FOLIE À TROIS

CASE REPORT

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ONLY 16 cases of folie à trois have been reported in the English literature (Wolff, 1957). The present case seems worth recording because of the rarity with which this condition is described and the problems it raises.

FAMILY HISTORY

The persons chiefly involved were:

(1) Helen—aged 60 years—mother.

(2) Kathleen—aged 39 years—daughter of Helen.

(3) David—aged 20 years—illegitimate son of Kathleen.

Helen was born in 1899, of a family free from mental illness. After the death of her father in 1911, Helen's mother remarried in 1914. For 4 years Helen worked in factories, living with her mother and stepfather with whom she had a good relationship. In 1918 Helen (aged 19 years) married a one-eyed soldier, after a courtship of 4 months, and moved with him to his parents' home near Colchester. Helen's husband is a semi-illiterate eccentric individual who, prior to his present illness, was living alone in a caravan, only interested in his "rag and bone" work, and regretted marrying as he was "happy with mother". In 1920 Kathleen was born. Helen, in addition to her household duties, helped in the family off-licence but found the work arduous and her husband's parents mean. Her husband showed little affection towards Kathleen, and the latter was thrown into an increasingly close relationship with her mother, seeing little of her father. Kathleen had no siblings and after an elementary schooling started work on a poultry farm at the age of 14 years and later as a shop assistant.

In 1938 Helen (aged 39 years) decided to part from her husband and moved with Kathleen (aged 18 years) to London. Helen took a job in a factory and Kathleen worked as a shop assistant. Within a few weeks Kathleen met a Mr. W., 9 years her senior, who cohabitated with her. By him Kathleen had an illegitimate child, David, in July, 1939. Helen then decided that Mr. W. was an unstable person, opposed Kathleen's marriage to him and he then left the *ménage*. Kathleen worked fitfully as a shop assistant, interrupted by her psychiatric illness (*vide infra*). In 1951 Helen's mother-in-law bought a lodging

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house in North London in Helen's name on condition that she should be looked after until she (the mother-in-law) died. From this time up to the present Helen and Kathleen have run this establishment. Helen occasionally sees her husband, their relations being cool but not unfriendly. In 1959 he was admitted to a psychiatric unit after making a suicidal attempt following the surgical removal of a carcinoma of the rectum.

Pre-Morbid Personalities and Past Psychiatric History

(a) *Helen.* Birth and development revealed no physical or psychological abnormalities. She had few friends, none close; did not trust people easily, spending her leisure in watching television and knitting; always optimistic and energetic, regarded though, by her daughter, as a dreamer with her head in the clouds.

(b) *Kathleen.* She was a friendly girl with many social contacts as an adolescent. Since coming to London at her mother's insistence, she was asocial and unhappy, though the transient relationship with Mr. W. afforded her some happiness. In 1944, at the age of 24 years, she presented at a psychiatric hospital with auditory hallucinations. A diagnosis of schizophrenia was made and treatment advised, but she refused. Thereafter, the hallucinations disappeared but she seldom left the house during the next 12 years.

(c) *David.* As a child he was frightened of the dark, a nail biter and had occasional tempers. He attended school from 5 years to 15 years and since leaving had a poor work record. At the age of 16 years, following his apprehension for sexual offences, he was committed to a Mental Deficiency Colony (I.Q. 70 and M.A. 10 years), being discharged on licence in November, 1957, at the age of 18 years. He had no friends of either sex, helping his grandmother with domestic chores; only leaving the house to buy cigarettes; afraid of crowds with feelings of inferiority and depressive episodes. David was brought up believing Helen was his mother and Kathleen his sister.

History of Present Illness. (This was obtained from the three patients independently. These accounts confirm each other and have here been amalgamated for clarity of presentation.)

In April, 1956, at the instigation of her mother, Kathleen was admitted to hospital with a 2-months history of bizarre somatic sensations, chiefly concerning her skin. Grimacing and schizophrenic thought disorder were noted. She was discharged "improved" after 6 E.C.T.s. In 1957, her mother, Helen, unbeknown to Kathleen, put an advertisement in the matrimonial columns of a newspaper seeking a potential husband for Kathleen. Kathleen was annoyed but then selected from the replies to the advertisement one letter signed by Charles C——. This correspondent had emphasized his avowed sincerity but for this very reason Kathleen became suspicious of the man's good intentions. Nevertheless, she invited him to their house. After a short visit, Kathleen told her mother that she believed the man was a murderer. Her reason for this supposition was based on the fact that both Kathleen and one of the man's alleged victims were wearing scarves. Helen did not accept this idea and dissuaded Kathleen from reporting the matter to the police. David overheard the discussion and thought there must be some truth in Kathleen's beliefs, particularly as the man had then been seen "to wipe his wine glass on the carpet". Kathleen elaborated her delusions which involved ideas of reference based on television, newscasters, newspaper headlines, the police and the

Government. Kathleen was re-admitted to hospital in August, 1958 for 5 weeks when she was found to be deluded, grimacing and possibly hallucinated. On separation from her daughter, Helen developed her own ideas of reference which were added to, following her discussions with Kathleen. Helen later smashed a television set because of the newscaster's comments and shortly afterwards attempted to gas both Kathleen and herself. Helen also reported the "plot" to Scotland Yard in April, 1959. In October, 1959, David, who partially accepted Kathleen and Helen's delusions, complained to them that a newscaster had driven him to kiss a 10-year-old girl and later lodged complaints to Scotland Yard about "being hounded by the Police". As a result of Helen's and David's complaints to the police, a duly authorized officer was called in and arranged admission to the observation ward.

Physical and Mental States of Participants

(a) *Helen.* Physical state normal. Mentally, the patient had paranoid delusions and ideas of reference as described above and refused to accept that she might be unwell. Her mood was placid for the most part though occasionally irritable.

(b) *Kathleen* (not admitted to the observation ward). A woman of attractive appearance who tended to become angry, excited and hostile when discussing her delusions. Ideas of reference were present with complete lack of insight.

(c) *David.* Normal physique but looking younger than his years. Mentally, he was visibly depressed, self-pitying and restless. He spoke excitedly and continually of the events which led to his hospital admission in a rambling but fairly coherent way. He was bewildered by the family delusions, and during his stay expressed the idea that his family was ill and their ideas as "crazy". He believed that people look at him and laugh in the street, but suggests "it might be my imagination". Wechsler-Bellevue, I.Q., 81.

Discharge and Follow-up Note

On discharge Helen returned home to Kathleen, whilst David went to work under the care of his natural father. However, David later returned to Helen and Kathleen's home and the family's delusional ideas and reactions were such that they fled from London and were later admitted to a county mental hospital in early 1960. At that time David was regarded as anti-social and an aggressive person of low intelligence. Helen and Kathleen responded sufficiently to drugs so that both were shortly discharged home.

Discussion

Much confusion exists in the literature on the "folie" syndrome because different entities have been included under these names. If one accepts the classification of Marandon de Montyel (1881) who sub-divided the group into "folie communiquée", "folie imposée" and "folie simultanée", Helen is categorized as "folie communiquée". She showed initial resistance to the delusional ideas but, once accepted, the ideas were retained and uninfluenced by separation. Indeed, their acceptance occurred whilst the inductor (Kathleen) was in hospital. David, on the other hand, when seen by us was a case of "folie imposée" who presented no initial resistance to the delusional ideas and who lost them equally readily after separation. From a clinical point of view the group possesses many of the features commonly noted in the literature. Their

delusions were persecutory in nature, the psychosis schizophrenic in form; aggressive acts occurred (Greenberg, 1956) and their long and intimate association was coupled with a degree of social isolation. The differences which this case presents are that the younger person appeared to induce the elder; the latter developed her psychosis when separation occurred, and the inductor (Kathleen) had a much less dominant and authoritative personality.

The importance of heredity in the "folie" syndrome is controversial. Earlier writers, such as Lasègue and Falret stressed its importance. In "folie communiquée", heredity and predisposition have been considered essential whereas in "folie imposée" they have been regarded as of minor importance. Marandon de Montyel held that there were only two essential causes, namely psychotic predisposition and "morbid impression". Kallman and Mickey (1946) would only include in the category of folie á deux cases showing no blood relationship.

If the concept of the "folie" syndrome is meaningful in terms of a psychotic person communicating or transferring "insanity" to a non-psychotic individual, it seems to the present authors that the recipient must not only accept the delusions of the inductor, but should be free of primary psychotic experiences, and that resolution should follow separation. The continuation or development of the psychosis following separation and the appearance of new psychotic experiences in the supposed recipient seems to suggest that the second individual has developed a psychosis *sui generis*. The inductor may then be seen as a contributory agent but not the sole and essential cause. Thus, in this context, Helen (as distinct from the classical viewpoint presented in the initial paragraph of the discussion) may be considered to have a schizophrenic illness in addition to her daughter, whilst David is more correctly viewed in terms of the true "communicated insanity".

If this view is sustained we suggest that to include "folie communiquée" as a part of a "folie" syndrome which includes "folie imposée" is neither very meaningful nor helpful. We suggest that the term "folie imposée" or true "communicated" psychosis be retained and that a more homogeneous clinical material would result from the exclusion of blood relationship. This view is substantially in agreement with Ropschitz (1957). Thus environmental as distinct from genetic factors could be more clearly evaluated in the aetiology of these psychotic disorders. Because of the doubts thrown upon the essential communication or transference aspect of "folie communiquée" the term "psychosis of association" (Gralnick, 1942) is preferred by the authors at the present stage of knowledge, but is used in a less comprehensive way than the originator intended. It is relatively free from the aetiological implications invested in the classical terminology. The attempt to separate the different entities previously classified under one term clarifies the problems involved and provides thus a necessary step which is an essential pre-requisite for any future studies. It is considered that the condition "folie imposée" restricted to persons not of the same blood relationship would appear to be the most fruitful source of further study for evaluating the significance of environmental factors.

Summary

A case of classical "folie à trois" is reported in a mother, daughter and son. Some of the problems of classification are discussed in the light of the data presented.

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