

I22 “Folie à Deux” (Simultaneous) and Deliriant Induction to Murder

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Learning Overview: The goal of this presentation is that attendees are updated with the concept of “Folie à deux” and its clinical-symptomatological phenomenology.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by imparting a greater degree of knowledge of the psychopathological phenomenon of “Folie à deux” and of the various existing subtypes. It is intended that this presentation increases and/or enhances the diagnostic capacity of possible clinical cases of “Folie à deux” and their forensic repercussions.

Introduction: At the end of the 19th century, Lasagne and Falret described the psychopathological phenomenon known as “Folie à deux”. Before them, authors like Baillanger and De Saulle already developed the first descriptions of this same mental phenomenon.

According to Lasagne and Falret, in the “Folie à deux”, the patient with a psychotic disorder manifests his delusional disorder by adopting an active role in imposing it on a (passive) subject belonging to his most immediate social circle. For the phenomenon of “Folie à deux” to materialize, it is necessary that both the active subject (with delusional disorder) and the passive subject (without delusional disorder) remain isolated for a long time from any external influence; a circumstance that encourages both members to share emotions and feelings (such as fears or needs). Likewise, the delusional content must be contextualized within the limits of what is possible, with sufficient coherence to be acceptable. Although this phenomenon does not exclude the male sex, it tends to be more frequent in the female population. From the psychotherapeutic point of view and as an interventionist methodology, the separation of the two subjects is the usual procedure, in most cases resulting in the remission of the delusional symptoms in the passive subject.¹

In subsequent years, four subtypes of the general syndrome were established: (1) Folie imposée: the primary subject transfers the delusions to the secondary, passive, and less intelligent element. The delusional ideas of the receiver disappear after the separation; (2) Folie simultanée: delusions occur simultaneously, but independently, in both people who live together. Both are predisposed to suffer from a psychotic illness. As there is no primary subject, separation by itself would not improve the picture for either of them; (3) Folie communiquée: the recipient develops psychotic symptoms after a variable period of time, and these symptoms end up having their own evolution. The separation does not influence the content of the painting; (4) Folie induite (variant of the previous one): a subject who is already delirious enriches her delusions with those of another patient while both are in intimate contact.¹

In the present case, an 81-year-old man, suffering from chronic Delusional Psychotic Disorder, in collusion with his son (also suffering from Paranoid Schizophrenic Disorder) perpetrated the murder of the daughter of a neighbor on the landing of his home with edged weapons (a picket and a serrated knife). The victim was attacked on the landing of the perpetrator’s home and required stitches from 100 stab wounds throughout her body. The aggressor had previously submitted multiple neighborhood complaints for conflicts related to coexistence in the community.

Method: (1) Directed clinical-expert interview (anamnesis) with the informed person with a total investment of approximately four hours in a penitentiary center in the province of Barcelona, Spain; (2) interview with the son of the informed; (3) updated administration of psychometric tests in order to assess their mental and psychopathological state (the Minnesota Multiphasic Personality Inventory [Mini-Mult] and the Millon Clinical Multiaxial Inventory, 3rd edition [MCMI-3]); and (4) analysis of the clinical and legal documentation provided.

Results: The results obtained from the tests administered suggest that the aggressor is compatible with a long-standing chronic Delusional Psychotic Disorder. Likewise, and because of the interview with the informed son, the existence of symptomatological clinical phenomenology compatible with a paranoid-delusional schizophrenic disorder is observed.

Discussion/Conclusions: Although father and son suffered from psychotic disorders, the perpetrator was in the middle of an acute psychotic break at the precise moment of committing the crime. The phenomenon of “Folie à deux,” in the present case, fulfilled the criteria established by Regis and Montyel as “Folie Simultanée,” while the delusions occur simultaneously, but independently in both people who coexist; both predisposed to suffer from a psychotic illness. As there is no primary subject, the separation by itself would not improve the picture of either of the two.¹ According to the judgment, the informed and subject under study were considered “criminally responsible for a CRIME OF MURDER defined above, with the concurrence in his performance of the INCOMPLETE EXEMPTION OF PSYCHICAL ALTERATION and the mitigating repair of the damage to the penalty of fifteen years in prison with absolute disqualification during the time of the sentence as well as the security measure of internment in a center appropriate to his mental situation for a period of FIFTEEN YEARS, a measure that will be fulfilled before the sentence.”

Reference(s):

- ¹. Ariño, C.; Fernandez, E. (2012). Folie à deux: a propósito de un caso. En *Revista de la Asociación Gallega de Psiquiatría*. ISSN-e 1138-5189, N 11. 2012. Págs. 151-156.

“Folie à Deux”, Deliriant Induction, Severe Mental Disorder