Folie à Deux in a Child

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Folie à deux is the transference of delusional ideas and behaviors from one person to another with whom there has been a close association. Its occurrence in children has been rarely described in the literature, which was reviewed for case reports, diagnostic criteria, and etiological theories. A detailed case history of a 10-year-old girl who had delusions of special powers and delusions of persecution as well as hypochondriacal and hysterical symptoms is presented as an example of folie à deux between child and parent. This girl had developed a symbiotic incestuous relationship with her stepfather, a paranoid schizophrenic patient. Six criteria for making the diagnosis of folie à deux in a child were applied to the case studied. General and specific aspects of treating this disorder were discussed.

This paper reports a clinical study of folie à deux in a 10-year-old girl who adopted the psychotic thinking and behavior of her stepfather. Particular attention is given to the diagnostic criteria and the treatment of folie à deux.

REVIEW OF THE LITERATURE

Folie à deux is a French term originated by Laseque and Falret (Michaud, 1964) in 1877. It has been defined differently by various authors but the definition of Gralnick (1942) seems to be the most accepted, i.e., "psychiatric entity characterized by the transference of delusional ideas and/or abnormal behavior from one person to one or more others who have been in close association with the primary affected patient." Folie à deux was described most frequently in adults while its occurrence in children was

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rarely reported. Laseque and Falret (Michaud, 1964) described folie à deux in three girls aged 8 years, 13 years, and 16 years. The girls were reared in different homes, all had low IQs, passive dispositions, and close associations with a delusional person, and all derived secondary gain from their delusion. Laseque and Falret (Michaud, 1964) stated that apprehensive children confined in a limited environment would be most disposed to become echoes of a delusion with which they were associated. Gralnick (1942) reviewed the English literature and found 103 cases of folie à deux, only two of whom were under age 18. In Waltzer’s (1963) study of folie à deux, the mother and father were diagnosed as paranoid schizophrenic and five children as primary schizophrenic, while five other children had paranoid reactions. Anthony (1970) described some degree of folie à deux in two 5-year-old children who had unresolved symbiotic relationships with their psychotic mothers, but he raised the question whether folie à deux could exist at such a young age. Folie à deux in children was also reported by Evans and Mersky (1972).

**DIAGNOSTIC CRITERIA AND ETIOLOGICAL THEORIES**

Diagnosis of folie à deux will depend on the criteria accepted. Dewhurst and Todd (1956) gave the following criteria for the diagnosis: intimate association of partners, high degree of similarity in delusional content of the partner’s psychosis, and evidence that the partners support and share each others’ delusions. Other prerequisites for the development of the disorder according to Coleman and Last (1939) were the advantages that sharing a delusion gave to the person induced and the symbol of authority that the inducer represented for the induced. A condition of social economic poverty contributed to the pathological relationships. Gralnick (1942) summarized some factors he considered important in diagnosing folie à deux: the length of association with a psychotic person, the dominance of the active partner who imposed delusions on a more submissive partner, the frequency of blood relationships and family relationships, the prepsychotic personality which was often seclusive and suggestible, the common occurrence of the condition among women, and the frequent occurrence of persecutory and religious delusions.

Hereditary and environmental elements have been attributed as etiological factors. Gralnick (1942) did not feel that the occurrence of folie à deux within families proved the point for hereditary causes since most of the factors needed to produce this condition existed within the family unit. According to Coleman and Last (1939), folie à deux should be restricted to cases outside of blood-related groups in order to eliminate genetic factors. Other reputed causes included unconscious identifications, imitation, and suggestibility. Gralnick (1942) reported on Brill’s theory that the submissive