

## On Communicated Insanity

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(Received January 5, 1978)

### INTRODUCTION

The definition of the disease called "folie à deux"<sup>1)</sup>, "induziertes Irresein"<sup>2)</sup> or "associated psychosis"<sup>3)</sup> differs, more or less, with the author.

It was in the second half of the previous century that the concept of "folie à deux", as a borderline sector between social psychology and psychopathology, was established by French scholars. Meanwhile, many scholars in the German language bloc interpreted it as something communicated. Scholars in the English language bloc, particularly those of America tried to interpret this concept, established in Europe, as the dominant-dependent relationship in an ingrowth family, or to attribute it to special intimacy among member of the ingrowth family.

The concept of this disease naturally changes with time, and future classification as "schizophrene Gemeinschaft"<sup>4)</sup> may be correct.

### REPORT OF CASES

Case 1: This is a case of folie à trois that developed in a family of three; the husband, an office worker (43 years of age), his wife (39), and daughter (15).

A review of the family tree reveals no hereditary diseases.

The husband, after graduating from a senior high school, entered a company and was working there as a lower level administrative clerk. He was an unsociable, gloomy person. From around 35 years of age, he started insisting that neighbours were speaking ill of him and were shunning him. As a result, he moved out of the company house, against the will of his family. He has since changed his address five times for the same reason. At present, he is living in an apartment built by the Japan Housing Corporation.

From late 1976, he became convinced that someone was tampering with his parked car. For instance, he complained that someone drew out gasoline, let air out of the tires, or drove his car, without his permission

at night.

From three years earlier, his wife and daughter, in concert with his allegation, began checking meters on his car, taking note of the distance covered and fuel left over, and put marks on the tire with chalk. Convinced, after a series of such checkups, that someone, with a sinister motive toward them, was driving their car at night, the three went to a police station for consultation. When told that the police investigation did not confirm such a suspicion, they started complaining that the police also acting in collusion.

At the apartment, the three would have little social relation with their neighbours and buy daily commodities at stores far away from their apartment.

The husband's work in the company was good, and the daughter's standing in senior high school was also high, and nobody around them noticed their abnormal behavior.

They had a spell of sleepless nights saying that they heard someone speaking ill of them through the TV, and that their neighbours were threatening them by telepathy and Morse code. That was the motive for their seeking medical examination and treatment at this department of psychiatry. The three visited the department together, and the husband and wife were diagnosed as paranoid type schizophrenia, showing the same substance of delusion and pathological experience. The daughter showed the same psychiatric symptoms as her parents on the initial medical examination, but she was placed on administration of psychotropic drugs, on an ambulatory basis, and observations were made on her clinical course. Her condition improved one month later, and she came to assume a critical attitude toward her parents.

The husband and wife declined to take hospital treatment, and reluctantly started receiving treatment at the out-patient clinic. However, they had no insight into the disease, and did not take the psychotropic drugs regularly. There were still days in which they withdrew into their own schizophrenic world.

Six months after their first medical examination at the department of psychiatry, the husband was transferred by the company. He was made to go alone to his new place of work some 100 km away from his own house, after which, and now the mother-daughter relationship became relatively smooth. However, the pathological experience of the husband and wife still continues, the substance of which remains almost the same. But the delusion entertained by each is gradually losing intensity, due to forced separation. When the husband returns home on weekends,

however, they are checking up their car, as usual. In the meantime, the daughter shuts herself up in her room and studies.

Case 2: A family of four: husband, aged 42, construction worker; wife, aged 41; daughter, aged 18, third year student of senior high school; son, aged 16, first year student of senior high school.

This is a case of folie à deux which developed between the wife and daughter.

At age 17, the daughter started complaining, "My classmates say, out of jealousy, that my present grades are too good for a student admitted to the school", and "Even teachers, in concert with my classmates, are speaking against me". Believing her daughter's story to be true, her mother called the teacher in charge and made a strong protest, but the teacher did not take it seriously. Then, the mother took her to an oratory of a sect of Buddhism she believes in. Told by the faith curer that "You have jealousy of other people on your body", the daughter was exorcised there. The daughter said, "I hate superstition. The smell of incense makes me feel sick". The husband opposed the faith healing, so, the mother paid a daily visit to another oratory secretly, praying for her daughter's recovery from illness.

During her summer vacation, the daughter was completely idle, complaining that, "The right half of my brain and right foot are numbed so, I cannot think or walk". The mother then took her to a faith healer. The daughter's strange hypochondriacal delusion soon disappeared, and their visits to the oratory gained momentum and increased in frequency.

From around that time, the daughter's delusions were transferred to the mother, and the mother also started having auditory hallucination, the key note of which were delusions of persecution.

With difficulty in concentration as the chief complaint, the daughter visited the department of psychiatry for examination. She was found to have delusions of reference, apathy, and an inclination to autism, and was diagnosed as a hebephrenic type schizophrenia. She received hospital treatment for two months.

With the same complaint, the mother also received a medical examination, but was found to have a good rapport with the doctor, and started taking ambulatory treatment. Her experience with auditory hallucinations soon disappeared. However, the daughter still continues suffering from auditory hallucinations, although mild, even now after her discharge. Ideas of persecution are observed, and apathy is progressing gradually.

## DISCUSSION

In Case 1, firstly, the husband and then his wife had paranoid type schizophrenia and projected their delusions of persecution on a common object to form "schizophrene Gemeinschaft"<sup>4)</sup> Believing that their car was subjected to vandalism, the two came to the accusation-inclined actions. However, the timid husband behaved within a normal range at work, and was not deemed as being abnormal by those around him. As to the repeated change of address, on the grounds that they were being persecuted by their neighbours, the wife did not agree at first, but with the onset of disease, she supported the action of her husband and came to act in concert with him. Here, it is not clear as to which of the two is the starter.

Psychiatric symptoms of the two act on each other to form a system of delusion. This type of a common autistic world is not folie à deux, but folie communiquée<sup>5)</sup>. In a dominant-dependent relationship with her parents, the daughter was embroiled in the act of her parents, and thus, is folie imposée, and presents symptoms usually considered a reaction. Partly because she received medical treatment, and partly because of self maturation, and also because circumstances made her live separately from her father, her symptoms are improving rapidly.

With separation as a turning point, the husband-wife relationship, or the bond of a community, loosened, and now has lost its energy of developing into abnormal activities. The form of community between schizophrenics who cannot understand each other has already been discussed. That is, two patients, each breaking the wall of autism, can create a community in cases where the loss of vivid contact with reality is not of a high-degree<sup>6)</sup>. Of course, this possibility is very rare. In this community, the two believe that they understand each other. When this community breaks down, however, they realize that their understanding was actually a delusive interpretation, and the possibility is high that they will each withdraw into the shell of autism and that symptoms of schizophrenia will worsen.

In this sense, the existence of contact, however pathologic, is important to schizophrenics<sup>7)</sup>.

In Case 2, a mother is influenced by her hebephrenic type schizophrenic daughter and has pathological experiences, such as delusion and auditory hallucinations, in a reactive manner.

Although the mother's symptoms were triggered by her daughter's psychiatric symptoms, her belief in superstition played a major role in

the formation of the pathological picture. The mother is a receiver of suggestion. Identifying herself with her daughter, she takes the daughter's symptoms, per se, without consideration. As a believer in faith healing, the mother was living in a religious delusive community.

This folie à deux is also classified as communiquée. However, this folie communiquée is not synonymous with "schizophrene Gemeinschaft", but is a community formed reactively. With this community broken down by the hospital treatment of her daughter, and subsequent devastation of her personality, she has relapsed back into her old religious delusive community.

Folie à deux has hitherto been discussed from the standpoint of heredobiology, phenomenology and depth-psychology. Influenced by the society and culture the patients live in, it is undergoing a change, gradually, with respect to the pathology and etiology.

A type like "psychische Infektion durch Implantation der Wahnideen", as seen in Case 2, will become rarer in the future. Folie à deux as "schizophrene Gemeinschaft", as a schizophrenic community, as in Case 1, will form the main current.

#### SUMMARY

One case each of folie à trois and folie à deux was reported on.

Case 1 consisted of a husband and wife with paranoid type schizophrenia, and their daughter, who developed the disease in reaction to them. This husband and wife formed "schizophrene Gemeinschaft", and experienced delusions of persecution, delusions of reference and auditory hallucinations of the same nature through which they involved their daughter.

In Case 2, induced by her daughter with hebephenic type schizophrenia, a mother also developed delusions of persecution and auditory hallucinations of the same nature, in a reactive manner. In this case, the mother's belief in superstition also posed a problem.

It should be noted that of the cases called folie à deux, there are some which come into being only under specific conditions between schizophrenics, as in Case 1, and can be understood as a schizophrenic community.

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