

The Importance of Separation-Individuation Process in the Treatment Course of a Monozygotic Twin Pair Concordant for Anorexia Nervosa: A Case Report

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ABSTRACT:

The importance of separation-individuation process in the treatment course of a monozygotic twin pair concordant for anorexia nervosa: a case report

Anorexia nervosa is a serious mental illness with marked morbidity and mortality. Twin studies on anorexia nervosa concluded that there was a higher concordance rate in monozygotic twins (56%) than in dizygotic twins (7%). Monozygotic twins diagnosed with anorexia nervosa had a delay separation-individuation process and this led to face difficulties in their daily life. In this case report, we present a pair of monozygotic twin females which have an overly close relationship, competitiveness, and perfectionism, as well as stressful family dynamics.

Keywords: anorexia nervosa, separation-individuation, monozygotic twin, scale, female, family dynamic

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INTRODUCTION

Anorexia nervosa (AN) is a serious psychiatric illness that is more common in female patients and is associated with the highest mortality rate of any psychiatric disorders (1,2). Patients with AN assign extreme over-importance to body features, making it central to their self-evaluation, and develop an abnormal body-image perception (3). The cause of AN is unclear, but is likely multifactorial, including psychological, familial, environmental, societal, genetic, and other biological factors (4). Prevalence of AN is 1–4% and there was a higher concordance rate in monozygotic twins (56%) than in dizygotic twins (7%) (5). Obsessive compulsive disorder (OCD) and orthorexia nervosa (ON) are frequently seen in AN (6). Here, we present a pair of monozygotic twin females which have an overly close relationship, competitiveness, and perfectionism, as well as stressful family dynamics.

CASE PRESENTATION

The female twins were born in Adiyaman, Turkey. They are 15-year-old, who are in high school (9th grade) and live with her family. They were brought up together and went to the same school. They have a 18-year-old sister and there was jealousy and competitiveness between them. They took little interest in the growing up period from their parents. They were admitted to our psychiatric outpatient clinic by her mother. It is learned that the patients have a history of eating refusal for 6 months. Their first complaints occurred last year with emulating the fashion models. They decreased the numbers and amount of meals and they weighed 29 kg with 16.6 and 15.5 of body mass index (BMI), respectively. Their menstrual cycle became irregular first, and then stopped. There were a pathologic fixation about the consumption of healthy food and dieting at that time.

There were no other individuals who had similar symptoms in their family and surroundings. The symptoms appeared simultaneously in patients. They affected each other on this issue and encouraged themselves in weight loss. They began to lose weight together and patients whose conditions were recognized and brought to us by the family started treatment with fluoxetine 20 mg/per day and aripiprazole 5 mg/per day and then directed to a dietitian. In our follow-up exam, we realized their extremely close relationship and decided to differentiate their treatment course. The patients would be followed by different physicians and physicians would be in communication among themselves. In this case report, we particularly focused on one of the patients, twin A.

Twin A

When we started treatment, her BMI was 16.6. It has been observed that the fear of weight gain continued but BMI reached normal limits within four months. In interviews done every week, patient was found to be less developed in physical and behavioral terms than her peers, unable to make friends, disagree with family members, spend almost all time with her twin and try to live in an imaginary life. We administered some scales to have relevant data while managing the treatment. Those results indicated that there were depression, anxiety symptoms, orthorexic behaviors in our patient. The patient and her family were interviewed by the clinicians to establish her independence and separateness, and provided sleeping in different beds and rooms, respectively. They were seated in different desks in school. Physicians gave different appointment date, and told them to have some meals individually. While stating difficulty in early interviews in making friends, after 3 months she had a self-confidence about this subject.

Twin B

At the beginning of the treatment, the close relationship with the sister of the patient was noticed and the activities they were doing together were limited. The patient started to be treated by a different physician. It was learned that in interviews done with her physician to exchange information about activities related to the common living areas of patients, their behavior began to mature, resistance to stressful events increased, and friendship relations

developed. In the same period as the twin sister, but on different days, the patient was asked to complete some scales (Figure 1). Twin B also had significant depression and anxiety symptoms with lower scores compared to her pair.

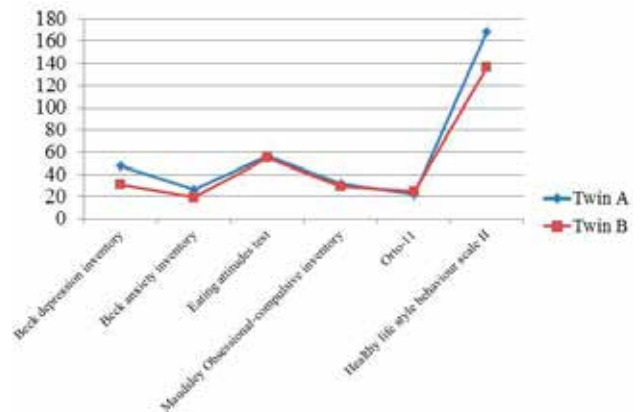


Figure 1:

DISCUSSION

Although there is no great discord among clinicians on the diagnosis of AN, debate about etiology and treatment continues. Psychopathological theses and socio-cultural descriptions in etiology are becoming increasingly important. In addition, genetic studies have begun to shed light on etiologic debates. Inadequacy in the process of separation, individualization and autonomy depending on family dynamics may have contributed to the development of fears of growing up, becoming a woman, sexuality, becoming pregnant, and not taking adult responsibility. Parental attitudes may contribute to the formation of nonfunctional beliefs about body image, sexuality, and femininity (7,8).

In our case report, it was thought that managing the treatment of the monozygotic twins, which had problematic and inadequate family relationships and had difficulties in maintaining friendship due to the having close relationship with each other, by different clinicians, would contribute to the separation-individuation process. At the beginning of the treatment period, some scales about the patients were completed by the patients on different days to understand if there were any other complaints accompanying the symptoms of AN and to see the treatment from a wider perspective (Figure 1). We applied the scales on different

days to reduce if they effect themselves about the scales instructions and contribute separation-individuation process. In the teacher information form, it is stated that twin A tried to attract attention continuously, exaggerated the events, became angry quickly and had difficulty making friends. According to the scale results there were severe depression and anxiety symptoms in Beck's Depression Inventory (BDI) and Beck's Anxiety Inventory (BAI), obsessive-compulsive disorder in the Maudsley Obsessional-Compulsive Inventory (MOCI), orthorexic behaviours in Orthorexia Nervosa (ORTO-11), high score in Healthy Lifestyle Behavior Scale II (HLSBS II) (positive correlations with the symptoms) and risk for eating disorder in Eating Attitudes Test (EAT). According to the Rosenberg Self Esteem Scale (RSES), the patient had low self-esteem, distrust of people, did not accept criticism, felt threatened socially, had difficulty defending herself, had lovelessness towards her parents and psychological isolation (Answers for each items of Rosenberg Self Esteem Scale are Item 1: 4.25, Item 2: 4, Item 3: 3, Item 4: 3, Item 5: 5, Item 6: 4, Item 7: 2, Item 8: 3, Item 9: 1, Item 10: 6, Item 11: 3, Item 12: 2). Scores of the scales filled in for twin B were above normal limits, but lower compared with twin A. On regular weekly interviews with patients, we discussed the ways in which

they interpreted the events they experienced during the day, what events were affected, and whether it was possible to exhibit a stronger and more mature attitude towards distressing events. Later in the course of the treatment, it was seen that the patients were learning to do separate activities from each other, had better friendships, decreased need for interest, improved family relationships, decreased depression and anxiety complaints. The teacher information form filled after three months of treatment stated that, there were a significant change in both twins, related to maturity. We directed the patients to the sport activities and they noticed that the only thing they could achieve was not diet.

Monozygotic twins diagnosed with AN had a delay separation/ individuation process, as they have always been together with themselves and have fulfilled their satisfaction in this way. In this case report of monozygotic twins, it was emphasized that the follow-up of the patients by different physicians on different days, having different schools, classrooms or seats, sleeping in different rooms at home, eating food at different times and places, having new and different occupations would have a significant contribution to separation-individuation process and it is effective in reducing the symptoms of the AN.

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