The Delusional Misidentification Syndromes

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Introduction

This book brings together articles covering a wide range of approaches on various aspects of the delusional misidentification syndromes (also called syndromes of doubles or ‘illusions des sosies’).

Four basic syndrome sub-types are included within the conceptual framework of the delusional misidentification syndromes. The syndrome of Capgras, described by Capgras and Reboul-Lachaux in 1923, is the best known among them and is characterized by the negation of identity of a familiar person (or persons) and the delusional belief that this person has been substituted by a double. Other variants are: the syndrome of Frégoli, described by Courbon and Fail in 1927, which is characterized by false identification of a familiar person (usually the person believed by the patient to be his persecutor) in strangers, the syndrome of intermetamorphosis, described by Courbon and Tusques in 1932, a variant of the Frégoli syndrome in which the patient believes that the persecutor and the misidentified stranger have not only psychological but also physical similarities, and the syndrome of doubles of the self or syndrome of subjective doubles, described by the present author in 1978, which is characterized by the patient’s delusional conviction of other people’s physical transformation into his own self.

These syndrome sub-types have been distinguished in hypo-identifications (syndrome of Capgras), corresponding to the illusions of negative doubles by Vié, and hyper-identifications (syndromes of Frégoli, intermetamorphosis, subjective doubles), corresponding to the illusions of positive doubles by Vié.

Interest in the delusional misidentification syndromes lies not only in their infrequent occurrence and their colourful clinical expression but also in the challenge of their enigmatic causation and in the fact that they satisfy a didactic scope in that through them one can follow step by step the genesis and the natural history of delusions.

The aetiology and pathogenesis of these syndromes have been ‘explained’...
on the basis of a variety of frameworks which can be reduced to the two classical categories: the psychodynamic and the organistic. The contributions appearing in this volume hopefully belong evenly to both categories, in spite of the editor's admitted bias.

Following this Introduction, an account concerning' the origin of the concept of 'doubles' (a concept inherent in the delusional misidentification syndromes) is presented. The next paper, by Dr J.P. Luauté, deals with the historical foundations of the delusional misidentification syndromes and is inevitably centred around the work and personality of Joseph Capgras, the French psychiatrist who first described the syndrome which bears his name.

The psychopathology of the delusional misidentification syndromes is globally dealt with by Dr David Enoch, a pioneer in this field, who underlines the role of an ambivalent relationship in the psychogenesis. The next paper by Prof. A. Sims also deals with the psychopathology. Disturbance in ego boundaries (and not abnormality of perception) is assessed as a critical factor in the psychopathology. The paper by Dr G. Wallis is centred on a particular aspect of the psychopathology, the attitude of the patient towards the misidentified person, and Dr Wallis reaches the conclusion that this attitude is determined mainly by the diagnostic category to which the patient belongs. Dr Melvin Lansky provides a balanced account in which he questions both explanatory models (psychodynamic and neurological), describes two illustrative cases and explains the protective significance of delusions.

The next three papers deal basically with organic aspects of the delusional misidentification syndromes. Dr J.A. Wilcox presents evidence suggesting that there may be an anatomical basis for misidentification, although localization of a specific lesion has not yet been achieved. Dr A. Joseph reviews the basic misidentification syndromes and proposes a model of misidentification as an inter-hemispheric disconnection syndrome, and Dr E. Bidault and colleagues present original data suggesting that patients with delusional misidentification syndromes have a face recognition dysfunction and hence prosopagnosia may be implicated in the pathogenesis of these syndromes.

A paper by Dr W.A.G. MacCallum follows in which he critically reviews the existing psychodynamic and organistic theories concerning the delusional misidentifications, and in the next paper the editor presents evidence implicating depersonalization-derealization in the pathogenesis of these syndromes.
Dr J. Barton and Dr E. Spindler Barton note the high incidence of sexual delusions and preoccupations in cases with delusional misidentification, describe and discuss one such case and propose a common or adjacent site for sexual and misidentification delusions. In the next paper Prof. S. Kimura reviews a series of 106 Capgras cases revealing interesting information. Dr P. Dick describes and discusses the syndrome of intermetamorphosis, adding a new case of his own. Dr M. Markidis deals with the relationship of the subject to his double as it occurs in the syndrome of subjective doubles or the Golyadkin phenomenon, and the volume ends with a paper by the editor dealing with the mode of onset, course, prognosis and response to biological treatment of the delusional misidentification syndromes.

It is hoped that publication of this compilation of articles will throw more light on various aspects of the delusional misidentification syndromes and will serve as a stimulus for further research.

G.N. Christodoulou