

FOLIE À DEUX: A CASE REPORT

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ABSTRACT

Purpose: Folie à Deux (FAD), conceptualized as the transference/induction of delusional ideas from one person to another, is a challenging psychiatric syndrome, in its rareness, pathophysiology and treatment. We present a case of Folie imposée in an isolated couple. Case Description: The persecutory and reference delusions of the husband (the active element, truly psychotic) were transferred to his wife, who offered little resistance in accepting the delusions and did not elaborate them. In contrast to the expected, the husband had better adherence to the treatment. On the other hand, the wife actively refused the treatment for several days, which we perceived to be a consequence of the nearly total dependence of his husband guidance. The latter, gradually improving, was very collaborative in persuading his wife to also engage in treatment. Conclusion: Particularly relevant to note, are the relational features: both in the analysis of cases and in the therapeutic approach.

Keywords: Shared Paranoid Disorder; Psychotic Disorders; Family Health; Social Networking.

FOLIE À DEUX: UM CASO CLÍNICO

RESUMO

Objetivo: A Folie à Deux (FAD), concetualizada como a transferência/indução de ideias delirantes de uma pessoa para outra, é uma síndrome psiquiátrica desafiante, na sua raridade, patofisiologia e tratamento. Apresentamos um caso de Folie imposée num casal isolado. Descrição do Caso: Os delírios persecutório e de autorreferenciação do marido (o elemento ativo, verdadeiramente psicótico) foram transferidos para a sua mulher, que ofereceu pouca resistência em aceitar estas ideias, não as elaborando. Ao contrário do esperado, o marido aderiu melhor ao tratamento. Por outro lado, a mulher recusou ativamente o tratamento durante vários dias, o que consideramos ser consequência da quase total dependência da orientação do marido. Este, em melhoria gradual, colaborou na adesão da mulher ao tratamento. Conclusão: Destaca-se a relevância dos aspetos relacionais: tanto em termos da análise dos casos, como na sua abordagem terapêutica.

INTRODUCTION

Folie à Deux (FAD), conceptualized as the transference/induction of delusional ideas from one person to another, is a rare clinical syndrome, first described in late 19th century by Lasègue and Falret^{1,2,3}. In 1942, Gralnick described four subcategories (Fig. 1)⁴, which may be important for clinicians to understand the various patterns of the delusional contagion and, ultimately, aetiology³. Although some controversy persists to date, with different definitions proposed by the current diagnostic systems (DSM and ICD)³, this disorder is thought, like most psychiatric disorders, to be an interplay of both shared environment factors and genetics². FAD may include disorders such as schizophrenia, paranoid/delusional disorder and reactive psychosis³. Despite its heterogeneity, general conditions required for the delusional contagion are described: (i) one individual (the active element) is more intelligent, creating the delusion and gradually imposing it upon the second one (the passive element)^{5,6}; (ii)

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individuals typically live very close and isolated from external influences^{5,6,2}; (iii) the plausibility of the delusion makes it communicable⁵. Treatment should include separating the two patients, allowing the second one to recover, once disconnected from the “delusional source”. The active element, truly psychotic, usually needs pharmacological intervention^{3,5,6}.

Figure 1 - *Folie à Deux* subcategories described by Galnick in 1942

<p><i>Folie imposée</i></p> <p><i>Delusions of a psychotic individual are transferred to a healthy one. The recipient offers little resistance in accepting the delusions and does not elaborate them. Separation from the inducer tends to cause the recipient to abandon delusions.</i></p>	<p><i>Folie simultanée</i></p> <p><i>Identical psychoses characterized by depression and persecutory ideas appear simultaneously in two individuals predisposed to a true psychotic illness. This subtype of FAD has no evidence of mental contagion, unlike other subtypes.</i></p>
<p><i>Folie communiqué</i></p> <p><i>The contagion of delusions occurs only after the recipient has resisted them for a long time. Both maintain the delusions even after separation, which means both individuals have true psychotic illness.</i></p>	<p><i>Folie induite</i></p> <p><i>New delusions are added to a psychotic individual's preexisting delusions under the influence of another patient.</i></p>

We present a case of a couple that lives with their 13-year-old daughter. The parents were conducted by the authorities to an urgent psychiatric evaluation, requested by child protection services.

CASE REPORT

The husband is a 54-year-old Portuguese man. No relevant medical or psychiatric history was found. When he was 19, he emigrated to Spain, where he met his wife and lived ever since. In the last six years, he moved to three different Spanish cities, driven by the conviction that his wife's family wanted to kidnap his daughter. For that reason, he decided to return, with his daughter and wife, to Portugal. Although he thought he would count on his family support, they rejected him, and he had to find a place of his own. After two months in the new apartment, he started noticing odd things: every time he said he was going out, one of the neighbours came to the window; the pipes made an abnormal noise, as did the wooden floor in some parts of the house; one time, he decided to open and inspect a suspicious lamp [with “little holes”(*sic*)], very cautious and quietly, but at the very same moment, the upper neighbours went out with hiking items and drove the car away. He took the lamp to an

electrician, who confirmed him it could be a wire or a watch, and advised him to look for more. Following this advice, he found several strange objects: a plastic box full of electric wires, a disconnected TV cable through which “information could be passed”(sic), among others. In the bathroom, he realized that when taking a picture in front of the mirror, “three blue little dots”(sic) would come up (which did not occur in other mirrors), concluding that it was also a transmitter. He also believes an electromagnetic field was created in the apartment, which is making the three inhabitants sick; thus, he covered the walls with aluminium foil, for protection. He searched on libraries and the internet for Physics information, to better understand these phenomena. He published his findings on *Facebook* and *Youtube* (Fig. 2 and 3), with daily updates and calls for help (Fig. 4). He reported the events to the local authorities and sent several telefaxes to the European Court of Human Rights (Fig. 5). Deciding they could not continue in that house, they stopped paying the bills. As a result, they have had no water and electricity for five months and the owner has reported them to the authorities. He quitted his job, so that he “could focus more on this issue”(sic). He believes his wife’s relatives have been watching them in Portugal, with the intention of kidnapping his daughter, but he is convinced the changes in the apartment are “part of something bigger”(sic).

Figure 2 – Patient’s publications of his findings on *Facebook* and *Youtube*



Figure 3 – Patient’s publications of his investigations on *Facebook*

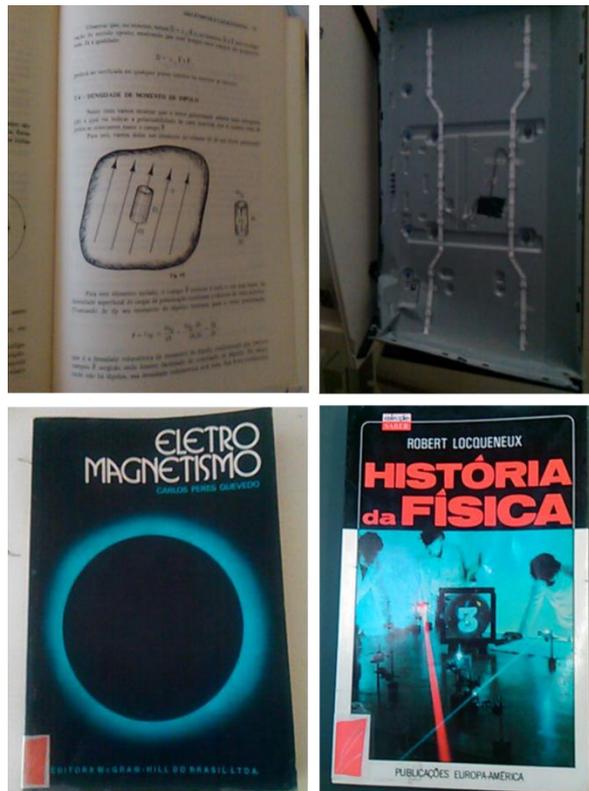


Figure 4 – Patient’s daily updates and calls for help on *Facebook*

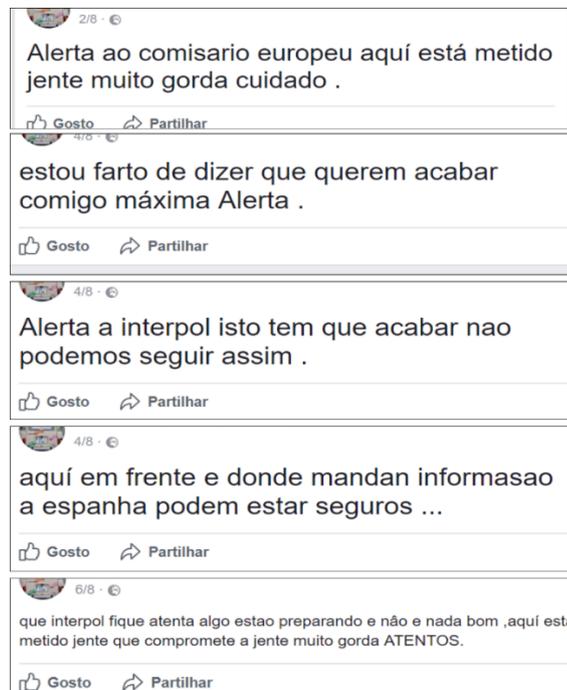
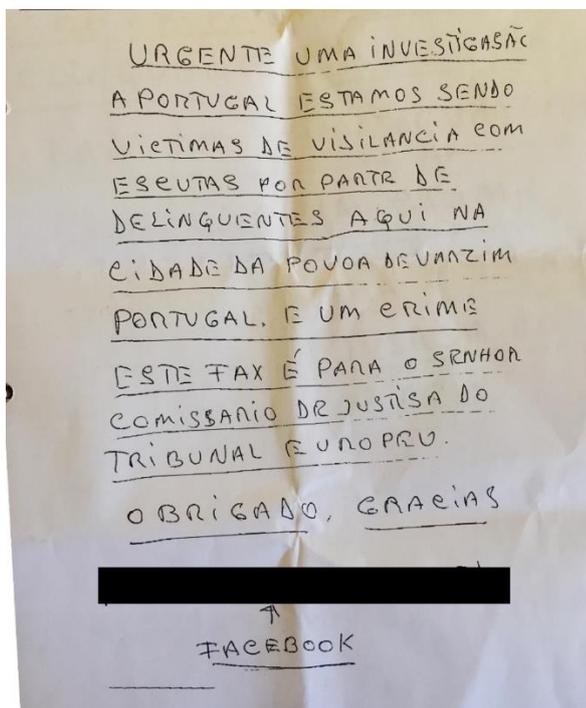


Figure 5 – Patient's telefax to the European Court of Human Rights



The wife, a 47-year-old Spanish woman, shared these ideas, having also participated in some of the videos published online. She had a medical history of retinitis pigmentosa (being almost blind) and chronic kidney disease, being very dependent of her husband care.

DISCUSSION

In this clinical report, we describe a case of FAD in a couple, where the husband is the active element. According to Gralnick's classification, this is a case of *Folie imposée*, in which the persecutory and reference delusions of the husband (truly psychotic) were transferred to his wife, who offered little resistance in accepting the delusions and did not elaborate them. Furthermore, in accordance with the literature^{5,6,2}, the couple lived isolated and the delusion was relatively plausible.

The patients were admitted in separated wards and followed by different doctors. In contrast to the expected^{3,5,6}, the husband had better adherence to the treatment. On the other hand, the wife actively refused the treatment for several days, which we perceived to be a consequence of the nearly total dependence of his husband guidance. The latter, gradually improving, was very collaborative in persuading his wife to also engage in treatment. Both were medicated with paliperidone and, two months after admission, were discharged to live in

Spain with their relatives, previously involved in the delusion. Their daughter, temporarily sheltered in an institution, was expected to join them as soon as the Court permitted it.

Also interesting, is the onset of the husband's symptoms, its evolution and final presentation, resembling the classical descriptions of paranoid/delusional disorder.

Almost two centuries after its first description, FAD is still an interesting and challenging disorder to psychiatrists, in its rareness, pathophysiology and treatment. Particularly relevant to note, are the relational features: both in the analysis of cases and in the therapeutic approach.

REFERENCES

1. Lasègue, C., Falret, J. (1877). La folie à deux ou folie communiquée. *Ann Med Psychol*, 18, 321–355.
2. Riggs, S., Perry, T., Dowben, J., & Burson, R. (2017). Vive La France: Three Delusional Disorders Originally Reported in the French Medical Literature. *Perspectives in Psychiatric Care*, 53(1):5-9. doi:10.1111/ppc.12176.
3. Shimizu, M., Kubota, Y., Toichi, M., & Baba, H. (2007). Folie a deux and shared psychotic disorder. *Curr Psychiatry Rep*, 9(3),200-205.
4. Gralnick, A. (1942). Folie à deux—the psychosis of association. *Psychiatr Q*, 16:230–236, 491–520.
5. Aragona, M., Cardillo, D. (2016). History of medical concepts: La folie à deux (ou folie communiquée). *DIAL PHIL MENT NEURO SCI*, 9(2):62-68.
6. Magar, B., & Fahy, S. (2010). Is every shared psychosis a folie à deux? *International Journal of Geriatric Psychiatry*, 25(11):1197-1198. doi:10.1002/gps.2476