

OSHEROFF'S ANSWERS TO INTERROGATORIES

1. I am Raphael Joseph Osheroff, born 4/1/38 and I reside at 4801 Kenmore, Alexandria, Va. 22304. I am a physician and my social security number is 107-30-4218. My professional business has been located for over 10 years at 5249 Duke Street, Suite 203, Alexandria, Va. 22304. Prior to this, I resided at 5225 Pooks Hill Road, Bethesda, Md. 20814 and prior to that, I resided at 200 N. Columbus Street, Alexandria, Va. 22314; prior to that, my residence was 915 Prince Street, Alexandria, Va. 22314, which was the marital residence with Dr. Mary Joy Drass Maxwell.

2. (a) Evelyn Cooper Salsburg, married in 1959 in New York City; divorced in 1962 in Omaha, Nebraska. I do not recall the court venue, docket, etc. or ostensible filing of the divorce.

(b) Carroll Rodney, married in 1964 in Chicago, Illinois; divorced in 1972 in Washington, D.C. I believe the divorce was granted on the basis of a one year separation.

(c) Mary Joy Drass Osheroff Maxwell, married in 1974; divorced I believe in 1979 in Alexandria, Virginia, on the basis of two year separation. Children are Samuel & Joseph Osheroff who are ages 15 and 17, and who reside with their mother at RFD 120, Chester Depo, Vermont, and David Richard Osheroff at 3030 Kingle Road, who resides there with Dr. Mary Joy Drass Maxwell.

3. (a) In the early 1970's I worked for a short time for Dr. Steven Nealon, who is in downtown Washington. I was a paid

employee in his general medical practice. I really wished to establish an independent nephrology practice and after leaving Dr. Nealon, I supported myself with a part-time job in the emergency room at Kayfritz Memorial Hospital and began to set up the plans for establishing a nephrology practice. After having laid the groundwork for opening up this practice, etc., I took a "sabbatical" and went back for additional studies at the Medical College of Virginia, where I spent an intensive period of time with John Sadler, M.D. who is a co-director of the renal division at Medical College (he is currently the director of the renal division at the Univ. of Md. in Baltimore). I established my independent practice in 1973.

(b) My first associate was Barry Strauch, M.D. who is in Fairfax, Va. We were associated for approximately 4 months. Dr. Strauch left to establish his own nephrology practice at Fairfax Hospital and to join the Nephrology Group of Dr. William Cirksena.

(c) My next associate was Dr. Alberto Martino, who has an office in Washington, D.C. While Dr. Martino was with me, Dr. Barry Hecht joined and the 3 of us were associated from 1974 or 1975 until 1977. In October 1977, the Northern Virginia Dialysis Center was sold to National Medical Care.

(d) In 1978, Drs. Greenspan and Tolkan joined me in my practice and then in January, 1979, I entered the Chestnut Lodge. Please see the Judge's findings about Drs. Greenspan and Tolkan. Parenthetically, I intend to introduce physicians who have

had\_\_\_\_\_. So that leaves 3 associates, Strauch, Martino and Hecht, for me to be culpable of and accused of having a character disorder, and 2 associates who were involved in a conspiracy against me as proven in court.

(e) I am currently associated with Dr. Liebovici and our offices are at 5249 Duke Street in Alexandria. We have been associated since 1980.

The employees that I have had, whose location I am aware of today, are the following: Tom Smith, Dorothy Smith, Kay Mills, and Jack Valentino. Dorothy Smith's number is 703-437-7462; Jack Valentino's number is 425-6024; Kay Mills works in my office at 370-0483 as does Tom Smith. They were all present at the time I was building my dialysis system and will be available for testimony concerning why some of my relationships with my associates went sour. I look forward to you deposing these people. You may learn a lot.

4. (a) Greenspan v. National Medical Care. Enclosed is a copy of the Judge's findings and my testimony to Osheroff v. Osheroff. Please note in my deposition that I am being asked questions about material which surfaced in private discussions with Dr. Ross, particularly relating to the prior hospitalization, etc. This highly confidential material was brought out in discussions with Dr. Ross and yet surfaced in my divorce proceedings, and I would like to know how this material was leaked out by Chestnut Lodge. Please note the testimony relating to a prior marriage which virtually no one in my present

life had ever heard about and the prior hospitalization.

(b) I appeared before a malpractice panel but was exonerated in the case of Carroll Saunders, a patient whose care I participated in, who subsequently sued a whole group of doctors for not diagnosing a lung abyss. The malpractice panel exonerated me and all the other physicians except for the radiologist who was fined \$50,000 for a faulty reading of an x-ray. I was represented in this case by Mr. Shevlin of Shevlin & Artz. Please call him to get a copy of my testimony.

(c) A malpractice case where the surviving family of the patient (Mary Joe something or the other). Her father was a lawyer and he deposed me in a fact finding issue. We never went to trial. There was no fault finding. The daughter died a mysterious death from a drug overdose and was in a coma for a long time. I was deposed not so much in the sense that I was held culpable but they wanted some information about electrolytes and things like that. Please contact Attorney Robert (Bob) Dowler in Fairfax. My insurance company assigned him to represent me in that issue.

(d) I was almost called in front of a grand jury; never appeared in front of a grand jury and this occurred about 1 week prior to the Chestnut Lodge case. Phil knows about this as does John Grad.

(e) Also in the early 1970's, someone sued somebody else and I got sucked into it. I was represented by Haynie Trotter of Fairfax. I don't remember the names of the parties but perhaps

this case is on file in Mr. Trotter's office. Please have someone check this.

(f) I was a medical witness in the McClellan case in which a patient petitioned the court to have his dialysis treatments stopped. The patient was under my care at Alexandria Hospital and the other witnesses included Rev. John Fletcher, Ph.D., etc. The judge decreed that the patient had the right to discontinue his dialysis treatments upon hearing medical testimony of an ethics expert.

(g) Osheroff v. Otto (please call Jim Cottrell about this). This was a lengthy proceeding in the D.C. court during which time I sought to regain the right to visit with my children. I had joint custody of the children and then entered Chestnut Lodge. Mrs. Otto through her attorney requested the courts to turn the custody of the children over to her and Mr. Samuel Green, an attorney, was appointed as a guardian for the children and myself. He came to Chestnut Lodge after I had been there for several months and saw my condition as being so frightful, he recommended to the court that in the condition I was in at Chestnut Lodge (see enclosed material), that I not be allowed to have visitation with my children. Upon discharge from Silver Hill, where I was treated properly and effectively, I returned to the world and had a great deal of legal difficulty trying to establish a relationship with my children. During the time that the visitation was suspended, the children were moved from Europe to Vermont and then a whole series of lengthy legal

roadblocks were erected which essentially prevented me from seeing my children for a 3 year period. The whole costly proceedings involved psychiatric testimony, multiple proceedings in the judge's chambers, and costly legal bills. Mr. Green recommended that visitation be reinstated when he saw me without my head down on my shoulders, etc., but by this time, the children had de facto been removed to another area, and the court was faced with an entirely different situation. See the enclosed letter from the child psychiatrist. My relationship with my two oldest sons has never been the same.

5. I admitted myself voluntarily to Chestnut Lodge for treatment of a major depressive illness. Hospitalization was insisted upon by my then associate Dr. Greenspan and Dr. Mary Joy Drass.

6. I left Chestnut Lodge and transferred to Silver Hill in August of 1979. Chestnut Lodge failed to treat my depression and caused a severe exacerbation of my psychiatric illness and a deterioration in my mental and physical state. My mother and step-father arranged for this transfer; although I had myself descended in such a state of nihilistic despair, I didn't think that anything could help me. Within a short time at Silver Hill, I responded to the antidepressant medications. See enclosed note from Dr. Narad to my insurance company and see the letter from Dr. Dingman (if there's any doubt about my having a major

depression).

7. (a) I have had conversations with the family of Mr. Gilbert Ossofsky, who committed suicide at Chestnut Lodge.

(b) I have had conversations with Miss Leslie Golden, the sister of Howard Golden, who was at Chestnut Lodge for approximately 5 years, most of which time was spent in a straight jacket and whose family transferred him out after they noted his terrible physical and mental deterioration.

(c) I had a conversation with the father of Deborah David, who is a physician in Louisville, Ky. My former roommate at the Lodge called me when he had seen me on television because of legal proceedings and told me that Deborah had been placed in a regressive situation and had deteriorated markedly. I remember Deborah as being lucid and in control of her faculties and was terribly shocked to hear of her deterioration during the "treatment" and I thought that I would like to talk to her father about her case.

8. That I asked for medication and that the medication was refused me and that there was a bias and the doctor \_\_\_\_\_ bias against the use of medication, even early on in my case is quite evident from the treatment planning conference, and please note Dr. Dingman's presentation where he says "he asked for medication but we told him it would interfere with what he came here for" and note the plan to use cold wet sheetpacks for my agitation

rather than a psycho pharmacological means. There should be no doubt about the asking for medication. I also requested medication on several occasions from Dr. Ross and he told he it would give me \_\_\_\_\_ . My parents also requested medication on several occasions and were told that they would have to wait a year or six months, etc.

9. I recorded a memoir of my experience at Chestnut Lodge which was called "A Symbolic Death". The title was derived from the statement often made to me by Dr. Ross, "you are symbolically dead". In order to identify as to whether this treatment resembled any known psychoanalytic school, I sent a copy to Janet Malcolm who apparently sent a copy to Dr. Charles Schwartz. Ms. Malcolm said that her research had failed to identify any school of psychoanalytic treatment which corresponded to my treatment. The manuscript has been sent to the following people in American psychiatry:

- (a) Franz Michael Basch, training analyst in Chicago;
- (b) Judd Marmor, M.D. of Los Angeles;
- (c) Morris Parloff, Ph.D. and John Docherty of the Psychosocial Research Branch of the National Institute of Mental Health;
- (d) Melvin Sabshin, M.D., medical director of the American Psychiatric Assoc.;
- (e) Willard Gaylin, M.D. of New York City, training and supervising analyst, Columbia University, Institute for



Psychoanalytic Medicine;

(f) Arnold Cooper, M.D., past president of American Psychoanalytic Assoc. and professor of psychiatry, Cornell University;

(g) John Rush, M.D., director Affective Diseases Program, University of Texas, S.W. Medical School, Dallas;

(h) Robert Sadoff, M.D., forensic psychiatrist, Jenkintown, Pa.;

(i) Robert Pyles, M.D., Boston, Mass., psychoanalyst;

(j) Ari Kiev, psychiatrist in New York City;

(k) The manuscript was also read by all of my expert witnesses, Drs. Donald Klein, Bernard Carroll, Frank Ayd, Gerald Klerman;

(l) A copy of the manuscript has been sent to the chairman of the Ethics Committee, American Psychoanalytic Association, along with the deposition of Dr. Manual Ross.

(m) The material has been sent (at her request) to Catherine Livingston of the Law Review, Univ. of California, Boalt School of Law. The enclosed letter indicates how Ms. Livingston heard about the case and she requested all materials to be reviewed for a paper she was writing.

(n) The material and the manuscript has been sent to the Maryland State Dept. of Mental Health & Hygiene.

(o) I appeared on a symposium in 1984 sponsored by the No. Va. Consortium for Continued Medical Education. The topic of the symposium had to do with commitment, and my topic was "The

Hazards of Voluntary Hospitalization".

10. As reviewed in the previous litigation, I had a course of synequan prescribed by Nathan Kline which our experts felt was of too low a dose to have had a significant effect. My wife did not supervise any of the medication, etc. At Silver Hill, I was treated with elevel and thorosine for my agitation. I have not taken any thorosine since the fall of 1979. Over the last years, under the supervision of Dr. Board, I have taken a trisacllic antidepressant norpramin (desipramine); I have taken this intermittently. The medication has been discontinued for periods of time and I have taken it proferlackedly at times of stress. I have resumed taking the medication in June of 1986. The medication has been under Dr. Board's supervision and it has been in the nature of maintenance and proferlaxis rather than an attempt to suppress a major depression.

Within a short period of time, as recorded in my chart and in Dr. Narad's letter, after receiving appropriate medication, there was a restoration of the near normal moods, etc. The medication of course while it lifted the depression did not treat the terrible after affects of my incarceration at Chestnut Lodge. See Dr. Narad's testimony as to whether or not my depression was abated after appropriate drug treatment.

11. [ I'll leave this to my lawyers. ]

12. Dr. Ross has been dealing with schizophrenia for so long that he confuses the term "psychotic" with "schizophrenic". Psychosis as adverse to a neurosis in older terminology refers to the greater degree of disturbance in mental functioning. A depression of "psychotic proportions" in the terminology was contrasted to a depression of "neurotic proportions". To have a "psychotic" depression, one does not necessarily have to have schizophrenic like symptoms including auditory and visual hallucinations, etc. although hallucinations and delusions may certainly be paid of a psychotic depression. It is the degree to which the mental functioning of the patient is disturbed during the depression which determines whether or not it is called "psychotic" or "neurotic". That I was "depressed", there can be no doubt. That the depression led to a severe incapacitation of my mental functioning was discussed by Dr. Rieger at the treatment planning conference in March of 1979. Dr. Rieger dwells on the severe functional incapacity that I manifested but notes that I had no hallucinations, delusions, etc. It is the degree of functional incapacity which led her to make the diagnosis of "agitated depression". The term "agitated depression" and "involitional melancholia", "melancholia", etc., all terms that are exchangeable for the "psychotic depression" appears repeatedly in the treatment planning conference and is the diagnosis that the group makes. At no time during this conference after objective psychological testing and 30 hours of psychiatric interviews does anybody declare that I have a "severe

narcissistic personality disorder". This term does not even appear in the discussion. Note the number of times that agitated depression, involuntional melancholia, melancholia, etc. appear. These are terms that encompass the "psychotic depression" of the older terminology which has been replaced in DSM-3 by "major depressive illness with melancholia". I first encountered the term "psychotic" when Dr. William Potter of the National Institute of Mental Health evaluated me at the request of Alexandria Hospital. Dr. Greenspan had brought charges against me at a meeting of the executive committee, etc. and I had to undergo a psychiatric evaluation by Dr. Potter. After the evaluation, Dr. Potter said to me "you are psychotic". I was incredulous because I had felt I never heard voices, etc. At that time my conception of the term "psychotic" was as limited as Dr. Ross'. Now I understand why this term is used. In terms of my depression, there is no doubt that I was "psychotic". There is also no doubt that my psychotic depression resolved under medical therapy.

13. [ I leave that to my lawyer to discuss ].

14. (a) We have to look at this in several ways. The simplest is the ongoing cost of the psychotherapy from Dr. Board that I have had and will continue to have for many many years to come because of the psychic damages that have been done to me. I think that Dr. Board has said to me that they have done me

irreparable damage. There has been a terrible loss of self-esteem and Dr. Ross, the statements he made to me almost 8 years ago keep on coming back over and over again. You must talk to Dr. Board and get an idea of the damages and why I will continue to need 3 or 4 times a week psychotherapy for many years to come. We have to calculate what I have paid to him over these years and what I will continue to pay to him for the next 5-10 years.

(b) The amount of money I have spent on Gannon, Cottrell & Ward in an attempt to restore the relationship with Samuel and Joseph, including monies to expert witnesses Dr. James Egan, court costs, monies paid to Samuel Green, etc.

(c) That my incarceration in Chestnut Lodge gave Dr. Greenspan the opportunity to steal my practice; that my professional world has been diminished; that the \$500,000 award after taxes and legal fees, etc. do not in any way compensate me for the loss of my practice; that he had the opportunity of opening a dialysis unit in Prince William County which further diminished me; and that as a result of the hospitalization at Chestnut Lodge, there was a severe disruption in all my professional and personal relationships. We'll have to go to accountants to try and put a monetary value on this.

(d) An additional point that has to be made here is that after I came back from Chestnut Lodge, because of the whole controversy, National Medical Care made me give half of the interest I had in the Fredericksburg unit to the doctor down there and made me take in Dr. Liebovitz as a partner. There was

no profit in the dialysis center because of the Greenspan controversy for several years. We'll have to get statements of the profitability of NVDC from National Medical Care showing the profitability the year I was away and then the profitability in each subsequent year. Then I have to show that after the diminished profit, I have only half of the diminished profit, so we have to get NVDC profit for 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985 and 1986, showing what the profit is and then showing how I had to give half of that profit away. Then we have to state that a doctor who is in the consulting practice is like a politician. Also we have to show the loss of referring doctors and a lot of stuff that we dug out of the Greenspan case. And we have to show that the amount of money that I am going to net from the Greenspan case certainly doesn't even approximate the amount of money I would have made had I been able to continue and gone back to work in a short period of time.

15. All this material is covered in my book, "A Symbolic Death". The first chapter which begins, my father died suddenly, covers that time with the children going away and the onset of a depression and the second section deals with the Chestnut Lodge hospitalization and the third section deals with what Dr. Greenspan did to me when I came back. The treatment planning conference diagnoses me repetitively as agitated depression, involuntional melancholia, melancholia, etc. The referring letter from Dr. Wellhouse describes me as having a severe depression.

The letter to my insurance company from Dr. Narad describes me as having a major depression. The testimony of the eminent academic psychiatrist describe me as having a depression. The chart is replete with references to my depressive behavior and my vegetative disturbances including early morning awakening, hopelessness, despair, etc. It is only Dr. Ross who denies that I had a depression even when faced with these mental status items and the answer as to why he denies this is quite clear. He is poorly trained as a psychiatrist, he doesn't have his boards, he doesn't read, he didn't consult a consultant. The response to my treatment, etc. is clearly outlined in the testimony of Dr. Narad, in my memoir, and by our expert psychiatric consultant. Narcissistic personality is not a diagnosis that one gets institutionalized for 5-10 years, as was the plan for me clearly delineated at the treatment planning conference.

16. I am enclosing a copy of Dr. Sargent's article about character disorders in physicians. I am also enclosing the Judge's summary of Dr. Greenspan's behavior during and after the time of my illness. I would remind you that Dr. Jeffrey McDonald, the green beret murderer who coldly murdered his wife and 3 children, etc. has been diagnosed as having a "narcissistic personality disorder". On the other hand, I am enclosing a sampling of observations of my interactions with other human beings which have been recorded by medical students, patients families, and social workers. In addition, there is a letter of

recommendation written by one of our eminent psychiatrists on my behalf when I was considering taking a residency in psychiatry. There is also a letter from my personnel file from my residency. Res Ipsa Laquata. Please also note the testimony of Dr. Spodak, Dr. Ayd, Dr. Board, etc.

17. I refer you to Dr. Alan Stone's paper on a suicide precipitated by psychotherapy. Even if the reader did not believe the things that were said to me by Dr. Ross during the time that I suffered from an incapacitating depression, one only has to turn to the treatment planning conference where he repeats to his colleagues the things he said to a man who was in a state of major despair. Attempting to use psychodynamic interpretations on a patient who cannot tolerate them can lead to subsequent suicide and the creation of a harsh and self-punitive superego. Dr. Ross made drastic psychotherapeutic measures in attempting to treat me the way he did and ultimately to hold me responsible for the manifestations of a depressive illness over which I had no control. Chestnut Lodge in attempting to regard my pacing as a volitional and disruptive act, my complaining (which is classical for patients with psychotic depressions; see the article by Robert Cohen in which psychotic depression is described, the continuous complaining, the blaming, etc.) All these are manifestations of psychotic or agitated depression over which the patient has no control. An analogy would be a man with an intestinal obstruction who has tremendous pain and his doctors and nurses are telling him to shut his mouth. Secondly, the



attitude of Dr. Ross and his insistence that I had a personality disorder, that I was a malingerer permeated the nursing staff. It is seen in Ms. Ferrill's deposition. I was a desperately ill man with a potentially fatal illness that should have been terminated promptly by the only treatment that really works for this condition, i.e. somatic treatments; instead I was being punished. This has left permanent psychic scars on me and severe damage to my self-esteem. The concept of responsibility should not be extended to someone who has a depressive illness with profound neurobiological disturbance. Dr. Ross does not read, he does not take continuing medical education, he knows very little if anything at all of depressive illness and all this is quite clear in his deposition. His lack of knowledge is astonishing and embarrassing. The psychic damage done to me when I was vulnerable without defense mechanisms and the enforced regression I underwent in an attempt to destroy what they felt were my values and internal assumptions occurred at a time when I should have been out in the world protecting my outside world where everything was being taken away from me while I was held incommunicado. In nonpecuniary sense, the loss of the relationship with my children, the return to a world that was foreign and alien and strange to me, the stigmatization I underwent. Please note the enclosed Harry Stack Sullivan quotation. Terrible awful things were happening to me and I was made to believe that these terrible things were somehow all my fault. The doctors at Chestnut Lodge couldn't really separate

out the people with true character disorders in this case.

18. Carol Otto was able to take the children away because of what Chestnut Lodge did to me during their attempt to regress me and the subsequent deterioration. The children's guardian was shocked and recommended that I not have visitation with the children under these conditions. This set the stage for an alteration in custody, my not seeing my sons for 3 years, a change in the relationship with the children, and intense psychic pain. Dr. Greenspan who apparently had been in conversations with the Chestnut Lodge doctors (see the statements that he made during the Alex. Hosp. hearing) knew I would be done for years; he knew that I would "get worse before I got better" - i.e. I would be regressed; and that it was the Lodge's mission to change my personality rather than to treat my depression. He was given virtually a license and an open door to steal from me, which he did. The Lodge's doctors as stensibly psychiatrists and experts in human behavior could not see any of the motivations this young man would have and did not protect my interests. In addition, they (see Dr. Gruber's statements in the treatment planning conference who wished many terrible things to happen to me including the loss of my marriage. There was no attempt by any Lodge doctor to talk with my wife, to allow her to ventilate her anger and perhaps to even direct her into psychotherapy herself to see why she was so enraged at a man who had an illness over which he had no control and which should have been treated

promptly with somatic treatments. One will never know whether Mary Joy Drass would have pursued the course she had if a physician had counseled her and that within a short period of time, with ECT or medication, I would return to be the same attentive and loving person that she fell in love with and married. There was no attempt to present the prognosis and her anger was indeed justified. Noting Dr. Gruber's statement, it is incredible that a physician should take sides against his patient in a marital dispute which was engendered by his patient's affective illness. Chestnut Lodge knew exactly what I had to lose: (a) a lucrative practice; (b) the custody of my children; (c) a marriage. They did nothing; in fact, they encouraged these disasters to fall upon my head. Why is Dr. Ross talking in such a pejorative way about the amount of money I was making?

19. We'll have to provide them with the NMC contract and show how as a result of my year absence, which led to the activities of Dr. Greenspan, that most of the benefits of that contract became severely abridged.

20. I refer collectively to all our expert witnesses, the past employees mentioned previously, Mrs. Otto, Dr. Drass, Dr. Greenspan, and their representatives, the esteemed psychiatrists that I have corresponded with about this atrocity, and the medical community at large in Alexandria.

21. Read the treatment planning conference; note the hostile pejorative derogatory attitude towards the sick patient. Read Dr. Ross' deposition which is full of evidence of his severe counter-transference problems which led him to project upon me his ill-will and malevolence. Note the continuous references to my "support systems", my large income and the continuous attribution of some very classical and well described behavior patterns in agitated depression as being part of a character disorder.

22. I had a major depressive illness with significant signs of central nervous system disfunction. I was in a state of despair and severely psychologically disabled as tested objectively by the clinical psychologists. I was in fact the worst possible candidate for psychotherapy at that time. The depositions of Dr. Ross and Dr. Forte indicate that somehow I was to be confronted with my past sins and made to assume total and sole blame for the terrible things that had happened to me. This was to be my time to reflect over the years I was to be an in-patient upon what I had done to "alienate" people. The dialogue that I reproduced in my memoir was specifically and truthfully representative of the things that Dr. Ross was saying to me. I was being confronted with what Dr. Ross felt were my character faults and I was to be shown how I was a prime mover in this tragedy that befell me. Please see Alan Stone's copy (enclosed) of psychotherapy as precipitative of suicide. Dr. Ross

continually presented me with negative introjects. He painted for me a future life that really was not worth living, i.e. an apartment alone with an occasional dinner with a friend. When I called Dr. Ross from Silver Hill and told him that once I had been medicated, the depressive symptomatology abated considerably, his reply to me was "are you going to bump yourself off Ray".

Please note the enclosed quotation. I have the regression, however, that is employed at Chestnut Lodge is not the safe regression of a psychoanalytic hour. It is the precipitation of the patient into psychosis by removing whatever support systems that patient seems to need, i.e. personal supports or medication. The "therapists" at the Lodge talk about the patient's regression but it is the patient during this period of time who is often in restraints and in the strong room, etc. During my stay at the Lodge, there was an attempt to remove all sources of support for me. I was held incommunicado; my professional identity was taken away. The medication which would have been needed to terminate my depression was withheld. And I was made to feel as if I was the prime mover in a series of events that were occurring around me. The plan was to "treat me like everybody else" even though everybody else was schizophrenic. This was not the regression in the service of the ego. That such technique is applied in a procrustian fashion to all patients at Chestnut Lodge will be easily substantiated. I have a copy of the case presentation of "Delilah". I have heard Dr. Aylor's presentation at the Academy

of Psychoanalysis meeting in May. I have seen the regression and I offer the above quotation that identifies this technique as rather unique to Chestnut Lodge. Conversations with family members I have heard "he will have to get worse before he gets better". Dr. Greenspan was told I was going to "get worse before I got better", etc. The regression of psychoanalysis is not the regression of Chestnut Lodge in which a patient is made to get sick and to stay sick. This is not my contention at all, although my business and personal judgment was compromised by an untreated depression. If the depression had been promptly treated, I would have been able to make decisions to the best of my ability. It was through iatrogenic impairment that I reached a state where a guardian had to be appointed for me.

23. (?)

24. (?)

25. Irrespective of my character structure that was perceived by Dr. Ross, I had a major depressive illness. The depression was diagnosed repeatedly as stated in the treatment planning conference. There was also a blanket decision not to treat the depression. There is no evidence at all that the depression on that nature responds to psychotherapy. There is clear custotistical evidence that somatic treatments along with supportive psychotherapy is the only effective treatment for psychotic depression. Once the depression has been resolved, then characterological issues could be worked on, but the attempt

to use interpretations cannot be tolerated by a patient with a psychotic depression. Chestnut Lodge has no facilities for electroconvulsive therapy and at the time that I was a patient, there was no one on that staff who was an expert psychopharmacologist. Psychopharmacology is relatively complex and is a specialized field within itself. Chestnut Lodge promotes itself as a special place and yet I found myself in an institution with nobody having the expertise to deal with the type of illness I had. Indeed my treating psychologist Dr. Ross did not even have boards in psychology and in his deposition reveals a tremendous lack of basic psychiatric knowledge. Not only does this institution not have a fully trained psychopharmacologist available but it has a clear documented bias against the use of somatic treatments. My depressive illness is defined in DSM-3 as being uniquely responsive to somatic treatments. I was diagnosed as having this illness and yet a clear cut plan was made not to provide the only specific therapy for that disease. The depression was diagnosed, that is quite clear from the record. That treatment was withheld is also quite clear. Following the relief of the incapacitating depression, I would have been accessible to psychotherapy. A psychological testing shows that I was indeed the worst possible candidate for psychotherapy. If a hospital represents itself as a unique and special institution with a great deal of expertise, it should follow through by having qualified trained people on its staff and be truly prepared to offer all modalities of treatment which

a patient requires.

26. (?)

27. I did not attempt to transfer myself before August because I had become so nihilistic because of the exacerbation that I was in a state of hopeless despair. I felt that there was nothing that could be done to help me and I was concerned that enough money should be made available so that I would spend the rest of my life at Chestnut Lodge and not have to go to a state hospital. I agreed to the transfer only at the urging of my mother and step father (whom I believe truly saved my life). But I had no hope at that time that anything could have helped me.

28. Our witness list is still in preparation.

29. Since my return to the world, I have surveyed psychiatric literature. Of the multiple texts, monographs, etc., I have not been able to find one single iota of literature that supported the type of treatment that I received at Chestnut Lodge. I subscribed to the American Psychiatric Assoc. News and have attended the Berkshire psychotherapy conferences. I have attended several of the conferences at Harvard, particularly relating to borderline conditions. In the Friedman and Kaplan psychiatry textbook which was a current edition at the time I was in Chestnut Lodge, Robert Cohn in his chapter on manic depressive illness advocates the use of medication and affective disorders and in his description of psychotic depression, attributes to



depressive illness alone, many of the behavioral manifestations which Dr. Ross alleged was secondary to a character disorder. I cannot recall any of the multiple and numerous papers that I have read over the years but I will acknowledge that I do scan the Archives of General Psychiatry and the American Journal of Psychiatry. Papers however of recent or more distant heritage which stand out in my mind and which have appeared to be pertinent to this case include (1) The Effort To Drive The Other Person Crazy, by Harold Sirles; (2) The Chestnut Lodge Follow Up Series, by McGlashin et al, Parts 1, 2, 3 & 4 in the Archives of General Psychiatry in 1985 and 1986; (3) Goals of Psychoanalysis and Psychoanalytically Oriented Psychotherapy by McGlashin and Miller, Archives of General Psychiatry; (4) Discrepancies in the Literary Representation of Schizophrenia, Archives of General Psychiatry, particularly the attempt to correlate "Hanna Green" with DSM-3 criteria for schizophrenia; (5) The Interpersonal Theory of Psychiatry, by Harry Stack Sullivan; (6) The Principles of Intensive Psychotherapy by Frieda From Rikeman - note especially the chapter on the personal requirements of a psychotherapist; (7) Mental Hospital by Stanton Schwartz; (8)-----, an address by ----- . In this paper, ----- Freud is quoted as anticipating the day when endocrinologists will be able to directly influence mental processes and anticipates the era of psychopharmacology; (9) Psychotherapy as a Precipitant to Suicide by Alan Stone; (10) Will Neurobiology Influence Psychoanalysis, by Arnold Cooper, M.D.; (11) Modern Psychoanalysis by Judd

Mormor, especially including Chapter 8 on psychopharmacology and psychoanalysis; (12) Elementary Textbook of Psychoanalysis by Charles Brennar; (13) Borderline States and Pathological Narcissism by Otto Curenberg; (14) Severe Personality Disorders by Otto Curenberg; (15) Handbook of Psychopharmacology - Little Brown & Co.; (16) Psychopharmacology by Gerald Bernstein; (17) The Mind That Found Itself; (18) Psychoanalysis, The Impossible Profession; (19) Janet Malcolm, in the Freud Archives; (20) Borderline States, by Michael Stone; (21) Chapter on Psychoanalysis by William Misener, M.D.S.J.; (23) in Friedman and Kaplan, \_\_\_\_\_ Around the Subjects by Harold Sirles; (23) Diagnosis and Drug Treatment of Psychiatric Disorders by Kline et al; (24) Interpersonal Therapy of the Psychotherapy of Depression by Klerman, et al; (25) Inquiries Into Psychiatry by Audrey Lewis;

(Tape came to an end)