

## “FOLIE A DEUX” IN IDENTICAL TWIN SISTERS

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Here is a case report of Folie a Deux in a pair of identical twin sisters. This is a rather interesting situation as both the sisters repressed considerably in their effort to cope with the situational problem which ultimately erupted first in the younger twin and later in the other. The distortion of reality of developing into an acute psychotic illness was transferred from the younger in the elder twin. The case is more interesting because both of them responded to the in-patient treatment and contrary to the recommended practice, due to lack of available facilities, they were both kept together in the same ward. Both were admitted and discharged from the hospital on the same day.

### CASE REPORT

Mrs. “MS”—19 years old—married housewife having only primary education came from a lower middle socio-economic status. She lived in a joint family set-up. This was her 3rd admission in the Davis Institute of Neuropsychiatry suffering from a psychotic excitement. She predominantly had paranoid symptoms in the form of delusions of persecution by her mother-in-law and brother-in-law. She was seriously disturbed, aggressive and assaultive. Before her illness she was of a dominating cyclothymic extroverted personality and had a social mixing temperament. She had her first episode of psychotic breakdown in the form of Manic Excitement at the age of 14 years before her marriage. The 2nd and 3rd episodes occurred after her marriage.

The elder sister Mrs. “SS” was also admitted on the same day as her elder sister with identical presenting features. This was her 2nd episode. The first episode occurred 2 years earlier and followed the breakdown of the other sister. Prenatorbally she was introverted, shy, submissive and of a gentle temperament.

Before the onset of the illness i. e. the 2nd attack of the younger twin and the first attack of the elder twin, both the sisters were staying with their husbands in the same house in a joint family set-up. Then the dispute for property and land commenced in the family. This dispute had been going on for over a year when about 3 weeks prior to the onset of the illness, both the husbands had a serious quarrel with their elder brothers and in the melee there were accusations and recriminations where in the mother-in-law accused the daughters-in-law for the trouble. The younger twin sister however, accused the mother-in-law for this dispute while the elder one kept quiet. The net outcome was disruption of relationship within the family and progressively increasing intrafamilial tension prompted both the couples to decide about living separately due to frequent quarrels between the eldest brother and two husbands involved. The two husbands get along fine with each other and there is no problem. The younger twin sister began her symptoms in the form of sleeping disturbance uncontrolled behaviour and aggressiveness. Within a week she also developed suspiciousness against her mother-in-law and the elder sister's

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husband. Later she developed wide spread persecutory delusions, aggressiveness, insomnia and generalized psychotic excitement for which she was brought for admission.

The elder twin sister was staying with her younger sister after her marriage and when the dispute between the husbands and their elder brother started, she was very much worried but due to her introverted premonitory personality she was able to convey her anxiety to her husband. She was however unable to reply back to her mother-in-law as her younger twin sister did. Both the sisters have five elder brothers who are healthy and neither they nor the parents had any psychotic breakdown before.

#### DISCUSSION

This case report satisfies the basic tenets believed to be the factors of Folie a Deux as described in the literature, in that the elder sister had psychotic break-

downs following the psychotic breakdowns of the younger sister who was of a dominating temperament and imposed her delusional thinking on the elder one. The most important factor of this case report is the fact that here we find a convincing plethora of etiological factors both of genetic and environmental origin and it seems to us that probably both "Genetic and Environmental" factors are important in the final development of the disease and psychodynamic explanations alone are not enough to produce it. Even in Gallick's series of 109 pairs recorded in literature 40 consisted of 2 sisters, 24 mother and child, 11 of 2 brothers, 6 of brothers and sisters and 2 between father and child. Only 26 pairs included husband and wife as psychotic partners but we do not know whether there was any consanguinity among them or no. This also appears to support the thinking about multifactorial etiology.