

## Letters to the editor

### Incubus syndrome and folie à deux: a case report

*Keywords:* Incubus syndrome; Folie à deux; Comorbidity

Dear Sir,

The concept of “demonic lover” or incubus has had a worldwide appeal since ancient times, from the Greek–Roman myth of Cupid and Psyche to the medieval descriptions of Malleus Malleficarum [1]. The incubus syndrome, a variant of the secondary erotomania, was described in 1979 as the delusional idea—“memory” of an imposed intercourse by an imaginary lover. This description was preceded by earlier ones, such as the “phantom-lover” syndrome [2,3].

Erotomania coexists with other rare psychiatric syndromes such as Capgras syndrome [4], folie à deux [5], or both of the latter [6]. Only one single case of co-occurrence of incubus and Capgras syndrome has been described [7]. In this report, we describe a case of co-occurrence of incubus syndrome with folie à deux.

Mrs. D., a 42-year-old housewife, presented herself in the Center of Mental Health Services, claiming that she and her husband were victims of sexual abuse. This belief appeared to have emanated from certain delusional ideas of her husband, who had discovered “evidence” of sexual orgies imposed on them by Arab students while asleep.

Mrs. D. detected “signs” of black magic; Mr. D. saw “telepathically” pictures from the films their rapists turned during the orgies; they actually recognized some of those pictures published in magazines. Shortly afterwards, they started detecting changes in their genital areas that “proved” their sufferings. They went so far as to move out of their home, but their rapists followed them, as they concluded from “indices” in their bedroom.

After examining the husband as well, we concluded that it was he who had first developed the incubus syndrome, secondary to a pre-existing delusional disorder. Mrs. D. fulfilled the DSM-IV criteria for dependent personality disorder (axis II).

Mrs. D. was treated with supportive psychotherapy. During the treatment she gradually lost her delusions and became involved in an extra-marital relationship, wishing, as she stated, to “get out” of this situation.

In this case, the incubus syndrome was first developed by the husband in the context of a preexisting delusional disorder; his delusional beliefs were accepted and shared by the dependent wife. Thus, the two basic criteria of DSM-IV for the diagnosis of folie à deux are fulfilled.

Since the first descriptions of folie à deux, the cornerstone of its treatment relied on the suggestion that separation from

the psychotic member of the dyad can be therapeutic for the non-psychotic one. However, many investigators do not believe in the infallibility of this method; Porter et al. [8] suggest that shifts in dependency can be equally therapeutic. In our case, Mrs. D’s symptoms resolved not after separation from her husband, but after her involvement in a new intimate relationship. Supporting psychotherapy was also of great importance.

We have performed a search with Medline to find similar cases; this co-occurrence of incubus syndrome with folie à deux seems to be the only such case that has so far been described.

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P. Petrikis \*

C. Andreou

A. Karavatos

*1st Department of Psychiatry, Aristotle University of Thessaloniki, Thessaloniki, Greece*

G. Garyfallos

*Center of Mental Health Services of the North-West Sector of Thessaloniki, Thessaloniki, Greece*

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\* Present address: El. Venizelou 8, 61100 Kilkis, Greece.

*E-mail address:* karath@med.auth.gr (A. Karavatos).