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Case Report

Two siblings with atypical psychoses and consultation with their mother

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Abstract

We report on two siblings who have been affected by atypical psychoses including ictal depression as defined by Mitsuda (1942, 1953, 1964, 1967, 1974). Both repeated relapse and readmission with various symptoms such as Cotard's syndrome, ictal depression and ictal anxiety. They often tried to commit suicide and self mutilation. This kind of behavior was particularly evident the younger sister. Their mother had some problems such as egotistic and histrionic personality disorder and was prone to interdependence on her children. Considerable effort was expended into making her understand about her children's disease and explaining their behavior.

Key words: atypical psychoses, ictal depression, ictal anxiety, suicide attempt, consultation

Introduction

The two cases of siblings we report here had been affected by atypical psychoses including ictal depression and ictal anxiety as defined by Mitsuda. They have repeated relapse and readmission with various symptoms such as Cotard's syndrome, ictal depression, ictal anxiety, auditory hallucination, delusion of world destruction (Weltuntergangserlebnis), splitting of identity, autochthonous thinking (autochthones Denken), thought seeing and obsessive ideas. They repeatedly tried to commit suicide and self mutilation. We also describe consultation with their mother who had an egotistic and histrionic personality disorder.

Family History

The father of the siblings was a salesman, with a cheerful and sociable personality. The father's family had no psychiatric disorders. The parents were divorced when the siblings were in elementary school and they lived with mother. Their mother underwent training as a beautician for a year and obtained a license after her divorce. She manages a beauty salon. The mother's character is very meticulous and depended greatly on her children. For example, when the siblings were hospitalized, she called to the hospital frequently, was so worried that she forced them to leave the hospital. But she had difficulty with them at home and soon had them readmitted. She had an ambivalent feeling toward their doctor, displaying frequent changes of mood. At first, she was highly pleased, saying she had found a sympathetic doctor, but one day she criticized the nurses and other staff members of the hospital. The mother's Rorschach test finding indicates that she is interested in personal relations and can act sensibly, but has a subjective character and tends to depend on others. When things are not proceeding as she wishes, she can become emotional and aggressive. She pays too much attention to details and is not cooperative. Clinically, her

personality indicates egotistic and histrionic personality disorder. Her grandfather died at the age of 87 due to hepatic carcinoma. He was the obsessive type. There was also an epileptics on the mother's side.

Clinical report-Patient 1

Patient 1, a 35-year-old woman, was the first child of the family. Her chief complaints were sleeplessness. She was diagnosed as an atypical psychotic displaying Cotard's syndrome, ictal depression and ictal anxiety. Clinical examination indicated normal head MRI and EEG findings. Rorschach test and HTPP test findings showed that she displayed to ability to deal realistically with her surroundings, but she had a strong repression of drive. When unable to cope with her aggression and impulse, she felt helplessness and maladjustment. There were lack of ego strength and immaturity of self image. With personal relations, she could handle passive exchange, but found it difficult to develop an active relationship.

She had no particular problems in childhood, although she has a very meticulous and persistent character. When she was sixteen, she experienced some hallucination and delusion, and was hospitalized for 3 months. When excited, she would say that she was not a child of this family, and that her father had gone somewhere. She claimed that she was telepathy that everyone could see through her, that someone had mixed poison in her meal, and that she had to live alone in a darkened world with no other living things and could not die. These were evidence of Cotard's syndrome. She began to display anxiety often, about once a week, which continued for ten to forty minutes. Ictal anxiety also appeared with depression lasting for about three days. After she leaving the hospital, she become unstable and got into trouble, which led to her readmission. After high school, she entered a junior college, and then got a job as an office worker. At the age of twenty, she began to hear things such as someone saying she would die. She attempted suicide, and was hospitalized. Her auditory hallucination was hearing a male voice from the back of the head, which seemed to take over her entirely. The auditory hallucination disappeared when she took medicine, but began again when she stopped. She began suffering from delusion of reference, and did not like watching TV and being where people were conversing. She felt everyone was complaining about her. She was in another hospital with chronic gastritis for 1 month in the same year. She was then admitted to another hospital diagnosed with schizophrenia for two months when she was 25 years old. She felt herself into divided five to six personalities, with another personality try to drive out her real self. She heard one of the personalities criticizing her. She continued to visit the hospital when she was 27 years old.

As noted above, her disease became evident when she was 17 years old, and she had symptoms such as Cotard's syndrome, ictal depression, ictal anxiety, auditory hallucination, delusion of reference, ego-splitting and suicide attempt. She repeated admission and discharge at many hospitals. At present, her conditions are improving, and she goes to an industrial training institute three days a week. If she does not take medicine, she feels ictal anxiety. She always has her medicine with her and avoids crowds.

Clinical report -Patient 2

Patient 2, a 33-year-old woman, was the younger sister of Patient 1. She was also diagnosed as an atypical psychosis such as her sister. Her chief complaint was auditory hallucination and disquiet. She weighed 66 kg and had normal blood test results. The Brain MRI finding was normal. ECG findings showed premature ventricular contraction, but EEG was within the normal range. Her IQ was estimated to be 96. According to psychological tests, she could not control her impulses, and had a depressive personality.

She was born by normal delivery and was a docile child without any problems in early childhood. She began have trouble with personal relations from about the fifth and sixth grades in elementary school. She appeared to have an aggressive personality. When she entered a girls' school, she repeatedly disobeyed school regulations and often made trouble with other students. She was expelled from school after 9 months. She worked at a beauty salon for 7 months and got a license to work as a beautician. When she was 17 years old, she began to worry about serving clients and went to mental clinics. She felt gloomy and worried about her work. Her various symptoms were: a) Cotard's syndrome, a dif-

ferent way of looking at the world like as though after death; b) ictal depression, suddenly feeling depressed; c) ictal anxiety, uneasy feelings of unknown origin; d) delusion of world destruction (Weltuntergangserlebnis), a premonition that the entire population of the earth will be wiped out due to bad weather and that her death would cause the human race to die out; e) delusion of grandeur, thinking herself to be the hub of the universe, and her family line to be the oldest all of the human race; f) obsessive ideas, being obsessed with the idea of suicide and the image of mother's death, repeating a number that comes to mind when she did something wrong; g) cenesthesia, feeling that her grandfather exists in her head, feeling to be full of energy on the right side of her body, hitting other people or windows; h) thought echoing, thinking she has second sight; i) delusional sudden ideas, believing she has to die at 29 years old, repeating self-injurious behavior such as nailing up her hands, pricking her eye with a needle and burning her hair. She has been admitted to a hospital 13 times.

This patient showed more symptoms than the older sister, but often resisted antipsychotic drugs and electroconvulsive therapy.

Discussion

In psychiatry, three classification systems (Schizophrenia, Manic-depressive psychoses and Epilepsy) have been mainly accepted as classifications of endogenous psychoses. However, many clinical psychiatrists encounter cases that are difficult to classify. Mitsuda (1942, 1953, 1964, 1967, 1974) established the concept of "atypical psychoses" for borderline cases of these three psychoses on the basis of clinico-genetic studies. (Fig. 1) Furthermore Mitsuda (1942, 1953, 1964, 1967, 1974) proposed classifying atypical psychoses into three subtypes: Oneirophrenia, Schizo-affective disorder, and Ictal depression. (Fig. 2)

Both of our patients correspond to the diagnosis of ictal depression of atypical psychosis. Both siblings also had various symptoms like ictal anxiety and Cotard's syndrome other than ictal depression.

Ictal depression is a paroxysmal depressive state without symptom provocation lasting for 20~30 minutes, but it gradually disappears over several days. Yamada et al. (1967) studied the brain waves of 15 ictal depression patients. Ictal depression is usually accompanied by ictal anxiety and characterized by referential ideas, compulsive ideas and hyperpathia. They also conducted electroencephalography and bound that all the patients showed high voltage θ wave, with seven showing some spike or shape wave complex. Therefore this disease is related to epilepsy. Both of our cases had ictal depression and ictal anxiety, with epileptic and persistent personalities in their family history, indicating a relation with epilepsy. Takemasa (1984) reported Cotard's syndrome to be a rare disease, but many cases have been reported recently. These patients were in the middle on advanced age groups not in the young age group of our patients. Also, the reported cases did not seem to fit the atypical psychosis features defined by Mitsuda. Hirosawa suggested the possibility of patients with Cotard's syndrome

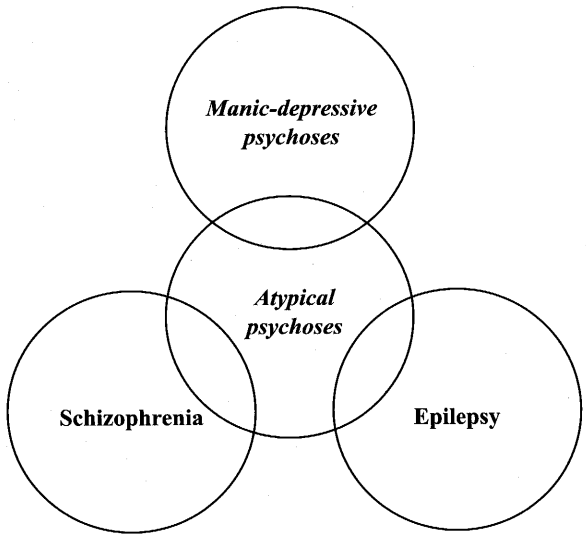

Fig. 1 Schematic representation of relationships between the typical major psychoses and atypical psychoses

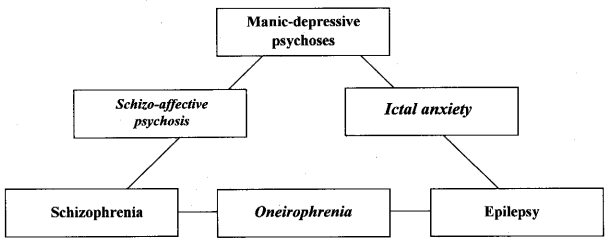

Fig. 2 Shematic representation of relationships among various clinical types of atypical psychoses and the typical major psychoses

including atypical psychosis. The siblings reported on here both displayed typical Cotard's syndrome, which later developed into ictal depression and ictal anxiety. Takemasa (1984) reported Cotard's syndrome and ictal depression patients often attempt suicide and self-injurious behavior; the elder sister in this case attempted to suicide three times, but does not display such behavior now. The younger sister continues to repeat such behavior and complains, based on her ictal depression and ictal anxiety.

Psychological tests, reveal differences between typical schizophrenia and atypical psychosis patients, as described by Otsuka (1967) and Terashima et al. (1989). In the present cases, there were no findings of typical schizophrenia characterized by dereism.

We identified some problems with their mother, such as interdependence and anosodiaphoria. We explained to her about symptoms of Cotard's syndrome, ictal depression and ictal anxiety, and advised her to not to become too emotional about the siblings and encouraged the mother to receive her daughters.

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