

## Delusional Misidentification Syndrome: Case Series

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### ABSTRACT

Delusional Misidentification Syndrome (DMS) comprise a rare and intriguing phenomenology, being seen in less than 1% of general population. There are categories as well as types of DMS, and the presentation of each of them is unique. They are seen in psychiatric as well as neurological cases. Seven psychiatric cases have been discussed in this case series, and evaluated. The most common DMS is Capgras, as is also seen in this study. Further studies are warranted to ascertain formal definitions and guidelines, as well as to assess its forensic implications

**Keywords:** DMS, misidentification delusion, Capgras, Fregoli, forensic psychiatry

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**Received:** 28<sup>th</sup> November 2022

**Accepted:** 12<sup>th</sup> December 2022

**How to Cite this Article:** Ali T, Patil J, Vikash R, Chaudhury S, Javadekar A. Delusional Misidentification Syndrome: Case Series. *J Int Med Sci Acad* 2022;35(4):375-378.

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### Introduction

Delusional Misidentification Syndrome (DMS) is used to describe a group of conditions in which there is a false and fixed belief about the identity of animate and inanimate objects, or of self. There are two essential criteria for DMS to hold valid, which are: (i) An entity being misidentified and (ii) A false belief to validate the misidentification. They are seen in less than 1% of individuals diagnosed with a psychiatric illness [1,2]. The types of DMS can be classified into four categories: (i) self, (ii) others, in which animates other than self is concerned, (iii) inanimate objects and (iv) places and locations (Table 1) [1].

Before the neurological understanding of DMS, they were considered to solely be a part of psychiatric illnesses, which find relevance even today [3,6]. Capgras, the psychiatrist after whom the delusion was named, himself believed that the delusion was a result of faulty unconscious defences, arising as a result of prohibited fantasies [6]. Enoch believed that Capgras delusion arose as a result of conflict between the contradictory emotions of affection and dislike towards someone [6]. Another psychodynamic perspective to explain

DMS of self, utilises the mechanism of splitting and projection, in which socially unacceptable aspects of self are split off to be projected onto others, animate or inanimate [2]. These perspectives are not universally applicable to all of the categories of DMS. However, the concept of hypofamiliarity and hyperfamiliarity can be extrapolated to explain more than just one or two of the DMS's. It suggests that the patient's subjective memories are unable to relate with the appropriate environmental trigger for their retrieval. This non-integration of stimuli and percept can result in two situations, which are (i) hypofamiliarity: failure to retrieve a memory corresponding to the cue and (ii) hyperfamiliarity: failure to suppress a memory even in the absence of a cue. The hypofamiliar DMS's are Capgras delusion, and the hyperfamiliar ones are Fregoli's delusion and Intermetamorphosis [2,7].

The neurologic perspective to explain DMS was based on cerebral pathologies of predominantly the right side. The right frontal lobe, perirhinal cortex and entorhinal cortex were particularly implicated [7]. Reduplicative paramnesia was more often seen in neurological conditions, than psychiatric,

**Table 1: Classification of Delusional Misidentification Syndromes**

<b>Variant of DMS</b>	<b>Category of DMS</b>	
Others	Capgras	A known person replaced by someone unknown who is identical to the one replaced in nearly every aspect. [1, 3] Commonest DMS, seen in 0.12% of the general population. [4]
Self, others, objects, places	Reduplicative Paramnesia	Misidentified entity is duplicated without replacement. [1, 5]
Others	Intermetamorphosis	A person, apart from self, has transformed physically and psychologically into another person. [1]
Self	Reverse Intermetamorphosis	The self has physically and psychologically transformed into another person. [1]
Self	Lycanthropy	The self has transformed into an animal. [1]
Others	Fregoli's delusion	A person (usually a stranger) in the patients environment is a known person who has taken on a disguise. [2]
Others	Generic Misidentification of People	One person is simply misidentified as another, without the interplay of any disguise, transformation, or duplication. [1]
Self	Delusion of Subjective Doubles	Belief in the existence of a psychological or a physical double of self. [2]
Self	Clonal Pluralisation of Self	Belief that there are multiple copies of self, identical in both physical and psychological attributes. [2]
Self	Mirrored-self Misidentification	Inability to identify the mirrored reflection of their selves or their body parts to be their own. [1]
Objects	Delusion of Inanimate Doubles	Inanimate objects have been replaced by a duplicate, which while being identical to the original object in nearly every way, is of a poorer quality. [1]
Objects	Delusional Companions	Inanimate objects are living beings, capable of emotions and thoughts. [1]
Objects	Delusional Misidentification of Television and/or Photographs	Photographs and videos have an objective presence in space. [1]

**Table 2: Case series of Delusional Misidentification Syndrome**

Summary	DMS/ Diagnosis	Treatment
<b>Case 1:</b> A 36-year-old male, suffering from Paranoid Schizophrenia for 10 years, was threatening to kill his wife and their daughter, since the birth of their daughter 2 years ago. Patient believed that his male colleagues were replacing his body and mind by entering inside him, causing him to feel unlike himself. He heard voices which were derogatory and were commanding him to hurt his family. He believed that people around him were talking about him and were conspiring to harm him. He was also certain that his wife was trying to poison him.	Reverse Inter metamorphosis/ Paranoid Schizophrenia	Showed significant improvement with tablet Risperidone 4 mg and tablet Trihexyphenidyl 2 mg.
<b>Case 2:</b> A 45-year-old illiterate widow begun hearing voices of God for last 10 months. She was extremely suspicious of her neighbours and relatives. She heard them discussing and passing derogatory comments about her. She was certain that they had killed her husband, and were now stealing her gold jewellery after replacing it with identical looking fake ones.	Capgras Delusion of Inanimate Doubles/ Paranoid Schizophrenia	As 2 antipsychotics failed to bring remission, Clozapine was started. After 3 months she attained partial remission.
<b>Case 3:</b> A 35-year-old married lady was admitted in a psychiatric facility for Paranoid Schizophrenia. During morning rounds the clinical psychologist would frequent her often. When this clinical psychologist was on leave for two days, another colleague filled in for her. When the first clinical psychologist returned, she visited the patient and asked how she was doing, to which the patient smiled and said, "how much will change in an entire night?" Patient believed that the same clinical psychologist was visiting her in the disguise of others.	Intermeta- morphosis/ Paranoid Schizophrenia	Patient is on Olanzapine and Trifluoperazine. She is maintaining well, and is able to carry out her ward activities with ease.
<b>Case 4:</b> A 56-year-old obese and diabetic housewife, was hospitalized with history of decreased self-care, irritability, muttering and smiling to self for more than 20 years. She also expressed the belief that a neighbouring shop-owner is tracking her with malicious intent, taking the disguise of other people from her neighbourhood. She believed that most of the people in her surroundings were the same shop-owner in varying get-ups, that of the milkman, postman, and other shop-owners. She had 2 <sup>nd</sup> person auditory hallucinations of the shop-owner telling her that he would not let her live peacefully.	Fregoli's Delusion / Paranoid Schizophrenia	She was started on Risperidone 6 mg. Tablet Aripiprazole 30 mg was added, due to incomplete remission and 12 ECTs were given. Currently, she is maintaining well.
<b>Case 5:</b> A 43-year-old married female was brought for psychiatric evaluation with one-year duration of illness manifesting with irritability, muttering to self, hearing voices of neighbors discussing about harming her due to which she picked up frequent quarrels with her neighbors, neglecting her family, poor self-care, and disturbed sleep. She believed that her neighbors were spying on her through hidden cameras and conspiring to harm her. She believed that her husband and children had been replaced by exact duplicates. As a result, she neglected them and refused marital relations with husband for the past year.	Capgras delusion/ Paranoid Schizophrenia	She was treated with olanzapine 20 mg and a course of 6 ECTs. She showed gradual but complete improvement which was maintained for one year
<b>Case 6:</b> A 24-year-old uneducated woman working as a cook with a doctor was referred for psychiatric evaluation with a history that she was a hardworking and a good cook but for the past week appeared to be disturbed and forgetful. She was unusually quiet but seemed to be muttering to herself and seemed disinterested in her work and not sleeping well for past 4 weeks. From the previous day she had been complaining that the food that she had cooked had been replaced by identical dishes by somebody. Patient said that for past two months she was feeling disturbed and apprehensive. Gradually she started hearing indistinct and later clear voices while she was awake and alone. She believed some persons from her village were conspiring against her as she could clearly hear them discussing about harming her and making derogatory remarks about her. They knew what she was thinking and therefore she was very frightened. She ascribed this to black magic done by some unknown villagers who were jealous of her as she had a job.	Capgras Delusion of Inanimate Doubles / Paranoid Schizophrenia	She responded rapidly to treatment with trifluoperazine 15 mg and tablet Trihexyphenidyl 2 mg. and was symptom free and working after 6 months
<b>Case 7:</b> 48 years old, married female, higher middle socio-economic class, diagnosed case of Paranoid Schizophrenia on Tablet Risperidone, but irregular with treatment. She believes that an electronic chip was fitted in her brain which controlled her actions and people can also know her thoughts. This has been done by her co-worker in Gujarat 5 years back. She shifted to Pune six months back. She believed that the same person is around her in this city as well, trying to trouble her. He uses different disguises and is stalking her in Pune.	Fregoli's Delusion / Paranoid Schizophrenia	She responded gradually to higher doses of Risperidone

occurring most likely after a traumatic brain injury [6, 7]. DMS's are also seen in cases stroke, seizures, and neurodegenerative illnesses such as Alzheimer's disease [1,5]. Discussed below are cases of different types of DMS, evaluated from a psychiatric perspective (Table 2).

## Discussion

This case series includes seven cases of Paranoid Schizophrenia. The existing literature also suggests that DMS's mostly occur in psychotic disorders, of which Paranoid Schizophrenia is the most common [3,5]. There are one case of Capgras Delusion of Person, two cases with Capgras Delusion of Inanimate Doubles, two with Fregoli's delusion, and one each of Reverse Intermetamorphosis and Intermetamorphosis. The highest frequency in this series is of Capgras delusion, which finds corroboration in prevalent literature as well [4]. Six of these cases have negative emotions of fear and suspicion towards the misidentified entity, whereas one had positive emotions towards the misidentified entity. Literature also suggests that DMS's usually occur in the background of paranoid beliefs, particularly in hypoidentification delusions. [2] There are also studies suggesting that DMS's with positive emotions towards the misidentified entities occur in hyperidentification delusion, which is as seen above [8]. The case series included six women and one man. Existing studies support this finding and suggest that women are twice as likely as men to experience DMS [5]. Five of the above cases exhibited uncooperativeness, and two were displaying aggressive tendencies. There are various studies in support of this finding [2,3,5,9,10]. This can be attributed to the paranoid context of this phenomenon, in which patient views the misidentified identity with suspicion and hostility. All patients required treatment with antipsychotics. Two required electroconvulsive therapy as well. Treatment of DMS comprises treatment of the underlying disorder, and antipsychotics have proven their efficacy in both psychiatric as well as neurological conditions [3, 7, 8].

## Conclusion

There are lacunae in standardised definitions as well as treatment guidelines for DMS. This is one of the primary reasons why they are often missed diagnostically [10]. DMS are particularly relevant in forensic psychiatry, and more research needs to be done which cater to the aggressiveness associated with DMS.

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<b>Conflict of Interest:</b>	All authors declare no COI
<b>Ethics:</b>	There is no ethical violation as it is based on voluntary anonymous interviews
<b>Funding:</b>	No external funding
<b>Guarantor:</b>	Dr. Suprakash Chaudhury will act as guarantor of this article on behalf of all co-authors.

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