

FEIGNED PSYCHOSIS

DEAR SIR,

I read with interest the excellent paper on the above subject by Dr Hay (*Journal*, July 1983, 143, 8–10). In it we learn that the simulation of schizophrenia in most of his southern Manchester cases is a prodromal phase of the psychosis itself occurring on the basis of a markedly abnormal personality. This should alert the physician to be wary of the malingering diagnosis in such a context and the moral condemnation of the patient that could easily go with it.

It would be a mistake in my opinion, however, to overgeneralize these findings to the world at large. While practising as a psychiatrist in Singapore during the 1950's I had occasion to review the literature up till that time and to describe two instances of feigned psychosis (Burton-Bradley, 1959). Quite apart from these it soon became clear that such cases were by no means uncommon and their appearance a daily event. Nor did they occur in extremely deviant premorbid personalities, and their subsequent histories were without mishap. None developed schizophrenia. There was no evidence of any sort to indicate that they were in any respect other than normal people. It is true that no formal follow-up studies were done but it was clear that in the conditions prevailing any ensuing psychosis would surely have surfaced.

The administrative structure at that time was exceptional. There was but one psychiatrist for the whole island, one mental health facility only, in the form of a mental hospital and one avenue alone through which all psychiatric patients were channelled and assessed. The local conditions were such that the disparity of availability of food, quality of accommodation and congested living conditions was the opposite to that existing in most of the larger industrialised countries. All these patients came from grossly overcrowded quarters, and the hospital seemed a highly desirable place to be, the stigma of insanity notwithstanding. They sought commitment earnestly and the possibility of long confinement did not deter them.

The patient was usually a male or female adult between the ages of fifteen and fifty years. Prior to interview, he sought information concerning the symptoms and signs of schizophrenia from those knowledgeable mental hospital attendants who were ready to oblige dishonestly for a fee. He presented the data so obtained to the psychiatrist often with great skill in the form of a more than usually good imitation of psychotic illness and in some instances the pretended visual hallucinations, delusions and other bizarre symptomatology closely resembled the real thing. In short, apart from the general features of

simulation as such, these cases were specially characterised by:

- (1) A dramatic onset of claimed psychosis associated with a marked desire to enter a mental hospital.
- (2) A background setting of disparity between hospital and home favouring the former in terms of food, shelter and overcrowding.
- (3) A high degree of sophistication in insane lore.

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Reference

- BURTON-BRADLEY, B. G. (1959) The admission pseudo-psychosis. *The Medical Journal of Malaya*, 12 (4), 269–275.

FOLIE IMPOSÉE IN A KENYAN COUPLE

DEAR SIR,

John, 31 and his wife Jane, 23 were referred because both of them had been shouting obscene words to their next door neighbours, locked themselves inside their house most of the time, and refused to open to callers. Whereas they believed they were quite alright, they complained bitterly about their neighbours whom they accused of trying to sabotage their marriage and jobs, and kill them. John went further and insisted that the neighbours had tried to kill them by rays transmitted through the fence and also by colourless and odourless gas. These same neighbours had enlisted the help of a very powerful witch doctor who lived 300 miles away and had the supernatural power to inflict harm even from that distance. He admitted to threatening auditory hallucinations in the third person.

John had first become ill 12 years previously. He had become increasingly isolated, suspicious of other people (including his relatives) and had deteriorated in his school performance. He was admitted to a mental hospital and discharged within 4 weeks on a long term prescription of chlorpromazine. He subsequently obtained a clerical job and moved to his own house 3 years ago in preparation for marriage one year later. On moving to his own house he stopped taking his drugs. One of John's younger brothers suffered from schizophrenia. His mother and his maternal uncle suffered from psychiatric illness and were both on long term treatment.

Jane, who was seen separately, had the same complaints about the neighbour as her husband with the exception that she did not feel the effects of rays coming from the neighbours. On further enquiry she