non-competitive and her parental expectations of academic achievement were not high. She first presented with depression, but the stress of her first sexual experience followed by pregnancy at a young age precipitated anorexia nervosa. The development of anorexic symptoms may have been assisted by the vomiting of pregnancy. The onset of anorexia with weight loss fostered the conviction that she was not pregnant and the weight gain of pregnancy disguised the anorexia.

Pregnancy normally necessitates maturational progress for a patient, and her family. The patient adopts a clearly defined adult role which involves some degree of separation from parents, who are themselves offered a new role as grandparents. Pregnancy in a young teenager results in the sudden, unprepared precipitation of the teenager into an adult role and of her parents into a different relationship with their child.

As this girl's first pregnancy was not acknowledged until delivery, these adjustments did not occur, and could have been unacceptable. The subsequent removal of the baby returned the family to their previous situation without evident maturational progress. The parents' resistance to separation involved incorporating the patient's boyfriend into the family as a second child when they failed to divide him from the patient. A second pregnancy, 2 years later, was conceived deliberately and the patient left home. Increasing maturity with age and therapeutic interventions may have contributed to the patient's ability to deal more normally with her second pregnancy but anorexic symptoms returned after delivery and neither her separation nor her eating problems are fully resolved.

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References

CRISP, A. H. (1980) *Anorexia Nervosa: Let Me Be*. London: Academic Press.

FINNEGAN, P., MCINSTRY, E. & ERLICK ROBINSON, G. (1982) Denial of pregnancy and childbirth. *Canadian Journal of Psychiatry*, **27**, 672–674.

GARNER, D. M. & GARFINKEL, P. E. (1979) The eating attitudes test: an index of the symptoms of anorexia nervosa. *Psychological Medicine*, **9**, 273–279.

HSU, L. K. G. (1983) Editorial, The aetiology of anorexia nervosa. *Psychological Medicine*, **13**, 231–238.

RUSSELL, J. K. (1983) School pregnancies – medical, social and educational considerations. *British Journal of Hospital Medicine*, Feb. 159–166.

SAVAGE, W. (1985) Requests for late termination of pregnancy: Tower Hamlets, 1983. *British Medical Journal*, **290**, 621–623.

STRIMLING, B. S. (1984) Infant of a pregnancy complicated by anorexia nervosa. *American Journal of Diseases of Children (Chicago)*, **138**, 68–69.

THOMAS, C. S. & HARRIS, B. (1982) Anorexia nervosa following termination of pregnancy (letter). *British Journal of Psychiatry*, **141**, 428.

WEINFELD, R. H., DUBAY, M., CLAY BURCHELL, R., MILLERICK, J. & KENNEDY, A. (1977) Pregnancy associated with anorexia and starvation. *American Journal of Obstetrics and Gynaecology* Nov. 15, 698–699.

*J. E. Foster, MRCPsych, *Senior Registrar in Child and Adolescent Psychiatry, Harrogate Child Guidance Clinic, 2 Dragon Parade, Harrogate, North Yorkshire*; M. E. Jenkins, MRCP, MRCPsych, *Senior Registrar in Adolescent Psychiatry, Southfield Adolescent Unit, 31 Shipton Road, York*

*Correspondence: *Department of Child Psychiatry, Airedale General Hospital, Steeton, West Yorkshire*

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'Imposed Psychosis'

A Case Variant of the Gaslight Phenomenon

In 1969 Barton & Whithead described the Gaslight Phenomenon. In this condition a presentation of mental illness is found, on further enquiry, to have been induced or imposed on the patient by some other person for that other person's gain. Amongst these gains is removal of the patient

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to a hospital. Previous reports have highlighted the malicious intent of the exploiter (Barton & Whitehead, 1969; Smith & Sinanan, 1972; Tyndal, 1973; Lund & Gardiner, 1977).

The phrase 'Gaslight Phenomenon' was derived by Barton & Whitehead (1969) from the play *Gaslight* (Hamilton, 1939). In that play the victim's husband manipulated the gaslight in a way which made his wife's complaint about it seem as if she was going insane. His aim in doing this was to remove her from the scene and gain for himself her property.

We wish to report on a case of imposed illness, but one in which the intent of the inducer was not primarily malicious.

Case descriptions

Mrs A is a 52-year-old widow who first presented in the Accident and Emergency Department. She expressed distress about the sudden disappearance, 3 months previously, of her 22-year-old daughter. On further enquiry she stated that over a period of 6 years her late husband had returned in spirit to the house. He had brought flowers for her and her daughter. He often rearranged the contents of the cupboards, at times criticising Mrs A for her unsatisfactory housework. On occasion he had struck Mrs A on the head and pushed her by the shoulder. He took her daughter's clothes out of the cupboard and laid them on the bed for her. He had daily engaged her and her daughter in conversations. At times he created a great deal of noise in the house by banging on doors and cupboards. Mrs A claimed that these events had also been witnessed by her daughter. However, since her daughter's disappearance her husband's spirit had not appeared again.

In her history Mrs A claimed that her daughter worked for famous private doctors. She stated that her daughter had spoken, on the doctors' car radios, with Prince Charles and Princess Diana, and that her daughter and Princess Diana were good friends. She claimed that her daughter had met Prince William when he was 6 weeks old.

Mrs A was presented at a psychiatric case conference 1 week after her admission. The general view expressed at the meeting was that her symptoms were suggestive of a psychotic illness, possibly paraphrenia. The day of her admission into hospital Mrs A commenced chlorpromazine in a dose of 50 mg 8-hourly, both in view of her mental state presentation and her level of distress.

In view of Mrs A's concern about her daughter an attempt was made to contact the daughter by letter through the DHSS. Concern by the staff had also been expressed about the daughter's mental state.

Two weeks after the DHSS enquiry the daughter, Miss B telephoned the hospital to enquire about Mrs A's health. She insisted, however, that Mrs A was not told of her whereabouts as she wanted to build up her own life away from home. She claimed that Mrs A had prevented her from leaving home and had stopped her from claiming unemployment benefit. In the year before she left home Miss B had begun to claim her unemployment pay, informing Mrs A that this money was from work she did for private doctors. To direct questioning, Miss B stated that her father's spirit had been in the house and that he had spoken to both Mrs A and herself. She also confirmed her mother's contention that he had rearranged various articles in the house.

During a further telephone conversation with Miss B she was asked about Mrs A's reference to Prince Charles, Princess Diana and Prince William. Miss B stated that she herself had never met them, but that she had told Mrs A that the doctor she worked for knew them. Miss B agreed that she may have conveyed the impression to Mrs A that she knew them personally as well. Miss B admitted that in fact she had never worked for private doctors.

Miss B was invited to attend the out-patient department for a fuller discussion of the situation, to which she agreed. At that meeting a detailed psychiatric history was obtained from Miss B and the opportunity was taken to elicit further information about Mrs A. Toward the end of the meeting Miss B was asked specifically about her father's spirit. Initially she reiterated that her father's spirit was there, and also added that on occasion he left notes of instruction to Mrs A. However, after being asked to confide in us and after being assured that what she told us would be held in the strictest confidence, Miss B suddenly became distressed and tearful: she then admitted that she had, over the years, been speaking in her father's voice to make it appear as if her father was talking to Mrs A and to herself. She also admitted rearranging things in the house and to leaving notes for Mrs A, ostensibly written by father. The following reasons were given by Miss B as to why she did these things: she was afraid of Mrs A and felt she could not cope with Mrs A by herself; she needed more freedom for herself from Mrs A and in the notes supposedly written by her father explanations were given for Miss B's absence from home during the day time.

Formal assessment of Miss B, using the Research Diagnostic Criteria (Spitzer *et al*, 1978) revealed no formal mental illness. She was of average intelligence, had an appropriate affect, and a good rapport was established with her.

An outline of Miss B's developmental history showed this to have been a highly stressful one. Her earliest childhood memories were of her parents shouting at each other, not infrequently this culminating in violence. This continued until her parents separated when Miss B was 8 or 9 years old. Her father died 2 years later of a brain tumour. Miss B stated that she cried after her father died, although before he died she had experienced feelings of anger toward him for the way he had treated Mrs A. However, her father had never mistreated her and after his death she would remember the holidays she used to spend with him. With regard to Mrs A, Miss B stated that after her parents separated Mrs A would often blame her for having prevented her from obtaining a job, despite many applications. When Miss B was 11 or 12 years old Mrs A began threatening to put her into a Children's Home because then she would be able to get a job and sell the house and move away if necessary.

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With regard to Mrs A's own developmental history, she recalled that starting school and separating from her own mother was extremely difficult. Mrs A, as a child, was only able to remain at school with the reassuring knowledge that her mother would visit the school gates to see her at both break and lunch-time. She recalled how her father would do some of the housework at weekends because her mother was extremely tired. Her mother's fatigue was seen as further evidence of tireless dedication to attending and caring for her. At the age of 11 Mrs A refused to sit her 11-plus examination which both her elder sibs had passed. She recalled being terrified of failing, although she was unable to connect this with her mother's stated hopeful desire and hopeful expectation that her children should do well in life.

When Mrs A's daughter, Miss B, was born she was nursed in an incubator for the first 2 weeks of life, during which time Mrs A was constantly afraid that Miss B would die. Mrs A went to visit Miss B but was unable to hold her and recalled returning to her hospital room in tears. She never really understood what was wrong with her baby and has held a grudging resentment toward the medical profession for the way she was treated at that time.

Mrs A stated that when Miss B wished to leave home in her late teens she was totally unable to understand why she would want to do so, other than to marry or to find employment.

It is of particular importance that Mrs A's mother was a spiritualist who attended seances. During her late teens Mrs A would go with her mother to the spiritualist meetings where attempts were made to contact the dead.

Within a few days of her admission into hospital, Mrs A began to wonder whether what she had been told by her daughter was true, and she started to have doubts about the return of her husband's spirit. She was puzzled by the disappearance of her husband's spirit the moment her daughter left home. Mrs A's subsequent history has shown her to be free of all psychotic phenomena, but she remains angry and deeply embittered to the point of tears about Miss B not wanting to establish contact with her, though she had been informed that Miss B had telephoned the hospital on a number of occasions to ask the staff to reassure Mrs A that she was well.

Discussion

Mrs A's life history shows that she has had severe difficulties in the process of individuation and separation (Mahler, 1972). She experienced marked difficulty in starting school, and separating from her mother, who was idealised as being totally devoted to her, while her teachers were seen as frightening authority figures. Mrs A continues to idealise the mother/daughter relationship as one in which there is little or no room for separateness. Mrs A's object relations are typified by a rigid idealised self/object representation maintained by excessive splitting and projective identification (Klein, 1975*a*,*b*; Jacobsen, 1964). She only seems associated with idealised relationships. Feelings associated with the unsatisfactory side of her relationships are warded off, denied, or projected into others who are attacked as bad – with loss of any good or loving feelings for them. This is illustrated by her apparent absence of feeling when talking about her husband's behaviour prior to their separation; her husband apparently left her for another woman but Mrs A did not reveal this, such information being revealed by Miss B. Mrs A was totally unable to accept anything about her late husband which did not fit into her idealised view of him. She similarly described an absence of feeling for her mother who remarried late in life, but feelings of anger, resentment and sadness are denied.

Mrs A seems to have retained an ambitiousness throughout her life, something which she connected with her mother's desire that she should get on in life. She did not want to start a family as this would interfere with her own ambitions and financial goals in life. Following her husband's death she had wanted to start a new life by going out to work, but felt unable to do so because of Miss B. Here can be seen the nature of her envious rivalry with Miss B who she saw as potentially having a life denied herself. Currently she enviously attacks Miss B's independent life, with the resultant loss of any good feelings for her, though her attitude to Miss B throughout life has always been extremely ambivalent and the envious feelings have been denied (Klein, 1975*a*,*b*).

With regard to the belief that her husband was visiting the house from the grave, this would seem to serve the function of attempting to provide a solution to a complex dilemma for both Mrs A and Miss B. The 'voices' appear to provide both mother and daughter with comfort, serving as a defence for both of them against depressive anxieties to do with loss and separateness.

Two further factors seem to contribute toward understanding why Miss B invoked the idea of a return of her father's spirit. When Miss B was 14 years old Mrs A had mentioned that a spirit must be in the house because an article of clothing was in a place she had not placed it. Mrs A had thought that this spirit was either that of her own late mother (who had died the year before) or of her husband (who had died 4 years previously). The second factor was that Miss B had heard from a schoolfriend of that friend's experience of her own late mother's spirit rearranging things in the house and of the comfort which this spirit had brought to her.

References

BARTON, R. & WHITEHEAD, J. A. (1969) The gaslight phenomenon. *Lancet*, 1, 1258–1264.

https://doi.org/10.1192/bjp.150.4.553 Published online by Cambridge University Press

HAMILTON, P. (1939) *Gaslight*. London. Constable.
JACOBSEN, E. (1964) *The Self and the Object World*. London: Hogarth Press.
KLEIN, M. (1975*a*) Notes on some schizoid mechanisms. In *Envy and Gratitude and Other Works 1946–63*. London: Hogarth Press.
—— (1975*b*) Envy and gratitude. In *Envy and Gratitude and Other Works* 1946–63. London: Hogarth Press.
LUND, C. A. & GARDINER, A. Q. (1977) The gaslight phenomenon — an institutional variant, *British Journal of Psychiatry*, **131**, 533–534.
MAHLER, M. (1972) On the first three subphases of the separation–individuation process. *International Journal of Psychoanalysis*, **53**, 333.
SMITH, C. G. & SINANAN, K. (1972) The 'gaslight phenomenon' reappears. A modification of the Ganser Syndrome. *British Journal of Psychiatry*, **120**, 685–686.
SPITZER, R. L., ENDICOTT, J. & ROBINS, E. (1978) *Research Diagnostic Criteria (RDC) for a Selected Group of Functional Disorders*. New York: New York State Psychiatric Institute.
TYNDAL, M. (1973) The 'gaslight phenomenon'. *British Journal of Psychiatry*, **122**, 367–371.

R. Cawthra, MB, BS, MRCPsych, *Senior Registrar in Psychotherapy*; G. O'Brien, MB, BS, MRCPsych, *Senior Registrar in Psychiatry*; *F. Hassanyeh, MB, BS, MRCPsych, *Consultant Psychiatrist, Department of Psychiatry, The Royal Victoria Infirmary, Newcastle upon Tyne NE1 4LP*

*Correspondence

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