

A Twin Study

By O. W. HILL

This study illustrates some of the constitutional and psychological complications of being a twin, some difficulties that may arise in formal diagnosis and the therapeutic importance of separation.

The patients were MZ female twins admitted at the age of 16 to the Academic Unit of Psychiatry at the Middlesex Hospital, having shown increasing withdrawal, hostility and prudery since about the age of 10.

Family background. Father was aged 45, a slaughterhouse-man, apparently fond of the twins, but often treating them insensitively. Mother was said to have a violent temper. She had wanted the twins, but with no apparent warning deserted when they were aged 3 years. She has not been seen since. After some months an old female acquaintance of the father came to help with the twins, and she married him three years later. She is 'simple' but has an affection for the twins which they reciprocate, although they always call her 'aunt'. She exerted discipline by pretending to walk out of the house, vowing not to return, thus producing terrified obedience. There is a half-brother aged 7. No family history of any mental illness.

History of the twins. A was born first, weighing 4½ pounds, and B came 20 minutes later, weighing 3½ pounds. B was kept in an incubator for some time after birth. It is said that they were breast-fed for one week. B is said to have led A slightly in their milestones, which were normal. Apart from temper tantrums, they displayed no neurotic traits when young. They attended a day nursery from the age of 3, primary school from 4 to 7 and junior school from 7 to 11, changing school when aged 10 due to moving house.

A report from their main junior school reads: "The girls are remembered as being extremely nervous, insecure, unfortunate chil-

dren. One (A) did not seem so bad as the other, and she would do all the communication for both. Because one relied so much on the other, the former made no effort to do anything for herself. They were therefore separated and put into different classes. They were very immature, even in their last year here, playing with toys being their favourite pastime. Their free writing was very unimaginative and consisted mainly of accounts of exploits with their dolls and 'bendy' toys. They seemed repressed, but at times would show violent tempers and aggression. Their progress was very slow."

From age 11 to 15 they attended a secondary modern school, which reported: "School work was retarded because they failed to co-operate with any members of the staff. They refused to talk to anyone but themselves, and would hold whispered conversations. The only time that they would talk was when they made loud protests that they were being persecuted. In physical education both girls refused to change, saying that the P.E. teacher had an unhealthy interest in their bodies. They clung steadfastly to each other, and although always quarrelling were quick to come to each other's support. They caused trouble by running off home and at other times locking themselves away in the lavatories. They have also been known to be extremely violent towards other pupils. It was quite obvious that they were entirely out of place at this school."

They became less fond of school at about the age of 7. On their 10th birthday (October), they moved house for the first time. Soon afterwards, their own mother's dog had to be destroyed, to their great distress. In the following February, B began to menstruate, followed three months later by A. During this year, B broke her arm twice. In September they moved school again and in November their half-brother

was born. In that year they also learnt of their mother's desertion—until then they had believed her to be in hospital. The father added, in explanation, that she could not have loved them. They received the news in gloom and have since said that she must have left because they were so ugly and unpleasant. Aged about 3 they had broken open a china rabbit belonging to their mother, believing that there were baby rabbits within. They feel strongly that the anger that they then provoked in mother speeded her desertion soon after. The twins have always been devoted to animals, especially guinea-pigs, and often compare humans unfavourably with the animal world.

It was difficult to assess their knowledge of sexual matters. Their prudishness and fear of 'indecent' extended to a refusal to undress for bed until the latter part of their hospital admission. They often reiterated in words and behaviour their dislike for all males. They eventually revealed that there had been some mutual masturbation, initiated by B, about which they felt very guilty.

They were first seen at a child guidance clinic when aged 14 and were thought to suffer from a severe behaviour disturbance, possibly of a schizophrenic nature. As they could no longer be tolerated at school and were unemployed they attended an occupation centre and were seen regularly at the C.G.C.

"At the occupation centre they were unable to mix. They had occasional flare-ups of violence, mainly towards each other, when one would snatch knives, scissors, etc., and attack the other. B explained that when she attacked A she was in effect attacking herself. They could not accept any good feelings shown them in the centre. They thought that they were only acceptable in helping the staff to encourage the other children by pointing out that at least they (the other children) were not so unfortunate as the twins whom no one had ever loved."

Three months before admission, following the death of a favourite guinea-pig, A began to wash her hands excessively and seemed depressed. They were very reluctant to come to hospital, but eventually came when they were allowed to bring their animal pets with them.

Admission to hospital. They were of small stature (4 ft. 10½ ins.) with short calves, covered with unfashionably long dresses, but they had pleasing faces. A's hands were red and sore from excessive washing. A's hair was short but B had very long hair in which she would keep her face hidden. They sat with bowed head, responding to questions with whispered colloquies and much non-verbal communication before A replied on behalf of both. They smiled and giggled frequently, but it became apparent that this usually reflected an awareness of the unlikely nature of much that they described. They would often behave impulsively, screaming and biting the nurses. At other times they would take to their beds and refuse to get up. A believed that everyone was hostile towards them, that she was wicked and had no feelings, saying that she had felt no grief for her dead guinea-pig. "I have the mind of a killer", she said. Nevertheless, she often belied herself by displaying normal responsiveness and the whole gamut of emotions. She naïvely accepted B's assertion that B could read her thoughts. She washed her hands compulsively and paced about in ritualistic fashion.

At first B would speak barely at all. When her long hair was parted by the questioner it would often reveal a smiling face. She spoke more when on her own. She had a number of bizarre ideas, e.g. that her blood was yellow, and she felt that people wished them both harm. She claimed to 'read minds', but smilingly declined to have her 'power' put to the test, saying that she could perform only when she felt like it.

There was no evidence of schizophrenic thought disorder in either twin and most observers experienced a feeling of empathy for them.

Special investigations. The results of blood-grouping, finger-printing and a comparison of the twins side by side (Mr. J. Shields) were sufficient to establish monozygosity beyond reasonable doubt.

WAIS: Full scale IQ: A, 90; B, 82.

Chromosome studies showed a normal female karyotype, and extensive haematological and biochemical investigations revealed no abnormality.

EEG. B showed fast atypical spike and wave activity of subcortical origin in two recordings, both of which were taken a few days before the onset of a menstrual period. A did not show this abnormality, even though she was also tested in the pre-menstruum.

Separation. After 6 weeks, during which their condition had changed little, it was decided that separation must be an essential preliminary to progress. Accordingly A was sent to the Academic Unit's ward at the main Middlesex Hospital while B was kept at St. Luke's-Woodside.

A. After the move, A stated that she was relieved to be away from B as she disliked her assertion that she could read her mind. She confided that she felt unloved, and volunteered that she sometimes misled people about her thoughts. After a few days she again became increasingly disturbed and bit a nurse. She was given perphenazine 4 mg. t.d.s. and promptly developed a severe dystonic reaction which was relieved by Disipal. For a week she remained very difficult, threatening hunger-strike unless re-united with B, but finally she settled down.

They corresponded vigorously with one another. After six weeks they were allowed to come together for their birthday, and subsequently once a week, contingent upon their 'good' behaviour. At about this time, A began to improve markedly. Her compulsive behaviour lessened and her spontaneity increased. She opined that her feelings were returning and that people appeared kinder. She now removed her day clothes before going to bed. After a total of seven months in hospital, she began to sleep at home, attending hospital daily. Undertaking this journey alone was in itself a major advance. B was then transferred to the main hospital. A was found employment packing cakes three months later. She is slow, but otherwise satisfactory and very popular with her workmates. She remains very naïve and occasionally still asserts that her mind can be read.

B. As evidence for A's improvement accumulated, B became increasingly disturbed, screaming, shouting, breaking windows, setting fires,

flooding the ward, standing on heights and threatening to throw herself off, scratching her wrists and threatening to kill herself. She said that her behaviour would not improve while parted from A. She wanted to be a 'Skitaafreen' (schizophrenic), "because they lived in a world of their own and because of that, they were happy". She feared that A would be out of hospital first. A psychotherapeutic relationship was established with each twin, and as with A, B was given perphenazine. After six weeks the twins began to see one another again (as above). B became very imitative of A, washing excessively, pacing about and also cutting her hair short. When A was discharged, B demonstrated by taking an overdose. After succeeding A at the main hospital she again became disturbed, greatly upsetting A. The climax came when B stood poised out of a third storey window with A clutching her, panic stricken. B was returned to Woodside where she could be more easily protected, and after the initial distress A appeared to be pleased that B was less well than she.

B returned to the main hospital a month later, and through her stay A visited, at first daily; but as they became increasingly seclusive, the visits were cut to twice weekly. B was found a job packing sweets, and commenced work simultaneously with A. Preferably, they should have lived apart after discharge, but this was not practicable. To maintain a degree of separation, they were made to work, against their will, at different places. Initially B objected very strongly, and this phase culminated in an overdose of perphenazine. Although she claimed to have desired death, she had enquired of A how many tablets would produce a 'fit' (i.e. the dystonic reaction). On recovery she was immediately sent back to her job, and she has worked competently since then.

Following discharge, they were both seen weekly. A has continued weekly, but B has lapsed. As she is obviously coping very well, and has even acquired a boy friend, it was thought fruitless to battle with her for attendance.

After five months at their first job, the twins simultaneously decided that they wanted to change, A because the presence of men made her feel anxious, and B because she was overworked (B was considered one of their best

workers). They both found another job on the ordinary labour market, again at different places, much against their will, and have now worked a whole year.

DISCUSSION

Circumstances force twins together, but our twins showed this tendency to an extreme degree. The reasons probably lie in their common load of guilt for mother's defection, sensitivity about their appearance, associated with a fear of people, especially men. They have often heard their father deplore his two abnormal daughters, preferring their younger brother. Feeling guilty and worthless in a hostile world they withdrew into the microcosm that each shared with the only other human being like herself.

Burlingham (1952) and Leonard (1961) have emphasized the added difficulty of individuation which comes from the mutual identification and easy gratifications that allow and encourage an avoidance of relationships outside the twinship. At the same time there is a hostile rivalry for the good things of life. The extreme overt hostility of 'Bill and Bert' (Burlingham, 1963) graduates to its covert manifestation in neurosis, as in Arlow's (1960) twins.

Within the diad, B was dominant, joyfully exploiting A's gullibility, at times being thoroughly cruel. A accepted it all with avowed aspirations to saintliness, feeding B with admiration for her wisdom and leadership. Because of this close exclusive interdependence, separation was an essential preliminary to any independent development of personality in the world at large. The initial stages of this separation were inevitably stormy and nearly broke the Unit's therapeutic resolve. But helped by intense individual attention in psychotherapy and the ward milieu, they were able to discover rewarding relationships outside the twinship.

Recent studies have illuminated the genesis of intra-pair differences in identical twins (especially Shields, 1962). Beginning even in the womb, Naeye *et al.* (1966) show that, additional to the frequent prematurity of twins, the intra-pair variation of weight in monochorionic twins is greater than in the dichorionic. The consequences of prematurity are stunting in physical

and mental growth, ocular difficulties, etc. (Dann *et al.*, 1964; Drillien, 1961, etc.). Thus, born with a different endowment, a basis is set for inter-twin dominance of which the psychological sequelae cause further differentiation. Our twins were both premature, which may have contributed to their sub-average IQ, clumsiness, small stature and 'freakish' appearance. Holden (1965) comments on some unusual ears and noses, "either twin would not seem so peculiar by himself, but together they were bizarre". Joseph and Tabor (1961) quote that one of their patients "felt he and his twin were a pair of wormy runts". Arlow (1960) mentions one pair of twins who were very self-conscious about their small stature.

Were our twins schizophrenic? The consensus was against this diagnosis, largely because of the absence of formal thought disorder, the feeling of contact and empathy, together with the probability that a schizophrenic illness suffered for so long at such a vulnerable age would not have remitted so well. Interacting with A's strange personality there was a depression, although her self-deprecatory ideas lacked deep conviction. B showed a 'complex behaviour disturbance' with many frankly manipulative features. Her inability to tolerate frustration may be related to the minimal brain damage of her premature birth, as witnessed by the abnormal EEG and inferior IQ.

Although this paper has sought to demonstrate some special disabilities of the twin state, many studies show that there is not an increased incidence of psychiatric disorder among twins (Slater, 1953). Equally, although the emphasis in this description has been on the vicissitudes of their personal development, such factors cannot operate entirely divorced from genetic predisposition.

SUMMARY

A study is presented of a pair of female MZ twins who from the age of 10 had become increasingly withdrawn into one another, aggressive and paranoid. The role of the twinship in the aetiology of their condition is discussed, providing a rational basis for their treatment by separation, of which the management and outcome are described.

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