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.

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. In 1942, Gralnick described four subcategories (Fig. 1), which may be important for clinicians to understand the various patterns of the delusional contagion and, ultimately, aetiology. Although some controversy persists to date, with different definitions proposed by the current diagnostic systems (DSM and ICD), this disorder is thought, like most psychiatric disorders, to be an interplay of both shared environment factors and genetics. FAD may include disorders such as schizophrenia, paranoid/delusional disorder and reactive psychosis. 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); (ii)
individuals typically live very close and isolated from external influences\(^5,6,2\); (iii) the plausibility of the delusion makes it communicable\(^5\). 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 Gralnick in 1942

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
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, 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, 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


