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Brief Reports

Anniversary Reactions

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Recent bereavement is associated with increased psychological and somatic morbidity among the survivors (Parkes, 1975), but the long-term effects are less well documented. One late sequel of bereavement is the "anniversary reaction", and although the term implies a specific disease entity, it actually refers to a heterogeneous group of psychiatric and physical disorders which have in common the fact that they are precipitated in susceptible individuals by the anniversary of the death of a significant person, often many years after the bereavement. Anniversary reactions have also been described in relation to other periodicities such as specific time of day, day of the month, season of the year, festivals, birthdays, and holidays (Pollock, 1971).

Freud was aware of the powerful effect which anniversaries can exert on the mind. In his description of Fraulein Elisabeth von R. (1895), he wrote: "This lady celebrated annual festivals of remembrance at the period of her various catastrophies, and on these occasions her vivid visual reproduction and expressions of feeling kept to the date precisely". Anniversary reactions have since been reported in association with various psychotic and neurotic disorders (e.g. Hilgard & Newman, 1959; Mintz, 1971; Cavenar *et al,* 1976; Cavenar *et al,* 1977). Adults may be particularly vulnerable to psychiatric illness when they reach the age at which a parent died, and also when their own child reaches the age at which they themselves experienced the death of a parent in childhood (Hilgard & Newman, 1961). Sibling death in childhood may also lead to anniversary reactions in children (Cain *et al,* 1964) and in adults (Hilgard, 1969).

Suicide may be a fatal outcome of anniversary reactions: Zilboorg (1937) reported the case of a young woman who died by jumping out of a 14th storey window on Good Friday, on the 14th anniversary of her mother's death. Hilgard (1969) also described the case of a lawyer who killed himself with poison the day after his son reached the age of 12. The day following the lawyer's own 12th birthday, his older brother with whom he had experienced intense sibling rivalry, died suddenly and unexpectedly.The lawyer had throughout his life harboured a deep sense of guilt about his brother's death and a conviction that like his brother, he too would have to step aside through death to give his son an opportunity to develop his full potential.

Anniversary reactions associated with physical symptoms such as chest pain, headache, back-pain, abdominal pain, obesity (Mintz, 1971; Fischer & Dlin, 1972; Cavenar & Spaulding, 1977; Cavenar *et al,* 1978; Miller, 1978), and relapse of ulcerative colitis (Berliner, 1938; Engel, 1955) have also been described. Although some somatic anniversary symptoms are undoubtedly conversion reactions, others are clearly organic in nature. For example in studies of emotional factors in coronary occlusion, Weiss *et al,* (1957) and Fischer *et al,* (1964) observed that in some of their patients coronary occlusions occurred on the anniversary of the death of a key but ambivalent figure. Also, Yazmajian (1982) reported the case of a woman who lactated as part of an anniversary reaction to the delivery of her still-born child.

Pollock (1970) and Mintz (1971) have suggested that anniversary reactions are manifestations of pathological mourning. A variety of experiences including guilt, anger, relief, anxiety, reactivation of old conflicts, helplessness, somatic symptoms, and the denial and absence of emotion can occur in normal mourning, and the intensification of any one of these may be enough for mourning to become pathological (Siggins, 1966). Among the factors identified by her as contributing to this process include the sudden and unexpected occurrence of death, the manner of death itself, a highly ambivalent relationship to the dead person, and low tolerance of pain and anxiety.

Pollock (1970) argues that an anniversary represents a time of unconscious psychic stress, which serves as an activator for the emergence of repressed conflict, reflecting fixation at the developmental stage reached by the individual at the time of loss; this in turn gives rise to symptoms which reflect the original trauma. He also emphasizes that "a predisposing set must exist for this activator to have an effect. The vulnerability, sensitivity and predisposition are in existence before the actual reaction occurs". Evidence in support of this hypothesis comes from Engel (1975), who carefully documented his own physical and psychological responses in relation to the sudden and unexpected death of his identical twin brother, and also as he

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approached and lived through his own 58th year, the age of his father at the time of his sudden death.

In the anniversary reaction, there is a close identification of the bereaved individual with the deceased person. This may result in the formation of somatic symptoms similar to those experienced by the dead person in his last illness, or a recurrence of the feelings the mourner himself or some third person such as a surviving parent was undergoing at the time of loss (Siggins, 1966). Krupp (1965) suggests that anniversary symptoms represent the unconscious gain of bringing back the lost loved one, and also self-punishment of the survivor for having wanted the other's death and for having survived it. Mintz (1971) explains anniversary phenomena by invoking the concept of repetition—compulsion in which trauma to the psyche is revived by the sense of time and the need for mastery through re-experience. Some anniversary symptoms may also be rooted in Chapman's (1959) nemesis feeling, when a patient is convinced that he is destined to follow in his life pattern the general outlines of some other person's life, usually to a tragic end.

Mintz (1971) distinguishes between two types of anniversary reaction, depending on the presence or absence of a conscious stimulus to which the individual responds. In one type, a conscious knowledge of an event such as a birthday or holiday (a "conscious time symbol") may create a current conflict, which is then associatively linked to a specific earlier repressed and unresolved conflict. The ensuing anniversary reaction is a reproduction of an adaptation to that conflict on a specific date. In the second type of anniversary reaction, there is no specific current conscious stimulus. The stimulus is unconscious, and the reproduction of the conflict requires the presence of the ego's unconscious sense of time which, intimately linked with death, responds to conflicts over death and separation.

Anniversary reactions are probably quite common in clinical practice. Although the immediate medical management may not be influenced, recognition of an anniversary reaction may have therapeutic implications. Exploration of the relationship between the patient and person whose anniversary of death has precipitated the illness may clarify the meaning of current behaviour for the clinician and allow the patient to gain insight into the nature of the anniversary conflict. A working through of this conflict may also speed the recovery of the patient from the current illness, and may be hoped to prevent future recurrence of these "secret anniversaries of the heart, when the full river of feeling overflows" (Longfellow).

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Folie à Deux in Identical Twins: Interaction of Nature and Nurture

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The French term folie à deux literally means "insanity of two." It denotes a syndrome "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" (Gralnick, 1942). Also known as the "psychosis of association" and "shared paranoid disorder," folie à deux was first described by Lasègue and Falret in 1877. Prior to that date, the condition had been encountered but it was not formally recognised.

Relatively few accounts have significantly added to our appreciation of folie à deux since that of Lasègue and Falret. One notable exception is Gralnick's (1942) detailed review, which synthesises much of the significant controversy surrounding the definition and concept of folie à deux. Also noteworthy is Dewhurst and Todd's (1956) paper. They listed three criteria generally considered prerequisite to diagnosing folie à deux:
1) evidence that the partners have been intimately associated;
2) identical or near identical delusional themes; and
3) acceptance, support and sharing of each other's delusions.
Application of these criteria ensures that non-specific genetically based psychoses are not mistaken for bona fide cases of folie à deux. This formulation is especially relevant to the following case of folie à deux in identical twins.

Case Report

The patients, A and B, are black identical monozygotic twin males born in 1964. It is difficult to distinguish them by appearance or behaviour. They have been closely associated since birth, having always occupied the same bedroom and attended the same schools. When they were students they would often report together to the counsellor's office complaining that they were "sick," "suffering," or had a headache or upset stomach. In August 1979 A presented to hospital with bizarre behaviour, including auditory hallucinations and persecutory delusions. Fifteen months later B was admitted with paranoid delusions similar to A. Both believed they were continually being made to suffer. They were convinced that others were spreading rumours about their inferior intelligence and abilities. The twins believed they were "time travellers" engaged in interplanetary travel and that both had special powers to ward off evil spirits. They claimed to be black angels who were able to see beasts which were mixtures of human and animal forms. Usually A would make the observation and B would verify it. Neither brother had used alcohol or illicit drugs. Results of psychological testing (Rorschach, Bender-Gestalt, Draw-A-Person, WAIS-R) were remarkably similar. Each brother exhibited schizophrenic-like thought processes and evidence of borderline mental retardation (Full scale IQ: A=67; B=71).

Despite treatment with neuroleptic drugs in adequate dose and sufficient duration to treat schizophrenia, each has continued to manifest similar paranoid ideas. They seem to have little insight and concern regarding their extreme interdependence.

Discussion

Many authors have recognised the importance of

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