Arch Iranian Med 2006; 9 (4): 417 – 418

Case Report

Shared Psychotic Disorder between A Girl with Her Mother and Younger Sister (*Folie a trois*)

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Shared psychotic disorder develops in an individual in the context of a close relationship with another one who has an established delusion that he/she also believes. It is classified within paranoid disorder. Herein, we present a case of two sisters with their mother. The elder sister was the origin of paranoid delusion. Her delusion was with a dentist who tries his best to prevent her for marrying. They separated completely from all their relatives for two years.

Archives of Iranian Medicine, Volume 9, Number 4, 2006: 417 – 418.

Keywords: Delusion • *folie a trois* • shared psychotic disorder

Introduction

Shared psychotic disorder, also referred to over the years as shared paranoid disorder, *folie a deux*, *etc*, was first described by Lasegue and Falert in 1877.[1] It is probably rare no statistics are available on its incidence and prevalence, and the literature consists almost entirely of case reports. The disorder is characterized by the transfer of delusions from one person to another. Both persons are closely associated for a long time and typically live together in relative social isolation. The person who first has the delusion (the primary case) is often chronically ill and typically is the influential member of a close relationship with a more suggestible person (the secondary case) who also develops the delusion. The most common relationships in *folie a deux* are sister-sister, husband-wife, and mother-child, but other combinations have also been described. Almost all cases involve members of a single family.[1] In the literature, reported cases of "secondary case" are sisters from mother, wife from husband, sister from sister, *etc*. The pattern of mother from daughter, which we are going to describe is, however, very unusual.

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Accepted for publication: 11 November 2005

Case Report

Two sisters with their mother were admitted to psychiatric hospital with systematic paranoid delusion with a dentist. They became convinced that a dentist tries his best to prevent the elder sister for marrying. The elder sister, aged 27 years, was a university student at the faculty of dentistry and the 21-year-old younger sister was a university student of chemistry. Their mother, aged 49 years, was a retired teacher of primary school. Their father was retired too. The family was living in Karaj, a city very far away from the university. The origin of the delusion was from the elder sister and gradually started after her enterance to the faculty of dentistry. She had delusional disorder presecutory type. She was living with her grandmother. After six years, when her younger sister entered university, their family moved from Karaj to Tabriz, the city where their universities were located. Thereafter, the younger sister and her mother became convinced that she had become a target of a dentist. The elder sister was visited by a psychologist. In their visit, she had misinterpreted her personal relationship, so they decided to separate from all their relatives completely. In such a way, no-body knew their address for two years. Their father had no delusion and his idea was an

overvalued idea. Their brother was a university student in another city and had no delusions.

Discussion

In shared psychotic disorder, delusion develops in the context of close relationships. The delusion, developed in this way, is similar to that of the person with established delusion.[2] Persons are closely associated for a long time and typically live together in relative social isolation. Occasionally, more than two individuals are involved (e.g., *folie a trois, quatre, cinq,* also *folie a famille*), but such cases are very rare.[3] The majority of dyads (67.3%) are socially isolated.[4] In our case, the elder sister was the origin of the delusion. She had great influence on her family, especially her mother and younger sister. They had close relationships with each other as well. They separated completely from all their relatives. In *folie a deux*, delusions are usually persecutory.[5] *Folie a deux* is rare and information is obtained mainly from case reports.[5] About 90% of the relationships described are within the unclear family; sister-sister dyads are the most common forms.[5] When patients are related, they may share the same genetically-driven psychiatric illness.[6] Our patients had persecutory delusion with a dentist. The suggestible persons (the secondary case) were more than two persons; they were *folie a trois*. Usually, the "primary" case, i.e., the person who first develops psychotic symptoms, can be distinguished from one or more "secondary" cases, in whom the symptoms are induced.[8] Since the 19th century, many studies have reported *folie a deux* in subjects with endogenous psychosis. According to German traditional psychiatry, "we-type" paranoid solipsism may correspond to "psychogenic" delusional, formation mechanism, and "I-type" schizophrenic solipsism to endogenous mechanism.[9] The inductor often appears to be suffering from schizophrenia.[10]

Mother with her daughter had "we-type" paranoid, might have psychogenic delusion.

Acknowledgment

I would like to thank the nursing staff of Razi Psychiatry Hospital for their helps.

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