

Harvey Simmons; age 29, born in Ohio of American parentage; occupation, student; civil condition, single. Physical Findings, negative.

### Introductory Statement

The patient was brought to the hospital by two of his fellow students on the advice of a physician whom they had called in. The admission note says, "Badly depressed - lost his God - society against him because of his sins - Question of suicidal tendencies especially at night."

### Social Back-ground

He was born and raised on an Ohio farm, evidently in the very best type of Middle Western country home. The parents were both devoted members of the Methodist Church, vigorous themselves and with apparently no hereditary neurotic traits. Of their nine sons and two daughters five are graduates of the Methodist college in their home town. The oldest is forty and the youngest twenty three. Eight are married. Two of the boys are still in college. Of the others, one is a merchant, one a banker, one a physician, one a clergyman and one a farmer.

### Personal History

Early Life. The patient describes himself as a bashful, timid child, afraid of the dark and easily frightened. He also felt himself different from the other children.

Education. He began school at five and continued on thru a six year course in W. University, paying his own way thru, part of the time by working as janitor. He was a fairly good student and was especially prominent in musical circles. He sang both on the college glee club and in the college quartet. He is said to have a very good tenor voice. After graduation he taught two years at C. College. His salary the second year was \$1400. He then entered the theological seminary. Here he made a creditable record. He passed in all his courses tho he never was what one would call a brilliant student. He also served as choir leader in the Epworth Church. His pastor reports that for the first two months he did fairly good work and that he has a sweet tho not a powerful tenor voice.

Sex Life. He appears to be extraordinarily free from the sex conflicts so frequently encountered here. As a boy he practiced masturbation a few times and he occasionally has "wet dreams", but these are infrequent. ~~In fact, he seems rather free from sexual content in his ideation.~~ According to Professor W. there seems to be very little sex content in his ideation.

Social Life. While in College he belonged to a local fraternity. He was not particularly popular with his associates. He was looked upon as a "tight-wad". He would thus walk several miles

to save a ten cent fare and his voice was always raised for economy. They considered that he carried his thrift beyond the limits of good judgment.

Love Affairs. The patient says that he has tried several times to go with girls but he has never got very far. According to his own account there seems never to have been any serious love affair. One of his friends however reports that there has been one affair which has probably been no small factor in the present disturbance. The young lady in question entered the affiliated girls' training school only last month and it is only since her arrival and since her rather curt answer to a letter of his that his conduct has become so noticeably disturbed. The young lady herself reports that she first became acquainted with him two summers ago. She served frequently as his accompanist and she also "dated him frequently". Last summer however after his "break-down" at C. College, he talked so continually about himself and his troubles that he began to get on her nerves. She saw him oftener than she would otherwise have done because she recognized the situation and she felt sorry for him, but she finally had to discourage his attentions. Last fall he wrote to her several times and she did not answer at all. When last January she had decided to come to the school, he wrote offering to meet her at the train and telling her that he would see that she had a good time. She replied saying that she had already made arrangements to be met at the train. How serious this affair was on his part she does not know. She only knows that he "pushed the acquaintance rather hard." The patient gives much the same account but denies that her unresponsiveness has had anything to do with his present condition. It is just that people in general did not care for him and he can not love others as he ought. His sister-in-law, who came on with her husband to take him home, scoffs at the idea that a love affair has had anything to do with the trouble. He has never taken any interest in girls even tho she has tried strenuously to interest him.

Religious Life. The patient says that he had never had any profound conviction or consciousness of sin. During his earlier years in college he had merely been uncertain in his mind, but the last year thru the influence of the local minister he came to see pretty clearly and to have a pretty definite religious consciousness. During his first year at C. College he was confident and happy and so also the succeeding summer. In fact he felt a consciousness of his own power and he threw himself vigorously into his second year's work. Toward the end of the year however he had a consciousness of his own weakness. He wasn't himself then. According to Prof. W. the psychologist who examined him at the seminary, his experience during his senior year at college was a glorious one which left him simply riding on the clouds. He was at that time at the height of his effectiveness as a singer and he was able then to get a fine response from a group, especially at religious meetings. This gave him a sense of power and elation which he probably identified with the sense of the "presence of God". Later at C. College this began to wane.

Personality. In appearance the patient is slightly below average in height with light hair, blue eyes, concave nose and melancholy expression. No intelligence test was given, but he is at least average in intelligence. He is lacking in initiative and aggressiveness and prefers to be led rather than to lead. He has always been a

reserved serious chap, a definitely introverted type, regular and methodical in his habits, retiring at ten thirty and getting up at six thirty. He is frugal to the point of being considered a "tight-wad". His ambition has been to become an evangelistic singer. He has been inclined to dwell in his own emotions and has been subject to ups and downs. According to his sister-in-law he has been much concerned about his health and has not only consulted many doctors but has been dieting very strenuously.

Onset of Present Disorder. The hypochondriacal tendencies first showed themselves, according to the sister-in-law, about five years ago. The first definite disturbance began toward the end of the second year in C. College. He had been carrying then a heavy schedule and probably became fatigued with the result that he failed to secure the usual response from his classes. He became despondent and this despondency continued thru one summer. At the seminary, where he went in the fall, he got along passably well, but three weeks after arrival he began to have theological difficulties which worried him a good deal. Altho inclined to talk too much of his own troubles and difficulties he seemed in fairly good spirits until early in January. At that time he went to the president with his troubles and was referred by the president to Professor W. His companions did not notice much out of the way until toward the close of January. Early in February, at Professor W.'s suggestion, he began to work at a church settlement and was there altogether about three weeks. At times he showed signs of getting really interested, especially when none of his mentors was around. But having been given one or two difficult assignments he became discouraged. He was at this time losing sleep and finding it difficult to concentrate.

Meanwhile his conduct in the dormitory was becoming queerer and queerer. He talked much of his troubles and fears and a suggestion given in fun by one of the other students in regard to the Ku Klux Klan, was taken up by him in deadly earnest. He thought they were after him indeed. Finally one of the men called in a physician and on his advice he was sent to the hospital.

Behavior in the Hospital. In the hospital he has shown no hallucinations and few delusions. He is simply profoundly depressed. He talks intelligently, tho at times with a tendency toward incoherence. He seems to understand the situation but to lack the power to pull himself together and to act on any of the principles which he apparently recognizes so clearly.

He has a great deal to say in regard to the unpardonable sin which he has committed. When questioned as to what it is he says it is a sin of omission, not of commission. He has lost God from out of his life. He can't feel the love for other people which he ought to have. When questioned in regard to his unhappy love affair he says that what worries him most is the general attitude toward him. He is not as well liked as he ought to be.