FOLIE À DEUX: DUAL ORGAN INFERIORITY, RELIGIOUS CONVERSION, AND EVANGELISM: CONFLICT, PSYCHOSIS, AND ADJUSTMENT.*

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INSTANCES of 'folie à deux' are not very common; but there are other psychopathological reasons for recording the following two cases. They are brothers, who both suffered from physical defects; they had the same family environment, of course, and enjoyed it together until they grew to manhood; they both developed a manic-depressive psychosis about the same time; they both made an adjustment recognizably abnormal; and they both looked upon their psychosis as a religious experience, and regarded themselves as converted thereafter. But in the one case the psychosis was essentially of the manic type, in the other it was depressive; in the one the psychosis has recurred, in the other there has been no marked recurrence; and their respective adjustments are markedly in contrast, the differences in their adjustments closely paralleling the differences in their types of psychosis. Moreover, they have remained closely associated all their lives; and if we divide their existences into two periods, the one ending with the onset of the psychosis in each, the other beginning with their recovery, we find an obvious change in their relationships to each other; so much so that he who was formerly the leader in their enterprises is now content to follow the other.

If we examine the mechanisms in their psychoses, we find them complementary, the one mental history representing chiefly the positive, the other the negative, aspect of the same process; or if we adopt the terminology of Adler, we may say that they represent respectively the 'masculine', or aggressive, and the 'feminine', or submissive, sides of mental make-up. It is in fact as an illustration of the usefulness of Adler's conception of the 'neurotic constitution' that these cases seem principally of value. Nature has in them performed a psychological experiment *in vivo*, and we find the elements which Adler has had the skill to discriminate in all of us, separated from each other, and exhibited, not in phases of the same personality, but in two different personalities; while the experiment

* From the Glasgow Royal Mental Hospital, Gartnavel.

is controlled by having the environment, as far as possible, the same in each. In each of them, also, the significance of the father for the psychosis and for the adjustment is well seen.

The elder brother A. was born in 1868, B. in 1876. Their father was a man of strong religious prejudices and brought up his sons in the strict tenets of his faith. His father, in turn, had been a ring-leader in certain disturbances of religious origin in the early part of the century. Their mother became demented at the age of 68. Otherwise there was no known nervous or mental illness in the family. B. suffered from infantile paralysis, and his right arm remained paretic. A. had pleurisy at the age of 16. Both were delicate boys; but there were no other outstanding illnesses. A. was, as a rule, cheerful and good-natured, but easily depressed; soft-hearted and generous. He was musical, clever at his work, and tended to be over-energetic. He was an active member of societies, but always in the subordinate, less honoured, position of secretary or treasurer. Of B. less is known, but he was quiet and studious, and, like his brother, became a clerk. Although the younger, he was accustomed to be the leader in their joint enterprises.

Under the father's influence they became interested in Church work, and all seemed well for a time. But in 1904, at the age of 28, B., who was by this time a small, slightly-built, delicate man, became more and more absorbed in his religious activities, being specially interested in the reform of drunkards. He began to lose his power of concentration and his sleep, became very depressed, agitated, and impulsive, and was admitted to the Royal Mental Hospital, Gartnavel, on June 13, 1904, after a month's illness. There he refused food, was mute and hallucinated, and made three suicidal attempts, on each occasion by burning. It appeared from a statement dictated after recovery that he was in a state of extreme fear (of eternal punishment for masturbation). After the failure of his third attempt at suicide he recovered rapidly, and attributed his recovery solely to 'purification by fire'. Subsequently he devoted himself to religious work, believing that he had been converted during his psychosis. He is now a whole-time evangelist. He is small, delicate-looking, and very timid in his manner. His conversation is usually coloured by his religious ideas, and he believes it his duty to convert everyone he meets, at the same time subtly indicating his superiority to other men in affairs of the soul. In his relations with his brother, with whom he is associated in his evangelical work, he is very cautious and timid, and even afraid, so that where he formerly led, he now tries to temper his brother's aggressiveness by submissive tact.

His brother A., who at that time (1904) was aged 36, and had just been promoted to a responsible position in a bank, visited B. in

hospital, and almost immediately himself developed a psychosis—stupor, followed by hypomania. He was not sent to hospital, as he soon recovered. Thereafter he gradually, more and more obviously as time went on, gave vent to strong ideas against the liquor trade, and ultimately refused to do business with those of the bank's clients who were engaged in it. This led to his reduction, and finally to dismissal—twelve years after the psychotic episode. His dismissal led to a second attack of hypomania, from which he soon recovered; but a further change had taken place in him. He says (in retrospect) that his illness was a religious experience, that he was, in fact, converted, and that he felt he had a 'new power', which he likens to that received by the apostles at Pentecost. Ever since his 'conversion' he has tended to be unstable, to be at times mildly depressed, but more usually over-active and excitable. Since then also he has become more and more aggressive in his religious ideas, and to his prejudices against drink he added strong anti-tobacco prejudices, which he did not hesitate to display, so that he latterly became not only objectionable to his friends, but a nuisance to the community. Finally, he passed into a third definite attack of hypomania (eighteen years after the first), and it is this which we have had an opportunity of studying at first-hand, and for which he was admitted to the Royal Mental Hospital, Gartnavel, on April 17, 1922.

The symptoms were classical, and need not be recounted. His mental attitude was strikingly aggressive, intolerant, and self-important. To the doctors he was at times condescending, expressing a hope of their speedy conversion; at other times he was imperative and derogatory, calling them always only by their surname, without prefix, and threatening them with crude forms of corporal chastisement. He had no realization of his position, and set about endeavouring to 'convert' the other patients, rationalizing his presence in the hospital by saying he had a 'mission' there. His pretence at superiority was evident in all his relations; if an epileptic patient refused his ministrations and subsequently had a fit, he rejoiced; if an attendant incurred his displeasure, he referred to him as 'poor so-and-so'.

His letters to his wife were dictatorial, and his attitude to her on her visits was domineering. He made long dissertations to the medical officer on the necessity of a man's asserting his superiority to his wife. He belittled her education and her relations (one of whom had loaned him a large sum of money). To women in general his attitude was derogatory. "I've never aspersed women in my life", he said, "I'm sorry for them. The devil seems to put more obstacles in their path. The very best people agree with me in this. Remember, this has nothing to do with my wife." For his own

father (now dead), on the other hand, he expressed a profound admiration.

Reference to his attacks of pleurisy seldom failed to provoke the remark that the doctor who treated him for it "died of consumption, poor fellow". He was reluctant to admit having had pleurisy (recurrent), but he admitted that on account of it he had not been able to go to evening entertainments even in his youth. Now, however, he declared his lungs to be perfectly sound (he inflicted a slight superficial wound on each side of his chest before admission), but at the same time remarked, "There is no health like spiritual health, brother." His voice also he now declared to be excellent—a formerly existing defect he believed to have been removed by a superficial wound he had made on his neck—and he practised raucously in the ward. He admitted also having had D.A.H. This, curiously enough, he dated from an occasion when he raced two Roman Catholic priests on a bicycle. (He has an intense prejudice against Roman Catholics.) Now, however, he stated his heart was better than ever before.

In this connection, his personal prejudices are striking. Thus he abhors dancing—"sees through the horror of it"—but it appears that in his youth he was unable to attend dances on account of his physical weakness, and he significantly instances the danger of pneumonia after a dance. He gave up smoking, too, because he could not stand it (D.A.H.)—"a nasty taste and a throb at the heart". Alcohol he used only medicinally, and "hated it". It may be suspected that he was afraid or unable to take larger doses.

Complex reaction times in an association test were given with 'wife', 'command', 'children', 'great', 'wish', and 'chest'.

Significance of the cases in relation to each other, and to the conception of the development of the psychoses.—In both these men was present a pronounced 'organ inferiority' from an early age, which necessarily imposed restrictions on their social activities. The sense of inferiority produced was very evident in A.'s case (in B.'s we have not had the opportunity of investigating this point), as is shown above, and was further apparent in the remark that he used to scorn himself for "envying his chums' preferment in society". Both were dominated by the family tradition and by the father's personality; and their sense of physical inferiority when they tried to live up to this tradition would tend to produce a conflict; but their solutions of the problem were different. Both, it is true, reacted with a manic-depressive psychosis; but this is dependent probably on their pre-existent type of personality. A. at least was of the moody type. It is when we seek to explain why one reacted with a manic reaction, the other with a depressive reaction, that Adler's

conception of the neurotic constitution becomes very useful. He finds in neurotics always this 'masculine protest', this desire to be above, the setting of a goal which must be attained. There is also in his conception the masculine-feminine antithesis, so that the goal may be striven for in two ways—directly and aggressively, or indirectly by submission and subterfuge. A. illustrates the first method: he strives by his domineering attitude to assert his superiority. The very things he cannot himself enjoy, the very objects he dare not aspire to on account of his physical defects, he accounts pernicious, and makes them pegs on which to hang his detraction of mankind in general and on which to base his own superiority. This tendency to detraction, to the belittling of others, is very obvious in A.'s case; and it is, as Adler has shown, one of the methods by which the neurotic seeks to gain his fictive goal. In B., on the other hand, who illustrates the second, feminine method, the derogatory tendency uses more subtle means. He first identifies himself with the Father, and then, from this mountain-top of superior virtue, he proclaims, but gently and insinuatingly, that the rest of mankind are inferior to him. In B., too, in the actual psychosis, the sense of inferiority held the field, and until the solution presented itself, action towards the goal was paralyzed.

In A. the tendency to belittle women, and to dominate his wife, may be explained on the same hypothesis. In his actual psychotic spells the flight from the reality of his physical inferiority is even more pronounced, as is well shown above: his "lungs are excellent"; his "voice is splendid". Another allied tendency, recognized by Adler, the tendency of the neurotic to measure himself with everyone he meets, is in A.'s case also obvious, e.g., his race with the unwitting priests.

It remains to account for the recurrence of the acute psychosis in A., and its non-recurrence in B. This is obviously due to the nature of the solution which each sought from his conflict. B. by assuming a superlative spirituality and a feminine, unobtrusive way of asserting it, found an easy task; but A., who chose to be aggressive and to flaunt his assumed superiority in the faces of his fellows, is bound to receive far more actual kicks than moral halfpence, so that he is repeatedly reminded of reality, and, in face of constant rebuffs, breaks down.

In conclusion, the interpretation of the psychosis by each of them as a process of religious conversion is interesting, especially in view of recent 'revivals'.