A CASE REPORT : FOLIE COMMUNIQUE

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Introduction

Lasegue and Falret (1877) introduced the term Folie a deux, earlier referred to as shared psychosis or contagious insanity. Folie a deux is a term used to describe a situation in which mental symptoms, usually but not invariably delusions are communicated from a psychiatrically ill individual (primary patient or the inducer) to another individual (secondary patient or the induced). It is mostly observed among people who live in close proximity and in close relationship. The majority of the relationships are within the nuclear family. When all the family members share the same delusions, it is called as folie a famille. The literature regarding this rare phenomenon consists of mainly case presentations (Erol, 2008).

The condition is recognized in ICD-10, where it is referred to as induced delusional disorder (code F24) and in DSM-IV where it is described as shared psychotic disorder (code 297.3).

We present a case report where a family of five shares a common delusion.

Case Report

Ms. S belongs to an orthodox Hindu family from Northern keral. The 35 year old lady was brought to the hospital by the neighbours, who report that her brother didn't want her being treated. Her eldest sibling Ms. P who is married and settled away is unable to care for her. Her next elder sister, Ms. N is on piligrimage for defeating the bad powers that had ruined their family. Her brother does not go regularly for any work.

The poverty ridden family once seeked financial assistance from a reputed charitable trust but were denied any. Ms. N, her elder sister, approached the court for not getting financial assistance from the trust. She started to believe that the Devil sent by the chancellor of the trust, entered her body through the eyes, and is now staying in her stomach. The devil speaks to her, and when ever she resists or avoids the sound, the devil gets on her head and speaks to other around her and controls her activities. To get rid of this problem, the solution she found was to be at Mookambika Temple, believing that the Goddess would protect her family from the mishaps due to deliv. Gradually other family members also started to share the same belief. The inducer was having a dominant role in the family as she was more educated and assertive.

When Ms. S was brought to the hospital, she was very aggressive. She reported pains all over the body as the devil is injuring her. She was found. She reported that her body does not exist as the deliv had eaten away her body. She also reports certain sings (-, 0, /) coming to her visual field and blocking her vision which are sent by the devil.

Ms. S and her family except her eldest sister who stays away for the last 15 years; firmly believes that the devil from the elder sister has passed on to her and is causing the psychiatric illness. Inspite of thorough family psychotherapy, the family is on the firm ground that the charitable trust members have sent the devil to ruin their family for registering law suits against them.

Ms. S was admitted and treated for the illness many times. But her brother strongly resists giving medicines at home, saying that the devil is the sole cause for the illness and should not be treated with medicines. The family lives much isolated from the society, neighbours and other relatives.

The index case was treated with a multiplicity of treatments including separation, antipsychotics and individual and group psychotherapy. Ms. S was hospitalized for nearly 2 weeks. When the relatives reported the mother was once treated for mental illness, later discontinued the medications, and was found symptomatic, she was treated with atypical antipsychotics, with the consent of the relatives without her awareness. At the time of discharge, though the

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psychotic symptoms partially subsided but they have together decided to go to Kollar Mookambika Temple.

The family came up for regular follow up. Ms. S was found to be better and more oriented to reality. Her mother was also introduced into treatment. The rest of the family members refused treatment.

Discussion

This case can be described more relatively as folie communique. It was first discribed by Baillarger (1860). Inhereditarily predisposed individuals, who are living in close association, a second subject develops psychotic symptoms after a variable period of time. While initially the second person shares the content of the delusional ideas of the first, they later assumes an autonomy of their own and have fresh delusional content not derived from initiation by the first subject. Again, separation of the two subjects does not effect improvement in the condition of the either.

Folie a deux appears to arise from the combination of factors like innate impressionability and marked dependence on the primary patient; personality traits such as suggestibility, low initiative, poor reality testing, etc. in the secondary patient. In the eyes of the induced, the inducer must represent an authority figure. The intensity of the abnormal beliefs expressed by the primary patient; the length of time over which the abnormal belief has been imposed, having intimate longterm relationship with the inducer; the degree of social isolation; are other determining factors. The condition most commonly develops when the persons involved are living in poverty. (Enoch and Ball, 2004)

Logical approach to treatment is to identify the primary patient and to treat his or her mental illness adequately before the associate or the induced is treated. It may also be helpful to separate the individuals for a short period. Also there should be measures to reduce social isolation and to reintroduce them to reality. With separation of the patients the resolution of the delusions in the secondary patient is influenced by the duration of the condition, the nature of the delusion and suggestibility of the secondary subjects.

REFERENCES

1. Enoch D and Ball H (2004). *Uncommon psychiatric syndromes.* 4th edition. New Delhi; Viva publishers. 179-208.
2. Erol A, Ersoy B, Gulpek D, Mete L (2008) *Folie a famille: A case report.* Anatolian Journal of Psychiatry. 2008:9:261-264.
3. Andreasen N.C, Lopez-Ibor JJ, Gelder GM, Geddes RJ (2004). *New Oxford Textbook of Psychiatry.* 2nd Edition, volume 1. New York: Oxford University Press. 624-627.

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