations she lived with another man and bore him two children. On another occasion she gave birth to twins by a third man. She denies abnormal sexual activity. Eventually, all of the children became wards of the court.

Aggressive Behavior In 1958 there was a charge of felonious assault which was subsequently withdrawn. For many years she used alcohol excessively and was hospitalized at a municipal mental hospital five times in four years on account of alcoholic hallucinosis. Delusions and auditory hallucinations are related to persecutory ideas or perceptions. A recurrent experience was that people shuffled their feet above her apartment with the intention of torturing and "brain-washing" her. The offense committed prior to hospitalization consisted of hitting her husband over the head with a hand axe and throwing boiling water over him.

H13

The patient was admitted to the hospital at the age of 23. She is a high school graduate. Intelligence is estimated to be at

the average level, although psychological testing has not been completed. Social status has not yet been determined. Diagnosis was schizophrenic reaction, chronic undifferentiated.

Sexual Behavior The patient has been severely disturbed and thus far very little significant information has been elicited from her. There is hardly any information from outside sources. She states that after the death of her father, her mother gave her and her brother to a friend who reared them. There is denial of abnormal sexual behavior. Her first heterosexual relationship occured after marriage. She admits extra-marital sexual relationships. After the birth of her baby, she expressed dizziness, fainting spells and talked about snakes inside herself.

Aggressive Behavior There is very little information about the patient's behavior prior to the difficulties which precipitated commitment. One night she was aroused from sleep by her daughter who asked for a drink of water. The patient suddenly went berserk. She grabbed a paring knife and chased her husband from the apartment. On his return she attacked him with the knife again. Her husband ran out again with the patient giving chase. She entered another apartment where several men were assembled. One of the men was lying in bed and she stabbed him to death. When the manic episode was terminated she had injured 5 men and killed one. At the time of arrest she slashed at the officers cutting the uniform of one and inflicted lacerations on the hand of another. Four months after commitment to the hospital she tore up her blankets, damaged her bed and was assaultive. It has been inferred that she has been hallucinated and delusional but the content of these experiences has not been determined.

H14

The patient was admitted to the hospital at the age of 35. She obtained an eighth grade education. Intelligence is at the average level (IQ 98). She is of middle class parentage. Diagnosis was schizophrenic reaction, chronic undifferentiated.

Sexual Behavior Her parents were very strict with the patient as regards sexual matters. Other positive or negative features about her parents were not elicited. Two brothers died in infancy. Although she did not need them the patient wore her father's glasses to school. At the age of 14 or 15 she began keeping company with a neighbor boy. Her parents made it a point to encourage the boy to leave at an early hour. She denies masturbation. She dates her first heterosexual experience at the age of 17 to the boy she subsequently married. After their marriage they both engaged in extramarital behavior. She stated that her husband had had intercourse with four different women in a six month period. She adds, "None of them would live with him". She bore a boarder a child and lived with him at his house for a six month period. Her husband encouraged her to engage in sex with men for pay.

Aggressive Behavior After the birth of her first child, she maintains that her husband began to physically abuse her. The latter behavior increased as the years went by. The neighbors observed her driving their car recklessly. Shortly after her return from their six month separation she and her husband jointly beat their baby sitter to death. Her husband struck the girl with a flatiron while the patient beat her with a stove poker. On arrival at the hospital she expressed fear that she was going to be killed. In an interview where she

appeared semicomatose she said, "He's coming, he's coming, he's going to kill me". She saw her husband hiding behind a radiator. She believed he intended to come into her room at night to kill her. While typing, she saw little black devils running right off the deys. When awakened in the morning she jumped up and slapped an attendant's face.

H15

The patient was admitted to the hospital at the age of 31. She attained a tenth grade education. On the Wechsler Bellevue the current IQ of 75 in considered to be lower than it would be under more favorable conditions. Some of the subtest scores are in the average range. She is of lower class parentage. There have been two diagnoses: schizophrenic reaction, paranoid type and personality trait disturbance, emotionally unstable personality, history of psychotic episodes.

Sexual Behavior Her parents were divorced when the patient was a baby. There were 5 siblings but there is no other information concerning the nature of the patient's interaction with them. Her mother remarried when the patient was 4. She lived with them until the age of 8, when her stepfather was shot. After this event she lived with her grandmother for one year. At the age of 9, she moved back with her mother until she was 18 or 19. At that time, she married. Her first husband drank alcoholic beverages heavily and did not support her or their children. There were frequent separations. Her first husband finally was sent to prison. She was married a second time. According to her second husband their marriage was satisfactory. There were 4 children from her first marriage, and 2 from the second. She states

that there was one sexual relationship prior to each marriage. She denies abnormal sexual relationships.

Aggressive Behavior Up to the age of 30 there were no recorded instances of aggression. Following a miscarriage, she began showing signs of mental disturbance. At first the illness was associated with the excessive use of alcoholic beverages. In 1961 she was arrested after she was found to have possession of an unregistered gun. She was under the impression that the owner of a restaurant had been following her on the streets. This man also came to her at night and spoke to her stating that if she did not shoot him he would kill her. The latter was obviously hallucinatory and delusional material. One night she ordered some chicken sandwiches from that restaurant. When he delivered them she refused to accept them. She began arguing with him and left. She returned after obtaining a gun and shot him.

The Antisocial Group

The third group of 15 cases, A1 through A15, is characterized by several antisocial offenses. The main consideration in this group is that physical harm against persons is not a part of the offense.

A1

The patient was committed to the hospital at the age of 21. She left school after she finished the 8th grade. Intelligence is at the average level (IQ 93). There have been two diagnoses: schizophrenic reaction, chronic undifferentiated; sociopathic personality, drug addiction. She is of lower class parentage.

The patient's earliest memories are traceable to the age of three or four. She recalls considerable quarreling between her parents. Finally, after a particularly bitter and loud argument her mother hurriedly left the house through one of the windows. Although no blows were struck, the patient thought that her father was on the verge of it. The parents were subsequently divorced. Shortly afterwards her father was committed to a state hospital. He has been in and out of that mental institution since that time. Afterwards her grandmother took her to see her father, but she does not regard herself as ever having been particularly concerned about his plight.

The patient has mixed impressions about her father. There were occasions when her father was very pleasant to her. On the other hand, she had developed two behaviors that were irritating and to which he objected, i.e., she was chronically constipated and continually sucked her lower lip. Her father attempted to modify her toilet behavior by making sure that she remained in the bathroom until

she notified him that she had defecated. He would then verify her statement by forbidding her to flush the toilet until he inspected it for stools. To stop her sucking, he painted her lips with a hot pepper solution.

She appears to have been very perceptive, curious, and precocious in her development. In her earlier years she was aware that her step-brother was in a hospital. She considered this a way of receiving special favors. She asked to be admitted to the hospital too. She became very interested in school activities and managed to gain admittance at the age of four. She persuaded her relatives to "lie" about her age. When the school authorities finally found it out, it was too late to ask her to leave.

After her parents' separation, while engaged in play activities with other children, she observed her playmates urinating. She remembers attempting to urinate in an erect position. At about this time too, she and another girl seized her male cousin and manipulated his genitalia. She also became very interested in worms and played with them for hours on end. She frankly admits wishing that she had a penis.

In the next two or three years there was a succession of movements in residence. During this period there is only vague knowledge concerning her mother's whereabouts. She is certain, however, that for some time her mother was in a southern state. While her mother was away she lived with her grandmother. The patient says, "My grandmother has always been like a second mother to me". She identified closely with her grandmother and at the time of her death she became confused and depressed.

After her parents' separation she slept with her mother until her remarriage. While her mother was away she started fearing the dark and having nightmare-like states. She likens them to hypnogogic phenomena. She is not sure whether she was asleep or awake. In these states there was a roaring in her ears against which she struggled. She did not want to sleep alone.

When the patient was about the age of six, her mother returned from a southern state. She remarried almost immediately. On the night of the marriage there was considerable drinking. She was told that she was to continue to sleep in her parent's bedroom. When she walked into it on that night, she saw her stepfather lying naked on the bed. She experienced a feeling of revulsion as she looked at him. Since that night, she has never liked him. Subsequently, she became aware that her stepfather would lie and make gyrations on top of her mother. At first, she did not know how to interpret her perceptions. She agrees that initially she may have interpreted the primal scene as painful to her mother. In any event, it made her feel uneasy. After she understood what was happening, it made her sick to her stomach and she wanted to tell them to stop but was unable to do so. The responsibility for committing the act was attributed to her mother. She also felt hostile to her for permitting it. At that time, play activities with the companion previously referred to, took the form of lying on top of each other. She did not at the time know what she intended to gain from the behavior. In time there was some manual manipulation of each others genitalia.

Her stepfather was described by the patient as having a "nasty personality". He was considered an intruder. She was very hostile

toward him from the beginning and rejected and resented his attempts at imposing restrictions on her activities. The patient was extremely possessive of her mother and felt that her stepfather was "in the way". She did not want to share her mother with him. She resented her mother becoming pregnant because it was embarrassing to her (the patient). The reason for her embarrasement was that it indicated that her stepfather was having sexual relations with her mother.

She started becoming serious about boys at the age of nine. There was one in the neighborhood about whom she became especially fond. She describes him as an athletic boy who made a good appearance. She became very much attached to him. They spent much more time together than is usually the case for youngsters of this age because her brother consented to be their chaperone. She considered herself very close to her brother. Tney went everywhere together. In some of her future mishaps, to be reported in a short time, he served as a mainstay of support, "a perfect brother". This brother, incidentally, was an illegitimate child. She has had fantasies and dreams of engaging in intercourse with him.

In the course of their play activities, the patient and her boy friend attempted intercourse. On their first trial there was no penetration. There was considerable pain connected with the act and she did not achieve climax. After this, they continued sexual relationships on many occasions. Tney were observed in the sexual act by both her grandmother and brother. Her brother tried to discourage her by pointing out the probable consequences. Her grandmother physically disciplined her. Neither effort was successful in terminating the sexual relationship. She began menstruating at the age of ten.

No one explained the significance of the event.

At the age of 12, the patient and a group of schoolmates went by auto to another city to see a basketball game in which her boy friend was participating. On the ride she paired up with one of the other boys. On the return trip there was some drinking of alcoholic beverages and the whole group became engaged in heavy petting. They eventually parked alongside the highway and she and her companion became involved in intercourse. In the course of these activities, a policeman stopped to investigate and they were taken to juvenile court.

As part of the committing procedure in juvenile court, she was given a physical examination. It was discovered that she had been pregnant for four months. The latter finding distressed her to some extent. Not so much because of the possible physical complications attendant on the reproductive act, but because she expected some social ostracism and unkind remarks on the part of her classmates. As usual, her brother came to her defense and promised to quiet, with physical force if necessary, any one who made derogatory comments. Despite her sensitivity these expectations failed to materialize.

When the patient informed her mother about her condition, she made only one comment, "Don't cry over spilt milk". The patient had expected either recriminations, scoldings, discipline, demonstration of affection, loyalty or reassurance. None of these behaviors were demonstrated. Her mother did not even use the opportunity to discuss sexual information. The birth of her child evoked hardly any public comment or notice since delivery occurred in the summer. Her mother immediately assumed the care of her child. The patient says, "Mother

did everything for it; took care of it, talked about it all the time. Mother had just had a miscarriage. I didn't feel like it was my own child. I didn't feel comfortable around mother. I couldn't tell her what I wanted to. I couldn't tell her I loved her. I knew I loved my mother but I couldn't tell her because I didn't feel it. Did I tell you? I have dreamed three or four times that I went down (performed cunilingus) on my mother. I was in bed with her. I can remember her bedroom. There is an attendant here who is like I would like my mother to be. I feel tense every time I dance with her".

Altogether, she missed only about a month of school and was passed on to the next grade without having to make up the lost time. After her boy friend became aware of her pregnancy he avoided her. They greated each other civilly enough if they chanced to meet on the street or in the neighborhood, but he did not come to see her at her home as he had previously and he did not ask for dates. She is of the opinion that if he had asked her to marry her she would have agreed. She is not certain, however, about the nature of her feelings for him. That is, she questions whether she loved him although she knows she "thought highly of him". The boy friend never acknowledged that he had been responsible for her pregnancy or that he was the father of their child.

Her first suicidal attempt occurred at about the age of 12. Temporally, at least, it was closely associated with the death of her grandmother. At this time, she was having severe migraine headaches and was accustomed to taking one of the several varieties of medication kept on hand by her stepfather for his several "imaginary" illnesses.

On this occasion the patient took a great many pills and lapsed into a state of unconsciousness. She awoke in the hospital and was informed that had it not been for a number of benadryl tablets that were ingested she would probably have died.

About a year later, she attempted suicide again in much the same way; i.e., with her stepfather's pills. She was pregnant from her second child but was as yet not married. In this instance, a girl friend came to see her. At first her girl friend thought she was only sleeping but was unable to awaken her by talking or shaking her. The girl friend became alarmed, immediately saw to it that she was taken to the hospital where her stomach was pumped and she was revived. Throughout this period her suicidal ideas were accompanied either by a recurrent dream or phantasy that after her death she would be lying dead in a casket with a glass top. Her whole family would be gathered about the casket crying. She would keep her eyes fixed on her mother.

After the patient had recovered from the restricting conditions entailed in giving birth to a child, she began dating her same boy friend again. Within a year she became pregnant a second time. She explained that she knew of only one way to prevent pregnancy, that is, by the use of condoms. And since condoms irritated her vaginal tract she did not insist on their use. While she was involved with the boy who fathered her first two children, another boy asked her to marry him on several occasions. She refused his proposal because she did not want to assume the responsibilities imposed by marriage. As was the case the first time, she was out of school for about two months. The second birth severed the relationship with

the father of her children.

Soon afterwards she met and copulated with another young man four or five years her senior. Within a few months conception again took place. About half way through this pregnancy she became attracted to another boy who had a voluminous collection of musical records. She gained his attention by asking for a loan of some of them. Subsequently, he invited her to join him for an evening devoted to music appreciation. During the course of the session he introduced her to the use of narcotics. After sniffing a pinch of heroin she vomited, painfully, throughout the course of the evening. She returned home and on entering the living room of her home, she threw up again. Her mother awoke and the patient explained her behavior by imputing it to the immoderate use of alcohol.

The patient does not recall her pregnancies as unpleasant. The case might, in fact, be otherwise, because during these periods she received more attention and consideration from almost everyone within her family than under ordinary circumstances. She married the young man who introduced her to the use of narcotics at the age of 15. Her marriage served as a convenient way to escape from her increasing irritation with restrictions imposed within her home and at school. By this time, she had failed two grades on account of her pregnancies. She was using narcotics regularly. At this time the main effect of the drugs on her was that they made her more confident, she was able to converse more fluently and she felt she was a more appealing sexual partner.

In May, 1958, her husband was apprehended by the police for engaging in the drug traffic and he eventually was committed to a federal

prison in Milan. Within a month of her husband's departure, she began having extramarital relations. Her husband wrote her that he did not expect her to be faithful but to be careful not to become pregnant. During the initial period of her husband's incarceration, the patient resided with her sister-in-law and had intercourse with her husband's nephew. A few months later she moved into an apartment and continued extramarital relationships. Also, she began the practice of prostitution. She returned to school for a short while after her husband's imprisonment but attendance was irregular; every course was failed; there were no discipline problems but she finally dropped out.

At the age of 16, she used marihuana for a short period of time but discontinued because of an absence of pleasure or satisfaction. Initially, she began using narcotics twice a day. Her husband had administered it. In his absence she began living with another male. They seemed to meet reciprocal needs for each other. That is, she worked and provided the drug and he administered it. She gradually increased the number of "rixes" over a period of two years. She did not become aware of her dependence on drugs until she was averaging about three of four shots per day.

She became pregnant a fourth time, at the age of 16, as a result of her prostitution. Shortly after she started the latter activity, she was hired to "put on a show", i.e., put on sexual exhibitions, at parties, with other males and females. She became attracted to one of the females she met at one of the "shows" and for some time she performed cunnilingus on her. She received a great deal of pleasure from the latter activity.

As her fourth pregnancy became more advanced, she again returned to her mother's home. Her child was stillborn. While living at home she experienced difficulty buying narcotics for lack of money and began prostituting again. Her stepfather complained about the irregular hours she was keeping and the incessant phone calls she was receiving. Consequently, she moved.

In August, 1959, she resolved to rehabilitate herself. She was determined to establish a household with her children and to discontinue narcotics. She attempted to assume the roles of economic provider, parental rearing, and housekeeper, but was overwhelmed. Eventually, she had to resort to prostitution and drugs. Within six months she recognized that she was grossly neglecting her children and returned to her mother again. Undaunted by failure, she determined a second time to abandon her use of drugs. She asked for and received enough money from an uncle to gradually taper off. Within a week she successfully accomplished her goal, but her control lasted for only another week. She soon became bored; was unable to sleep, and continued both of her symptomatic behaviors.

The patient has made numerous appearances in court, mainly on charges involving prostitution. Within ten months she was arrested four times. The fourth time is significant because by June, 1960 she was tolerating very large doses of heroin. The first week at most correctional institutions is spent in relative isolation and is considered a quarantine period. It was during this time that the patient experienced withdrawal symptoms and received no medication. She did not experience hallucinations or delusions.

In that institution she met a young lady with somewhat masculine

characteristics who befriended her. The patient regarded her as protection against inmates wanting to take sexual advantage of her. They became involved in a homosexual relationship which lasted for about six weeks. Subsequent to her release they became reunited and engaged in mutual cunnilingus. At this juncture her partner left her to return to her husband. Subsequently they met from time to time and engaged in sexual relationships but did not live together. On her part, the patient was reunited with the drug addict who had supplanted her husband. She immediately began using narcotics more heavily than at any other period up to that time.

She was on probation from the correctional institution but completely disregarded conditions regulating her probationary status. Within a week or two she came to the attention of the police again and was referred to her probation officer who gave her a choice between two alternatives; either to be returned to a women's prison to serve a longer sentence, or to commit herself voluntarily to a federal hospital for addicts. She settled for the latter. Two days before leaving for the hospital, she had used narcotics again. At this point she says, "It's funny, but when you're using you don't think about getting 'cop' (addicted)".

Initially, at that hospital she was extremely cooperative and responsive. She expressed a sincere desire to obtain help even if it was necessary to extend her stay beyond the suggested five month period. Subsequently, she expressed dissatisfaction with her situation. She rationalized it to her therapist by attributing it to her job placement. In reality it was resistance against the therapeutic process which was coming dangerously close to the elicitation

of her real problems. She explains, "My therapist was asking me a lot of questions". She asked him if he knew what her problem was. She says, "He wouldn't tell me". Her conceptualization of her problem was that she had an uncontrollable desire to use drugs and hypersexuality. She denied major emotional difficulties and attributed addiction to curiosity, She refused to work. On this account, she was isolated. She retaliated by refusing individual interviews with her therapist. After two months, she wrote her mother to terminate her residence. Her mother had been pleased with the progress she had been making and was reluctant to submit to her demands. However, she finally acceded although she would not send her the necessary funds for the trip home. While waiting for her mother's reply, she became despondent. She says, "She kept me at the hospital longer than I wanted to and sent me no money". She began entertaining suicidal ideas and managed to secure a razor blade. As she sat contemplating the blade, she could not bring herself to disfigure her body.

After she obtained the fare and was enroute to her mother, she started thinking about getting an injection of heroin. She instantly developed pseudo-withdrawal symptoms. In response to a relevant question, she remarks, "When I am by myself, anger can make me use narcotics quicker than anything else". As soon as she arrived at her destination, she went to her boy friend's home and received an intravenous injection of narcotics. From there, she went to an aunt's home where she stayed for a week without calling or notifying her mother about her arrival.

Her probationary status had been continued while she was at the hospital. She had actually violated it by leaving the hospital without

informing her probation officer. She became fearful about apprehension and left for a large city in another state. There, she lived with a male addict she had met at the federal hospital. She described this individual as small, gentle and somewhat effeminate. She believes that she liked him better than any man she has ever known. In that city she resumed prostitution and was picked up by the police several times for VD checks. In spite of the fact that the heroin obtainable in that place was of superior quality, she says, "I got tired of being there and returned home". Shortly, after her return, she came to the attention of the police again and left. She had planned to live with her boyfriend again, but he was in jail when she arrived. Soon afterwards she became ill with pneumonia, went to a hospital and discovered that she was again pregnant. She did not know under what conditions she became pregnant, but was concerned about it and decided that she did not want to have the child born while she was addicted. Consequently, she quit taking drugs for sometime. At about this time, her husband was released from prison. At his request, they began living together. On her part, their reunion was a miserable failure. Their sex life was unsatisfactory. She says, "When he got too close to me in bed, I moved away. I couldn't stand for him to touch me. So I started taking drugs". In May, 1962, her husband returned to jail. She was seven months pregnant at the time. She requested hospitalization at a municipal hospital. Her main purpose in seeking hospitalization was to discontinue narcotics, but she was experiencing nausea, vomited continuously and was in extreme discomfort. After she was x-rayed for TB, she was given a great many pills to take. The report of the examination was

positive and she was treated for TB at another hospital. Concomitant with her physical state, she became quite restless, apprehensive, and asked to see a psychiatrist. She was told that there was nothing psychologically wrong with her but was placed on demerol. After this, she began slipping out of the hospital, and with money give her by her mother, would buy paregoric. She absconded for three or four days and would not go back until she was persuaded to do so by an Episcopalian priest. Altogether, she was in the hospital for four months. It was here, while taking a shower, that she first had a "funny feeling" and masturbated without achieving climax.

She was finally placed in a boarding home and minimal activity was recommended. She was not expected to do anything. Consequently, she became bored. It was forbidden that she go home, but she disregarded instructions and frequently went there for three or four day intervals. During these periods she was able to abstain from narcotics until she would start to feel physically uncomfortable. This state was accompanied by diarrhea and stomach cramps, facilitating her return to her drug habit. Because of her physical condition she was unable to work. Therefore she started stealing to obtain funds to support her narcotic addiction.

Shortly prior to commitment to this hospital she and two male companions attempted to appropriate some clothing from a department store. They were caught in the act. Individual interviews at this hospital indicated that she was in adequate contact with reality. She talked freely about her narcotic addiction. The patient gave a history of auditory hallucinations. The latter were considered questionable. It was observed that she mainpulated to improve her lot.

Other personality traits noted were callousness, emotional immaturity and poor judgment. She tended to rationalize her theft by exaggerating her need for narcotics. There was no evidence of psychotic symptoms.

Immediately after her quarantine period, she requested placement in group therapy and AA. In both of those activities attendance has been determined by personal needs. In group therapy there has been some reluctance to discuss certain aspects of her personal problems. She was unable in the group, to ventilate about homosexual behavior, especially as it pertained to a specific patient.

In individual interviews, there was hardly any resistance to the discussion of any topic. For example, she admits performing cunnilingus and sucking the breasts of others. Unless she felt considerable affection for the other party she would not permit them to engage in cunnilingus with her. She says, "If I don't like the person it irritates me. It don't feel right".

She achieved climax only under special circumstances and with only one other person. She says, "Have you forced yourself to urinate? You have to use all your stomach muscles and squeeze your legs as hard as you can". She describes her homosexual relationship with a particular patient as follows: "I was more demanding than she was. She didn't look after me. I could be more masculine in my love making with her. A man is the head of the family and I dominated her. I restricted her friends for her and she did the same for me. She didn't want me to have any friends. When that other patient became her friend, I had the intuition that I would lose her". As the friendship between the two patients unfolded they fought continually. In the end they "broke up". A short time after their separation the

patient tried to commit suicide. She cut a blood vessel on the inner side of her thigh near her crotch. She lost considerable blood before it was discovered and it was arrested. She says, "I was just tired of living. Everybody was treating me funny. Medication had made me affectionate and everybody was rejecting me. My family hadn't come to see me. I didn't think of her". The patient was very concrete in her thinking. There was a great deal of difficulty in generalizing or abstracting the underlying motivations for her behavior.

On several occasions the patient has expressed curiosity about dreams and has described several of them. She has dreamed of engaging in sexual activity with her brother and mother.

A2

The patient was admitted to the hospital at the age of 47. She attained an eighth grade education. Intelligence is at the average level (IQ 100). She is of lower class parantage. There have been two diagnoses: sociopathic personality disturbance, antisocial reaction with paranoid trends and schizophrenic reaction, chronic undifferentiated.

The patient's earliest recollections are of making mud pies and putting them in an oven to cook. When she came into the house soiled, her mother spanked her. There were five siblings. She slept with her eldest sister until she left home. She recalls that there were frequent arguments with all of her brothers and sisters. Sibling rivalry was most intense with her next younger sister. There were many invidious comparisons with psychosocial implications. The conflicts involved personal appearance, attire and friends. The

patient says, "She was the best looking, but I had better looking boy friends".

Her sister is remembered as having more and better clothing, more spending money and was "wilder". Her sister was her mother's favorite. In their arguments, her mother took her sister's part. The patient was invariably admonished and ordered to quiet down. In contrast to the other children, that sister was permitted to openly inveigh against her mother without reproof. According to the patient all of the children felt that their sister regarded herself as superior to the rest of them. Her sister was very much ashamed of her father's drunkenness.

As far back as the patient can remember, her father's drunkenness was an issue in the home. Her father was regarded as the "town drunk" but was rarely incarcerated. Her mother often upbraided her father about his drinking and accused him of philandering. After these heated quarrels, her father would storm out of the house and be gone for two or three days at a time. The patient says, "If he came home with a pint, mother would accuse him of being drunk". There was a warm relationship between the patient and her father. She preferred him to her mother. Her father liked the patient better than her sister. Under the influence of alcohol, he was quite liberal with his money. When he was intoxicated, her mother would not allow him to show her any affection. The patient says, "He did everything she told him to".

The patient was aware that her father was a thief. He stole clothing (wherever he could find it) and silverware out of the tourist lakeshore cottages. He illegally seined fish out of a near by river.

While talking about these incidents, the patient laughs uproariously as she recalls that vacationers would fish all day long with very meager catches. Her father was a well driller. He did his seining at night. He was hardly ever home. She recollects that while the children were small, he held them on his lap.

The patient characterizes her mother as domineering, selfish and "a nagger". It was generally her mother who disciplined them. Sometimes, she stood her in a corner or sent her to bed without eating, but mostly she whipped her with a razor strop. Once after she had experienced a fainting spell, she informed her mother that she was ill. Her mother laughed at her.

From a relatively early age, the patient was required to assume rearing responsibility for the rest of the children. The latter activity kept her out of school a great deal. The patient attributes her poor grades at school to lack of study time and frequent absences. She says, "I felt sorry for mother, but I didn't like staying home from school". She discontinued school at the age of 14, while she was in the eighth grade.

The patient became aware of sexual differences at the age of 10. Prior to this time she had undressed and bathed her brothers. She does not recall dwelling on thoughts about her brothers genitals. There was no sexual instruction. From childhood, there was always a "gang" of boys and girls gathering to play around their home. They engaged in all types of parlor games. They played "postoffice" a kissing game, but there were no specifically sexual acts. She reached puberty at the age of 12. When she started menstruating, she asked the mother what was happening, but received an unsatisfactory

answer.

At the age of 14, she attended a skating party. At its close two of the boys offered her a ride home. On the way home they forced her to engage in intercourse. One of them held her while the other performed the act. She says, "The first time I went out, I got pregnant". The boy's father was informed about her condition, but no legal action was taken. His father settled the matter with her father by giving him a hundred dollars so that she could receive an abortion. Arrangements were made for the operation, but before it was performed her father spent the funds on an extended drinking spree. After her pregnancy became readily apparent, she discontinued school.

After her son was born, she became very resentful about her new status in the family. She says, "Mother gave me a hard time. She rode me. She made me know that she was raising him. She used me for a maid. She hit me all the time. She called me a 'SOB'! A bastard and a whore". In the six months that she remained at home after her baby's birth, she left home three times. During these periods she lived with an aunt. Her aunt reported her mother to the juvenile authorities. There were several conferences between the agency workers and her mother, but conditions remained relatively static. At the age of 16, she ran away to another city. She was reported to the police and ultimately located. Her parents came after her but she refused to accompany them home. The only other alternative was commitment to a girl's industrial school. She chose the latter eventuality. During the year she remained there,' she worked in the laundry. There were no critical incidents. She was

introduced to homosexuality. One of the lesbians involved her in several sexual acts. She says, "I learned what studs were. They're women who go to bed with other women. The one I had lay on top of me and tried to have intercourse with me, but I got no sensation out of it".

The patient was either required to or sought out psychological services. She had several interviews with a psychologist and social worker. There were no regular series of interviews. At this time, she was overweight, had cardiac difficulty and her eyes protruded. She had a goiter removed and the previously mentioned difficulties were corrected.

While the patient was institutionalized, her son was reared by her parents. On her release she resided with them. Almost immediately, she informed her son that she was his mother. She began working in a restaurant and contributed to her son's support. The remainder of her earnings was spent for clothing. The patient does not recall her son's reaction to her disclosure.

Prior to her first marriage, there was only one protracted period of dating. She says, "I had a boy friend who wanted to marry me, but I'm afraid he pushed me too hard". In addition, she considered him a naive and uninformed individual. He was a "rich" farmer. She regarded her home town as too small. One of her main goals was to settle in a nearby metropolis. Ostensibly, her move was motivated by the prospect for more desirable employment and higher wages.

After she moved she acquired employment at a drug store as a soda fountain clerk. It was at that place that she met her

first husband, a man 10 years older than she. At first, he was reluctant but finally married her when she was 21. From the start, sexual adjustment was unsatisfactory. She says, "He went to bed with me once a month". The patient believes that he was a homosexual. He had "sissy" ways. She did not understand his behavior at first because, "I didn't know about them", (homosexuals). She recalls that her husband spent hours in front of the mirror primping. He used her pancake makeup, eyebrow pencil and cologne. He enjoyed doing housework. She took care of the finances. He visited his mother often and did her housework too. When they were both working, he would painstakingly prompt their housekeeper about the way the housekeeping should be done.

Throughout the ten years of marriage there were no pregnancies. Her son lived with them intermittently. When her son was not with them, he lived with her mother. The patient was unable to find a reliable housekeeper to whom she could entrust his rearing. The housekeepers she managed to secure left mainly because of her husband. They were unable to do domestic chores to suit him. He was highly critical of them. She was aware that her son was neglected and that their frequent shifts of residence were unfavorable. She paid her mother ten dollars a week to care for her son, but worried continuously about his health. She did not believe that her mother was feeding him properly. She permitted her son to buy as many groceries on credit as he desired. She acrutinized the grocery credit slips painstakingly to reassure herself that he was receiving a proper diet.

Shortly after her marriage, she began working at both General

Motors (GM) and a cocktail lounge. She made more money at the bar, and left GM. Her mother "raved and ranted" about her leaving the factory. She expressed the opinion that her reason for leaving GM was that she could associate with more men at the bar. The patient says, "What she said didn't matter. She was a chronic complainer".

As their marriage progressed, the patient began harboring more resentment against her husband. She expected him to care for her son while she was at work. However, she states that he was good to her son. Her husband was away from home a great deal gambling with "the boys". She believes that he was sexually involved with one or two of his boy friends. He paid too much attention to his mother. When the patient became ill for two weeks, he took two of her checks and lost the money gambling. There was no money for fuel. When he did not come home for several days, she went home to her mother. She left her husband 3 or 4 times. The last time she rented another apartment.

After about five years of marriage, she began dating men, primarily for sexual gratification. Secondly, through infidelity, she could express her vindictiveness toward him. She started using alcoholic beverages excessively. Under the influence of alcohol she became abusive. She says, "I get just like an Indian when I drink and lose friends and jobs". There have been several arrests for drunkenness. They were divorced when she was 31. Just prior to their divorce, she discovered she had ulcers. A gastrectomy was performed and three-fourths of her stomach was removed. She was also advised to end her drinking. She attributed her psychosomatic condition to worry attendant on her belief that she was not rearing

her son adequately.

For two months afterwards, she wanted to effect a reconciliation. She decided against it after she met and initiated an affair with a 55 year old man. Their relationship lasted two years. It was terminated by his death. They journeyed all over the country together. He owned a Cadillac and she drove it. He gave her everything she desired. Her paramour took care of numerous slot machines throughout the east coast. The slot machines were in clubs, fraternal and veterans organizations. Sometimes her mother and son went with them on their excursions.

She met her second husband, aged 24, an interior decorator, in a restaurant. They were married after having known each other for only ten days. The patient attributes the hastiness of their marriage mostly to her mother. The patient was still having difficulties with her stomach and was unable to work consistently. Her mother encouraged her to marry him as quickly as possible. She says, "Mother was looking for a steady meal ticket. She wanted me to marry him". Initially, the patient thought he was wonderful. He had a "good" educational background and gave the impression that he was very intelligent. As she became better acquainted with him, his real character emerged.

She discovered that he had had three wives prior to their marriage. All of the wives were in mental hospitals. He had visited England with one of them. He returned without her. It was subsequently common knowledge that she had been committed to a mental hospital. Several of his ex-wives were receiving alimony payments. At the suggestion of the Friend of the Court, two years

after their marriage, he enlisted in the Army in order to be able to support his children by the other wives. He was discharged within a few months because of psychiatric illness. He read books on abnormal psychology continuously. Sexual adjustment with her husband was satisfactory from the standpoint of frequency of coitus. She became pregnant, but there were difficulties from the start in the form of fainting spells witnessed by her husband. She recalls that there had been fainting spells at the time of her first pregnancy. That pregnancy had aborted.

Her son quit school at the age of 17 to join the Army. Two years later he became involved as the ringleader of a black market ring that was selling gasoline to the German Nationals in Berlin. He was tried by a general court-martial and sentenced to prison for life. The patient does not believe that her son was implicated. At least, not in the role stipulated. She says, "He was not qualified to do that". At the time her son was convicted, she had been married for about two years. She enlisted the support of her husband. He devised a plan that eventually was eminently successful. She obtained the services of a brilliant lawyer. In a retrial, the sentence was commuted to 3½ years. She states that in the process she had to "pay off" an Army attorney. In addition, she received the support of a federal agent and a congressman.

When her son finished serving his sentence, she went to the penitentiary and brought him home. Her son and husband liked each other. They became companions and spent a lot of time together. Soon the patient became suspicious of their activities. The patient believed that her son and husband were involved with the same

woman. She suspected her husband of infidelity and says, "I tried to fix him up with a couple of women. I caught him in bed with a woman and he tried to deny it. I think he went out with the two women behind my back". She worried about the court-martial and believed she was fatigued from overwork. Several months after her son arrived, she became acutely psychotic. One evening, when her son and husband entered the house, she met them at the door with a butcher knife in her hand. They overpowered her and she was committed to a state hospital.

At the hospital she revealed to the psychiatrist that her son and husband were going out together and were bragging about their sexual conquests. She accused her son of having tried to rape her several nights before. Her husband reported that she had used barbiturates since early in their marriage. Her son attested that she had been unstable for years. Instability had brought about the break-up of her first marriage. He was critical of his mother and expressed the opinion that is she would listen and cooperate with his stepfather the marriage would be more harmonious. Her son evaluated her husband as a mature individual. The patient expressed a vindictive attitude toward both of them and hostility toward one of her brothers. She was treated with massive doses of thorazine and ten ECT treatments. She stated that prior to her commitment, her son had phoned and warned her that her husband was planning her hospitalization. She believed that all of the material submitted by her husband to the state hospital was falsified. She says, "He wanted to keep me in the hospital the rest of my life. I got a dirty deal".

At her first staff conference at the hospital she was granted limited home visits. Each time her visit terminated, her husband expressed regret that she had to leave her home. During the time she was at the hospital she worked in the commissary with ground privileges. She was discharged after about a year.

While she was in the hospital, her son was involved in an armed robbery. He was apprehended and sentenced to a state prison for a minimum of seven years. The patient believed that her husband was an accomplice. At the time he became eligible for parole, it was recommended that he serve six more years.

Thereafter, she was interviewed by hospital personnel for six months at two or three months intervals. Several months later, she was committed to another state hospital in the same state. She was diagnosed as paranoid schizophrenia and was discharged after her fifth escape. The last time she could not be located. Just prior to her last escape, her mother and aunt had moved to another state. She went to live with them. She states that she felt obligated to help her mother, inasmuch as her mother had helped her with her son. The patient did not notify her husband of her whereabouts. On the contrary, she wanted to keep away from him. By this time, she was convinced that it was primarily due to her husband's influence that she had not been invalidly retained at the state hospital. When she arrived in the city where her mother resided, she found her in a rest home. They decided to live together with her aunt. The patient secured employment as a barmaid in a fraternal club. Not long afterwards, she met and established a friendly relationship with a married man there. They have done each

other many favors. The latter individual has contributed to her economic support from time to time.

Several months later, after drinking beer all night, she was walking home. Unexpectedly a passing by automobile went out of control. It traveled over the curb and struck her. She was knocked unconscious and sustained a fracture of the pelvis and upper leg bone. Records from a hospital substantiate that she was an inpatient for about a week. It was also noted that she was emotionally disturbed. She instituted a suit against the driver of the car, but her lawyer would not take it into court. A settlement for $1000.00 was agreed upon. She used a wheel chair periodically for about seven months after the accident. After the casualty she was unable to work. Her regular boy friend broke off with her and she acquired another. Nonetheless, her economic situation was extremely precarious. The boy friend with whom she had lived was investigated by the police. He was found with three loaded guns in his home and was committed to a county mental hospital.

At this juncture, the patient decided to return to her home state to visit her son. She was practically destitute; could not obtain aid, and there was no one to whom she could turn for assistance. Her second husband had divorced her within her 41st year. She wired her second ex-husband for money and he indicated that he would send it to her. However, she did not trust him. Therefore, she wrote a check in her own name. When the check's validity was questioned, she panicked and attempted to escape. When she was caught, she had a lot of new clothing in her car and was charged with shoplifting. She explained the wearing apparel with the statement that

her husband had slashed her clothing with a knife and that she had been forced to buy an entirely new wardrobe. At the police station, her escape status from the state hospital came to light and she was returned there.

At the time of psychiatric examination she was considered extremely evasive and lied continuously. At times she admitted certain things. She stated that she left her native state previously because she was afraid of her husband and that she was returning to her rented apartment in order to visit her son. Along the way she had stopped at a police station and complained that the sheriff's deputies were following her wherever she went. They had followed all the way from her point of departure. She believed that her boy friend had wrecked her car and demanded that a report be made about it. However, her car was intact and was parked outside of the police station. Her verbalizations became disconnected and resembled a flight of ideas.

On the hospital wards she stole cigarettes from the other patients. She believed that everyone "picked on her". She could not understand why. She believed that she had been followed by a gang of teenage boys who wanted to rape her. In her attitude she was demanding, hostile and arrogant. To an examiner she was superficially friendly, but there were signs of hostility. She expressed intense aggressiveness toward her second ex-husband, ex-boy friend, and her brother. She said that those three individuals had underhandedly designed her commitment. She believed that her husband and brother had made phone calls to the police that were damaging to her. Her ex-boy friend had been paid to get rid of her.

The police gave her the latter information. She says, "He (the boy friend) was mixed up with something big and I wasn't going to get into it".

Reality contacts were satisfactory. There was no insight into her condition. The diagnosis was schizophrenic reaction, paranoid type.

The first time she was granted ground privileges she escaped but was returned to the hospital within a week. About a month later she eloped again and returned to the state where her relatives resided. Almost immediately she became involved with the ex-boy friend she had accused of being instrumental in her commitment. About him she says, "He is a crook. His mother is a millionaire. He got off of two armed robberies".

In the succeeding two years there was an uninterrupted series of antisocial activities. She came to the attention of the police on four counts; three of the latter involved money matters and the other narcotics. She estimates that during this period she consorted with twelve men and engaged in prostitute activities. At one time she stated that all of her arrests were "bum raps". She says, "The police stole my clothes out of my car and took my money. I hate police with a psssion".

Four years ago she received a 1½ to 2 year sentence to prison on a charge of issuing checks without an account. She was paroled in eight months. Four months later, she married a Hungarian immigrant without institutional sanction; failed to report at designated appointments to her parole officer and became involved in an accident in which she "sideswiped" two other cars. She was returned

to the correctional facility mainly for failure to report for interviews.

On her return, she appeared disturbed and was referred for psychiatric examination. She exhibited paranoid delusions. There was talk about conspiracies and F.B.I. surveillance. She described interference from the state and city police. That is, legal authorities falsely arrested her and stole her expensive clothing, "mink coat", and damaged her car. The patient believed that her readmission was illegal. She had been forced to commit a crime and a "gang" of people were using her to collect accident insurance. Her feelings were expressed in a very labile manner. She fluctuated from a weak, withdrawn exterior to agitation and angry verbal outbursts. She was considered psychotic. Since her delusional system was becoming more complex, she was transferred to a state hospital.

At the state hospital she was satisfactorily oriented for time, place and person, but was tense and apprehensive. She believed that she had been "framed" in coming to the hospital. Somebody was "cutting my throat". She was in sufficient contact with reality to adequately discharge work assignments and established a very supportive relationship with one of the hospital officials, a very motherly individual. At her diagnostic staff conference, she was considered a case of sociopathic personality disturbance, antisocial, with paranoid trends. She was discharged by the Probate Court within five months due to the expiration of her sentence.

She returned to the city where she had lived prior to hospitalization. In about two months she was arrested again. She relates the incident in the following manner: "A detective dropped a Mickey Mouse wrist watch into my pocketbook". She pleaded not guilty

to the offense but it took all of her savings to pay a lawyer for her defense. About a month later she was again apprehended for obtaining narcotics with a false prescription. In quick succession she wrote a check with insufficient funds and was picked up in an acutely intoxicated condition. She lived with her husband off and on. She says, "I just didn't like him". She recounts another police contact in the following manner, "Some fellow got caught in my car with narcotics, burglary tools, two pistols and a lot of ammunition. I didn't know he had my car. The man peddled narcotics for the police department. But he was only charged with carrying concealed weapons and was allowed to go free. She says, "The police thought I took narcotics". She denies drug addiction vehemently.

At this point she was separated from her husband and was living with a cousin in an apartment house. The basement apartment was rented to a man who worked for a printing company. She lived with him for several months. When the patient discovered that he had stolen 500 checks from the company she took half of them from his luggage. She was apprehended by the police while attempting to cash a third check in a few days at the same clothing store. The patient admitted stealing the checks but denied that she knew that they were forged. She believed that because she did not endorse them she should not have been held legally accountable.

At this hospital, the patient was untidy and unkempt in her personal appearance. She was alert, rational and in adequate contact with reality. There was no evidence of delusions or hallucinations. Resentment was expressed concerning hospitalization. She denied mental illness and all charges pending against her. She

felt victimized by the police department. She stated that there had never been one single instance of valid arrest. She expressed the opinion that the only reason for commitment was that, "They used my past record against me". At times she was sarcastic, arrogant but there was no manifest anxiety.

The patient has always denied drug addiction. The following incident occured several months ago. She and two other patients wheedled or extorted phenobarbital medication from a feeble-minded patient. She denied being implicated in the incident. The patient's release from hospitalization is in process.

A3

The patient was admitted to the hospital at the age of 26. She is a high school graduate. Intelligence is at the average level (IQ 108). She is of middle class parentage. Diagnosis was schizophrenic reaction, chronic undifferented type.

The patient has only a few vague recollections of her mother. One Christmas she broke a beautiful tree ornament. Her mother did not make an issue of it, but the patient still wonders why the memory is so vivid. Her mother died when she was three or four following the birth of her sister. She recalls her mother in the casket and that it pained her to see her there. The patient regards her mother's death as directly attributable to childbirth. Now, she regards the birth process as mysterious and associated with death. After the death of her mother she went to live with a paternal aunt and uncle for approximately a year. They had two children of their own. The patient received relatively little attention from them. Oftentimes, weekends were spent with a maternal aunt and grandmother. The summer

of that year, she and her sister spent vacation with another aunt and uncle. She enjoyed the vacation considerably.

The patient started kindergarten while living with her paternal aunt and uncle. If his circumstances are taken into account, her father visited them a great deal but she was very lonely and missed him considerably. She says, "I used to cry if my dad didn't come and pick me up after school. I was afraid he wouldn't come for me and I'd lose him too, like mother". Once she had a "tiff" with her father and advised him she wanted to live with her maternal aunt. The patient says, "Her voice sounded just like mother's". The patient wanted him to think she loved her aunt more than she did him.

A year later, her father became bankrupt. He lost two pharmacies. At that time the patient was placed with the maternal aunt with whom she had spent weekends. Her sister was adopted by her other relatives. Shortly afterwards her father departed to another state. The patient does not remember her father calling to say goodbye before he left. There was no direct communication with him from that time until his death nine years later.

The patient lived with her maternal aunt for approximately 25 years. Quite early in their association the patient became aware that her aunt preferred to rear her than to get married. With her relatives the patient led a socially restricted life. She played a great deal with her dolls. Her aunt acquired a cat for her. From then on, she spent much time with her cat. After the cat had kittens she wheeled them about in a buggy. She recalls that they often mewed for attention and she gave it to them.

Her aunt was a florist and her grandmother performed the household chores. Initially, the patient was overjoyed when she was adopted. She says, "With my aunt, I was so happy to be a part of what was secure in contrast to what I had had". She felt closer to her aunt than her grandmother. Her aunt disciplined, "cuffed" her occasionally. They went to shows regularly on Saturday nights. Generally, her aunt treated her with thoughtfullness and consideration.

The patient started school at the usual age. She was enrolled late in the first year and was held back. Her friends passed on. The next year, in the second semester, she was advanced to the second grade. However, she was unable to adjust and was again returned to the first grade. At first she applied herself to her studies and received above average grades. Gradually she began staying away from school more and more. Her excuse was that she had frequent sore throats. She says, "Even when I could go, I didn't". Incentives to attend school were lacking. Her home life was very pleasant. Her creative efforts were expanded at home rather than at school. When she stayed home from school she spent most of her time with her aunt. Sometimes she would go to their flower shop with her. She says, "My aunt did not encourage me to go to school. She was old fashioned about it, i.e., not necessary for a girl.

At the age of nine or ten, she found a gun in a closet. She had no idea who put it there. At the time, she had been thinking about her father and wanted to go to the state where he was living. She thought she needed the gun for protection on the trip. For some reason or other her wishes did not materialize. She forgot about the gun for awhile but discovered it a second time. On this

occasion, she appropriated it. She experienced a feeling of security when she touched it. Her uncle, who was a policeman, discovered its hiding place and took it away from her. While she had the gun she thought about using it "on myself, auntie or both of us".

In relation to vocational goals, she developed an interest in medicine and music. As time wore on she realized that her academic achievement was unsatisfactory and would not qualify her for entrance into college. She retained her interest in music and later on received special training in voice.

Her grandmother died when she was twelve. Specifically, discipline and direction had been provided by her grandmother. After her grandmother's death her absences from school increased. They had regularly attended and she sang in the choir in a Lutheran church but in this instance too, participation diminished. Now, she realizes that she has messed her grandmother much more than she anticipated. Her aunt expressed a similar need for her grandmother. The patient interpreted her grandmother's death as follows: "I got frightened about it. After grandmother died things began to change. I thought I'd die if I went to see a doctor". Her grandmother had been seen by a doctor on two occasions. The first time, whatever treatment was provided, her grandmother's condition improved. Shortly after the second visit by her physician she died. The patient believed that their doctor had killed her grandmother. She says, "One of the doctors had two black eyes. It made me scared of him". She recalls that her aunt had always wanted a doctor to move next door. The patient disagreed with her on this matter.

The patient reached puberty at the age of eleven. Prior to

this time, her aunt had explained that in time she would experience a menstrual flow. She did not elaborate the sexual topic much beyond that statement. The patient experienced her first menses while they were having company. She waited until they left before she took care of her "mess". It was attended by "cramps". Discomfort and pain accompanied menstruation until she was twenty. There were no specifically sexual experiences prior to the onset of puberty. She had two girlhood crushes on boys but they did not reciprocate. One of the boys was four years older. She was aware that there were differences between males and females, but her aunt gave her no explanation. She says, "I used to play dolls and pretend marriage". She was still playing with dolls at the age of thirteen or fourteen. She had seen dogs mating and suspected that boys did the same thing. At the age of fourteen, they moved to a different part of the city, next door to a doctor. By this time, her interest in school was lagging even more. She says, "In high school, life was a complete flop. I hadn't developed sufficient maturity to adjust. When father and mother died I was arrested. When I was at home I had a feeling of security. At school I had to compete with the other children. That doesn't promote your security in school. You're looking for security here and now. So I stayed at home".

At school she had several girl friends. They went to concerts together. On her fourteenth birthday she had a party for a group of schoolmates at her home. Her aunt participated in the festivities. The patient says, "She wanted to be in on it too". Two boys were included among her guests. One of them brought her a

manicure set. He wanted to date her but her aunt would not permit it. Boys had never been invited to play with her. About this time World War II started and she felt that it had a "psychological" effect on her, i.e., it geared her to war activities.

Between the ages of fifteen and sixteen, she was "fired" or quit school. She says, "Nothing went right for me". She brought home a report card with three failing grades. She was very uneasy throughout the tenth grade. She dropped out of school once during that school year but returned again, failed, started the tenth grade again, and finally left. Because of her interest in music, she participated in several school plays. During one of the performances in which she had to sing she became very anxious and broke out in a rash. She was unable to do justice to her part and felt that she had failed miserably. She became depressed about her poor showing. On seeing her melancholy condition her aunt bought her a diamond ring. It was subsequently stolen. The patient attributes her failure to strivings for perfectionism. She is also aware that by giving her a reward (diamond ring) her aunt was reinforcing her lack of success.

It was about this time too that her father died. She was not directly informed about his death and did not attend his funeral. Her aunt suggested that she see a doctor about her failure in her school work. Paradoxically, she had received the diamond ring about the same time.

After dropping out of school the patient worked for her aunt at the floral shop but received no wages. Her future at the time looked very black. At the age of 16, with her aunt's support, she

began taking voice lessons at a conservatory of music. Her level of aspiration was to be a vocalist, but it required a greater expenditure of effort than she had anticipated. She says, "I didn't go full force about singing. You have to have your voice developed by the age of twenty-one. My voice was embryonic, not fully developed". During this period she acquired employment as a stenographer. She did not have a very high regard for this type of work. Also, she started adult courses to obtain her high school diploma. She was taking piano lessons too. Her evaluation about her many activities is that it was "too much". Nonetheless, she regards her eighteenth year as the happiest time of her life. At the age of 20, she acquired employment as an accounting clerk. After six months, she was informed that if she developed her shorthand speed she could become a secretary. She practiced diligently and her speed increased. She worked as a secretary for about five years.

At the age of twenty-five, she began dating a man who lived several doors down the street. He was twenty-five years older than she. He was the manager of a large department store. She describes him as an intellectual brooding type of person. They became acquainted through his sister who lived two houses away. Several months later he had a heart attack. After he recovered and they obtained his doctor's sanction, they became engaged. He gave her a diamond ring larger than a carat. During their six month engagement, with her aunt acting as a chaperone, they took a trip through the southern states. They argued considerably during their vacation. She says, "I can't remember, I don't know why things didn't go so well". There were no sexual relationships. Sex was mentioned on only

one occasion. They "necked and petted" to some degree, but during these exchanges of affection he was "so gentlemanly" that he did not try to pressure her into intercourse. Later on, she admits that he wanted sex, but she did not, at least, not the type he proposed. Finally, the patient admitted that there was sexual conflict. Her fiancee requested on a reciprocal basis what she considered a sexually deviated act. She did not refuse, but it brought their relationship to an end. The man asked her to return her ring. She says, "The engagement was broken because the diamond kept slipping off my finger".

The patient had been somewhat concerned about their age difference. Her aunt did not like the fact that he was so much older. Concerning this the patient says, "Age makes a difference, doesn't it? It made me more insecure. Well, naturally, if you're going to marry someone, you've got them for a lifetime. If you lose them in death, that's not so good. I questioned my love for him because he was so much older. I didn't want to do anything that would hurt him or me. He had had a heart attack. When we went out we'd go to a show, visit, stop and have a couple of drinks. It might have hurt him to become more physically active in intercourse. I thought, though, that the doctor said it was all right". After the engagement was broken she tried to contact her boy friend by phone, but he refused to renew their relationship.

At the age of twenty-seven, she began dating another man. They enjoyed each other's company immensely. Within six months he brought her a little box, but she was afraid to open it. She anticipated that if she accepted an engagement it would terminate in

exactly the same manner as her first one. He asked her to marry him on several occasions but she avoided giving him a definite answer. She cannot fathom her motives in her delaying tacties. She says, "It was too soon after the first break-up. How could I have been so foolish".

When she first mentioned the marriage proposal to her aunt she got the "funniest" look on her face. The patient received the impression that her aunt rejected the news. She appeared very upset by the turn of events. Her aunt, to some extent, tried to discourage her marrying. She told the patient that she would miss her terribly. The thought of living alone was frightening. At the time, her aunt had a severe case of arthritis. There were progressive limitations in her use of her limbs. She was using crutches to walk. The patient did not want to disturb or harm her and felt guilty when she thought about leaving her alone.

Under the circumstances, the patient could not bring herself to plan for marriage. She says, "My aunt was good to me. I didn't want to harm her. If I married she would be alone. She didn't want to be alone. She wanted someone with her. When my aunt first took me as a child, an attachment began that was very serious. I was in heaven. Having such a long hold on each other, that's what caused me to want to be with her more than with a husband. Too bad things had to turn out that way. If the relationship with my aunt had such an emotional hold, it had a physical hold too. I knew I was attached to her beyond the average. Losing a parent and then finding someone who loves you is quite something. It places you closer than ordinary". The patient was aware that sexual attraction existed between herself

and her aunt.

After the patient relinquished her second romance, she "fell apart at the seams". She had renounced one of the most important experiences in living. Sensitivity to the magnitude of her loss distressed her. A feeling of incompleteness made inroads into all facets of her life. At the time, she was working as a secretary for a credit bureau. She discontinued employment ostensibly to care for her aunt. She explains that, actually, she could not concentrate or cope with details. Therefore, she simply stayed home and ignored telephone inquiries from the office. After this sequence of experiences, she somehow conceived and became preoccupied with the idea that her aunt intended to murder her. From the beginning she told her aunt about her delusion. Her aunt's arthritic condition became more incapacitating. They were with each other constantly. Her aunt became more demanding. The patient says, "I thought that if I stayed there I would be murdered. I don't know how it was going to be, she was such a lovely and sweet person".

There were many consultations with their next door doctor about her arthritic disorder. The patient also inferred that on occasions they discussed her. She was aware of her fear of physicians. When he appeared, she found things to do in other rooms. Her belief that he was trying to kill her and her aunt persisted. During one of his visits, the doctor asked her if she would consent to a hypodermic injection. She says, "He gave me a shot and my mouth got dry. I began drinking a lot of water. They wanted to make me stop, but I ran out and drank four or five quarts of water. I had to get out of the house and I stayed away". Now, the patient believes that the

effect of the injection was enhanced or caused by a "crash diet" she had been on at the time.

For three months the patient lived in a rented room in another part of town. Her aunt reported her disappearance to the police and she was returned home.

After this experience, she was committed to a private hospital for three weeks. A report from that facility indicated that she was placed on tranquilizers and discharged without incident. She was diagnosed as schizophrenic psychosis, paranoid type. On her part, she welcomed hospitalization. She felt depressed; accepted the notion that she needed treatment and believed she would recover if she were placed on "happy pills". She says, "I lost two loves in my life. I couldn't live with them or without them. I was born to be single".

One year later, she again became obsessed with death wishes. She telephoned and informed the police that her aunt intended to kill her. The patient admitted a great deal of hostility for her aunt. She would not deny that her aunt had been very considerate of her. She was committed to a municipal mental hospital for a period of two weeks. There she received tranquilizers and made an uneventful recovery. It was recommended that she try to gain independence by living on her own.

After her release, she again obtained employment as a stenographer and rented a room near her job location. Her employment terminated in approximately ten months. During this period she visited her aunt from time to time. She could perceive that the minor stresses of everyday living were very difficult for her

aunt. However, the longer she stayed away from her the weaker the intensity of her need to think that her aunt wanted to kill her became. When New Year's day arrived, she celebrated it with her. It was late when they terminated the holiday festivities and she was persuaded to remain, "just for the night". She did not return to her rented room again. She says, "I had lost the feeling (death wish). Keeping an extra room was expensive. She said she was having an awful time while I was gone. She had crutches and it's not easy with arthritis. The parakeet used to bite her when she fed it". Within a short time, the same pattern of relationship that existed prior to her temporary departure reasserted itself.

For the next two years she was very lonesome. Together they read Shakespeare, discussed topics from National Geographic or watched TV. Relatives dropped in occasionally, but by and large they lived alone. Sometimes, their solitude was almost unbearable and it stimulated her to seek social interaction. One day, while studying a French lesson in a nearby park, she noticed a boy sitting on a bench close to hers and they began conversing. Through him she met two more young men. Not long afterwards she spent the night in a motel with one of them. Afterwards, they went to see the movie "The Ten Commandments". She also engaged in intercourse with the other one. Climax was not achieved with either one. She states that the boys did not have an ejaculation. She explains her behavior in the following manner: "I don't know what made me do this after being so prim. My aunt loved me, but you need people your age to be with. I just tried it a little bit".

One of the young men she met in this manner sought her out

several times. He made several attempts to contact her after she was committed to a municipal hoapital. Her aunt did not tell her about his communication attempts until quite some time had elapsed. Finally, the boy returned to his home in one of the southern states. He sent her a telegram but on the advise of their minister it was kept from her. Another time he telephoned her but his call was answered by her aunt. She told him she did not want him contacting the patient. The patient insinuates that she heard the remarks made by her aunt but made no effort to forestall them. The boy made some uncomplimentary remarks to her aunt but his attempts to reach her ceased.

The patient states that she was largely pleased with her life situation. After her last romantic failure she began attending shows at a dog training school. She says, "Dogs are second best to persons". At one of them she met an older, retired Catholic hockey player. She describes him as "very nice". They "drifted" to drive-ins and Chinese restaurants. She spent one night at his home. As before, she was unable to achieve climax. He was very pleased with their relationship and characterized his feelings for her with the statement that he was "as near as her telephone". However the time came when she called him, but was unable to reach him. After that she did not see him again for sometime. Later she learned that he had had several operations during the interim. Her last boy friend did not propose marriage. She remarks, "When I had my aunt I wasn't too much interested in marriage. A woman has to pursue just as much as a man". Incidentally, at the dog show show she had gone with the intention of obtaining a thoroughbred and ended

up by getting a mongrel.

The patient has taken voice lessons periodically from the age of sixteen. Her teacher's son has exhibited an affectionate regard for her for a long time. Currently, he still corresponds with her. There have been no sexual relations. He lives with his mother. The patient has not been particularly interested in him because "his mother takes very good care of him"

When the patient was 32, her aunt broke her hip while getting out of bed. From that time until her present hospitalization the patient lived alone with her three dogs. About the time of the accident she lost her job. She says, "It's too bad it had to happen like that. She was too much to handle alone. Our family doesn't socialize much so I just walked the doggies and did the housework". With the passage of time, she became severely depressed "because I didn't have my aunt". Her aunt died when the patient was 33. At this point she wanted to contact her uncle, a doctor. She had not seen him for years, and was unable to locate him.

One evening, she called the police department because she thought she heard someone in the kitchen. With the policeman still on the line she discoverd that it was one of her dogs. She continued talking with the sergeant and the subject switched to music. It was not long before she informed him that she was a singer, and sang "God Bless America" over the phone. The policeman expressed admiration for her talent and informed her that if she would meet him at a radio station he could obtain an audition for her with some talent scouts. At first, the idea appealed to her, but the next day she was too depressed to leave the house.

After her aunt's death she became severely depressed. She was preoccupied with suicidal ideas. She considered drowning herself but was afraid of water. The thought of stabbing herself occurred to her but it was rejected because of the anticipated pain. The idea of suicide by inhaling smoke fumes appealed to her most and there were several instances of firesetting behavior.

At the age of 35, she attempted suicide by placing a plastic bag over her head. Her effort was aborted because it hurt her neck. For a full year she had never flushed her toilet because she was afraid to have the plumber in the house. Three days prior to setting the fire that precipitated her current hospitalization, she felt herself reaching a stage of panic at the prospect of dying. During this period she burned items of wearing apparel. Afterwards she felt distressed and thought she should not have done it. Subsequently she became agitated and burned some more. On occasions, while her clothing burned in the incinerator, she lay down on another pile of clothing. The latter felt soft and relaxing. One day the patient set at least three separate fires in her home. The fireman discovered fires in the attic, basement, her bed and a sofa. Her sister, summoned to the scene by the neighbors, arrived to find the patient agitated and attempting to re-enter the burning dwelling. Prior to this fire, she had burned several of her "best clothes". Included in the items, was a dress worn ten years earlier when she served as bridesmaid at her sister's wedding.

After the patient was taken to jail her relatives found that the upkeep of her house had been grossely neglected and it was even unhygienic. There were three dogs; the garbage had not been

disposed of; the plumbing did not function; and the utilities had been shut off. There was a "fortune" in books on sex, flower culture, and technical manuals. A large Bible had all the pages torn out. A nightstand contained needles and syringes. Medication or paregoric were not in evidence.

For several years prior to her breakdown she had been writing her memoirs. Her sister became aware that ther writing was "full of hate" and that she (her sister) was the main target. She wanted to burn her property so that "nobody" would benefit from her death. She was aware that her legal heir would be her sister. It was her sister, specifically, that she did not want to inherit her estate. She admitted, smilingly, that she resents her sister, on occasions.

At the time of her examination at a city clinic the content of her speech included many complex details. Superficially, they appeared to be trivial and irrelevant. During the course of her examination, it became evident that those details had significant symbolic and private meaning. She gave a history of past auditory and visual hallucinations. She described having seen cloud-like and illumined figures in her home. A voice she thought was her sister's spoke about meeting her at Belle Isle. Suspicions and fears were expressed about some green pills given her for her condition because they might bring about her death. Since the age of fourteen or fifteen, the patient had had the conviction that she would die prematurely by the age of 35. The fact that she was past that age at the time of her examination did not lessen her presumption. She was euphoric while discussing her impending death. The anticipation of death was expressed with pleasure. She verbalized

that it would "be nice to die".

The patient expressed a fatalistic and delusional philosophy of life. She indicated that since early adolescence she had been unable to do many of the things she wanted to. She could only stand by passively and wait for things to happen to her. A preconceived plan of events that would inevitably lead to her death, irregardless of her wishes or actions, was attributed to "God and nature". The last two concepts were used interchangeably. Delusions of persecution were expressed at two levels. Her earlier belief was that her aunt had wanted her to die. More recently, her death would inexorably be brought about by an abstract impersonal scheeme of "nature".

In the sexual sphere, her fears and conflicts were revealed in private symbolism. There was a highly personalized and bizarre use of color to express her feelings. Diamonds symbolized sex. Pleasant feelings of purple or lavender and other colors had been experienced. She invested usual events with morbid attributes, i.e., once she heard someone "tampering" with her electric meter. When she switched on the electricity, there was none, i.e., the lights did not turn on. It did not occur to her that it had been turned off by the company because she had not paid her bills for several months. On another occasion, while washing dishes, she was shocked while turning the dials of her radio. She believed that it may have been preplanned with some underlying motive. While playing the piano, she noticed sparks emanating from her fingers. They were the preliminary stage of the oncoming fires. Planes flying directly overhead had an ulterior purpose in so doing. TV personalities projected on the screen

related to her personally. For example, a particular movement of Edward R. Murrow's head conveyed a specific meaning for her and indicated his awareness of her presence.

At this hospital, in the initial psychiatric interviews, the patient was poorly oriented for time, place and person. She showed fine tremors of both hands. Her verbalizations were disconnected. One part of her conversation is as follows: "I set fire to the house, well, I believe it's my house. Sometimes I get confused. I can't get to cook three meals a day. Maybe I set fire to the house because I needed attention. I tried to get help at the city hospital. Maybe nature is trying to play tricks on me. I met a fat man, wanted me to go with him. I met this man while I was reading a book". There were delusions of grandeur and auditory hallucinations.

Immediately after her arrival, she was placed on very heavy dosages of tranquilizing medication. She was strongly sedated until approximately six months ago. There have been no behavior problems but she has been withdrawn and aloof. She was encouraged to join group therapy about a year ago. At the time she asked to visit a group on the pretext of writing an article for the hospital periodical. More recently, she became involved in vocational rehabilitation in a mixed group (male-female). Subsequently she became very tense and professed a desire to terminate. After some reassurance she decided to continue. Release from the hospital is imminent.

A4

The patient was admitted to the hospital at the age of 40.

She terminated school after completing the sixth grade. Intelligence is at the average level (IQ 106). She is of lower class parentage. Diagnosis is schizophrenic reaction, chronic undifferentiated.

The patient's mother was aged 15 when the patient was born. Her real father was married to another woman when her mother became pregnant. Her maternal grandmother almost immediately began caring for the patient. Her mother lived in an upstairs apartment in the same house. The patient saw her mother everyday, but her mother did not to any great extent participate in her child-rearing activities. She slept and spent most of her time with her grandmother and her stepgrandfather. Her mother moved to a different location when the patient was about 6.

The patient recalls several incidents prior to the time she was able to walk. On one occasion she was left alone with her stepgrandfather. Somehow, there was an accident. Her stepgrandfather broke her glass swan and cut his hand. She remembers teasing her dog and her stepgrandfather trying to make the dog behave. In her mind's eye, she can see her finger in a splint, but she does not recall the circumstances bringing about the fracture.

About the age of 5 or 6, she was in a accident with her stepgrandfather. He was taking some fruit jars to someone's house. They got into the car and pulled out of the driveway. Her next memory was regaining consciousness on a hospital bed. She sustained a severe scalp wound, and had been unconscious for several hours.

The patient started school at the usual age and completed the sixth grade. For awhile, she was taught by a distant relative, a cousin. On one occasion, the patient called her by her first

name and was reprimanded for it. The patient enjoyed and made above-average grades in her academic subjects. She skipped the first and second grades. There was friction in her social interactions with boys. Boys put tacks on her seat because they were envious of her academic superiority. One of her most pleasant experiences in school was playing the lead role of the "Virgin Mary" in a Christmas pageant. The role involved both speaking and singing activities. She says, "I got stage fright easily". Her mother stated that her cousin teacher catered to the patient. Because of family ties she was placed in positions of prominence in school activities. In the fourth grade, another teacher told her mother that the patient was a problem child because she wanted her own way. The patient skipped school a great deal.

The patient did not meet her father until the age of seven. One day she came home from school and was called upstairs to see her mother. Her mother introduced a man in a bearskin coat as her father. The patient, apparently, doubted the relationship, but she says, "After that I got presents from him so I had to believe he was my father". From birth until the age of 7 or 8, there were three stepfathers. The mother has been married six times. She has only vague recollections and hardly any contacts with her first two stepfathers. Her mother remained married to her third stepfather for almost 16 years. Two months after his death, her mother married the fifth time.

At the age of 8, she met her maternal grandfather for the first time. He was visiting her mother. She had been staying sporadically with her mother. One day when he was drunk, he "raped"

her. He threatened to kill her if she told her mother. The rape was painful and there was some bleeding. The next day she started menstruating. The patient informed her grandmother about it, and the incident was reported to the police. After the usual legal steps were taken, he was ultimately committed to a mental hospital where he spent the remainder of his life. Immediately afterwards, she was taken for treatment to the children's dividion of a psychiatric unit. On the recommendation of her psychiatrist, she was removed from school. From that time, there has been no formal academic training. She says, "What I've learned, I've learned on my own. Prior to the time of the sexual incident, there was hardly any sexual instruction. Her mother had tried to discuss the sexual topic with her but her grandmother had objected. Her grandmother expressed the opinion that the patient knew too much in relation to her age. Her grandmother exhibited overconcern even about the propriety of her clothing. She would not let her wear new dresses provided by her mother if she considered them sexually provocative.

After the rape behavior, she went to live with her real father. He was a state policeman and was home for very brief periods of time. She says, "I didn't want to stay there when he wasn't there, and I didn't like his wife". One day, on impulse, she packed her suitcase and left. Within a short time she was apprehended and return to her father. He whipped her and put her to bed without dinner. Before the evening ended he apologized and brought her a meal. The patient says, "But by that time, I had no confidence in him or anyone else in that house". Her father finally returned her to her grandmother.

From the ages of 7 to 14, there were no acutely critical incidents. There was, however, considerable conflict between her mother and grandmother regarding rearing practices. She says, "I felt like someone was pulling me two ways. When I started dating, one would say 'O.K.' and the other, 'you're too young'. What is a person supposed to think"? After her mother moved out of their home, the patient was continually shifting residence between her grandmother and mother. She says, "I'd fight with one and then I'd go to the other. Mother gave love and affection only when she was drunk. I'd think, 'Oh, yeah, it's only alcohol talking'. From the time I was little, grandmother didn't want me to be around her when she was drunk".

The patient is a Lutheran. They lived "almost on top of" the church. Her grandmother required her to attend Sunday services and was very strict about it. She has largely discontinued religious observance as an adult.

The patient's first romantic attachment was to a sixth cousin who was about 30 years of age. She and an older girl friend, both of them attired in shorts, went to see him recurrently. The first time she was alone with him, he seduced her. She does not recall reaching climax. There is shame associated with the experience. She says, "Afterwards I couldn't look at him and I quit going to see him". Her grandmother suspected that intercourse had taken place and made inquiries about it. At first, the patient denied it, but in due course of time she discovered she was pregnant. Her male child was born within the expected time limits and without complications. Her son was immediately adopted by a maternal aunt.

The latter lived on a farm. The patient made infrequent visits to see him. She is perplexed about her feelings toward him. When her child was five or six years of age he slipped off a log and sustained a lethal injury. Concerning his death the patient says, "I don't know how I felt about it. I hardly knew him".

About the age of 15 or 16, the patient began working, helping out at a bar owned by her stepfather. She met many acceptable people, "at least, I considered them nice", through her activities at the bar. She dated several of the men she met there. Invariably, they moved to another bar, sometimes a "blind pig". She was not old enough to drink with adults, but her age was never questioned. Her mother was aware of her activities and tried to prohibit them to no avail. The patient regards her dating behavior as acceptable. It was a means of obtaining affection she needed and was not receiving from her family or peers. She engaged in coitus with several of the men with whom she associated. She says, "I was not ashamed of this. I did not think I was bad". She was aware that other people regarded promiscuity as morally unacceptable.

At the age of 16, when her stepgrandfather had gone on a southern trip, she and her grandmother went to a bar for a drink. A soldier bought them one and, with the approval of her grandmother, he sat down and chatted with them. The next day her grandmother asked him to dine with them at her mother's home. The young man was a very likeable person and her mother treated him with overt demonstrations of affection. She says, "It seems everyone likes what I liked. I went with him a long time (several months) and we had many fallings out. I'm the biggest fool that ever live. The guy I was

supposed to marry, I didn't wait for. I thought he'd get killed. On the day he was transferred, no one could find me. When he left, I hadn't said goodbye to him". The day that he left, the patient spent the day with his friend.

She behaved in an identical manner on her birthday. Her mother had planned a surprise party for her. She believed that her birthday had been forgotten. At the time the birthday party was in progress, she was in a large city getting drunk with a "gang". She says, "I had a habit of not showing up at home. I was gone with the wind". At this point in the interview, she cried and stated that she still loves her first soldier boy friend. Her mother reports that the patient often sneaked out of the house and stayed with boys until the early hours of the morning. One of the outcomes of her promiscuity was that she acquired gonorrhea.

The patient has always appeared to be escaping from something. She has run away many times. Usually, some member of her family would inform the police and asked them to find her. Often, she would take taxis and ride around in them until late at night or early in the morning. When without funds, she would jump out of the taxi near her home, run into a building and out the back door and disappear to her home.

The patient met her first husband, a soldier, at an amusement park. He was an intemperate and unruly individual. He was jailed on one occasion for disorderly conduct. At first, they just lived together. When he was transferred to a different base, he wanted her to follow him. They were married and lived together several months until he was sent overseas. Not long afterwards, he was killed in

military action. After her marriage, the soldier she really loved returned to see her. He had not been informed that she was married. Their meeting was a very painful experience. She says, "I almost passed out when I saw him. I told him about my marriage, and he asked me why I didn't wait". She voices some derogatory comments about herself and asks, "Would you be happy if you pulled such a shabby trick"? He left immediately. She has not seen or heard from him since that date.

After her husband's death, the patient had a severe mental breakdown. She ran away to a southern state. From there she called her mother and asked for bus fare to come home. After she traveled a short distance, she called her mother again and asked for more money. This time her stepfather went to meet her. On her return she made continous phone calls to a service base to obtain dates. It was on the complaint of an officer from that installation that she was referred to a state hospital.

During the time of her commitment, while on visit or convalescent status, she left the state. She acted out in an antisocial manner in another state, and served time in a reformatory for women.

At the age of 19 the patient remarried an acquaintance of a relative. Her husband had a history of mental hospitalization. He visited her while she was at the hospital. Their courtship and marriage were completed within a month. They had made arrangements to remain with his mother but instead went to stay with his sister. He slept on the floor and she on the couch. There was no privacy and it was some time before they consummated their marriage in a sexual

act. On this occasion, her grandmother had sanctioned the marriage without asking for her mother's consent. The animosity between her mother and grandmother flared up. Her mother did not attend the wedding or visit them for a month afterwards. Then she gave a reception for them but did not invite her grandmother. During the festivities her mother became drunk and beat her.

From the start there was constant friction with her second husband about several matters. They argued with their parents. He disagreed with almost everyone and thought people, in general, were against him. They both drank excessively. Sexual adjustment was satisfactory until the following incident. The patients description follows. "I had a girl friend and when we went out one night, she had no formal clothing, I let her wear one of mine. My husband was with us and we went out and came back home. My husband bought some rum and it was late. My girl friend didn't want to go home. My husband got in bed with her and so I left him. People will kill for that and I left him and went back to grandmother". They were divorced in approximately five months.

Her fourth stepfather died when the patient was aged 24 and her mother remarried within a month. The patient did not think that her mother should have married so soon after her stepfather's death. She had been fond of her last stepfather and disliked her next one immediately. Her negative attitude toward him became even more intense after she was accused of having stolen some money her mother had put away. He subsequently admitted that he had taken it, but her mother did not apologize for her erroneous accusation. Later on, her stepfather propositioned her sexually. She told her mother about

his proposal but she would not believe it. The patient had known and associated with her stepfather several years before. There had been sexual intercourse. He wanted to resume their relationship on the same basis, but she did not allow it. The patient states that she suspected her mother's motives toward many of the men she dated. She says, "My mother has made over most of my boy friends. She hugs and kisses them in front of me. Everyone I've had she done it with and mostly my husbands".

At the age of 25, she was sentenced to prison on a charge of grand larceny. There were no unusual incidents. She worked in the laundry; participated in many of the available recreational activities and made a few close friends. She was released in approximately four years. On returning to her grandmother, she was informed that her grandmother had cancer. Her grandmother died several months later. Prior to her death, the patient had written some checks in her grandmother's name. The bank pressed the charges and she was sent back to prison.

After her return to the open community, she had three boy friends in rapid succession. Her parents introduced her to a handsome, mature looking man. They had several dates and engaged in heavy petting. His caresses aroused her sexual desires, but he was a "freak" and only wanted to engage in cunnilingus. He wanted to marry her but she did not approve of that type of sexuality. The next man with whom she had an affair wanted her sexually but had no marital intentions. The succeeding one she "fell for like a ton of bricks" but he was a confirmed alcoholic and possibly a drug addict.

She became acquainted with her third husband, a redhead, at a bar.

She has a predilection for redheads. Her first husband and her grandmother were redheads. She dyes her hair red too. Three days after their initial meeting he asked her to ride along with him to another city. Enroute he proposed marriage. They began marital life in a hotel. Presumably, while still on their honeymoon, they went to Canada. They spent most of the day drinking in bars. That evening he wanted to remain in Canada, contrary to their plans. Consequently, she returned home. She went to the bar of the hotel in which they were lodging and began drinking with the bar manager, a pleasant and sociable woman. They frequented several bars that evening. The patient did not return to her room.

The next day she called her husband. He inquired into her whereabouts. He asked her to wait for him so that he could come for her. As soon as he hung up, she left. She says, "I wasn't ready to be bawled out so I went to a bar". Her husband attempted to get in touch with her there and at several other bars. As soon as she was informed he was calling she moved on. After several days of these delaying tactics, she returned to him and they lived together for a few days. During the time she was away from her husband, she had written several checks in her name with insufficient funds. She was apprehended by the police and returned to prison. The reason she finally offered for temporarily parting with her third husband was that he was a philanderer. Many women informed her that they had been out with him. The patient never saw him in the company of other women, but suspected that what she had heard was true. When she asked him about it directly, he confirmed it, but tried to reassure her of his love. At the same time, he minimized the importance of these affairs.

When she found out he was being unfaithful she says, "I felt numb all over. I was hurt by his unfaithfulness and so I stepped out to hurt back. It started when I was a little girl. The man I thought was my father wasn't".

At the age of 30, she was returned to prison, on a charge of uttering and publishing. At the institution she tried to adjust with the same behavior patterns as on her first period of confinement. There were some modifications. She was placed in seclusion for two or three months for an attempted escape. She attributes the attempted elopement to another party and feels victimized. On another occasion she was accused of refusal to work in the garden. The task consisted of weeding and hoeing. She says, "If an officer didn't like you they put you on a garden detail. One didn't like me. She thought I was too smart and snippy".

She regards her readmission to prison as motivated by vindictive needs toward her mother and stepfather. She says, "I thought in my heart that it would hurt her more than it did me. Mother told me she loved me. If she did, it would hurt her". When her mother became inebriated she would tell the patient that the only person "you" love is in the grave. This statement evoked a feeling of horrors and revulsion in the patient. She cries and continues, "I've hurt her more by coming here. She hurt me by divorcing my one father, the one she knew was mine; he was my daddy. There was no other one for me. There again I felt unwanted. He was always good to me". She was placed on parole and returned to her husband, in the latter part of 1961. They failed to get along and separated. After the break-up with her husband, she began frequenting a particular

bar where she became acquainted with the owner's wife. The lady was a motherly person and put her at ease. The patient told her on several occasions she was a nurse at a nearby military base. Later on, a soldier came into the bar and invited her to drink with him. They arranged to meet afterwards and he took her inside the installation. He started making love to her and put pressure on her to submit to intercourse. She warded off his advances but obtained his identification card with the intent of reporting him to his commanding officer. Instead, she took her grievance to the Provost Marshal. She introduced herself as a nurse lieutenant in the U.S. Air Force. He asked to see her identification card but she was unable to produce it. She says, "In turning him in, I turned myself in by saying what I was and what I wasn't." She played the nurses role for one and one-half weeks.

The same day of her apprehension by the police, her husband was arrested for first degree murder. He had been drinking with some companions. When his funds were depleted, he went to an aunt to ask for a loan. She refused to grant it. Her husband killed her with a knife. He was sentenced to prison for mandatory life. He communicated with her all of the time that she was in an outstate prison. The latter statement will be explained more fully in the succeeding material.

The patient was 38 at the time of her sentence to a Federal prison on the charge of impersonation. When the patient arrived at that institution, she appeared severely disturbed. Almost immediately, she was referred to the psychiatric unit where she was placed on tranquilizers. She received psychotherapy from two

therapists. The first one made a very poor impression on her. He had been treating one of the women and apparently committed suicide because of a distorted relationship with her. She says, "I didn't think he was that stupid. He was sicker than any girl out there. He was my therapist". She discussed the difficult situation with her husband. The therapist told her to "forget the SOB". He expressed the opinion that her husband was not worth the distress he was causing her.

Her next therapist was skillful and efficient. She says, "He listened". When anxiety about the fate of her husband at the time of his trial became most intense, she was able to tolerate and resolved it successfully in her interviews with him. After her therapist left the reformatory she was unable to relate to another. In the meantime she had become eligible for a transfer to her originating state. She took advantage of her prerogative and returned to her home state. In approximately two and one-half years, and without any further incidents, she was released.

She moved into her mother's home but circumstances had not changed. She says, "There was too much company, too many people, too much bickering between me and my mother". Her stepfather continued making sexual advances. In the everyday give and take interaction with her mother, anxiety would build up and frustrations abounded. She became restless and left the premises for a day or two at a time. On her return her mother would not talk to her for days on end. The patient considered the "silent treatment" more painful than if she had been subjected to verbal abuse. During the time she was gone she invariably became drunk. In her opinion, sex behavior

was a secondary consideration. When the situation at home became unbearable, she says, "I'd do anything to get away from home

One day, while she was serving as a waitress at her mother's bar, she became angry and threw some things at her. The patient considered this incident the most demoralizing indignity she had ever had to endure and departed again. She went to a former acquaintance from whom she could obtain money. He rented her quarters in a motel for the night. The next day she moved to another city. There she secured work at a tavern. For several days she adjusted satisfactorily. Within the week she became homesick and returned to her mother. The same difficulties arose again and she repeated her previous behavior.

On this occasion, she met an automotive engineer who was estranged from his wife. He asked her to live with him. He was a "moodly, sour" individual who drank excessively. She enjoyed assuming the role of his wife. At the time, he had a lawsuit in progress to obtain his children from his real wife. The patient believes that had his relationship with her come to light his litigation would have failed. She wanted to marry him, but could not stay with him under these trying circumstances.

One day she called the military base and talked to one of the officers. He invited her to tour the installation. On her arrival there, she met a major and a colonel. Both of them asked her for a date. That night she met the colonel at a bar. He was already drunk. In the course of the evening he became very obnoxious and she left him. The following night she returned to the tavern. The major was there also. He informed her that he was aware of the outcome of

her evening out with the colonel. They began dating steadily. Several times he stayed with her overnight in a hotel. She registered in his name and ran up a rather large service bill. She left the hotel without paying it. The latter event brought to an end her affair with the major.

Several days later, she met another man in a beer garden. Almost immediately they began living together in a motel apartment. The man was separated from his wife but was supporting her (his wife) economically. One Saturday night at a bar, her paramour asked a friend "to take care of her". When she and her paramour's friend left to eat at a restaurant they observed that they were being followed by her paramour. The night's events culminated in considerably more drinking behavior and both men went to bed with her. Her relationship to the latter man terminated after she forged some checks in his wife's name. The patient was finally apprehended by the police.

The patient was held in jail for two months. Several other inmates, both males and females, were confined there at that time. They talked with each other a great deal. Two or three of the males, including one policeman, made sexual propositions to her. One of the guards conveniently left her door and that of a young man's open in exchange for a sexual favor. Coitus with the guard was not in harmony with her wishes, but she submitted because of fear of disclosure and punishment. Both of her sexual adventures became known to the other inmates. They began making derisive remarks about her. The men increased their sexual overtures. She became depressed. One night she became preoccupied with the idea of suicide and cut her ankle. She says, "I bled like a pig and been stuck". The

profuse bleeding alarmed her. She proceeded to stop the flow by applying a tourniquet. By the time the suicide attempt was discovered, the danger was over.

The depreciating comments of the inmates increased. One man, in particular, "bugged" her at night. She says, "He told me that he sent my husband to prison for life and if he could get out he'd kill me". Several days after her first suicide attempt she made another one. She ingested 27 sleeping pills, but there were no lethal consequences. The patient describes, but cannot place, another suicide attempt during World War II. She cut herself with a razor blade and a second lieutenant's bar. At the time of the current interviews she says, "I feel that I'd be better off dead. I'm nobody. I'm flunking. I feel like I've failed in everything worthwile I've ever tried to do. I've always wanted to make my mother proud of me. It's the joke of the century because I've always done something to foul it up. Look at my life, it's nothing but a foul up, big disgrace that I am. I'm scared in a way. Then again, I've always wanted to get even with her for what she's done to me. In one sense, mother is responsible. If it wasn't for her I wouldn't have done a lot of things".

After her second suicide attempt, she was referred for psychiatric examination. The psychiatrist who examined her reported that the patient felt that he (the psychiatrist) was plotting against her. Everybody else was against her. They were calling her bad names. She believed she was pregnant (the patient has had a bilateral hysterectomy) because of sex involvement with inmates. The patient was considered psychotic and it was recommended that

she be committed to a state mental hospital.

At the hospital, the patient was suspicious, tense and overly friendly. She was adequately oriented in all three spheres. There were deep disturbances. She experienced nightmares of dead bodies and would wake up frightened and unable to sleep. There were no other grossly abnormal symptoms. At the time of this writing, she has become romantically involved with a 27 year old male patient and is entertaining marital expectations.

A5

The patient was committed to the hospital at the age of 30. She received a fifth grade education. Intelligence is at the dull normal level (IQ 85). She is of lower class parentage. Diagnosis was sociopathic personality disturbance, antisocial reaction, with psychotic episodes, history of alcoholism.

The patient's father died before she was born. She was informed by her mother that he was a "salt water guitchee". He had no formal education and his conversation was somewhat unintelligible. He had been born on the open waters. His parents lived in a boatlike structure on the ocean. There was no regular employment. She was led to believe that he was a "good" (moral) man. Her mother remarried while the patient was still an infant. She was three months pregnant at the time.

The patient's earliest recollections are that as a child she ran away from home continually. There have been so many instances of the latter behavior that it is difficult to count the number of times it has happened. She remembers that their home in a southern state was built upon some tree stumps. When difficulties arose

between her mother and stepfather she would hide underneath the house until she no longer heard the loud rumbling of voices.

On one of her runaways she had the following experience. For two weeks prior to her adventure, she had been aware that there was a circus in town. She had not intended to elope but one day early in the morning she found herself in that part of the city. She hurried to the near vicinity of the merry-go-round and remained with her eyes glued on its activities until closing time. The operator noticed her, and when there was no one else around he gave her two rides. She says, "I knew it wasn't for us colored. I don't know whether I wanted to ride it but he let me".

She did not know until there was a separation that the man she thought was her father was actually her stepfather. According to the patient he used alcoholic beverages immoderately. When he was under the influence he would whip all three children severely. She does not recall ever having been disciplined when he was sober. Subsequently, when the children knew he had been drinking they were too fearful to misbehave. Her stepfather was a philanderer. He stayed out late at night and sometimes did not come home for several days at a time. The patient states that neither her mother or stepfather showed any favoritism. She says, "They didn't care for any of us". Nevertheless, when it came to money matters she draws a distinction between the behavior of her parents. Her stepfather gave spending money mainly to her two half sisters. On those occasions the patient felt he did not love her and cried. These were the only other times when he would whip her with a belt.

Her mother was not particularly close to any one child. She

distributed money or bought them clothing equally. When her mother disciplined them she did it with a tree switch. The patient says, "She whipped us with a switch she got from a tree that has green beries. The stems are long and green. The limbs bend almost in half and they won't break and they sting".

The patient remembers that as a child she played mostly with her half sister. They played school, house and office. When they played school the patient wanted to be the school teacher; in house games, mother, and in the office, the boss's private secretary. She says, "I wanted to be first".

The patient started school at the age of six in the first grade. She did not like school. However, of all the subjects she was exposed to she enjoyed "auditorium" the most. She also liked music, art and arithmetic but was repelled by reading, geography and library. There were no grade failures but she received failing grades in several subjects. She got the impression that she was promoted mainly to "get me out of the room". She attended a segregated school and discontinued at the age of ten while she was in the fourth grade.

When the patient was ten her parents separated. Her stepfather had been staying away from home progressively more frequently and longer. One day her mother put all of his clothing in a trunk and burned it up on the front yard. From that time on her stepfather never came into their home again. Her sister reports that after the separation they once saw him across the street with another woman. They called to him and asked him for some money. He threw them a dime from his side of the avenue but did not stop to converse with them.

Shortly after their separation her mother started working at a shipyard. They rented a larger home and took in boarders. During that period they saw relatively little of their mother. The patient was instructed by her mother to take care of her sisters. Her mother left her their credit card so that she could go to the store in case they needed groceries while she was at work. One day the patient, out of sympathy, spent the whole credit card on an old destitute neighborhood woman. When her mother came home the old lady called and expressed her gratitude for the kindly act. After the woman departed her mother gave her the most severe beating she had ever administered. The patient became very angry; threatened to run away and finally crawled under the house and refused to come out for a long time. She says, "I was peeved because she whipped me. I thought I did right".

When the patient was approximately 11 they moved to a large city in a northern state. She was placed in school immediately but was dropped back one grade in the process. Her first report card was very poor. She attached a great deal of significance to her poor showing and brooded about it. During this period she was raped by a janitor. The patient does not recall or will not talk about the incident. Her sister reports that they had been playing together. For some reason or other the patient went to the basement where the custodian lived. She did not return for some time. They became curious about her whereabouts and went in search of her. They heard some noises in one of the rooms. They peeked through the keyhole and saw the patient tied to a bed with her dress above her thighs and the janitor making movements on top of her. They were aware that

he was engaging in an act of intercourse. As soon as their mother came home they told her about what they had seen. Her mother made an official complaint to the police. The man was ultimately sent to prison.

Shortly after this incident the patient made a suicidal attempt by stabbing herself in the breast. She expresses no awareness of the psychological problems underlying her act. She was immediately rushed to a municipal hospital. After she was no longer in danger of serious complications she was transferred to a state hospital. She remarks that the scar of the wound is still approximately an inch in length.

She describes her mental condition as characterized by depression, crying and lack of social interest. She received ECT. In an effort to cheer her up she was given a birthday party by ward personnel but she was not responsive. During the two years of residence at the hospital she was placed on convalescent status several times. On her visits home when matters did not suit her she ran away. The patient expresses resentment toward her mother and half sisters because they did not come to visit her at the hospital very often. She did not receive very much money from home so that she could buy "extras". The patient inferred that her sisters did not want to see her. As her depression lifted she became very friendly with the other patients and attendants. She states that she sought out other people for attention because she was not getting any from her family. She says, "I still loved my mother and it made me mad when she didn't come to see me". On one of her visits she went to a girl friend's home and remained there beyond the timelimits allowed.

She stayed there until the police came after her. Finally, she became very close to one of the female attendants. The latter brought her candy, cigarettes, etc. The particular patient-attendant relationship adopted at that hospital is being exhibited currently.

At the state hospital she did not receive any "talking treatment", i.e., individual or group psychotherapy. There was no school. The patient requested and was accepted for training in physical therapy. She was also instructed in basic hospital functions particularly as they pertained to ward duties. She expresses considerable pride in her ability to make beds. She says, "I can make a perfect patient bed or surgery bed". For the most part she was assigned to a physical therapy unit on a female geriatrics ward. She found her work rewarding and personally gratifying.

At the age of 14 there was a mass transfer of approximately 200 patients from the state hospital to a private agency. She was one of the patients included in the operation. There, she was placed in the out-patient treatment department in the physical medical section. She was granted outside priviledges and could, in her free time, come and to at will. She had a private room just like she had had when she was home. She had the same status as a nurses aid and was granted a subsistence allowance. On the surface everything appeared to be satisfactory.

Her family made on effort to contact her at her new residence. At first, she reasoned that her mail was still being sent to the state hospital and had not yet been forwarded to her. Several weeks later conditions were still the same and she became alarmed, and very lonely. In an effort to locate her family she left the hospital for

two weeks. She says, "I was trying to find mother so I just walked out the door. I wanted to see my mother". Subsequently, she learned that they had moved and had left no forwarding address.

On her return she was immediately transfered to a municipal mental hospital. There, she was placed in almost the same position that she had held at the private hospital. She worked in the medical unit. Her duties were almost identical to the ones she had previously carried out. There was one important difference, she had to houseclean the intern's quarters. She had permanent quarters on the receiving ward and as before had permission to spend her leisure time as she pleased. She continued searching for her mother. She roamed about the city alone for several months but her efforts were fruitless. About six months later, the hospital made the contact for her and her mother came to see her. She says, "I was so glad to see her I just talked and talked. I just didn't ask her where she'd been".

The patient reached puberty somewhere between the ages of 12 and 15. There had been no sexual instruction within the family. A younger sister reports that when she reached the age of puberty she was told by their mother to wear a "rag". The patient received all of her sexual information while she was at the state hospital. Subsequent to her rape experience, her first heterosexual relationship occured at the age of 15 with one of the attendants at the hospital. She says, "He had me under the impression that he liked me".

One of the consequences of her sexual acts with the attendant was that she acquired gonorrhea. She says, "It was an awful bad case. It hurt when I urinated. I fainted while I was taking a ballet lesson, I got up to go and I fainted. A patient who came from a

wealthy family was blamed for it". The patient continued her sexual relationship with the attendant for a period of two years. She did not achieve orgasm.

For awhile she went places with another female patient. One day, her companion joined two boys outside the grounds and did not return. One of the boys was supposed to have been her date. The patient did not start regular dating until the age of 16. During the Christmas holidays, she was taken home for a few days by a social worker. She met the boy that she began dating at a house party given by the worker. He invited her to a birthday party at his home and a "nice romance" was initiated. After she returned to the hospital he came to see her and took her out every Saturday night. He brought her gifts such as cigarettes and candy. Mainly they attended dinner and movies together. The attention she received was gratifying but she did not like him well enough to marry him. During the time she was dating this boy she thought she was in love with one of the doctors. The patient is unable to verbalize any basis for the feelings he evoked in her except that he was "well built and good looking".

During this period she conceived of her relationships with her half-sisters as distant. She did not feel inferior to them. However, she compared herself unfavorably to almost all of the people at the hospital. At times, she did favors for people just to get them to like her. At this time she began having uncontrolled timper outbursts. There were times when she was isolated. When her needs or wishes were furstrated she would become angry and "scream, yell and bang my head on the floor". There were fights with the other patients but according to the patient, only when they initiated

the altercations. She expresses the opinion that she has been attacked by her fellow patients. Sometimes, people ignored her intentionally.

She became even more cautious about fighting as a result of the following experience. She had "teamed up" with a crippled girl. The latter struck a resounding chord in the patient after a suicidal attempt. The patient had tried to comfort her and in the process they became very good friends. Her friend progressed rapidly. Shortly before she was to be released from the hospital they became embroiled in a violent quarrel. The patient struck the girl viciously but the girl ddfended herself admirably and eventually fought back even more fiercely than the patient. In the end the patient was thoroughly defeated. She says, "I was never a good fighter". Nontheless, there have been frequent alteractions even to the present time.

Her first significant experience with beverage alochohol occurred while she was taking care of the intern's quarters. Prior to this time she had been very curious about it but had used it sparingly. She had for some time wished that someone would instruct her about its effects. In the intern's quarters several bottles of liquor were frequantly left in open view. One day she decided to sample various kinds. She overestimated her capacity. When the interns returned they found her in an inebriated condition. No action was taken against her but the desired instruction did not materialize. She says, "I knew I had drunk too much but I did not get the real meaning of drinking".

In spite of her unstable and hostile adjustment, she was released from the hospital as a result of a sanity hearing at the age

of 19. Shortly after her discharge she was invited to visit an aunt and uncle in a midwestern state. She accepted the invitation but remained with them for only a short time. The patient regarded her stay with her relatives as unpleasant. Her relatives lived in a trailer. She had became accustomed to frequent bathing but the latter was impossible under their restricted circumstances. Each of her relatives was sleeping with another person. Her mother took one of her cousins back to their home in her place. Her cousin did not want to go home with her mother, and came back within a week. The patient regarded that city as a cold, foreboding place. In three or four months she returned to her mother.

Not long afterwards, she secured employment as a nurses aid in a city hospital. She worked there for seven years. From the time of her release from the hospital she had dated several men but none of them met her standards as a marriage partner. However, she engaged in intercourse with several of them. One of them paid her a great deal of attention. He tolerated her instabilities and caprices over a relatively long period of time. She became pregnant by him and delivered a daughter. There was no marriage. She says, "I did not love him so I didn't want to marry him". Then she makes contradictory statements. First, she states that she did not see him again after she became pregnant. Next, she remarks that she continued to date him but that it was "nothing serious". They never talked about marriage.

When her daughter was about five months old she met another man. He showed considerable affection for her child. He was like a father to her. After several months she became pregnant by him. As soon

as she told him about her condition he stopped seeing her. She says, "I didn't like him any longer". For the most part both of her children were reared by her mother. The patient demonstrated a definite disinclination to mother her children. She says, "I didn't know anything about taking care of them". Her children remained with her mother until she died. At the time of her mother's death the patient was 24. She has not maintained contact with her children for a long time. When describing the events succeeding her mother's death she recounts that several of her ex-boy friends requested to be her mother's pallbearers. They were not only fond of her mother but also kept track of her movements. Her children's fathers contributed financially to the care of their children. She says, "They took care of my children and that is all that was necessary".

The patient expresses an ambivalent attitude toward men. She says, "I like men to tell me the truth; not to lie to me. Above all, every day he has to prove to me that he still loves me. I want all his love 100%. I'm not possessive. I'm not jealous. Yes, I am to a certain extent. He may associate with other people. Men are weak. They don't have a strong constitution mentally. Every boy friend I had, I could wrap them around my little finger. If you flatter them you can". When her boy friends write to her she expects them to sign their letters, "Devotedly yours" or "I'll love you forever". Otherwise she doubts the sincerity of their affection.

At the age of 26 she was dating two men. Both of them were Greeks. George, the one she preferred, owned a bar. The other, Joe, was courting her arduously. Joe had invited her to share his apartment. She had stayed with him, at times, and accepted many gifts

from him including wearing apparel. George's bar was also in the vicinity of Joe's apartment. One afternoon, while she was on her way to meet George at his bar, she walked past the apartment in a dress given her by Joe. As she glided by, Joe asked her where she was going. She would not tell him because she intended to go home with George after the bar closed. Then, she recalled that she had left her purse in Joe's apartment and went in to get it. Joe began demanding that she remain and a loud arguement ensued. The manager of the building came into the room and attempted to quiet them. Immediately, all three were wrangling. Eventually, the man ordered her out of the house. Concerning him, the patient says, "He was a hillbilly and didn't like me going around with a white boy". The patient experienced a feeling of intense anger toward the manager and proceeded to walk out. When she was out of their sight, she set fire to some curtains in the hallway. She says, "I wanted to get back at the manager but I had been drinking and the vodka told me to do it. I would not have done it if I had been sober".

The next day, Joe sent her a message through a little girl to stay out of the neighborhood. At first, the patient had no idea what Joe meant by the message he was sending. She had completely forgotten about the fire-setting episode. Three days from the date she set the fire she was arrested by the police in Joe's apartment. All of a sudden, it dawned on her that the police had a valid reason for searching for her. She says, "At first, I didn't think it was serious. I didn't realize I could have killed someone". Nonetheless, she would not admit that she was guilty of the crime and demanded a trial. She was offered leniency if she would plead guilty to a

lesser offense but was unable to compromise. She says, "I wouldn't cop out to a lesser charge. All they had was circumstantial evidence". Ultimately, she was found guilty and sentenced from 1-20 years at a municipal prison.

Her residence at the prison was uneventful. She received vocational placement in the prison hospital and engaged mainly in ward work. She felt very secure in a medical setting. Adjustment to prison life under familiar condition was facilitated. After nine months she was released on parole. Arrangements were made for her to live with an aunt and uncle in another city. Initially, the patient considered her placement very desirable.

While on parole, for reasons she cannot explain, her use of alcoholic beverages increased progressively. Through her flittings at various taverns she met a boxer and "bouncer". She dated him steadily for some time. She describes the professional fighter as a very jealous individual. About him, she says, "The man I was running around with was driving me crazy. I don't know how I got mixed up with him. Everybody was afraid of him. He thought everybody in the city wanted me. I quit him several times. Afterwards, he would find me; he'd promise he wouldn't act like that anymore and I'd take him back".

The pugilist wanted to marry her. The patient observed that he was suspicious even of her female acquaintances. One of her girl friends lived around the corner and took in roomers. When she went to talk to her, her boy friend would follow her. By his actions, he implied that he suspected that she was flirting with the roomers. The patient says, "Finally, he just got on my nerves. He was accusing

me of having every man in the city". Once, when she moved away from his vicinity, he threatened to kill her if she did it again. When her relatives became aware that she was missing, they called her parole officer. He contacted her and demanded to know why she had left her residence without authorization. When she told him about the boxer he wanted to have him arrested but she dissuaded him.

The patient absconded from parole two or three more times. Her aunt perceived that the patient was becoming more disintegrated and invited a minister to talk to her. Her aunt reported that the patient had cursed at or in front of the minister. The patient did not regard him as an ordained preacher. She says, "He was not a real minister. He played the "numbers". You can't fool God". After the last incident she was returned to the prison for 11 months.

During the latter period, she experienced considerable difficulty with a rectal fistula. She had six operations. At the time there was no sphincter control. Her inability to regulate bowel gasses and involuntary defecation were sources of embarasment.

At the age of 30 she was released a second time. The prison officials were of the opinion that an urban environment was too complex and pleasurably tempting for the patient. They recommended that she be placed in a small community. However, they were unable to find vocational placement and she had to be entrusted to her youngest sister. Later, she found employment in a physical therapy establishment. Her work schedule there made it necessary for her to live at the installation. Because of her medical background, her parole officer was making arrangements for a training course in practical nursing. The course, for people with suitable qualifications, was without cost

if they worked part time. There was one more requirement, which she passed: the individual had to produce evidence that they did not have a history of excessive use of alcohol or narcotic addiction.

Before the sessions began, she became intoxicated and left her abode without notifying her parole officer. She immediately obtained another job but was unable to control her alcoholic intake. One night, while on her way home from a bar, she was arrested on the street for drunkeness. She was sentenced to 90 days of confinement in the county jail. Her parole officer became aware of her predicament. He could have ordered her sent back to prison but did not. However, he made a stipulation that the day she was released from jail she was to have an interview with him. On the night of her discharge, a Saturday, she went directly to her sister's home. When she arrived there her sister, in an angry tone, demanded that she find another place to live. One of her cousins informed her that her parole officer was planning to send her to a psychiatric clinic for observation. The anticipation of psychiatric confinement alarmed her and she again took flight. Since that time she has had no occasion to consult with her parole officer.

About a week later she was found wandering about the streets in an inebriated and disoriented manner. The court referred her to a state hospital for psychiatric examination. One of the examiners told her that if she were found sane she would have to be sent back to prison. He explained further that she was a borderline case and could qualify under the provisions of either category, i.e., she could be sent to either a correctional or mental health agency. In his opinion her interests would best be served if she accepted

commitment to a state hospital. The psychiatrist thought that she could benefit from psychotherapeutic interviews.

During the period of observation she was granted ground priviledges. At the same time she met and fell in love with a young man at a card party. He was in the same predicament as she. He had served a short sentence in jail on a charge of robbery unarmed and was on bond pending disposition by the court. The patient describes him as a college graduate who had majored in accounting. He confided to her that he had served a previous prison sentence. Eventually, he was informed that he was to be returned to prison. The sentence was pronounced about six months from the date of their first meeting. She characterizes her feelings for her boy friend as almost identical to those she experienced at the time of her first "puppy love" affair with the young doctor during her first period of hospitalization. Her decision to return to prison was influenced by her feelings for her boy friend. She reasoned that if she was sent to prison there would still be enough time to marry him before his sentence began. Marriage is not permitted at state hospitals. At her hearing, she was pronounced sane and returned to prison.

From this point on the patient's behavior deteriorated rapidly. In the late months of 1963 she began having serious difficulties with the other inmates. After a particularly intense quarrel with a girl over some "bobby pins" she attempted suicide by lacerating her left wrist. She was isolated to prevent further suicidal attempts. After her release from isolation she was very angry and hostile. She and another inmate conspired to use medication in a mutual suicide

pact. There were spontaneous aggressive outbursts and uncontrolled behavior. Another circumvented suicide attempt consisted of breaking some bottles containing cosmetcs and cutting her wrists three times. She became a chronic management problem. It was finally recommended that she be transfered to the state hospital for the criminally insane.

At this hospital, the patient was oriented for time, place and person. There was no evidence of delusions or hallucinations. She minimized the extent of her suicidal attempts and use of alcohol. Her fire setting, as before, was attributed to the effects of alcohol. Several months after she began attending group therapy she acquired TB and was not allowed to continue sessions because of the danger of its transmission. The patient was granted permission to correspond with her boy friend. He had, by the time of her hospitalization, been returned to prison.

After her recovery she was disinterested in group therapy. When the therapist proposed a series of individual interviews she at first appeared interested but after two interviews found excuses to miss. One day, unexpectedly, the patient requested an interview. Her request was motivated by an unexplained severence of communication with her boy friend. She sought her therapist's aid in re-establishing contact with him. The patient produced approximately 75 letters from her boy friend and asked her therapist to read them. His letters were extended love sonnets, promises of marriage, and unrealistic plans for future economic security. Inquiry concerning his whereabouts yielded no reliable information.

The patient made an overtly satisfactory adjustment to his

disappearance. She maintained a resistive attitude toward therapy. About her therapist she says, "I think you're a square. The average psychiatrist is sick anyway. You're a good guy but I've received no help from headshrinkers. You ask ignorant and stupid questions. I don't believe there's any connection between childhood and what people do as adults". The patient made a superficially adequate adjustment and is no longer a resident at the hospital.

A6

The patient was admitted to the hospital at the age of 41. Education is at the ninth grade level. Psychometrically, she is of borderline defective intelligence (IQ 7?). Clinically, the psychologist and psychiatrist who examined her estimated that she was of average intelligence. She is of middle class parentage. Diagnosis was schizophrenic reaction, paranoid type.

Sexual Behavior The patient states that she always felt unwanted as a child. She was continually urged to play outdoors. Usually, she played by herself. Her older brothers and sisters considered her too young and she regarded herself as too grown up to associate with her youngest sib. Her first heterosexual experience occurred at the age of 16 with a boy friend who later became her husband. Marital relationships deteriorated after her husband was inducted into military service. While he was away she became promiscuous and gave birth to an illegitimate child. After her husband returned he drank heavily and abused her. There is a verified account from a city hospital that he fractured her nose and cheekbone. They were separated several times for protracted periods. Eventually their children were taken away from them and became wards of the court.

She acquired gonorrhea from her husband. He encouraged her to engage in prostitution. She served two sentences for contributing to prostitution. There were 13 pregnancies and 8 spontaneous abortions She finally submitted to a full hysterectomy. Although she is not divorced, she lived common-law on two occasions. Her first one was with a businessman and ended tragically. When he was away on a trip he was assaulted and robbed. His body was tied to a rock and he was thrown into a river.

Aggressive Behavior There is a long history of arrests and jail sentences for larceny, uttering and publishing, accosting and solliciting. She used alcoholic beverages excessively and has experienced delirium tremens. She was committed to this hospital after stealing a number of household and personal articles from a male acquaintence. There have been auditory and visual hallucinations and persecutory delusions. She admits harboring suicidal ideas but has never taken any overt action.

A7

The patient was admitted to this hospital at the age of 36. She attained an eighth grade education. Intelligence is at the dull normal level (IQ 83). She is of middle class parentage. Diagnosis was schizophrenic reaction, chronic undifferentiated.

Sexual Behavior There were nine siblings. Extensive conflict with them is not indicated. She had a closer relationship with her father than with anyone else in her family. From the start, there was considerable difficulty with her menses. Menstruation was characterized by undue hemorrhage. She denies premarital or abnormal sexual experiences. She was married at the age of 18. She

permitted intercourse more out of a sense of duty than for pleasure. There have been five abortions. The latter were atributed to the RH negative factor. At the age of 33, after the death of her father, she began showing overt signs of mental disorder. She began taking drugs to help her sleep. At the time of her breakdown she was separated from her husband. The building where she lived was patronized by prostitutes and men and women of questionable background. She worked in a taxi dance hall and was suspected of being involved in prostitution.

Aggressive Behavior The patient called the police on several occasions and made homicidal and suicidal threats. A report characterizes her as violent and endangering herself and others. She verbalized intentions to injure her children and husband. At the age of 31 she cut her wrists with a razor blade. Her lacerations required 13 stitches. Her alledged reason for her suicide attempt was that the death of her father had occurred in her absence. Her first period of hospitalization occurred in Canada shortly after the death of her father. Commitment to this hospital followed an arrest for check forging. She believed that a lawyer, whose housekeeper she was, wanted her to be his mistress and sanctioned her check writing. There have been persecutory delusions.

A8

The patient was admitted to the hospital at the age of 19. She is a high school graduate. Intelligence is at the dull normal level (IQ 86). She is of lower class parentage. Diagnosis is schizophrenic reaction, chronic undifferentiated.

Sexual Behavior The patient is the youngest of six siblings. At the

time of psychiatric examination she was reported to be the product of a schizoid withdrawn mother and a father almost schizophrenic in character. Her father died when she was 15 years of age. She stated that her father treated her "mean". She was aware that he was unfaithful to her mother. The patient describes her mother as "real" friendly and "everybody" liked her. However, her mother told her on one occasion that she regreted that she (the patient) had ever been born. Masturbation began at the age of 9 or 10. She denies any type of abnormal sexual activity. The first heterosexual experience took place at the age of 17 with a man aged 22. It was conceived as unpleasant, painful and unsuccessful. She maintains that she does not like men and does not desire marriage. In an almost antithetical statement, she asserts that even though she has always had unpleasant feeling during intercourse she enjoys and finds sexual contact necessary. She became pregnant prior to hospitalization and her baby was delivered at the hospital. While on convalescent status she became sexually involved with a man with a prison background. After he left her she became promiscuous and gave birth to a second child.

Aggressive Behavior Prior to the birth of her first child she tried to abort herself unsuccessfully with the aid of strong laxatives, turpentine and lysol douches. She inserted a pencil and coat hanger into her uterus causing lacerations and subsequent infection. A second pregnancy was aborted with the use of iodine douches and 666 tablets. There was one involuntary abortion. She considered the abortions sinful. The intense pains attendant on her manipulations were regarded as punishment for her misdoings. Subsequent

to the last abortion there have been fainting spells and dizziness. She became cancerophobic. In addition there have been religious preoccupations. Just before her commitment to this hospital, the patient approached a clerk in a department store with a knife and written statement in her hand. The note contained a threat that unless she was given the money in the cash register she would attack the clerk. Afterwards she explained that she had decided to commit the crime after her sister told her that she did not like her. She says, "Besides, nobody loves me so nothing mattered". On one occasion she considered suicide. She admits only one visual hallucination. She vizualized a pretty city where God was living.

A9

The patient was committed to the hospital at the age of 44. She received an eighth grade education. Intelligence is at the average level (IQ 91). She is of lower class parentage. Diagnosis was schizophrenic reaction, chronic undifferentiated.

Sexual Behavior Her father died of influenza when the patient was two years of age. There is no history of extraordinary conflict with her siblings. Abnormal sexual relationships are denied. Her first heterosexual relationship occurred at the age of 18 with her future husband. She was married at the age of 19. At the time she was 4 months pregnant. Retarded twins were born from this conception. During the course of her marriage nine children were acquired. The patient states that her husband was assaultive. Her husband is described as a passive individual. He liked to play the feminine role of homemaker. She makes the accusation that he was unfaithful. There were two separations and one reconciliation. They were

finally divorced. At the age of 36 she had a complete hysterectomy and one breast was removed.

Aggressive Behavior The patient has a long history of excessive drinking. Her first mental symptoms were exhibited at the age of 32, when she became drunk and started dancing in the street. After she was taken home she made the delusional statement that she was her own mother. She was committed and remained in a Michigan municipal mental hospital for two years. On one occasion she drew water to take a bath but was afraid to get in the tub because she was afraid she would drown. At the age of 44 she set fire to her home. She regarded the fire setting as an expression of hostility against her husband. Auditory hallucinations and delusions do not have aggressive undertones but are of a grandiose nature.

A10

The patient was admitted to the hospital at the age of 33. She attended school until the end of the tenth grade. Intelligence is at the average level (IQ 103). She is of lower class parentage. Diagnosis was schizophrenic reaction, chronic undifferentiated.

Sexual Behavior The patient had one sister and their relationship was described as "good". Her parents quarreled continually. Her mother was reported to be aggressive and talkative and her father as passive and retiring. The patient resented her mother's severe restrictiveness. She denies any ill feeling toward her father but regards their relationship as lacking warmth. Eventually she admitted feeling rejected by both parents. For no apparent reason she ran away from home on two occasions. Sexual education was neglected by her parents. She denies abnormal sexual relations. At

the age of nine a roomer manipulated her genitals. A few years later a cousin attempted to seduce her. The latter experience for some time engulfed her with disgust and fear of men. Her first complete heterosexual experience and marriage occurred at the age of 21 after a courtship of one day. She met her first husband at a bar. The sex marriage sequence is interpreted as seduction on the part of her husband. Her husband deserted her three months later and took 200 dollars of her money. Two years later she remarried. Continued economic distress prevented harmonious marital adjustment with her second husband. The patient considered him too sexually demanding. For some time prior to the patient's breakdown her husband worked in a different state and came home only on weekends.

Aggressive Behavior As an adolescent the patient expressed fears that her mother might die of a kidney ailment. There were no recorded incidents of aggressive acting out prior to the events that brought about hospitalization. At that time she became preoccupied with the idea that the two men with whom she had had sex relations with were watching her from the house across the street with rifles. She was especially concerned about the one on whom she had practiced fellatio. She also believed that they had something to do with prostitution. She reported that she saw rifle barrels protruding from the windows. Eventually, she heard voices emanating form her attic. In an effort to identify the voices she fired several blasts with a shotgun into the attic. When this action did not produce the desired results she lit a fire at the foot of the stairs leading to the attic. There were other auditory hallucinations with a paranoid cast.

homosexual activities in particular, fellatio. She maintains that she prefers heterosexuality but homosexuality relieves boredom.

Aggressive Behavior There is no history of serious aggressive acting out. She is described as an extremely immature and infantile person. At times, she demonstrates extreme irritability and meaningless mildly hostile behavior to reduce tension. The latter is expressed mainly in the form of verbal arguments. Strangers frightened her. After she was returned from one of her escapes she became confused and obsessed with the idea of leaving the training school. She took the first car she found available. After she drove a short distance she steered it into a ditch. When a police car stopped to investigate, her identity became known and she was subsequently committed to this hospital.

A12

The patient was admitted to the hospital at the age of 34. She is a high school graduate. Intelligence is at the average level (IQ 101). She is of lower class parentage. Diagnosis was schizophrenic reaction, schizo-affective type.

Sexual Behavior In her early years there were no serious difficulties with her sister. Recently, her sister almost completely rejected her. Her mother was always very nervous and frequently scolded them in a loud screaming voice. At the age of 12 her mother secured employment. She told the patient that from that time on "you are on your own". Her mother criticized her continually. The patient appeared to be unable to please her. She felt that she was never given training or direction. Sexual information was derived from a girl friend's mother. Her first heterosexual experience occurred at the

homosexual activities in particular, fellatio. She maintains that she prefers heterosexuality but homosexuality relieves boredom.

Aggressive Behavior There is no history of serious aggressive acting out. She is described as an extremely immature and infantile person. At times, she demonstrates extreme irritability and meaningless mildly hostile behavior to reduce tension. The latter is expressed mainly in the form of verbal arguments. Strangers frightened her. After she was returned from one of her escapes she became confused and obsessed with the idea of leaving the training school. She took the first car she found available. After she drove a short distance she steered it into a ditch. When a police car stopped to investigate, her identity became known and she was subsequently committed to this hospital.

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Sexual Behavior In her early years there were no serious difficulties with her sister. Recently, her sister almost completely rejected her. Her mother was always very nervous and frequently scolded them in a loud screaming voice. At the age of 12 her mother secured employment. She told the patient that from that time on "you are on your own". Her mother criticized her continually. The patient appeared to be unable to please her. She felt that she was never given training or direction. Sexual information was derived from a girl friend's mother. Her first heterosexual experience occurred at the

age of 16 with a boy in her class at school. Coitus was a very disagreeable experience. She has not enjoyed intercourse since that time. She denies abnormal sexual relations. After high school graduation she began nurse's training but left after six weeks to return home because she was lonesome. Marriage was characterized by sexual maladjustment. She thought that her husband was too demanding. Her husband began working in logging camps and sawmills. The patient could not follow him to those places. More recently, the parents refused to correspond with her and will not let her visit in their home. She has felt completely rejected and abandoned by everyone.

Aggressive Behavior The patient has verbalized deep hatred for her mother. Hostility toward her husband and sister has been expressed. She was accused of setting fires within the homes of two neighbors. She believed that her husband was paying one of them to spy on her. The patient has cashed many worthless checks. On most occasions she has attempted to escape the legal consequences of her acts. Once, when directly confronted with evidence, she screamed, fought and denied the facts. Another time, when the police arrived at her home to arrest her, she locked herself in her bathroom. She made it known that she was searching for a razor to kill herself. The patient has used alcohol excessively and admits she is an alcoholic. There have been several suicidal attempts. The first time, she swallowed massive doses of nembutol and emerol. Another time, she cut her forearms and wrists with a piece of glass. On a third occasion, she drank nail polish. She was heard to comment that she regretted her suicidal attempts were unsuccessful. On being

notified of her commitment, she remarked that she was sure she was going to die. As far as she was concerned, life was over. She experienced auditory hallucinations. The voices told her that she was no good and that she should kill herself.

A13

The patient was admitted to the hospital at the age of 40. She received a tenth grade education. Intelligence is at the average level (IQ 96). She is of lower class parentage. Diagnosis was schizophrentic reaction, paranoid type.

Sexual Behavior When the patient was 12 her father deserted their family. Family relations were regarded as harmonious. The loss of her father brought them closer together. Her mother established a small business but their economic circumstances remained marginal. The patient terminated school to help support their family. Their family was situated in a rather nurturant Catholic neighborhood. The people rallied to their side. There was no formal sexual instruction. She denies abnormal sexual practices. She affirms that her first hetersexual experience occurred after marriage, after her honeymoon was over. Her husband was a poor provider. There were many arguments instigated by financial matters. He became mentally ill and spent a great deal of time in a mental hospital for veterans. While he was hospitalized she took care of their two children. The elder was born eight years after they were married. Their economic situation deteriorated progressively. She became more and more dependant on neighbors for even household utilities. In the latter stages of their marriage she accused her husband of infidelity. While she was on convalescent status from her hospitalization

She engaged in sexual relations with a man for whom she worked as a housekeeper.

Aggressive Behavior There is no history of aggressive acting out. It has been observed that she expresses hostility mainly in stubbornness. There have been recurrent psychotic episodes of short duration. At such times she has become hyperreligious. There have been delusions that she is engaged in police work. She also becomes erotic, negativistic, fearful and less often mute. The offense preceeding commitment consisted of attempting to enter a neighbor's home to obtain water to wash clothing. The neighbor had been drinking heavily. On returning to the home she observed the patient trying to enter the house. The woman attacked the patient; pummeled her and even tore out some of her hair. The patient refrained from any retaliatory behavior. However, when confined in jail she asked for a gun for self-protection. She justified her request with the statement that she had been threatened with death more than once. While home on convalescent status she physically disciplined her children. She has admitted hallucinations but will not divulge their content. She believed that people have pointed their fingers at her reprovingly and talked behind her back.

A14

The patient was admitted to the hospital at the age of 42. She is a high school graduate. Intelligence is at the dull normal level (IQ 80). She is of lower class parentage. Diagnosis is schizophrenic reaction, paranoid type.

Sexual Behavior There were indications of sibling rivalry with her sister. She affirms that she liked her brother more than her sister

but will give no reasons for her preference. She designates herself as her parent's favorite child. Her sister confirmed this opinion. Her sister implies that their parents overindulged the patient. As a child the patient was described as a "tender little girl". Life at home was very unhappy for her brother and sister. Both of them felt forced to leave due to the open conflict between their parents. Her father was a hard working man. It was largely because of his thriftiness that he acquired some property. Their estate was ultimately willed to the patient. The patient says, "They left me well provided for". Her first heterosexual experience occurred at the age of 26 with her husband. It was considered natural and satisfactory. Abnormal sex acts are denied. Both of them worked throughout the marriage. In accordance with the patient's wishes there were no children. Their life together was described as "gay". She finally obtained a divorce because she was tired of working.

Aggressive Behavior While living in Florida the patient had an economic difference with a utility company. She became very angry. Subsequently, she attempted to shoot down the electrical power lines near her home with a rifle. Afterwards, she assaulted the officer who arrested her. Immediately prior to her commitment, after failing to evict tenants from her property, she set fire to their personal belongings. Hallucinations have not been elicited. Delusions of persecution and grandeur are in evidence. She mistrusts and is derogatory toward Catholics, Jews and foreigners. She believes she is Queen Mary, Princess of Wales and a descendant of the King of England. She claims to be worth 35 million dollars.

A15

The patient was admited to the hospital at the age of 43. She received a ninth grade education. Intelligence is at the dull normal level (IQ 87). She is of lower class parentage. The diagnosis was schizophrenic reaction, chronic undifferentiated. Sexual Behavior The patient's father died of pneumonia before she was born. Her mother remarried a year later. There were six siblings. The family is reported to have been a close knit group and the relationship among the children was relatively harmonious. She received sexual instruction from her mother. She denies abnormal sexual behavior. At the age of 16 she married a man much older than herself. Heterosexual relations were not initiated until after her marriage. Coitus was regarded as a frightening experience and she became frigid. Four children were born from her first marriage. After its termination she lived common-law. There were five children from her second attachment. The patient states that there were several abortions and nine infants died almost immediately after birth. She has had a partial hysterectomy. One son became mentally ill and was hospitalized in the same hospital at the same time as the patient.

Aggressive Behavior There is a rather long history of antisocial behavior. The patient has been arrested for larceny, breaking and entering, and uttering and publishing. She was addicted to the use of narcotics and many of her offenses were performed to obtain money to secure drugs. Prior to her admission to a municipal mental hospital she expressed a desire to kill herself and attempted to jump out of a moving car. During psychological examination, she

asked an examiner if he had come to electrocute her. On another occasion she "split" (cut) her wrists. During the acute stage of psychosis, possibly a withdrawal syndrome, she heard male and female voices and babies crying. Auditory hallucinations were of a derogatory and hostile nature. The voices cursed her and told her to injure herself. The patient reacted to her hallucinations with anger and attempted to stop them by striking her head against the wall of her room. She was committed to this hospital after she was apprehended with a ham on her person.

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