5-16

MENTAL STATUS EXAMINATION:

General Appearance and Behavior: The patient is a six-foot, extremely thin, rather unattractive young man with gangling extremities, who has many of the awkward movements and brusqueness, combined with shyness, characteristic of a young adolescent. He carries himself with dangling limbs and a slouched posture and he seems to be all arms and legs. When sitting, he assumes some rather bizarre postures such as wrapping his arms around the back of his head or around his long legs. He often engages in genital manipulation akin to masturbation. His face shows rapid and highly responsive expressions to whatever is going on in the environment. He often has a rather quizzical expression on his face. His clothing is usually neat and clean but unfashionable and he often chooses rather unusual patterns and colors to go with one another. His clothing is exceptional in that it does not conform to the usual pattern of someone of his age attending college. The exception to the neatness of his clothing is in his shoes which are old and worn and almost never polished. He often has one or more shirt tails dangling.

Stream of Talk: The patient speaks rapidly and is a highly articulate, verbal person. He tends to phrase his feelings and thoughts in formal, pedantic ways which seem to isolate the feeling tone from what he is saying. There is no bizarreness in either the context or syntax of his speech.

Mood: His mood is generally optimistic and he relates in a somewhat seductive, teasing manner.

Mental Content: The patient is preoccupied primarily with two sorts of issues, 1) his homosexual fantasies, and 2) a highly moralistic, ethical behavioral code. The homosexual fantasies are a prime preoccupation with him because a great part of his satisfaction and feeling for other people is based on the nature of these fantasies. He is constantly preoccupied with the masculine qualities of his contemporaries. This is particularly focused on the amount, color, distribution of hair about the wrists of these young men. This secondary sexual characteristic is in the nature of a part-object, having considerable erotic and symbolic significance to him. He is concerned not only about the quality of the hair on the wrist but also of its durability and the possibility of losing it. He becomes sexually aroused in the presence of young men who have these characteristics or in thinking about these characteristics. This gets to be elaborated to include both the accomplishments of and the moral character of his contemporaries. He questions and wonders and he puts under constant scrutiny these contemporaries to see if they come up to his standards for an ideal man. He is also much preoccupied with his own body and his own accomplishments but finds this a great deal more painful to discuss. He is constantly preoccupied with the possibility of his own transgression of a rigid, moralistic code of behavior. This includes the warding off of any aggressive or hostile feelings, despite the repetitive breakthrough of these feelings in his speech. It seems clear that the fantasies about others and himself are substitutes for real relationships with people. He utilizes many obsessional mechanisms to neutralize some of the fantasy material, such as isolation and reaction formation. He both introjects and projects responsibility for what has

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Attachment: History

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happened with him, but not to the point of this becoming a delusional system. He is preoccupied with the theme of crime and punishment and is concerned about proper punishments to himself for supposed failures or crimes. This gets most morbid when he thinks about possible failures in schoolwork. It is all right to have the fantasies that he has as long as he continues to perform in the outside world. At the threat of failing in school, he sees himself as imposing upon himself a system of self-punishment which can be the only way to assuage the guilt he feels. The self-punishment is of a highly masochistic nature.

Psychoneurotic Manifestations: The patient experiences a considerable amount of anxiety in relation to performance and in relation to being accepted or rejected by other people. This is expressed in the usual manner for anxiety with the addition of various hypochondriacal complaints centering around his nasal allergy. On several occasions he had neurodermatitic eruptions.

Intellectual Functioning: The patient was of obviously superior intelligence with intact memory for recent and past events. For details of his intellectual functioning, see Psychological Testing.

Orientation: The patient was well oriented to time, place and person.

Apperception and Grasp: The patient had a clear understanding of his current situation and environment. His reality testing was good.

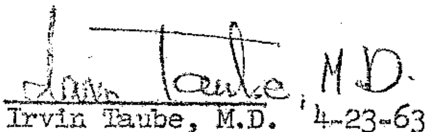
Insight and Judgment: The patient had some insight into his emotional difficulties. He was well aware of the fact that he had emotional difficulties and saw the clear need for treatment. His judgment and discrimination were good.

COURSE IN HOSPITAL:

This patient was admitted to the hospital not because of the pressing need for hospitalization, but because of our feeling that he needed a resocialization experience with a peer group and an opportunity to re-evalue his experience outside of the family situation. He partook in an intensive therapy program, including twice weekly individual psychotherapy, family therapy, family art therapy, group therapy and industrial therapy. He maintained an active life outside of the hospital during his stay which included attending summer school and in the fall attending George Washington University with an almost full-time academic program. Between semesters he worked in a laboratory in the hospital. The only medical care required was periodic treatment for his allergy, which was primarily a vasomotor rhinitis. This was done in concert with his private allergist. He maintained a position on the ward of some distance from the other patients by presenting himself as strange, bizarre and was considered by the patients as being a little "weird." He developed intense relationships with a number of the male patients and made many attempts to become close to them and do things with them. This was especially true of some of the more intaqt patients on the ward. He related to the staff in a controlling and demanding way.

A crisis developed in September of 1962 with more rejection and criticism from the other patients for his highly moralistic and legalistic approach to human relationships. He felt rejected and isolated from the patient group and decided to leave the hospital. He was becoming increasingly concerned about acting out his homosexual feelings toward several of the patients on the ward. This was somewhat worked through in individual and family therapy and he decided to stay for several more months. This decision was finally effected by considerable amount of reassurance from the group that they wanted him to stay and felt that he needed treatment. He was continually on the verge of punishing himself for imagined or real wrongdoings. This punishment usually consisted of some sort of self-denial and further isolation. Following this crisis, he became even more involved with several of the male patients, engaging in active homosexual fantasies about them. His performance in individual therapy was one of provocativeness and evasiveness, but with an obvious intense involvement. He saw me as a hostile, critical judge who was trying to change him into an average person while his own ambition was to be exceptional, a superman and, failing that, some sort of "oddball."

In January of 1963 he decided he wanted to leave the hospital and to return to school full time. After exploring this extensively, it was recommended that he stay in the hospital for several more months. The family was allied with him in leaving and discharge was agreed upon, even if not in complete agreement with medical advice. He was to be followed temporarily in the Outpatient Clinic.



Irvin Taube, M.D. 4-23-63

IT/ape 5-1-63
5-15-63

Boushka, John W. 04-38-97
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NATIONAL INSTITUTES OF HEALTH, BETHESDA MARYLAND

This is the first National Institutes of Health admission of this 19-year-old white protestant single male who is admitted with the chief complaint of difficulty in adjusting to college and being asked to leave college because of his emotional problems. He is admitted under the adolescent study project on Ward 3-West.

Informants: Most of the historical information was obtained from the patient during the course of the beginning of psychotherapy. Some information was obtained from the family's social worker, Mrs. Carmen Cabrera and initial interviews with Dr. Roger Shapiro and Dr. James Maas. The patient is a reliable historian and has an urgent need to reveal historical facts about himself despite a great deal of conscious reservation about revealing certain fantasy material.

PRESENT ILLNESS:

The patient's difficulties date back to his high school years when he became increasingly preoccupied with homosexual thoughts and their significance to him. In the first years of high school the patient was an isolated preoccupied boy, concentrating mainly on the achievement of high grades in his area of special interest, chemistry and mathematics. He was very successful in this attempt and for the first time began to attract the notice and admiration of his peers and teachers for his superior accomplishments. He was entirely preoccupied with maintaining his high academic rating. He apparently had no close friends and his few casual acquaintances, were mostly centered in the Baptist church in which his parents were very active. He had been aware since puberty of a strong attraction towards very masculine peers and a preoccupation with certain secondary sexual characteristics which he equated as being indicative of masculinity. At this time he read a book on sex hygiene which his family had and became preoccupied with the paragraph dealing with homosexuality and the contrast between latent and overt homosexual behavior. This began a period of intense rumination as to the pertinence of this paragraph to his own thoughts and feelings.

In his senior year in high school he made more strenuous efforts to obtain friends and increase the range of his socialization. He became president of the chess club and a vendor at football games. This brought him into contact with a number of students in his class with whom he had intense relationships. These relationships were characterized by wild idolization described by the patient as being "hero worship." The patient found that he could obtain the interest and attention of his male colleagues by presenting himself as "an oddball, a freak and a homosexual." Accordingly to the patient, he has never acted on any of his homosexual impulses. In this somewhat unusual way the patient was able to obtain the attention of his colleagues and spent the most outgoing year of his life. He was quite satisfied with a number of the trips that he took with his class and especially a trip to New Hampshire, with one of the clubs to which he belonged, The Science Honor Society. During this year the patient won a competition for a scholarship at William and Mary College, in Virginia and decided to go there to major in chemistry.

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The summer prior to going to college, he was much preoccupied with his homosexual feelings towards one particular friend and was very sad at leaving this friend in the fall who was going to another college. The patient presented a very bizarre picture when he arrived at William and Mary. He was constantly taking various medications and injections for his vasomotor rhinitis and other allergies. His wardrobe, his physical appearance and his many unusual ideas quickly attracted the attention and ridicule of the fellows in the dormitory. The patient admitted to his roommate that he had homosexual interest and saw himself as a latent homosexual. He and the roommate became involved in a long series of discussions about homosexuality and the roommate became increasingly concerned that the patient would attack him during the course of the night and perform fellatio on him. Numerous situations were set up where the patient was encouraged and prompted into playing the part of the typical homosexual. This situation with the other boys in the dormitory came to the attention of the dean of men at William and Mary and the patient was called in. The conversation with the dean centered around the patient's medications and state of health with no mention being made of the homosexual preoccupations. As the patient was leaving the dean's office, he suddenly felt compelled to confess to the dean his homosexual concerns and did so. The family was notified and after a series of discussions with them the patient was asked to leave William and Mary to return only after he had been given clearance by a psychiatrist. The patient's reaction to this was ambivalent, he wanted to get home to rejoin some of his high school friends and at the same time he felt very disappointed and angry at the dean for having first promised to let him stay and then having changed his mind after a few days. The family was at first distraught and then dealt with the rejection involved in having the patient leave William and Mary by projecting their anger on to the school and the fellows on the dormitory.

The patient was taken into treatment for six months by Dr. Benham of Arlington, who eventually referred the patient to the adolescent program at the National Institutes of Health. The patient characterized his psychotherapy with Dr. Benham as his (the patient) being evasive, untruthful, and "a waste of time." While in psychotherapy with Dr. Benham the patient began attending George Washington University and taking a full academic program. He did his usual excellent academic work during this time. He established his usual pattern of finding several young men whom he idolized and saw as Niestaschean supermen. His social life was centered around these young men. On admission he was living at home with his family.

PAST HISTORY:

Family History and Background: The patient's family is from Central European stock in this country for a number of generations. Both mother and father are from protestant backgrounds and currently very active members in a Baptist group. Both parents were born and raised on farms in the Middle West. They both came to the Washington area during their 20's to work and have lived in this area since that time. They would currently probably fit the Hollingshead-Readlich Class I Category for social class. They apparently live comfortable upper middle class lives with a well established and respected position in the community.

Mr. Boushka is a 59-year-old salesmen for the Imperial Glass Corporation. After leaving the family farm he went to Drexel Institute of Technology and then to the University of California where he majored in psychology. He was a shy young man with a marked speech defect which he overcame in his early 20's. In some ways he represents the typical picture of the self-made man. He is a rigid, obsessive, moralizing, controlling person with set ways of doing things and very rigid standards. He has an interest in, and ability with mechanical things which the patient has never shared with him. He married late in life at age 37. In February of 1962, he had a mild myocardial infarction which has resulted in continued vague gastrointestinal and precordial symptomatology and the development of a marked hypochondrial condition. This had not been true of him prior to his myocardial infarction. His relationships with people are characterized by aggresive, outgoing, and controlling behavior. He describes himself as someone who could sell anything to anybody without their ever having seen it.

The patient's mother age 51, is a business school graduate who married in her late 20's and has devoted the rest of her life to her family. She is active in church activities in her community. She impresses me as a cool, remote, mildly depressed woman in contrast to her somewhat rather flamboyant husband. She has always been an arbitrator in the family between father and son. There have been no siblings, or other significant figures living in the household. For further description of the family, please see social worker's writeup.

There is no documented history of mental or nervous disorders in the patient's family.

Personal History: The patient was born on July 10, 1943, after a full term normal pregnancy and delivery. The patient was a planned pregnancy. The parents had been told by their family doctor that there was a blood incompatibility between them and that it was not advisable for them to have any more children. It is unclear whether this was a reliable piece of information. They knew that this would be their only child. The patient's mother has a postpartum breast abscess which interrupted breast feeding and therefore the patient was bottle-fed. He was born with bilateral hallux valgus which was corrected with prescribed shoes and braces for the first few years of life. For a detailed history of the patient as a young child, please see social worker's writeup. One significant detail of the patient's early life is the attitude of the parents towards him. It is quite clear that they have always seen him as a sickly, fragile, child based on the question of blood incompatibility, clubbed feet and the early development of food and pollen allergies requiring constant care by an allergist from the age of three. The patient never had full-blown asthma as a child. As an only child he was more comfortable playing with himself and was more interested in passive activities than active games. He has never gotten on too well with other children, and always found himself the butt of their humor and aggression. The parents attempted to resolve some of this difficulty by turning their own backyard into a playground for the neighboring children. Even this did not work out very well because the patient would end up running into the house crying with the story that the other children were bothering him.

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School History: The patient began school at age five, and has been an exceptional student from the very beginning. His performance has been better in the exact sciences rather than in the social sciences and he has had a difficulty in such things as English and History. There has been a tremendous emphasis in the Boushka household towards scholastic accomplishment and the patient has had considerable anxiety over the years associated with examinations and his academic performance. Until he was a senior in high school he was isolated in the school situation, the change during that year is described in the Present Illness.

During the fifth grade the parents were advised to take the patient to a psychologist because of his preoccupation during class alternating with an aggressive attitude during class discussions when he would insistently take over from the other children any contribution. This was always done in the protective setting of the classroom.

Occupational History: The patient has never held a wage earning job aside from being paid for doing chores in the neighbors' yards or doing chores for his father. The patient had a very deprecatory attitude towards physical labor during high school and refused very often to do anything of this type. His attitude on admission had somewhat changed and he was interested in getting work in a laboratory or a school.

Puberty and Adolescence: The patient as an adolescent was an isolated and lonely youngster much given to bookishness and daydreaming. His relationship with his peers were casual and a good deal of his interpersonal contact was centered around the church where he played the piano for the Sunday School choir. He avoided all heterosexual contacts and his relationships with girls was of the most casual sort. He was given to philosophical ruminations and following the age of 16, obsessive thinking about the Nietzschean superman whom he both idolized and hated and the development of many obsessive compulsive characteristics which will be described in Mental Status. He had been an adequate piano player since childhood and developed a considerable interest in music. He learned some composition and began to compose a series of piano sonatas based on a 12 tone scale. These were compositions that he did not hear in his head but rather were worked out on a prearranged formula. He avoided all athletic activity.

His sexual ruminations are described in the Present Illness. It is of interest that this patient denies masturbatory activity. The patient long-standing conflict with his father was characterized in his adolescence by refusing to do highly particular things that his father insisted on such as, shining his shoes, tucking his shirt tail in, and performing mechanical tasks in a prescribed manner, such as sweeping, shoveling snow, trimming bushes, etc. Many family conflicts were centered around the way the patient did these tasks.

Irvin Taube, M.D. 12-6-62

IT/ag 1-14-62

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ADDENDUM TO NARRATIVE SUMMARY

ADMISSION PHYSICAL EXAMINATION:

Pulse 80, blood pressure 130/68, respirations normal.

General: The patient is a thin, well-developed white male who relates multiple somatic concerns.

Head, Eyes, Ears, Nose, Mouth and Throat: Unremarkable except for ? polyps, wax in the left eardrum, and somewhat dilated tonsillar crypts with food.

Neck: No adenopathy.

Chest: Clear to percussion and auscultation.

Heart: The heart is not enlarged. There is a split second sound with the aortic component greater than the pulmonic.

Abdomen: No organs, masses or tenderness.

Genitalia: Normal circumcised male, testes descended.

Rectal: Deferred.

Back: Unremarkable.

Extremities: Unremarkable.

Neurological: Deep tendon reflexes are two to three plus bilaterally. There are no abnormal reflexes or sensory deficits elicited.

Skin: Unremarkable.

Lymphatics: No adenopathy.

DISCHARGE PHYSICAL EXAMINATION:

Pulse 98, blood pressure 126/70 and respirations normal.

General Appearance: The patient is a thin, well-developed white male.

Head, Eyes, Ears, Nose, Mouth and Throat: Negative except for mild erythema and injection of the posterior pharynx.

Chest: There is slight pectus excavatum. Lungs--Clear.

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Genitalia: Normal circumcised male, testes descended.

Back: Unremarkable.

Extremities: Unremarkable.

Neurological: The deep tendon reflexes are three plus bilaterally (biceps, patellar, Achilles).

Skin: There are multiple keratoses on the back.

Lymphatics: There are slightly increased postcervical nodes on the left.

DISCHARGE DIAGNOSIS:

Compulsive personality.

Harold A. Greenberg

Harold A. Greenberg, M.D. 5-13-63

HAG/hhj 5-14-63

Boushka, John W. 04-38-97
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(3 West

PAST HISTORY:

Childhood Illnesses: Chickenpox and measles.

Allergies: The patient has had hay fever for twelve years "shots" every two to four weeks for the past ten years. The patient is tested for allergies every year or two. When last tested showed allergies to "pollen, leaf mold, dust, and mildly to milk," as well as "condiments, including iodized salt." Symptoms consist of stuffiness, and mild headache. Stuffiness is nasal.

Operations and Injuries: The patient has had no operations and no injuries.

SYSTEM REVIEW:

General: Unremarkable.

Head: Mild headaches with allergy symptoms. Headaches begin in the eyeballs. Ears--The patient feels his hearing is poor because some patient's have spoken softly and when he asks what, told him he should have an ear test. Mouth and Throat--The patient has all of his permanent teeth; he gets white material in the crypts of his tonsils which he removes.

Neck: Unremarkable.

Respiratory: The patient states that he had bronchitis while he was in the second grade; was in bed for a week. Otherwise no cough, hemoptysis, no pneumonia; no other pulmonary infections.

Cardiovascular: Unremarkable. No edema, or dyspnea on exertion.

Gastrointestinal: The patient has frequent heartburn characterized as a painful sensation in the lower throat and occasionally regurgitation of food, accompanied by mild nausea, but no vomiting. The patient's appetite is good. He weighs 127 pounds; his maximum weight was 130 pounds. He had an upper gastrointestinal series when he was in the eighth grade which was normal and a lower gastro-intestinal series in the 11th grade which showed a dip in the colon which he was told leads to his tendency to be constipated. He experienced a "strain" feeling in his upper abdomen on New Year's Eve 1961 which led to his lower gastrointestinal series. The upper gastrointestinal series had been previously done because of his heartburn which is at present controlled by rolaids and chewing gum.

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Genitourinary: The patient has had nocturia once or twice for a long time, occasionally feels burning on urination. ~~He has not had significant fluid intake.~~

Hematopoietic: Unremarkable.

Lymphatic: Unremarkable.

Musculoskeletal: Unremarkable.

Family History: Father--Had a mild heart attack last February, has allergies to various trees; has a variety of gastrointestinal symptoms including "butterflies and churning." Mother--Had an abscess "after I was born," and has hay fever. She had an operation eight years ago to close off her Fallopian tubes because of abdominal pain.

Alan M. Lazerson, M.D.

Alan M. Lazerson, M.D. 7-19-62

AML/all 7-23-62
7-26-62