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Folie à deux and homicide: Literature review and study of a complex clinical case

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ABSTRACT

Folie à deux is a psychiatric illness involved in homicides.
Objective: To study the mechanisms leading to homicide and determine homicide risk factors in folie à deux patients through a literature review and the study of a complex clinical case.
Materials and methods: We included articles available on PubMed, ScienceDirect or Cairn that address the forensic implications of folie à deux. Then, we analyzed the criminal psychiatric assessments of two murderers (husband and wife) of a child in a case of folie à deux.
Results: Seventeen articles were included. In the cases examined, homicides were committed with great violence, usually against a victim in the family circle, and were sometimes followed by suicide. The main risk factor for homicide was the combination of mystical and persecutory delusions. The homicides occurred in response to destabilization of the delusional dyads. Concerning the clinical case, we described the circumstances surrounding the killing and analyzed the four expert reports that permit us to infer the occurrence of induced psychosis, which is a form of folie à deux.
Discussion: Psychiatrists must attain a better knowledge of folie à deux to allow early identification of risk situations and to improve their assessments

1. Introduction

The concept of "folie à deux" appeared in France in the 19th century (Baillarger, 1885, 1860; Catanesi, Punzi, Rodriguez, Solarino, & Di Vella, 2014; Gralnick, 1942; Lasègue & Falret, 1877; Mouchet-Mages, Gourevitch, & Lôo, 2008). Characterized by *"the transference of delusional ideas and/or abnormal behavior of one person to one or more individuals"* (Gralnick, 1942) or by two or more people living in a close relationship and cut off from the outside world sharing the same delusional elements (Chenivesse, Marinescu, & De Luca, 2003; Mouchet-Mages et al., 2008; Suresh Kumar, Subramanyam, Thomas, Abraham, & Kumar, 2005), folie à deux has received various names – including "psychosis of association", "double insanity", "induced psychosis", "communicated psychosis", "imposed psychosis", and "simultaneous psychosis" – owing to its multitude of clinical forms (Gralnick, 1942; Suresh Kumar et al., 2005) and lack of an unambiguous definition (Silveira & Seeman, 1995).

Very early authors reported on the forensic implications of this diagnosis (Greenberg, 1956). However, few articles are devoted to this subject, especially homicides committed within folie à deux, leading to a lack of knowledge among psychiatrists, including those who provide expert psychiatric opinions in legal cases. This gap in the psychiatric literature led us to carry out our investigation.

Our objective was to study the mechanisms leading to homicide and determine homicide risk factors in folie à deux through a literature review and the study of a complex clinical case for which French psychiatric experts were divided (Olié, 2012). Concerning this clinical case, we propose a psychopathological and psycho-criminological reading of the crime. Beforehand, we review the definition, the characteristics and the clinical forms of folie à deux.

2. Materials and methods

We conducted a literature review from the PubMed, ScienceDirect,

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and Cairn databases. Owing to the multitude of names for the condition, we used several search terms in our queries: “Folie à deux”, “shared psychotic disorder”, and “induced delusional disorder” associated with the terms “homicide” and/or “forensic”.

We included all reports that dealt with folie à deux and forensic implications, with no restrictions on study type or date. We did not include articles written in languages other than French, English or German.

Regarding the complex case of folie à deux on which the experts were divided, we analyzed all criminal psychiatric assessments made public after the respective judgments concerning both sentenced patients.

3. Results

As of 10/22/2017, there were 441 articles on folie à deux published in PubMed, 235 published in Cairn and 2167 published in ScienceDirect.

When we limited our research to the forensic implications of folie à deux in the 3 search engines, we found 19 articles: 17 were in English and 2 in Polish. These 2 Polish articles were not included in this review because of the language barrier. Of the remaining 17 articles, 6 were isolated case reports (Bourgeois, Duhamel, & Verdoux, 1992; Caribé et al., 2013; Medlicott, 1955; Noyes, Frye, & Hartford, 1977; Rahman, Grellner, Harry, Beck, & Lauriello, 2013; Tucker & Cornwall, 1977), 4 included a case report and a literature review (Catanesi et al., 2014; Greenberg, 1956; Joshi, Frierson, & Gunter, 2006; Salih, 1981), 3 were related to a literature review or a case review (Kelly, 2009; Kraya & Patrick, 1997; Rosen, 1981), and 4 were research articles (Günter, 1998; Mela, 2005; Newman & Harbit, 2010; Nielssen, Langdon, & Large, 2013).

3.1. Clinical aspects of folie à deux

The term “Folie à deux” characterizes “the transference of delusional ideas and/or abnormal behavior of one person (primary partner) to one or more persons (secondary partner(s))” who live in a close association with the primary partner (Arnone, Patel, & Tan, 2006; Catanesi et al., 2014; Gralnick, 1942; Kashiwase & Kato, 1997). The primary partner is also called “principal” or “dominant partner” while the secondary partners are called “submissive partners” or “associates” (Kashiwase & Kato, 1997).

Although Baillarger first reported the condition in 1860 (Baillarger, 1860), Lasègue and Falret introduced the term “folie à deux” in an article from 1877 dealing with “the contagion” of folie à deux under three conditions: 1) One of the two individuals is the active element. That person, the more intelligent of the pair, suffers from a delusion and gradually imposes it on the second, the passive element, who gradually comes to share the delusion while correcting, amending and coordinating it. The delusion becomes common to both subjects and is repeated in the same terms. 2) Both individuals must share common living arrangements and the same mode of existence for a long time, away from any external influence. 3) The delusion must have a character of likelihood for it to be communicable (Lasègue & Falret, 1877).

3.1.1. Epidemiological and clinical characteristics

The characteristics of folie à deux can be determined through several case reviews published by different teams: Gralnick, 103 cases (Gralnick, 1942); Silveira, 61 cases (Silveira & Seeman, 1995); Kashiwase, 97 cases (Kashiwase & Kato, 1997); Arnone, 42 cases (Arnone et al., 2006); and Shimizu, 15 cases (Shimizu et al., 2006).

The condition of folie à deux typically involves two people, but it can involve 3 or even more individuals (Caribé et al., 2013; Joshi et al., 2006; Kashiwase & Kato, 1997; Kelly, 2009; Mela, 2005; Suresh Kumar et al., 2005), up to an entire family (“folie à famille”) (Catanesi et al., 2014; Wehmeier, Barth, & Remschmidt, 2003).

This disorder is usually described as rare (Mouchet-Mages et al., 2008; Silveira & Seeman, 1995), but it is difficult to know the exact prevalence (Mouchet-Mages et al., 2008; Suresh Kumar et al., 2005; Wehmeier et al., 2003) since we were only able to find it discussed in case studies and not in epidemiological studies. Wehmeier estimates that folie à deux cases account for 1.7–2.6% of psychiatric hospital admissions (Wehmeier et al., 2003). However, the incidence may be underestimated; the condition is indeed underdiagnosed, not only because of prolonged family tolerance but also because the primary partner, the inducer, may be identified while the psychiatrist remains unaware of the existence of the secondary partner (Henryon & Glück, 2016; Mouchet-Mages et al., 2008). Therefore, the disorder may not be as rare as it is reported to be (Arnone et al., 2006).

Some authors have questioned certain characteristics described by Lasègue and Falret. The latter considered certain groups in society – such as women, the poor, and children – to be “submissive, simple minded and suggestible” (Shimizu et al., 2006; Silveira & Seeman, 1995). However, the data indicate that no difference exists in sex, age, personal or family psychiatric history between the primary and the secondary partners (Arnone et al., 2006; Silveira & Seeman, 1995).

The primary and secondary partners belong to the same family in more than 90% of cases (Arnone et al., 2006; Gralnick, 1942; Kashiwase & Kato, 1997; Mouchet-Mages et al., 2008; Silveira & Seeman, 1995). Silveira and Seeman noted that one-third of the cases occurred between siblings, one-third between married or common-law couples and one-third between parent and child (Silveira & Seeman, 1995). The same trend was also found in Japan (Kashiwase & Kato, 1997). In folie à deux cases between a parent and his or her child, most of the children are adults and secondary partners. However, in the study of Silviera and Seeman, children were primary partners in one-third of the cases (Silveira & Seeman, 1995). Arnone, in a recent but more modest case series, found more couples than parent-child dyads (Arnone et al., 2006).

By the time a case is detected, the relationship between the subjects has typically been in place for at least several months, with a variable average duration of exposure to delusion (Arnone et al., 2006; Silveira & Seeman, 1995).

Regarding the diagnosis of the primary partner, Silveira found mostly schizophrenia, followed by delusional disorders and mood disorders with psychotic elements, including psychotic depression (Kashiwase & Kato, 1997; Mouchet-Mages et al., 2008; Silveira & Seeman, 1995; Soni & Rockley, 1974). Among the delusional disorders, the importance of paraphrenia should be noted (Soni & Rockley, 1974). Paraphrenia, initially described by Kraepelin, is a diagnosis in the French nosography that arises when a subject suffers from a chronic delusion through an imaginative mechanism, without intellectual or affective disorganization, and with relatively preserved function (Guelfi & Rouillon, 2017).

Arnone identified a higher incidence of delusional disorders than of schizophrenia (Arnone et al., 2006).

The secondary partner usually receives a diagnosis of “folie à deux”, although other diagnoses are also possible, such as schizophrenia, depression, cognitive disorder, and bipolar affective disorder (Arnone et al., 2006; Silveira & Seeman, 1995). A comorbidity of depression, dementia, mental retardation or substance abuse is present in the secondary patient nearly 90% of the time (Arnone et al., 2006). There is no formal evidence that secondary partners tend to be less intelligent than primary partners, but secondary partners do have a higher incidence of comorbidities that tend to impair cognitive abilities; these comorbidities may enhance their vulnerability to the primary partners (Silveira & Seeman, 1995).

The delusional theme is most often persecution, followed by grandeur (Arnone et al., 2006; Silveira & Seeman, 1995). In more than half of primary patients, auditory hallucinations are reported. Thirty percent of secondary patients suffer from hallucinations – albeit less frequently, less intense and of a shorter duration than those of the primary

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