SEVERE DEPRIVATION IN TWINS: A CASE STUDY

JARMILA KOLUCHOVÁ

Department of Psychology and Psychiatric Clinic, Palacký University, Olomouc, Czechoslovakia

CASE HISTORY

The background of deprivation

This is a case record of monozygotic twins, two boys P.M. and J.M., born on 4 September 1960. Their mother died shortly after giving birth to them and for 11 months they lived in a children's home. According to the records their physical and mental development was normal at that stage. Their father then applied to take them into the care of his sister, but soon afterwards he remarried and the boys were again placed in a children's home until the new household could be established. This new family included 2 natural elder sisters of the twins, and 2 children (a boy and a girl) of the stepmother—6 children altogether, the oldest being 9-yr-old. The married couple M, bought a house in the suburbs of a small town where nobody knew them. All the subsequent events concerning the twins could only be reconstructed after their discovery in the autumn of 1967.

For $5\frac{1}{2}$ yr the twins lived in this family under most abnormal conditions. Some of the neighbours had no idea of their existence, others guessed there were some little children in the family although they had never seen them. It is surprising that this could happen in a quiet street of family houses where the environment and social relations are very like those in a village. During the trial, however, the people next door testified that they had often heard queer, inhuman shrieks which resembled howling, and which came from a cellar leading to the back court. The father was once seen beating the children with a rubber hose until they lay flat on the ground unable to move. The neighbours, however, did not interfere in any way because they did not want to risk conflict with the children's stepmother, who was known to be a selfish, aggressive woman, unwilling to admit anyone into her house.

In spite of very good and extensive child welfare services in the country, the true situation of these children was somehow undetected by the authorities concerned. The children had never been medically examined either routinely or because of illness. They were not registered for school attendance at the appropriate age. The relatives of the natural mother of the twins complained that the children were very poorly cared for, but their complaints were never properly investigated by a personal visit to the family from a social welfare officer. It was a quite exceptional case which, because of its severity, was scrutinized very closely by the jury when the matter came to light.

The central figure in the family, and in the tragedy involving the twins, was the stepmother. All the investigations, and especially the trial at the district and regional court, showed that she was a person of average intelligence, but egocentric, remarkably lacking in feeling, possessing psychopathic character traits and a distorted system

of values. The father was a person of below average intellect, passive, and inarticulate: the stepmother dominated the family. Her own two children (the first of them illegitimate and the second the product of a disturbed marriage which ended in divorce) were reared in early childhood by their maternal grandmother. The stepmother therefore had little experience with small children and showed no interest in them. When the twins joined the family she fed them, but the other aspects of their care were left to their father. This disinterest developed into active hostility towards the twins, and she induced a similar attitude towards them in other members of the family. The other children were forbidden to talk to the twins or to play with them. The father, who worked on the railways, was often away from home and took little interest in the boys. He probably realized that they were not receiving proper care but he was incapable of changing the situation. The twins therefore grew up lacking emotional relationships and stimulation, and were totally excluded from the family. Relationships between the other members of the family were also unnaturally cool due to the mother's abnormal personality. The elder children were well dressed. their homework was supervised and so on, but these measures seemed to have been motivated by the mother's ambitions. She accepted the 2 stepdaughters into the family though she preferred her own children, but with none of the children did she have a genuine maternal relationship.

The boys grew up in almost total isolation, separated from the outside world; they were never allowed out of the house or into the main living rooms in the flat, which were tidy and well furnished. They lived in a small, unheated closet, and were often locked up for long periods in the cellar. They slept on the floor on a polythene sheet and were cruelly chastised. They used to sit at a small table in an otherwise empty room, with a few building bricks which were their only toys. When one of their natural sisters was later examined for another reason, she depicted this scene in a drawing entitled "At Home".

The twins also suffered physically from lack of adequate food, fresh air, sunshine and exercise. At the end of August 1967 the father brought one of the boys to a paediatrician, asking for a certificate that his son was unfit to enter primary school. Because the boy looked as if he were 3-yr-old rather than 6, hardly walked, and was at first sight severely mentally retarded, the doctor agreed to postpone school entry, but insisted that the twins should be placed in a kindergarten, and that the family situation should be investigated by a social worker and a district nurse. The stepmother objected to these visits, criticized everybody concerned, and stressed that she was overworked at home. Probably anticipating further intervention by the welfare authorities, she tried to remove traces of the way in which the twins had been living.

Gradually it became clear that this was a case of criminal neglect. In December 1967 the twins were removed from the family and placed in a home for preschool children, while legal proceedings were taken against the parents. Several days after their admission to the home it was found that the twins suffered from acute rickets, a disease which has been practically eliminated in modern Czechoslovakia. The children were admitted to an orthopaedic clinic and at the same time examined by a multi-disciplinary team.

PSYCHOLOGICAL FINDINGS

On admission to hospital attempts were made to assess the mental status of the twins. It was clear that the improvement in their living conditions during the 3 months prior to hospital admission had allowed some progress to take place. For example, on admission to the kindergarten the twins did not join in any activities but were timid and mistrustful. They had to be brought to the kindergarten in a wheelchair, because they could barely walk, and when given shoes could not walk at all. During their last 3 months with the family they were not locked in the cellar and their little room was better equipped, but at the same time the stepmother's negative attitude towards them became even more acute, because she saw in them the cause of the unwelcome interference from outside.

While in hospital, the children were psychologically examined. They were encouraged to become familiar with the testing room and adapted to it very well. At first it was impossible to use a diagnostic tool which required their direct cooperation, and the preliminary step in assessment was the observation of their spontaneous behaviour, and in particular of their free and controlled play. Later it was possible to establish direct contact and to move on to more formal testing in which the author used Gesell's scale and the Terman–Merrill test.

The boys' restricted social experience and very poor general information was most strikingly shown in their reactions of surprise and horror to objects and activities normally very familiar to children of their age—e.g. moving mechanical toys, a TV set, children doing gymnastic exercises, traffic in the street, etc.

However, their inquisitiveness gradually prevailed, the reactions of terror disappeared, and they began to explore their environment, although often they were easily distracted. Their shyness with people was reduced during their stay in the children's home, and in the hospital ward they were the centre of interest. They related to adults positively and indiscriminately, in a way that is typical of deprived children. Their relations with other children were at an immature and uncontrolled level for their age.

The spontaneous speech of the boys was extremely poor. In order to communicate with each other they used gestures more characteristic of younger children. They tried to imitate adult speech, but could repeat only 2 or 3 words at a time with poor articulation. They could not answer questions, even if it was evident from their reactions that they had understood them. It was obvious that they were not used to speech as a means of communication.

Their spontaneous play was very primitive, and predominantly at first it was only the manipulation of objects, but imitative play soon developed. As they became familiar with the toys and with their surroundings in the clinic their play gradually reached more mature levels, but they continued to need adult intervention to initiate and develop a play activity and were unable to join in the play of other children.

A remarkable finding was that the boys could not understand the meaning or function of pictures. It was impossible therefore to measure the extent of their vocabulary by means of pictures, because they had never learned to perceive and understand them. We started therefore with pictures which were of the same size and colour as the real objects which they represented. After repeated comparisons

of picture and object, understanding of the relationship emerged and extended to a constantly widening range of phenomena.

The author felt that to express the boys' intellectual level in terms of an I.Q. would be quite inadequate. Their I.Q.s at that stage would have been within the range of imbecility, but qualitative analysis of their responses, their total behaviour, and their considerably accelerated development since they had been taken away from their family, all unambiguously suggested that this was a case not of a primary defect in the sense of oligophrenia, but of severe deprivation. It seemed more appropriate therefore to consider their mental ages, which in December 1967 varied for both boys around the 3-yr level, with a range of ± 1 yr for separate component items. At this time their chronological age was 7 yr 3 months.

After the period of hospitalization the children returned to the children's home where they made good progress. They began to participate with the children there; this was made easier for them by the fact that the other children in the home were some 2–3 yr younger. Relationships with adults and children improved and they acquired much of the knowledge and many of the skills appropriate to preschool children. As their health improved so their motor abilities developed; they learned to walk, to run, to jump, to ride a scooter. Similar progress was also noted in their fine motor co-ordination.

After 6 months' stay in the children's home the boys were readmitted to the clinic for a short time to enable paediatric, audiological and psychological examinations to be made. Their mental age was by this time approximately 4 yr, with a narrower range of passes on the component items than on the previous examination. There was evidence of considerable progress in habit formation, experience, and the development of knowledge.

THE FORENSIC PROBLEM

During the first period of hospitalization the investigating authorities requested a report from a forensic paediatrician, who in turn asked for a consultant psychologist's report. However, the problem of assessment seemed too complex to be handled on the basis of one or more consulting examinations. We therefore asked the investigating authorities to assign an expert psychologist to the case, who would have both the support of the court and the right of a forensic expert as well. The panel of forensic specialists followed the progress of the boys for a period of 6 months while they were in the children's home, and undertook careful control examinations during the second period of hospitalization. The problem for the panel was to assess the total developmental picture presented by the children, and to decide whether their disabilities were likely to have been congenital or acquired. The psychologist, moreover, had also to try to answer the question as to whether the twins were likely to grow up to become mentally and emotionally normal people.

The psychologist's report was of considerable importance in this case. It was necessary to disprove the statement of the defendant that the children had been defective from birth, and to prove that their disabilities were caused by severe neglect and lack of stimulation. For this reason a lengthy period of 6 months' observation was necessary, although it was apparent much earlier that the children were developing more quickly in the environment of the children's home than they ever

had in their family home. During the trial, too, we had to refute the statement of the defendant and her husband that the children had had experience of picture material and play opportunities at home.

It was more difficult to answer the question about the future development of the twins. There was no evidence from the literature on deprivation, and because the case was so exceptional we had no personal experience to guide us. We could therefore only outline a probable prognosis and assume that in a good environment the children would develop in every respect, that their developmental deficits would show a tendency to be reduced, but that it was necessary to take into account the possible consequences of such severe deprivation on the development of personality. We pointed out to the judges some of the handicapping effects of this deprivation: entry to school delayed by 3 yr, the probable necessity for the boys to attend a school for mentally retarded children, the effects on employment prospects, and the possibility of other difficulties in their social and intellectual development. We recommended that the children be placed as soon as possible in a compensating foster-home, on the grounds that even the best children's home could not be the optimal solution in the long term.

The main trial at the district court lasted for 3 days, all the forensic specialists being present. The defendant did not admit to having damaged the twins in any way. She denied that anything unusual had happened and maintained that they had been handicapped since infancy and that she had done her best for them by cooking and cleaning. She poured out her own troubles and expressed again her sense of being overworked. The court sentenced her to 4 years' deprivation of liberty and both father and stepmother also lost their parental rights.

In his final speech the public prosecutor and the chairman of the senate of judges, in confirming the verdict, emphasized the importance of the experts' reports in their evaluation of the defendant's guilt.

THE FURTHER DEVELOPMENT OF THE CHILDREN

In the school year 1968/9 the boys remained in the preschool children's home. Their mental development was better than the original prognosis had suggested. Whereas some experts were doubtful about their educability, a psychologist's assessments showed that the retardation was diminishing and that the boys had reached a level of readiness for school. Because of their retarded speech, and relatively poor fine motor co-ordination and powers of concentration, we thought that a school for mentally retarded children was indicated as an initial step, since there were greater possibilities of individual teaching and a slower pace of learning.

Simultaneously with their starting school we tried to solve the problem of their foster-home placement. A number of families were willing to take the children, but we had to assess the motivation of the applicants very carefully, considering the personalities of the potential substitute parents, and existing family structures. Finally, in July 1969, the boys were placed with a family who have been able to accept them as natural and loved children. After 2 yr observation we still consider this to be the optimal placement, although in the conventional sense the family is not a complete family at all. It consists of two unmarried middle-aged sisters, both intelligent, with wide interests, living in a pleasant flat, and capable of forming very

good relationships with the children. One of these sisters had already adopted a baby girl some years before, and this child is now an intelligent well-educated 13-yrold. The second sister became the foster-mother of the twins. Our observations, and information from many sources, show that deep emotional bonds have been formed between the children and their foster-family, and many of the consequences ~ of deprivation—e.g. a narrow outlook, a small range of emotional expression, etc. which had remained during their stay in the children's home, are gradually diminishing. The boys have recollections of their original home, and though the fosterfamily tries to avoid reviving the past, the boys themselves will sometimes begin to talk about it; we also have touched on this during our psychological examinations. Until recently the boys did not have sufficient language ability to describe even in outline their life in their original family. If we compare their story now with the facts established during and before the trial, it is evident that their account is reliable. They have a completely negative attitude to their stepmother, and refer to her as "that lady", or "that unkind lady". They remember the names of their brother and sisters, and they recollect how they used to be hungry and thirsty, how they were beaten about the head (their scalps are badly scarred), and how they used to sit at the small table. The stepmother often carried them into the cellar, thrashed them with a wooden kitchen spoon until it broke, and put a feather-bed over their heads so that no-one would hear their screaming.

For a long time they had a dread of darkness. They appreciated the physical warmth of their new home, the good food they received, and the fact that they were no longer beaten. During our first visit to them in the foster-home we had to reassure them that we would not take them away from their foster-mother.

In September 1969 they were admitted to the first class in a school for mentally retarded children. On the basis of our observations of the children in class, the teacher's records, and our further examinations, we found the boys soon adapted themselves to the school environment and began to excel their classmates. Their writing, drawing, and ability to concentrate improved remarkably in the second term, and it became clear that this type of school would not extend them sufficiently. Accepting that there was a risk involved, we recommended a transfer to the second class of a normal school from the beginning of the next school year. In spite of the difference in curriculum and teaching methods, they proved to be capable of mastering the subject matter of the normal school, and did well enough to suggest that they have the ability to complete successfully the basic 9-yr school course which, however, they would finish at the age of 18 instead of the normal age of 15. Their schoolmates are 3 yr younger, and it remains to be seen how relations between them and the twins develop, particularly as they enter puberty; the effects on the self-confidence and personality of the twins may be considerable but only extended observation will give us the answer to this.

A summary of the psychological test findings shows that in the 15 months from June 1968 to September 1969 the mental age of the twins increased by 3 yr; this was an immense acceleration of development, indicating how the change of living conditions provided a rapidly effective compensation for the consequences of earlier deprivation.

At first the children were assessed using Gesell's Developmental Scale and later

the Terman-Merrill Scale in which their verbal level was markedly below non-verbal test items. Since the age of 8 yr and 4 months the boys have been examined by means of the Wechsler Intelligence Scale (WISC). The test scores are presented in Table 1 and indicate the low-level verbal response initially, especially in the Twin \mathcal{J} , and the subsequent improvement over 3 yr. Both children now seem to be functioning almost at an average level for their age.

TABLE 1. WECHSLER	INTELLIGENCE	Теѕт	Scores	(WISC)
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Twin <i>P</i> . I.Q.		Twin J. I.Q.		
8yr 4 months				
Verbal	80	Verbal	6 9	
Performance	83	Performance	80	
Full scale	80	Full scale	72	
9 yr				
Verbal	84	Verbal	75	
Performance	83	Performance	76	
Full scale	82	Full scale	73	
10 yr				
Verbal	97	Verbal	94	
Performance	85	Performance	86	
Full scale	91	Full scale	89	
11 yr				
Verbal	97	Verbal	96	
Performance	93	Performance	90	
Full scale	95	Full scale	93	

CONCLUSIONS

This is a very exceptional case of deprivation, firstly because of the lengthy period of isolation, and secondly because of the unusual family situation which by outward appearances was a relatively normal and orderly one.

The children suffered from a lack of stimulation and opportunity for psychomotor development. The most severe deprivation, however, was probably their poverty of emotional relationships and their social isolation. The stepmother did not even partially satisfy their need for maternal nurturance. She was on the contrary, as the dominating person in the family, the instigator of hostile attitudes towards the children and an active agent in their physical and mental torment. The influence of the father was confined to occasional repressive actions. The stimulating influence of brothers and sisters was also lacking. Thus we may speak of a combination of outer and inner causes of deprivation, the inner or psychological ones being primary.

We have not found in the literature a similar case of such severe and protracted deprivation in a family. Following Langmeier and Matejcek (1968), we can define the situation of the twins as one of extreme social isolation, where the children are

still fed by people, but are almost completely isolated from human society. Cases in the literature differ from ours both in recording a shorter period of social isolation, and in showing more severe consequences of deprivation than we have so far found. We assume, therefore, that the twins were able to bear the onerous situation better than any single child would have done.

Almost 4 yr of observation of the twins have shown that in comparison with analogous cases in the literature their mental and social development has been very good. It is, however, difficult to foresee how their intelligence will develop, what the course of their development will be, how their personalities will be formed, and what residual effects of the deprivation will remain. The comparison between these monozygotic twins, living in essentially the same environment, will also be of interest.

SUMMARY

The author reports an unusual case of deprivation. Monozygotic twin boys were reared from age 18 months to 7 yr in social isolation by a psychopathic stepmother and an inadequate father. On discovery, their mental age level was 3 yr, but after treatment, a period in a children's home and approximately 2 yr in a good foster-home, they had made remarkable progress and now appear about average for their age. Forensic aspects of the case are discussed, as are features of the foster-home placement, and the significance of twinship in the recovery. Residual effects of deprivation will be studied by an extended follow-up.

Because of the criminal behaviour of the stepmother the children were exposed to living conditions which resembled those of an experimental situation. From the human standpoint, of course, it was an extremely cruel and unrepeatable experiment. From the scientific point of view, however, it was also a very valuable one. It will be important, therefore, to follow up the case over a long period, in the hope of contributing to a solution of some of the problems associated with mental deprivation.

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