I3 The Dangerousness of Shared Psychotic Disorder

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After attending this presentation, the participant will understand the basic diagnostic aspects of shared psychotic disorder; and understand the role of shared psychotic disorder in aggressive behaviors.

This presentation will impact the forensic community and/or humanity by signaling awareness in clinicians of the potential harm posed by individuals suffering from shared psychotic disorder.

In shared psychotic disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR), the inducer (primary case) harbors a delusion that the inducee (secondary case) also adopts. The inducer and inducee are involved in an affectively close relationship. The inducee, however, has not previously suffered from a psychotic disorder. Lasegue and Farlet originally described shared psychotic disorder in 1877. They named this condition, "folie-à-deux," a term that remains in common use to des- ignate this condition.

Shared psychotic disorder has been studied from phenomeno- logical, diagnostic, biological, epidemiological, and therapeutic perspec- tives. Although several articles in the anglophonic literature have men- tioned that individuals with shared psychotic disorder have demon- strated aggressive behaviors, little attention has been given to the psy- chiatric-legal issues surrounding this unusual psychiatric disorder. In this presentation, we describe the case of a married couple with this con- dition. We follow with an overview of the anglophonic literature on shared psychotic disorder and its forensic implications.

Mr. D is a 38-year-old man who was involuntarily hospitalized as a danger to others on a locked psychiatric unit after threatening to harm others who he delusionally believed were conspiring to kill him. Mr. D's history of delusional thinking and auditory hallucinations began seven years prior to admission. One year prior to admission he had been living in a Midwestern city where he reported to the police about suspected drug trafficking by his neighbors. Mr. D soon developed the delusion that one of the putative drug traffickers was plotting to kill him and his wife. In response, they moved several times to different cities during the year. Mr. D stated the gangsters knew his whereabouts as he identified them by the way they would stare and follow him. During the index and previous hospitalizations he identified several patients who he thought belonged to the nationwide conspiracy against him. He could offer no explanation as to the reason such extensive resources were expended to harass but not attack him.

Mr. D endorsed a history of significant alcohol consumption as well as heroin, marijuana, and cocaine use. He had a three-day history of coma following a head injury sustained at age 27 while working in a construction job. On mental status examination, Mr. D's abstraction ability and memory were within normal limits. Mr. D's physical exam- ination was within normal limits. His serum chemistries, complete blood count, and urinalysis showed no abnormalities. After his initial evaluation he was given a DSM-IV-TR diagnosis of paranoid schizo- phrenia.

Mr. D and Mrs. D had been married for five years. She had no history of mental illness. Nonetheless, she believed and corroborated his delusional explanations despite prior attempts by mental health profes- sionals to point out the logical inconsistencies in the delusional system. Mrs. D was diagnosed as a suffering from shared psychotic disorder with Mr. D as the inducer.

Shared psychotic disorder can be associated with the perpetration of aggressive and harmful behaviors, including homicide. Dangerous shared psychotic disorder can be divided into three types depending on whether the inducer, inducee, or both act aggressively. Type 1 involves aggression by the inducer and Type 2 involves aggression by the inducee. Type 3, involving aggression by both parties, is the most fre- quently reported type and thus the best known of the three types of aggression associated with shared psychotic disorder. The case of Mr. D corresponds to Type 1 since only he was involved in enunciating the threats and was the recipient of psychiatric hospitalization.

Shared Psychotic Disorder, Aggression, Violence

 ** Presenting Author*