



Superimposed Shared psychosis: A case report

Dr Debanjan Bhattacharjee¹, Dr Karthik Navin¹, Dr Adesh K Agrawal¹, Dr Sydney Morintham¹

1: Department of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru- 560029 India

Introduction

- Shared psychosis also known as *folie à deux* was first described by Charles Lasegue and Jean-Pierre Farlet in 1877.
- **Dewhurst & Todd, 1956 criteria:**
 1. Marked similarity in the general and sometimes specific content of the partner's psychosis
 2. Unequivocal evidence that the partners accept, support and share each other's delusions
 3. Evidence that the partners have been intimately associated over a long period of time
- Shared delusion disorders are a fraction of delusional disorder(0.1%).
- A unique case is presented here where secondary person attained a dominant role with development of additional delusions leading to transmission of new delusion back to primary person.

Case report

- Mrs. B, 45/F, 7th std.
- **Premorbidly:** Paranoid personality traits
- **Family history:** Psychosis in mother
- **Presenting with :** Delusion of persecution against office workers and neighbours, and against relatives for a duration of 13 and 10 years respectively. She also had weakness of left lower limb without any focal neurological deficit since 6 months.

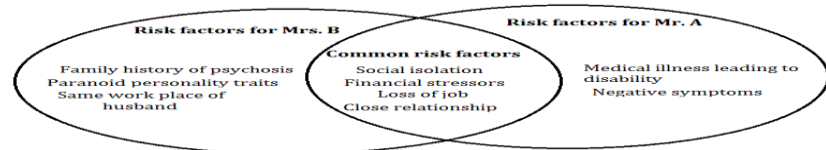
Mr. A, a 54 year old male , graduate, husband of Mrs. B also has delusion of persecution against office workers and neighbours for 13 years following an acute vascular event leading to monoparesis in left lower limb for which he left his job.

Initially, Mrs. B resisted the ideas/delusions shared by Mr. A, however later got involved and developed same delusions few months after she got job in the same work place and had to leave her job.
Their children were separated.

Mr. A developed negative symptoms and Mrs. B developed new delusion of persecution against neighbours.

Mr. A subsequently developed delusions against neighbours 9 years back leading to change in their house multiple times.

Both were started on Amsiulpride with some improvement in symptoms in Mrs. A.



Discussion

- Interdependent dynamics and ego boundary disturbances leading to shared delusions.
- Negative symptoms and paraperesis with change in family role might have contributed to role reversal and secondary person becoming the dominant one and inducing delusion in the primary.
- Initially there was communicated psychosis, followed by induced psychosis after role reversal
- Also, physical symptoms may have been shared and expressed as dissociation in Mrs. B.

Conclusion

Interplay of psychological and biological factors can lead to role reversal and reciprocally induce a delusion.

References

Teo, D.C.L., Abraham, A.M., Peh, A.L.H., 2017. Folie à deux and Fregoli syndrome with greater severity in the 'secondary' – A case report. *Asian Journal of Psychiatry* 25, 254–255.