

## A Syndrome of Misinterpreting Role Changes as Changes of Person

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**Summary:** A syndrome is described in three elderly women who all suffered from cerebral arteriosclerosis, and who in their dependent condition were looked after by their daughters. These women accepted their daughters as their daughters when carrying out directly caring tasks related to them, but spoke of them and addressed them as different women, with the same forenames as their daughters, when their daughters were engaged in other duties. This syndrome is compared with the syndromes of Capgras and similar conditions. It is likely to be detected with increasing frequency as psychiatrists become involved in the community aspects of the speciality.

There has been an increasing interest in looking in more detail at some of the rarer syndromes in psychiatry, possibly sparked off by the publication of 'Some Uncommon Psychiatric Syndromes' by Enoch, Trethowan and Barker in 1967. Their interest in the syndrome described by Capgras (1923) led to a number of papers. Amongst these several authors stressed the organic factors present in single cases (Gluckman, 1968 and Weston and Whitlock, 1971) and a series of five was published by MacCallum (1973).

In a paper entitled 'Delusional Misidentification Syndromes and Cerebral Dysrhythmia' Christodoulou and Malliara-Loulakaki (1981) described four rather rare closely related syndromes where they carried out detailed electroencephalographic investigations in twenty-one patients. They recalled the Capgras syndrome, substitution by doubles (Capgras, 1923); the syndrome of Frégoli (Corbon and Fail, 1927) false identification as persecutors; the syndrome of intermetamorphosis (Corbon and Tusgues, 1932), a Frégoli variant to include physical similarities; and their own syndrome of subjective doubles (Christodoulou, 1978), characterised by the patients' delusional conviction of other peoples' physical transformation into his own self. Only five out of twenty-one patients had a well organised basic EEG record. Indeed in the sleep recordings with sphenoidal electrodes 6 of the 21 cases showed 'epileptiform' discharge.

This present paper describes three patients who spoke to and about the caring daughter, on whom they were dependent in old age, as different persons when the daughter was engaged in varying activities in the home. All three patients were incapacitated to a degree of being unable to walk unaided, but were continent. They were lucid, able to take in new material including the most recent news of interest to them on the media. However, the range of their interests had contracted considerably from the earlier social lives they had previously led as housewives.

### Case Reports

*Case 1* Mrs E. C. aged 80 was the widow of a minister of

religion. She had several small 'strokes' in her late seventies but had recovered quickly from each; but independence had to be given up due to increasing frailty. In her new surroundings she was tended by her daughter, a state registered nurse who did part-time work, and her son-in-law, a doctor. She would call her daughter Emma to have a confidential chat. She would then refer to "that other woman . . . you know — the nurse who comes and does things to me". Then again she would refer to "Gordon's wife" when talking to daughter Emma about what she evidently felt was a different person who was married to her doctor son-in-law, and the work in connection with Gordon's phone calls etc.

*Case 2* Mrs H. M. aged 83 originally a mill spinner, had lived for the six years prior to my seeing her on 12th February 1983 with her 43 years old single daughter, an audit clerk. She was almost blind from both glaucoma and cataracts. I had been asked to see her because her tension led to panic attacks and aggression, at which times she appeared confused. This daughter left for work every weekday morning at 7.30 a.m., but prior to departure got her mother up, dressed and breakfasted. Then her daughter-in-law stayed with her during the hours when her children were at school, and shortly afterwards, Mrs M's own daughter would arrive home from work. Mrs M. knew of these arrangements clearly and was fully orientated in time and place and knew up-to-date news events. She showed a slight tendency to preservation. She was clean and continent. Yet she told me about Margaret her daughter who talked to her in the evening and read her the items out of the newspaper. This was a different person, however, from the woman who for some reason insisted that she got up early each morning and different again from the woman who cooked the evening meal (also the daughter). She appreciated correctly also her daughter-in-law coming in to be with her during the daytime.

*Case 3* An 81 year old woman, looked after by a 56 year old only daughter, suffered several small cerebral thrombotic episodes in the last year before her death in April 1983. After each of these episodes she recovered rapidly with remarkable

lucidity until the final episode. However, for the last three months Mrs E. E. D. kept asking Violet, her daughter, to get "the other Violet" to do something for her. It seemed as if she had up to five different Violets at one time attending to her, but the extent of the roles attributed to each varied considerably. She would both ask her daughter to get the other Violet to do something for her and also converse with visitors, when Violet was present, indicating that there were several other people called Violet in the house.

### Discussion

These three cases were all elderly women dependent on caring daughters with whom they lived. There was firstly the role reversal in the caring relationship from childhood. They all had cerebrovascular disease. This shows a facet of the disease where it is possible for the patients to be relatively normal mentally and recover almost completely in orientation after cerebrovascular episodes. In some way they are only able to appreciate their daughters in the most tender role. When the daughter has to be engaged in other activities the daughter/mother relationship is not seen to exist; indeed it is as if it is temporarily denied. Yet they called the "other woman" by the daughter's name and must in some way know the relationship because Mrs C. referred to the other woman as her son-in-law's wife.

This syndrome by its nature is not seen in hospital inpatients. Each case was seen in the patient's home, which was really the daughter's home: perhaps this contributed to a mental mechanism involving adaptation to changes in roles. With the growth of community psychiatry and psychiatry of old age more cases of similar type may be reported.

These cases all with progressive organic cerebral illness contribute to the discussion on organic factors in Capgras syndrome and similar disorders. Here the reaction or perception of the patient is that the daughter, necessary in certain situations, is replaced by someone who has the same name and, who has the same relationship as the daughter, but who when occupying that role, apparently is a different person. However quite distinctly from the Capgras syndrome as previously described, these other persons are not intruders or masqueraders and carry no danger. But perhaps they haven't the same time to sit and talk to the patient and be daughters in the manner evidently expected by their mothers.

### Conclusion

An explanation of this syndrome at this level of phenomenology and understanding is possible without having to seek recourse to any deeper psychoanalytical or existential approaches and, therefore, perhaps, adds an additional question mark to those explanations proffered by some people regarding the delusion of doubles. In the three cases described there were no doubts and no accusations and

indeed not even the slightest hint of persecution, suspicion or hostility. The case described by Capgras (1923) where a woman complained that she had seen a thousand doubles of her daughter was in a setting of chronic paranoid schizophrenia.

In psychodynamic terms in the delusion of doubles, the bad object can be tolerated by the patient revealing his hate and aggression without feeling guilt which would occur if directed towards the good and real object. In the three cases this type of explanation is unnecessary. In the separation of the various roles, whilst love is obvious in the relationship to the daughter role, perhaps the separation of the other roles was an expression of the mothers' resentment of these new aspects in the relationship, and the forced dependence on their daughters.

The syndrome in all three occurred in a clear sensorium. Their conversation also showed no evidence of the presence of prosopagnosia (face non-recognition) described by Hayman and Abrams (1977). Instead it seemed as if they had placed the roles in different compartments which allowed them in some way to accept perhaps less than total attention from their daughters.

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