

Case Study

## A Family in Delusion: Shared Psychotic Disorder An Interaction of Delusion and Beliefs: A Case Report

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### ABSTRACT

**Introduction:** Psychosis refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognising what is real and what is not. Shared psychosis (previously termed folie à deux) is now considered a subset of delusional disorder. It is a rare disorder that usually occurs in a person or group of people (usually a family) who are related to a person with a significant delusional disorder. **Aim:** The aim of this case report is to illuminate the understanding and presentations of shared psychotic disorder in the Indian context with respect to a strong community belief around religious and superstitious explanations of the illness. **Case description:** Pt MK age 32, was presented with complaints of self-muttering, inappropriate behaviour, wandering tendencies, poor self-hygiene, episodes of loss of consciousness and social withdrawal. **Discussion:** Shared psychotic disorder is a rare psychotic disorder that evolves through interaction between individuals who have genetic predispositions to psychosis and have close emotional and physical bonds with delusional individuals. In this case the patient's family members [father, mother, younger brother, elder sister, and aunt] also have a history of the same. According to the informant (elder brother), he mentioned that the family made her sit in the temple when she was in a state of possession and people from her village along with the neighbouring villages came to seek blessings from her. The patient also developed complaints of self-muttering, wandering tendencies, poor self-hygiene, episodes of loss of consciousness and social withdrawal. The patient and the family have visited many faith healers before visiting the psychiatry department, pertaining to the traditional linkages of psychosis to religious and spiritual aspects. In this case, pharmacotherapy was initiated, along with psychoeducation for the family to challenge their beliefs and reinforce reality-based thinking. Cognitive-behavioural therapy (CBT) was initiated to improve reality orientation, cognitive restructuring, social engagement and family therapy sessions aimed at reducing the emotional reinforcement of delusions.

**Keywords:** Shared psychotic disorder, folie à deux, psychosis, cultural beliefs, cognitive-behavioral therapy, India

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Shared psychotic disorder (*folie à deux*) is a rare disorder characterised by sharing a delusion among two or more people in a close relationship. The inducer (primary) who has a psychotic disorder with delusions influences another nonpsychotic individual or more (induced, secondary) based on a delusional belief. It is commonly seen among two individuals but can include larger groups in rare cases.

Psychosis refers to a collection of symptoms that affect the mind, leading to a loss of contact with reality. Individuals experiencing psychosis often exhibit disrupted thoughts and perceptions, making it difficult for them to distinguish what is real from what is not. Shared psychotic disorder, previously termed *folie à deux*, is now recognized as a subset of delusional disorder. It is a rare condition typically observed in individuals who share a close emotional and physical bond with a person suffering from primary psychosis.

The disorder is particularly significant in cultural contexts where mental illness is interpreted through religious and supernatural frameworks. In India, where faith healers and spiritual interventions play a crucial role in mental health perceptions, shared psychotic disorder can be overlooked or misinterpreted as spiritual possession. The aim of this case report is to highlight the presentation of shared psychotic disorder in the Indian context, emphasizing the role of cultural beliefs in shaping illness perception and treatment-seeking behavior.

### ***Case Report***

The patient, a young female from a rural joint family, presented with a 15-day history of disturbed sleep, reduced appetite, social withdrawal, and unusual behaviors. Previously, she slept for 7–8 hours per night, but recently, her sleep had reduced to only 2–3 hours, accompanied by frequent nocturnal awakenings. She would leave her bedroom repeatedly, insisting on sleeping in her elder brother's room despite being asked to return to her own. Her appetite had significantly declined, with her daily food intake reducing from 6–7 rotis to just 1–2, and at times, she refused to eat or drink altogether. Alongside these changes, she became increasingly withdrawn, often sitting alone, muttering incomprehensible words to herself, and repeatedly rolling her dupatta in her hands. Her family reported an incident where she left the house at night unnoticed and was later found and brought back by her elder brother. During this period, she obsessively inquired about her nephew, who was staying at his grandparents' house, asking repeatedly, “Vansh kaha hai?” (Where is Vansh?) and “Tune mere bare mein kisi se kuch kaha?” (Did you say something about me to someone?). Her behavior became more peculiar when she started protruding her tongue and rolling her eyes for hours at a time. In one such episode, she also developed jaw jerks, prompting her family to seek medical attention from an orthopedic doctor. Over the next few days, her condition worsened as she withdrew further, stopped talking, and would remain in a single place for prolonged periods, staring into space. She neglected her personal hygiene, refusing to bathe, brush her teeth, or manage her menstrual hygiene, requiring assistance from her sister-in-law for basic self-care. Three to four days prior to hospital admission, she experienced multiple episodes of unconsciousness, limb rigidity, and teeth clenching, each lasting for 15–20 minutes. However, these episodes were not associated with foaming from the mouth, tongue biting, or post-ictal confusion.

The patient's psychiatric history dates back to 2008, when she was in 12th grade and developed an emotional attachment to a boy who later married someone else. Around the same time, during a family trip to Vaishno Devi, she experienced her first trance-like episode, described by her family as “*jhoomne lagi*” (swaying uncontrollably). These

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episodes, believed to be a form of possession by “Shera Wali Mata,” continued with a frequency of once every 10 days until 2013. In 2011, a faith healer suggested a goat sacrifice, after which the episodes reportedly stopped. She remained asymptomatic during her college years and while working as a school teacher. However, in 2019, she exhibited another episode of psychiatric disturbance. She suddenly refused to go to work, citing that everyone blamed her for things, and displayed irritability, particularly when her colleagues discussed their relationships. During this period, she developed disturbed sleep, engaged in irrelevant speech, and exhibited a tendency to wander. Her family sought help from multiple faith healers and briefly consulted medical professionals in Jaipur, Alwar, and Gurgaon, but her symptoms resolved spontaneously within six to seven months without sustained treatment.

In January 2021, the patient’s mother passed away due to cardiac arrest, marking another significant stressor in her life. In September 2022, she got engaged but reacted with strong aversion and irritability whenever the topic of marriage was discussed. During this time, she complained of nightmares involving naked men and also reported hearing voices. These symptoms persisted for a few days but temporarily improved after her father took her to a temple. Her most recent relapse occurred in August 2023, following the Rakhi festival. She exhibited symptoms such as spinning her head, restlessness, self-muttering, and repeatedly rolling her dupatta. Her insomnia worsened, lasting for up to six days without sleep. One morning, she applied heavy makeup and sat in the middle of the house with her tongue protruding, a behavior that repeated itself over the next few days. Concerned, her family once again sought the help of faith healers.

The patient’s family background is notable for a strong belief in spiritual and faith-based healing, with several relatives reportedly experiencing similar trance and possession states. Her father and younger brother were believed to be influenced by “Bhairo Baba,” her mother was associated with “ancestors,” her elder sister was linked to “Laxmi Mata,” and her aunt was believed to be possessed by “Shera Wali Mata.” Additionally, the family lacks a structured decision-making system, with responsibilities diffused among multiple members.

According to her elder brother, the family believed MK was in a state of divine possession. During such episodes, they would take her to the local temple, where she was made to sit as a deity figure, and villagers from neighboring areas would visit to receive her “blessings.” The family sought multiple faith healers and spiritual practitioners for intervention rather than seeking medical help. Upon psychological evaluation patient displayed: Positive symptoms: Self-muttering, delusional beliefs of possessing divine powers, inappropriate behavior.

**Negative symptoms:** Social withdrawal, poor self-care, lack of insight. And Cognitive symptoms: Impaired reality testing, disorganized thought processes.

Given the history of shared delusional beliefs within the family, along with the patient's clinical presentation, a diagnosis of shared psychotic disorder (induced delusional disorder) was made. The clinical presentation suggests a complex interplay of dissociative and psychotic symptoms, significantly influenced by cultural beliefs and psychosocial stressors. The episodic nature of her symptoms, particularly the trance-like behaviors attributed to possession, aligns with Dissociative Trance and Possession Disorder, a culture-bound

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dissociative phenomenon. However, the presence of auditory hallucinations, mutism, catatonic-like symptoms, and prolonged social withdrawal raises concerns about Schizophrenia or Schizoaffective Disorder.

*A multidisciplinary treatment approach was initiated, focusing on:*

- 1. Pharmacotherapy:** The patient was initiated on antipsychotic medication to target her psychotic symptoms, aiming to reduce self-muttering, inappropriate behavior, and wandering tendencies. The choice and dosage of medication were carefully monitored and adjusted based on her response and side effects.
- 2. Cognitive-Behavioral Therapy for Psychosis (CBTp):** A structured, 28-week CBTp intervention was conducted, focusing on improving her reality orientation, cognitive restructuring, and behavioral activation. Therapy sessions helped the patient challenge her delusional beliefs, recognize cognitive distortions, and develop coping strategies to manage distressing symptoms. Techniques such as behavioral experiments, thought monitoring, and structured problem-solving were integrated to enhance her daily functioning.
- 3. Family Psychoeducation:** Given the family's role in MK's care, psychoeducation sessions were conducted to help them understand the nature of her illness. Special emphasis was placed on challenging dysfunctional religious attributions related to her symptoms and promoting reality-based thinking. The family was also trained in supportive communication strategies and relapse prevention to create a more conducive home environment for MK's recovery.
- 4. Social Rehabilitation:** To facilitate patient reintegration into daily life, she was encouraged to engage in structured activities that aligned with her previous interests. Recognizing that she had once enjoyed her role as a teacher, efforts were made to gradually reintroduce her to work-related activities, fostering a sense of purpose and social connectedness. Supportive strategies, including graded exposure and skill enhancement, were utilized to help her regain confidence in social and occupational settings.

Over time, there was a significant improvement in patients' presenting symptoms, along with this the family began to accept the medical model of treatment.

### DISCUSSION

Shared psychotic disorder is a rare condition that occurs when a dominant individual with delusions influences a closely associated person to adopt similar delusional beliefs. The disorder typically occurs in families with strong emotional bonds, social isolation, and predisposing genetic vulnerability.

In this case, the presence of shared delusional beliefs within MK's family suggests a long-standing cultural reinforcement of psychotic symptoms. The family's belief that she was possessed and their preference for religious interventions delayed psychiatric treatment. Studies indicate that shared psychotic disorder is more common in cultures where supernatural explanations for mental illness are prevalent. In India, faith healers often serve as the first point of contact for families dealing with psychiatric symptoms, which can delay appropriate medical care.

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The successful intervention in MK's case highlights the importance of an integrated approach that includes:

- Pharmacological
- Psychoeducation to challenge deeply ingrained beliefs.
- CBT to promote reality testing and insight.
- Family therapy to reduce reinforcement of delusional thinking.

Previous studies have suggested that removing the induced individual from the primary delusional figure can lead to symptom resolution. However, in collectivistic cultures like India, where family ties are strong, separation is not always feasible. Instead, a family-based intervention approach was used to gradually shift their perspective toward a psychiatric understanding of the illness.

### CONCLUSION

This case underscores the critical role of cultural beliefs in shaping the presentation and management of shared psychotic disorder. In regions where supernatural attributions to mental illness are prevalent, delayed psychiatric intervention can prolong suffering. A multidisciplinary approach, combining pharmacotherapy, psychotherapy, and culturally sensitive psychoeducation, is essential for effective treatment.

Addressing mental health stigma and integrating psychiatric awareness into community settings can facilitate early diagnosis and improve outcomes for individuals with psychotic disorders. Future research should focus on developing culturally tailored intervention models that bridge the gap between traditional beliefs and evidence-based psychiatric care.

### REFERENCES

- Al Saif F, Al Khalili Y. Shared Psychotic Disorder. [Updated 2023 Aug 28]. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2025 Jan
- José MS, Mary VS. Shared psychotic disorder: a critical review of the literature. *The Canadian Journal of Psychiatry*. 1995 Sep;40(7):389-95.
- Kathiresan S, Asmuni NS, Tajjudin AI, Sahimi HM. A case report of shared psychotic disorder or 'folie a famille' among four family members. *International Journal of Education, Psychology and Counseling*. 2018 Sep;3(18):28-32.
- Robin RW, Gottesman II, Albaugh B, Goldman D. Schizophrenia and psychotic symptoms in families of two American Indian tribes. *BMC psychiatry*. 2007 Dec; 7:1-8.
- Taksal, A., Mohan, G., Malla, A., Rabouin, D., Lévassieur, M., Rangaswamy, T., ... & Iyer, S. N. (2024). Patient-and family-reported experiences of their treating teams in early psychosis services in Chennai, India and Montreal, Canada. *Asian Journal of Psychiatry*, 98, 104118.

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### Conflict of Interest

The author(s) declared no conflict of interest.

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