

# CONFIDENTIAL

## ADMISSION NOTE

### Description of the Patient

Dr. Osheroff is a 40-year-old, separated male, who was admitted to Chestnut Lodge (Main II) on January 2, 1979 on a voluntary status and at the urging of his relatives and associates.

### Chief Complaint

"What are you going to do for me?"

### Present Illness

Dr. Osheroff dates the onset of his present illness as about the fall of 1976 when his first wife (from whom he had been divorced since 1972) left to live permanently in Europe with their two children (now ages 7 and 9). Prior to this time he claims he had felt "on a cloud," important and successful. He denies any manic-like behavior, however. He visited his children in Belgium and thereafter began to feel empty and worthless. He had frequent crying spells, began drinking alcoholic beverages daily and apparently abused drugs such as Valium. His expanding dialysis business (involving two hospital units with two more being negotiated) was involved in some financial difficulty (in April 1977) and he himself was having interpersonal difficulties with one of his associates (whom he labels a "sociopath"). He decided (very regrettably now) to sell this business to a major competitor. The loss of this business (in October 1977) increased his sense of worthlessness, his poor self-esteem and his sense of having lost everything that was important to him. He became more withdrawn and began having suicidal thoughts which he expressed to others. About this same time his ex-wife sued for full custody of their children. Furthermore, he began calling his mother every day and has continued to do so for the past one and a half years; during these calls he talks repetitiously of his ruined life. He attempted psychotherapy (unsuccessfully for him) with Dr. Wellhouse and then in the summer of 1978 consulted Dr. Nathan Kline who started him on Sinequan and later lithium in addition to the Sinequan. These drugs improved his mood slightly at first, but his vegetative state and depressed mood returned. In response to his behavior, his second wife of four years and child of two years left him in November of 1978. He, in turn, felt he had fallen from being a very important and successful person in the Washington medical community to being a nothing. His suicidal

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after he  
hospital?  
check etc*

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thoughts (and his communication of these thoughts to others) led to his seeking more intensive therapy and being referred to Chestnut Lodge. In the week prior to his admission here he had procured a bottle of 100 Seconal capsules with the intent of taking them. He arrived at Chestnut Lodge (after two initial meetings with Dr. Gruber and several telephone contacts with Dr. Fort) accompanied by his associate, Dr. Robert Greenspan and his stepfather (of 15 years) Mr. Louis Bader.

Previous Psychiatric Treatment

Dr. Osheroff and his first wife were treated individually, as a couple, and in group therapy (approximately two times per week) for two to two and a half years by Dr. Frank Board, beginning in 1967. Dr. Osheroff states that his symptoms at that time were anxiety and depression. Dr. Osheroff attributes his first divorce, in part, to this therapy. More recently he has been in therapy with Dr. Wellhouse and then with Dr. Nathan Kline (see above).

Past Medical History (see internist's admission history and physical exam)

Patient was hospitalized recently for treatment of peptic ulcers. He also has a history of esophagitis and hiatal hernia.

Family History (please refer to the social worker's admission work-up)

Mental Status

Dr. Osheroff presents as a well groomed, intimidating, agitated male appearing his stated age. He has frequent facial tics and grimaces and often paces during the interview. His speech is pressured, self-centered and repetitious with little attempt to fully answer questions or give a coherent history of his illness. He talks of suicidal thoughts but denies any suicide attempts in the past; his speech is filled with repeated statements of his love for his children, his former importance, wealth and stature in the medical community and how he now feels as nothing, as having lost everything due to his own poor judgment. In general his speech is coherent and logical without evidence of thought disorder, ideas of reference or delusions. The content of his speech reveals much grandiosity and omnipotence, as well as a feeling that he has lost face and self-esteem. There is no evidence for any organic deficit.

January 2, 1979

Initial Formulation

*What did they find out? more?*

of  
What little we presently know /Dr. Osheroff's history reveals repeated difficulty with interpersonal relationships, a heavy reliance on his mother in times of stress and tremendous importance placed on material wealth and success; perhaps as a defense against some lifelong sense of inferiority and inadequacy. There is also a hint of periodic depressive episodes in the past. In spite of his repeated reference to his own poor judgment in selling his business, it would seem his present depressive illness might have been precipitated by his children and first wife (who was a psychiatric nurse) leaving the area to live in Europe.

Initial Differential Diagnosis

- 1) Manic-depressive illness, depressed type  
DSM II 296.2.
- 2) or Depressive neurosis (severe) DSM II 300.4  
and Personality disorder (unspecified) DSM II 301.9.
- 3) or Psychotic depressive reaction, agitated type  
DSM II 298.1.

Initial Treatment Plan

If this patient remains in treatment, every effort will be made to treat him as a patient and not as a physician. This will require a high degree of consistency and frequent limit setting in the face of his frequent and forceful attempts at testing our resolve in this regard. Participation in unit group meetings and unit activities, and his early involvement in intensive individual psychoanalytically oriented psychotherapy will be encouraged. Early progression to unescorted grounds privileges will be expected if the patient's current suicidal tendencies and thoughts resolve. Furthermore, more data on Dr. Osheroff needs to be gathered from his family and prior psychiatric therapists. Psychological testing is also indicated in order to further investigate the extent of his psychopathology and aid us in making a diagnosis.

CWD:nsp

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he was  
functionally unavailable  
& ~ Agitated depression  
See see for E# 12*

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

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**CONFIDENTIAL****I. Identifying Data**

1. Date of this report: March 12, 1979
2. Raphael Osheroff, M.D.
3. Male
4. Age: 40 (4/1/38)
5. White
6. Married, separated
7. Home: 513 Prince Street, Alexandria, Virginia
8. Date of admission to Chestnut Lodge: January 2, 1979
9. Length of time at Chestnut Lodge to date of this report:  
Approximately 2½ months
10. First admission to Chestnut Lodge
11. Voluntary admission
12. Therapist: Manuel Ross, M.D.
13. Administrative physician: C.W. Dingman, M.D.
14. Admitted to Main II
15. Still resides at Main II

**II. The Patient's "Complaint" or "Trouble"**

Dr. Osheroff was admitted to this hospital because of a suicidal potential and inappropriate behavior. He was drinking heavily and unable to do any kind of effective work. He was constantly barraging people with his complaints--especially his mother--whom he would call on a daily basis. (often two or three times a day). His marriage had fallen apart. His wife had separated from him when he refused to go into the hospital some months before. He was obsessed with the "losses" in his life and seemingly though they were painful, he never tired of ruminating about them or going over and over and over their content.

**III. The Present Illness**

Dr. Osheroff said the beginning of his illness was in the fall of 1976, when his second wife (whom he had divorced in 1972) left to live in Europe with her husband and the two Osheroff children who are now ages 7 and 9. Before this he initially described life as being "idyllic." On even a cursory exam it would appear that Dr. Osheroff's problems have been of longstanding and that this "loss" was but a repetition of losses in the past. Indeed, he was so adamant about talking about this loss that it was one of the factors that compromised his current marriage (his third). Although he appeared to be depressed and quite agitated, my initial impression was that Dr. Osheroff had suffered what operationally would be better called a "narcissistic injury" when his ex-wife took the two children away. He could not control his second wife as he in fantasies had thought that he had controlled his mother, or have her forgive him for whatever he would do. He was quite provocative with his second wife and indeed goaded her into a



separation. She finally said when she had had enough of what was going on and got involved in an affair. He immediately felt massively injured. The same situation exists with his current wife and from what I can gather during the early months, this marriage is essentially over unless Dr. Osheroff makes some quick changes in his behavior. He has a young son from his third marriage, whom I believe is now two. In the first few months of work Dr. Osheroff rarely mentioned this boy and indeed concentrated on his two sons who went with his second wife.

Of all Dr. Osheroff's losses, however, the one which took precedence was the loss of his "business." The "business" was his dialysis centers which made him essentially a near or multimillionaire within a short time. This financial status followed the government's funding of the dialysis units nationally, and in Dr. Osheroff's case, in Washington, D.C. By "loss" one must understand that these were in subjective terms. Dr. Osheroff, after selling his business to a national corporation, was essentially left with enough money to do whatever he wanted to do. The "business" meant much more to Dr. Osheroff than just the financial aspects. It had its rewards in terms of power and prestige and narcissistic gratification. He had become the man that his parents always wanted him to be. And essentially he had pleased his father who he said was so difficult to please. The business was also to take precedence over his marriages and that the sense of "power" became an end in and of itself. Indeed, unconsciously I believe that he saw the business as being a giant breast that would provide him with everything that he ever wanted, including continual gratification.

Because of his personality difficulties, however, he was unable to keep control of it and soon came to quarrel with a number of partners that he had taken on. After some months of hectic competitiveness with them, including backbiting comments about each other, he decided to sell the business. That and the loss of his two children, he was to state over and over again, were the cause of his present difficulties. He rarely tired of talking about it and it became essentially an *idée fixe*. It was also to serve as a powerful resistance in which he would go into very little else about his life.

He demanded that we somehow instantly give him some royal path toward salvation. Right from the beginning he complained that his treatment with Dr. Board in the Washington area for some years had been of a much better quality than what he was getting at Chestnut Lodge. From what he says, Dr. Board was quite directive with him and he had trouble tolerating any passivity in the analyst. He complained bitterly about another therapist that he had seen for a short period, a Dr. Wellhouse, in the Washington

*When this was written?*

area being of little service to him. Indeed, he was incompetent, etc., etc. There was no evidence that Dr. Osheroff was psychotic during his stay here at Chestnut Lodge. And the suicidal threat receded into the background once he had the structure of the hospital around him. I do not doubt, however, that if left to his own devices, unless there is some change in his demeanor, that he will become quite agitated.

#### IV. The Family History

Dr. Osheroff is an only son of a Jewish couple. His father was a lawyer who apparently did not practice his profession. Instead he went into a cafeteria business which was owned by his parents and was fairly successful at it until a few years before his death when the neighborhood changed and the business began to deteriorate. He then became depressed and died of cardiac difficulties when our patient was age 17. Dr. Osheroff felt that he could never please his father and that indeed his father hated him. Part of the gratification of having his own business was to prove to his father that he really was going to amount to something after all. Dr. Osheroff's mother, on the other hand, has essentially "loved" him no matter what he had done and indeed felt that whatever happened to her son was a product of some influence from the outside that was noxious, rather than his own doing.

His mother was enthralled with him as a baby and I believe that part of Dr. Osheroff's difficulties stem from his wish to reinstate this early oral glow and symbiotic unification with his mother. She treated him as if he was a glass doll that would shatter at the slightest breeze. She and the patient, I believe, shared a fantasy that he was destined for greatness and despite his difficulties that piled up over the years, which included difficulties at school and his peer relationships, essentially this fantasy was maintained. I don't believe that Dr. Osheroff's wives have ever been able to compete with his relationship with his mother, and though he disparages her as being "crazy" at times, this comment really belongs to some present behavior on her part rather than in the infantile past.

Dr. Osheroff has had three wives. None has ever been able (as far as I know) to satiate his longing for his mother and his wish to please his father. He can be satisfied with nothing in the present because the past is what is the most meaningful to him. But we can acknowledge that his "losses" were more symbolic than real. This did not attenuate his extreme anxiety at times that the world had collapsed underneath him.

V. Physical Status

An admission physical examination was performed on January 4, 1979, by our internist, Dr. Corcoran. He stated that the patient's chief complaints were peptic ulcer disease, esophagitis and hiatal hernia, but otherwise was a "well developed, well nourished white male."

For results of laboratory work, see the medical record.

VI. Psychological Tests

The patient was tested on 2/28/79 by our chief psychologist, Dr. Rebecca E. Rieger. A summary of her evaluation follows: "The psychological evaluation reveals a very intelligent man, with no evidence of a thought disorder, but functionally unavailable because of the degree of pre-occupation with themes of self-abasement, self-criticism, and despair about the loss of his former status. There is a strong aggressive push and need for motoric outlet, heightening the suicidal potential. Diagnostically he presents himself as an agitated depression with severely restricted focus on his sick self."

VII. Diagnosis

The initial differential diagnosis was 1) manic-depressive illness, depressed type DSMII 296.2.  
2) Depressive neurosis (severe) DSM-II 300.4 or personality disorder (unspecified) DSM II 301.9, 3 or psychotic depressive reaction, agitated type DSM II 298.1.

VIII. Prognosis

Prognosis for Dr. Osheroff is fair. It is questionable as to whether Dr. Osheroff has the psychological constitution to remain in treatment for the needed period of time which I assume will be some years. He is always looking for the "miracle fix" that's around the corner or for some other form of treatment that will immediately relieve him of his



anxiety as a severe narcissistic disorder, and at best he operates with other people as being essentially supporters of his narcissism rather than as persons within their own right. Self-esteem is quite brittle. His emotional control is fragile.

Manuel Ross, M.D.



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Raphael Osheroff, M.D.  
Age 40

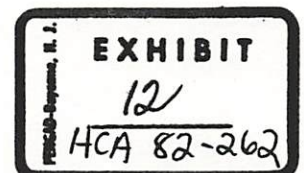
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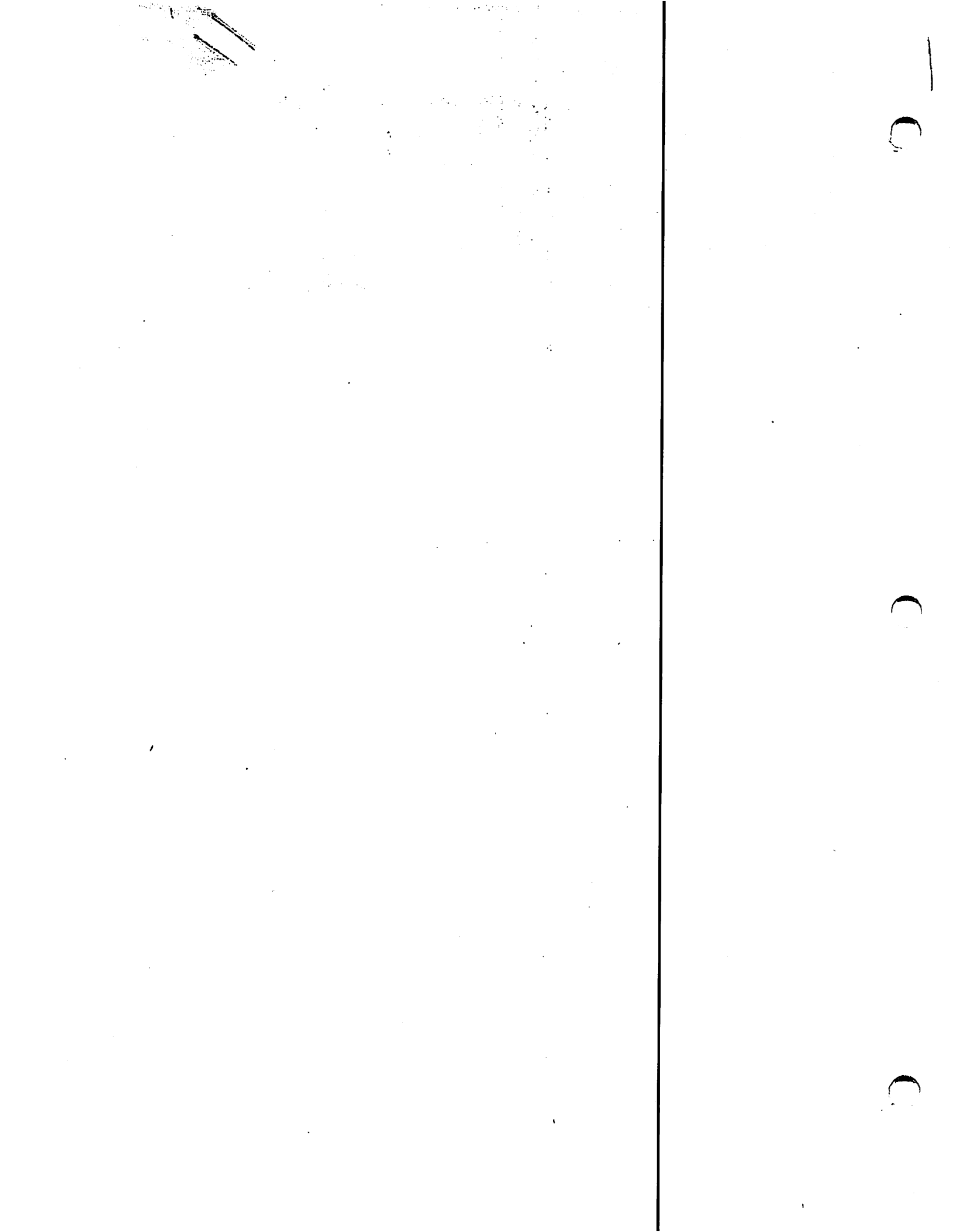
Tested 2/28/79

**REPORT ON PSYCHOLOGICAL TESTING**

The patient was tested on 2/28/79 by our chief psychologist, Dr. Rebecca Rieger. A summary of her evaluation follows:  
"The psychological evaluation reveals a very intelligent man, with no evidence of a thought disorder, but functionally unavailable because of the degree of preoccupation with themes of self-abasement, self-criticism, and despair about the loss of his former status. There is a strong aggressive push and need for motoric outlet, heightening the suicidal potential. Diagnostically he presents himself as an **agitated depression** with severely restricted focus on his sick self."

*Rebecca E. Rieger, Ph.D.*  
Rebecca E. Rieger, Ph.D.  
Chief Psychologist





HEALTHY LODGE  
300 VILLAGE RD  
RAPHAEAL, MISSO  
321038

CHESTNUT LODGE, INC.  
REPORT OF MEDICAL EXAMINATION

Revised 1/60

Adm.No. 321038 Purpose: Admission Physical Date: 1/4/79

SEX F Birth Date: 4/1/38 Name: OSHEROFF, Dr. Raphael

DRUG ALLERGIES: None known

CHIEF COMPLAINT: Peptic ulcer disease. Esophagitis. Hiatal hernia.

PRESENT ILLNESS: See above.

FAMILY HISTORY:

Father: Deceased - 45 - MI

Mother: Cancer of breast - alive and well

Siblings: None

Any known: TB No CNS No

Ca Yes Arthritis No

Diabetes No Gout No

CV Yes

PAST HISTORY:

Infectious Diseases: Usual childhood diseases - no acute rheumatic fever.

Trauma: None

Operations:(including circumcision) Circumcision, appendectomy.

MENSTRUAL HISTORY: G. P. A.

REVIEW OF SYSTEMS:

Allergies: None

CNS: Headaches: No

Vertigo: No

Syncope: No

Ataxia: No

Eyes: Astigmatism

Ears: Normal

Neck: Normal

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Musculo-Skeletal: None

Skin: None

Respiratory: Cough: 1 pkg./day. Non-productive a.m. cough.

Hemoptysis: No

Orthopnea: No

Dyspnea: No

Circulatory: Chest Pain: No

Palpitation: No

Intermittent Claudication: No

Edema: No

G.I.: Food Intolerance: No

Indigestion: Esophageal reflux

Jaundice: No

Bowel Habits: Normal

Hemorrhoids: No

Blood in Stool: No

G.U.: Venereal Disease: No

Pain or Burning Upon Urination: No

Nocturia: No

Hematological:

Easy Bleeding: No

Bruising: No

History of Blood Dyscrasias: No

Endocrine:

Reaction to Environmental Temperature: Prefers warm weather

Polydipsia: No

Weight: Stable

HABITS:

Smoking: 1 pk.day

Alcohol: 2 Cocktail/day

Drugs: No

IMMUNIZATIONS:

Smallpox: +

Tetanus Toxoid: + within last 10 yrs.

Polio: Salk: + Sabin: +

Date of Last Chest X-Ray: 1 year ago - normal.

Report of Medical Examination - 3  
PHYSICAL EXAMINATION

Ht.: 6 ft. Wt.: \_\_\_\_\_ Blood Pressure: 120/80 Pulse: \_\_\_\_\_

Eyes: Brown Hair: Black

GENERAL APPEARANCE: Well developed, well nourished white male.

HEAD: Scalp: Normal

Eyes: Pupils: Equal, reactive.

Sclerae: No icterus

Extraocular Movements: Full - no nystagmus

Nystagmus: None

Fundi: Flat, no lesions

Ears: DRUMS: Normal

Canals: Normal

Nose: Normal

Teeth: Normal

Tongue: Normal

Tonsils: Small

Pharynx: No lesions

NECK: Thyroid: No nodules. Normal size.

Adenopathy: Neg.

CHEST: Contour: Normal

Breasts: Normal male

Lungs: Clear to P & A.

Axillae: No nodes

Heart: Size: Normal size.

Rhythm: Regular rate and rhythm

Murmurs: No murmurs

Pulses: R. L.

Radial: 3+ 3+

Femoral: 3+ 3+

Dorsalis Pedis: 3+ 3+

Posterior Tibial: 3+ 3+

ABDOMEN: Contour: Flat Hernia: Refused

Liver: None felt Scars: Refused

Spleen: None felt Tenderness: None

GENITALIA: External: Refused

Pelvic: Allegedly normal on recent examination.

RECTUM: Refused

EXTREMITIES: Normal

Edema: None

Varicosities: None

SKELETAL: \_\_\_\_\_

Scoliosis: None

Kyphosis: None

Other: \_\_\_\_\_

SKIN:(including scars exclusive of abdomen): Birthmark - R. Upper Quadrant.

CNS: \_\_\_\_\_

Deep Tendon Reflexes: R. L.

Biceps: 3+ 3+

Triceps: 3+ 3+

Knee Jerk: 3+ 3+

Ankle Jerk: 3+ 3+

Babinski: \_\_\_\_\_

Romberg: Neg. Neg.

Tremors: None None

IMPRESSIONS AND SUMMARY OF DEFECTS: \_\_\_\_\_

1. Esophagitis

2. Hiatal hernia

3. Peptic Ulcer Disease.

RECOMMENDATIONS: Routine admission lab studies

Mylanta II ad lib on unit

Says he had TB Tine Skin Test April 1978 with neg. reaction (S.Foster,R.N.)

Medical Examiner: David Corcoran, M.D. 1/4/79 *David Corcoran MD*

Administrator: C. Wesley Dingman, M.D. *C. Wesley Dingman MD*

Therapist: Manuel Ross, M. D. *Manuel Ross MD*

Clinical Director: John P. Fort, M.D. *John P. Fort M.D.*



SOCIAL SERVICE ADMISSION HISTORY

**CONFIDENTIAL**MOTHER -- JULIA ABERT OSHEROFF BADER

Julia Abert Osheroff Bader was born March 13, 1914. Her father was an immigrant, coming to America alone at age 13. He eventually brought over a sister and a brother. By 18, he had his own grocery business. He married her mother, who was American born and one of six children.

Mother heard she had been sickly, losing weight after birth from a 6 lb. birth weight to 3 lbs. at four months. Grandmother took her home and "revived" her with barley water.

As a child she was always fearful her mother was going "to leave her" and never really understood this. An only child until age 12 when a sister, Lucille, was born. She named the new baby, was extremely happy over her birth and cared for her more like a mother than a sister, even being allowed to take her away once to the seashore alone when she (mother) was 16. (Sis would have been four.)

Mother's relationship with her mother was described as "fierce." They were always at odds. Mother used a strap on her "when she could catch her" and once she was hit for dropping a slippery pear. Father too humiliated her once, beating her severely "down the street" because she'd gone out to play with other children when she had been left in charge of the grocery store.

Her mother was a "spitfire" and she "was fresh." They were always at odds. Their house was excessively clean but at the same time disorderly and cluttered. She was ashamed of the house and of her mother.

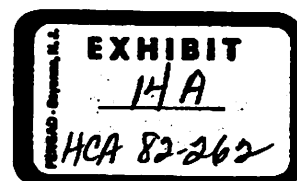
Mother read a lot--went to the library for books and was considered smart. She was left alone a lot and was alone caring for Lucille after age 12.

Marriage

At age 15 she met Sam Osheroff and fell madly in love with him ("lying" about her age, telling him she was 16 since he was 20). This relationship was a marvelous romance which became a terrible marriage. They were sexually very compatible. He "could have done better." She "was second rate" so for years she felt inferior. His mother was Russian, very driving and successful. She never had a chance in that family. They probably only approved the marriage because she could be pushed around. Sam's mother was in the cafeteria business and although he studied law he went into mother's business. She dominated him completely, even to the extent that the money he earned was under mother's domination and she received no assets (when he died young) from his earnings.

The couple married at Christmas time. Mother finished high school the following June. At the time of her wedding, she became more aware of how mean her mother was when she hit her (Julia) with a pot because she (Julia) was complaining of the messy house.

They lived with her parents for two years and she continued in school, attending Hunter College after high school.



Mother's marriage was "rotten," in retrospect, as was her whole relationship to his family. Sam's mother came to this country as a grown woman, married her husband but despised him. One day her husband tried to kill himself and her response was to throw him out of the house. He moved into a room and she trumped up divorce charges. She was said to be grossly vulgar and after money. Mother was in the position of having to make it with the "whole damn family." A sister, Sylvia, she was afraid of but admired also.

Her husband had a heart attack in 1942 but recovered. He died of a second one in 1945 (when patient was 17). After his first attack family descended on her. They didn't think she was taking proper care of him, although she had called Sylvia's husband who was a doctor. This family "were absolute monsters."

Sam's father (her father-in-law) died in a hospital (patient not quite one year old then). She had been called to help get blood donors. Her husband Sam was "out on the town." (He had many affairs, she believes.) He did not return until 2 a.m. Calling the hospital then, they learned it was too late as Sam's father was dead.

Her husband, patient's father, worked till all hours of the night and was extremely tied to his own mother, never in his lifetime freeing himself to lead an independent adult life on his own or with his married family. He had numerous affairs and "shipped her off" in the summers after their child was born. Mother-in-law was extreme in her domination. Mother feels she never successfully dealt with that. Even after Raphael was grown and she was sending him through medical school, grandmother claimed she was. Patient interrupted their domination by planning that mother and stepfather would escort him down the aisle when he married Carol. Grandmother had expected to do this and she left with daughter Sylvia, refusing to attend the wedding. In her anger, she physically pushed Carol during a discussion of this whole thing. Thereafter grandmother was not allowed in that household.

Mother found it very difficult to live alone after her husband's death. In spite of all the negatives of this marriage it seemed to offer her something since she clung to it even though she eventually went into treatment. When Raphael was 8 years old she felt then she'd have a breakdown unless she got help. She saw this therapist many years. Now, again, she is seeking help with this same doctor (Yella Lowenfeld, a Viennese doctor who has been right for her) out of distress over Raphael's condition.

When patient was 11 mother went to work teaching. She has loved this profession and worked in it until retirement only recently. Mother also learned in treatment how to deal with her dour husband, who mistreated her and "probably would have divorced her eventually." He was always accusing her, nothing she did was right. He refused to have a second child. Eventually this became an even more serious negative as Raphael took up some of the negative attitudes of his father toward mother. This has probably not been resolved to this day.

Mother began to live her life--to make it on her own--when patient was about 4 and was hospitalized for an appendectomy. She expected husband to go to the hospital to take him home but had to do it alone. From then on she tried to live her life "making it alone." Many people thought she was a widow because she was always alone.

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After father's death, when patient was 17, mother lived alone for 4 years. She then married David Leow. Much earlier, he had been married to Sylvia, father's sister. After six weeks of marriage he "had delivered Sylvia back to her mother." Julia did not know the details on that marriage break up. She herself married David out of loneliness. This marriage lasted 21 months. He was extremely penurious, contributing only \$150 a month to household and packed his bags four times, going to a hotel. So she finally divorced him. When she married David she telephoned her mother-in-law to tell her of this plan. Mother-in-law, Dora, became very angry. Raphael (21) was living with her at that time, attending Columbia. She brought all his clothes to mother's house, throwing them on the ground outside.

The Baders have been married approximately 15 years, since patient was attending medical school. They have been "real grandparents" to patient's first two children and have been close to patient. Stepfather feels concerned for patient but not fully accepted by him.

#### Other Relatives and Family

Mother's sister Lucille is described as having had a tragic life. She was married young to an engineer who became mentally ill. They had four children. He was hospitalized and had shock treatment. For this he blamed Lucille and never forgave her. Eventually he moved out of the house. He was under the care of Dr. Nathan Kline and on drugs. He fell asleep smoking a cigarette and burned to death.

Lucille's children are:

Sandra, 26, said to have attended law school to sue her mother. She did sue her for misuse of funds left by father. This was thrown out of court. She has been hospitalized, diagnosed as schizophrenic. (She has lost her hair and wears a wig.) She is not allowed in Lucille's house and lives estranged from her mother.

Thea, the next child, is in therapy and won't speak to her mother "till therapy is over."

Paula has been at Brandeis University studying but is taking a year off from school and is "into" theatre.

Candice, the last child, is 18 and a great beauty. She has been the most troublesome to her mother and was in a group treatment situation for a while with a psychiatric social worker. Currently she is a teacher's assistant at Antioch, working in a mental institution. She and mother are always at odds.

Lucille was extremely small and skinny, once having a lot of weight and called anorexic.

Six years ago Lucille married again to Louis Sand. He has developed cystic fibrosis.

Mother's father died of a stroke four years ago at age 87. Her mother died 10 years ago of a heart condition at age 72. Raphael was grown by then.

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Dora, paternal grandmother, died 12 years ago when patient was married to Carol. They were alienated by then because of the incident described as occurring at their wedding.

Mother is overly generous with patient, who is not that way with her unless reminded to be. Mother sold the three-family house 14 years ago. Without question, she gave patient half of the money, although she was sending him through school by then. She also gave her father \$6,000 as he had invested some money with Sam. She herself was married to Lou Bader by then and they didn't need all the money.

I worked out that patient would pay expenses for mother and stepfather's trip here for admission history plus payment of calls by mother. He has so much money he's careless about it.

*Elizabeth Palacios*  
Elizabeth S. Palacios, L.C.S.W.

ESP:skb

## SOCIAL SERVICE ADMISSION HISTORY

LOU BADER -- STEPFATHER

Lou Bader is mother's third husband, having married him in 1961 when patient was away at Creighton Medical School in Nebraska. Husband and patient did not meet until a year after this marriage and Mr. Bader had no perception then of the difficulties patient had or the extreme dependency that would occur between patient and mother in troubled times like the present.

Describing mother, Mr. Bader sees several problems: she has an unusual degree of anxiety--if he arrives late she's sure he has been destroyed or killed. Mother has a severe dependency problem. She always "goes somewhere to ask what to do about something." Mother's father was likewise an extremely dependent person. Patient's father never became independent of his mother and now patient exhibits the urge to be dependent and taken care of.

Mother usually believes her psychiatrist, Dr. Lowenfeld, and seeks consultation from her. Mother's resilience and ability to bounce back are compensating aspects of her personality to him.

Mr. Bader was married earlier to a woman who had a nervous breakdown, made suicide attempts and was hospitalized. Two daughters were born in this marriage.

After wife's hospitalization she was treated as an outpatient and their marriage broke up. His wife took their furniture and he was broke and had to start again. He was extremely cautious about relationships with women lest he marry again a disturbed woman. When he met Julia Rae was away. She was sending him through medical school, supporting herself and working. The future problems didn't show then.

Of Mr. Bader's two daughters, one, Raissa, the older, doesn't speak to him, having been "trained" to dislike him by her mother. The younger, Evriah, has met Raphael and gets along with him. She now lives in a group home in New York currently. She is very angry with him, resulting from a dinner out with him and Julia. She felt he permitted Julia to dominate the evening by monopolizing the entire conversation. Julia reaches out to this girl, but she holds back from her. Evriah spent her last year of high school, at age 17, living with him and Julia.

Mr. Bader described his relationship with Rae as strained at best. While he cares about Rae, Rae considers him an outsider. He feels somewhat helpless in the face of Julia's and Rae's interactions. Patient's attitude toward him has been a derogatory "you only earn \$20,000 a year so what do you know?" Then Julia says "you don't understand." *not problem as indicated after 1976*

Mr. Bader sees patient as having had problems all along. He became very anxious whenever he had to make a change. On graduating from medical school he had two choices for internship, preferring one in Cincinnati. He felt pessimistically sure he wouldn't get an offer so took a George Washington one "too quickly" and then of course did get the other offer.



In the business he is now grieving over, patient had many problems. He could never fire anyone and hired many inadequate people. He was over-supplied and had money problems so he had sound reasons for selling, which he now doesn't remember and acknowledge.

Raphael was said to have a lot of problems and of gravitating toward more. He lacks a certain kind of self protection and is vulnerable. Step-father said he has been surprised to hear him repeat negative comments about himself that anyone (no matter who) might have said about him. He also blames himself for everything. Patient always talks of the "dog eat dog" world and laments he can't engage in this. *from 1976 forward*

*small sum of money*  
Mr. Bader says he never resented giving patient anything to help him in medical school, but now patient is a very wealthy man who carelessly borrows money from them and forgets to pay it back. He feels this is unfair on patient's part.

*talked about depression period*  
He and patient get along fairly well considering he is a "usurper" between patient and his mother. He wants to help Rae in a constructive way and has been helpless to do so as both patient and mother continue old behavior; for example, patient has made daily calls to mother for last year and a half. These have been very long and unproductive. He could never help mother discontinue.

*Mr. Bader likes to use that word*  
It was Mr. Bader who brought patient back from New York after the holiday and came with him to the hospital. (Bob Greenspan, patient's medical partner, met them and accompanied them to hospital.)

Mr. Bader's straightforwardness and firmness seemed supportive of patient's signing himself in the hospital.

*Elizabeth Palacios*

Elizabeth S. Palacios, L.C.S.W.

ESP:skb

## SOCIAL SERVICE ADMISSION HISTORY

JOY OSHEROFF -- PATIENT'S PRESENT WIFE

Joy Drass Osheroff came for two appointments to review the history of her marriage to patient.

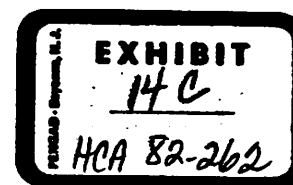
Her present attitude is that she wants a no fault divorce but legally must wait a year before filing. She has been in treatment herself to try and sort out her marriage and what should be done about it. She terminated her treatment in September 1978 and returned to patient to try and make a go of their marriage (patient and wife have had several separations). By November wife again left, going alone with David to her parents' home for Thanksgiving, returning to a sister's apartment here and then finding her own house. Later she brought son David back to that house. Her mother in Pennsylvania kept David until she could make all these changes. The move was made because she had reached the end of her rope and patient, who needed hospitalization, was refusing it.

Patient has been threatening suicide for the last two years. He had been caught up and involved in legal battles with Carol over the two boys from that marriage, Sam and Jo. By the fall of '78 Carol had somehow heard of his upset state and refused to let the boys come for a Christmas visit. On one occasion, patient blamed her, claiming she had informed Carol. She became quite afraid of a potential physical assault from him on that occasion.

In October of 1978 patient went to Luxembourg to see the boys. Carol saw him then and would have been able to assess his condition herself. Patient took a secretary with him. The last straw has been his depression and continued repeating of sorrow over having sold the business and ruining his life.

Joy feels patient married her before he was over his marriage to Carol. In looking back, she believes he didn't really care enough for her but she provided him with a security in the face of the separation from Carol. (This is mother's and stepfather's assessment also. They felt he jumped too quickly into marriage with Joy.) She also cared for the two boys when he had them, giving them more real care and attention than their father did. Occasionally he'd take them with him all day on rounds, leaving them with a chauffer and a T.V. in a car while he went in and out of hospitals. Wife puts patient's priorities as his dialysis unit and his first two sons and feels he cares basically very little for her and their son David. She gives many examples of his behavior to back this up. Wife feels his "possessions" are his main interests, describing his flying people here who had trains or instruments he might want for his collections. (He has at least a \$50,000 train collection and an equally valuable instrument collection.) Their house was decorated by a decorator of his choosing, etc. Wife states patient seems to have no ego except for his possessions and the dialysis unit. He used to use being a physician that way too.

When David was born she was mortified by his wandering in and out of the room wearing a buzzer from the dialysis unit, even though he had two partners who could have handled things. In addition, after David's birth, he in effect



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deserted her to go and take care of a friend whose son had been killed. Patient's neglect of her and their son leaves her feeling there is nothing left in this marriage unless patient changes so much that they can start over on new footing. She does not see him as basically willing to change since he has spent his life and theirs manipulating.

Patient and Joy met when she was in her senior year of medical school in the fall of 1972. In June 1973 they moved into a house together. They married in October 1974 when she was in her first year of residency. Patient had just started his practice in the fall of 1972. By 1973 and the beginning of 1974, he had purchased dialysis unit and moved it out of a hospital. He had two partners. One left to go with the competition and one was trying to take the business away from him.

Patient was in treatment in Chicago the year after his internship at Michael Reese. He supposed/ left this when the doctor told him his problems stemmed "from his mother." He saw someone in Boston and was seeing Dr. Board in 1972 when he and Carol separated. Wife tried to get him into treatment again in 1976 when he was threatening to put a bullet through his head. He began treatment with Dr. Wellhouse at her insistence.

Wife thinks it's ironic that she now has same complaints about patient that Carol had and cites an example: patient left for Florida to attend a 75 year old grandfather's second marriage when his son Sam was only a week old. Carol felt he deserted her with new baby. When Joy had David patient "deserted her" to care for a friend whose son was killed. Joy feels patient makes the same mistakes over and over, never profiting from them to change his behavior. Everything has to be on his own terms. He can be very giving but you'd better not think he should be or expect something. His relationship with his mother is a love-hate one and this extends to all other females also. Wife feels mother is still "running to the teacher" for patient and tries to maneuver people around to "help" patient. Once she called a person patient fired (Jack Valentino), begging him to return to work for him (after son regretted the firing). Recently she talked to Bob Greenspan wondering how they could still speak to Joy "after the way she treated Rae."

It seems to me after hearing from wife that any future for him with this wife will depend on many basic changes in him, rather than superficial "words or presents" to buy her back.

*Elizabeth Palacios*  
Elizabeth S. Palacios, L.C.S.W.

ESP:skb



## SOCIAL SERVICE ADMISSION HISTORY

PATIENT'S HISTORY

Raphael J. Osheroff was born April 1, 1938.

Mother was overjoyed with having a child after four years of marriage. She was delighted to have a son, also feeling this would enhance her position in this family.

He was delivered after an easy birth, weighing 6 lbs., 15 ozs. He was skinny and long with long eyebrows and a cap of black hair, whom father asked "is he a cretin or a Mongoloid" and she replied "he's a wonderful, beautiful baby."

Her mother saw her once and didn't return for several days--Sam wasn't very nice, "screaming at her." On arrival home, the crib hadn't come. A friend's mother came and helped her out.

Baby was nursed for three months, until mother developed a breast abscess. This needed lancing and she'd have to go to the doctors alone. Doctor once asked her why her husband hadn't come.

Abruptly, baby had to come off the breast at three months and he didn't like the bottle. He slept from the beginning and was never a crier. Mother felt it was glorious to have a baby and was very happy. Infancy was normal and uneventful. He walked at 14 months.

Father, too, watched him, bathed him, diapered him. Mother spent Sundays alone while father worked. She never minded this, enjoying the baby so. Her father adored the baby and usually visited them, Sunday a.m. Her family were close and a great help.

Baby talked at 8 months, so prematurely it was almost comical. Mother feels she doted on patient as a child, never said no to him and spoiled him outrageously. She spent a lot of time and weekends at the shore. Her mother and sister would come also.

Between 4 and 8 was a bad time with patient. She was giving in to him and being criticized by father on everything she did. Patient became obnoxious.

He had a lot of colds and they spent the first year of school in Florida for this reason. They had a rented efficiency apartment in Miami Beach that year. Her mother stayed there with her and patient was ruling the roost. First grade teacher liked him very much. He was reading the New York Times by the end of the first grade.

Her husband visited once in Florida that year. It was a terrible visit, with him meeting a woman in the hotel and rejecting her with derogatory remarks about her dress and other snide comments like "I'm talking, why are you standing there?" Father was expecting to be drafted into the Army. He avoided this then because he had a child. In addition, he once got angry and threw a chair, breaking it in front of patient.



January 2, 1979

They returned north for second grade across the street from where they lived. He was dominating mother by then and was an obnoxious child who was picking up all paternal family attitudes toward her and repeating much of it.

Patient was fascinated with musical instruments and with trains even as a child. He was good with words and composition, but needed tutoring in math.

Mother used to watch at bottom of hill when children were sleigh riding so the children wouldn't get hurt. She remembers son asking her why she was always following him.

In fifth grade they moved into a three family house which she hated and they "could have afforded a single house." It was a rough neighborhood where Jewish children got beaten up. He had a lot of friends who protected him.

Once mother sent away for a book on sex education for children so he'd learn this. Patient took the book to school and got into some trouble for it.

When patient was 9 years old, mother went into treatment.

In junior high patient was tested psychologically and had an IQ of 165. He began attending music and art school after grade school. Mother welcomed all his friends. He blossomed, had a lot of friends, a lot of social life, and life became more fun. Where he was an obnoxious child, he became a delightful adolescent. All along he had alternated seashore with family and attended summer camps as a counselor. He was once a musical director. He was so well liked they had a Raphael Osheroff Day at camp that year.

At age 12 he was worried about his genitals, receiving a shot of some kind. He also had a benign breast tumor removed.

In high school patient drove with his father to school, getting the train back. Mother remembers a cruel joining of forces negatively against her when patient was 14. Father, as usual, was making snide comments toward her along the lines, "oh, you prepared the meat today, Raphael's black mother didn't." She walked out of the house crying and felt overwhelmed that now her son had picked up negative derogatory treatment of her also.

By age 14 and through 17 there was loads of music in the house and his friends were always there. He did very well in school, getting excellent grades with only math a poor subject, but tutoring helped that. He learned Spanish from Puerto Rican friends. His father seemed to grow with him in some respects.

Patient was accepted at Columbia and began there on a scholarship, getting regularly on the Dean's list. Father died when he was a freshman at Columbia.

In the last year of college, at 19, patient met Evelyn Weinstein. They married (at about the time mother married David Leow).

Patient wanted to go to an eastern medical school but was not accepted. He took Creighton in Nebraska (later getting an acceptance from Emory). Mother described his self derogatory behavior in the interview at medical school he told interviewer, "I suppose you won't take me."

January 2, 1979

Wife Evelyn accompanied patient to Nebraska but he divorced her after a year of her carrying on with other boys in the school. It was said she became ill emotionally. She disappeared from the scene and no one even knows where she is. Mother does not think Joy even knows about this marriage and it was not given much importance in his life.

Mother described one brief earlier psychiatric consultation with much fear over "disclosing it." He saw a Dr. Bluestone when he was home from medical school for two days. He was very upset and talked about quitting. Dr. Bluestone did a Rorschach and psychologicals and recommended an immediate return to school. Patient went, getting over the upset, and finished school.

Patient interned at Michael Reese Hospital and there he met Carol, a nurse. She was "a small, exquisite-looking girl, not Jewish." She took instructions in Judaism and their wedding was lovely. She felt close to Carol, who apparently reciprocated this feeling. They had no children for four years until Carol had surgery. It was Julia who came to help care for Carol when Sam was born.

After Michael Reese they were in Boston. Carol nursed at Massachusetts General and they also spent a summer on an island in Maine before coming to the D. C. area. Carol nursed at St. Elizabeths Hospital and Dr. Osheroff began his practice here. Both children--Sam and Jo--were born here. Mother believes that Carol claimed to have a Master's Degree when she was nursing at St. Elizabeths. She had not even graduated from college.

Things began to go wrong in this marriage and both of them began to see a Dr. Board. Carol became involved in an affair with a man she met in school to which she returned to get a degree.

She'd leave and be gone for five days at a time and then return holding her panties in her hand. She finally left the house and he was caring for the children.

Then Joy came into his life. He wasn't finished with the grief over Carol, but Joy filled a gap and she cared for the children. Joy was a brilliant student, attending Georgetown Medical School. (She won five prizes at graduation.)

Parents were never as close to Joy. They ~~feel that she was overwhelmed~~ after having her own child and then began to feel he was not as much loved as the two children patient had with Carol.

The present situation of Joy "needing time" and not seeing patient they see as not supporting him.

#### CASEWORK PLAN

It has been difficult to help this patient slow down on the enormous number of unproductive dumping contacts he has with mother, accountant, medical partner and even his secretary. This is what I have been doing with him. I have been, and will be, speaking with mother quite regularly (once or twice, on occasion, a week). She needs both support and a treatment approach to help her improve her own self esteem and set limits for

January 2, 1979

his "dumping" on her. She struggles to do this but finds it hard to change the patterns of a lifetime.

I am in touch with Joy, who has called to speak with patient about his legal problems involving an attempt to subpoena her. I am not pressuring her into appointments but will see her as indicated. She expresses herself as needing time and being through with this marriage unless patient changes enormously toward her and son David.

There is a current problem in that Carol is pursuing, by legal means, sole custody of children and more support money. Patient is worried about our records being destructive to him and fears they can be subpoenaed into a court hearing.

*Elizabeth Palacios*  
Elizabeth S. Palacios, L.C.S.W.

ESP:skb

500 W. MONTGOMERY AVENUE  
ROCKVILLE, MARYLAND 20850  
(301) 424-8300

CHESTNUT LODGE

November 25, 1981

Dr. Francis A. Board  
916 Nineteenth Street, N. W.  
Washington, D. C. 20006

Re: Dr. Raphael Osheroff

Dear Dr. Board:

As requested by Dr. Raphael Osheroff, we are enclosing herewith all parts of his record which are available at this time. His record has been filmed and thus we retain only sufficient information for abstract purposes.

We would appreciate your returning the material when it has served your purposes.

Sincerely yours,

*Mabel Peterson*  
(Mrs.) Mabel Peterson  
Director, Medical Records

MP:vam  
Encl.

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EXHIBIT  
15  
HCA 82-262

BRIEF DISCHARGE SUMMARY

I. Review of Admission Data:

Date of Admission: 1/2/79

Description of Patient: Dr. Osheroff is a 41-year-old physician in his third marriage, who was admitted on a voluntary status because of intractable and severe depression.

Major Symptomatology: Major symptoms were depressed mood, crying spells, agitation, self-deprecatory speech, feelings of worthlessness and hopelessness and suicidal ideation.

Provisional Diagnosis: 1) Manic-depressive illness, depressed and 2) Personality disorder (unspecified).

Diagnosis Established - Initial Conference: 1) Psychotic Depressive reaction, agitated type and 2) Personality Disorder (unspecified)

II. Course in Hospital, including any drug therapy: Dr. Osheroff remained very agitated, with much pacing, continued feelings of hopelessness and helplessness, continued self-deprecatory ruminations and occasional angry and abusive outbursts toward others. He received extensive psychoanalytically oriented therapy with Dr. Ross and help with personal hygiene and interpersonal interactions from unit staff. No specific drug therapy was initiated during his stay.

III. Discharge Data:

Date of Discharge: 8/1/79

Condition of Patient (Adjustment and capacity to function; changes as compared to admission data; note whether improved or unimproved, with examples):

Dr. Osheroff showed only minimal improvement in his mood and affect beginning in June (or evidenced by occasional concern for others), but his agitation, hopelessness, self-deprecatory ruminations, and suicidal thoughts continued generally unabated. There was no evidence that he could function outside the hospital at the time of his transfer.

Plans for Discharge: Dr. Osheroff, at the insistence of his brother and step-father, it to be transferred to the Silver Hill Foundation (Hospital) for a course of inpatient treatment at that institution.

**EXHIBIT**  
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**HCA 82-262**

Diagnoses: 1) Manic-Depressive illness, depressed type - No. 296.2 and Admission: 2) Personality Disorder (unspecified) - No. 301.9.

Init. Conference: 1) Psychotic Depressive reaction, agitated type - No. 298.1 and 2) Personality Disorder (unspecified) - No. 301.9.

Final: Same as Initial Conference Diagnoses.

*C. W. Dingman*

C. W. Dingman, M.D.

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

Chestnut Lodge

Admission Date: January 2, 1979

Discharge Date: August 1, 1979

FINAL DIAGNOSES:

Psychiatric: Psychotic Depressive Reaction, agitated type 298.1 and Personality Disorder (unspecified) 301.9.

Medical: None.

CONDITION ON DISCHARGE: At the time of discharge, patient remained severely depressed and agitated, with thoughts of suicide and nearly constant rumination about loss of his children, his wife, his business and his importance in the local medical community. He spent much time pacing and considered his illness to be lifelong and intractable.

FINAL DISPOSITION: He will be transferred to Silver Hill Foundation in New Canaan, Conn. for further inpatient treatment.

MEDICATIONS: None.

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.

Signature

*C. W. Dingman M.D.*

C. W. Dingman, M.D.

NATHAN S. KLINE, M.D., F.A.C.P.  
AND COLLEAGUES  
ONE THIRTY EAST SEVENTY-SEVENTH STREET  
NEW YORK, NEW YORK 10021

January 17, 1979

C. Wesley Dingman, M.D.  
Chestnut Lodge  
500 W. Montgomery Avenue  
Rockville, Maryland 20850

Re: Dr. Raphael Osheroff

Dear Dr. Dingman:

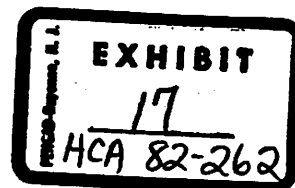
Dr. Raphael Osheroff attended this office July 24, 1978 with one to two years history of depression apparently precipitated by his children going to Europe and his selling his successful company. He was severely depressed and unable to function. He was treated with Sinequan increasing to 200 mgs. daily. He had slightly improved on August 9, and completely on August 23. However, he had some racing thoughts and extravagant ideas and Lithium was added.

He was last seen on September 20, and was well.

Sincerely,

*Nigel Bark*

Nigel Bark, M.D.  
NB/mc





JAMES L. WELLHOUSE, M. D.  
1601 18TH STREET, N. W.  
WASHINGTON, D. C. 20009  
TELEPHONE: 232-6611

January 10, 1979

C. Wesley Dingman, M. D.  
Chestnut Lodge  
500 West Montgomery Avenue  
Rockville, Maryland 20850

Dear Dr. Dingman:

In response to your recent request for information about Dr. Osheroff, I am enclosing a copy of the report which I prepared for submission to Dr. Gruber when hospitalization was first being explored. I am not sure that Dr. Osheroff ever actually submitted the original.

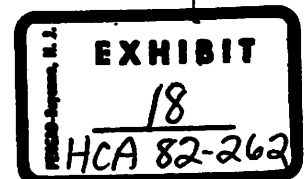
I hope that this summary will be helpful to you, but if there are further questions about our work together, please feel free to contact me.

I wish you, and Dr. Osheroff, well in your efforts. If I can ever be of any help, I will be glad to do whatever I can.

Sincerely,



James L. Wellhouse, M. D.



JAMES L. WELLHOUSE, M. D.  
1601 16TH STREET, N. W.  
WASHINGTON, D. C. 20009  
TELEPHONE: 232-6611

November 14, 1978

Robert Gruber, M. D.  
Chestnut Lodge  
500 West Montgomery Avenue  
Rockville, Maryland 20850

RE: Dr. Raphael Osheroff

Dear Doctor Gruber;

This is to summarize for you my contacts with the above-named individual whom I discussed with you today as a possible applicant for admission for inpatient treatment.

Doctor Osheroff is a forty year old physician who was first referred to me for outpatient therapy in February, 1977, because of increasingly painful symptoms of depression centering then around two main issues: 1) fears of losing his then 8 and 5 year old sons by a previous marriage because his ex-wife and her new husband were planning to move to Europe with the boys, and one of the sons, bearing the same name as Dr. Osheroff's father, had always seemed a special link with the father, who died when Dr. Osheroff was in late adolescence; and 2) fears that his renal dialysis business in northern Virginia was in danger of disintegrating in the face of territorial threats both within and without his own organization, and with a shaky financial picture at the time. Less prominently mentioned then, but of continuing importance, has been the growing tensions within his current, second, marriage, with a young physician now completing her medical sub-specialty training at the Washington Hospital Center, who had born a son just before Christmas, 1976, and who has felt <sup>neglected</sup> ~~neglected~~ the baby have been grossly neglected by Dr. Osheroff. Mrs. Osheroff has been engaged during the past year in psychotherapy to hopefully better understand her contributions to these tensions.

Doctor Osheroff has been seeing me in three or four times a week psychotherapy since that time, and early on showed symptomatic improvement, apparently taking increasing charge of his difficult situations. He entered into negotiations to sell his dialysis business to a large national operation in order to consolidate his economic position. In September, 1977, immediately after a Yom Kippur visit to his sons in Europe, he concluded the sale of his business in a state of some degree of panic. Although he received a sizable financial settlement and retained a managerial role with a significant share of the profits, he has grieved unconsolably since that time in the face of what he sees as his self-castration. Suicide has been a nearly constant pre-occupation. There have been periods of hypomanic behavior, alternating with periods of great lethargy. He has been periodically dissatisfied with the course of our essentially analytically oriented psychotherapy, with occasional efforts to use anti-depressant medication. He consulted Dr. Nathan Kline in New York, and tried larger doses of Sinequan and also Lithium for a period of time, with some symptomatic relief, but the basic



JAMES L. WELLHOUSE, M. D.

1801 18TH STREET, N. W.

WASHINGTON, D. C. 20009

TELEPHONE: 232-6611

-2-

preoccupation with the idea that he is a ruined man continued unabated, and he eventually stopped taking the medications, on his own initiative. He calls his mother in New York two or three times daily, constantly expressing the same themes. He apparently cannot refrain from regaling his current professional associates also with expressions of his sense of hopelessness. He repeatedly attacks me for my non-directiveness which he feels encouraged the passivity in him leading to his destruction. Early in his therapy with me he had similarly attacked his previous therapist for his intrusiveness with both him and his ex-wife which he felt led to the dissolution of that marriage by encouraging acting out. Recent specific threats by his current wife that she will leave him soon if he does not gain control of his constant self-destructive preoccupation are a precipitating factor in his now seeking more intensive care in an inpatient setting. Concurrently his mother's therapist, and I, have been able to help her set some limits on his "dumping" on her. In essence, he has been increasingly blocked in his efforts to externalize his conflicts, and the necessity for working internally has become almost unbearable. It is on this basis that he now wishes to consider my suggestion that he enter into a more structured, safer, treatment program, which has also been strongly supported by his wife and his mother.

Doctor Osheroff is the only child of a doting, but very articulate and perceptive, Jewish mother and a rather cold and distant businessman father. He was always precocious, talented child--he is now an accomplished musician--but feels he has never lived up to his exalted expectations of himself, and that he has frequently snatched defeat from the jaws of victory. He has always been subject to temperamental outbursts. At times during the past year, he literally beats himself in the face, in therapy sessions, and in visits with his mother, and sometimes literally kicks the floor as a small child would in a tantrum. It is noteworthy, however, that he apparently can contain this behavior in his wife's presence. He apparently has been able to carry on his work with patients throughout this turmoil, although he is finding this increasingly burdensome. It should be noted that Dr. Osheroff is an extremely bright, quick, articulate individual with tremendous drive--as demonstrated by his building up a multimillion dollar dialysis empire out of practically nothing over a period of five years.

In summary, Dr. Osheroff is being referred for possible inpatient treatment for a chronic severe depressive state, associated with intense narcissistic injury, essentially intractable to outpatient treatment over the past year. If there are further questions, or other contributions I can make to your evaluation, I hope you will contact me.

Sincerely,

James L. Wellhouse, M. D.

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