

MISIDENTIFICATION AND NON-RECOGNITION.

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IN 1923, under the title, "The Illusion of Doubles in a Case of Systematized Delusional Insanity" (1), J. Capgras and J. Reboul-Lachaux described for the first time an interesting syndrome of non-recognition. The case was that of a persecuted and megalomaniac woman in whom there existed a condition of agnostic identification without disturbance of sensory or memory images. The patient postulated a series of "doubles" replacing the various persons of her environment, even her husband and daughter being included. During the course of a few months she complained that she had been shown one thousand doubles of her daughter. The person confronted was appreciated to resemble exactly the known individual, but on account of some subjective disorder, the ability to identify her was lost and the belief in "doubles" brought forward in order to explain this state of non-recognition.

Since the publication of this case, the descriptions of a large number of similar illusions have appeared in the French psychiatric journals, and the condition has become established under the term "Capgras's syndrome." More recently various allied states have been described, and attempts have been made to give a psychological explanation of them. There having been, as far as the writer is aware, little, if any, reference to these syndromes in the English journals, the present paper is an attempt to fill this gap.

NORMAL AND MORBID PROCESSES OF IDENTIFICATION.

The healthy sane person confronted with a known individual compares his appearance and conduct as he now sees him with his memory images of him, and, these agreeing, he recognizes him; he identifies him as a result of a judgment passed *a posteriori*. Disorders of this process resulting in false recognition or non-recognition may be classified under three headings:

(a) *Hyperbolic misidentification*.—This condition is sometimes met with in cases of mania. As a part of their general exuberance, flow of ideas, and quickness for catching a likeness, they will in a facetious and flippant manner

call the individual confronting them by someone else's name and may actually insist that he is the latter. The mistaken identity is usually based on some quite inadequate resemblance, and like the maniac's delusion, is seldom held as a serious conviction.

(b) *Amnesic misidentification*.—In dementias and in confusional states, inaccuracies occur because, through loss of memory or clouding of consciousness, the full significance of the persons confronted and remembered is not grasped.

(c) *Delusional misidentification*.—This has been described in cases of paraphrenia, dementia paranoides and in melancholia. Here perception of the object is unimpaired and memory is intact, but misidentification results because a judgment, based on a subjective evaluation rather than on objective findings, is made *a priori*.

CAPGRAS'S SYNDROME.

Capgras's syndrome "the illusion of doubles," is an example of delusional misidentification; it is not a case of false recognition—the finding of an unexpected similarity between one individual and another. It is, on the contrary, a state of non-recognition—an inability to identify the confronted person, though recognizing his appearance and behaviour. The example illustrating this syndrome that I have at my disposal is not altogether satisfactory, owing to the fact that it is not the actual person that the psychotic fails to recognize and imagines to have a double, but the letters written by that person. Psychologically considered, the mechanism is essentially the same, the letters being as much a part of the individual as his appearance, clothes, behaviour and so on.

Emily C—, married, æt. 50, was admitted into the Dorset Mental Hospital in July, 1931, suffering from recent melancholia. She was in a state of acute depression with agitation and self-accusatory ideas. There was also evidence of paranoid delusions. She would moan, groan and wring her hands, insisting that her family was ruined and her daughter seduced, and that these things had come about as a result of her wickedness. The paranoid ideas concerned her neighbours, whom she considered to be false friends and partly responsible for her misfortunes.

An investigation of the family history revealed the fact that a sister had been in this hospital from 1896 to 1898 suffering from melancholia.

The personal history showed nothing of note up to about a year prior to the onset of her illness. She had always enjoyed good health and had had no previous mental breakdown. Childhood and school life were uneventful. At the age of 20 she became a hospital nurse, at which work she continued until her marriage at the age of 26. Her husband was a lawyer, and six years after marriage they migrated to Canada. Their life there was a happy one; they were in comfortable circumstances and had many friends. There were two daughters, both healthy children. Mr. C—, however, though a kind and considerate husband and father, would appear to have been an unstable, extravagant and impractical man. He lived expensively, never saved a penny, was given to gambling and speculation

and was ready to rush in on any hare-brained scheme. He had been induced by business friends to invest his money in some highly speculative patents, and following the failure of these he was unable to meet his liabilities, and in 1929 was declared a bankrupt. Being left practically penniless, it was necessary for the family to break up. Mr. C— remained in Canada and has not been heard of since. The elder daughter also remained in that country, obtaining employment as a hospital nurse.

Emily, with her younger daughter, returned to England, living in dependence upon an aunt and sister. The anxiety and disgrace associated with her husband's bankruptcy, the break-up of her home and separation from the husband and daughter she adored, the humiliation of being forced to seek the aid and support of relatives, superimposed upon the endocrine readjustment associated with the climacteric, would appear to have induced a state of depression that finally justified certification.

Since admission to this hospital, except for a short phase of temporary improvement, she has remained in the same depressed, self-absorbed, agitated and deluded state. Perception, memory and orientation at no time showed any impairment. There was complete indifference to her surroundings, together with a strong feeling of depersonalization. Food could be tasted, roses still smelt sweet, music could be followed, but these things meant nothing to her—they brought no joy, but rather made her feel more miserable. She felt and realized that there had been some profound alteration in herself.

About six months after admission a more acute state of agitation and dejection ushered in a new symptom-complex—the illusion of doubles. She now insisted that the letters she received from her two daughters were not written by them, but were facsimiles written by someone else. A visit from her aunt convinced her for a period that the letters from the younger girl were genuine, but nothing that the aunt or anyone else could say would induce her to change her views regarding her elder daughter's correspondence. When questioned on this subject, she would admit that they had every appearance of having been written by her daughter, but that she felt that this was not so. The letters brought her no pleasure, and therefore they must have been facsimiles. Sometimes, in order to bolster up her arguments she would make use of secondary rationalizations. She would suggest that the contents of the letter were too flippant and did not express her daughter's feelings, and therefore could not have been written by her. On other occasions she would insist that she could detect differences in the handwriting—in one letter the symbols were too small, while in another she believed that she was able to discern an alteration in the formation of a capital. The capacity of inventing differences was also noticed in Capgras's case, for in that woman the slightest change of expression was enough for her to conclude that she was in the presence of a double.

EXPLANATORY THEORIES OF THE SYNDROME.

Capgras, commenting upon his original case, suggested that the illusion had been determined by the occurrence of a feeling of strangeness or foreignness, which was in contradiction to that of recognition. Capgras further pointed out that the syndrome was associated with a paranoid tendency to distrust and of an urge to investigate details. This theory, that a feeling of strangeness is responsible for illusions of misidentification and non-recognition, has been enlarged upon by Paul Courbonand and will receive further consideration.

Halberstadt (2) sees in this syndrome the activity of a pre-logical mentality analogous to the minds of primitives. It is pointed out that normal perception is orientated towards the understanding of an objective reality and of this only. All that has a purely subjective value is eliminated, in this contrasting with the dream. In the primitive, however, this contrast does not exist, his perception being orientated differently. For him objective reality is only a part of the total reality ; it is mixed with and often subordinate to mystic and imperceptible subjective elements.

In 1924 Capgras (3) described a further case of the illusion of doubles, which he attempted to interpretate psycho-analytically. The person investigated was a solitary, ill-tempered and intellectually retarded woman, who had from childhood shown marked father-fixation with hostility toward the mother. She was certified insane at the age of 18, presenting certain features of an atypical schizophrenia. There was indifference to her surroundings, mannerisms, asociality, ideas of inferiority, and delusions of persecution by the parents, with marked aggressiveness towards them. From 1915 to 1924 she had been certified five times. Taken out of hospital at the request of her parents she would, after a short period of attempted re-adaptation, again become so excited, unstable and hostile as to necessitate recertification. In 1924 two fresh symptoms developed—ideas of incest and the illusion of doubles. Regarding the former, it transpired that two years previously she had made erotic advances towards her father and she now commenced to speak openly of these desires. But at the very time at which these incestuous longings emerged into consciousness, she developed the illusion that her parents sent " doubles " to visit her instead of coming themselves. As in the other cases, there was no intellectual deterioration, speech and writing were correct, memory and orientation were good. In Capgras's opinion, at the age of 18, when she first became mentally ill, the incestuous complex emerged into consciousness in symbolic form and for six years was masked by psychosis, *i.e.*, the idea of persecution by the parents. At the end of that period, as the result of further disintegration of the psyche, the compensatory psychotic mechanism failed to repress the libidinous aims, which now presented themselves consciously and undisguised. There were obscene advances towards the father and anger at his failure to respond. The mother also was clearly appreciated as a rival. Further mental deterioration was shown by the presence of auditory and olfactory hallucinations, visions of spirits and thought-echoing. However, even at this stage efforts at defence mechanism were still attempted. The woman, while openly declaring her incestuous desires, took her father for a stranger of the same appearance. It was not to her father but to his double that she had made voluptuous demonstrations. Clearly in this case the illusion of doubles is a final attempt to veil the incestuous desire.

E. Larrive and N. J. Jasienski (4) conclude that the syndrome is a defence-reaction opposing the various forces which endanger mental synthesis. In support of this theory they describe a woman suffering from a chronic hallucinatory psychosis with unsystematized persecutory delusions. The interesting feature of the case is the illusion that her poorly endowed lover had a rich aristocratic, handsome and potent double.

Finally there is Courbon's theory (5), which is based on the hypothesis of *cœnæsthesia*. But before examining this it will be convenient to describe other syndromes of misidentification closely allied to the "illusion of doubles."

SYNDROMES OF FALSE RECOGNITION.

In 1930 Jacques Vié (6) demonstrated a variation of Capgras's illusion, so enlarging the original conception. He termed Capgras's case an illusion of negative doubles, for in that condition there is a perception of non-existent differences resulting in a negation of identity. The variation he termed the illusion of positive doubles, where there is an affirmation of imaginary resemblances. Among the cases illustrating this latter syndrome, Courbon's "illusion de Frégoli" (7) is mentioned.

This case concerns a woman suffering from delusions of persecution and grandeur with an erotic taint. She belonged to the lower class, was uneducated and of little intelligence. She had, however, since childhood neglected the practical side of life, spending all the money she possessed at the theatre. She became convinced that her persecutors were "Frégoli"—that is, they had the power of incarnating themselves within the bodies of the people about her in order to torture her. There is in this condition no disorder of sensory perception, for the patient does not find any physical similarity between the various transformations of "Frégoli." It is not as in Capgras's syndrome a state of agnostic identification; it is, on the contrary, a condition characterized by false recognition without false physical resemblance.

More recently (1932) Courbon, in conjunction with Turques, described a further subdivision of the illusion of positive doubles. This syndrome has been named the "illusion of intermetamorphosis" (8). The subject of this condition was a woman suffering from melancholic depression with ideas of persecution. She at first complained that two old hens had been substituted for her own two young ones, also that her new coat had been replaced by a dilapidated and shabby one. Later she became aware that people around her transformed themselves—women were changed into men, young people into old ones and so on. Her husband changed his conduct, manner and expression, therefore it was not her husband but some neighbour incarnated within him.

The "illusion of intermetamorphosis" differs from the "illusion of Fregoli" in that besides false recognition, there is also false physical resemblance. The following case is instructive in that it illustrates the presence of both positive and negative doubles :

Bessie N—, æt. 55, married, was admitted into this hospital December, 1931, suffering from unsystematized delusional insanity. There was nothing relevant in the family or personal history. She married at the age of thirty-five and had no children. The climacteric commenced three years prior to certification.

Her psychosis had a gradual onset dating back to 1929, with vague noises in the head and a feeling of "change in herself." She became easily fatigued, lost initiative and interest in her home. Alongside of this there had been growing up a feeling of suspicion and distrust regarding her neighbours, and particularly a Mr. T—. The psychosis burst out a month prior to admission, with hallucinatory phenomena and paranoid ideas. There was a revolving machine under her bed, making a continuous clanging noise. In order to molest her, electric wires had been fixed to her house. By this means voices were put into her head, which interfered with her thinking. Mr. T— was spying on her and was at the bottom of the conspiracy to torment her. Finally she noted that her maid-servant had altered in appearance—she was shorter than she used to be. This convinced her that it was another of the machinations of Mr. T—, who was now "impersonating" her servant, with the object of getting the patient away from her home. With this same object in view he also impersonated the doctor who visited her at home (illusion of positive doubles). She showed no intellectual deterioration; memory, orientation and attention were good. Since admission to the hospital metamorphosis has been a constant occurrence. People have visited her stating that they were her husband and sister. Though they had the appearance of her relatives, she felt and was convinced that they were really unknown persecutors impersonating her relatives (illusion of negative doubles). On other occasions Mr. T— had impersonated the doctor. She could tell it was not the latter because his clothes did not fit him, and both his manner of walking and his expression had altered (illusion of positive doubles with false physical changes). Once she met two tall men in the corridor; she knew immediately that they were not "natural" men, but impersonators. That the hostility felt for Mr. T—, a former friend and frequent visitor to her home, was an over-compensation for repressed erotic desires was suggested by the hallucinatory content. She continuously heard the voice of the despised Mr. T— proclaiming that he had violated her.

CŒNÆSTHESIA AND DELUSIONAL MISIDENTIFICATION.

According to Paul Courbon (5) all conditions of delusional misidentification are primarily due to a disorder of the sense of cœnæsthesia. The secondary elaborations and variations result from disorders of affectivity, of judgment and of the imagination.

Cœnæsthesia (9) is defined as the "feeling of the function of life of the organism" which accompanies all perception, and of which the individual is normally unaware. The feeling of cœnæsthesia is only appreciated when it ceases to adhere to perceptive experience. In the healthy-minded person this only takes place in moments of fatigue or exhaustion. At such moments

sensations no longer seem a part of him and are no longer integrated within the psyche, a sense of depersonalization resulting. So long, however, as the critical sense is intact the experience is appreciated as subjective. In an early case of schizophrenia of which the writer had experience this disorder of *cœnæsthesia* was for a long while the most prominent feature. The patient would complain that in some obscure way she felt different, but she could never explain the exact nature of the change. She would, like Alice in Wonderland, sometimes feel that she was shorter, sometimes that she was taller than she used to be, though in the early stages of the psychosis she had a full realization that these feelings were imaginary.

In its most benign form this disorder of *cœnæsthesia* appears as a subjective state. The psychotic recognizes the individual confronting her, but she no longer has the same feeling towards him as formerly. At this stage she will admit that this is due to some change within herself. Courbon states that very often this is the only symptom for a long period during the early phase of many chronic delusional psychoses.

In the next phase of depersonalization the condition is complicated by a disorder of affectivity. The psychotic will now no longer recognize the individual confronted, but she will not confuse him with someone else. If there is little imagination there will be merely denial; if, however, there is imagination, the belief will be supported by rationalizations. She will invent differences, suggesting, for instance, that the person confronted resembles the real person, but that he has darker hair, brighter eyes, a louder voice, etc. This is Capgras's illusion of doubles. In this stage, as a result of the affective disorder, the subjective experience has been projected into the outer world. The psychotic now believes that it is the object which has changed, and which no longer produces the same effect upon her. As my own case stated, "This letter has the appearance of being from my daughter, but I feel that it is not from her and therefore it is a facsimile."

The next clinical syndrome is characterized, not by non-recognition, but by false recognition. The psychotic identifies in the persons around him the persecutors of some previous environment. This false recognition is due to the added factor of a morbid affective judgment, and is due to his ability to perceive in the individuals he confounds some subjective elements in common, *i.e.*, they are identified because they all produce some common subjective state. It is this mechanism that is believed to be responsible for the "illusion of Frégoli."

Where there is gross disorder of the imagination, and especially if this is stimulated by the contradiction of the physician, the psychotic will invent physical resemblances between the individuals confounded in order to support his illusion. This added disorder of imagination accounts for the "syndrome of intermetamorphosis."

A PSYCHO-ANALYTICAL CONTRIBUTION.

Despite the vast amount of work that has been done during the past nine years by French psychiatrists on the illusion of doubles and allied syndromes and the very large number of cases that have been described, it would appear not without interest that the symptom-complex has never been demonstrated in the male. This anomaly has been commented upon by Larrive and Jasienski, but no explanation has been suggested. Presumptive evidence would suggest that no male cases have been described because the syndrome does not occur in men and that the mechanism is peculiar to women.

Why should this condition not occur in men, and what is there peculiar to female psychology in order to account for it in women? The theory brought forward here is a psycho-analytical one, and depends upon the modifications of the pre-Ædipal phase and the Ædipus situation as it occurs in women. For it has long been realized by psycho-analysts that there is no neat parallel between the male and female. The original hypothesis of an "Electra" complex, the exact counterpart of the Ædipus situation, does not satisfy the facts and has been rejected.

It is recognized that the feminine and masculine minds are fundamentally different in their mechanisms and methods of approaching a situation, but it is extremely difficult to generalize on this matter or to determine any absolute point of divergence. Popularly women are said to be more intuitive in their judgment of things, more superstitious, narrower in their outlook, to confine their interests within a smaller circle, and to lack self-confidence in facing an unusual or awkward situation. Men, on the contrary, are believed to be more rational in their judgment, to be given to finding an intellectual or logical explanation of observed facts, to take a broader outlook and to have a wider horizon of interests, and finally to have more confidence in the face of difficulties. This popular conception is probably not far from the truth. In an attempt to summarize these observations it could be said that men are on the whole more objective, and tend to take the outer world very much for granted. Women, on the contrary, are more subjective, and their whole attitude towards the environment is coloured by a mistrust of the reality and absolute significance of the object, with a resultant tendency to correct their objective findings by a subjective evaluation.

One of the fundamental teachings of psycho-analysis is that reactions to situations in adult life are moulded and formed on the model of a previous infantile trauma. All the experiences of later life are merely pale shadows and replicas of the original situations. What, then, is there in the female child's experience that should cause her to mistrust and lack confidence in the reality of the objective world?

Freud, in a recent publication (10) on female sexuality, has emphasized the

importance in the female of the pre-Œdipal phase. During that period, which lasts to the age of four or five, the little girl, just like her little brother, takes the mother as love-object. But while for the boy the mother remains the principal love-object right through the Œdipus phase, and there is no difficulty in transferring any ambivalent feeling of hostility upon the father, for the little girl the mechanism is totally different. With the arousal of the Œdipus complex she not only transfers her libidinous aims from the mother to the father, but the former love feeling is replaced by an emotion of hostility towards a hated rival. The motives brought to light by psycho-analysis to explain this turning away from the mother are that she neglected to provide the little girl with a penis; that she did not feed her enough; that she compelled her to share her mother's love with others; that she never fulfilled all the expectations of the child's love, and that she first excited and then forbade her daughter's own sexual activity. Whatever the reason, the significant fact is that at a certain stage in the little girl's life it is forced in upon her consciousness that she has been deceived in her object-love; she finds herself hating where she had formerly only adored.

Such a dramatic upheaval, requiring a complete reversal of former evaluations, would colour all subsequent reactions, and account for much that is distinctive in female psychology. "Things are not what they seem"—"I have been deceived,"—"I have loved where I should have hated"; such are the impressions induced by this experience. From then onwards her attitude is characterized, not by ambivalence, but by mistrust of the object: it may not be what it appears. And if at any time psychic disintegration occurs, it will be the object and not the self that will be found to be at fault.

In the male who has had no cause to have his faith in objective reality shaken, the opposite will occur: in times of psychic distress he will look for anomalies within his own feelings towards the object. For in him ambivalence proper is a much more marked feature on account of the dual feeling towards the father. The latter is on one side hated as a rival and on the other idealized as a pattern, and largely responsible for super-ego formation. Upon the mechanism employed to minimize, at least, the effect of this ambivalent attitude psychic integration and subsequent character-formation are mainly dependent (11). But whatever the compensatory process, ambivalence, with its resultant feeling of subjective disharmony, remains the weak point in the male psychic structure.

In the female, on the contrary, mistrust of object evaluation is the vulnerable point, and it is this consideration which is believed to afford an explanation as to why syndromes of false and non-recognition should only occur in women. The female from infancy onward has had her faith in her object-love shattered. The mother being proved false in the beginning, all subsequent love-objects carry the same pattern. People are not what they seem; deception has

occurred before and may occur again. The psychotic woman, rather than doubt the genuineness of her own feelings, decomposes the object and postulates the existence of doubles.

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