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Research Article

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Shared Psychosis Mediated by Virtual Proximity Following the Forceful Termination of an Adolescent Bond: A Transcultural Case Report

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Abstract

Background: *Folie à deux, or shared psychotic disorder, has traditionally been associated with close interpersonal relationships, emotional dependency, social isolation, and physical proximity. However, modern communication technologies may allow emotionally significant relationships to persist despite physical separation.*

Objectives: *To describe a folie à deux-like clinical presentation occurring between two formerly intimate individuals who remained physically separated but maintained sustained communication through telephone contact.*

Case Presentation: *A 19-year-old woman developed prominent auditory and visual hallucinations involving her former boyfriend after their relationship was forcibly terminated by her family. She reported seeing him entering her room, sitting beside her, and conversing with her despite his physical absence. She subsequently received psychiatric treatment and improved. During the following period, she maintained secret telephone communication with her former boyfriend and repeatedly described these experiences to him. Approximately two years later, the former boyfriend, aged 24 years, developed remarkably similar experiences involving the woman. He reported seeing her entering his room, walking around, sitting beside him, and conversing with him despite her physical absence. The phenomenological similarity and temporal sequence raised consideration of a shared psychotic phenomenon mediated through sustained virtual communication.*

Discussion: *The cases demonstrate a possible folie à deux-like phenomenon in the absence of physical proximity. The emotionally intense prior relationship, social isolation, repeated telephone communication, content-specific similarity of hallucinations, and temporal sequence support the hypothesis of interpersonal transmission or reinforcement of psychotic experiences. However, causality cannot be established from a single case, and independent psychotic disorders and other differential diagnoses require careful consideration.*

Conclusion: *Shared psychotic phenomena may potentially occur despite physical separation when a psychologically significant relationship is maintained through sustained virtual communication. The concept of "virtual proximity" may provide a useful clinical framework for understanding such presentations, although empirical research is required before causal conclusions can be drawn.*

Keywords: Folie à deux, Shared Psychotic Disorder, Virtual Proximity, Digital Communication, Psychosis, Transcultural Psychiatry, Case Report

1. Case Presentation

1.1. Case 1

A 19-year-old woman developed significant psychological distress following the forced termination of a four-year romantic relationship. The relationship had been concealed from her family, who strongly opposed it because of perceived differences in family background and social circumstances. Following the termination, she was reportedly subjected to increased family control and restriction of her social contact. Over the subsequent months, she developed depressive symptoms, social withdrawal, reduced interaction with others, and progressive preoccupation with her former boyfriend. She eventually began reporting auditory and visual experiences involving him. She described seeing him entering her room, sitting beside her, and conversing with her despite knowing that he was not physically present. After approximately 8–10 months of illness, her family sought psychiatric consultation. Clinical assessment supported a diagnosis within the schizophrenia spectrum. She was treated with an antipsychotic medication and gradually improved. Following improvement, she continued secret telephone communication with her former boyfriend. During these conversations, she repeatedly described her experiences involving him and discussed the details of what she perceived and heard.

1.2. Case 2

Approximately two years after Case 1 had received psychiatric treatment, her former boyfriend, aged 24 years, was brought for psychiatric assessment because of progressive social withdrawal, soliloquy (talking to oneself), and unusual perceptual experiences. He reported experiences remarkably similar to those previously described by Case 1. He stated that he could see the former girlfriend entering his room, walking around, sitting beside him, and conversing with him, although she was not physically present. The history revealed that the two individuals had remained in secret telephone contact despite their physical separation. During repeated conversations, Case 1 had described her experiences involving him. Case 2 subsequently developed similar experiences involving her. There was no history suggesting a significant substance-related cause. Clinical assessment and available investigations did not indicate an identifiable neurological or other medical cause for the psychotic symptoms. The presentation was considered consistent with unspecified schizophrenia spectrum disorder with a folie à deux-like shared psychotic presentation. The phenomenological similarity of the hallucinations, the emotionally significant previous relationship, continued telephone communication, and temporal sequence were considered clinically relevant.

2. Differential Diagnosis

Independent schizophrenia-spectrum disorders, substance-induced psychosis, psychotic disorder due to a medical or neurological condition, and bipolar disorder with psychotic features were considered. Folie simultanée was less likely because of the approximately two-year interval between the onset of significant psychotic symptoms in the two individuals. Overall, the close temporal and phenomenological relationship, together with continued secret telephone communication, supported consideration of a folie à deux-like shared psychotic phenomenon.

3. Treatment and Outcome

Case 1 improved with risperidone, initially approximately 4 mg/day.

Case 2 received risperidone 2 mg/day with supportive psychological intervention and cognitive behavioural strategies. His hallucinations substantially diminished within approximately 4–6 weeks. Reduction and eventual cessation of intense telephone communication were temporally associated with further improvement.

Both individuals were reported to have achieved remission by six months of follow-up.

4. Discussion

Folie à deux has traditionally been linked to intense interpersonal relationships, social isolation, prolonged association, and sustained interpersonal exposure, while its nosological relationship with primary psychotic disorders remains debated [1,2]. The temporal sequence in the present cases is clinically noteworthy. The first individual developed psychotic experiences after the forced termination of the relationship and repeatedly shared them with her former partner. Approximately two years later, the former partner developed remarkably similar experiences involving her. This sequence does not establish causality, but it raises the possibility of interpersonal transmission or reinforcement of psychotic experiences. This possibility is supported by emerging literature. A recently reported case of shared psychosis at a distance described delusional transmission occurring predominantly through telephone conversations over several years, while a subsequent case series described shared psychotic phenomena emerging entirely through prolonged digital interactions without physical co-location [3,4]. Together, these observations suggest that physical proximity may not be essential for shared psychotic phenomena to emerge or persist.

In the present cases, the two individuals had shared a highly significant emotional relationship but were physically separated after its forced termination. Despite this, clandestine telephone communication continued, and the second individual's psychotic experiences emerged approximately two years later. The sustained emotional bond and repeated remote contact may thus have preserved a form of interpersonal influence despite physical distance—a phenomenon conceptualized here as “virtual proximity.” This interpretation nevertheless demands caution. A single case cannot establish that telephone communication caused the second individual's symptoms. Both individuals may have independently developed schizophrenia-spectrum disorders, with their shared emotional history potentially accounting for the similarity in symptom content. Alternative psychiatric, substance-related, and medical explanations must therefore be carefully considered and, where clinically appropriate, excluded. The case also carries practical implications. When assessing

unusual psychotic phenomena, clinicians should ask not only about cohabitation and physical contact but also about sustained telephone and digital communication. The intensity, frequency, duration, and emotional content of such communication may be clinically relevant, although this remains a hypothesis requiring systematic study.

Sociocultural factors may further shape symptom interpretation and help-seeking. Studies from Bangladesh have documented substantial personal and perceived stigma surrounding mental illness, including negative attitudes related to interpersonal relationships, while stigma has also been associated with delayed healthcare-seeking [5,6]. In the present cases, family attitudes toward intimate relationships, perceived socioeconomic differences, forced separation, and subsequent social isolation may have intensified distress and shaped the clinical presentation. Finally, broader literature offers an important cautionary lesson. Bhutani and Huremovic reported a folie à deux identified incidentally in a general medical unit, where assessment of one patient revealed a second individual sharing the same delusional system. They emphasized that shared psychotic disorder may be overlooked because affected individuals can retain relatively preserved functioning and may not initially come to psychiatric attention [7]. This underscores the importance of clinical vigilance and assessment of closely connected individuals when unusual psychotic phenomena are encountered.

The phenomenon described here was previously discussed in the Royal College of Psychiatrists' Transcultural Psychiatry Special Interest Group (TSIG) Newsletter as a case of folie à deux involving two formerly engaged individuals. The present report extends that discussion by examining the possible role of sustained telephone communication in the absence of physical proximity [8]. Taken together, these cases suggest that physical proximity may not be the only clinically meaningful form of interpersonal closeness. A strong emotional bond combined with repeated remote communication may sustain psychologically significant interpersonal influence across distance. “Virtual proximity” is therefore proposed as a descriptive, hypothesis-generating concept rather than an established diagnostic construct. Causality cannot be inferred from a single case, and further research is needed to determine whether sustained remote communication can contribute to the development, transmission, or maintenance of shared psychotic phenomena.

5. Conclusion

This case report describes a folie à deux-like shared psychotic phenomenon occurring between two formerly intimate individuals who remained physically separated but maintained sustained telephone communication. The findings suggest that strong emotional bonds and repeated virtual communication may potentially maintain psychologically significant interpersonal influence even in the absence of physical proximity. The term "virtual proximity" may provide a useful conceptual framework for describing this phenomenon. However, causality cannot be established from a single case. Further research is required to determine whether sustained remote communication can contribute to the development or maintenance of shared psychotic phenomena.

Declarations

Ethics Approval and Consent to Participate

This case report was prepared in accordance with the ethical principles applicable to case report publication. Appropriate clinical assessment and treatment were provided to both individuals. Written informed consent to participate in this case report was obtained from the patients.

Consent for Publication

Written informed consent for publication of the clinical information contained in this case report was obtained from both patients. The manuscript has been prepared to protect the identities and confidentiality of the individuals described.

Competing Interests

The authors declare that they have no competing interests.

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Authors' contributions

MSI conceived the case report, contributed to the clinical assessment and interpretation of the cases, reviewed the relevant literature, and drafted the manuscript. JS contributed to the clinical interpretation and critical revision of the manuscript. MK contributed to the clinical interpretation and critical revision of the manuscript. SN contributed to the clinical assessment, interpretation, and critical revision of the manuscript. MZM contributed to the clinical assessment, documentation, literature review, and revision of the manuscript. All authors read and approved the final manuscript.

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