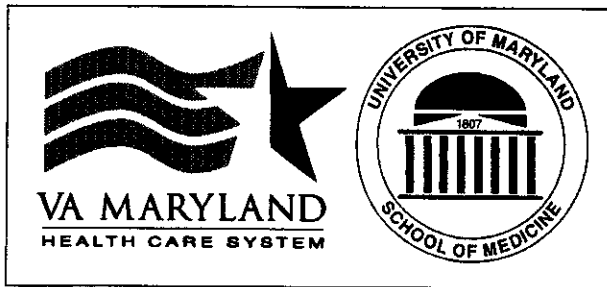


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A Psychiatric Clinicopathological Conference

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The patient was a 36-year-old renowned military officer who, in the face of convincing evidence of an overwhelmingly superior enemy force, orchestrated a defeat so severe that it culminated in the annihilation of his personal command of over 200 men, his own death, and the deaths of 2 of his 3 brothers, a favorite nephew, and a brother-in-law.¹

Early in his career, the patient was court-martialed for deserting his command and, in the process, endangering the lives of several members thereof

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and destroying valuable government property. His reason for doing so was to be with his wife, from whom he had been separated for only a month.¹ The patient exhibited no evidence of remorse over the deaths of several members of his command whom he had been forced to abandon during a fierce engagement.^{1,2} Nor did he evince remorse after having been court-martialed for issuing a tacit "shoot-to-kill" order directed at deserters under his command. After one engagement, he is reported to have denied wounded members of his command access to ambulances, which he instead used to transport his hunting dogs.^{1,2}

As a college student, the patient had a single episode of a sexually transmitted disease—most probably gonorrhea.¹ During this same period, he had numerous upper respiratory infections, 3 episodes of (infectious?) diarrhea, an attack of shingles, and repeated headaches. After that, he had almost no physical complaints, except for first-degree burns of his hands, a gunshot wound to his lower leg, and a mild concussion, all incurred during his early twenties. He had no allergies and took no medications.

The patient was the first surviving child of the second marriage of both his mother and his father.³ He had 5 siblings and 5 half-siblings and was raised in what by all accounts seems to have been a loving and devoted family environment. His father was both physically strong and a consummate practical joker. The father was always solicitous toward the patient. The patient's mother, although slight of build, was a strict disciplinarian who dictated a stringent moral code within the family.

As a child, the patient was active (perhaps hyperactive), athletic, daring, and mischievous.¹ By several accounts, he was his parents' favorite child.³ As an adolescent, he spent several years living with an older half-sister, whom he came to idolize.³ The patient led this half-sister's son to his death in his final battle. At the urging of this half-sister, the patient eschewed alcohol and tobacco as an adult. As a teenager, he described himself as "above medium height and of remarkable construction and vigorous frame." He was decidedly impulsive, with a penchant for practical jokes, kind and generous to his friends, implacable toward his enemies, and completely open in his feelings. He "accepted Jesus" as an adolescent but was never preoccupied with religion. During this period, he was chauvinistic with respect to his country's contributions to humanity.

In many people's opinion, the patient possessed most of the essential personal characteristics of the ideal military leader.¹ He was gallant, immune to fatigue, impervious to fear, and maintained a clear head in danger. He was clearly excited by war. He was direct, honest, decent, and proud. He was also frequently pompous, impatient, and flamboyant. When leading men into battle, he characteristically had his regimental band play a favorite marching tune. He had a strong sense of personal destiny. He

was an absolute authoritarian, which contrasted sharply with his attitude as a child, when he exhibited little respect for authority. At the same time, the patient never lost his penchant for immature, and occasionally dangerous, practical jokes. He was optimistic by constitution. However, on rare occasions, he became moody, sometimes remaining silent for hours. He was deeply sentimental, crying whenever he parted from his mother or watched a moving play, yet the killing of both men and animals thrilled him. He surrounded himself with family members and a few close friends, with whom he worked closely and did the preponderance of his socializing.

The patient was married and maintained a stylized relationship with his wife, which was simultaneously deeply uxorious, manipulative, and immature.¹ He signed his letters to her "Your Boy." He had at least 1 extramarital affair, perhaps more. He had no children. He was a career military officer whose professional philosophy was "to do that which the enemy neither expects nor desires." He was an avid hunter and a compulsive gambler (the later avocation, in fact, was a source of repeated financial difficulties). He was a college graduate, a serious student of history, and an author of some talent.⁴

The patient was well-developed, muscular, and handsome.¹ He appeared to be his stated age. His motions were rapid, as was his manner of speech.^{3,5} In fact, his conversation was so quick and energetic, that he frequently hesitated in mid-sentence, particularly when excited or angered, as if words could not be formed fast enough to keep up with the thoughts that preceded them. He seemed to be in perpetual motion (e.g., ate rapidly, paced constantly, etc.). He was fastidious in his personal hygiene. His physical examination was normal except for a well-healed bullet wound of the left lower leg.

Psychological Tests

The subject completed a series of self-administered psychological tests, including the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Clinical Multiaxial Inventory-II (MCMI-II), and the Beck Depression Inventory (BDI).*

Validity scales of both the MMPI-2 and MCMI-II are consistent with serious responses from a cooperative subject. They also indicate that the test process caused the subject little significant distress.

* Two long-term students of the life of George A. Custer (BCP & LB) completed the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Clinical Multiaxial Inventory-II (MCMI-II), and the Beck Depression Inventory (BDI). These 2 Custer experts completed test questions as a team, answering questions the way they thought the subject would have answered them, rather than as historians examining the subject. In formulating answers to the questions, they drew heavily upon Custer's personal correspondences and other historical data.

Whereas MMPI-2 scores on both the "K" and "F" scales indicate a willingness to acknowledge experiences that might be viewed as aberrant, the patient's "L" or Lie scale suggests that his responses might have been affected by a desire to create a favorable image. The MCMI-II results reveal a debasement scale score of zero, reflecting strong resistance to acknowledging negative attributes. Although the MCMI-II results reflect generally open responses on the part of the subject, there is also a suggestion of a desire to seem "okay." The subject denies any symptoms of depression on the Beck Depression Inventory. His MMPI-2 clinical profile, overall, is within normal limits, except for scale 5 (masculinity-femininity), which is significantly elevated, as is typical of homosexual men not trying to hide their homoerotic behavior. Although the scale 6 (paranoia) and scale 9 (hypomania) profiles are within the normal range, they are at the upper limits of normal. With adjustments for the subject's likely minimization of symptoms, these 2 profiles might be viewed as mildly aberrant. Results of the MCMI-II reveal a Profile 546: Narcissistic-Histrionic-Antisocial, consistent with a confident, dramatic, and competitive personality.

Differential Diagnosis

In years long numbered with the past, when I was merging upon manhood, my every thought was ambitious—not to be wealthy, not to be learned, but to be great. I desired to link my name with acts and men and in such manner as to be a mark of honor, not only to the present, but to the future generations.³

—George Armstrong Custer, 1867

David B. Mallott: The quotations attributed to the subject in the case history have a distinct 18th- or 19th-century character. We are also told that he is a college graduate, suggesting that he is either an English or an American military officer; in fact, one who has been associated with an overwhelming defeat, albeit one involving a relatively small number of troops. He was 36 years old and highly decorated, suggesting that he had participated in 1 or more of the major 18th or 19th-century wars. American military leaders fitting this profile include "Mad Anthony" Wayne of Revolutionary War fame. However, he was not killed in the sort of action described. Benedict Arnold suffered a leg wound, but survived to have a very different end-of-life experience. A quick check of the history books confirms George Armstrong Custer as the best fit for our subject: he was 36 at the time of the Little Bighorn massacre and died alongside 2 brothers, a nephew, and a brother-in-law.

The above quote illustrates the central difficulty in interpreting psychohistories. Did Custer's quote reflect a moment of unguarded truth? Was it an expression of bravado that did not, in fact, reflect an

underlying core feeling? Was it the product, rather than the impetus, of a successful military career?

Historical records of words and behaviors can be interpreted in a variety of ways to support conflicting views of individual psychology and psychopathology. What is more, the cultural context in which words are spoken and deeds performed shapes and defines their meaning in ways that can be only partially understood in retrospect. This is true even of relatively recent events. Try, for example, to explain Woodstock to anyone under age 30. Moreover, as illustrated by the present case, important determinants of behavior (early childhood trauma, unconscious thoughts and fantasies, and shameful secrets) rarely enter the historical record. Patterns of behavior and repetitive themes, rather than isolated incidents, are required to assign George Armstrong Custer, or any historical figure, for that matter, to a psychopathological category.

On review of the case summary given above, it is clear that Custer was not afflicted with any of the serious psychopathological diagnoses proposed over the years. He was not a substance abuser. We know this because the history specifically denies substance abuse. As we know today, substance abuse can have profound effects on behavior. Certainly, the military of the 19th century was rife with alcohol abuse and the various psychiatric/neurologic conditions associated with alcohol. Nor did Custer suffer the long-term effects of a sexually transmitted disease. The case summary describes only a single episode of gonorrhea and contains nothing to suggest the dementia of chronic neurosyphilis. He was not psychotic. The military has great difficulty tolerating deviant behavior, let alone hallucinations, delusions, or the other manifestations of psychosis. He did not have the attention deficit/hyperactivity disorder (ADHD). Although the case summary states that he was impulsive, mischievous, and perhaps hyperactive, the military, with its task-orientation, attention to detail, and strict code of conduct, has little tolerance for people with ADHD. Custer did not have bipolar disorder. The case summary reports a high level of energy and a quick and energetic conversational style. Custer also apparently ate rapidly and paced constantly. While these characteristics certainly raise concern that he might have had bipolar disorder, manic type, there is nothing to suggest that he exhibited the distinct episodes of high energy, decreased need for sleep, true press (loud, emphatic, difficult to interpret), or impulsiveness indicative of a well-formed syndrome of disturbed psychological function. Moreover, Custer's "moody" periods lasted only a few hours. More importantly, his largely rational behavior throughout his career is inconsistent with a bipolar disorder.

The MMPI results, unfortunately, are of little help diagnostically. A spike 5 is often encountered in the MMPI results of college-educated men and is among

Table 1. Diagnostic Criteria Used to Define Personality Disorders

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- A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two or more of the following areas:
 - (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
 - (2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
 - (3) interpersonal functioning
 - (4) impulse control
 - B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
 - C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.
 - E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.
 - F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).
-

the least studied of MMPI findings. The 5-9 pattern is often exhibited by people defining themselves as self-confident leaders, while the near elevation of scale 6 (paranoia) is nonspecific and is inconsistent with Custer's open and optimistic interpersonal style. The results of the MCMI-II are more interesting. The profile 546 (narcissistic, histrionic, and antisocial) supports one of the prime psychiatric diagnostic considerations, in that it reflects self-assurance and an inflated self-image. The MCMI-II, which mirrors the Diagnostic and Statistical Manual, 4th ed. (DSM-IV), places the subject within the cluster B personality disorders (antisocial, narcissistic, borderline, and histrionic). Cluster B is associated with dramatic, emotional, or erratic behavior.⁶

DSM-IV, the current standard nomenclature of psychiatric disorders, defines personality traits as:

Enduring patterns of perceiving, relating to, and thinking about the environment and one's self. Personality traits are prominent aspects of personality that are exhibited in a wide range of important social and personal contexts. Only when personality traits are inflexible and maladaptive and cause either significant functional impairment or subjective distress, do they constitute a personality disorder.⁷

Thus, personality is not a series of isolated incidents; rather, it is an organized system of attitudes, habits, and emotions. Therefore, in characterizing a subject's personality, the focus should be on "enduring patterns." In arriving at a possible diagnosis of a personality disorder, one must establish a definitive pattern of behavior over time and in multiple situations. The general diagnostic criteria used to define personality disorders are listed in Table 1.⁷

The search for enduring patterns in Custer's be-

havior must consider 3 very different phases of his life: pre-Civil War, Civil War, and post-Civil War. During his youth (the pre-Civil War period), Custer is described as an impulsive show-off and prankster. He was last in his class at West Point, and first in the accumulation of demerits. He was, however, able to control his behavior well enough to graduate. His antics, at this time, and to some extent later, have been described as immature and attention-seeking.³

During the Civil War, a different Custer emerged, one constantly in the midst of the action, if not actually leading the charge. He exhibited tremendous personal valor. He was a showman, performing constantly for his wife (who situated herself in nearby Washington, D.C., and occasionally in the army camp itself), his superiors, and an adoring press corps. The defining image of this phase of his life was that of a cavalry leader dressed in a spectacular black velvet uniform, band playing, leading his men into battle. The Civil War record amply demonstrates that he was an excellent commander and a brave soldier.^{3,5}

During the post-Civil War period, Custer found himself in a position that afforded scant opportunity to generate the kind of admiration bestowed upon him during his Civil War years. He longed to fight new battles and to regain the attention he once enjoyed as a leader of fighting men. He continued to cultivate a distinctive appearance with buckskin outfits and close attention to personal appearance, even while on campaign. However, he assumed a new leadership style that was simultaneously overbearing and callous. His relationship with his men deteriorated. His career stalled; the spotlight to which he had been accustomed during the Civil War faded.^{3,5}

The psychiatric diagnosis most consistent with the behavior exhibited by Custer in all 3 stages of his life is the histrionic personality disorder. The disorder involves a pervasive pattern of behavior characterized by excessive emotionality and attention seeking, beginning early in childhood and evident in various contexts thereafter (Table 2).⁷

Throughout his life, Custer constantly sought attention.³ The historical record also offers repeated examples of excessive or exaggerated emotionality in each of the phases of his life. He was not, however, suggestible, nor did he exhibit any obvious tendency to regard relationships as more intimate than they were.³

Custer does not meet the criteria of a narcissistic personality disorder, although he did have some narcissistic traits. If he had had a narcissistic personality disorder, he would have avoided emotional displays and exhibited a level of disdain for others that is not in evidence, at least during his Civil War period. Histrionic personalities and narcissistic personalities crave attention. However, the narcissistic personality characteristically emphasizes wealth

Table 2. Criteria Defining the Histrionic Personality Disorder^a

1. Discomfort in situations in which he or she is not the center of attention.
2. Interactions with others often characterized by inappropriate sexually seductive or provocative behavior.
3. Rapidly shifting and shallow expressions of emotions.
4. Consistent use of physical appearance to draw attention to self.
5. A style of speech that is excessively impressionistic and lacking in detail.
6. Self-dramatization, theatricality, and exaggerated expression of emotion.
7. Suggestibility (i.e., easily influenced by others or circumstances).
8. Tendency to consider relationships as more intimate than they actually are.

^a Five or more required for diagnosis.⁹

and social connections, which Custer did not. Moreover, a narcissistic commander, because of an inflated sense of entitlement and lack of empathy, would be more likely to follow his men into battle than to assume Custer's preferred position at the head of the formation. Custer was too open, honest, and responsible in his career to have had an antisocial personality disorder.

A personality disorder, histrionic or otherwise, cannot explain all aspects of Custer's character. First, a personality disorder can not explain his defeat at the Little Bighorn. Even if Custer's personality had compelled him to make a dramatic cavalry charge at the wrong time in an attempt to reenter the spotlight, he could not have known that a war over geography, as the Indian Wars had been up to that point, had become a religious war. Second, a personality disorder cannot explain the public's reaction to the defeat at the Little Bighorn. At the time of the battle, the Centennial celebration was being used to bring to a close the difficult period of Reconstruction. The defeat at the Little Bighorn struck directly at the heart of this effort to close old wounds and present a buoyant, victorious, and emerging world power.^{3,8}

The historic record indicates that even to his contemporaries, Custer was an unusual person. It was clear then, as it is now, that he exhibited a pattern of inflexible and pervasive histrionic behavior that impaired his ability to function effectively in at least some social and occupational venues. For these reasons, I am drawn to the diagnosis of histrionic personality disorder.

Historical Discussion

The Little Bighorn

Brian C. Pohanka: On June 25, 1876, George Armstrong Custer, who Dr. Mallott correctly surmised is the subject of this exercise, led the 7th U.S. Cavalry to disaster and immortality on the banks of

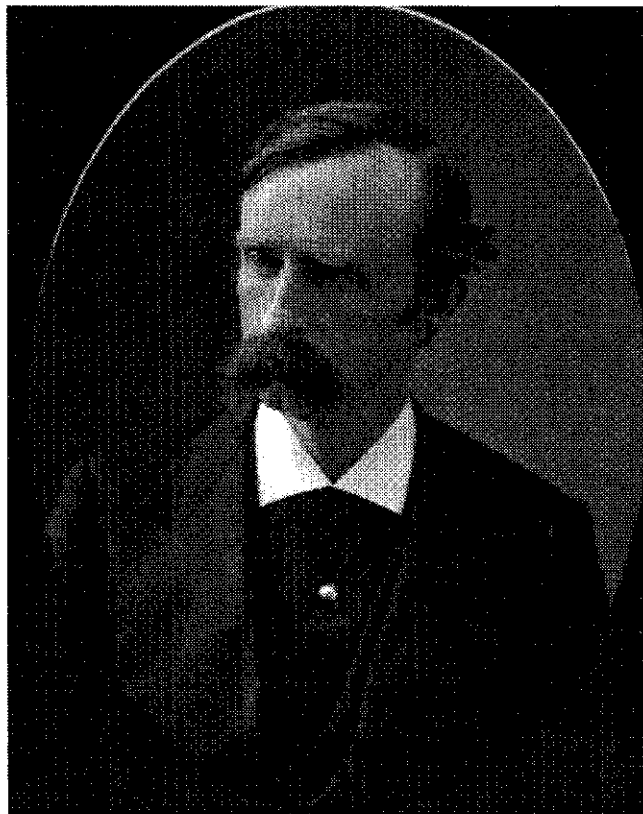


Figure 1. Lt. Col. George Armstrong Custer. This photo was taken in his later years, showing him as he appeared at the Battle of the Little Bighorn.

a river that his Native American opponents called the Greasy Grass.⁹ No American battle of its size has generated more interest in the form of articles and novels—not to mention paintings, fiction films, and documentaries. The clash resulted in fewer than 500 U.S. Army and Indian casualties combined,¹⁰ yet as much if not more has been written about “Custer’s Last Stand” than Gettysburg—a battle in which some 45,000 combatants were killed, wounded, or missing.¹¹ In pondering this disparity, one is inevitably drawn to the conclusion that without the flamboyant, charismatic, and controversial persona of George A. Custer, it is unlikely that the Little Bighorn would be anything more than a historical footnote—one more episode in the tragic, if inevitable, march of Manifest Destiny toward the destruction of a proud and defiant people.

Custer was a bona fide war hero. However, the Custer of 1876 was, in many respects, a far different man from the 23-year-old “boy general” who charged his way to glory during the Civil War. At 36, his receding hairline and walrus moustache gave evidence of the departure of his boyish good looks¹² (Figure 1). He was no longer a Major General commanding an idealistic and dedicated division of volunteers fighting to preserve the Union. Having re-

verted to the rank of lieutenant colonel in the small and poorly disciplined postwar regular Army, Custer was not even the senior officer of the 7th Cavalry. That appointment belonged to desk-bound Colonel Samuel Sturgis.

Given the spectacular circumstances of the destruction of Custer’s regiment, it is easy to forget that it was but one element of a much larger military operation designed to force the so-called “hostiles” onto reservations. There were, in fact, 3 separate Army columns ordered into a vast territory in search of a scattered and elusive human target. From the west came Colonel John Gibbon’s command, from the south came General George Crook’s, and from the east, General Alfred Terry’s column, which included Lieutenant Colonel Custer and 12 companies of the 7th Cavalry.¹³ Unbeknownst to the Army commanders, their opponents had come together in an unprecedented show of unity under the charismatic leadership of Sitting Bull¹⁴; they numbered some 8,000 to 10,000 men, women and children, of whom 1,500 to 2,000 are estimated to have been adult male warriors.¹⁵

On June 21, after a month in the field, Terry’s and Gibbon’s columns met on the banks of the Yellowstone River to finalize their strategy. As they planned their next move, they were unaware that 4 days earlier, a surprise attack by the Lakota and Cheyenne had checked the northward advance of Crook’s column at the Rosebud River.¹⁶ By the morning of June 25, Custer, with 597 soldiers and 50 Indian scouts and civilian auxiliaries, knew that large numbers of Indians were likely to be camped in the valley of the Little Bighorn river. Nevertheless, Custer’s actions then, as later, were characteristically daring and offense-minded. Believing his column had been spotted by outriding war parties, Custer made the fateful decision to risk a daylight attack, lest his enemy escape. In an effort to ensnare the “hostiles,” he divided his command (Figure 2). One company reinforced by details drawn from the others escorted the slow-moving pack train. Captain Frederick Benteen led 3 companies to the south on what would prove to be a fruitless quest for outlying Indian villages. Meanwhile, Major Marcus Reno was ordered to cross the river and attack the Indian encampment,¹⁷ with Custer leading the remaining 5 companies northward – to interdict the anticipated flight of the enemy in response to Reno’s onslaught.

The plan, of course, went dreadfully awry. Benteen found no Indians, and when ordered to return to the scene of action, took his time in doing so. Confronted by hundreds of hostile warriors, Reno’s companies came to a halt, withdrew to a stand of trees, and then stampeded in panic back across the river. Benteen and the pack train soon joined Reno’s survivors atop the bluffs, where together their 7 companies were besieged for the next 2 days. When Terry and Gibbon arrived on June 27, the shaken

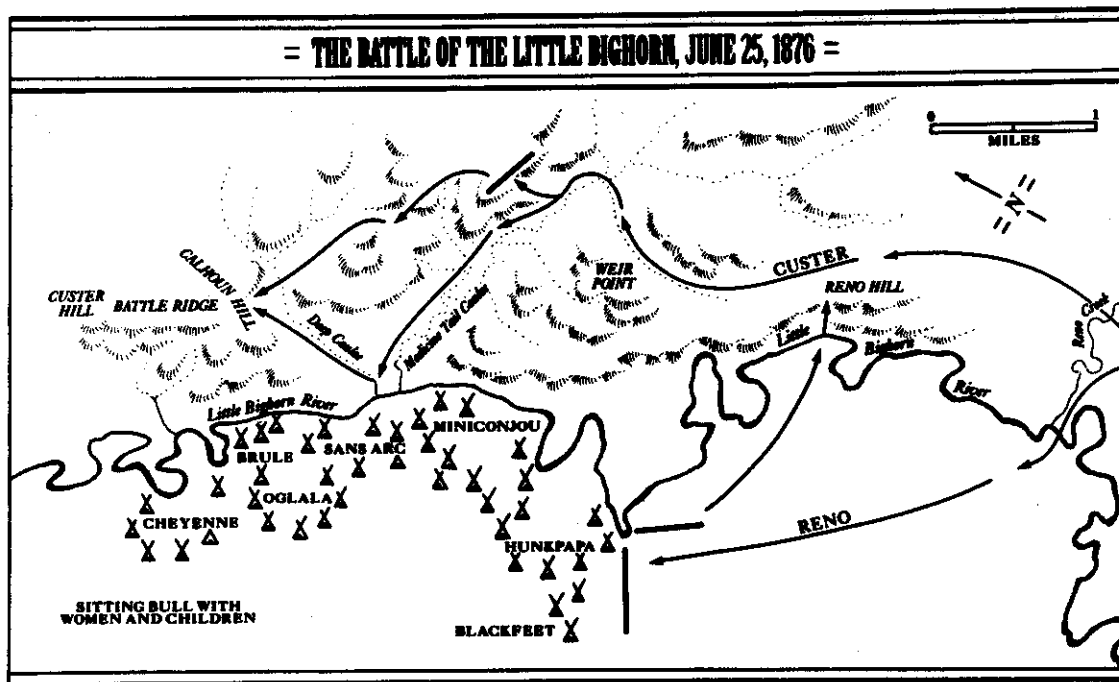


Figure 2. Movements of Custer's forces during the Battle of the Little Bighorn. Recent research indicates that the Cheyenne encampment extended no further north than the mouth of the Medicine Tail Coulee and that only after the battle did the Cheyenne move to the area opposite Custer Hill depicted in this map. (Reproduced from Barnett L. Touched by fire. The life, death, and mythic afterlife of George Armstrong Custer. New York: Henry Holt and Co; 1996. Copyright © 1996 Henry Holt and Co. Used with permission.)

troopers of Benteen and Reno's command learned that Custer and 209 comrades were scattered dead, naked, and mutilated across ridges and ravines little more than 4 miles away.¹⁸

The actual movements and deployments of Custer's detachment during the battle are uncertain. The available evidence indicates that until the last, Custer was on the offensive, brushing aside relatively light initial opposition and pressing northward—away from the other elements of his regiment. However, his doomed companies never made it across the river, because after having checked Reno's advance, the Lakota and Cheyenne were able to concentrate their attack on Custer. Although it took some time for them to mass their forces, in the end, the Indians overran Custer's formation quickly. The bloodiest portion of the fight probably lasted little more than half an hour.¹⁵

Forced to deploy under pressure, Custer's men dismounted and fanned out into skirmish lines.¹⁹ Thrown suddenly on the defensive, and unable to rally his scattered companies into a cohesive perimeter, Custer saw formations collapse and then perish in swirling clouds of dust and smoke. In the final minutes of the battle, he gathered some 40 or 50 troopers behind a barricade of slain horses and battled to the end.²⁰

Custer Myths

Dr. Louise Barnett: Like many of the myths about Custer that surfaced after his death, one that he manufactured the unique persona for which he is remembered is based on a modicum of truth. He once wrote to his wife: "As to my ability to carry out this resolution [to give up gambling], it gives me not a thought, although I have often heard you express the idea that I was incapable of doing it. It was natural perhaps that you should feel so. But you do not know me. I can do almost any thing of my own will except stop breathing, if I so desire it."²¹ Thus, Custer believed he was capable of making himself whatever he set his mind to. In fact, he was able to abstain from alcohol in a military culture saturated with alcohol, and also refrained from smoking and swearing. What is more, in a profession in which long hours of hard riding were taken for granted, his endurance was legendary. However, contrary to the above assertion, he proved incapable of giving up gambling.

Another myth widely accepted as valid during Custer's lifetime concerned "Custer's luck." This one was derogatory, implying that Custer's meteoric rise in the Union army and his impressive Civil War record were attributable to luck rather than ability. Conjoined with this idea was the image of Custer as

a reckless and impulsive commander, dressed in a bizarre uniform, dashing pell-mell into military engagements. Not surprisingly, Custer resented this ascription, protesting that he was constantly analyzing situations and making informed decisions on the battlefield. A careful examination of his Civil War record supports his version.

As for the basis of the myth of "Custer's luck," Custer was lucky to the extent that he was frequently in the right place at the right time during the Civil War. At the very end of the war, for example, he was lucky enough to be given the lead position in Sheridan's army as it approached Appomattox. However, he also made the most of such opportunities: at Appomattox, he took advantage of his position as Sheridan's vanguard to capture Lee's supply train.¹

When he began postwar duty in Kansas, Custer succumbed to the only episode of depression in his career.¹ His naturally sanguine temperament was overwhelmed by the enormity of his change in circumstances. During this difficult period, he deserted his command in search of his wife's reassurance. After this crisis, which culminated in court-martial, Custer struggled to rehabilitate his image. Although opportunities for glory were few in the postwar military, he prevailed over the Indians in numerous clashes on the Plains and approached the battle of the Little Bighorn confident in his prowess as an Indian fighter.

Custer's image of himself as the ideal cavalier lived on after his death, largely because of the 3 best-selling memoirs and countless lectures of his devoted wife. However, negative counter-myths also evolved. One, that Custer was consumed by egotism, grew quite naturally out of the heroic one, acknowledging Custer's successes but attributing them solely to a relentless search for personal glory.²² This myth does not challenge the basic data of Custer's life, it merely interprets them in an unfavorable light. Hollywood produced one of the most virulent versions of this counter-myth in Arthur Penn's 1971 film *Little Big Man*.

The reason why Custer's death generated so many myths lies in the inability of our majority culture—then and to some extent even now—to accept the circumstances under which he died. In 1876, Americans east of the Mississippi regarded Indian fighting as both foreign (occurring as it did thousands of miles to the west) and anachronistic. In fact, most assumed that the few remaining Indians would conveniently disappear, exterminated not by white aggression but by their own inferiority. Given this climate, the defeat of the United States Army by Native American forces shocked the national consciousness as a blow to national pride. It immediately promulgated an array of explanatory myths. It was proposed, for example, that white renegades had aided the Indians, and that Sitting Bull had

attended West Point. There was, of course, no truth to these myths. They were merely attempts to rationalize the defeat of a modern army by a people widely regarded as racially inferior and technologically primitive.

Because none of Custer's personal command survived the Little Bighorn, it will never be known just how his 5 companies conducted themselves during their final hours. Nor can anyone say with certainty how many Indians were involved in the battle. Such uncertainty has led to additional myth-making on both sides of the conflict. Those invested in the glory of the fallen cavalymen have seen Custer's tiny force as overwhelmed by a vast horde of Plains Indians. Such myth-makers have placed numbers of Indian braves as high as 10 to 20 thousand. Present day native Americans are understandably less inclined to characterize the victory as one due simply to superiority in numbers. They have argued for a substantially smaller Indian force and have consistently maintained that that force took few casualties.

The Hegelian dialectic, in which a thesis provokes antithesis, and then both are subsumed in a synthesis, offers the best interpretation of most history. Recent historical accounts of Custer support the value of just such a modulated view. In Custer's case, as with many historical figures, the extremes embodied in the myths and counter-myths about him tell us more about those who created the myths than about the mythicized figure they have tried to explain.

The Bodies and Bones of the 7th Cavalry

P. Willey: The bodies of those of the 7th Cavalry for whom help arrived too late were discovered by members of the relief column 2 days after the battle.²³ Identifications were difficult because of injuries, mutilations, and decomposition, and because few of the deceased were familiar to those who came belatedly to their rescue. Consequently, only half of the bodies, of which Custer's was one, were identified. All were hastily covered with sagebrush or buried in shallow graves. Custer and his brother Tom were buried in the same grave. Although their remains were interred with care, even their grave was only 18 inches deep.²⁴ After these hasty burial measures, the survivors of the battle and members of the relief column left the Little Bighorn to attend to the more immediate concerns of securing proper medical care for the wounded and continuing their pursuit of Sitting Bull and the "hostiles."

In 1877, almost exactly a year after the battle, a military detail that included members of the previous year's burial party returned to the Little Bighorn to complete the burial process. Their orders were to exhume the remains of the officers so that they could be transported to established cemeteries and to properly reinter all others on the field. George

and Tom Custer's grave drew special attention. Using a map drawn the previous year and recollections of those who had participated in the original interments, a grave believed to be that of the Custers was opened. The bones and attached decomposing tissues were transferred to a wooden box. However, clothing of an enlisted man in the bottom of the grave convinced the exhumation detail that its initial effort had identified the wrong grave. After opening a second nearby grave, a member of the exhumation crew remarked "I think we got the right body the second time."²⁵

Even if the exhumation crew did succeed in retrieving Custer's body in its second attempt, contemporary accounts indicate that the set of remains retrieved was incomplete. As the interpreter accompanying the detail observed, "they gathered up nothing substantial [sic.] except one thigh bone and the skull attached to some part of the skeleton trunk. Besides these, the... bodily substance was not enough to fill my hat... I was right there and looking and that was all there was."¹⁹ Whereas the exhumed parts were buried that October in the U.S. Military Academy Post Cemetery with full military honors, it is likely that at least part of Custer's remains—if not all of them—continue to reside on the battlefield.

Conclusion

R. Michael Benitez and Philip A. Mackowiak:

It is easy to dismiss Custer's actions at the Little Bighorn as simple folly if one ignores the many complicating factors considered above—not the least of which concern the psychic determinants of Custer's behavior. The current exercise was not the first to use post hoc psychiatric evaluation to interpret the actions of a prominent historical figure. Freud²⁶ and Erickson²⁷ did so in examinations of the lives of Moses and Martin Luther. To our knowledge, however, this is the first time that both the clinico-pathological conference format and psychological testing-by-proxy have been used for this purpose. Because of the limitations of these techniques, the conclusions reached in the present exercise are necessarily tentative. Nevertheless, the analysis drew heavily upon the writings of Custer himself and the expertise of 3 long-time students of Custer. As such, it represents one of the most comprehensive attempts to date to characterize the psychological profile of this fascinating historical figure.

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