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LIMA STATE HOSPITAL

PSYCHOLOGICAL REPORT

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August 19, 1950

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Name: Robert Segee, #6B-6811

Tests: Wechsler-Bellevue Intelligence Scale, Verbal I.Q. 79,
Performance I. G. 81, Full Scale I. Q. 78
I. 7 A. 6 P. A. 7 C. A. 10
C. 3 S. 8 P. C. 6 D. S. 5
D. 7 V. 5 B. D. 9

Revised Beta Examination, I. Q. 85, Goldstein Scheerer Cube Test, Bender & Rorschach.

Observations:

As on previous occasions the patient gave expression early in the interview to his bewilderment and confusion. He said he wanted "the answers," and that he was mixed up. It was again interesting, however, that, in stating his predicament, he continuously emphasizes the fact that his alleged deeds are allegations. As a result of several previous contacts these familiar remarks sound especially repetitious. In particular, this examiner is struck by the disparity between patient's professed desire to find answers, and the apparently artless way in which, in interview, he manages to become still more confused. It is as if he used his confusion as a weapon, and there is a distinct impression that he uses his vivid fantasy and his dreams to "muddy the waters." He perhaps causes them willfully to overlap into reality in his own thinking.

In manner the patient is self-conscious and sometimes even hystriotic. Occasionally there is a sign of quick wit, accompanied by behavior like that of a sly and mischievous child. The general surface impression is one of the pathological degree of immaturity. He seems to consciously assume the relationship toward others of child to adult. If a loose and distant analogy might be permitted here, it is as if a naughty child were begging his parents for a piece of candy he had already stolen, in order to test the success of the action. At times the patient appears to be privately pleased with himself. These occasions seem to follow upon an especially confusing mixture of dream and reality. It is a reasonable conclusion that he is intent upon defending himself, using confusion as one means, not only against investigators, but against his own perceptions.

This examiner does not want to throw doubt upon the presence of real confusion or a desire to be treated, especially as an alternative to worst things. It seems, however, that events have occurred to arouse his defenses and his fears, and as a result he has made himself inaccessible.

With respect to the events themselves, and the alleged events, which are so amply reported in the record, this examiner will only say that both circumstantial evidence and the findings below create a presumption of guilt for most or all of the deeds the patient is accused of.

Evaluation:

With respect to the Wechsler, the patient seems to possess a degree of factual information beyond what we would expect from his vocabulary development; both information and vocabulary are inadequately developed in comparison to other skills, the latter in particular. The subtest most concerned with social judgment shows

the most marked drop on this test, and tends to support the clinical impression of schizoid trends. The performance level is superior in general to the verbal. With respect to the essential intelligence, in spite of the final score, there is good reason to suspect that the intelligence is essentially normal and that the discrepancies in his functioning must be explained on the basis of functional causes of long standing. The results of the Beta test are consistent with the superiority of the patient's manipulative abilities over the verbal.

The results of the Bender show peculiarities which, while they are consistent with the possibility of organic damage or some essential mental deficiency, are more easily explained on the basis of functional peculiarities. There are indications of suppressed hostility and perhaps depressive preoccupation. The Goldstein Scheerer gives no organic signs.

The Rorschach interpretation is as follows:

Intellectually the patient is undeveloped and grossly immature. The quality of his performance is quite uneven, but there are fragmentary signs that essential mental deficiency would be too simple an explanation. An early functional interference with the development of faculties would seem to this examiner to be more likely. There has probably been in this case an early diversion from reality, in the nature of a fixation.

Inner resources are not available for efficient use. Inner processes, ideation, fantasy, conceptualization, etc., are dominated by primitive "insinctual" drives. There is an incipient awareness of the danger of these drives, and of their real nature and incompatibility. This awareness includes an awareness of a sadistic, or at least sharply aggressive, component.

External emotional stimuli are recognized and reacted to, but the reaction is superficial, arbitrary and strained. It is achieved by an unbridled release of fantasy which violates in an impulsive way the requirements of reality. It is not so much that he is incapable of recognizing the limits of reality, but rather that emotional stimuli are exceedingly dangerous, and provoke him to retreat into a primitive, autistic, stubbornly arbitrary way of defending himself. As mentioned previously there is an element of deception here as well as other things which are rather beyond conscious volition. In maintaining this pattern the patient shows an ability to rationalize and evade at a level consistent with the possibility of essential mental deficiency.

There is in addition evidence of a peculiar and pathological elaboration of affects, especially of that proportion of his affects which are "acted out" with the environment. There is a degree of heightened sensitivity, or sensuousity, which is aroused by external stimuli of certain kinds. With these stimuli he is preoccupied and fascinated and he gives to them a misinterpretation drawn from the fund of chaotic and primitive fantasies which crowd the inner experience.

There appears further a dysphoric, depressive, tendency which is deep and pervasive, but veiled somewhat from superficial view. It is connected with stimuli often interpreted as phallic and paternal. It represents no doubt elements of the relationship to the father.

There are in this respect evidences both in scoring and content of castration fears, and as mentioned above, the elaboration of special (perverse) defenses against them.

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There are also in the content responses with an oral significance. In this part of the content there is some basis for the probability otherwise evidence of an intense need for narcissistic supplies, and an equally intense frustration of the need.

Attention is especially invited to evidences of aggression and hostility in the record. There is sufficient indication to support a presumption of carefully veiled sadistic trends.

Reasoning from the tests to the facts of the case and the clinical impression, there is an almost inescapable conclusion that the test contributes in a decided way to establish the presence of a disorder of character of a kind which implies the patient's guilt for the crimes for which he is both officially and unofficially accused.

Since there has been such an extensive handling of this case, the examiner wishes also to make a contribution with respect to theoretic considerations.

There is some question in this case as to the proportionate importance of the compulsive and the perverse elements. In true pyromania, or arson, according to Fenichel, the setting of the fire comes to have a directly sexual significance. This examiner would resolve the question in the present case by pointing to the close connection between compulsion and perversion. Such a close connection is arrived at as follows:

There is first an ego alien impulsive; this is the result of apposition between ego and superego and it is an essential condition of the obsessive compulsive neurosis. There then frequently develops a sexualization of the impulse, and it becomes so called ego syntonic, the result of a sexualization of the relationship between ego and superego. This course of events follows from the dynamic formula; the sexualization of danger at once removes the threat implicit in the danger and permits also the gratification originally aimed at.

Approaching this present case in that light, it is noted that the full development, the sexualization of the perverse act, has not been reached, but rather the setting of the fire does not give gratification, but merely avoids punishment. The setting of the fire here is interpreted, therefore, as a token destruction to placate the pathological superego, (the father).

In this case the severity of the superego is such as to place gratification under an inodict, in that way forestalling the development of true pyromania. Beyond that fact, many of the signs present in bonifide cases of pyromania or arson are also present here. There is the evidence of strong sadistic drives, a sensuosity, the expression of which has undergone distortions so that it is no longer directed to acceptable objects. In essentials this case is like others involving true pyromania. There is lacking the full development of a perversion. In the relationship to Graham, however, there is the alternative of direct homosexuality as a more recent development.

Conclusions:

This examiner would make a diagnostic suggestion, following Fenichel of Impulse Neurosis in a schizoid character.

Robert Segee:

It is the examiner's opinion that this case represents an acute obsessive compulsive neurosis in which sexual relationships call up the conflicts regarding the edipus situation and an acute regression into anal sadistic behavior occurs. The only other possibility is that the sexual act is not in itself completely satisfactory unless fire is also involved in which there is a partial sexualization of fire which brings it closer to a perversion, making it classifiable as an impulse neurosis.

DIAGNOSIS:

Obsessive compulsive neurosis: not psychotic, psychopathic, nor mentally deficient.