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Suicide Pact in a Setting of Folie à Deux

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Summary: A case of folie à deux affecting two women friends who presented as a suicide pact is described. The shared delusion was based on their life situation and experiences. Social intervention and obtaining employment led to marked attenuation of the delusion in both partners simultaneously and while in close contact. Review of the relevant literature revealed striking theoretical similarities between folie à deux and suicidal pacts suggesting the ease with which the former could become the foundation for the latter.

"When you live in the shadow of insanity, the appearance of another mind that thinks and talks as yours does is something close to a blessed event."

ROBERT M. PIRSIG

Zen and the Art of Motorcycle Maintenance (1974)

Cohen (1961), defining a suicide pact as a mutual arrangement between two people who resolve to die at the same time and, nearly always, in the same place; found that such individuals formed 0.6 per cent of all suicides in England and Wales over the period 1955–8. The figure for a study in Bangalore is 2.5 per cent (Sathyavathi, 1975). A German study arrives at 3.6 per cent (Donalies, 1928); while the finding in a Japanese study is 4 per cent (Ohara, 1963). Ohara comments that data on the subject are scarce, even in Japan, which makes statistical reports incomplete. His findings are inflated by the inclusion of parent-child suicides, where a parent takes the life of the child before committing suicide. These 'forced double suicides' form 22 per cent of suicidal pacts in Japan and are seldom seen outside a few Asian countries.

Folie à deux, another relatively uncommon syndrome, comprising 29 individuals (1.7 per cent) out of 1700 consecutive admissions (Spradley, 1937), has been reported in association with suicide pacts. The striking feature of these reports is the relationship between the partners: twin sisters (Gralnick, 1942; Rioux, 1963), two sisters (Lasègue and Falret, 1877; Deutsch, 1938), mother and daughter (Coleman and Last, 1939; Dewhurst and Eilenberg, 1961), father and daughter (Floru, 1974; Lange and Ficker, 1976), two brothers (Dewhurst and Todd, 1956), husband and wife (Christodoulou, 1970; Lange and Ficker, 1976), ten members of the same family (Minovici, 1929), 912 members of the Peoples' Temple Cult including Jim Jones, their leader, and 260 babies and children (*Daily Telegraph*, 1978).

The events in Jonestown in the Guyana jungle are worthy of inclusion here because the shared pathological beliefs and abnormal behaviour are characteristic of folie à deux. Peoples' Temple cult members escaped from what they considered to be persecution in California and established their commune: an experiment in agrarian socialism laced with fundamentalist religion in the Guyana jungle. A US congressman, on a fact-finding mission to the commune, and four others were killed by members of the cult while about to leave Guyana with members who wanted to return to the United States. Jim Jones told his flock that the time had come for them to meet in another place. He preached that they were committing a revolutionary suicide to protest about the condition of an inhuman world. He urged the mothers to pour cyanide down the children's throats so that they might die in dignity. The death by suicide of the 912 members of the Peoples' Temple is reminiscent of the 'forced double suicides' in Japan.

These relationships in folie à deux suicide pacts are a reflection of those shown by individuals who fall prey to either of the syndromes independently. The common belief that suicide pacts are made by lovers who encounter insurmountable obstacles to union is supported by the eastern studies, but only a small proportion of the pacts were of this sort in England and Wales (see Table).

Notwithstanding a recent comprehensive review of folie à deux (Enoch and Trethowan, 1979), the case reported below invites study because of the association of two relatively rarely reported syndromes and certain peculiarities that warrant recording.

TABLE

Comparison of the relationship of folie à deux partners with those of suicide pact partners. (Numbers of combinations are given with percentages enclosed in brackets)

	Folie à Deux	Suicide Pacts		
Relationship	Gralnick (1942) Cases reported 1877–1942	Cohen (1961) England and Wales 1955–58	Sathyavathi (1975) Bangalore 1967–73	Ohara (1963) Japan 1954
Married couples	26 (22)	42 (72)	14 (61)	128 (10)
Lovers		5 (9)	4 (17)	744 (58)
Friend and friend	5 (4)	2 (3)	4 (17)	
Parent and child				282 (22)*
Sisters	40 (34)	2 (3)	1 (4)	
Brothers	11 (9)			
Brother/sister	6 (5)	2 (3)		
Mother and son or daughter	24 (21)	3 (5)		
Father and son or daughter	2 (2)	1 (2)		
Patient and patient	4 (3)			
M. homosexuals		1 (2)		12 (1)
F. homosexuals				38 (3)
Other				77 (6)
Total combinations	118 (%)	58 (%)	23 (%)	1,281 (%)

* A parent takes the life of the child before committing suicide (forced double suicide).

Case Report

Miss D, born 1934, and Mrs W, born 1924, were admitted to hospital in March 1972, after a serious overdose of butobarbitone. On initial psychiatric assessment they said that they had meant to die together and gave poverty as the reason for their action. They claimed that they had reached their decision jointly and neither admitted to having been the leader. They were transferred for in-patient psychiatric care and the following story was obtained.

Miss D, was an adopted only child. Nothing was known about her biological parents and there was no history of mental illness in her adoptive parents. She was at school until 16, and of average ability at lessons and mixing. She was a secretary for five years, but left to come to London to become an 'actress'. She enrolled at drama school, paid for by her adoptive parents, but left after one year. She did no work after 1957 except dressmaking for herself. She had an allowance from the adoptive parents which was later paid by a Mr S and stopped in August 1964. She wrote to Mr S, through the Australian bank, but received no reply. A letter to the bank revealed that they had no record of anybody by the name of D or S conducting business with them over the five years preceding the enquiry. They did recall that Mr S used to collect the letters sent by Miss D, from the bank, until November 1971. She had many boyfriends, but the relationships were short and there was no sexual intercourse. She denied any lesbian attractions.

She had had psychiatric treatment in April 1963, when she had complained of depression and hearing people discuss her from outside the room. Six months later she had been admitted to hospital after an overdose of imipramine. Transfer for psychiatric treatment was resisted by Mrs W and police intervention had been necessary. At that time she expressed beliefs that her parents, (who were in fact in Australia), were interfering with her.

When interviewed in 1972, she said that she heard strangers in a coffee bar in 1956 saying "she would go to the U.K., everything would be arranged and she would see her real father 'Dallas Woolf'. Boyfriends would never stay for long". In 1957 she heard people saying "she would never become an actress, because her parents would not allow her". She believed that in 1961 she had been given a needle and was told in her flat that 'they' came to the flat and were leaving newspapers which had significance for her. She could not specify who 'they' were. She claimed that since 1961 'Vernon Woolf' lived opposite. He introduced himself as her real father's brother and had come over to see that she was all right. Since 1962 he refused to speak to her and pretended to be a Frenchman.

Mrs W's parents were both dead. She had one older brother. There was no family history of mental illness. She had worked as a secretary since the age of 16. She came to London with Miss D and took an office job, which she resigned in October 1971. She went to Australia in November to get financial help from her brother but returned empty-handed. She married at 26 and described the first two years as happy, with satisfactory sexual intercourse. Her husband left her for another woman and they were divorced in 1961. She had lost interest in sex. She denied any lesbian attractions. There was no previous history of psychiatric illness.

When seen in 1972, she said that she resigned her job because "rules were put on her" since January 1963: she

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was told that she could not have sick leave without a doctor's certificate and instructed to learn telex; she was also moved into a darker office. In the last ten years she had had vague feelings that Miss D's affairs affected her. She found her brother 'unreasonably rich' in 1971 and concluded that he must be taking her money. The rules being put on, Miss D's money stopped and her brother getting rich are all connected. She related how 'Vernon Woolf', who lived opposite since 1961, introduced himself as Miss D's paternal uncle but pretended to be a Frenchman a year later.

She said that she sent the rules to him in 1963 but her letters were returned 'address unknown', and when she met him he denied being related to Miss D and said he did not wish to be bothered. She concluded that 'Vernon Woolf' was in league with her brother, and Miss D's and her life were being interfered with.

Miss D and Mrs W became close friends through mutual interest in the theatre. They lived together since coming from Australia to London in 1956. From 1964 they lived in increasingly modest circumstances, since Miss D's allowance ceased, and neither understood about claiming social security benefits. Total isolation set in, apart from the weekly visit to the supermarket, after Mrs W resigned her job in 1971. They claimed that they sought financial assistance from 'Vernon Woolf' to no avail before the joint self-poisoning.

A provisional diagnosis of schizophrenia was applied to both and they were treated with phenothiazines. Nursing in different wards did not lead to any change in psychopathology and was too distressing to maintain. After a social worker helped them with the financial difficulties they were discharged to the day hospital. They maintained the delusion that 'Vernon Woolf' followed them to the supermarket every Saturday, watching them 'with a smirk on his face'.

In 1975, they obtained part-time jobs in different parts of a department store and could work away from each other. They exhibited no symptoms apart from the preoccupation with 'Vernon Woolf' which persisted in spite of maintenance treatment with depot antipsychotic medication. Their attitude towards him considerably softened, however, and they lost the bitterness about his refusal to help them. By 1976 they were expressing concern that he must be insane to behave in that manner, and asked whether he could have treatment.

Discussion

This case history fulfils the criteria for diagnosing folie à deux (Dewhurst and Todd, 1956), i.e.:

(1) The presence of positive evidence that the partners have been intimately associated.

(2) The presence of a high degree of similarity in the general motif and delusional content of the partners' psychosis.

(3) The presence of unequivocal evidence that the partners accept, support and share each other's delusional ideas.

It could be argued that Mrs W exhibited resistance to separation as early as 1963. The dire consequence of the threat of separation is illustrated by the case of two adolescent girls who murdered the mother of one of them, because they saw her as an obstacle against their remaining together (Medlicott, 1955). There are reports that separation leads to loss of delusions in the induced partner (Lasègue and Falret, 1877; Postle, 1940; Zabarenko and Johnson, 1950; Goduco-Agular and Wintrob, 1964; Spensley, 1972). It has been rejected, especially in purely physical terms, as a necessary therapeutic device (Rioux, 1963). If the folie à deux represented an adaptive attempt to maintain closeness in the face of an ego defect, it would be expected that separation would not cure and might even aggravate the condition if that was the only treatment (Layman and Cohen, 1957). In the formation of a delusion, the psychotic individual gives up contact with people and thus has difficulty in differentiating his own thoughts from actual perception (Sturges, 1967). The aim should be the treatment of the group rather than that of individuals (Rioux, 1963). The test of the success of therapy is the disappearance of symptoms while the individuals are still together (Oberndorf, 1934). Diminution of the social isolation of the group as a whole strengthens the reality-testing abilities and reduces the paranoid tendencies (Wolff, 1957; Waltzer, 1963). Ascher (1949) warns that, since the psychiatrist has nothing better to offer, it would have been foolish indeed to deprive the two people of the only relationship that has any real meaning for them.

Poverty, which these two women gave as the reason for their act, is a relevant aetiological factor in a number of suicide pacts (Ohara, 1963; Sathyavathi, 1975) and has been considered the ground upon which folie à deux flourishes (Coleman and Last, 1939). Although they had no language difficulties, their ignorance about social security benefits was a form of the assimilation problems associated with migration which have been blamed for shared psychopathology (Kino, 1951; Goldney, 1971).

Judging by the high risk to life and the unambiguous expression of suicidal intent, their behaviour fits the account of the 'aborted successful suicidal attempt' (Weiss *et al*, 1961). Cohen (1961) says that suicidal pacts rarely miscarry.

Improvement after antipsychotic medication is consistent with reports of the induced psychosis' yielding to physical methods of treatment after attempts to ameliorate it by strict separation had failed (Adler and Magruder, 1946; Partridge, 1950). Environmental manipulation brought about resolution of psychosis in all members of a family except the key person (Tseng, 1969), which supports the view that

delusions serve a definite purpose and fulfil a need for the individual possessing them. For two persons to accept the same delusions the needs and fulfilments thereof must be similar. The delusions will be relinquished only when the pathology has been so altered that they are no longer of value (Layman and Cohen, 1957). Change in Miss D's and Mrs W's life situation, especially obtaining employment, led to change in attitude toward 'Vernon Woolf'. Lasègue and Falret (1877) note that delusional ideas, when modified and expressed by the secondary partner, seem more reasonable than when expressed by the primary patient. Delusions which a mother adopted from her daughter became attenuated with time (Gralnick, 1942). It is of interest that, in the present case, the attenuation of the delusions took place in both partners simultaneously.

The importance of induction to the inducer lies in its being an attempt to keep in touch with the exterior world at a time when he feels himself threatened with isolation by loss of contact. It is failure to convert others which results in total or partial withdrawal and the building of a barrier between his innermost convictions and the rest of mankind (Hartman and Stengel, 1931; 1932).

The concept of mental contagion (Lasègue and Falret, 1877) was rejected (Régis, 1880) and hereditary predisposition was proposed as an aetiologial factor (de Montyel, 1881). Kallmann and Mickey (1946), however, consider the use of the term 'folie à deux' in family units inadequate without proving specifically that it is not the factor of blood which is primarily at work. They warn that care should be taken to exclude the possible effect of mate selection in applying the concept to consorts. Dewhurst and Eilenberg (1961) in sympathy with this view, suggest that the exclusion of blood relationship would provide a most fruitful source for evaluating the significance of environmental factors.

Kramer (1950) writes: 'there have been numerous studies of combinations of non-blood and blood related inducers and acceptors whose manifestations, symptoms, behaviour and attitude were astonishingly similar in spite of different constitution and disposition . . . even in the blood-linked combinations, blood relation does not seem to play so great a role as the interpersonal relationship of the persons involved'. Rioux (1963) goes even further: 'folie à deux occurs among identical twins. Even then it is to be considered a psychosis which develops because of a faulty and peculiar association of persons which transcends the twinship itself'. Rosanoff *et al* (1934) state: 'hereditary factors, in themselves, are often inadequate and their pathogenic effect is not highly specific in the aetiology of so-called schizophrenia. Other factors often play a part with resulting dissimilarities of manifestation or total discordance of findings even in monozygotic twins'. Leonhard (1980) writes: '. . . in a large group of schizophrenias, systematic schizophrenias, with a poor outcome, family histories of psychosis were rarely found, but examination of twins suggested a psychological origin for the disorder'.

Identification was advanced by Brill (1920) as the essential psychological process in folie à deux. Thompson (1940) sees identification as based upon fear. The aim is to placate the aggressor by agreeing with him. Pulver and Brunt (1961), adopting Thompson's thesis, stipulate that: 'an identification in folie à deux is primarily a defensive process accomplishing several purposes: the hostility of the primary partner is deflected, the secondary partner can now express his own hostility projected onto outside persecutors and his guilt about his hostility is also projected'.

Floru (1974) confirmed aggression by the inducers towards the induced partners, who sometimes changed their attitude regarding the delusion, in four of his cases. This was particularly so when the secondary partner was threatening to free himself from the inducer's influence.

According to Gralnick (1944), sociogenesis rather than biogenesis is primary in psychosis: the life experiences of an individual determine his personal attitude, demands, strivings and the manner in which he responds to other persons and new situations. The social milieu is, at least, a determinant of the content of delusions (Soni and Rockley, 1974; Sims *et al*, 1977). Delusions in some cases appeared essentially to be an attempt on the patient's part to explain, what was for him, a disturbance in perception or cognition (Chapman, 1966). The term 'island culture' (Silverberg, 1944), defined as a group which lives in the midst of a society and yet manages to maintain habits and standards apart from it, aptly describes those who fall prey to folie à deux. This is more so when an 'island culture' already obtains in the form of religious or political belief (Milling, 1970; Lloyd, 1973; Tseng, 1969; Bourgeois, 1974). There has been speculation that socio-cultural factors play a role in the genesis of psychosis (Goduco-Agular and Wintrob, 1964) or of certain aspects of its content (Zarroug, 1975).

As with folie à deux, contagion has been offered as an explanation for suicidal behaviour, especially when a suicide triggers a chain of suicides (Meerloo, 1962). The occurrence of suicide in more than one member of the same family raised the possibility of a hereditary aetiological factor (Menninger, 1933; Dabbagh, 1977).

The psychoanalytic view (Menninger, 1933) is that

identification is central to suicide. Hence a person unconsciously hated may be destroyed by identifying that person with the self and destroying the self.

The common factor in all suicide patterns, according to Durkheim (1897), is increasing alienation between the person and the social group to which he belongs. Social help has been advocated, as an adjunct to other therapeutic measures, to prevent the recurrence of a joint suicidal attempt by a depressed elderly couple (Mehta *et al*, 1978). Social evaluation (Newson-Smith, 1980) and intervention (Gibbons, 1980) have a useful part to play in the management of self-poisoning subjects.

The theoretical parallelism between folie à deux and suicidal pact is carried a step further by Lange and Ficker (1976), who consider the psychological situation of folie à deux partners as dangerous, and as lending itself particularly well to be the foundation for double suicide. They propound that the domination-subordination between the psychotic partners changes over to instigator-participant relationship of double suicide. This is a recurrent theme in the literature, but is not shown in the case presented here. It is sometimes difficult to determine which partner is dominant; and in certain circumstances, reversal of the dominant-submissive role does occur (McNiel *et al*, 1972). Double suicide is, in large measure, embraced in the definition of folie à deux as a psychiatric entity characterized by the transfer of delusional ideas and/or abnormal behaviour from one person to one or more others who have been intimately associated with the primarily affected patient (Gralnick, 1942).

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