

FEIGNED AMNESIA AS A DEFENSE  
REACTION\*

GEORGE E. PRICE, M.D. (PHILADELPHIA)

Major, M. C., U. S. Army; Consultant in Neuropsychiatry, District  
of Paris

AND

WILLIAM B. TERHUNE, M.D. (NEW ORLEANS)

First Lieutenant, M. C., U. S. Army

A. E. F., FRANCE

The examination of soldiers under arrest at the office of the provost marshal of Paris has revealed a number of individuals feigning loss of memory for the purpose of escaping punishment. This form of malingering was employed as a last resort when the culprits were without other excuse. The charge under which they were held was in every instance that of being absent from their unit without permission, and in no case was amnesia alleged to escape duty at the front.

It was interesting to note that all of these men were native Americans. None presented any evidence of mental deficiency, the majority being somewhat above the average of intelligence. One was a captain, two were first lieutenants, and the others were privates. Such civil occupations were represented as machinist, newspaper reporter, court stenographer, telegrapher and student.

The condition observed was characterized by an alleged absolute blank in the continuity of memory, corresponding to the period of time during which the individual thought it necessary to be excused from his actions. This period varied according to the astuteness of the soldier. Some deemed it wise to remember nothing of their past life, others limited it to incidents occurring during the past few years, while the majority claimed an amnesia corresponding to the period of their misdemeanor.

A typical statement would be somewhat like this: "The military police picked me up in the street because I had no papers. I do not know how I got to Paris, how long I have been here, or what I have done. The first thing that I remember was this morning."

## REPORT OF CASES

The subjoined reports are abstracted from the records:

CASE 1.—A private stated that he had arrived in Paris two nights before, he did not know how. He went to a military policeman and gave himself up. He did not know what his organization was or when he enlisted, but he was not drafted. His home was in California, he did not know where. He was not married. He came to France in cold weather, he did not know when. He landed in France, he did not know at what port. He did not know the name of the boat he crossed on; it had one smokestack. He thought he had been a teamster in France. He did not know what he did in civil life. He had been at the front.

The patient denied memory for recent and past events. His attention was good. There was no disorientation nor confusion. He answered questions promptly. He was able to answer problems involving multiplication and division promptly and accurately.

Physical examination was negative.

CASE 2.—A private was not sure of his name. He found an envelop in his pocket and he imagined it was addressed to him. This letter was from California. He said that he thought California was in the United States, but he could not say where the United States was. He did not know

\* From American Red Cross Military Hospital No. 1.

where his home was or anything about his people. He supposed he had parents because everybody must have them. He did not think that he was married. He felt all right. He did not know his age, length of service in the Army, or length of service in France. He said that up to the time he found himself in the subway in Paris, Oct. 4, 1918, everything was a blank. This recovery of "consciousness," he stated, was due to a fall in the subway. He remembered all events since then perfectly. After he fell in the subway he went to his hotel and the next day reported to the provost marshal.

The patient was well oriented, his attention was excellent, he was well informed about Paris, and he appeared very intelligent. He seemed to realize that his story was very weak.

CASE 3.—A captain was charged with having been absent without leave for six weeks; with having been drunk and disorderly; of being in debt to a hotel for 1,500 francs; of brutalizing a woman who was registered at a hotel as his wife; of resisting arrest, and of attempting to break arrest. His identity card said that he was a first lieutenant, but he wore a captain's insignia and probably was a captain.

The patient had no memory of leaving his organization, and did not remember anything that had happened since. The patient stated that he did not know what month it was or why he was under arrest. He answered all questions readily that could not be used against him, but did not remember anything that he did not wish to remember. His attention was excellent, his train of thought well connected, and his intelligence keen.

#### COMMENT

It was not difficult in the majority of instances to expose the malingering by noting the inconsistency existing in the patient's statements. One man stated that he did not know the name of the boat on which he crossed the ocean, but later he said the boat had been torpedoed recently. When asked how he knew this he said he had read it in the papers. Another individual said that for the past few weeks he had been unable to recall any facts connected with his past life, including the name and address of his relatives. This man when questioned as to when he had last written home replied that he had a nurse write his sister while he was in a hospital. This was written at a time during which he had just claimed that he could not remember the address of his relatives.

The Café de la Paix seemed to hold a peculiar attraction for many of the patients brought up for examination. To such an extent was this true that it made a bright spot in a long day of routine examinations to have a soldier solemnly affirm that the first thing that he remembered for weeks was the military police grasping him by the shoulder in the Café de la Paix. The explanation of this is simple. This popular resort, dear to the heart of the American soldier in France, is situated at the intersection of the grand boulevards of Paris and is therefore the most central point in the city. Around this place the military police drew their net in the search for men absent without leave, and consequently here many of the men examined were arrested.

The mechanism of this reaction is easily understood, provided one has some knowledge of the psychology of the American soldier. It is so easily explained that even the psychanalyst would find it difficult to attribute the condition to repressed sexual complexes. A soldier, tiring of his routine life, leaves his organization without permission, in search of a few days' recreation. Many of them do this without being detected; but some are not so fortunate, and find themselves under arrest and called on to explain their actions. They know that they have no excuse; and

having recently read about men losing their memory from "shell shock," they quickly seize on that as a means of escape, feeling that the less they say in their present predicament the better it will be.

The soldier realizes that when he returns home his family may require from him an explanation for his arrest while in the army, and what better excuse can he have than that mysterious and strange malady of shell shock, so well known to his people from the description in the popular literature? This explanation will raise him from the depths of disgrace to a hero's pedestal.

Usually there was a history of only one attack of amnesia; but one man, who was not an epileptic, gave a history of four such gaps in his memory, each developing at a most convenient time and disappearing after he was extricated from his difficulty.

Feigned amnesia is important not so much of itself but because of the possibility of its being confused by the uninitiated with certain forms of true amnesia, such as those seen in hysteria and certain confusional states.

We have seen true amnesia occurring in soldiers in hysteria, psychasthenia, mental confusion resulting from exhaustion, toxic states as the result of alcoholism and other drugs, epilepsy, various other psychoses, following cerebral concussion, and organic brain injuries.

The chief conditions that must be differentiated from feigned amnesia are hysteria and simple confusion from exhaustion. We have not seen hysterical amnesia without other manifestations of hysteria. The men feigning amnesia were alert and keen, and their attention was excellent, in marked contrast to the mental state of the hysteric. When the confusion following exhaustion is marked, there is no question of the diagnosis; but frequently the confusion is slight, and these cases are often difficult to differentiate from feigned amnesia. A careful study of the patient's story of exhaustion, together with his irritability, slight disorientation, and other symptoms of mental and physical exhaustion, form a basis for the differentiation.

#### A GENUINE CASE

The subjoined report is abstracted from the record of examination of a first lieutenant who was found to be suffering from simple confusion following exhaustion. It is quoted to show the difference between this condition and feigned amnesia:

*History.*—The patient left the front for Beauvais on twenty-four hours' leave after having been on active service, continuously under shell fire, for two months. He remembered going into a wine shop as soon as he reached Beauvais, and then remembered getting into a large automobile with other officers. He next turned up at A. R. C. M. H. No. 1, having been brought in with some wounded soldiers. He was sent from this hospital to U. S. Camp Hospital No. 4, where he remained for a few days; then he went with some other officers to the Elysée Palace to get his pay check. In some way he became separated from the other officers and disappeared for about a week, to be returned later to U. S. Army Camp Hospital No. 4. In the interval he had been wandering about the front trying to find his old command and finally had been sent to the hospital by a French officer, accompanied by a French corporal. He was then investigated by the provost marshal in response to a request from his commanding officer, who reported that he was absent without permission.

*Examination.*—There was amnesia of events between his arrival in Beauvais until he found himself in U. S. Army

Camp Hospital No. 4. Memory for events during this time was vague, being similar to that of a dream state. He was irritable and easily startled by sudden and unexpected noise. He was slightly depressed and inclined to be lacrimose. He had a slightly furtive attitude. His judgment was not good. His train of thought was not well connected. There was no paranoid trend, no hallucinations nor delusions. He did not know who his physician was at the hospital. There were tremor of the fingers and tongue, slight photophobia, and conjunctival injection. Other physical findings were negative.

*Extract from Conversation.*—"Damned if I know what I did in Paris. Those fellows (provost marshal) know, I suppose."

"How did you get your pay check?" "By God, that is why I came to Paris; you said something there."

"My ideas are hazy. The last two or three weeks I was up there I was not all right, I would raise hell with a man for nothing."

#### CONCLUSIONS

1. Feigned amnesia has assumed a place of importance in psychiatry because of the tendency of many examiners to classify it as amnesia due to hysteria.

2. The condition is a defense reaction to escape punishment. It is not unfamiliar to civil practitioners engaged in medicolegal work.

3. Amnesia, when alleged in industrial circles, may be of similar feigned character, for the purpose of gain. It is encountered in accident litigation, being in this case due to the expectation of compensation.

4. The dissemination of misinformation about "war neuroses" under the title of "shell shock" is to be regretted. The popular idea regarding this condition is erroneous, owing to the premature and inaccurate descriptions published. This has in turn been responsible for a larger incidence of the disease in the army than is justified, and has also enabled men to seize on it as an excuse for misdemeanors.

---