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STATEMENT BY DR. HAROLD ABRAMSON, WANE SATURDAY, NOVEMBER 28, 1953

(Note: The dates and approximate times of visits to Dr. Abramson are added here to clarify Dr. Abramson's following statement.

Tuesday, November 24

- (a) With patient and two friends, in New York office, about 4:45 to 5:00 P.M.
- (b) With patient alone, in New York office, about 5:00 to 6:00 P.M.
- (c) With patient and two friends, in hotel room, about 10:00 to 11:00 P.M.

Wednesday, November 25

With patient alone, in New York office, about 4:00 to 5:00.

Thursday, November 26

- (a) With patient alone, in Huntington, Long Island, office, about 4:00 to 5:00 P.M.
- (b) With patient and friend, in Huntington office, about 5:00 to 5:20 P.M.

Friday, November 27

With patient and friend, in New York office, about 9:30 A.M. to 12:00 noon, and from about 2:00 to 3:00 P.M.)

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Tuesday, November 24, 1953

Patient remembered me from meetings during the war in 1944 and recalled common interests. Present were two of the patient's friends. Conversation remained for some time on a social level in which the patient had, contrary to his later description of himself, an excellent memory for people, events, and feelings about people. He discussed these realistically and showed only some slight strain during the course of the conversation. It was only when he was with me in private that he showed anxiety about his sense of inadequacy, with special reference to the scientific performance of his duties. He was obsessed with the idea that his memory was poor, that his work was inadequate, and that he failed his family and his comrades. He mentioned that he felt that he was dishonest because he had been retired for duodenal ulcer. He felt that he was stealing money that wasn't his, really. He stated that although he could see the fact that an authorized review board had acted, his own ideas were in conflict on the subject. He said he had wanted to leave his present work, but that if he did leave he would be tempted to take his retirement pay, and that he couldn't face it--I attempted to ascertain if he felt especially persecuted at this time, or trapped, but the emphasis was on his own compulsive need to do a perfect job, and his own inability to live up to what he expected of himself. For example, when he was asked to take over his Division.

In order to further keep in contact with him and to assay the condition further, I went to the hotel in the evening and spent an hour with the patient and his two friends. And again, the patient appeared to maintain an excellent relationship with people, considering how agitated he had been reported to be. As I left he said, "You know, I feel a lot better. This is what I have been needing."

On November 25 the patient appeared more agitated. There was again repeated discussion with more agitation of his inner worries about his work, his release of classified information, his guilt on being retired for an ulcer. He said he had always had these feelings, and they had not just started the week before, and that in fact in March of 1953 his wife thought he was so depressed and agitated that she thought he should see a doctor. He said he had been sleeping poorly since March 1953. He amplified his difficulties saying that his spelling had become poor and that his memory was poor. This did not check with repeated questioning regarding past events, although some confusion was present, but this confusion was restricted to feelings of "not doing the job right."

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Again an attempt was made to have the patient state that he was the subject of a plot or was especially persecuted by his friends, but at no time did he speak of any but the highest regard for friends or family. He stated explicitly that he wished to go back home. I saw no way in which this could be prevented, but plans were made for further discussion.

November 26

The patient returned after an agitated trip to Washington and was seen at 4:00 P.M., Thursday, November 26. In this interview, for the first time, the patient showed that he had delusions of persecution. "I feel they were giving me dope to keep me awake." He said that for some weeks the CIA group had been putting something like benzadrine in his coffee. He pointed out he had heard voices the night before and that V's voice told me to "throw it away." (He had thrown away his wallet). His history definitely indicated he had been delusional at least for weeks, probably months, but that he had been able to operate fairly well, except in crises. It became apparent that hospitalization was required as soon as possible.

November 27

On Friday morning, November 27, the patient and a friend and the writer discussed in some detail the desirability of hospital treatment, to which the patient had finally agreed. He thought he would like to be near home, and for this reason a mental institution near Washington was chosen and a room reserved. The hospital could not take the patient that day, and arrangements were made for hospitalization the next day.

Conclusion

The patient has been, according to his own story, delusional for a long period of time, but operating well in his day by day work. His inordinate guilt feelings, as expressed to me, were specifically related to his pension and disability pay. For this he felt he had to be punished. He himself dated his difficulties to the time when he was retired. It was then that he recalls his extraordinary guilt feelings began, becoming progressively worse, with the specific delusional events occurring during the preceding months.

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