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Folie à Quatre

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Summary. A case of folie à quatre is described affecting a proband and his wife, sister and brother. The three family members retained their symptoms of paranoid schizophrenia. The wife was not mentally ill and her delusions disappeared in time (*folie imposée*). Coincidentally, there were several cases of Huntington's chorea amongst her relatives. Different categories of folie à deux are demonstrated in the various family members and relationships.

'The lunatic no more influences sane people than they influence him.'

LASÈGUE & FALRET, 1877

When a group of people hold the same false belief, this may have occurred through the transference of the delusional ideas or abnormal behaviour from one person to one or more others with whom they have been in close association (Gralnick, 1942). Usually two persons are involved, the Principal, who acquires the delusion first and is usually the more dominant and the Associate, who becomes deluded through association with the Principal. More rarely several persons share the delusions (Ropschitz, 1957; Kamal, 1965; Tseng, 1969).

For the psychosis of association to be present, Dewhurst and Todd (1956) consider that the partners must be intimately associated and their delusions similar. There must be evidence that they accept, support and share each other's beliefs.

Seven cases of '*la folie à deux (ou folie communiquée)*' were described a hundred years ago by Lasègue and Falret (1877). Their detailed descriptions showed that the associate was in most cases socially deprived or disadvantaged physically or mentally. Our case which follows is interesting for the very complex relationship between the beliefs of the different members of the family and their roles in the family. Four members of the family were deluded, three who retained their delusions throughout the year of study and one whose delusions cleared. Three other members were thought to be implicated in the conspiracy by the initial four, but were not deluded.

Case Report

The four deluded subjects of this study shared a surname; they will be referred to by their Christian names. Four other relatives were visited. The Figure shows the named family members and also those members of Rose's family who suffered from Huntington's chorea. It can be seen that although Rose does not suffer from the condition she was at risk at the time of her marriage.

1. *John*, aged 40, was referred to the outpatients' clinic. He was an electrician with an interest in electronics. He complained that six months previously a very large industrial concern (A.B.) had put 'bugging' devices in the walls of his brother George's house. John claimed subsequently that A.B. had been following him everywhere with from two to six men in a car in order to stop him interfering with George's house and they had also bugged his telephone. He knew that the telephone was bugged because it sometimes made a crackling noise. He knew that his brother's walls were bugged because George had told him so and had shown him the blemishes on the wall (some like hammer marks) where the devices had been inserted. He agreed that blemishes in the plaster of the hospital wall looked similar, but insisted that the house was bugged although the hospital was not. He also took as further

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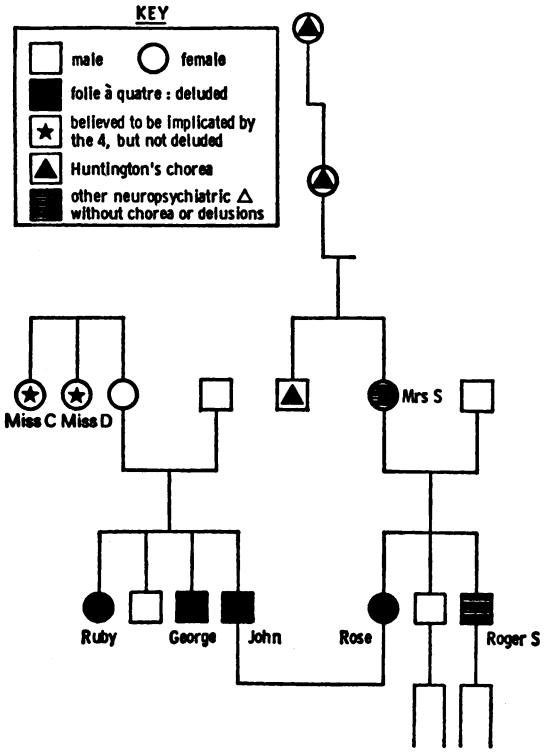


FIG 1.—Folie à quatre with Huntington's chorea

evidence the fact that sometimes vertical lines appeared on George's television screen; this was caused by the devices interfering with television 'like a radar set'. When John's own television set had vertical lines, he knew that his house was also bugged and he believed that some men had put a device on his garage roof when doing some work on the house.

John reported that one night a device fell off George's wall and bleeped 'but they soon cut it off'. Next door to George lived an old woman who had in the past worked for A.B. She lived on her own, but John and his wife, Rose, had heard men's voices coming from her house. John believed that the men operated from there and said that George had recognized four of them. John said that the reason for A.B.'s interest in George was that George had worked for A.B. and had had to resign through ill-health. The company was trying to find out if he was really ill or not with regard to paying a pension. 'I can't understand why they are doing it. They know the tablets he is on.'

John had suffered from asthma as a child. He came from a close-knit family. He described a 'nervous breakdown' not requiring admission to hospital at the age of 18, but he was well enough three months later to be called up for National Service in the Army. Since then he had had an excellent work record with two firms. There was no history of previous psychiatric treatment. He had been off work for four weeks because he was upset and frightened of reprisals through his trying to help his brother. He refused admission to hospital and was prescribed phenothiazine drugs as an outpatient. He was diagnosed paranoid schizophrenia.

At subsequent interviews he said that he was feeling better and had returned to work. The bugging devices 'are still there but I don't take any notice of them any more. If we had the money to go to a solicitor we would do something about it.' In fact his beliefs were unchanged over one year. He was irritated that the men following him had not been removed. He had refused to take the medication prescribed 'because I don't believe in tablets'.

2. *Rose*, aged 42, John's wife, was interviewed on three occasions. She had been treated for anxiety for several years. She was concerned about her husband's health and felt that worry was making him ill. They had been married for eight years, but had no children because she had been told that she might develop Huntington's chorea. Initially she corroborated John's story and said that the bugging devices had been placed to find out what disablement category George was in for compensation purposes. 'You can see hammer marks from the devices in the communal walls.' She said that the GPO had been to the house and confirmed the findings but done nothing about it. Rose clearly shared John's beliefs.

The second time she was seen was with her mother (Subject No. 7) eight months after the initial interview. She said that life was intolerable with her husband because of all the precautious he was forcing her to take against bugging devices being put in their own house, e.g. he insisted that she should buy extra locks.

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She did not 'know how much electronic equipment Ruby's neighbour had' (Ruby being John's sister), and she 'would need proof before being convinced that nothing was going on'. Three weeks later Rose said her husband now believed that their home was also bugged. She no longer believed in the intrigue and felt that her husband and his relatives were mentally ill, denying that she herself had ever been credulous.

3. *George*, aged 43, John's brother, was interviewed at his home which he shared with Ruby. He looked rather vacuous, talked little and was submissive towards his sister. He had never married. He had received psychiatric treatment frequently over the last 20 years with a variety of medication in various hospitals and had been considered to suffer from chronic anxiety neurosis. He worked with one firm for 15½ years but was made redundant in 1969. He was then employed by A.B. for 2½ years, but was dismissed for infrequent attendance. He felt that he should have been discharged with a disability pension, as he had been suffering from frequent migraine. After his dismissal, he felt that the old lady next door had started to watch him through her window and had planted bugging devices in the telephone, gramophone and electric lights. He believed that portions of the walls and ceilings had been removed to insert more devices and cables; that people worked at night in the space between the chimney breast and the wall and between the false ceiling of the breakfast room and the floor above. George was quite convinced that bugging was continuous and was operated from a device in the television set. He could tell this by the crackling of the telephone, the rolling picture on the television and the needle jumping on the record player. He also believed that A.B. had taken over the empty house on the other side of them. He thought that surveillance was carried out to assess the extent of his disability, but did not know why it should happen to him.

4. *Ruby*, aged 57, John's sister, was interviewed at home. She was an obese woman, sociable and humorous. She was clearly the more intelligent and dominant member of the household. In 1962 she had been referred for a psychiatric opinion when she complained of stumbling, shaking and feeling giddy. She was then diagnosed as an acute upon chronic anxiety reaction with hysterical features; no psychotic symptoms had been elicited.

On interview she talked volubly about the bugging devices. She was very agitated and knocked on the walls in various places to demonstrate that they were hollow. She passed her hands over the walls to demonstrate the bumps in the plaster under which she said were the devices. Although convinced of their presence, she made no effort to guard her speech. Ruby suspected that a secret dossier was being compiled by the doctor who did the medical examinations for assessment of disablement benefits. She had sent John to the hearing over George's disablement claim as she thought George would be upset by it. She felt that this was why John was now being watched and that 'they' might even try to kill him if he took the matter further. Following the social worker's visit (P.H.), Ruby wrote her a letter saying that she had been followed around by two men in a car. She believed that the social worker could help by counteracting A.B. and assumed a rather conspiratorial air.

5 and 6. *Miss C. and Miss D.*, John's two maternal aunts were visited because Ruby had believed them to be involved in the plot against her and George. They knew nothing about the delusional system.

7. *Mrs S.*, aged 70, Rose's mother, was visited at her home. She confirmed a family history of Huntington's chorea and had herself suffered from neurological symptoms 15 years before. She now showed no intellectual impairment, and no choreiform movements, tremor or other neuropsychiatric abnormality. John had claimed that there were devices in her house, because there were lines going across her television set and he claimed that he had seen three men with ladders on her roof setting up the bugging devices. Mrs S. said that the whole thing about being bugged and followed was rubbish, 'No firm would waste all that money on one person.'

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She considered that Ruby had started the story, that George was very dependent on her and that Ruby had stopped him working so that he could do all the housework. She had met George's neighbour and considered her to be a 'nice woman'. She admitted that there were sometimes large cars outside her house and men going in and out and she could not explain this. She was certain, however, that this woman was not involved in any plot concerning George.

8. *Roger S.*, aged 38, Rose's brother, was considered to be ill by Rose and John and thought to be suffering from Huntington's chorea. In fact he had been treated for recurrent depression. There was no evidence of dementia or choreiform movements and he knew nothing of the conspiracy.

The Figure shows the named family members and also those members of Rose's family who suffered from Huntington's chorea. It can be seen that although Rose does not suffer from the condition, she was at risk at the time of her marriage.

Discussion

Gralnick defined *folie communiquée* as a contagion of ideas after the normal person has resisted them for a long time, but having acquired them maintains them despite separation. *Folie imposée*, *folie simultanée* and possibly *folie induite*, his other three subdivisions of folie à deux are all suggested in the different members of this family group.

Rose should be described as *folie imposée* inasmuch as delusions of a mentally ill person (John) were transferred to someone not mentally ill. Characteristically she had psychiatric and genetic disadvantages. She was no longer deluded by the end of follow-up. Postle (1940) described remission of symptoms after 25 years when the partner died, and Goldney (1975) comments that the subgroup of *folie imposée* may recover from their delusion without active treatment. The three affected siblings may have been suffering from *folie simultanée*, i.e. all three became psychotic together and shared the same delusional system. It appears more likely that George and Ruby became psychotic simultaneously, but Ruby developed the complicated delusional system, George adding her delusions to his own. That is, his was *folie induite*. John's condition would appear to be *folie communiquée*, with contagion of ideas after resisting these for a time. With regard to the delusions of her brothers, Ruby is probably the Principal; with regard to the imposed delusion of Rose, John was the Principal. This accords with the view of Soni and Rockley (1974) that the Principal is always psychotic.

Despite the prescription of phenothiazine drugs the delusions of the three siblings did not alter, but there are doubts as to whether any of them were taking their medication. Rose, John's wife, never showed first-rank symptoms (Schneider, 1959), and her delusion remitted. Thus, although the content of the 'folie' was determined socially by their close-knit family connections, the precise form of the symptomatology and the prognosis were determined by the nature of illness from which each person suffered.

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