CASE PRESENTATION

FOLIE À DEUX IN ADOLESCENT TWINS

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ABSTRACT

A case of Folie à deux affecting twin brothers in their adolescence is described. The principal subject was suffering from schizophrenia. The passive subject recovered as the other received treatment. Follow up after 2 years of initiating treatment showed complete remission of the shared delusion but the principal subject remained socially inadequate and vulnerable to the long-term effect of the primary disorder.

Folie à deux is a French term which literally means "Psychosis of two". It was first coined by Lasegue and Falret in 1877[1]. Though this condition had been described previously, similar terms were used to describe cases which involved more than one person like contagious, reciprocal, collective and double insanity, psychosis of association and shared paranoid disorder[2].

Folie à deux is a psychiatric entity characterised by the transference of delusional ideas and/or abnormal behaviour from one person to one or more others who have been in close association with the primarily affected patient.

Demontyel (1881) proposed a division of Folie à deux into three separate conditions[1].

— Folie imposee (imposed psychosis) in which the delusions of a psychotic person were transferred to a mentally sound one, but it was necessary for the persons to be intimately associated. The disease in the second did not run a typical course but tended to disappear as soon as the two were separated.

— Folie simultanee (simultaneous psychosis) in this type as an identical psychosis appears simultaneously in two morbidly predisposed persons.

— Folie communiquee (communicated psychosis) where there was a contagion of ideas, but only after the second person has resisted them for a long time.The involved person maintains the psychosis even after separation from the first.

Tuke in 1888 added another type of Folie à deux that occurs in twins[3]. He stated that "It really seemed as if there was a sort of sympathy between them, or it would perhaps be more correct to say that the constitutions, having originated and been built up at the same time, and under precisely the same condition, were so nearly identical that the existing causes of insanity produced, when afflicted upon them, the same result". However, it is not accepted if twin cases constitute a separate group.

Folie à deux is a rare condition which occurs more frequently in women and among those living in poverty and under economic stress[2]. It occurs most frequently between parents and their

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children, and sister combinations. Next in frequency is husband and wife combination[4]. As the vast majority of patients are blood relatives, most authors have emphasised the role of hereditary factors in the aetiology of the condition[5]. Heredity does not explain the occurrence and transference of delusions even if it can be implicated as producing a fertile ground for the formation of shared delusions. Environmental factors like length of association, dominant/submissive type of relationship and relative isolation of the family from the community are conducive to the production of the circumstances essential for bringing about the sharing of paranoid delusions and their transfer from one subject to another[4].

THE CASE:

N and S are twin brothers. They were 13 years old at the time of consultation in December 1982. The parent who accompanied them to the clinic stated that the twins believed that the father is not actually their father. A few weeks prior to this visit, the father scolded them as he thought they were involved in mutual masterbatory activity. Immediately after this incident N ignored the father completely and his brother S soon followed him in his attitude towards the father. In the first session N responded to the therapist's question "Who is your father?" by saying "I do not have a father, I am like the plants and insects who originate from the fertile ground". The parents described the twins as being closely associated, almost identical in their physical appearance, motives, attitudes, hobbies and performance level at school. N seemed to dominate the association and S usually followed and imitated his twin brother. School reports revealed extreme withdrawal behaviour, excessive shyness with hardly any social contact. Their performance in school work was average, they have never been in trouble with other students or teachers.

The family has recently moved to Bahrain and live in isolation from the community. The father is a 45 year old electrical technician, originally from Yemen but has lived in Iraq, India and U.K. before imigrating to Bahrain. The mother is a 35 year old housewife of Indian nationality. She still does not speak the local language. The family discontinued their contact with the clinic before a full assessment of the situation was reached as both twins refused to come for further visits. The clinic kept contact with the family through social worker's home visits and telephone calls. The twins continued to hold firmly upon their beliefs regarding the father, which later involved the mother as well. In December 1984 the school referred N to us because of severely disturbed, socially unacceptable behaviour which necessitated admission to a psychiatric ward. He was diagnosed as a case of schizophrenia with evidence of personality deterioration and so received the appropriate treatment for such a condition. After discharge in January 1985 he was put on long acting neuroleptic because of poor compliance with the oral medication. The delusion against the father disappeared but he continued to be aloof, socially immature and showed inappropriateness in behaviour and affect. However, his brother S completely recovered and has remained symptom-free for almost two years following the discharge of his sick brother.

DISCUSSION

Though several instances of Folie à deux have been reported in twins we could not find any case reports for adolescent twins. Twins, especially monozygotic, because they are of the same sex, form much more intimate associations than other siblings; they dress alike, and attend the same classes, and above all, they make the same friends, who look upon them as being identical in personality. These factors produce a closer relationship and identification between them.

The case described here outlines some of the features of Folie à deux. It fulfils the criteria for diagnosing the disorder according to Dewhurst and Todd (1956)[10]. These include: (a) the presence of positive evidence that the partners have been intimately associated; (b) the presence of a high degree of similarity in general motive and delusional content of the partners's psychosis; (c) presence of unequivocal evidence that the partners accept, support and share the other's delusional ideas.

The principal subject N was suffering from schizophrenic illness, his delusions against his parents were transmitted to his intimately associated twin brother S. As the dominant sick

partner received the appropriate treatment, the passive partner lost his delusions. This involvement was maintained for 3 years while both were living together and attending the same school, and even the same class. Certainly both subjects need assistance to deal with the loss of their relationship and maintaining therapy for the primary condition.

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