

Progress in Psychobiography

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ABSTRACT Progress in psychobiography What is it? Has there been any? And what processes contribute to it?

The issue of progress in psychobiography is pursued from two different perspectives The first section briefly reviews the historical growth of the field, including the range of disciplines involved, the rise of associated professional organizations and publication outlets, and a quantitative analysis of the increase in books, articles, and dissertations in psychobiography The second section argues that progress in psychobiographical understanding can be analyzed into eight component processes, such as the collection of additional evidence, the formulation of fresh interpretations, critical examination of prior explanations, and the application of new theoretical advances These processes are illustrated with an examination of the course of debate about the physical and psychological disturbances of King George III

Personality psychology is concerned with the four basic tasks of developing general theories of personality, analyzing individual and group differences, understanding individual persons, and studying selected processes and classes of behavior In that developing a better understanding of individual persons is one of the ultimate objectives of personality psychology, progress in psychobiography is intimately related to progress in personality psychology as a whole

Progress in Psychobiography

Psychobiography, born in the primeval blue-green seas of Freud's Vienna Psychoanalytic Society, clumsily struggles up onto the beach, and the story begins What progress, or what evolutionary developments have there been in psychobiography since those earliest days of Freud's *Leonardo da Vinci and a Memory of His Childhood* (1910/1957)?

This amphibious creature, living in the worlds of both biography and psychology, initially defined its mission as "applied psychoanalysis" In recent years, however, it has developed a more eclectic and differentiated self-conception, defining itself as biographical studies which make explicit use of any kind of formal or systematic psychology This psychology is often psychodynamic, but psychobiography may also draw on phenomenological, trait, or social learning theories of personality, as well as from the resources of social, developmental, cognitive, and abnormal psychology

The question of progress in psychobiography has many dimensions, and this article will focus on two of them First, I briefly review the historical growth of the field, discussing the range of disciplines involved, the quantitative growth of literature, and the increasing institutional support of the field Second, and more importantly, I offer an analysis of what constitutes intellectual progress in the psychological understanding of an individual life, with an examination of the processes which advance that understanding

The Historical Growth of Psychobiography

The field of psychobiography is traditionally defined as beginning with Freud's *Leonardo da Vinci and a Memory of His Childhood* (1910/1957) Although there were a few earlier psychobiographies (e g., Sadger, 1908, 1909), Freud's *Leonardo* was by far the most influential A sample of other early psychobiographical (and psychoanalytic) studies include analyses of Shakespeare as revealed through Hamlet (Jones, 1910), of the artist Giovanni Segantini (Abraham, 1911/1955), Richard Wagner (Graf, 1911), Amenhotep IV (Abraham, 1912/1935), Martin Luther (Smith, 1913), and Socrates (Karpas, 1915) A number of these earliest psychobiographical studies are summarized in Dooley's "Psychoanalytic Studies of Genius" (1916), and further discussed in Barnes (1919) and Fearling (1927) During the 1920s a significant number of psychobiographical works were published, often by those with no formal training in psychoanalysis or psychiatry, with several of the best known (Garraty, 1954) being studies of Margaret Fuller (Anthony, 1920), Samuel Adams (Harlow, 1923), Edgar Allan Poe (Krutch, 1926), and Abraham Lincoln (Clark, 1923, 1933)

This rising tide of psychoanalytic biography led to a number of attacks on the method (e g., Whilbey, 1924, DeVoto, 1933), but the production

of psychobiographies continued through the 1930s. By the end of the decade, there were psychobiographical studies of writers such as Tolstoy, Dostoevsky, Molière, Sand, Goethe, Coleridge, Nietzsche, Poe, and Rousseau, and of public figures including Caesar, Lincoln, Napoleon, Darwin, and Alexander the Great (Anderson, 1978). In contrast, the 1940s were a relatively slow period for psychological biography, with exceptions such as Guttmacher's (1941) study of George III and Langer's *The Mind of Adolf Hitler*, originally written in 1943 for the Office of Strategic Services but not published until 1972.

The 1950s saw a slowly renewed production of psychobiographies, such as studies of Jonathan Swift and Lewis Carroll (Greenacre, 1955), as well as Beethoven and his nephew (Sterba & Sterba, 1954). The major turning point, however, in terms of more rigorous and methodologically self-conscious psychobiography, was the publication of George and George's *Woodrow Wilson and Colonel House: A Personality Study* (1956) and Erikson's *Young Man Luther: A Study in Psychoanalysis and History* (1958). From the 1960s through the present there has been an enormous outpouring of psychobiographical analyses of writers, artists, musicians, politicians, religious leaders, scientists, and others.

Prominent examples of recent psychobiographical works are studies of Henry James (Edel, 1953-72, 1985), Isaac Newton (Manuel, 1968), Mohandas Gandhi (Erikson, 1969), Max Weber (Mitzman, 1969), Emily Dickinson (Cody, 1971), Joseph Stalin (Tucker, 1973), James and John Stuart Mill (Mazlish, 1975), T. E. Lawrence (Mack, 1976), Adolf Hitler (Waite, 1977), Beethoven (Solomon, 1977), Samuel Johnson (Bate, 1977), Alice James (Strouse, 1980), Wilhelm Reich (Sharaf, 1983), William James (Feinstein, 1984), and studies of groups of individuals such as American presidents (Barber, 1985), revolutionary leaders (Mazlish, 1976), personality theorists (Stolorow & Atwood, 1979), utopians (Manuel & Manuel, 1979) and philosophers (Scharfstein, 1980). (For additional examples, see reviews in Anderson (1978), Glad (1973), Mack (1971), Runyan (in press), Strozier and Offer (1985), and bibliographies by deMause (1975), Kiell (1982), and Gilmore (1984).)

The growth of psychobiography is indicated not only by the array of individuals studied, but also by the widening range of disciplines of those contributing to it. To briefly illustrate, important contributions to psychobiography have been made by:

1. Psychoanalysts and psychiatrists, beginning with Freud and his early circle, through Erikson and his studies of *Young Man Luther* (1958)

and Gandhi (1969); Mack in his study of Lawrence of Arabia (1976), Gedo (1983) in his psychoanalytic studies of artists, and many others,

2 Historians, such as Mazlish with studies of Richard Nixon (1972), James and John Stuart Mill (1975) and a number of others, Loewenberg with studies of Heinrich Himmler and others (1971, 1983), Strozier in his analysis of Abraham Lincoln (1982), Waite's study of Adolf Hitler (1977), and many others,

3 Political scientists, such as George and George in their studies of Woodrow Wilson (1956, 1984), Greenstein (1975) on methodological issues, Glad on Jimmy Carter (1980) and others, and Tucker on Joseph Sta-

lin (1973),

4 Academic personality psychologists, many of them influenced by Murray, Allport, and White, such as Elms with psychobiographical studies of Allport (1972), Freud (1980), Skinner (1981), Murray (1987) and others, Anderson with methodological writings on psychobiography (1981a) and on William James (1981b), Stolorow and Atwood on personality theorists (1979), Helson on E. Nisbet (1984-85), Mendelsohn on Verdi (1985), R. Carlson in applying Tomkins's script theory (1981), myself on conceptual and methodological issues (1982), Weissbourd and Sears on Mark Twain (1982), Newton on Samuel Johnson (1984), Alexander on Harry Stack Sullivan (1985), McAdams on Yukio Mishima (1985), and a number of others whose work is represented in this special issue,

5 Literary critics such as Edel on Henry James (1985), Crews on Nathaniel Hawthorne (1966), or Bate on Samuel Johnson (1977),

6 The psychohistory group around deMause and his Institute for Psychohistory, with studies of Jimmy Carter (deMause, 1977), Ronald Reagan (deMause, 1984), and others, and finally

7 Members of a variety of other disciplines who have contributed to psychobiography, including those from sociology, anthropology, religion, education, music and art history, the history of science, and others

In short, the practice of psychobiography is spread across a substantial number of existing disciplines and professions. This is in part because experts in each area are often drawn to attempting psychobiographical interpretations of leading figures in their field, such as literature profes-

of the author and the subject in that there are many cross-overs, authors with primary affiliations with political science, literature, or the history of science tend to write psychobiographies about a somewhat different set of subjects

A Quantitative Analysis of the Increase in Publications

The most succinct way of summarizing the growth of work in psychobiography across these diverse fields is through a quantitative analysis of the growth of publications over time, as in Table 1. Table 1 provides a

quantitative analysis of the number of English language psychobiographical

studies broken down by 5-year periods from pre-1920 through 1975-1979, and indicating whether the subject is from the United States (or North America) or from Europe (including the Soviet Union). There are a much smaller number of psychobiographical studies, perhaps one quarter of this total, on subjects in other parts of the world that are not included in this table. The figures in Table 1 are derived from a quantitative analysis of 617 psychobiographical publications in William Gilmore's *Psychohistorical Inquiry: A Comprehensive Research Bibliography* (1984), which was intended to provide a relatively comprehensive

975		
79	Total	
91	237	
121	380	
212	617	

Psychobiographical studies were at a fairly constant low level from pre-1920 up through the 1950s (ranging from 6 to 26 publications per 5-year period), and began to increase significantly in the early 1960s, with an accelerated increase in the 1970s. Of the 617 psychobiographical studies from pre-1920 through 1979, 361 of them, or 58% of the total, appeared between 1970 and 1979. In other words, more than half of all psychobiographical publications occurred within the most recent decade.

A more detailed analysis of these results, broken down by dissertations, articles, and books, is contained in Table 2. Table 2 indicates that there were almost no psychobiographical dissertations until 1960, with a total of 5 in the 1960s, and 35 in the 1970s. Of the 43 psychobiographical dissertations until 1980, 35 of them, or 81% of the total, were produced between 1970 and 1979. This substantial increase in the number of dissertations in the most recent decade suggests that the number of articles and books should continue to rise in the following years as these scholars seek to establish their careers.

In summary, these figures indicate a substantial increase in psychobiographical books, articles, and dissertations in recent years. These figures

Table 2
The Growth of Dissertations, Articles, and Books in Psychobiography

	Pre- 1920	1920 - 24	1925 - 29	1930 - 34	1935 - 39	1940 - 44	1945 - 49	1950 - 54	1955 - 59	1960 - 64	1965 - 69	1970 - 74	1975 - 79	Total
<i>United States</i>														
Dissertations	0	0	0	0	0	0	0	0	1	0	0	7	18	26
Articles	1	2	2	2	2	2	1	2	7	12	30	30	58	151
Books	0	4	4	1	0	0	1	2	2	5	7	19	15	60
<i>Subtotals</i>	1	6	6	3	2	2	2	4	10	17	37	56	91	237
<i>Europe</i>														
Dissertations	1	0	1	0	0	0	0	0	0	1	4	5	5	17
Articles	17	4	5	1	7	4	9	5	13	15	31	67	102	280
Books	4	1	3	3	6	0	7	1	3	8	12	21	14	83
<i>Subtotals</i>	22	5	9	4	13	4	16	6	16	24	47	93	121	380
<i>Total</i>	23	11	15	7	15	6	18	10	26	41	84	149	212	617

psychobiography include the Group for the Use of Psychology in History, begun in 1972 as an affiliate of the American Historical Association, the establishment by Lloyd deMause of the International Psychohistorical Association in 1976, the founding of the International Society of Political Psychology by Jeanne Knutson in 1978, and the organization by Rae Carlson and others in 1983 of the Society for Personology

Recently developed publication outlets which include significant attention to psychobiographical work are the *Psychohistory Review* (begun as the Group for the Use of Psychology in History Newsletter in 1972), the *Journal of Psychohistory* (changed to that name in 1976, after being called the *History of Childhood Quarterly* since its founding in 1973), the journal *Biography*, begun in 1978, and finally, *Political Psychology*, started in 1979 in conjunction with the International Society of Political Psychology

In spite of the growth of publications in psychobiography, and the development of associated professional organizations and publication outlets, the academic institutionalization of work in psychobiography seems relatively limited to date. It should be noted, however, that it is possible to have substantial intellectual development of a field with little or no penetration of academic institutions (cf. Shils, 1972). It has been estimated that there are over 200 courses in psychohistory being taught around the country (Kren, 1977, Lifton with Strozier, 1984), which presumably include some attention to psychobiography. Universities such as UCLA and Kansas State have graduate programs in psychohistory which devote some attention to psychobiography, and a few psychology and other departments teach courses in the study of lives or psychobiography. However, as far as I am aware, it is still relatively unusual to find formal academic training in psychobiography (I would be pleased to hear from anyone who has more systematic data on this issue.)

Another indicator of the growth of psychobiographical work within academia is the number of doctoral dissertations produced, which reflects both the interests of students and the extent to which faculty mem-

provides a somewhat more complete sample, and lists 135 psychohistorical dissertations through 1979, with 43 of them being psychobiographical. As discussed earlier, 35 of these 43 psychobiographical dissertations were produced in the most recent decade covered, 1970 to 1979.

To this point, I have briefly discussed the growth of publications in psychobiography and the associated development of professional organizations and publication outlets. What, though, has been the intellectual yield of this increased volume of work? The next section examines the crucial question of intellectual progress in psychobiography, and of the processes which can bring it about.

Intellectual Progress in Psychobiography

What constitutes progress in our knowledge and psychological understanding of an individual life? And to the extent that progress does occur, what processes contribute to it?

For example, what progress, if any, has there been in our psychological understanding of Adolf Hitler during the course of research on his life, from the Office of Strategic Services study in World War II (Langer, 1972), through Bullock's classic biography in 1952, through Waite's *The Psychopathic God: Adolf Hitler* (1977)? What progress, if any, has there been in our knowledge and understanding of Freud, from an early biography by Wittels (1924), through Ernest Jones's standard three-volume biography (1953-57), through more recent studies by Roazen (1975), Sulloway (1979), and others? Finally, in the clinical realm, what advances, if any, have there been in our knowledge and understanding of Freud's classic case studies of Little Hans, the Wolf Man, the Rat Man, Dora, and others through decades of reanalysis and reinterpretation (e.g., Bernheimer & Kahane, 1985; Gardiner, 1971; Ellenberger, 1970; Kanzer & Glenn, 1980; Obholzer, 1982; Sherwood, 1969)? In short, does the investment of massive amounts of time, money, and intellectual energy lead to a progressively better understanding of individual lives? And to the extent that there has been progress in understanding, how has it come about?

This section will briefly discuss the concept of progress, and then outline a set of processes used in advancing our knowledge and understanding of individual lives. These processes will then be illustrated with a more detailed analysis of the history of debate about the puzzling disorders of King George III.

Conceptualizing Progress in Biography

To respond to questions about whether certain sequences of biographical studies are progressive or not requires a clarification and definition of the concept of progress. The literature on the concept of progress is surprisingly extensive, from studies of the history of the idea of progress, to analyses of progress in physics, biology, the social sciences, history, and other disciplines, to progress in technology and material benefits, to economic progress, to progress in morals, and finally, to progress in human welfare as a whole (cf Almond, Chodorow, & Pearce, 1982, Laudan, 1977, Munz, 1985, Nisbet, 1980)

Underlying these many uses of the concept of progress, the idea may be defined most simply as change over time in a direction perceived as desirable or preferable. Thus it involves a temporal or historical component, and a valuative component. A third possible component of the idea of progress, which is sometimes but not necessarily implied, is that of progress as *inevitable*. Let me make clear that I am *not* claiming that a sequence of biographical studies is necessarily progressive. Some are, and some aren't. Rather, the concept of progress is introduced as a way of addressing epistemological issues in the study of lives, as a way of comparing life history studies not to some absolute standard of truth, which can be impossibly difficult to specify, but rather of comparing a given study with prior studies in terms of a variety of specifiable criteria.

Consider, for example, the case of Lincoln biography. Lincoln's death was followed by a stream of idealized and hero-worshipping biographies. One of the first realistic biographies was published by Herndon and Weik in 1889. It dealt with issues such as Lincoln's uncertain ancestry, the development of his character, and his changing religious beliefs. Was this progress or not? A review in the *Chicago Evening Tribune* in 1889 said of the book, "It vilely distorts the image of an ideal statesman, patriot, and martyr. It clothes him in vulgarity and grossness. . . It brings out all that should have been hidden. . . It is not fit for family reading. . . In all its parts and aspects—if we are a judge, and we think we are, of the proprieties of literature and human life—we declare that this book is so bad, it could hardly have been worse" (Thomas, 1947, pp. 150–151).

Clearly, from their perspective, the book was not an improvement over the earlier hero-worshipping biographies. The point is that "progress" always has to be assessed in reference to a particular frame of reference,

to particular valuative criteria. Thus, the same work may be judged as progressive in light of one set of criteria, such as historical realism, and regressive in light of other criteria, such as religious or moral purity.

Furthermore, the same work may be progressive in some aspects and regressive in others. Strachey's influential *Eminent Victorians*, published in 1918, was an advance in terms of criteria such as selectivity, wit, and debunking, but regressive in terms of historical accuracy and compassion in its portraits of Florence Nightingale, Matthew Arnold, and other Victorian heroes. In short, the same work may be seen as progressive or regressive in terms of different criteria, and also may be progressive in some aspects but regressive in others.

How then should we look at progress in our knowledge and understanding of individual lives? It seems to me that progress in psychobiographical studies can be meaningfully assessed in terms of criteria such as (a) the comprehensiveness of the evidential base, (b) the insightfulness and persuasiveness of interpretation, and (c) the literary or aesthetic appeal of the narrative account. This article focuses on the first two of these criteria—the quality of evidence, and of interpretation, while many other works have focused on literary appeal (Novarr, 1986, Petrie, 1981). Advances in understanding can occur through a variety of processes, such as collecting additional evidence, critically evaluating the evidence and sources, and proposing and testing new interpretations.

The processes involved in advancing our knowledge and understanding of individual lives can, for the sake of simplicity, be divided into eight steps or components, as in Figure 1. This set of processes is related to the specific criteria I am proposing. Other criteria of progress, such as moral rectitude, metaphoric expressiveness, or political correctness would suggest a somewhat different set of processes.

The components in Figure 1 have been numbered from one to eight for purposes of identification, rather than to identify any rigidly fixed sequence of steps. The top left-hand box, which is labeled "Evidence, and Processes of Data Collection," includes things such as finding additional

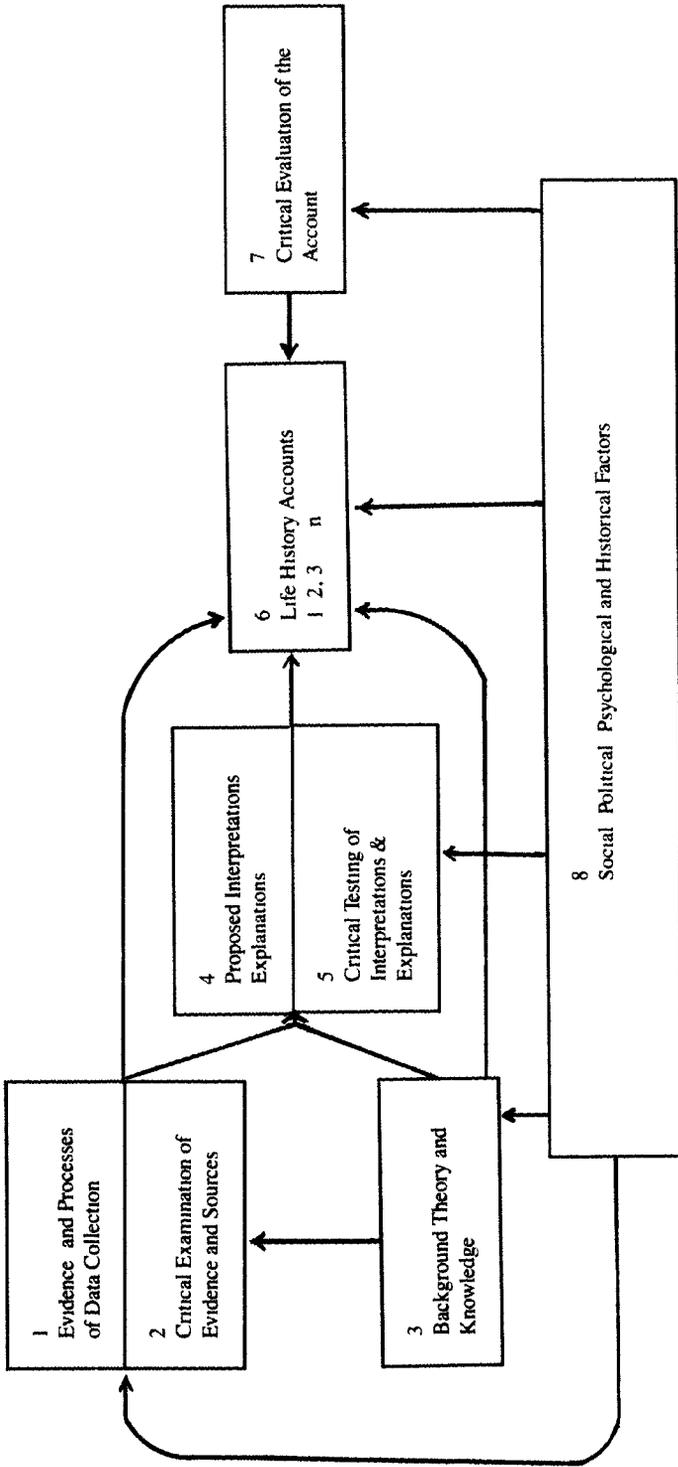


Figure 1
 Advances in Our Knowledge and Understanding of Individual Lives
 A Simplified Model of Component Processes

geries or falsifications in the evidential base, and learning how much weight to give to the testimony of different witnesses. In the case of Hitler research, dental records supported the claim that the partly burned body found by Russian soldiers outside the Fuhrer's air raid shelter in Berlin was that of Hitler (Waite, 1977), whereas a study of the paper used in the alleged Hitler diaries revealed that it was produced after his death.

The third component is background theory and knowledge, which is drawn upon in interpreting the individual case, and would include theories of psychological development, an understanding of the relevant cultural and historical background, and knowledge of relevant medical conditions and biological processes. The fourth step is the generation of new interpretations and explanations of the individual case, while the fifth step is the critical evaluation and attempted falsification of proposed interpretations. These third through fifth steps are clearly illustrated in the history of interpretations of the mental and physical disturbances of George III, King of England from 1760 to 1820. He suffered from a puzzling array of symptoms, including pain in his face, arms, and legs, visual and auditory hallucinations, sleeplessness, and agitated talking and hyperactivity. This array of symptoms has been continuously interpreted and reinterpreted in terms of changes in theoretical knowledge over the last 2 centuries. Some of his contemporaries interpreted his disorder in terms of an imbalance of the four humors, while in the 1930s his plight was reinterpreted in terms of Freudian theory, and in the 1960s, reinterpreted again in terms of a recently discovered metabolic disease. nor-

evidence, the appropriateness of the background theory, and the credibility of the proposed interpretations. The eighth and final component is "Social, Political, Psychological, and Historical Factors," which influence each of the other processes. They influence what data are collected and seen as relevant, and how critically they are scrutinized. These factors

and fresh interpretations developed in the 35 years since the last major single-volume biography of Lincoln by Lord Charnwood, all of which need to be incorporated into a new single-volume biography McLellan, in his 1973 biography of Karl Marx, said that his fresh biographical attempt was justified by the publication of the unexpurgated Marx-Engels correspondence and the publication of crucial additional writings of Marx. In McLellan's view, previous writings on Marx were marred by the "grinding of political axes," and he aimed for a balanced interpretation, avoiding the "extremes of hagiography and denigration."

Wolfgang Hildesheimer wrote a recent masterful biography of Mozart (1982), which is also a profound meditation on epistemological problems in biography and about what can or cannot be known about another human being. He states that his biography of Mozart comes partly out of reexamination of the primary literature, partly out of the research and studies of others, but importantly, out of disagreements with the existing interpretations. The book is "not least, a book of disagreement, a response to provocation, the attempt to cleanse and restore a fresco which has been painted over repeatedly in the course of centuries" (pp. 3-4).

As a final example, Robert Caro (1982) in the first volume of his massive study of Lyndon Johnson states that his biography is based on hundreds of interviews, scores of them with Johnson associates never previously interviewed by biographers, and that his findings make it possible to clear away a vast number of false stories about Johnson's childhood and college years, many of which had been fabricated and disseminated by Johnson himself.

To sum up, biographers do not always provide a rationale for their work in relation to earlier biographies, but when they do, most of their reasons can be fitted into the categories identified in this model as the accumulation of additional evidence, the critical evaluation of earlier evidence, the availability of new theoretical resources, the inadequacies of prior interpretations, or the proposal of fresh interpretations.

Examination of the stated practices and intentions of biographers, does not, of course, provide proof of the adequacy of this conceptual framework, although it does indicate a similarity between the model and the factors which biographers themselves identify as important in advancing biographical understanding. At a minimum, this is convenient and avoids the limitations of those rational reconstructions of historical inquiry which seem unrecognizable to practitioners of the craft.

The Case of King George III

To this point, the discussion of progress in the study of lives has been somewhat abstract, with only brief illustrations. In this section I would like to make the issues more concrete by analyzing the course of inquiry into a specific biographical issue, namely, the debate over conflicting interpretations of the disorders of George III of England. The emphasis will be not so much on the details of the king's disturbances, but rather on what the history of inquiry on this intensively studied individual can reveal about processes involved in advancing biographical understanding.

George III (1738–1820), King of England during the American Revolution and from 1760–1820, suffered from five distinct periods of illness, in 1765, 1788–1789, 1801, 1804, and 1810–1820. The disorder of 1788–1789, when the king was 50, was the most fully documented attack, the first that involved mental disturbance, and the one with the greatest political implications, thus, it is the one that will be discussed here.

First reports of the disorder came in June 1788, when the king complained of a fever and violent pains in his stomach and bowels. He recovered shortly, but in October of that year, signs of delirium appeared, accompanied by symptoms such as weakness of the limbs, hoarseness, sleeplessness, excitement, and confusion. A member of the court, Lady Harcourt, recorded in her diary (MacAlpine & Hunter, 1969) that:

Every alarming symptom seemed increased, the bodily agitation was extreme, and the talking incessant, indeed it was too evident that his Majesty had no longer the least command over himself. [T]he veins in his face were swelled, the sound of his voice was dreadful, he often spoke till he was exhausted while the foam ran out of his mouth (p. 25)

His four attacks from 1788 on were marked by symptoms such as painful weakness of the arms and legs, hoarseness and difficulty in articulation, pain in the head and face, occasional anesthesia, abdominal pain, constipation, racing pulse, visual and auditory disturbances, delusions, and agitated talking and hyperactivity.

How was such a puzzling array of symptoms to be explained? To simplify, the history of different explanations of the king's disorders can be roughly divided into five stages: (a) contemporaneous explanations, (b)

classification according to descriptive psychiatry in the 19th century; (c) psychodynamic explanations, (d) explanation in terms of a metabolic disorder, porphyria, and (e) criticism of the porphyria explanation and the search for alternative explanations

During the first of these stages, many physicians at the time were frankly baffled by the king's array of symptoms, and some fell back on the ancient theory of an imbalance between the four humors—black bile, yellow bile, phlegm, and cholera. According to this interpretation, the king initially suffered from pain in his feet, but by staying out in the cold with wet stockings, an imbalance among the four humors was driven from his feet up into his brain.

The king's disorder was of great concern, not only for the sake of his personal well-being, but also for political reasons, in that if he was judged insane, then the Prince of Wales would be appointed regent, with powers of the king. An issue which carried great weight at the time was whether the king's disturbances should be seen as the result of a physical problem, in which case one could expect recovery or death, or whether his symptoms indicated insanity, in which case recovery was relatively unlikely and he might have to be declared incompetent to rule. Different political factions lined up behind different medical opinions, with the king's Tory supporters favoring an explanation in terms of physical disturbance, whereas his opponents were more inclined to consider the disturbance a mental one. By March 1789, the king had apparently recovered, lending support to the theory of physical origins of the problem.

A second explanation was proposed in 1855 by Dr. Isaac Ray who disagreed with the royal physician's earlier assessment of physical delirium, and argued rather that the disturbances had all the characteristics of "ordinary acute mania," resulting from an abnormal mental state.

The next extended study, initiating the third stage, did not appear until 1941 when an American psychiatrist, Guttmacher, published a psychoanalytic study titled *America's Last King: An Interpretation of the Madness of George III* (1941). He argued that the king's disturbances could be explained in psychodynamic terms, and that his attacks could be understood as breakdowns under the pressure of political and domestic events which overwhelmed his vulnerable defenses and led him to decompensate.

Fourth, British psychiatrists and historians of medicine Macalpine and Hunter (1966) first put forward their hypothesis that the king's puzzling array of symptoms resulted not from a mental disturbance, but rather

from porphyria, a rare metabolic disease not discovered until the mid-19th century. Porphyrins are purple-red pigments which exist in every cell in the body and which give blood its red color. In the disease of porphyria, there is a disturbance of porphyrin metabolism which leads to an accumulation of toxic chemicals throughout the body, which, in acute attacks, can produce a wide array of symptoms, including intense abdominal pain, weakness and paralysis of muscles, reddish-brown urine (from an excess of porphyrins), sensitivity to sunlight, and psychiatric disturbance. The range of symptoms of George III, which are extremely puzzling from a psychological perspective, fit closely with those of porphyria. Indeed, according to Macalpine and Hunter in their 1969 book *George III and the Mad Business*, "his symptoms and their sequence read like a textbook case" (p. 173).

Although urinalysis was not a systematic practice at the time, there were six different instances in which the king's physicians noted that his urine was dark or bloody at the height of his attacks. If porphyria is hereditary, then one would expect to find symptoms of it in the king's ancestors and descendants. Macalpine and Hunter report that laboratory methods verified the existence of porphyria in four living descendants, and that analysis of historical and medical records provides evidence of porphyria in relatives such as Mary, Queen of Scots, James I, four of George III's sons, and his granddaughter, Princess Charlotte. In short, a variety of lines of evidence seem to converge in pointing to the conclusion that the king suffered from porphyria.

Criticisms of the Porphyria Hypothesis

The case, however, was not that simple, as indicated by the flurry of letters on this issue in the *Times Literary Supplement* in 1970,² which takes us to the fifth and current stage. Given the apparent effectiveness of the porphyria hypothesis in accounting for a great range of disparate mental and physical symptoms, how could it not be true?

The porphyria hypothesis was criticized by Guttmacher (1967) and other psychodynamically oriented theorists, but most problematic was

2 The original review of Macalpine and Hunter's *George III and the Mad Business* was published in the *Times Literary Supplement* on 8 January, 1970, p. 30, which was followed by correspondence on 15 January (p. 58), 22 January (p. 84), 29 January (pp. 110-111), 5 February (pp. 134-135), 12 February (pp. 168-169), and 19 February (p. 202).

the fact that the porphyria diagnosis was criticized by a number of leading authorities on the disease.³ In particular, Dean (1971), who first identified porphyria variegata, the type that George III was supposed to be afflicted with, did not believe it. In his experience, acute attacks of the disease could be traced back to susceptible individuals taking drugs such as barbiturates and sulphonamides which were not in use until the beginning of this century. Most importantly, since porphyria variegata is hereditary, with an autosomal dominant gene that leads approximately half of the children of a carrier to acquire it, there should then be a large number of living descendants of George III and his 15 children who had the disease, and no such evidence exists. In a detailed hereditary study, Dean (1971) had traced the spread of porphyria variegata in South Africa from one immigrant nearly 300 years ago to over 8,000 living descendants with the same gene today. Macalpine, Hunter, and Rimington (1968) first reported clinical and laboratory information on two descendants who were supposed to have porphyria, but one of these cases is seen by experts as highly questionable. In their book one year later, after the criticisms were published, Macalpine and Hunter (1969) then state that the disease has been diagnosed in four living family members, but provide

no details on methods of diagnosis or laboratory test results, which makes it impossible for others to evaluate their claim. As Dean says, "such a statement without evidence is hard to accept" (1971, p. 164).

Macalpine and Hunter (1969) also argue that the gene could be traced from George III through eight generations of his ancestors to Mary, Queen of Scots. Each of the children of a porphyric parent has only a 50% chance of inheriting the gene, so the chances of it passing directly along the royal line for eight generations are extremely remote (approximately 1 in 256). As expressed by Dent (1971), if the gene is passed directly down the royal line, "then the gene must have had an uncanny knack, defying, I think, scientific explanation, for picking out the sub-

3 Criticism of the porphyria hypothesis was published in the *British Medical Journal* by Professor C. E. Dent on 3 February 1968 (pp. 311–312), Dr G. Dean on 17 February and 27 April 1968, and Professor L. Eales and Dr E. Dowdle on 30 March (p. 841). Much of this correspondence is reprinted in G. Dean (1971). The porphyria interpretation was, on the other hand, either defended or perceived positively in that same journal by T. K. With on 3 February 1968 (pp. 312–313), Professor A. Goldberg on 24 February 1968 (pp. 509–510), and Professor C. Rimington, on 24 February 1968 (p. 512), and by Denton (with Macalpine & Hunter) on 16 March

jects in the direct line of succession first son when available, otherwise whoever comes next according to the particular rules in this complicated game" (p 154) Dean concludes that the claim that George III and many other members of the royal family suffered from porphyria variegata "is, in my opinion, not only unproven but, on the evidence presented, extremely unlikely" (1971, p 157)

What more recent advances have there been in this debate about the porphyria hypothesis? In particular, what could a search of the literature on porphyria and medical history do to clarify the situation? I surveyed a number of recent textbooks and literature reviews on porphyria (Goldberg & Moore, 1980, Kappas, Sassa, & Anderson, 1983, McColl, Moore, & Goldberg, 1982, With, 1980) and searched sources such as *Index Medicus*, the *Bibliography of the History of Medicine*, *Current Work in the History of Medicine An International Bibliography*, and journals such as *Medical History*, *Bulletin of the History of Medicine*, *Journal of the History of Medicine*, and the last 10 years of the *British Medical Journal*. A less exhaustive search was made of the historical and psychological literature through a computerized search of *Historical Abstracts* and *Psychological Abstracts*.⁴ I also contacted a leading biographer of George III, historian John Brooke of London, and the world's leading authority on porphyria variegata, Dr Geoffrey Dean of Dublin, to see if they knew of any recent contributions to the problem.

On the basis of what I was able to learn through this search, it seems that there have been few fresh contributions to the topic since the flurry of discussion from 1966–1970. Since Dean's summary of the debate in 1971, there have been a number of secondary discussions of the topic, primarily summarizing earlier contributions without advancing the debate (e.g., Batley, 1975, Taylor, 1976, Witts, 1972). One exception is Hurst's 1982 article which claims to have traced the disorder even further back to the 14th century, but does not consider any of the criticisms of the porphyria hypothesis or the difficulties in believing it was transmitted for long periods along the lines of royal succession.

The outcome of this controversy seems to have been perceived differently by historians and medical specialists. Historians are more likely to say that the porphyria diagnosis is controversial, although widely ac-

4 This search was conducted in 1983, and is relatively complete up to that time, but more recent literature does not seem to indicate any substantial changes (Christie, 1986)

cepted, while physicians state that the porphyria hypothesis is either unproven or extremely unlikely.⁵ For example, one biographer says that the porphyria diagnosis has been questioned "by a few historians and various experts in porphyria research, but most historians of the period have found it convincing" (Hibbert, 1972, p. 81). A recent textbook on porphyria says that "It is now ten years since this hypothesis was first put forward and failure to find a living descendant with VP [porphyria variegata] lends strong support to the antagonists" (Kramer, 1980, p. 318) of the porphyria thesis.

In short, I was hoping that a search of recent medical and historical literature would contain a solution to the problem. There has been an explosion of research on porphyria in the last decade, much of it associated with biochemical studies of the disorder, but advances in this literature have not been translated into a solution of the apparently contradictory evidence on George III and his lineage.

The Puzzle and Possible Resolutions

The problem that we are left with as a result of the serious criticisms of the porphyria hypothesis is as follows. George III seemed to have had a pattern and sequence of physical and psychological symptoms which fit the diagnosis of porphyria remarkably well, including elements of intense abdominal pain, weakness and paralysis of muscles, discolored urine, sensitivity to sunlight, and periodic manic and psychotic attacks. On the other hand, the argument tracing its inheritance back through George III's ancestors to James I and Mary, Queen of Scots, is unpersuasive, and, most significantly, there does not seem to be convincing evidence of the presence of the genetic defect in current descendants. In short, porphyria has not been convincingly traced through George III's ancestors, nor through his descendants, and particularly not in living descendants.

⁵ One reviewer (Willcox, 1971) of *George III and the Mad Business* commented that as a result of the debate in the *Times Literary Supplement*, the "arguments pro and con were inconclusive, but did make two points clear: first, that the medical specialists, among them an outstanding authority on porphyria, are skeptical of the Macalpine-Hunter thesis, second, that two of the leading historians of the period, Ian Christie and John Brooke, are deeply impressed by it. The authors' fellow professionals find the evidence in their field unconvincing, professional historians, in whose field the authors are amateurs, find it extremely persuasive."

Thus, there is a real intellectual puzzle here. George III seems to have had porphyria or a disorder with symptoms very similar to it, yet it seems not to have spread in the expected genetic fashion down to a large number of living descendants. What different ways are there out of this puzzle? How might progress be made in resolving the apparent contradictions?

One strategy is to find a type of porphyria that has neurological symptoms and is not transmitted as a dominant gene. Over the years, a number of subtypes of porphyria have been identified, and of the six major types, two are not transmitted in this fashion (Kappas et al., 1983). One type (congenital erythropoietic porphyria) is inherited as an autosomal recessive, while a second type (porphyria cutanea tarda) is usually acquired. Both of these types of porphyria will not do here, though, as they have symptoms of skin sensitivity to light, but not of psychological disturbance.

A second possibility was to find a way of integrating both metabolic and psychological explanations. Just because an individual has a metabolic disorder does not rule out the possibility of having psychological problems as well. It seemed to me, and still does seem, that psychological factors were dismissed too easily by Macalpine and Hunter. For example, perhaps psychological stress was one of the precipitating factors in acute attacks of porphyria. This particular form of a combined metabolic and psychological explanation does not hold up for two reasons, although perhaps other forms of a joint explanation could be more strongly supported. First, I could find no evidence in the porphyria literature that acute porphyria attacks were precipitated by psychological stress, and secondly, George III's attacks did not come at times which appear to be of greatest personal and political stress.

A third possible resolution is that George III suffered from another metabolic disorder, one that has similar symptoms to porphyria, and perhaps even similar mechanisms, but is not genetically transmitted. One possibility along these lines is lead poisoning, a disorder which has recently received attention in regard to studies of Roman emperors and the 18th-century English aristocracy (Nriagu, 1983). The appeal of this hypothesis is that lead poisoning can lead to increased porphyrin levels, and in fact, assessment of porphyrin levels is one of the ways that lead poisoning is diagnosed. Secondly, there is a substantial overlap between the array of symptoms of acute intermittent porphyria and lead poisoning (Moore, Meredith, & Goldberg, 1980). In particular, lead poisoning can cause symptoms of abdominal pain, constipation, nausea and vomiting,

paralysis or paresis, motor abnormality, elevated heart beat, and psychological disturbances, all of which were experienced by George III Third, lead poisoning is not genetic, but exposure to lead through diet, alcohol, or utensils may explain a higher prevalence of this disorder in royalty than in the common populace

Those are the strengths of the theory. Several problems with it remain to be explored. For example, why did it affect George III, who was a notoriously restrained drinker? Why did it affect him, and not other members of his immediate family, who, presumably, were exposed to the same environment and contaminants? Was there, perhaps, some differential exposure to lead on his part, or possibly, a different biological susceptibility to a common level of lead absorption? These are important questions that will have to be resolved if lead poisoning is to replace porphyria as an explanation of the king's disorders.

Progress in the Study of George III's Disorders

To what extent, if any, has progress been made in our knowledge and understanding of the disorders of King George III? And what processes are responsible for whatever progress has occurred? It is evident that the debate thus far has not resulted in any universal consensus. One division is between historians, who tend to believe that George III did suffer from porphyria, and medical experts, who generally believe that he did not.

Does a lack of consensus on these issues mean that no progress has been made? Definitely not, as there are substantial areas within which progress has been made in formulating, supporting, and critically evaluating particular explanatory hypotheses, even when disagreement re-

or political stress, and that the occurrence of disorders seems uncorrelated with apparent stressors in his life. Critics of the porphyria hypothesis have pointed to problems with the supposedly corroborative laboratory evidence on living descendants, and to problems in the genetic argument. In fact, this process of critical evaluation of explanatory hypotheses is aided by the lack of consensus, as there are a variety of parties in the debate, each seeking truth from their own perspective, and each motivated to support their own formulations as persuasively as possible while finding flaws in the alternative explanations.

Third, progress has been made in collecting additional relevant evidence, as in trying to find laboratory evidence on the existence of porphyria in current descendants, or in trying to learn about the heritability of different types of porphyria. Fourth, the debate has been progressive in the development and application of new theory and background knowledge not available during the king's lifetime, such as the utilization of psychodynamic theory, the theory of porphyria, or knowledge about the possible effects of lead poisoning.

Finally, many steps of the argument have been influenced by social factors such as the political orientations of George III's contemporaries, with supporters favoring explanations in terms of fever or physical illness, while opponents favored mental illness. More recently, a physical explanation of the king's disturbances is argued for by Macalpine and Hunter, a mother and son team of psychiatrists who had as a leading theme in much of their work the greater importance of physical rather than psychological sources of mental disturbance. There is, however, no simple determination of belief by social or professional background, as leading porphyria experts are not imperialistically trying to subsume everything under their domain, but in this case are arguing against a porphyria explanation.

Conclusion

In summary, this paper has approached the topic of progress in psychobiography from two different perspectives. The first section briefly reviewed the historical growth of the field, including the range of disciplines involved, the rise of associated professional organizations and publication outlets, and a quantitative analysis of the increase in books, articles, and dissertations in psychobiography. In the second section I argued that progress in psychobiographical understanding can be analyzed

into eight component processes, such as the collection of additional evidence, the formulation of fresh interpretations, critical examination of prior explanations, and the application of new theoretical advances

debate about the physical and psychological disturbances of King George III

A single case such as that of George III does not, of course, provide a conclusive test of the model proposed here, but can only illustrate it. I have, though, found these same eight processes useful in analyzing the history of psychobiographical research on a number of other figures, such as the extensive debate about the psychological or medical interpretations of Woodrow Wilson, the many psychological interpretations of Adolf Hitler's personality and behavior, and the continuing reanalysis of Freud's case studies including the Rat Man, Little Hans, Anna O, Dr Schreber, Dora, and the Wolf Man (with an extensive literature on each

In conclusion, the four basic tasks of personality psychology are (a)

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