

Folie à trois - a sick family: case study. Coincidence of psychiatric disorders in a single family.

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Summary: A mother and two daughters were admitted to the hospital to a psychiatric ward at three subsequent days, because of bizarre behaviour. A few days earlier they suddenly left their home and “went into the unknown”. They started wandering around together from village to village. At that time the third daughter stayed at home. All four women joined the community of Jehovah’s Witnesses, but they were all excluded several months ago. During hospitalization the mother was diagnosed with paranoid reaction, daughters with psychiatric disorders being of shared psychosis character. The daughters completely recovered. Later on the third daughter was hospitalized and she was diagnosed to have schizophrenia.

Key words: shared psychosis, case study

Introduction

Coincidence of psychiatric disorders within a single family is not an infrequent phenomenon. It might be a result of hereditary mechanisms, but it can also occur as a result of social interactions, when a child starts to react in the manner similar to its parents, as behaviour acquired with the upbringing. It rarely occurs, however, that the psychiatric disorders, psychoses in particular, are simultaneously diagnosed in several members of one family. We may assume that we are dealing with a case of shared psychosis, particularly when the morbid experience and behaviour pattern of the family members have a similar clinical picture.

Both the DSM-IV and ICD-10 classification systems permit diagnosing shared psychiatric disorders (*folie à deux*), thus stressing a particularly close interrelation between the patients. It is often noticed that the “induced” persons may exhibit specific character traits (like histrionic personality, or high susceptibility to suggestions). Disorders are enhanced by significant cultural and social exclusion, and the related limitation of external interactions.

The case study of three family members is discussed below, where a mother and two daughters were admitted to the psychiatric hospital in three subsequent days.

Daughter I

Patient H.N., age 17, was brought anonymously to a psychiatric ward in Gdańsk by an emergency ambulance, having been found in an allotment. Upon admission to hospital (without her consent) the patient behaved negatively and did not answer questions. She was spontaneously uttering religious comments like “Jehovah is love, he is promising paradise on Earth”, and “the villains shall be punished”. She followed simple instructions. The weakness predominated in her somatic condition. The physician-on-duty ordered further observation of the patient; he suspected the paranoid syndrome.

The following day the patient’s condition did not change. The description of her mental condition was: “The patient utters religious and prophetic delusions, sometimes is mutistic and negative”. She was administered an antipsychotic drug (perazine).

Two days later, after a longer interview the patient burst into tears, gave her name and address, and agreed to disclose information about herself and her family. Her mother, B.N., was a teacher, and her father was an electronic engineer. Her father was presently living in a town 360 km away as he had divorced her mother a year earlier in the spring. She did not know her father’s exact address. The father, however, used to send money to her and her sisters every month and he would phone them. It turned out that the patient had two other sisters: 23-year-old N.N., and L.N. who was 20.

The marriage of her parents did not work out well, because her mother had become a Jehovah’s Witness, which was the cause of numerous conflicts at home. She, as well as her sisters was brought up as Jehovah’s Witnesses.

The patient was a second-class student at a College of Economics (secondary school), but she stopped attending classes a few months ago. She felt depressed, had problems with concentration, she was finding herself as inferior and worthless, she neglected her personal hygiene, her weight dropped 10 kg, stayed at home most of the time and suffered from nightmares.

H.N. said she had a good relationship with her older sister, L.N., yet she failed to establish good contact with N.N, the oldest one. “She had always been strange”, she said. In her opinion, her oldest sister, N.N., had been mentally disturbed for a few years. She spent most of the time lying down, talking of bizarre things.

She also claimed that they had had problems within the Jehovah’s Witness community for the last 18 months, as they had informed the Senior Council, that somebody had been distributing drugs within the community. Subsequently they had been excluded from the community. The condition of N.N. had deteriorated, and the atmosphere at home grew worse. H.N. informed her mother and sister that she was leaving home. She returned 24 hours later to pick her gloves and cap. Her mother made a few sandwiches and the three of them went out to find “a better place” for themselves, N.N. stayed home.

During the next interview she said she had gone out with her mother and sister to get some food, but she “had gone astray”.

When her mother and sister left her, H.N. focused all her thoughts on God. She could not recall what had happened for the last few days: she had left her house and went straight on. She had been living on hazelnuts and had been drinking “the dew out of stalks of grass”. She did not remember being brought to the hospital. She wanted to forget all about her past.

After a month in hospital H.N.’s mood became stable, she was actively partici-

pating in various activities, and had no psychotic symptoms. The dose of perazine was decreased and gradual withdrawal from the medication was recommended. Dissociative fugue (F 44.1) and unspecified disturbance of mood (F 39) were ultimately diagnosed.

Mother

B.N., age 48, was detained by the Police together with her daughter, L.N. They were wandering around from one village to another. People had refused to put them up for the night and called the police, saying that the two were going to set their shed on fire.

On admission to the hospital (without her consent) four days later than H.N., she refused to disclose her identity, did not answer questions referring to herself and her current situation, merely repeating: "It's not that easy..." She had said only this for the last couple of days, she had not eaten anything and she was very tired. The weakness predominated in her somatic condition. Swellings and crusts were found on her legs. On the third day of her stay in hospital the physician found her to have paramimia, parathymia, restraining thinking processes, and issued a preliminary diagnosis of catatonic-paranoid syndrome. He recommended the administration of the antipsychotic drug - chlorpromazinum.

Interviewed after four days, the patient confirmed her personal data (collected from her daughters admitted at the same time to other wards). She had recently given up her job as a school teacher, although she was satisfied with her work. She sent her resignation notice to school together with her last salary. She asked for contact with her daughters. She said she would never return home again. Her three daughters went neither to school nor to work. The worst relationship was with the oldest daughter, N.N. who had undergone mental changes. B.N. refused to give grounds for her behaviour and to describe what she had been doing for the last few days. She suffered from symptoms of depression. During the subsequent days of hospitalization the patient took care of her personal hygiene and established contacts with other patients (discussing religious matters).

The patient's ex-husband visited her and the daughters during their stay in the hospital. He explained the doctor that his ex-wife and daughters had been a member of the Jehovah's Witness community for many years; however she and her daughters were excluded from the community in November, the previous year, because of their disobedience. They were allowed to participate in the meetings, although they were isolated and they were not permitted to talk to the others. They were severely affected by this situation. The patient herself was not eager to discuss the issue of exclusion in detail. At some moment B.N. admitted that she had felt threatened by other members of the community. They "wanted to hurt her" because she made herself unpopular with the others.

A gradual improvement in the patient's mood had been noted. She behaved appropriately, and managed to modulate her affect. She did not show residual signs besides being uncritical. She did not feel endangered any more, since "her case had become famous".

During her hospitalization she received an anti-rabies vaccine as she had several dog-bites on her legs. She was administered antipsychotic (perazine) and antidepressive (mianserine) treatment.

Psychological examination confirmed a personality disturbance of a passive-aggressive nature. She was diagnosed with paranoid reaction.

Daughter II

Patient L.N. was admitted to the hospital without her consent, at the same time with her mother B.N., dirty, self-neglected and without shoes. She did not give her name and claimed she was 20 years old. She said she had no home and was wandering around together with her mother from village to village. The previous night she had been detained, together with her mother, by the police. She was giving senseless answers to all questions. When asked about her name she replied: “a little flower, or a cowslip”. She said she was very tired, and 2 or 3 days earlier she had been bitten by a dog (she had visible dog bites on her calf). The doctor-on-duty has found her having distorted orientation in own identity, orientation in place was proper, difficulty in establishing logical contact, and negative behaviour. The psychotic symptoms were difficult to estimate. The patient also showed psychomotor retardation. During the time of examination she was trembling, weak and exhausted. At this point no specific treatment was recommended.

Three days later she whispered that she, along with her mother and sister had left home in the evening a couple of days before, but her younger sister “got lost somehow”. When asked if it was an escape, she replied that “we had left just like that”, they had hardly spoken to each other. At the beginning, it was “nice to go straight ahead”, but then they got tired, their shoes wore out, and they lay down more and more often. They drank water out of puddles – “but only the clean ones; it was good, that water”. And they ate nettles and sorrel. They never talked while on the road, they sang a little – religious songs – they couldn’t remember many of them.

At the hospital ward she noticed: “It’s so strange that I have found myself lying bed to bed with H.N.”. The patient and her sister failed to establish contacts with each other for a few days. L.N. had problems with recalling what had happened before their “trek”. During subsequent interviews the patient remembered the period “before leaving”: they “left in a hurry”, but she remembered that they had been packing all day. They never discussed where the road led to or why they should go. They were trying to “go as far and as fast as possible”.

It was unimportant to her how she found herself in hospital and she was not sure if she was “the same L.N. as before, the very same person.” She said: “Everything was blurred. Now everything is changed” – but did not specify what she meant by that. She was administered an antipsychotic drug – perazine.

During the three months she spent in hospital her behaviour returned to normal. Psychotropic drugs were discontinued and psychotherapy was recommended. A psychological examination showed features of histrionic personality. Hospital observation and psychological examination indicate the diagnosis of situational reaction having the character of shared psychosis.

Daughter III

Patient N.N., 24, was hospitalized three months after the hospitalization of her mother and sisters. She was hospitalized without her consent.

While interviewed, her mother said that her daughter's mental state had been deteriorating gradually for months. She was becoming more and more "lazy", idle, she stopped working, studying, meeting friends; at the same time she behaved more and more aggressively. She would throw her mother out of the house, would not let her sister go out, and she did not go out either. She snatched telephones out of the sockets, cut off telephone wires, she demanded that her sisters should stop using the telephone at home, and when one of the sisters was talking on the phone she beat her up. She also made it impossible to use the intercom. She started talking to herself. She began claiming that her mother was a stranger.

The diagnosis was: schizotypal disorder (F 21) and schizoid personality (F 60.1). The patient was released from hospital with the recommendation of taking antipsychotics (flupentixol, chlorpromazine).

About one year later the patient was admitted to hospital for the second time. She was agitated, tense, expressed delusions of persecution and reference. She stated she was being influenced, had auditory hallucinations, showed traits of bizarre and incoherent thinking and conceptual disorganization. She claimed the police had replaced her mother and her sisters with strangers. She recently used to lock herself in her room and on the day of admittance she barricaded herself in her flat. She threatened to kill her mother and sisters because they troubled her and were not her real family.

At this time the diagnosis was paranoid schizophrenia (F 20.0). She was medicated with antipsychotics (perphenazine, risperidone). As a result, the delusional symptoms subsided, but residual symptoms remained. Her condition improved and she was discharged from hospital with the recommendation of taking an antipsychotic (risperidon).

Discussion

The above-described family consists of mother and three daughters. All the four women joined the community of Jehovah's Witnesses, but they were all excluded several months ago.

They had no other friends but the members of the community, and they all (except N.N.) admitted they had suffered very much, they could not accept being excluded. Although they were socially isolated, all of them (except N.N.) met other people (at work or at school). Their inner tension and feeling of threat grew. H.N. stopped going to school, and her own words show that she suffered from depression.

It is difficult to say if any "triggering" factor emerged which forced the three to leave their home one day and go into the unknown. H.N. called it "an explosion" of something accumulating in her for a long time, something she could not cope with. It was neither a pre-planned, nor a spontaneous decision: H.N., who was the first to leave, returned after 24 hours, they made sandwiches and B.N. returned her last salary to the school.

The symptoms noticed in H.N. and L.N. are best described as hysterical psychosis, as many of them are of dissociative nature. They never uttered any distinctly delusional comments. Thus we might assume that B.N. – their mother, the “carer” of the group, was a dominant person, and she was diagnosed with persecutory delusions.

This assumption is confirmed by psychological testing – H.N. is described as emotionally immature, impulsive, reliant, showing very little independence, L.N. as immature, sensitive and histrionic, whereas B.N. manifested features of passive-aggressive personality, excessively controlling and displacing emotions.

Their long membership in the community of Jehovah’s Witnesses certainly contributed to their mental condition, as the community was ruled in an authoritarian way, everybody was strictly submitted to the Senior Council’s irrevocable decisions.

It must be noted that the three women manifested personality features typical of sect members: difficulties in coping with impulses, in showing hostility, predominant mechanisms of suppression, projection and lack of insight. The rejection and ostracism they were subjected to caused growing tension and the feeling of threat, which led to the above-described “escape to nowhere”.

The third daughter N.N. did not join them. The other three women unanimously described her as insane, which proved to be true. While she was hospitalized, she was diagnosed with schizophrenia. The presence of this psychiatric disorder “protected” her from being induced, and allowed her to ignore the climate of “apocalypse” that was created at home.

During the year-long family observation period, possible due to the subsequent hospitalizations of N.N., no other woman in the group showed psychotic symptoms.

Sisters H.N. and L.N. broke their relationship with the Jehovah’s Witnesses community, and changed their style of living completely, giving up the puritan standards of the community in a rather rapid way, similar to that of adolescence crisis (at present one of them works as a model, the other is a single mother). Their mother returned to her job as a teacher.

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