**Husain-Usmani Principle of Shared Insanity:**

**The first and the last dot connect, what about the middle one?**

**Discussion on forensic issue**

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**Abstract**

Forensic psychiatry is a sub-discipline of psychiatry which is still ridden with intrigue, shadow boxing and uncertainties. Ironically, the insanity of the accused has to be defended by sanity in the court of law. Most of the time we do not have the depth of conviction about what and whom the forensic psychiatrist is defending in the court. More issues are being cropped up rapidly as this discipline is in the phase of transformation and re-modeling. One such issue is that of “shared insanity”. Since this is an under diagnosed and under explored area not much is to offer at this stage. However, the authors took upon them to look in to certain aspects of forensic issue attached to this illness as corollary. These are extrapolated below.

**Keywords**: shared insanity, partnership insanity, Husain-Usmani Principle, delusion, schizophrenia, Folie a deux

**Husain-Usmani Principle of Shared Insanity**

Shared insanity is a misnomer. Common feature is that two persons in close relationship, in isolation, share delusional ideas based on the same theme. If a primary insane has a delusional effect, that same effect is felt by the induced person; **1** say an individual has seen a ghost as complete manifestation, the induced one shall also have the same effect. The ghost image is not divided into two – the upper and lower torso – each one to have the divided effect. Sharing is proportionality, whereas partnership could be different. A partner would be amenable to have the complete profiling effect of the ‘ghost’ and not ‘torso-wise’.

Partnership is partaking equal proportion of grief or joy. The entity is indivisible.

Sharing is having a divided portion. A loaf of bread is shared by two people equally. This means that the loaf was divided into two portions and each partner took one for himself or herself.

Hence the authors suggest that the terminology of **“shared insanity”** may be substituted by **“partnership insanity”**. The next reason for proposing this essential change is that the concept is still not fully understood. All the more the condition remains under diagnosed. Befittingly, if proper words are not aligned, it may lead to wrong conceptualization in the academics. The core issue may fritter away. The literature is patchy and non-illustrative in this aspect.

However, in partnership insanity, the primary insane shall demonstrate all the features of delusions, schizophrenia or paranoia **2**. The rubbing effect on the induced partner shall be faded one or just patchy. What is important is to realize that the initiative is always taken by the primary partner. He/she gets the support from the induced partner – the prompter **3**. Epidemiology is still unclear.

**Forensic issue**

Characteristically, there are some important forensic issues that must be studied before fixing culpability or non culpability of the accused laboring under the disease known as “shared insanity”. There are certain established clinical features, and the authors believe that these must be individually examined before rendering proof of the disease.

1. Frequent mother daughter association and diagnosis of schizophrenia in inducing subject.
2. Social and psychological conditions.
3. Personality traits and genetic influence.
4. Forensic issues.
5. Principles of treatment sparse
6. Very imp: separation of two subject, i.e., primary and induced has to be the basis of any medical intervention
7. Forensic perspective
8. Medico legal introspection of the problem
9. Valuable determinants:
10. Conflict of interest
11. Decimation of personality
12. Malingering shared insanity
13. What about common intention
14. Mass household complicity
15. Forfeiture of mind and confiscation of reasoning
16. Rubbed insanity
17. Denial of civil rights (marriage) by the society and absolving criminal responsibility attributed to certified insane individuals

These issues throw multiple challenges in civil and criminal domains.

Under section 84 of Indian Penal Code (u/s 84 IPC) : “Nothing is an offence which is done by a person, who at the time of doing it by reason of unsoundness of mind he is incapable of knowing the nature of the act or that he is doing what is either wrong or contrary to the law.” For legal appetite transient insanity is also included under this section and the law takes care of that phenomenon.

**The Pillion-Rider Syndrome**

Shared insanity is a remarkable feature which perhaps does not find an analogy relating to legal issues in the entire domain of forensic psychiatry.

Let a profile be created which may facilitate forensic assessment and evaluation of given case in the field of shared insanity.

Let there be a new description of shared insanity by using four words that would be descriptive of this condition and would make the forensic assessment easier namely, induction, indoctrination, infatuation and insinuation.

**Proposed definition of shared insanity**

A primary insane **inducts** a partner who may be a close relative, subsequently leading to **indoctrination** of secondary insane by her actions and behavior leading her to a level of **infatuation** about everything of the primary insane culminating in **insinuation** and criminal conduct.

**Example**

‘A’ is a known case of fixed delusional paranoia. She has an older sister ‘B’, very attached and sympathetic to her. They live in isolation secluded from neighbors and most of the time partake each other’s joys and sorrows. ‘B’ has some demonstrable insanity and guides ‘A’ to the best of the mixture of sanity and insanity. However, to an outside observer ‘B’ is an insane woman who can be diagnosed as suffering from inducted shared insanity. ‘A’ is the driver of the two-wheeler where as ‘B’ is the pillion-rider. ‘A’ commits a cognizable offence under the influence of her delusional belief which was re-enforced by her sister ‘B’ – a rock stabilizer. The forensic assessment of the case comes to the conclusion that ‘B’ is guilty more than ‘A’, and that had ‘B’ not provided matured emotional support to ‘A’ she would have abstained from the crime. In practicality they go in to a feedback loop. The poser is: who is more culpable than the other, the driver or the pillion-rider. Obviously the pillion-rider is.

The **“pillion-rider syndrome”** gives an insight in to the psychiatric evaluation of the mental status of either party in shared insanity and can form the basis for demarcating the quantum of responsibility and its violation.

Finally, ethical guidelines and practices must be adhered to while pursuing the case of shared insanity and its criminal evaluation **4**.

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