

ANALYSIS OF A CASE OF PSYCHASTHENIA.

By HENRI FLOURNOY, M. D.,
Interne, Henry Phipps Psychiatric Clinic.

ANALYSIS OF A CASE OF PSYCHASTHENIA.*

By HENRI FLOURNOY, M. D.,
Interne, Henry Phipps Psychiatric Clinic.

The case which I wish to discuss is that of a man 28 years [328] old, who suddenly developed the idea that he would have to kill his child. For five months this idea persisted without any change, then it disappeared and was replaced by the thought of killing himself. About two months after the development of this suicidal impulse the patient decided to come to the Henry Phipps Psychiatric Clinic for treatment.

A mental disorder of such a nature where one abnormal idea suddenly appears and remains in the mind of an apparently healthy individual is very similar to what occurs in cases of paranoia. The nature of such an idea, however, is different, as in the paranoiac it consists in a wrong interpretation of a limited part of the outside world—a systematic delusion not recognized as such. In the present case there was no delusion, but the patient referred to the ideas of killing his child or of killing himself as “harassed feelings” which he had to fight. He was conscious of his abnormal trend of thought, although he could not understand its mechanism. By analyzing his feelings and by trying to find out the why and wherefore of several incidents which had occurred before the onset of his obsession, when we found that he had once suspected his wife of infidelity and had sometimes doubted if the first child was really his, the idea of killing the child became much clearer in view of these facts which he had repressed.

In cases of this nature, it is advisable to take into consideration the slightest incidents preceding the onset of the disorder,

* Read at a meeting of the American Medico-Psychological Association, May 28, 1914.

[328] and it is important to see clearly the inner conflict out of which the obsession might have sprung. By such a method of procedure our patients are put in the position of being able to understand the cause of their abnormal thoughts and to get rid of them. If they did not have such help, thoughts of an obsessive nature might cause more or less serious consequences, according to their nature and strength.

In 1846 Baillarger¹ reported the very striking case of a farmer, who, at the age of 17 years, developed the idea of killing his mother. He was unable to account to himself in any way for the onset of this idea. For 20 years he fought against it, and it was so strong that on two occasions he enlisted in the army so that he might be away from home. At the age of 37 this obsession gave way and was replaced by the idea of killing his sister-in-law. A few years later the patient consulted a physician; who gave him a certain amount of advice and bled him, but his frightful thought did not leave him. At the age of 43 he felt that he could not resist carrying out the act any longer, and to safeguard himself he begged his family and a physician to have himself locked up in an asylum.

From a diagnostic viewpoint we are dealing here with a type of obsession on account of which the patients feel, contrary to their conscious wish, a strong tendency to execute an act of the consequences of which they are afraid. Such a condition is closely akin to other obsessions characterized by doubts, impulses or phobias. Although disorders of this nature are usually described under the name of psychasthenia, yet they do not constitute a clean-cut disease, but should be considered as the results of previous and deeper difficulties. In each case an attempt should be made to understand the mechanism of the disorder by analyzing the concrete situations with which the patient had to cope.

S. H., a traveling man, 28 years old, was admitted to the Psychiatric Clinic in December, 1913. His father had died from chronic alcoholism, but otherwise the family history was negative.

Except for the ordinary diseases of childhood, the patient had always been in good health. He is stated to have been clever at school.

¹ Annal. Med. Psych., 1846, 8, p. 10, quoted in *Traite de pathol. ment.*, p. 752.

At home he was severely treated, especially by his father, who [328] would not allow his children to have any recreation. He has, however, been a steady workman, having been employed by the same firm since his fourteenth year.

He married at 20. His wife and two children, both girls, 3 years [329] and 8 weeks, respectively, are all healthy.

The physical condition of the patient is good. Apart from a slight irritability, there is no apparent mental trouble. His memory, his power of retention of recent impressions, and calculation are normal. There is no history of alcoholism. The patient is of a cheerful disposition, and has always been strictly devoted to the Roman Catholic Church, in which he was brought up.

His only complaint was that six months previous to admission he suddenly developed the fear that he might kill his first baby. During the month just preceding admission this fear faded away and was followed and replaced by the idea of killing himself. The patient consulted his physician and his confessor, and both of them advised him to fight against such ideas, but as he could not succeed, he got the impression that this thought of harming himself was a punishment for his sins.

On admission (Dec., 1913) the patient said: "I want to get rid of these worrying and harassing feelings, which I have had since June 2, 1913." On that date the patient had been in a southern city on a sales trip, while his wife and child had remained at home.

One morning on getting up feeling as well as usual the obsession, the onset of which he describes as follows, suddenly came to him: "After my bath, I stretched my arms out, a morning stretch, then *like a flash* the thought came over me that I was going to harm in some way or to kill my baby. This thought frightened me terribly and I tried to get rid of it, but I could not do it. Then I went out to work with this thought with me. I fought this way for five days, until I decided to come home, and I have been fighting it ever since."

In reviewing the history of his life, the patient gave the following important facts:

As a child, he had lived in constant fear of his father, who, being quick-tempered and sometimes drunk, used to beat his children and his wife. The patient had not only had a deep affection for his mother, but a feeling of pity and sensitiveness, as he frequently saw her maltreated or threatened. When he was 17 years old he left home to escape his father's supervision and to earn his own living. He soon began to satisfy all his desires, and indulged in sexual relations in an excessive manner until he married at the age of 20 years.

His wife had become pregnant by him four months before marriage, when they were engaged, and an abortion was performed in order to avoid a scandal. This episode created a deep religious

[329] conflict in the patient, as the abortion for which he was responsible was a sin strictly forbidden by the Catholic Church. Although he was forgiven by his confessor, his feeling of responsibility became unbearable. The patient gave an account of the conflict which ensued in the following words:

"At the time I always was convinced of my fault, but I would like to think that it was not my fault, on account of my responsibility to God. I never doubted that I was the cause of the abortion, but, *from a spiritual standpoint*, I would have been glad to hear that I had not been guilty, that means, that I could have excused myself possibly if I had been in the position to doubt my wife." So the patient was already willing, before they were married, to cultivate unjustified suspicions towards her, and the thought that another man might have been the cause of the pregnancy, and consequently of the abortion of his fiancée, was in keeping with his wish to avoid the responsibility of his act. He knew that his wife had never had anything to do with any other man, but he brooded over this suspicion to relieve his conscience.

After the marriage they lived at his mother's home. The patient then began to suffer greatly over the difference in the social standing of his mother and sister and of his wife, the latter belonging to a higher class. As he was very affectionate and touchy concerning his mother and sister, he felt the superiority of his wife's education with uneasiness and resentment. The patient stated very clearly that it would have given him some instinctive satisfaction if he had found that she was lower in some way. Here again the moral side was the only one where she might have been inferior, so that the patient's tendency to suspicion was increased after marriage, "always trying, he says, to find something wrong in her life, of which I could accuse and suspect her."

The only episode about which he thought he had ground to accuse her happened one and one-half years after marriage. One evening one of his friends came to his home to take him to the theater. As the patient was dressing his friend remained in the dining room in company with his wife. Suddenly the patient, who, from his own room, could scarcely hear their conversation, misunderstood a word and jumped at once to the conclusion that she had deceived him. "I just went up in the air. I was like a crazy man. I think the first thing I did was to tell this fellow that I couldn't go with him, I was sick. He left alone and then I started to fight with my wife. I remember that I accused her of everything under the sun, and that I pushed her violently down on the couch and accused her of having been untrue to me that afternoon with this fellow." His wife denied everything and all his further attempts to get any proof failed.

After he had worried one year about this matter without reaching any conclusion, he decided not to think any more about it and

to banish it from his mind. Five years later, however, while in [329] the hospital, he stated in a very frank manner that he had not allowed this idea of infidelity to come into his mind for several years. When advised to make this point clear, he answers: "I don't like to think of that," which is a good example of a voluntary repression, where the patient tried to keep away from his own mind the unclear and painful feeling of perhaps having been deceived.

It must be remembered that he himself, since marriage, in spite of his passionate nature and of the many temptations he had in his traveling profession, had always been true to his wife. In February, 1911, four years after the incident of suspicion, the first child was born, to the entire satisfaction of the patient and his wife. But when she was pregnant again in 1913 both were dissatisfied, because for financial reasons they did not want another child so soon. The question of an abortion arose again, but was declined at once, for the patient would not burden himself with this guilt a second time. Following this he became nervous and irritable, but accepted the idea of having a second child up until June 1, 1913, when a new incident brought back the old difficulty of the suspicion towards his wife, which for five years he had not thought about.

Towards the end of May, 1913, he had met a young girl on the trip already mentioned, whose company he enjoyed. On May 31, 1913, she told him that she had had relations with a friend of his, and following this he brooded and felt ashamed of his friend, who had been untrue to a faithful wife. He also experienced a feeling of jealousy, as he himself had had a strong liking for the girl, which, out of respect for his own wife and child, he had to master.

The next morning, June 2, the thought of killing the first child flashed into his mind. This obsession gradually disappeared, when at the end of October the second child was born, but only to be replaced by the fear that he would kill himself.

He describes the obsessive character of such fears, when he says: "The impression would come to me that I could not do such a thing, then instantly the thought would follow that no matter what I did to fight against these feelings, the inevitable result would be, that I would do it."

He fought several months, but never tried to find the reasons which could explain such thoughts. He did not think that they might have any connection with previous causes of worry, such as the suspicions he had had towards his wife; however, he cooperated in the review of the whole situation which revealed the above data.

At this point in the analysis the probable mechanism of the obsession was assumed to be as follows: [330]

[330] While ruminating over a possible intrigue with the girl the conflict between his instinctive impulse and his duty as husband and father was unusually strong, and the suspicion perhaps that he had once been deceived by his wife would have come into his mind, if he had not been in the habit of banishing it. He did not think of it. This old question was again repressed, but the situation was too hard to cope with, and the smaller and more recent difficulty of his married life, viz., the idea of soon having a second child, helped to determine the form of the obsession, that is, the frightful idea of killing his child, replaced later by the fear of killing himself.

The above explanation was given to the patient on the 4th of January, and on the 5th he felt relieved. The obsession to kill himself did not come any more, and when he thought of it there was no fear.

Six days later he again began to have a slight feeling of uneasiness concerning his first child, with fear of harming it. A deeper analysis of old memories and of his dreams showed still more definitely how this obsession was closely connected with his suspicions of his wife. The patient had doubted sometimes if this child was his, although he had never allowed this doubt to remain in his mind.

When compelled to reason out the situation, he finds that the only man whom he suspects his wife to have been with died at least one year before the child was born, and he says: "While not for one second I ever gave it a thought to question the birth of either one of my babies, I feel relieved to know that they are both mine, especially my first baby, because I have absolute proof."

In view of this revelation of the patient's latent doubts as to the paternity of the children, chiefly the first one, the probable mechanism of his obsession became somewhat clearer. His fear of harming the child disappeared again.

Discussing also why he had once accused his wife of having deceived him, he realized how blindly he had jumped to a conclusion; the more he thought of it the more he got convinced of her faithfulness, whereas the only suspicion could be the word which he misunderstood. "All these reasons tend almost to give me an absolute proof that I have been mistaken. I never tried before to reason this whole thing out in any way. When the matter came to my mind, at first, I asked my wife over and over again, and she denied it always in the same frank manner; however, I was never convinced because I never reasoned it out myself. Later I banished this question when it came. I have not had an occasion to suspect her afterwards."

This statement shows what a strong tendency the patient had to suspect his wife. "Before meeting her, my impressions of women were that they were very weak, easily persuaded to do

wrong, but I did not realize that men were just as weak. I had [330] always been kept down at home, not allowed to have much company and thus got this impression of women from my father's treatment of my mother."

Such an explanation is only very superficial, but since it comes from the patient, it shows that he realizes how far back the roots for his suspicious state of mind are to be found in himself, more than in the behavior of his wife.

The patient left the Clinic February 14, 1914. He felt perfectly well until March 10, when a slight difficulty with his wife made him feel a little uneasy about his children. He got quickly over this trouble and felt well again.

The striking points in this case are:

(a) The sudden onset of an obsessive fear that he would kill his child, then that he would kill himself, against which the patient fought in vain for seven months.

(b) The disappearance of the obsession as soon as the patient saw that it could be connected with previous difficulties.

(c) The persistence of an uneasy feeling towards the children, without fear, arising at times when the patient is depressed or crossed.

The whole trouble is closely related to a suspicious state of mind, a fact which the patient had to realize. His prospect of avoiding a relapse of the obsessive fears depends greatly on the extent to which he will be able to assume a new mental attitude towards his wife.