

## ***The Silent Twins* (2022)**

Directed by Agnieszka Smoczyńska. Screenplay by Andrea Seigel, Based on *The Silent Twins* by Marjorie Wallace. 114 Minutes. Distributed by Focus Features; Released in USA September 16, 2022

Reviewed by Kenneth J. Weiss, MD

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**Key words:** autism; mutism; twin psychology; Broadmoor

A fascinating and disturbing story in its latest iteration, *The Silent Twins* is more than true crime. It's about how communities, educational systems, and criminal justice conspire to suppress differences.

Identical twin girls were born in Yemen into an immigrant family (parents from Barbados) in 1963. They were late speaking. As schoolchildren in the UK, they retreated into a private, exclusive, and rigidly guarded world. By the time the family moved to southwestern Wales, Jennifer and June Gibbons, 11, had been the objects of bullying. As the film, and journalist Marjorie Wallace observed in her 1986 book,<sup>1</sup> racist attacks on the twins were amplified by their passive resistance. Hilton Als,<sup>2</sup> in his 2000 *New Yorker* follow-up of Wallace's account, promotes the racism dynamic. This is one facet of their adaptations. Perhaps the twins were concordant for high-functioning autism (Asperger's syndrome, or autistic psychopathy), which did not enter mainstream medical nosology until the 1980s. At minimum, they had elective mutism and speech articulation problems. They were psychologically inseparable amid a culture in which "the consequences of living in a society with an implicit standard of individuality" weighed heavily against them (Ref. 3, p 470). *The Silent Twins* tracks the twins from schoolgirls to young women, when they discover sex, solvent huffing, smoking, and fire setting. How and why they found themselves in Broadmoor, the UK's facility for the criminally insane and former home of Daniel M'Naughten and the Yorkshire Ripper, is the theme of the film.

That the family were outsiders, nearly isolates, is factual. The twins' developmental trajectory, however, is not explained by social forces or racism alone. Als, who interviewed Jennifer in 1998, cited the Welsh town of Haverfordwest as a place of

"spectacular racism." But the pact between the girls to keep the world out had been made earlier. They were an enigma, impenetrable to family, peers, teachers, and psychologists. They had a speech impediment on top of a special communication system, a mix of nonverbal cues and Barbadian Creole. The school system aimed to fix them, to make them talk and be individuals; it was a disaster. There was discussion about splitting them up in 1977.

On the theory that they were not a good influence on one another, in 1978 the authorities decided one of them had to be removed to a different school. It was left up to them to choose. They could not. When they learned of the proposed separation, they fought viciously, a bewildering and uncomfortable scene. Jennifer remained at Eastgate while June went to St. David's adolescent unit. After the separation, June became catatonic. Jennifer wrote a story about two caged parrots brought up in a zoo, the subject of stop-motion animations during the film. The plan to remediate them collapsed, and in 1979, at age 16 and finished with school, they returned home.

The young women, Jennifer, played by Tamara Lawrance, and June, by Letitia Wright (*Black Panther*), give convincing performances as sisters who love each other so much that they want to kill each other. The paradox plays out in many scenes, accelerating as they attempt writing careers, sharing a sexual affair with a young American (whom Wallace called their "joint obsession"), and becoming excited by arson. They buy a typewriter and apply to a writing correspondence course, as one person. June writes a novel, *The Pepsi-Cola Addict*, and convinces Jennifer to let her publish it under her own name through a vanity press.

Their interest in sex focuses on Wayne Kennedy, a hell-raiser, according to his father. To set the timeline, the film notes this was around the time of Prince Charles's marriage to Lady Diana. The trysts with Wayne are suffused with romantic fantasy, while in reality they are entering a door to further deviance. He introduces them to cigarettes and booze and gets them high by huffing a volatile solvent. Wayne announces that it's Jennifer's turn to lose her virginity. In a fantasy sequence, we see Jennifer and Wayne in the front seat of a big American car, engaged in intercourse. Animations of flowers opening up are a wry symbol of Jennifer's deflowering. The film cuts abruptly to reality, with Wayne thrusting hard into the detached Jennifer; the viewer squirms. In a later sequence, "June-June" has her turn with Wayne, this time amid hay bales. When

Wayne and June are done, Wayne impulsively rips off Jennifer's wig and sets it on fire. He suggests the next step, arson, if they're up for it. The girls seem fascinated by fire, despite Jennifer's humiliating walk home, marked by another vicious fight with June. The criminal act for which they are later tried involves burning down a tractor store.

Now, to the question of how Jennifer and June become residents of Broadmoor for over 11 years. The educational and psychological communities were flummoxed by the twins' behavior and found themselves helpless. Instead, they applied a procrustean bed of remedies designed to make them conform. Their stubbornness, through elective mutism and passive resistance, was too strong. They were not psychotic; it was something else, not defined in the film. The system pushed back with residential placement, separation, and even drugs. Eventually, the twins adopted personae that permitted them, as teenagers, back into the community. While clever enough to launch writing careers, they remained unsocialized and thus susceptible to naughty or frankly antisocial conduct.

As adults, they were tried for arson and petty theft. The justice system failed them, even after two psychiatric assessments. By this time, according to Wallace, there was evidence, in June's diary, that the twins were "psychopaths" (in 1980s parlance, denoting a personality disorder). For example, "Arson and sex. Surely [defense psychiatrist Dr. Spry] knows all we arsonists are only looking for sexual fulfilment? Everyone knows about that" (Ref. 1, p 166). In the trial scene, the court asks each of them to plead guilty or not guilty. Their grunts are accepted as "guilty." Dr. John Hamilton, a Broadmoor consulting psychiatrist, addressed the court (Dr. Spry was abroad). Wallace points out that there were no appropriate facilities for patients such as Jennifer and June. The doctor portrays Broadmoor as idyllic, setting off fantasies in the young women; for example, the swimming pool as a Busby Berkeley-like production. The judge asks Dr. Hamilton the following: "[Are the defendants] suffering from a mental illness, psychopathic disorder, subnormality. . . of such a nature or degree as to warrant [their] detention in a hospital for medical treatment?" (Ref. 1, p 185). He responds in the affirmative, adding that they had a speech problem and their treatment could take years. The judge sentences the twins to indefinite commitment to Broadmoor.

The balance of the film, which tracks their course for another 11 years (Wallace's book was published halfway through), shows the tragic results. June's book is published and the twins fight so viciously that they are separated. Then Marjorie Wallace, who learned about their trial, comes to visit. She is non-judgmental and sincerely interested in their writing, and they begin to speak. The film goes beyond Wallace's book. It becomes impossible for both Jennifer and June to survive, together or apart. Jennifer appears catatonic. When they are released back to Wales, Jennifer is a zombie and dies on the way. Anaclitic depression? Self-sacrifice? Killed by the system? Evidence would suggest pericarditis.

The film is remarkable for its use of animation, fantasy sequences, and an eclectic soundtrack. The content, which writer Andrea Seigel calls fiction,<sup>4</sup> adheres to Wallace's book and her guidance. The scenes blend factual depictions of events with music and dance interludes that explore the twins' fantasies. There are also elaborate animations, using dolls and props, that accompany narrations of their writings. These enjoyable interludes distract the viewer from the otherwise gloomy biography. The writer and filmmaker resist medical labels, assigning blame, or imposing morality. Overall, this is a thoughtful, haunting, and creative rendition of a true story that permits the viewer freedom to formulate complex dynamics.

## References

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## Textbook of Antisocial Personality Disorder

Edited by Donald W. Black, MD and Nathan J. Kolla, MD, PhD, FRCPC. Washington, DC: American Psychiatric Association Publishing, 2022, 535 pp. \$105.00

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The *Textbook of Antisocial Personality Disorder*, edited by Donald Black, MD, and Nathan Kolla MD, PhD, delivers on its title. It is a comprehensive twenty-four-chapter textbook on antisocial personality disorder. It is easy to read yet covers everything from the historical description of antisocial personality disorder to modern advances like biomarkers and functional MRIs. The contributors are faculty in institutions across the world, including forensic psychiatrists and psychologists as well as researchers in fields like translational medicine and brain imaging.

The introduction section of the book, written by the editors, is particularly poignant. It points out how antisocial personality disorder (ASPD), characterized by a patient's "recurrent—typically lifelong—misbehavior", is "psychiatry's forgotten disorder." Despite its high societal cost, it is given minimal research funding; it is often viewed as "untreatable." The editors aptly describe this as a cynical view, one that is "premature because of the lack of relevant treatment research" (p xvi).

The book's twenty-four chapters are divided into four parts. Part I provides the foundation, tracing the history of our modern notion of ASPD. Readers are led through past eras, starting with the eighteenth-century notion of "moral insanity" in England. Readers are reminded about the variability of how this disorder has historically been viewed: clinically versus as a social label. This part of the book also covers more recent efforts to formally classify antisocial behavior, including that found through iterations of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Statistical Classification of Diseases and Related Health Problems (ICD).

Part II of the book addresses relevant clinical concepts, including epidemiology, clinical symptoms, and comorbid conditions. The authors, in this section as throughout the book, thread a sense of objectivity and compassion into their well-cited recitation of the literature. For instance, they remind the reader that "most antisocial individuals are not criminals" (p 40). They also caution that despite the association between ASPD and malingering, clinicians should "be cautious and avoid assuming that all patients with ASPD are exaggerating symptoms" (p 66).

Through a series of eleven chapters, Part III delves into the etiology and pathophysiology of the

disorder. The first chapter details the natural history and course, including childhood onset, typical improvement with age, and improved outcomes when accompanied by variables like marriage. The subsequent ten chapters provide a plethora of studies spanning topics from social theories of causation to biomarkers and imaging. These chapters are dense, but crucial. Included studies are well summarized and organized in a format that will be of assistance to clinicians and future researchers. The choice of studies serves to remind the reader of the simultaneous relevance of environmental and biological factors in the development and presentation of ASPD.

Part IV of the textbook bridges theory with practice, discussing psychosocial and pharmacological management strategies. These chapters are informative, with tables of relevant studies and findings. The table in the pharmacology chapter helpfully includes specific medications studied as well as dosages and outcomes. The authors convey a clear sense of caution regarding both the design of past studies and the associated limited evidence regarding efficacy. The last chapter in this section, chapter 19, is written by one of the editors, Donald Black. Dr. Black reminds clinicians that we ourselves can act as a barrier to care for individuals with ASPD, by our hesitancy in making the diagnosis, challenges with countertransference reactions, and "therapeutic gloom."

The final section of the book focuses on special populations and situations, including children, women, sexual offenders, and individuals in the criminal justice system. This section closes with the book's final chapter, chapter 24, which attempts to provide some hope: "Prevention of Antisocial Personality Disorder." The authors in this chapter saliently point out that ASPD is the only personality disorder for which the DSM requires a childhood onset for diagnosis. They note that this core criteria, and ASPD's natural history and progression, makes it a key target for public health interventions (and the lofty goal of preventing ASPD).

The *Textbook of Antisocial Personality Disorder* is a must have for forensic psychiatrists. It also deserves a place in psychiatric residency and forensic fellowship libraries. The editors have brought together a wealth of data in a well-organized book. Furthermore, they have addressed this highly stigmatized and understudied disorder with a sense of compassion and hope.

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