




# A Case Report of Family Relations in Shared Psychotic Disorder

Janiasman Alessandro Sinurat and Mustafa M. Amin (✉) 

Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia  
mustafa.mahmud@usu.ac.id

**Abstract. Background:** Shared Psychotic Disorder or Folie À Deux is rarely in studies, where individuals share their delusions with others. The close relationships most often found in this disorder include husband and wife, brothers and sisters, mother and children, and others. In this case, elements of mutual trust play an important role.

**Case Report:** A case of shared psychotic disorder was found between a 45-year-old mother and her 18-year-old daughter sharing the same delusions and hallucinations through performing rituals. The closeness of mother and children is very influential in this case.

**Conclusion:** Shared Psychotic Disorder is a rare problem known by few people. It is concluded that closeness and trust greatly influence the occurrence of shared delusions between individuals.

**Keywords:** Folie À Deux · Family · Psychotic

## 1 Introduction

A delusion shared by two or more people is known as shared psychotic disorder (SPD), and it was first noted in France in the 19th century. The term folie à deux (FAD) or SPD, which translates to “madness for two” was first used in 1877 to describe shared delusions between two individuals [1]. According to DSM III in 1980, FAD, also known as “shared paranoid disorder,” is characterized by the operation of a delusional system that arises from a close relationship with a person who already has paranoid psychosis. Munro emphasized that this criterion’s definition includes folie imposée and simultanée. Afterward, The DSM III-R changed the term “induced psychotic disorder” to “induced psychotic disorder” and included a new requirement that the sufferer have no psychotic disorder prior to the induced delusions. DSM IV later included Folie A Deux as Shared Psychotic Disorder characterized by delusion that emerges in an individual who has close relationship with someone with pre-existing delusion. The delusion content resembles an individual’s pre existing delusion [2].

Shared psychotic disorder (SPD), which is characterized by the presence of delusional transfer from one individual to another is rarely found with low prevalence. It usually occurs between two individuals with a close relationship and coexists for a long time. The most common include siblings, husband-wife, and mother-daughter,

but other combinations can also occur and almost all cases occur in the same family [4]. Meanwhile, the majority of the studies discussing this case are obtained from case reports.

The incidence rates of this disorder are reported to be between 1.7 and 2.6% obtained from those admitted to mental hospitals, but the true prevalence is difficult to estimate. Most occurrences seldom involve more than two people and are frequently underreported and underdiagnosed. In addition, families affected by this condition infrequently seek treatment and usually receive referrals to psychiatric care from others [5]. Other special forms have been reported, such as *folie simultanée*, in which two individuals develop psychotic simultaneously and share the same delusions. SPD can be classified into 4 kinds, including a-*folie imposée* (lasègue and falret), b-*folie simultanée* (régis), c-*folie communiqué* (marandon de montyel), and d-*folie induite*, according to a study published in 1942 by Gralnick (lehman) [2, 4, 6].

Based on the etiology, genetic factors are considered relevant to this disorder. Some studies reported two siblings with the conditions of *Folie à deux*, including monozygotic twins. One of the major factors in the etiology of schizophrenia, which has become the initial diagnosis given in primary cases of SPD is heredity or genetics. Other comorbid conditions, such as depression or dementia and abnormal personality traits in primary and secondary cases, respectively, also appear to be relevant and may predispose individuals to induce delusional disorder. However, disturbed interpersonal relationships are probably the most important factor since delusional beliefs in the second case often disappear rapidly after separation from the primary case. This view is consistent with the reports of successful treatment through separation of affected individuals, although the mechanism by which delusions are induced in secondary persons is poorly understood. Treatment should be tailored to the patients' conditions, such that an in compliant individual will be motivated to increase their adherence to the treatment plan. Meanwhile, separating the two patients has been suggested, but recent data suggest that separation is not sufficient or may exacerbate the condition. Treatment with drugs, either with one drug such as antipsychotics/antidepressants or a combination such as mood stabilizers and antipsychotics as well as antidepressants and antipsychotics, improves the condition [7]. It is important to follow up on the patients' condition because of the possibility of alternative diagnoses. One of the treatments that can be offered to patients both individually and in groups is psychotherapy [8].

## 2 Case Report

### 2.1 First Case

Mrs. S, 45 years old, is a Javanese housewife with no history of a mental or medical disorder, and living with her husband and a daughter aged 48 and 18, respectively. The patient came with her brother and biological daughter to the psychiatry clinic with complaints that she often talked to herself and heard voices about 6 months ago. Initially, Mrs. S visited her house in Jombang to attend her nephew's party. She suddenly went into a trance, after the party, and was treated by the religious leaders there, after which, she regained consciousness. One week later, after returning to her home, she began to look different. Initially, Mrs. S was a quiet individual, now she enjoys being angry

and felt that she is a descendant of the Majapahit kingdom. She often talks to herself and believes she has the power to summon jinn, heal others, and even read people's minds. She often had difficulty sleeping at night because she said that the Majapahit royal family often visited her. Furthermore, she often said that she was the queen of Majapahit, a descendant that was not revealed. After 3 weeks at home, the daughter began to develop the same delusion as Mrs. S. Previously, Mrs. S often said she wanted to channel strength to her daughter, then her husband reported her condition as well as her daughter's to their family. The family took Mrs. S and her daughter to a psychic for treatment but there is no change. Subsequently, someone suggested her brother take her to a psychiatrist.

The relationship of Mrs. S with her husband, who is an intercity bus driver and often leaves the house, is not harmonious. However, she confides in her daughter about the issues with her husband due to their cordial relationship. There was no history of sadness, excess happiness, medical illness, use of a substance, fatigue, lost in pleasure, suicide, and medical illness. However, there was a history of auditory and visual hallucinations, and delusions of grandeur thought insertion.

## 2.2 Second Case

DS is an 18-year-old high school graduate that is very fond of her mother and often helps her at home. After 3 weeks with her, she began to see and hear voices like her mother. Previously, they both performed several rituals to channel the power and after 1 week, DS felt she can heal people. Furthermore, she claimed to have the ability to read other people's minds like her mother, and she was the daughter of the queen of the Majapahit Kingdom. At night, they often chatted like there is a guest in their house. They are often scolded by Mrs. S's husband but didn't care.

The relationship of DS with her father was not harmonious and they frequently fought to defend her mother. Meanwhile, she had no history of sadness, tiredness, feeling lost in pleasure, suicide, euphoria, medical illness, use of a substance, and previous mental disorders.

DS had a history of auditory and visual hallucinations, similar to her mother, with delusions of grandeur, and thought insertion. Schizophrenia was the primary diagnosis in the first case, with a differential schizoaffective and major depression with psychotic symptoms. The second case was diagnosed with SPD completed with schizophrenia and schizoaffective.

## 3 Discussion

Cases of SPD or folie á deux are very rare and the most common relationship of SPD was sister to sister, husband to wife, and mother to child, which was the case in this study. According to Danilo Arnone and colleagues (2008), the type of relationship between primary and secondary was always well explained ( $n = 42$ , 100%) from 1993 to 2005. Furthermore, the majority of relationships are in the nuclear family (97.6%). Others occurred in the context of friendship (2.4%) between genetically unrelated individuals and the most common relationship was parent and child [4, 9].

**Table 1.** Diagnostic Criteria for SPD on DSM-IV and ICD-10 [4, 6, 10]

DSM-IV	Shared	Psychotic	Disorder	(Folie	À	Deux)
297.3						
<p>a. Share Psychotic Disorder is a delusion that develops in people who already have other delusions and are in close connections.</p> <p>b. Individuals who already possess this delusion have similar delusions that are related to their contents.</p> <p>c. Disorders are not probably caused by other psychotic conditions like schizophrenia or mood disorders with psychotic symptoms, nor are they driven on by substance abuse, medications, or other general medical conditions that have direct physiological effects on the body.</p>						
ICD-10	Induced	Delusional	Disorder	(Folie	À	Deux)
F.24.						
<p>a. Induced Delusional Disorder occurs when individuals share the same delusion and support each other in this belief.</p> <p>b. They have a very close relationship.</p> <p>c. There is temporal or contextual proof that contact with active people can cause delusion in passive people.</p>						

The diagnosis followed DSM-IV and ICD-10 (Table 1), where there was an association between two closely related individuals who shared the same delusions and supported one another. In this study, the first case was diagnosed with schizophrenia and the second with SPD [3, 10].

Psychosis were transmitted from the mother to the daughter by engaging in several rituals. Based on this case report, Munawir et al. stated that individuals can share their psychotic behavior by performing rituals. Meanwhile, SPD is a rare disorder characterized by the sharing of certain delusions between two or more individuals in a close relationship. The inducer (primary) has a psychotic disorder with delusions of influencing other individuals based on beliefs [6, 11]. Therefore, there is a plan to undertake family therapy and administer antipsychotics.

#### 4 Conclusion

There is little information about SPD, which is a rare disorder. In conclusion, the relationship of closeness and belief greatly influences the occurrence of shared delusions between individuals.

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