

THE PSYCHOSIS OF ASSOCIATION.

By L. G. M. PAGE, M.R.C.S., L.R.C.P.,

Senior Assistant Medical Officer, Three Counties Hospital, Arlesey, Beds.

(Received June 6, 1942.)

THAT three brothers and their mother should be admitted to a mental hospital on the same day is sufficient cause to be put on record.

The history that led up to their arrival in hospital is as follows: The mother, a ten-parous woman, had seven children living at home. Her husband, a coal miner, married her when she was sixteen, but deserted her three years before the present incident. He was addicted to alcohol. She was said to be a poor manager in the home and the family were heavily in debt (to the extent of £80).

One of the sons (Case B) was at home, out of work on account of the severe weather; he had been one day snow-shifting, but gave up, as he did not like the work.

A second son (Case C), a metal miner, had been at home unemployed on account of the war.

Another of the sons (Case A) returned from work, which he had just given up, complaining that he was made to do all the heavy work (an overhead conveyor) and that he had been overdoing it. He called the family and they sat round the kitchen fire. He played on his guitar and sang, saying he could call up the doctor on it, and in fact the doctor did arrive at the house. Case "B" was much impressed at this phenomenon and at once thought his brother had superhuman powers, so that when "A" that same evening, having placed his music in a chamber utensil and set fire to it, called on him to fetch the fire brigade, as the house was full of smoke, he obediently did so. On the arrival of the fire brigade he could not give a reason for calling them out and stated that a bomb had fallen on the house, and suggested that it was good practice for the newly formed A.F.S. The following day, as they sat round the fire, "A" suggested that to cut down expenses in order to pay their debts they should become nudists and grow their own vegetables, and they also decided to sell the motor cycle owned by "A" and "B"; and the mother, accompanied by "B," went off to the garage to see how much could be obtained on this transaction, but there being no sale for the cycle, "B" returned home disconsolate, leaving his mother to do the shopping with her little girl. These two latter arrived at the house to find the three boys had placed their two guitars, the gramophone, a table and all their clothing on the fire and were running nude around the house, while the kitchen ceiling and bedroom above were on fire. They seized the little girl's coat, put this on the fire and told her to undress, but she burst into tears. They then demanded that their mother should undress and brother "A" struck her when she failed to comply, she retaliating with a blow. Finally, the fire brigade was summoned to put out the fire and the boys were taken to the Public Assistance Institution, where they were certified and taken to Three Counties Hospital. The mother with four younger children went to the Police Station to ask advice and was told to go to the Public Assistance Officer, whereupon she broke down completely and was admitted to the Public Assistance Institution with the children. Here she lost control of herself, stripped and ran into the men's ward, intending to get to her boys. She was with difficulty restrained, certified and sent to the Three Counties Hospital, the younger children remaining at the Infirmary until arrangements were made for them to be cared for by friends.

CASE A.—*On admission.*—Age 22, a general labourer. He had acute confusion of ideas and was excited, garrulous, noisy, restless, struggling and refusing all co-operation, saying he

had split the atom, was charged with electricity and had the power to see through people. Sometimes impulsive and threatening, at other times depressed and weeping. He was acutely hallucinated and destructive. After nine months he became apathetic and three months later stuporose, unable to converse, motionless all day, faulty in habits. He is still under care and unimproved.

Previous history.—He walked and talked at two years of age, and reached standard 6 at school. He became, in turn, an assistant gamekeeper, wood-machinist and motor-driver. Five years previous to the present admission, at the age of 17, he had been in the same hospital for 22 weeks in an acute confusional state, exhibiting, amongst others, catatonic symptoms.

CASE B.—On admission.—A labourer, aged 25. He was very nervous, agitated, apprehensive, excited and persecuted by auditory hallucinations; said his brother did all the thinking for him, also that he himself was a conscientious objector. Two days after admission he thought his brother was teaching him to become a doctor. He later became sullen, impulsive and noisy. He was discharged from hospital recovered after 15 weeks and has remained so to date.

Previous history.—Six months ago, on three or four occasions he had masturbated with his sister, aged eight. He had become completely under the control of his younger brother, who dominated his thoughts and actions. Five weeks out of work owing to weather conditions he worked one day snow-shifting, but gave up as he did not care for the work. The day previous to admission, without adequate reason, he rang the fire alarm bell at his brother's command, as previously mentioned.

CASE C.—On admission.—Aged 29, a metal miner (unemployed). He was elated, exhibiting flighty ideation and at times speech became incoherent. He stated that his brother "A" did all the thinking for him, and that he also had believed that a bomb had fallen on the house, setting fire to it. He was childish and irresponsible in conversation and behaviour, and was not concerned about having been brought to hospital. Two days after admission he recovered his composure, and explained the act of setting fire to the house as the result of his brother and he not wishing to go on "active service."

Previous history.—He walked and talked at 18 months and was said to be a forward child, but left school in standard 4. He had a bright and cheerful disposition. After eight months' unemployment due to wartime conditions he had only resumed work for a few days before the present incident.

CASE D.—On admission.—Mother of the boys, aged 51. She was noisy, excited, refused to cover herself or to answer questions; she was abusive in speech, impulsive, negativistic and resistive. Visions had been present for four days and she said she had heard the voice of God six days previously. At times she was smiling and chattering garrulously of her affairs and children, of whom she was passionately fond, and of how hard she had found housekeeping and the desertion of her husband, about which she would weep bitterly. She said that her husband once gave her three hundred pounds to bank, but she spent one hundred on herself. After three weeks she still failed to realize the seriousness of her position in hospital. She did, however, relate that Case "A" was the ringleader, who had forced his views on the others. He had frequently made remarks to her that caused her to believe he was of sound judgment and reasoning; when he was previously insane he had talked nonsense, hence on this occasion she had been put off her guard and believed him. She was discharged on trial after 12 weeks in hospital and has since remained well.

FAMILY HISTORY.

A psychological study of this family reveals that the paternal grandmother had been certified, described as an exalted person and suffered from melancholia; the father, of Irish descent, was alcoholic, deserted his wife after 32 years of married life, when she was 48. During the Great War he toured the country, avoiding being called up. He was a contractor and made money in South America. The mother was of Welsh extraction, pyknic build, cyclothymic personality and hysterical; she had auditory hallucinations for a few days before her final breakdown, but she kept her imperceptions to herself and said nothing about them to her children. The oldest son was married, lived away from the family and appeared a stable individual; a married sister, subsequent to the events recorded, was admitted to hospital suffering from anxiety neurosis and hysterical symptoms, from which she recovered. The three brothers who became psychotic were well built athletic types, all three had pediculosis pubis when admitted—they were all excited, had widely dilated pupils and were tremulous and extremely apprehensive, exciting each other with their shouts and calls for help. The youngest was 22 (Case "A"), Case "B" was three years and Case "C" seven years older respectively. The youngest members of the family were not seen, but they were said to be unstable while at the Public Assistance Institution; the others, except Case "A," were judged to be cyclothymic types.

In the writer's opinion the diagnosis of Case "A" is katatonic schizophrenia;

the evidence for this conclusion is based on the following: On the first admission he was acutely confused, excited, markedly hallucinated, impulsive, negativistic, resistive, at times threatening or weeping and depressed; he became apathetic, mute, stuporose, degraded in the extreme and finally demented, all of which support the diagnosis of katatonic type of schizophrenia. The rest of the members admitted were examples of manic-depressive psychoses. If catatonia and negativism had not been present during the first breakdown of Case "A," mania was a possible diagnosis, but in manic states the violence and impulsive behaviour are generally purposive, not destructive, and hallucinations are usually poorly marked. The acute illness, as in the illness of Case "A," has generally been supposed to have a better prognosis than those developing insidiously, but as here recorded in the relapse, progressive deterioration was manifest.

DISCUSSION.

Coleman and Last, in citing three instances of *folie à deux*, consider that a number of contingencies must be present at one and the same time, namely:

"1. An inducer (in their case a paraphrenic) holding a delusional scheme which he is anxious to induce. It is essential that he should still be at the resilient stage; that is, he must not have come in for so much hostile criticism as to have resulted in total withdrawal into himself. Again, his delusional system must not be of so personal a nature and inelastic as to present no pragmatic solution for the personal problems of another individual."

In this case the inducer is a katatonic schizophrenic holding a delusional scheme which he is anxious to induce, namely, to solve debt by a nudist state, the growing of vegetables and sale of the motor-cycle. Moreover, he had not as yet come in for much hostile criticism of his ideas to cause him to withdraw into himself, and the scheme he presented was not egoistic, but of benefit to the family.

"2. There must be in close proximity, usually for a number of years, a highly suggestible individual of the hysterical type, capable of taking over the delusion. It is also essential that the ideas which the inducer wishes to propagate should be acceptable to the life-line and wish-fulfillments of the person to be induced. These ideas must represent a pragmatic advantage for him as well."

The family had always been seclusive and to neighbours they were known as the "mysterious family." Each of the induced was of a highly suggestible nature, as was demonstrated in the case of "B" and "C," by the belief that the smoke in the house was the result of enemy action, and later by their statement, when taken into hospital, that their behaviour was due to their fear of being called-up—a suggestion which had been put to them during questioning. Undue suggestibility is further illustrated by the acceptance of nudity and agreeing to burn all unnecessary articles in order to provide fuel for warmth, clothing having been discarded. Although at this time the mother refused to undress, she later demonstrated her suggestibility by assuming the nude state when admitted to hospital. The ideas that the induced accepted were therefore of pragmatic advantage to them as far as they could see.

"3. As has been generally agreed among writers on *folie à deux*, the inducer, in some way or another, must represent authority."

Case "A" was the only male member of the family in employment; also he was a katatonic schizophrenic, exalted, pompous, markedly self-opinionated, resenting criticism and demanding authority, an excellent type to act as inducer.

"4. We have noted, as an empirical fact, that extreme poverty is the ground upon which *folie à deux* flourishes."

This is present, as indicated by unemployment and the debt of eighty pounds, chiefly grocers' bills and insurance premiums. Hartmann and Stengel stress the point, "That the importance of induction to the inducer lies in its being an attempt to keep in touch with the exterior world just at a time when he feels himself threatened with isolation by loss of contact." This circumstance was true here, and Case "A" had heard that a relapse in five years was probable and this preyed on his mind; he was dreading a return to hospital; also, he had failed to keep regularly employed, and gave up exhausted; faced with failure to help ends meet, a liability instead of an asset, the threat of isolation and loss of contact were imminent.

Lasègue and Falret stated some conditions they regarded as essential for the development of *folie à deux*, and two of their points, which have been accepted by most workers, are (a) an active element, who is the more active personality, more intelligent, creates the delusions and gradually impresses them upon the other, and (b) that two patients must have lived together for a long time in complete intimacy and removed from outside influence. In the cases recorded here Case "A" is the active element, but was backward at school and left in standard 6; moreover, he created and impressed the delusions suddenly rather than gradually, though intimate living and lack of outside influence were both present.

J. A. Brussel (1938), besides giving a review of the literature on *folie à deux* since 1900, mentions that in 37 years only 58 case reports have been put on record. He describes two cases of *folie à deux* and points out the state of seclusive life, lack of heterosexual adjustment, limited education and borderland intelligence as factors causing this condition, and in the cases he describes, long residence in a blind asylum. In the three brothers mentioned there is no history of any love affairs, and all were single; also one had masturbated with his young sister.

B. Postle (1940), reported a case with recovery after the death of the active factor or inducer, and it is noteworthy that the induceds in this case recovered.

H. Deutsch records four cases of induced insanity which is, according to Grover, one of the forms of *folie à deux*. Grover mentions the fact that it is by no means always the older person who dominates the scene as inducer, and gives three instances; in the writer's cases it was the youngest of the three brothers who was inducer.

According to Grover (1931), Case "B" is an example of *folie imposée* by definition, because the imposed ideas were dropped on removal of the inducer; this is in agreement with Coleman and Last. Case "B" is a remarkably inferior person and very suggestible, masturbating with a sister aged eight when he was 25; also, he gave up work readily enough, although he had a long time of unemployment.

Cases "A," "B" and "C" complete a picture of *folie à trois*, "B" and "C" recovering after removal from Case "A." Hays reported a case of *folie à trois* in which the induced did not recover after separation. In the writer's cases hereditary factors are marked, but separation resulted in recovery in the induceds. Case "D" admitted hallucinations a few days before entering hospital, so that a picture of *folie à quatre* is not claimed by the writer. Case "B" and "C" illustrate *folie simultanée*; they commence the same delusions simultaneously under the influence of the same factors acting on them both.

Various authors have pointed out the close relationship of hysteria and schizophrenia in *folie à deux*, and the predisposition to homosexuality in those who had not reached the stage of object libido and were more or less fixed in the narcissistic stage of development, an association borne out by the cases recorded in one of the induced.

Gralnick (1942), in reviewing all the reported cases in the English literature, points out the prominence of sister-combinations as almost four to one, also in roughly double the number of cases the inducer is the older person.

He also suggests for the term *folie à deux* the title "The Psychosis of Association," and the present writer is in agreement with him, this being the most satisfactory inclusive title.

My thanks are due to Dr. N. McDiarmid (Medical Superintendent) for encouragement and permission to report these cases.

BIBLIOGRAPHY.

For extensive Bibliography see GRALNICK, A. (1942), "The Psychoses of Association" I and II, *Psychiat. Quart.*, **16**, 230 and 491.

AGADZHANYANTA, K. S. (1903), "Folie à deux and Psychic Infection," *Ohozr. psych. Neurol.* (St. Petersburg), **8**, 757.

D'ALLIONES (1905), "Un Cas de Folie à trois," *Bull. de l'Inst. gen. psych.*, **5**, 94.

AST, F. (1906), "Beitrag zur Kenntniss der induzierten Irresin," *Allg. Ztschr. f. Psychiat.*, **63**, 41.

BAUDOUIN, H., LACASSAGNE, G., MARTIMOR, E., and DEVALLET, J. (1907), "Conjugal Delusional Insanity," *Ann. Méd. Psych.*, **95**, 436.

- BLUME, G. (1930), "Über ein Fall von induzierten Irresin," *Ztschrift. f. d. ges., Neurol. u. Psych.*, **128**, 1.
- BRUSSEL, J. A. (1938), "Folie à deux," *Psychiat. Quart.*, **12**, 331.
- CLERAMBAULT and LAMACHE (1923), "Folie à deux," *Bull. Soc. Clin. Med. Ment.*, **2**, 327.
- CLEMMESSEN, C. (1926), "Induced Psychosis, Folie à deux," *Ugesk. f. læger.*, **92**, 1151.
- COLEMAN, S. M., and LAST, S. L. (1939), "A Study of Folie à deux," *Journ. Ment. Sci.*, **85**, 1212.
- DEUTSCH, H. (1938), "Folie à deux," *Psycho-anal. Quart.*, **7**, 307.
- DROMARD and LEVASSORT (1904), "Un cas de folie à deux avec inferiorité relative de l'organe actif," *Ann. Méd. Psych.*, **20**, 97.
- ETCHEPARA, B. (1910), "Locura comunicado entre dos hermanes," *Rev. Men. Uruguay*, **2**, 1.
- FERTINEAU, J., and PETIT, P. (1935), "Delirium in Four Members of the Same Family," *Ann. Méd. Psych.*, **93**, 787.
- GERTY, F., and HALL, G. (1923), "Folie à trois," *Arch. Neur. and Psych.*, **10**, 436.
- GORANSSON, M. (1911), "Coincident Mental Diseases in Twins," *Hygiea*, **72**, 1025.
- GRACIEUX, P. (1904), "Locura por parejos," *Esc. Med. Mex.*, **19**, 457.
- GROVER, M. M. (1931), "Report of Cases of Folie à deux," *Psychiat. Quart.*, **5**, 307.
- Idem* (1937), "A Study of Cases of Folie à deux," *Amer. Journ. Psychiat.*, **93**, 1045.
- HARTMANN, H., and STENGEL, E. (1931), "Zur Psychologie des induzierten Irresin," *Arch. f. Psychiat.*, **95**, 884.
- HEUYER, et al. (1935), "Delirium in Five Members of the Same Family," *Ann. Méd. Psychol.*, **93**, 294.
- HEUYER et LONGUET (1936), "Folie à deux in Twins," *ibid.*, **94**, 320.
- HEUYER and DURAND, C. (1936), "Peculiar Form of Folie à deux in Parkinsonian and Mother," *ibid.*, **94**, 416.
- HOFFMAN, L. (1903), "Ein Fall von induzierten Irresin," *Allg. Ztschr. f. Psychiat.*, **60**.
- JANSKY, J. (1904), "Folie à deux," *Shorn. klin. praz.*, **6**, 28.
- KALMUS, O. (1902), "Ehescheidung bei induzierten Irresin," *Arch. f. Psych.*, **32**.
- KOLPIN, R. (1902), "Beitrag zur Kenntniss der Induzierten Irresin," *ibid.*, **32**.
- LAIGNEL-LAVASTINE, L., et BENDIT (1940), "Un cas de 'delire à deux' chez deux soeurs jumelles," *Soc. Méd. Psychol.*, **15**, 98.
- LASÈGUE, C., and FALRET, J. (1877), "La folie à deux ou folie communiquée," *Ann. Méd. Psych.*, **18**, 321.
- LEIBOWITZ, S. (1910), "Zur Frage der induzierten Irresin," *Arch. f. Psych.*, **47**.
- LOPEZ, ALBO W. (1910), "Folie à deux," *Arch. de Neurobiol.*, **15**, 1.
- LUCENA, J. (1940), "Una pequena epidemia mental em Pernambuco," *Neurobiologia*, **3**, No. 1.
- MARENDON DE MONTYEL, E. (1881), "Contribution à l'étude de folie à deux," *Ann. Méd. Psych.*, **5**, 28.
- Ibid.* (1894), "Des conditions de la contagion mentale morbide," *ibid.*, **7**, 266 and 467.
- MINOVICI, M. (1929), "Cas de folie communiquée," *Ann. de Men. Leg.*, **9**, 459.
- PEREZZI, V. (1932), "Mystic Delirium à quatre," *Arch. gen. d. neurol. psych. and psychoanal.*, **13**, 247.
- PETREN, A. (1927), "Ett fall av inducerad psych.," *Svenska lak. handl.*, **53**, 125.
- PINERO, H. M. (1936), "Familial Psychosis," *Psiqu. y. Crimin.*, **1**, 45.
- POSTLE, B. (1940), "Folie à deux," *Arch. Neur. Psych.*, **43**, 372.
- RICHTENSHAIN, V. (1933), "Conjugal Paranoia in Couples Married Two Years," *Psych. Neur. Woch.*, **35**, 307.
- RIETI, E. (1930), "Induced Conjugal Insanity," *Giorn. di psich.*, **58**, 241.
- SCHOENHALZ, F. (1933), "Ueber einige falle von induzierten Irresin," *Monatsschr. f. Psych. Neurol.*, **30**.
- SEGLAS, I., and CELLIER, R. (1920), "Deux soeurs internées simultanément," *Bull. Soc. Clin. de Med. Ment.*, **8**, 89.
- SEMON, T., and ROUART, J. (1933), "Delusions of Persecution Appearing Simultaneously in Blind Couple," *Ann. Méd. Psych.*, **91**, 597.
- SKAREK, O. V. (1904), "Gleichzeitiges Auftreten einer geistigen Erkrankung bei drei geschwister," *Allg. Ztschr. f. Psychiat.*, **61**.
- WITTE, J. (1903), "Ein Fall von induzierten Irresin," *Allg. Ztschr. f. Psychiat.*, **60**.