

FACE SHEET

**CONFIDENTIAL**

Admission Date: January 2, 1979  
Line of Admission: \_\_\_\_\_  
Hospital Number: 3210

Patient's Name: Osheroff, Raphael J., M.D.

Last First Middle Maiden

Home Address: 513 Prince Street, Alexandria, Va. (Phone:548-4663)

Date of Birth: 4/1/38 Birth Place: New York

If Foreign, Date of U.S. Entry: \_\_\_\_\_ Naturalization Date: \_\_\_\_\_

Social Security No.: 107-30-9218 Race: W Sex: M

Marital Status: M Date Married: Oct.'74 Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Level of Education: Medical School School: \_\_\_\_\_

Religion: Jewish

Military Service: Army Reserve Dates of Service: 1964-1971  
(Branch of Service)

Nature of Discharge from Service: \_\_\_\_\_

Responsible Person: Self  
(Name) (Relationship)

Address: \_\_\_\_\_  
(Home)

\_\_\_\_\_  
(Business)

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)

Other Persons to Contact: Mother & Stepfather: Mr. and Mrs. Louis Bader  
(Name) (Relationship)

530 W. 236th Street, Ny.NY (home)  
(Address) (Phone) (Bus.)

Partner: Mr. Bob Greenspan  
(Name) (Relationship)

Home Phone: 765-1179; work:370-0483 (Home)  
(Address) (Phone) (Bus.)

Economic Status: Dependent on Family: \_\_\_\_\_ Independent: X Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**EXHIBIT**  
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HCA 82-262

*Transferred to Silver Hill Jan. 8/1/79*  
1

Patient's Name: Osheroff, Raphael J., M.D. Admitting Physician: C.W. Dingman, M.D.

Number of Previous Admissions to Mental Hospitals: None

Is Drinking a Problem? Yes Drug Problem? Yes Type: \_\_\_\_\_

Physical Problems? \_\_\_\_\_ List: \_\_\_\_\_

Past Major Medical History: \_\_\_\_\_

Transferred from: \_\_\_\_\_  
(Hospital) Home (mother's) (Address)

Referring Physicians: James L. Wellhouse, M. D., 1601 18th St., N.W., DC 20009  
(Name and Address)

Progress Reports to: Dr. Wellhouse

Previous Psychiatric Hospitalizations:  
(Hospital---Dates of Admission & Discharge---Diagnosis---Treatment)

None

(If additional space is needed, use other side of this paper)

Diagnosis: Manic Depressive Illness , Depressed Type 296.2

## ADMINISTRATOR'S DISCHARGE SUMMARY

**CONFIDENTIAL**Admission Date: January 2, 1979Discharge Date: August 1, 1979Description of the Patient:

Dr. Osheroff is a 41-year-old, thrice married and currently separated physician, who was admitted to Chestnut Lodge on a voluntary status following two years of intractable depression of increasing severity. He has resided on Main II and Dr. Manuel Ross has been his therapist throughout his hospitalization.

Summary of Illness leading to Hospitalization:

Dr. Osheroff dates the onset of his illness as about the Fall of 1976 when his second wife (from whom he had been divorced since 1972) left to live permanently in Europe and took their two children<sup>with</sup> them. His sadness and loss at that time made him agree to the suggestion to sell part of his lucrative renal dialysis business from which he had derived much self-esteem and sense of importance. Although his symptoms varied somewhat, his general course was downhill. He developed a strong obsessive tendency to ruminate about his losses of all that was important to him to all who would listen, and especially to his mother. He increased his alcohol intake, had crying spells, functioned poorly at work, had difficulty making decisions, was agitated and finally began having frequent suicidal thoughts. He underwent outpatient psychotherapy with Dr. Wellhouse (which included a trial of antidepressants) from February 1977 until December 1978, and he also consulted Dr. Nathan Kline in July of 1978, who tried him on larger doses of Sinequan (200 mg per day) and ultimately on Lithium. He responded to this latter therapy with only transient improvement and with rapid return of his depressive symptoms; he later elected to stop these medications on his own. He was then referred to Chestnut Lodge for inpatient therapy by Dr. Wellhouse and admitted on the 2nd of January 1979 on a voluntary status.

Hospital Course:

Dr. Osherhoff was treated with intensive psychoanalytically oriented therapy four times a week by Dr. Ross. He also received much help and guidance in personal hygiene and interpersonal interactions from the nursing staff. He generally avoided participating in unit meetings and activities therapy, preferring instead to lie on his bed<sup>or pane</sup> exhaustively (to the point where he developed painful blisters and corns on his feet for which he generally refused appropriate care prescribed by a podiatrist). Furthermore, he often reacted to structure and nursing care with angry, abusive outbursts towards the staff, stating he was a doctor and knew what was best for him. Encouraging more off-unit activities was only partially successful and his use of the telephone required restrictions in order to avoid his belaboring his plight too long and too often to colleagues, associates and relatives. Because

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August 1, 1979

important business decisions affecting his future needed to be made, and because of his ambivalence, self-destructiveness and difficulty making independent constructive decisions, his parents and lawyers petitioned to have a guardian appointed for him to protect his interests during his illness. Consequently, Mr. E. B. Evans, Jr., attorney, and Mr. Louis Bader (the patient's step-father) were appointed as coguardians in July 1979. It was then the decision of his parents to transfer Dr. Osheroff to a different institution as they had been disappointed in his progress to date. Therefore transfer to Silver Hill Foundation was arranged on August 1, 1979.

Condition on Discharge:

At the time of his discharge, Dr. Osheroff remains severely depressed and agitated with thoughts of suicide and nearly constant rumination about the loss of his children, his wife, his business and his importance in the local medical community. He continued to be agitated and spend much of his time pacing; he also considers his illness to be life-long and intractable.

Plans for Discharge:

Dr. Osheroff will be transferred (on the day of his discharge from Chestnut Lodge) to Silver Hill Foundation in New Canaan, Connecticut for further inpatient treatment.

Prognosis:

It is probable that Dr. Osheroff's acute symptoms will resolve in time with appropriate treatment and sufficiently for him to take, once again, an active role in his profession. However, his severe personality disorder will be less responsive to treatment, and be likely to continue to interfere with his immediate progress and future life.

Diagnoses:

Admitting Diagnoses:

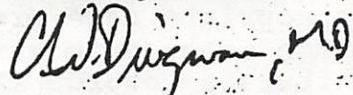
- 1) Manic depressive illness, depressed type - DSM-II. 296.2 and
- 2) Personality disorder (unspecified) DSM-II. 301.9.

Initial Staff Conference Diagnoses:

- 1) Psychotic depressive reaction, agitated type DSM-II. 298.1 and
- 2) Personality disorder (unspecified) DSM-II. 301.9

Final Diagnoses:

(Same as Initial Staff Conference diagnoses).

  
C.W. Dingman, M.D.  
Clinical Administrator

CWD:rsr

THERAPIST'S

MONTHLY PROGRESS REPORT ON PATIENT

**CONFIDENTIAL**

RE: Osheroff, R.

TO: Dr. Ross

FROM: Clinical Director

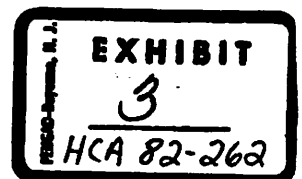
DATE: January 1979 (to be dictated at the end of the month)

Dr. Osheroff was admitted to the hospital on January 2 of this year. He appears to be in a reactive depression, reacting to two specific stimuli--the loss of his business and the loss of the children from his second marriage. He masochistically flays himself or expounds on grandiose self. There is no evidence that he is psychotic at this time.



Manuel Ross, M.D.

MR:skb



THERAPIST'S

MONTHLY PROGRESS REPORT ON PATIENT


RE: Osheroff, R.

TO: Dr. Ross

FROM: Clinical Director

DATE: February 1979 (to be dictated at the end of the month)

Ray continues to be depressed. He continues to accuse himself of having lost everything. It is obvious, at least to me, that he is unable to mourn or relinquish anything and that many of his foreboding predictions are baseless, that the poverty he speaks about is emotional poverty rather than financial poverty.

  
Manuel Ross, M.D.

MR:skb

THERAPIST'S

MONTHLY PROGRESS REPORT ON PATIENT


RE: Osheroff, R.

TO: Dr. Ross

FROM: Clinical Director

DATE: March 1979 (to be dictated at the end of the month)

There is little clinical change in Ray. During the past month he has never seemed to tire of repeating his past history, framing it, always in terms of "loss." He needs endless reassurance and cannot accept the content of what is said to him and has a doubting mania that anything that is being said to him has any truth at all.

  
Manuel Ross, M.D.

MR:skb

THERAPIST'S

MONTHLY PROGRESS REPORT ON PATIENT


RE: Osheroff, R.

TO: Dr. Ross

FROM: Clinical Director

DATE: April 1979 (to be dictated at the end of the month)

Ray continues to spend his entire day on the unit. Occasionally he brightens a little bit and lets me know something of his past history other than the depressive complaints. However, so far in our work, there has been no significant changes in the symptomatic picture.

  
Manuel Ross, M.D.

MR:skb



**THERAPIST'S**

**MONTHLY PROGRESS REPORT ON PATIENT**


**RE:** Osheroff, R.

**TO:** Dr. Ross

**FROM:** Clinical Director

**DATE:** May 1979 (to be dictated at the end of the month)

Ray did manage during this month to straighten out some of his financial problems with his third wife--at least it is not about to boil over in his mind. His second wife, however, is beginning to open up legal action in order to get something from him. What this something is that she wants is not clear from what I can get from him. In fantasy, he has to masochistically submit to her predations. He accuses himself of being a "criminal" for not "providing" for his children. It is a form of melancholia, not mourning.

  
Manuel Ross, M.D.

MR:skb

THERAPIST'S

MONTHLY PROGRESS REPORT ON PATIENT

RE: Raphael Osheroff, M.D.

TO: Dr. Ross

FROM: Clinical Director

DATE: 6/79 (to be dictated at the end of the month)

There is some slight improvement in Dr. O's condition. Occasionally he places "injuries" into some kind of perspective. From what he tells me about his work with his lawyers, his legal situation also appears to be clear at this time. However, even this relief was not enough to bring him out of his continual state of ruminating about his "losses."

  
Manuel Ross, M.D.

THERAPIST'S

MONTHLY PROGRESS REPORT ON PATIENT

RE: Raphael Osheroff, M.D.

TO: Dr. Ross

FROM: Clinical Director

DATE: 7/79 (to be dictated at the end of the month)

Toward the end of this month, Dr. O was withdrawn from the hospital and transferred to Silver Hill Hospital just outside New York City. The essential reason was that his mother and stepfather felt that he was not getting better fast enough and that Silver Hill would do a better job at bringing this about. Dr. O more or less passively accepted their recommendation. At the time he left treatment he was no longer acutely suicidal, but it is my impression that if he is left outside of a structured situation for any amount of time that he might become so once again--that is, I think he needs to be watched. His moods tend to be mercurial. There is no evidence that he was psychotic during his stay here. The extreme narcissistic vulnerability, however, remained in place.

*Manuel Ross, M.D.*  
Manuel Ross, M.D.

CLINICAL EVALUATION AND JUSTIFICATION REVIEW

July 8, 1979

# CONFIDENTIAL

Present: Drs. Ross, Bullard, Jr., Fort, Gruber, McGlashan, Cameron, Nayfack, LaVia. Also present: Dr. Rieger, Mrs. McDonald, and the head nurse of Main-11.

Dr. Osheroff was admitted to Chestnut Lodge in January of 1979. He carries a diagnosis of agitated depression in a narcissistic character disorder. The CEUC was called by Dr. Fort for the purposes of general case review. The patient's psychotherapy, administration and social work were reviewed in detail.

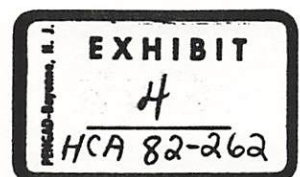
It was noted that although he continued to be symptomatic in many areas, he has engaged with his therapist and with the unit in a way which augurs well for a good long term outcome. Although he has talked about suicide on and off through most of his hospitalization to date, the unit has recently decided to place him on special because of some signs that his depression may be lifting (making this a time of heightened risk). The Medical Council endorsed this administrative move.

The use of antidepressant and/or other neuroleptic medication was raised. Also considered was his potential need for electroshock therapy as an alternate somatic treatment for his depression and/or suicidal preoccupations. It was felt that though these modalities might provide some temporary symptomatic relief, his problems over the long term are best handled with the modalities we are now applying. As such, it was felt that neither drugs nor shock were indicated. The group also felt that we should and will remain open to consultation on this issue. The patient and his family have been informed that although we do not recommend somatic modalities at the present time, they are free to seek outside consultation regarding these questions.

It was felt that one of the most important elements of his treatment will be to avoid treating him as unusual, or special, or very different from other patients or other human beings. Many of his current difficulties stem from a long prior history of such special treatment. One of the most important aspects of his treatment will be the application of firm and consistent limits and the unit was encouraged to continue to apply these as they have up to the current time.

Because the unit's administrator was on vacation and the social worker could not attend because of unexpected illness in the family, it was recommended that a review be rescheduled for three months hence.

*Thomas H. McGlashan*  
 Thomas H. McGlashan, M.D.  
 Secretary



Date  
1/5/79

Administrative Note (See typed Administrative Note for more details)

Pt. admitted 1/2/79 - anxious, depressed - agitated, suicidal. Also presents a much limited testing, underlying omnipotent feelings and need for support & contact. Hx of present depression goes back about 2 yrs; has had depressive periods in past. Current wife left him (with child) 1 month prior to admission. Hospitalization has been encouraged by wife, mother, step-father & husband's sister (Dr. Robert Greenman). Pt. very ambivalent about hospitalization.

- Dr. ? Psychotic depressive reaction.
- ? Non-schizophrenic & chronic, depressed type
- ? Severe depressive neurosis & underlying personality disorder.

- Plan 1. @ 10' check - very acute p 1<sup>st</sup> 27 hr
  - 2. Home limited setting
  - 3. Limit telephone calls to wife, mother & associates if pt. unable to do so himself p 1<sup>st</sup> week of hospitalization
  - 4. Psychological Testing
  - 5. Limit medication to antipsychotic (Hx of psychotic) & h.s. sedative (Hx of alcohol & drugs in past)
  - 6. Get data from previous psychiatric Hx.
- CWD, Director, M.D.

1/5/79

HPM-12315 Pt. started the evening by using the phone 30 to 40 minutes. He then placed appealingly quite anxious and conversing to the evening nurse his losses of business and family. He appeared to manifest concern over his appearance to be depressed or psychotic - hoping he appeared depressed. He went to dining, smoked a cigarette first and pacing, then finally after encouragement from staff he went through dinner line and ate very little but quickly again appearing hypertense. He again paced the dining room and came back to the unit with the group. When back on the unit he paced somewhat, spoke little and rested in his room most of the

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HCA 82-262

Date

1/5/79 cont

4-12:15 Contingency his feet somewhat a few minutes  
 evening. He did however express deep  
 anxiety over becoming a chronic patient  
 and remaining here for the rest of his  
 life. He acknowledged punishing himself  
 severely for the last year and currently  
 feeling overwhelmed with guilt. Also he  
 expressed being anxious about what  
 his therapist was like, would be like and  
 the therapist's qualifications and capabilities.  
 He was very courteous to patients and  
 staff this evening and retired early.  
 S. Robert Clark, M.D.

NAME: OSHEROFF, RAPHAEL

CONFIDENTIAL

Date

1/9/79

Administrative Note

R. has been calling wife daily, wondering if she's found another husband; he's been asking about parents, telling them his woes. Wife does not wish to talk to him for present + parents willing to accept T call per wife's wish.

R. has also been calling his office, telling all employees his whereabouts + how to find him. His account, Dr. Greenman, felt pt self-destructive of his relationship at work during these calls. Dr. Greenman feels he would be comfortable calling pt T x / both but not receiving call from pt.

Summary: Nearly all of pt's telephoning seems to have purpose of feeling his depressive mood + his self-esteem.

Plan: I will restrict pt's calls as follows:

1. 0 calls to wife
2. 1 call w/ wife + parents
3. May receive 1 call / wk from Dr. Greenman but may not call him
4. No restrictions at present on calls to attorney or accountant

Cl. W. Dargatzis MD

CHESTNUT LODGE  
ROCKVILLE, MD 20  
OSHEROFF, RAPHAEL  
ADM 1/2/79 #320  
DOB 4/1/38

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ADMINISTRATIVE PROGRESS NOTES

NAME: \_\_\_\_\_

CHESTNUT LODGE

ROCKVILLE, MD 20850

OSHEROFF, RAPHAEL J.

ADM 1/2/79 #3210

DOB 4/1/38

Osheroff, Raphael  
January 1979

Dr. Osheroff was admitted on the 2nd  
of January with a diagnosis of severe

agitated depression. His behavior since admission has vacillated between being childish, demanding, pouting, hostile and resistive -- particularly toward unit staff -- and being mature and responsible at other times (especially in my presence). Throughout the month he has expressed much hopelessness and frequent suicidal ideation. Nevertheless, he decidedly resents the staff intrusions necessary to keep him under close observation. His frequent and prolonged phone calls to his wife, mother and his business necessitated restricting his allowed calls/once a week to his mother; he is also allowed one call a week from his associate to him but, for the present at least, his wife desires not to hear from him. Dr. Ross became his therapist within a week after his admission, but in spite of this outlet for his anxieties, he continues to unload his feelings of loss and sense of worthlessness on anyone who will spend the time listening to him. Furthermore, a definite regressive tendency has exhibited itself in the form of petulant angry behavior on occasion in response to being structured (he threw a lamp and broke it in the direction of a nurse on one occasion). He has also made a brief attempt to caricaturize the psychotic behavior of other patients on the unit. On the positive side, in spite of his frequent talk that life does not seem worth living, he has made no suicidal gestures and aside from some talk of leaving during his first week he has made no further moves to abandon therapy. (For further details on Dr. Osheroff's illness and status on admission please see the administrator's admission note.)

(W) Jurgensen MD



ADMINISTRATIVE PROGRESS NOTES

NAME: OSHEROFF, Raphael  
CHESTNUT LODGE  
ROCKVILLE, MD 20850  
OSHEROFF, RAPHAEL J.  
DOB 4/1/38

Osheroff, Raphael  
February 1979

Dr. Osheroff's mood remains chronically depressed; he also continues to be

agitated and verbally hostile on numerous occasions throughout the day. On a number of occasions he seemed on the verge of losing control and the staff became concerned that cold wet sheet packs would be required. In response to this, I talked to him about our concern and, although he threatened to "sue" us if we should attempt to pack him, he has exhibited somewhat less loosening of controls and, to date, no packs have been required. In further attempts to limit his abuse of the telephone we have limited him to one half hour for each call with the staff doing the dialing. However, his agitation increased toward the end of the month when he learned that

Osheroff, Raphael  
Feb. 1979 (cont'd.)  
to-one staff escort when off the unit and on 10 minute checks when on the unit.

his business was being pressured by outside interests. He remains on one-to-one staff escort when off the unit and on 10 minute checks when on the unit.

*Ch. D. [Signature]*

ADMINISTRATIVE PROGRESS NOTES

NAME: OSHEROFF, Raphael

MAIN II

Date

Osheroff, Raphael  
March 1979

Dr. Osheroff's mood has varied somewhat in severity through the month. There were increased feelings of hopelessness, with much agitation and pacing early in the month, but these seemed to diminish for the two weeks in the middle of the month. During this latter period he was able to sit through and participate in the unit meetings. However, toward the end of the month, his agitation again increased as did his pacing and verbalizations of hopelessness and helplessness. He still engages others whenever he can in long conversations in which he bemoans his condition. He has developed painful

blisters on his feet from his pacing, which have required cleansing and dressing. He has also been seen by Dr. Ganny for treatment of his callouses. However, he frequently refuses to allow nursing staff to give his blisters appropriate care.

*(W.D. Gann MD)*

CHESTNUT LODGE  
ROCKVILLE, MD 20  
OSHEROFF, RAPHAEL  
ADM 1/2/79 #9  
DOB 4/1/35

ADMINISTRATIVE PROGRESS NOTES

NAME: OSHEROFF, Raphael

Main II

Date

Osheroff, Raphael  
April 1979

Dr. Osheroff began this month to express some initial interest in off-unit activities and has begun to go to the dining room for his meals. He asks less frequently for Dalmane to aide his sleep but has requested to be put on daily doses of therapeutic vitamins. His mood and affect remain essentially unchanged and he continues on ten minute checks throughout the day. His frequent and prolonged pacing on the unit hall continue, but he has been able to sit through a number of the unit meetings. He also continues to be very concerned about his financial status and whether he has enough money to continue treatment as an inpatient; he has also expressed the thought that he must sell the remainder of his interest in his business in order to continue.

*C. W. Dugan, MD*

Osheroff, Raphael  
May 1979

It became evident early in the month that Dr. Osheroff was grossly misusing his telephone privileges to lament his situation and express his low self-esteem to not only his mother but also his accountant, his lawyer, and his colleagues at work. On calls ostensibly to his mother he would surreptitiously hang up and dial another number when staff was not watching in order to talk to someone else. Mrs. Palacios learned that these calls were becoming annoying as well as upsetting to his associates and so, on the 7th of the month, Dr. Osheroff was restricted to one call a week to his mother on Saturday and it was stipulated that all other calls must be made in the presence of and with the consent of Mrs. Palacios. On the 17th of May Mrs. Palacios, Mr. Notaris (the patient's accountant) and the patient met to determine his current financial situation, which according to the patient, was close to bankruptcy. At that time it was learned that Dr. Osheroff was still very well off financially, both at present and for at least the next two years. Clinically Dr. Osheroff remains agitated, depressed and angry; he continues to spend most of his time either pacing or lying on his bed in his room and makes little effort to keep up his personal hygiene. His interaction with other patients and staff remained minimal and generally hostile. In an effort to increase his interaction with others and to interrupt this behavioral pattern, Dr. Osheroff has been locked out of his room between 1 and 4 p.m. each day beginning on the 15th of the month. Further efforts

Osheroff, Raphael  
May '79 (cont'd)

in this direction are planned for the near future.

*C. W. Dugan, MD*

## DR. DINGMAN'S ADMINISTRATIVE PROGRESS NOTES

Osheroff, Raphael  
June 1979

Dr. Osheroff's care and treatment continued to be complicated by various legal and business matters. In the hopes of facilitating appropriate decisions with respect to his current business arrangements, and keeping in mind that Dr. Osheroff's decisions during his illness have tended to be self-destructive, a letter was composed and sent to his various lawyers and his mother stating that I considered Dr. Osheroff to be temporarily incompetent, with respect to decision making in the area of his professional and financial matters. The time in which Dr. Osheroff is locked out of his room was increased to include the time from 1 p.m. to 7 p.m. each day on the 7th of June, and on the 13th of June an order was written for him to have daily walks. Toward the end of the month he himself asked to return to getting his meals in the dining room and to have more off-unit activities. Although Dr. Osheroff continues to show moderate agitation, as well as periodic angry and belligerent outbursts, especially toward female staff, toward the end of the month his personal hygiene was noted to improve and he seemed to be pacing less frequently than previously. Recently, on occasion, he has even indicated verbally some approval and consideration of others.

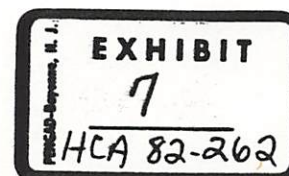
*Cl D Dingman MD*

Osheroff, Raphael  
July 1979

During the month of July, Dr. Osheroff's symptoms again increased in severity. He was frequently very agitated, paced exhaustively, ruminated frequently about his various losses and talked more frequently of suicide. Following his frequent bumping into another male patient while he was pacing in an agitated manner on the hall, this other male patient pushed him strongly and knocked him down into a trash basket where he sustained a mild lumbar contusion. However, he did go for occasional off-unit walks and trips to the Center during this period. The increase in symptoms noted in Dr. Osheroff during this month may have been in part a result of his wife, Joy, telling him that she wanted a separation, his former wife's successful suit for full custody of their children, and finally his being declared incompetent with respect to financial and business matters affecting his life. As a result of the court's declaration of his incompetence, Dr. Osheroff's stepfather (Mr. Bader) and a lawyer were made co-guardians of Dr. Osheroff's person. Meanwhile, Dr. Osheroff's mother and stepfather (probably with the collusion of Dr. Osheroff himself), decided that Dr. Osheroff's recovery would be facilitated by his transfer to another institution. At a CEUC held late in the month, during my absence, it was decided not to resist such a transfer. Therefore, on August 1, 1979, Dr. Osheroff was discharged and transferred (and admitted) that day to the Silver Hill Foundation Hospital in New Canaan, Connecticut.

*Cl D Dingman MD*

*See p. 12  
July 18 meeting  
no mention of  
transfer*



## THERAPIST'S DISCHARGE SUMMARY

**CONFIDENTIAL**

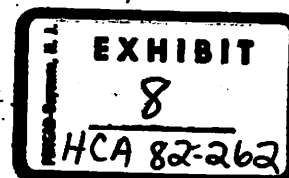
Dr. Osheroff was admitted to Chestnut Lodge on 1/2/79, and discharged to Silver Hill Hospital, outside New York City, on 8/1/79. Dr. Osheroff came to the hospital with one major complaint that had a number of facets. The overall theme was that of loss of power (potency, money, women, infantile entitlement). He claimed his current debacle started when his second wife took his two sons to Europe after their divorce. A more persistent and louder complaint was that he lost his "business". This business consists of several dialysis centers which he sold when his psychological problems became overwhelming. Even though he is a wealthy man by any standards, "the loss of the business" was something that he constantly referred to as irreparable. He constantly spoke of the past with little reference to his current situation, i.e. his third wife and young son.

There had been no evidence at any time during his stay at Chestnut Lodge that he was psychotic. During the seven months that he was in the hospital there was some change but nothing of a major sort. He continued to remain agitated, complaining and wanting immediate results. He referred to his past lengthy efforts at treatment as either filled with miraculous cures or endless desolation. Apparently he was in this condition for some months, if not years, before coming into the hospital and it led directly to his third's wife's separation from him.

As I see the patient dynamically, he created with his "business" and his "beautiful wife" an aura of narcissistic invulnerability about him, in which people would support his puffed up notions of himself. When this world collapsed because of his persistent conflicts, he saw everything as desolation and unconsciously sought to renew a relationship of a symbiotic sort in which narcissistic gratification was at the fore with his mother. Indeed from the history we have, it would appear that his mother supported whatever he had done, even when it would not have been judicious to support him. She, like he, blames his current condition on external events. This was to lead directly to his transfer to Silver Hill when the clinical picture did not brighten fast enough. The patient's mother and stepfather decided to get him out of the hospital quickly and up to Silver Hill where they felt that medication would turn the trick quickly.

Prognostically, I don't think this patient is going to recover unless he stays in treatment for a prolonged period of time. I would consider him as falling within the diagnostic realm of the severe narcissistic disorders.

There has been some debate about what diagnostic category he belongs to. Dr. Dingman, for example, felt that the differential diagnosis was between manic depressive illness, depressed



August 1, 1979

type, or depressive neurosis (severe), or psychotic depressive reaction, agitated type. I saw nothing in the patient during the time he was seeing me of psychotic proportions, and I believe it would be better to consider him operationally from a standpoint of a narcissistic wound rather than that of a depressive disorder.

~~Whatever the diagnosis,~~ I believe it is essential that Dr. Osheroff settle down in one place for a long period of time, in order to get well. The prognosis is guarded. In the past, Dr. Osheroff has done things impulsively when he is not getting his way in treatment and whenever that is, he bolts for something quick and seemingly easier.

At the time of his transfer to Silver Hill, I felt that he was still potentially suicidal. By potentially I mean that if there was a sudden shift in the environment, especially if he was outside of the structured situation, he might think of taking his life. However, I believe that within a structured situation, the chances of a suicidal attempt are minimized although they are still there.

Subsequent to his discharge from Chestnut Lodge, I received two phone calls from Dr. Osheroff. The first was a glowing report about Silver Hill. This was some two weeks after he arrived there. He claimed the drugs (an antidepressant) had helped him enormously and that he was on the road toward recovery. A few weeks later, I got another call; this time his complaints were much more familiar to me: namely, nothing was working and he was not getting enough, drugs weren't working, etc. etc.

Diagnostically, I felt he might best fall in the area of a depressive neurosis (severe) DSM-II. 300.4, and personality disorder (narcissistic vulnerability) DSM-II. 301.9.

Manuel Ross, M.D.

Why then  
is this  
dated  
Aug 1, 1979?

VITAL STATISTICS OF FAMILY

	Name	Address	Occupation and Estimate of Income	Dates of Birth & Death	Place of Birth	Marital Status & Date
<b>Parental Family</b>						
Father	(mo.'s 3rd husb.) Step-father: Louis Bader	530 W. 236th St., NY, NY	H.S. Teacher	8/26/21	Brooklyn	1961
Mother (Maiden)	Mother: Julia (Osheroff) Bader	" " " "	Ret. Teacher		Bronx	"
Siblings:	None					
<b>Marital Family:</b>						
Spouse	Joy Drass (goes by this name)					
Children	(Phone: 657-3942 (home) 541-6277 (office))					

Changes in Marital Status of Parents: Separation \_\_\_\_\_ Date \_\_\_\_\_ Divorce \_\_\_\_\_ Date \_\_\_\_\_ ReMarriage \_\_\_\_\_ Date \_\_\_\_\_

If one or both parents are remarried: Mother: \_\_\_\_\_ Date \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father: \_\_\_\_\_ Date \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

History mental or nervous disease in any relatives? \_\_\_\_\_ (Give name and relationship to patient)

Names of former spouses of patient, if any: \_\_\_\_\_

Disposition of children during patient's current hospitalization: \_\_\_\_\_

