

A Comparative Study of a Non-Blood Related and a Blood Related Case of *Folie à Deux*

H. C. KRAMER, M.D.

New York

No other form of psychotic condition gives us more thought for consideration than cases of *folie à deux*, or, to use the English term, the psychosis of association. There have been numerous studies of combinations published in the psychiatric literature of non-blood and blood related inducers and acceptors whose manifestations and symptoms, behavior, and attitude were astonishingly similar in spite of a different inheritance, constitution, and disposition. Studies of non-blood related combinations of this particular kind of psychosis are of special interest, for they seem to contradict the theory of inheritance of functional psychoses. If inheritance were the controlling factor it would scarcely explain why any psychosis of association should be induced or communicated to one or more persons of different inheritance. Of 118 cases published up to 1942, 83 or 70% involved blood related individuals, whereas 35 or 30% occurred in non-blood related combinations. Of 92 cases diagnosed 85 or 92% were classified as functional psychoses; of these 68 or 80% were said to be dementia praecox, paranoid type or paranoid condition, 17 or 20% manic depressive psychoses, depressive or manic type, and only 7 cases or about 7.5% were diagnosed as mixed type or other than functional psychoses.

James A Brussels (1) in looking for an explanation of this strange phenomenon, felt that the answer lies in the concept of constitutional approach. "If not in both, then at least in the second individual there must be an inherent, innate receptivity to a psychosis that he either accepts by his own observations or his colleague's mental behavior and pattern, or by association, or actual suggestion, that finds root in his inborn willingness to receive the suggested or observed pattern." It is difficult to believe that such a complex behavior reaction as suggesti-

bility should be an inherent or inborn trait. The author puts the stress upon the inherent and innate receptivity and the inborn willingness of the acceptor; the fact that the sole act of separation of the submissive person from the inducer frequently is followed by a complete or incomplete disappearance of the acceptor's reaction seems to speak against this conception.

A more vital and dynamic aspect of cases of *folie à deux*, on the other hand, seems to reveal that the process of conditioning plays an important role in bringing about cases of communicative psychosis. The process of conditioning which we knowingly and unknowingly use in our educational systems involves "the mechanism of attaching a response to a new stimulus, one originally not effective in eliciting it." This concept would also explain why, in some cases, separation helps to interrupt the mechanism while in other cases it does not.

Henderson and Gillespie (2) claim that "suggestibility plays a part, among other factors, in the genesis of communicated insanity," and they add that "suggestibility is very much influenced by the relation of the patient to the person making the suggestion." This seems to be true also of all cases of psychosis of association which, according to many reports, arise mostly in individuals linked by close emotional contact. Even in the blood-linked combinations blood relation does not seem to play so great a role in the development of the psychosis as the interpersonal relationship of the individuals involved. In this respect it may be noteworthy that among 118 cases which were published up to 1942 and listed by Alexander Gralnick (3), there were only 8 or 6.8% twin combinations mentioned, 5 twin sisters and 3 twin brothers, which means that the closest blood relationship, namely that of twins, ranges very low in the incidence of psychosis of association.

The interpersonal relationship of the involved patients is usually loaded with emotional strivings where, rightly or wrongly, the individuals felt frustrated. They meet in their common desire to compensate their feelings of defeat. The common ground on which the psychosis of association thrives is the patients' inability to overcome real or imagined shortcomings in a more constructive way chiefly because of an inadequate conditioning process which we may call educational training.

The term "influenced psychosis" which Gordon (4) uses points to a certain potency or control which the inducer exerts over the acceptor, an influence which, we will observe in the case histories, is rather

emotionally tainted, and which is as significant in non-blood related as in blood related combinations. Braude (5) defines *folie à deux* as "a mental disturbance of two individuals existing simultaneously as the result of the 'influence' of one over the other, which is of labile susceptibility, from living in continuous, close and secluded intimacy." This is precisely what we find as the predominant characteristic of the two cases of non-blood related and blood related combinations to be presented.

Case No. 1—Non-Blood Related

Both inducer L. and acceptor R. are women who met six years before the outbreak of the psychosis and lived together in a small apartment during all this time. They kept to themselves and, except for their work, went out infrequently. Gradually both became more and more withdrawn; but whereas L. worked only off and on, the acceptor R. kept up her position for many years until she, too, started to change jobs quite frequently. She admitted that lately she had to make great efforts to continue working and that her mind often became foggy, so that it was very hard for her to keep on working. Yet she was aware that she had to earn a living for both of them as she had done during the first years of their being together, because L. devoted all her time to poetry and "was too shy to look for a job."

The inducer, L., is the younger one who from the time of her adolescence tried to attain a higher education and greater recognition. She was described as very ambitious, a good student who liked to read poetry, and wanted to become a poet or an author. During the six years she lived with R., she only occasionally earned her own living. The two girls lived most of the time on the money which R. brought home. "It was just enough to keep us going but we could not spend much on fun, clothing and so on." When the strange fact that she alone had to provide money for their common living was called to her attention, the acceptor did not seem to mind, but found it quite natural because "L. was much better educated than I and more intelligent; I taught her to cook which she did better than I in some respects although I have a talent for cooking." R. the acceptor revealed her submission to the inducer L. with the first words she spoke: "L. is much better educated than I am, she is a fine worker, alert and systematic; she is far more intelligent than her sisters and brothers." To

a physician who saw L. a few times R. remarked that "L. is a very fine and sensitive person, interested in higher things, and work proved distasteful to her." It seemed that R. had accepted L. as the intellectual leader from the first moment they met and that L. had established this leadership firmly by "her interest in the higher things of life." We will not err if we assume that R. felt inadequate in this respect.

The two girls were of non-blood relationship. They had met when L. came to New York after having broken her engagement to a boy in her home town in the Middle West. In fact it was the boy who seemed to have jilted her after some unsuccessful attempts to establish sexual intercourse.

Like her friend, R. also had failed to adjust herself to a heterosexual relationship. She had given up her boy friend of six years standing a short time before she met L. She had had love affairs with three men. The first, whom she liked most, was married, and she insists that she had no sexual relations with him. The second, with whom she had sexual intercourse for a time, she did not like. The third, whom at the beginning she had considered marrying, she gave up at the end of six years after "realizing that he was not trustworthy and that he was worthless anyway."

The two girls met accidentally, and it seems that their unlucky attempts in the heterosexual sphere brought them together at first. Soon L. retired from work and R. became the provider. A year later after discarding all their mutual friends they started to have homosexual relations together.

The inducer L. is a woman in the middle thirties, and the acceptor R. in her late forties. In this case the first one affected was the younger one, L., and she obviously is the domineering type. It was R., the older one, who wooed L. continuously for her affection. R. told about another girl who seemed to have stepped into their relationship and who was more forward with L., after she had taken a liking to her. "I became terribly jealous of this intruder and I told L. that she could not love both of us, for I feared she would get into sexual relations with this other girl." L. did not seem to mind her friend's jealousy and, at first, did not want to give up the other girl either. Yet her delusions, which started at the crossroad of decisions, forced her back into the protecting arms of R.

"Homosexuality played only a small part in our relationship," R. claimed, "and we both were heterosexual before we met. I never had

any homosexual relations with another woman and I do not think that L. took it up with this other girl who interfered for a short time with our friendship. So she told me at least."

L. and R. had separate bedrooms and usually slept apart, but their sexual relations continued during four of the six years they lived together. "It brought us the same kind of satisfaction we encountered in our heterosexual relations." This does not seem true when we consider that L.'s first delusions were centered around voices from the underground which told her that she was "too close to R." The latter, after having accepted her friend's delusions, heard people passing remarks such as, "One day it's going to break up," and she was sure that this referred to her close friendship with L. She also stated that "the underground wanted me to leave L. and L. told me that they ordered her to leave me."

The writer does not think that homosexuality plays so large a part in psychosis of association as psychoanalysts believe, agreeing, rather, with Horney's (6) statement that "it is an evidence of an already distorted personality structure, accompanied by dependence upon others for affection." This observation suits the case of L. and R. as well as it does that of the blood related combination presented in this paper. The two women, L. and R., had already experienced disappointment in their heterosexual relations. Both were individuals striving for affection which seemed to them the most reliable sign of the approval and acceptance of others. Both imagined they found in their homosexual relations an adequate substitute for heterosexual relations, love, and affection, and this substitution fitted well into their tendency to withdraw.

In this case as in other cases of *folie à deux* it is of special interest to study the prepsychotic personalities of the involved persons. L. is the oldest of six siblings. She revealed that her father used to beat her terribly for "small crimes" when she was two or three years old and that she used to throw herself on the floor and scream. Sometimes he would lock her in the basement and she would kick on the door and scream. The mother had to intercede frequently. Later on the father lost his position in the family and did not have much to say and the oldest son became the headman in the family. The father was described as very skillful and efficient in his trade; he usually kept to himself, and had stopped talking to his family many years ago. The oldest brother was described as a quick-tempered, brutal and rude

man, who was the mother's favorite, and who made L.'s life miserable and unbearable at home. The mother apparently was not very motherly and was said to have been "dumb, stubborn, unwilling to learn, a very poor cook and housekeeper. Consequently our home always looked ugly and sloppy." It was the mother who opposed L.'s attending high school as the latter had planned. It took much arguing and crying on the part of L. before she got her mother's permission to continue with her high school studies. She was a very good student and after graduating from high school she desired to go to college. Her mother, however, got her a job in a laundry where L. acquired ear trouble from the intense heat. During this time there was continual fighting and arguing between L. and her mother, until the former took things into her own hands and succeeded in attending college. She went to three different colleges in three years. She left the first for unknown reasons, the second because she was opposed to race discrimination, and the third, where she worked while finishing her junior year, because she was over twenty-three and no jobs were available for students of this age. She went home to work and to save money in order to finish college. She was short of one hundred and twenty-five dollars necessary for her college funds and asked a wealthy uncle to lend her the money, but he refused. At about the same time she broke her engagement. This emotional loss and the unbearable situation in her home made her decide to leave her home town and go to New York where she arrived almost without funds. She soon met R. who invited her to share her apartment.

Her younger brother, to whom she seemed closest, described her as very ambitious, a very good student who read a great deal, especially poetry, but a shy person who kept to herself and seldom had dates or close friends. The acceptor R. found her sweet and lovable, harmonious and charming, and an inspiring companion—shy, very sensitive, and stubborn at times, with a deep inferiority complex. We cannot help but observe that L. the inducer had some characteristic traits which we frequently find in pre-schizophrenic personalities. It seems obvious that early childhood experiences have much to do with molding the individual's pattern of life, as Alfred Adler has pointed out frequently. In the case of L., through her early childhood memories we are able to trace her individual pattern in its striving to surpass her family in education and profession.

R. was born in the northern part of Europe. She was one of

eight, the second youngest child and the youngest sister. Since all her sisters were much older than she, R. "grew up with the boys" and became more lively and active than her other siblings. She was brought up rather strictly by her mother whose authority was greater than that of her father. Again it was the mother who ran the family, whereas "the father did not have much to say." The mother kept everything together after the father's early death. In her youth R. was very much interested in mystery stories and did not read much poetry or other literary works.

R. was not a good student and quit college in her second year to become a gym teacher. She maintains that she never had relations with men until she came to the United States when she was in her early thirties. She kept in contact with her family, whom she visited twice, but returned to the United States because she "had become accustomed to the freedom here." She stayed in one position for many years and claimed that she was liked by everybody. After terminating the affair with the boy whom she had planned to marry, she felt somewhat lonesome, and a short time later she met L.

In spite of her short hair, and her rather brusque appearance, R. is much more emotional than L., who "always tried to repress her feelings." R., too, is self-conscious and shy but less sensitive and less ambitious than L. She shows signs of an indecisive attitude and seems to have difficulty in making up her mind. She is definitely the submissive type and acceded to L.'s wishes and demands rather than lose her. She was extremely jealous of L. and when she suspected the latter of having some kind of a love affair with another girl she "got very mad and could have shot her [the intruder] and thought nothing of it. Finally I bawled hell out of her and she quit. I am terribly fond of L. and I replace her family. I resent their attitude toward her because they do not show enough interest in her although she surpasses her family in every respect."

In this case, as in many cases of psychosis of association, the delusions reveal persecutory trends. Here, too, was "a potent reason for causing dissatisfaction with reality," both in the inducer and the acceptor, a factor which Coleman (10) pointed out as "the ground upon which *folie à deux* flourishes." L. had set her heart on becoming a poet or an author, a goal seemingly too high for an individual with so poor a start in life, and with the low vitality and capacities she revealed. For months and years she sat at home reading poetry or day-dream-

ing. She did not study or prepare herself for her "higher goals," which were apparently set up as an unconstructive compensation for the feelings of frustration she had suffered all her life. Just before the outbreak of her psychotic condition she confided to R. that she was "close to having a novel ready to be written" but that she dreaded "to write it down." She felt physically sick when she had to look for a job; usually she put it off from day to day, and did not mind living on the little money R. brought home. The latter seemed to support her in her desire to stay at home and read poetry rather than to encourage her to find work. It seemed that R. clung to L., as a woman in the declining side of life may cling to a young lover, or as a mother clings to her child, because she wanted L. for herself and for herself only. She did not want even to share her with a job. Their withdrawal, therefore, soon became complete, and, using R.'s own words, "we were happy together for four years. Then L. after working for a short time in a defense plant made some cryptic remark one day and seemed to puzzle over things. She told about sabotage in her plant and of an underground whose members wanted her to join but forbade her to talk to me about it. At first I did not show much interest and thought these were real events going on in the plant where L. worked. I did not believe that an underground existed, and considered it a local affair in this particular defense plant."

It was at this time that a girl co-worker of L. took a liking to her. R. told about the wooing for L.'s favor: "I asked her if she wanted a change of atmosphere, and told her emphatically that she must feel free to go her own way. But this is my terrible weakness that I can't bear to see things disintegrate. The other girl talked a lot about the "higher things of life" and since she worked opposite L., she pestered her continually until L. could not stand it any longer. She became more and more discouraged and told me that she expected to be spirited away, and she explained to me what I had to do in this case. This made me very nervous and scared. She also started to talk about necking parties and about the underground and said that they were willing to tolerate me but they demanded unconditional surrender and cooperation in solving their riddles. They also warned L. that we were too close friends and, for this reason, one year before her admission to the hospital, our physical relationship practically discontinued."

They moved to another apartment. Very soon they were convinced that people went into their apartment during their absence.

Letters disappeared, matches were found on different places, the toilet was flushed all over the bathroom; the landlord walked in one day without knocking, and they "saw him loading and unloading his car very guiltily at the back of the house in the middle of the night." They searched the apartment from top to bottom but could not find anything. They changed the lock on the door, but strange happenings continued. "L. got half off her mind. Life became fantastic and intolerable for me, too. L. suspected me of being a member of the underground. At first I could talk her out of it, but her suspicions kept coming back. I had held a job for seven years, and another for six years. I quit the latter and took a job in a defense plant. It proved to be a hornet's nest. I couldn't help noticing the mumbling going on around me. I could hear only every second or third word, but they were intended to scare me. They also passed remarks about my looks, my hair, my voice, my clothes."

At that time L. already seems to have hallucinated actively. She insisted that there was a wire connected with the radiator to pick up every word they said. It went so far that R. only dared to whisper when she got near the radiator. L. was already completely out of contact, had to quit her job, became irritable, extremely suspicious, and mute. She lost weight because "the underground had forbidden her to eat."

R. developed clear-cut ideas of reference and felt that some color combinations of their clothes, their furniture, their meals, the garbage can, including the garbage, were of significance in the plot of the underground. "Off and on I met my own underground in the shops, the railroad station, the buses, and that was why I understood L. so well. She became thin and looked so miserable that I had to take her to a physician who called for the ambulance and sent her to a mental hospital. I myself did not feel much better. I needed much effort to do my work. My mind seemed like in a fog. Yet after about six to eight weeks of separation from L. my health seemed to improve. I slept better, I ate better and what amazed me most, I did not hear the remarks passing about me and I did not see much of the underground. I got myself to visit all these places where I was sure I had met them, heard them, but this time I could not hear anything and I came to the conclusion that these remarks must have been imaginations of mine and that the voices of the underground were delusions which I must have picked up through L. It puzzles me because all this sounded so

real to me, and yet I can't hear them any more. Nothing could have been more real than these voices which I heard a few months after L. was continually talking of them. Now I know that I was completely fooled and that they were only in my head."

R. was never hospitalized, but she was considered by the psychiatrist who saw her and L. as "a part of a *folie à deux*." As to the classification of this case we may call it an imposed psychosis of association because of the complete disappearance of the delusions in the acceptor after a few weeks of separation from the inducer.

/ / /

The second case is that of a blood related inducer and acceptor. In its etiological aspects, in the conditioning process and the mechanism involved, this case resembles the one of non-blood related combination presented above. The case is that of a mother-son relationship which, because of a physically handicapped acceptor, grew far beyond the usual proportions of mother-son affinity. Just as in the first case, the inducer and the acceptor developed reaction modes which made them incapable of coping with the challenge of life's demands. The feelings of insecurity arising from a continuous unsettled family situation, an inadequate sex adaptation, and a thwarted and distorted mother fixation, drove the inducer into delusional misinterpretations. Physical handicap, a unique family situation, and a complete lack of adjustment to constructive activity were the conditioning factors which helped to form the acceptor's odd personality. Here as in the first case, interdependence and close living together with the exclusion of any link to the outside world, were decisive in the development of the psychosis of association.

Case No. 2—Blood Related

Inducer and acceptor were mother and son who lived alone and in close contact for about twelve years. The mother was separated from her husband after her third son was drowned at the age of twenty-one. A few years before this accident she had lost another son, her baby, in his early youth. The acceptor remained with her after two older sons had left home to live independently. It was he who became the baby,

after the death of his youngest brother. He was closer to his mother than all the other boys, not only because of this unique family situation, but also because he had been severely crippled by paralysis in his right arm at the age of two. Although physically he had developed slowly, he became mentally fairly alert and even shrewd. The mother found an emotional outlet in babying him and caring for him after the misfortune of losing her two sons, and the marital calamity with her husband.

In this case the inducer was the older one, the mother. She must always have been an overambitious woman. She was anxious to have her sons go to college in spite of the poor financial condition of the family. She herself came from East-European parents who were deprived of the benefit of riches, social and educational background. She was illiterate and spoke English poorly, but was able to make herself understood fairly well in German. It goes without saying that this mother ran the family, deprived as she was of her husband's support and aid in bringing up her sons. She was the headman of the family, their financial support, their spiritual guide. Her ambition incited her sons to strive for a college education. It was one of her serious grievances that her crippled son did not finish high school. It is obvious that her leadership was firmly established in her family, a fact which is best mirrored in the words of the acceptor: "You should ask my mother,—she is smarter than I and I believe in whatever she tells me."

As already stated, in addition to being blood related, stronger ties drew them together even more closely. The acceptor remained with his mother as the only member of their family. At the age of two, poliomyelitis had caused paralysis and underdevelopment of his right arm, leaving him a cripple, dependent upon the support and care of his mother. It was said that he developed more slowly than other youngsters of his age, but it is not quite clear whether this was due to his physical handicap or to his mother's overprotective and overindulgent attitude toward him. The son and brother, respectively, of these two patients, who seems to have a more realistic point of view, stated that "my mother made a baby of him, and he wanted to remain her baby even when grown up."

The mother became more and more estranged from her husband, "because I was too worked up and grieved by the death of two children and was of no use to him any more." She poured her emotions

upon her only son who remained with her "after death, life and lust had taken away my husband and all my other sons." Mother and son slept together in one room for many years, and although they had separate beds they kept them close together because often during the night the mother heard the "warning signals" of her former husband telling her that imminent danger was threatening her crippled son. Then she used to wake him up and hide him underneath the bed, anxiously listening to every noise which she misinterpreted as the footsteps of a gang to kidnap her son. Both the acceptor and the inducer claimed that they could not live without each other. The mother insisted that "he was as if tied to me; he could not get along without me; the first car would have killed him if I had let him in the street alone." Her son maintained that he left his job as a bus boy, which he held for a short time, "because I had to be near my mother who suffers from high blood pressure and may die any moment when I am not around."

The inducer in this case is a woman who is in the latter part of her sixties. She looks younger than her chronological age and still reveals traces of a former attractiveness. She was more mother than wife, and in her devotion to her children and in her arduous striving for a better future for them she did not realize that she had lost the affection of her husband. "He has broken my heart and my life, not because he went around with other women, but because he spent the money I saved for my sons' education with these other women." She was said to have been highly emotional always and during change of life suffered from hypertension.

The inducer, at twenty-one, had married the man her father chose for her. She stated that her married life would have been all right if she had given in to her husband's demands. She insisted that the separation was all her fault, because "I was too crazy a mother." Only one of her sons is married and even in his case she was vigorously opposed to his choice. Her daughter-in-law had a simple background, and "I wanted him to marry a well educated girl because I was always deeply ashamed that I myself never got an adequate education." Her whole interest was centered around her sons and in particular around her crippled son who became a gratifying object of her distorted mother love. He met her half way in his desire to escape the unattractive task of competition. He never went out with a girl, and when asked why, he simply showed his crippled arm. "I was

always near my mother and she was always near me. She told me not to go out of the house alone, that I was to go with her wherever she went, so I obeyed her." In this case the mother succeeded in tying her son closely to her for reasons of self-satisfaction.

The acceptor is a physically handicapped man in his late thirties. He looks younger than his chronological age, immature, and somewhat feminine. His behavior is silly, at times; he stammers and he talks and acts so that he seems to be more childish than he really is, since he has the mentality of an average adult and is able to work quite efficiently. He writes with his left hand, and his writing offers no signs of constraint or inefficiency. Separated from his mother for the first time in his life, he gets along well and is able to adjust himself to his surroundings.

In this case, as in the first case presented, it is worth while to study the pre-psychotic personalities of the persons involved. Mrs. M. was born in a small town in East Europe as one of five. She was the baby of the family and, at her birth, her mother was forty-three years old. A late and unexpected newcomer to the family, her sisters already grown up, she was brought up practically as an only child. "My mother carried me in her arms even when I was four or five years old. She was extremely apprehensive and spoiled me a great deal. At this time we were poor people. Nevertheless, I was always under the care of a maid when my mother could not be near me. I did not have any playmates and did not go to school, because only children of home-owning parents could do so.

"At the age of fifteen I went with my parents to Germany. My father was better off and wanted me to have a proper education. In Germany children are supposed to go to school only until the age of fourteen, and therefore I could not attend school any more. I learned to speak German fairly well but I was always ashamed of the lack of education I got and did everything in my power to give my children as much education as possible.

"I married at the age of twenty-one and I went with my husband to the United States. When my baby son died I tried to pull myself out for the sake of my other children, although his death was a terrible blow to me. When my second youngest son became crippled I devoted all my time and care to him, but the most terrible shock was when my third son was drowned at the age of twenty-one, a short time before his college graduation. From this time on my married life deteri-

orated. My husband and I accused each other of causing my son's death."

They separated and the husband lived with other women and became a gambler; it was the mother who had to provide a living for herself and her crippled son. One of her older sons states, "She who used to run the family, husband and sons, was left alone; the only one remaining with her was her crippled boy. She took over every bit of responsibility, she fed him, washed him, bathed him, dressed and undressed him although he was quite able to do this himself. She was always a very active person and it is too bad that he remained the only object for her activity."

She was described as very ambitious, hyperemotional, worrisome, and apprehensive. She was the headman in the family and "we all yielded to her will. It is clear that the crippled boy who was so poorly prepared for life and who was continually subjected to her will, succumbed at last even to her delusions."

The acceptor, who was born in the United States, was more shielded than his brothers by his mother, who, after the loss of her youngest son became even more indulgent, protective and apprehensive. His slower development may not have been entirely because of his physical handicap but also because of his mother's overprotectiveness. The brother stated, "She did not let him from her side one moment; where she went he went along with her and he never was allowed to go out by himself." It goes without saying that a handicapped child must become even more handicapped by such inadequate training. The mother was very hurt when the teachers advised her to take him out of high school in his sophomore year. It seems his difficulty was not mental incapability so much as inability to meet the problems of adolescence. His mother reported that "he always became shaky when a girl was around" and that he was "most afraid of his male classmates." At the age of nineteen he had to undergo several plastic surgery operations in order to make his right arm more useful. He is said to have become more nervous at that time and his mother maintained that he started to stammer afterwards. She reproached herself for having permitted the operations, and some of her paranoid ideas are centered around the doctor who operated on the boy.

The death of one son and the lack of improvement of her other son seemed to have preyed on her mind. She withdrew more and more, devoting herself exclusively to her handicapped son. She kept

him tied to her and he remained close to her, more as a protection against life's trying situations than because of his physical handicap. They lived in small apartments; the mother took care of everything while the son sat reading and studying odd books. As a result he is fairly well oriented in some fields although he at times displays emotional immaturity, poor adjustment, and a deep rooted feeling of inadequacy. He was exposed more than his brothers to the continual arguments and marital strife of his parents and "he was deeply hurt by his father's jilting his mother because of other women."

In this case, too, the delusions are of a paranoid trend. "It all started about twelve years ago," one of the older sons reported, "when one day my mother found the book of her and her husband's common savings account with a credit of a few hundred dollars. She fled with my crippled brother in an hour of despondency over my father's escapades. She went to the West Coast to join my oldest brother, who, however, was unable to keep them and sent them back. On the way East my mother developed the idea that my father had notified the police about her taking the common account book. She interrupted her journey in small cities to hide herself and her son when she imagined the police were tracing her. For similar reasons she moved in New York from apartment to apartment. She and her son admit that they were extremely afraid of their husband and father.

The latter died at the end of 1939 and about three months later Mrs. M. told her crippled son that several times she had seen something small and black passing her, around midnight, when she was unable to fall asleep. "My mother swore that she had seen the soul of my father—that was what she figured out it was—several times flying in the kitchen over her head. She told me that the souls of dead people have the greatest power at night, and it is for this reason that my father's soul is more active at this particular time. She also saw it several times flying through the transom of the door. Later on my mother was attracted by a loud noise in the middle of the night and she told me about it. First I found it hard to understand the reason for my father's soul visiting us in the middle of the night. Later on I read in an old Jewish book that the souls of people who had sinned during life had to wander because they could not find a resting place. Later I, also, saw the soul of my father once, and I heard him making a noise several times during the night. I called this noise a "warning signal" because whenever there was some danger in store for us, we

could hear these "warning signals" during the night. If the danger was meant to me, I could hear it; if to my mother the noise would be nearer her bed. Then we would take our clothes and go out in the street, or to my brother, who would allow us to stay in his store until we could return to our apartment the next morning. We had to move nearly every week because of the threats and danger which surrounded us. I am very thankful to my father, because my mother told me if he had not made these 'warning signals' for the past five years, my mother and I would be killed long ago."

In addition to hallucinations, first the mother, and later the son developed ideas of reference. They felt that people laughed at them, called them crazy and "persecuted them because they were Jews." They misinterpreted every noise outside their door imagining it meant trouble for them. Once the mother said she had read in a newspaper that babies were sold to foster parents for five thousand dollars. Since then she was haunted by fear that gangs of boys in the neighborhood would kidnap her crippled son in order to sell him. She heard them knocking at the door of their apartment and would hide the son underneath the bed. "At one place where my mother and I lived there were Spanish people who had been ordered by the landlord to do harm to my mother and me. This they did by knocking or clapping at the door. We were afraid to open the door or to go outside. They first intended to harm me, but when they saw that my mother protected me they wanted to get rid of her first."

Separated from him apparently for the first time when they both were taken to the hospital, she insisted that he was dead, poisoned by the doctors of the admission hospital. Not even a post card from him could convince her that he was still alive, and only when she saw him several times through the window would she admit that "the doctors here made him live again." Since their admission to the hospital they both claim that the "warning signals" have stopped entirely and they explain the cessation with the words of Mrs. M., "Here we are protected and the soul of my husband knows that no harm will come to my son or me as long as we are in this place." The mother still harbors paranoid ideas, is extremely fearful, agitated and emotional; the son, although insistent that what he has seen and heard was the soul of his father, has not developed further paranoid ideas.

In classifying this case we may call it communicated psychosis with contagious delusional ideas which were further developed by the

acceptor. Although the latter did not hear the "warning signals" after his separation from the inducer, he maintained his belief in and his strong attachment to his mother.

✓ ✓ ✓

A comparison between a non-blood related and a blood related case of psychosis of association reveals that inheritance, disposition, or innate receptivity cannot be factors in the development of the acceptor's psychotic condition. Bleuler (7) in extending his view of induced insanity to the "individual followers of a prophet" maintains that "the followers will be declared insane only in the worst cases, although usually none of them can be considered responsible or capable of action in matters connected with the induced view." Followers join their prophet because of a strong emotional tie which usually is devoid of logic and consideration. The common factor which binds them together is mostly disappointment because of a discrepancy between an ideal goal and achievement, or feelings of frustration and insecurity. It is of no importance if these feelings are well founded or imaginative. What counts is the attitude of the follower of a prophet or the acceptor of a delusional idea. The attitude is determined to a great extent by the response to the impressions which the individual accepted in his formative years of development.

It is amazing, when we follow the case histories of acceptors in combinations of induced insanity, to find that they are real "followers," which means, emotionally immature, unstable individuals, unable to maintain their psychic equilibrium without adhering to someone or something. We call them submissive types, suggestible, susceptible, and describe with these terms their lack of self-confidence, self-determination, and decisiveness. But these are not inherent trends; these are tendencies acquired by the conditioning process of their bringing up. Their dependency upon an inducer is always very marked, and it is important to point to the fact that this dependency is not bound to age, sex, descent, race, or blood relationship.

It goes without saying that this craving for dependency usually meets a similar desire of the inducer, and that interdependency plays a role in any case of psychosis of association. The interdependency seems to be more marked in the second case. Yet the greater intensity

does not seem due to family bonds (the mother had four other sons of which two are still living) but rather to the emotional bond which develops between the involved individuals. It is noteworthy that the son's dependency upon his mother did not actually grow out of his physical handicap, since he could do very well without her help, but rather from his feelings of incompetency which he acquired through ill training and an unwholesome family relationship. He accepted her delusions because they fitted well with his tendency to withdraw from competition and responsibility. When he was asked how he occupied himself during the whole day he asserted that "I was reading and studying books in which I was interested." This activity, which kept him constantly at his mother's side, fitted only too well with his concept of their living together. The mother, for her part, was not only proud that at last he was making up for his lack of schooling, but because he had remained entirely dependent on her, a dependency which she took for affection. She treasured him, so to speak, as the object of her frustrated emotions.

In the first case the two involved women met at a time when both had failed in their heterosexual adjustment. The acceptor, already in her later forties and a follower even from her early youth, became attracted by her companion's craving for "the higher aims of life." She explained that "I had not achieved anything, not even a higher education; my professional life did not give me inner satisfaction and marriage was out of the question at my age and after my experience with men." She found an emotional outlet in her close association with L. who met her half way in her tendency to withdraw from social, sexual, and personal strivings. Their psychosis, as Dreikurs (8) writes, is "as probably every psychosis, the admission of their complete inner defeat."

In both cases the inducer is the spiritual leader, and his leadership is accepted by his companion unconditionally long before the outbreak of the psychotic condition. As in apparently all psychopathological disturbances, we find in the psychosis of association a lack of social interest, a poorly developed cooperative spirit, and a failing sense of security, to use Alfred Adler's (9) terminology. It seems that these deficiencies are more apparent in the inducer, who combines them with his stronger drives and trends to overcome them. In his close attachment to the inducer, the acceptor tries to compensate his longing for acceptance by clinging to the more dominant personality of the

former. Since separation frequently results in the disappearance of his symptoms, we cannot err in assuming that the acceptor's break with reality was not complete; his psychosis might not as yet have progressed beyond a very early stage. It is difficult to say if this might also be true of other mild, benign, or abortive forms as we see them frequently among the more regressed and malignant patterns of psychotic conditions.

REFERENCES

- (1) Brussels, James A., *Folie à Deux*, Review of the Literature since 1900 and case report. *The Psych. Quart.* April 1938, Vol. 12, No. 2.
- (2) Henderson, D. K. and Gillespie, R. D., *A Textbook of Psychiatry*, Oxford University Press, London, Humphrey Milford, Fifth Edition.
- (3) Gralnick, Alexander, "Folie à Deux, The Psychosis of Association." *Psych. Quart.* April 1942, Vol. 16, No. 2. *Psych. Quart.* July 1942, Vol. 16, No. 3.
- (4) Gordon, A., "Psychosis in Twins," *Virginia Medical Monthly*, June 1925.
- (5) Braude, M., *The Principles and Practice of Clinical Psychiatry*, Blakiston's Son and Co., 1937.
- (6) Horney, K., *The Neurotic Personality of Our Time*, W. W. Norton, 1937.
- (7) Bleuler, Eugen, *Textbook of Psychiatry*, translated by A. A. Brill, The Macmillan Co., New York, 1944.
- (8) Dreikurs, Rudolf, "Psychological Differentiation of Psychopathological Disorders," *Individual Psychology Bulletin*, 1944-1945, Vol. VI, 2nd Quarter.
- (9) Adler, Alfred, *Practice and Theory of Individual Psychology*, Translated by P. Radin, London, Kegan, Paul, Trench, Trubner and Co., 1924.
- (10) Coleman, S. M., "Folie à Deux," *Journal of Mental Science*, November 1939.