

Delusional Disorder with Incestuous Themes: A Rare and Complex Case Report Exploring Psychiatric, Psychoanalytic, and Forensic Dimensions

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To the Editor-in-Chief,

Delusional disorder is a rare psychiatric condition with an estimated lifetime prevalence of approximately 0.2%, characterized by persistent delusions without significant impairment in other areas of functioning, and it often poses unique challenges in its diagnosis and management.^{1,2} The most prevalent subtype of delusional disorder is the paranoid type, whereas the jealousy type is an uncommon form, comprising 5%-17% of delusional disorder cases.³ Particularly noteworthy are cases involving incestuous themes within delusions, which are exceptionally rare and contribute significantly to the body of literature addressing the social, psychiatric, psychoanalytic, and forensic implications of this disorder. This report is intended to examine a rare case of delusional disorder that involved accusations of an incestuous relationship. In addition, it seeks to explore the multifaceted dimensions of this rare condition. The scientific research ethics committee of the Council of Forensic Medicine has approved the case report (date; 03.12.2024, No; 21589509/2024/1450).

A 47-year-old male was referred to the Council of Forensic Medicine (CFM) for an assessment to determine his mental health status and the possible need for a legal guardian. During the interview, he stated: "I have been married for 21 years and have two sons, aged 22 and 10. Approximately six years ago, I began to suspect that my 16-year-old son and my wife were engaging in an emotional and sexual relationship, and that they were working together to drive me insane." He stated that upon his return home, his son and his wife had collected undergarments from various rooms. In reference to his suspicions regarding covert operations, he provided the following explanation: "My son had strategically concealed and subsequently retrieved Subscriber Identifying Module (SIM) cards positioned throughout the house before I could locate them. They are meticulous in their efforts to ensure that no evidence remains." He further reported discovering an amulet-like object in his residence, stating: "I am sure they used that amulet to cast a spell on me. I also think they connected my phone to another phone, so I keep seeing strange images like melons, fried bread and then they vanish. They were trying to make me look crazy." The patient proceeded to explain that he had strategically placed audio recording devices throughout the residence in an attempt to substantiate his suspicions. When questioned about the presence of any concrete evidence, he stated, "I am certain that I recorded them engaging in sexual intercourse. The recordings clearly captured moaning, yet when I present them to others, they claim to hear nothing. I utilized a specialized program to amplify the sounds, and I am convinced that it is their voices." A subsequent case file analysis revealed that the audio recording lacked any substantial content. When questioned about this, he asserted that the audio recording unquestionably contained sounds indicative of sexual intercourse. His ability to obtain a comprehensive visual assessment was invariably hindered by the subjects' consistent disabling of the lighting in the respective rooms. According to the brother's statement in the case file, he asserted that his brother's recent statements

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were inconsistent and absurd. He further expressed the belief that his brother had been bewitched. According to the wife's testimony, the perpetrator exhibited violent behavior towards both her and her family. Additionally, she alleged that he had a pornography addiction and engaged in infidelity. She claimed that on one occasion, she witnessed him masturbating in full view of a neighbor who had also been his extramarital partner.

Following a comprehensive evaluation that included a mental examination, clinical observation, and a thorough review of the judicial file, the individual was diagnosed with "delusional disorder." It was determined that this diagnosis stemmed from an enduring mental illness, leading to the individual's inability to cope with marital responsibilities and necessitating the appointment of a legal guardian.

This case sheds light on the intricate interplay among psychiatric symptoms, psychoanalytic interpretations, and the social and legal ramifications of the delusional disorder. From a psychiatric perspective, this case underscores the significance of early recognition of delusional themes. Such recognition is imperative because these themes have the potential to escalate into interpersonal conflicts and violence if left unaddressed.⁴ From a psychoanalytical perspective, the case prompts inquiries into unresolved intrapsychic conflicts and the utilization of projection as a defensive mechanism.⁵ The relevance and specificity of projection become accentuated when considering the allegation that the subject had a pornography addiction, engaged in extramarital relations, and was observed engaging in masturbatory acts in full view of a neighbor, who was described as an extramarital partner. From a forensic perspective, this case presents a multifaceted challenge involving the assessment of the subject's mental health, the credibility of his accusations, and the implications of his behavior for legal and family dynamics. This case also underscores the profound impact of delusional disorder on family dynamics, especially when delusional content involves incestuous accusations. Such incest-themed delusions can engender intense interpersonal distress, stigma, and fear within the household, potentially escalating to violence or legal involvement if not promptly identified and treated. Notably, the patient had been harboring these delusions for a period of six years, yet he demonstrated notable resilience, maintaining certain areas of functioning. This ability to preserve certain aspects of functionality distinguishes delusional disorder from other psychotic disorders, such as schizophrenia, which often result in more pervasive functional decline. The patient's partial preservation of functioning, despite the absence of detailed employment records, underscores the compartmentalized nature of delusional disorder. In addition to these considerations, the case underscores the necessity for meticulous evaluations. Such

evaluations are crucial to distinguish between delusional constructs and factual evidence. This is necessary to ensure fair and just legal outcomes. The patient's delusions, characterized by paranoia, jealousy, and mistrust, had significant ramifications for his interpersonal relationships and legal obligations, eventually necessitating the appointment of a legal guardian. This case also emphasizes the critical role of multidisciplinary collaboration between legal, psychiatric, and social services in managing complex cases like this, ensuring both the subject's welfare and public safety.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Council of Forensic Medicine (Date: 03.12.2024; No.: 21589509/ 2024/ 1450).

Informed Consent: Written informed consent was obtained from individual who participated in this study.

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REFERENCES

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013. [\[CrossRef\]](#)
2. Hoff P. Delusion in general and forensic psychiatry—historical and contemporary aspects. *Behav Sci Law*. 2006;24(3):241-255. [\[CrossRef\]](#)
3. de Portugal E, González N, Haro JM, Autonell J, Cervilla JA. A descriptive case-register study of delusional disorder. *Eur Psychiatry*. 2008;23(2):125-133. [\[CrossRef\]](#)
4. Garety PA, Freeman D. Cognitive approaches to delusions: a critical review of theories and evidence. *Br J Clin Psychol*. 1999;38(2):113-154. [\[CrossRef\]](#)
5. Opjordsmoen S. Delusional disorder as a partial psychosis. *Schizophr Bull*. 2014;40(2):244-247. [\[CrossRef\]](#)