

J. Arturo Silva,¹ M.D.; Gregory B. Leong,¹ M.D.; Robert Weinstock,² M.D.; and Michelle M. Ferrari,³ M.D.

Misidentified Political Figures: An Underappreciated Danger

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ABSTRACT: A series of twelve patients is presented in which each patient suffered from one or more misidentification syndromes and also misidentified one or more political figures. The fact that misidentification syndromes have been associated with physical violence and that the majority of the patients studied had a history of physical violence suggests that these individuals could pose a significant danger of physical harm to others, including political figures. Persons who threaten political figures should be evaluated for misidentification syndromes.

KEYWORDS: psychiatry, misidentification syndromes, political figures, violence

Capgras syndrome is characterized by the delusion that the psychological identity of one or more persons in the patient's environment has fundamentally changed, while perceiving that the physical appearance has remained essentially unchanged [1]. Hence, Capgras patients perceive these persons as physically identical or nearly identical doubles or impostors. Since the original report of Capgras syndrome in 1923 [1], several other misidentification syndromes have been described. In the Frégoli syndrome, the patient believes that another person has changed physical appearance while the psychological identity is preserved [2,3]. Thus, Frégoli patients believe that another person uses or occupies the physical body or has the appearance of someone else in order to disguise him or herself. In the syndrome of intermetamorphosis, the affected individual believes that one or more persons have undergone radical changes in both their physical and psychological identities [4]. Therefore, patients with this syndrome believe that a person has been transformed into a completely different person. The syndrome of subjective doubles occurs when an individual believes that there are physical duplicates of him or herself, although such duplicates have a different psychological identity [5]. More recently, other misidentification syndromes have been reported in which the patient is the

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¹Assistant clinical professor of psychiatry and assistant professor of psychiatry, respectively, University of California-Los Angeles School of Medicine; also, staff psychiatrists, West Los Angeles Veterans Affairs Medical Center, Los Angeles, CA.

²Associate clinical professor of psychiatry, University of California-Los Angeles School of Medicine; staff psychiatrist, West Los Angeles Veterans Affairs Medical Center, and coordinator, psychiatric training, UCLA Student Psychological Services, Los Angeles, CA.

³Fellow in child psychiatry, University of Southern California School of Medicine, Los Angeles, CA.

misidentified person [6–8]. For example, Signer has proposed the syndrome of “reverse” subjective doubles, in which an individual delusionally believes that he or she has undergone significant identity transformations [6].

Misidentification syndromes have recently been studied from the perspective of their association with physical violence. DePauw and Szulecka have reported on a series of four patients suffering from misidentification delusions who engaged in physically violent behavior, including completed homicide [9]. The series of eight patients with misidentification syndromes studied by Silva and associates underscore the linkage of the delusion of doubles with dangerous behaviors ranging from serious threats to murder [10]. Furthermore, patients suffering from misidentification syndromes can misidentify political figures [10,11] and subsequently harm others [10].

In this article, we present a series of patients evaluated in several public hospitals and jails who suffered from misidentification syndromes in which the misidentified persons included prominent political figures, such as the President. Four cases are described below and eight others are included in Table 1. Issues relevant to the phenomenology of misidentification syndromes and associated dangerousness are discussed.

Case 1

Mr. A is a 39-year-old white male who has experienced auditory hallucinations and delusional thinking since age 15. For many years, he has heard command auditory hallucinations telling him to kill others. His delusions consisted of being spied on by strangers, receiving messages from the television, believing that he was Christ, a famous singer, and a well-known international leader, and believing that his parents were impostors.

At age 33, he delusionally believed that he was President Ronald Reagan and that, as an influential and wealthy person, he could do “much for mankind.” He, therefore, decided to visit the White House. Mr. A reports that his visit to the White House resulted in a two-year inpatient commitment at St. Elizabeth’s Hospital in Washington, DC. While in the hospital, Mr. A recalls being involved in multiple physical altercations with other patients.

For many years, his nightmares have involved persons with multiple body parts (for example, a person with more than two arms and two legs). He can, however, visualize such creatures while awake. Sometimes when looking at himself in the mirror, he sees himself with several heads and arms and concludes that he has changed into someone else. He indicates having personally witnessed normal persons undergoing transformation into creatures with multiple limbs and heads.

On one occasion, Mr. A believed that his neighbor was trying to harass him by turning up the volume of the radio and by influencing him with voices. After Mr. A confronted his neighbor about these delusional beliefs, a physical fight between the two ensued. During the fight, Mr. A noticed that his neighbor was changing psychologically and physically and had acquired several heads and arms. To defend himself against this putative creature, Mr. A stabbed his neighbor several times until he died.

There was no significant substance abuse history or history of major medical illness. Since the homicide, Mr. A has intermittently believed that he was Soviet leader Mikhail Gorbachev and has felt anger at people in general because “they are changing.” Mr. A was given a DSM-III-R diagnosis of schizophrenia, paranoid type, chronic [12].

Case 2

Mr. B is a 37-year-old white male who was brought to the psychiatric emergency room after he reportedly exposed himself to a child. The patient denied a history of child molestation. His history, however, did include writing threatening letters to President Ronald Reagan, which led to a Secret Service inquiry. He believed that physical duplicates

of the President and other government officials were "running the country." He described these clones as unfriendly and as doing a poor job in leading the United States. Besides believing in the existence of doubles of politicians, he also believed each parent had four physical copies. He reported an inability to interact with his parents' impostors. Mr. B's delusional thinking also included the belief that he was working for the FBI and that the Mafia had been persecuting him for the past three years. He denied current homicidal or suicidal ideation. He denied experiencing auditory hallucinations. He displayed psychomotor agitation, with moderate irritability of affect. Associations were oftentimes loose. He denied a history of psychiatric hospitalizations as well as alcohol or substance abuse. There was a positive family history for bipolar disorder. He was given a DSM-III-R diagnosis of schizoaffective disorder. Though his misidentification delusion persisted after one week of hospitalization, he was discharged against medical advice as he did not qualify for involuntary commitment at that time.

Case 3

Mr. C is a 42-year-old white male who was admitted to the psychiatric hospital after making serious threats towards several politicians. Mr. C believed that former President Ronald Reagan, Los Angeles Mayor Tom Bradley, Los Angeles Police Chief Daryl Gates, and other politicians were involved in a conspiracy to overthrow President George Bush and the United States Government. Though the patient reported being Mr. Bush's ally, he expressed some misgivings, since he had previously "trusted" President Reagan, who subsequently "betrayed" him. Mr. C believed former President Reagan had stolen billions of dollars that belonged to the patient and that President Reagan promoted prostitution. He stated that former Attorney General Edwin Meese was his real father and that Mr. Meese managed an organization in charge of killing people. He believed that Edwin Meese would assist him in killing members of the alleged anti-Bush conspiracy. He indicated that he received "cordless" messages from the Bush administration and would kill former President Reagan and other conspirators if President Bush ordered him to do so. He acknowledged serving jail time for assault, but provided no further details. He did, however, report a prior Secret Service assessment of him after he had made hostile statements toward the President.

Mr. C also believed that there were physical duplicates of all presidents of the United States back to Abraham Lincoln, Vice-President Quayle, Queen Elizabeth II, Pope John Paul II, former Mayors Dianne Feinstein and Edward Koch, and of himself. He explained that the government was involved in a breeding program aimed at producing these duplicates. Mr. C believed that these duplicates had different psychological identities, though his duplicate had a similar psychological makeup to himself as a result of "electronic control." He stated that he would distinguish the originals from the duplicates and believed that the doubles were being sacrificed for destructive purposes. Mr. C was angry at politicians because they were products of the "interbreeding" program. The patient denied ever attacking any political figure.

He first recalled seeing a psychiatrist at age 32. He gave no family history of mental illness. He reported experiencing auditory hallucinations. His mood was a combination of anxiety and hostility. He was given a DSM-III-R diagnosis of schizophrenia, paranoid type.

Case 4

Mr. D is a 41-year-old male who was hospitalized as a result of hostile and uncontrollable behavior at home. He believed that, as the President of the United States, he was the target of an assassination conspiracy. Mr. D harbored the delusion that members of his family had been killed and replaced by impostors. Mr. D explained that he had

become President in place of President Bush when it was "decreed" two years prior to his present hospitalization. When his mother and sister visited him on the ward, he refused to speak to these "impostors," whom he believed were physically and psychologically distinct from his "real" relatives. Though he believed the hospital to be authentic, the psychiatric staff as well as other psychiatric patients were physical duplicates of the real staff and patients and part of the conspiracy to murder him. Mr. D indicated he would "only fight in self-defense." He did, however, attempt to strike the ward staff because he perceived them as trying to assassinate him.

Mr. D had a three-year psychiatric history, but no history of major medical illness of substance abuse. There was no family history of mental illness. Physical examination was normal and routine laboratory tests, including a drug screen, were within normal limits. He met DSM-III-R criteria for schizophrenia, paranoid type. His delusions subsided after three weeks of treatment with haloperidol. He was discharged after five weeks of hospitalization with his delusions under control. However, he failed to report for outpatient follow-up.

Discussion

Though psychotic individuals who manifest an unusual preoccupation with the President and other prominent public officials have long been the subject of concern by the Secret Service and other protective agencies, they have attracted little systematic psychiatric research until recently [13–15]. Preliminary studies on hospitalized patients who were thought to manifest a danger to the President or other political figures, the so-called "White House cases" [14–16], have focused on identifying factors which could elucidate the extent of the danger that patients would perform violent acts. Shore and associates found that, in White House cases, individuals with a history of committing physically violent crimes were more likely to engage in future violence if they were male, had a history of weapon possession, and required seclusion while psychiatrically hospitalized [14]. However, in White House cases without prior criminal history, subsequent violence was associated with persecutory delusions [14].

Our series of cases is summarized in Table 1. All twelve were male and suffered from a psychotic disorder. Eight of the twelve had previously participated in physically violent behaviors toward others. None of the twelve, however, has yet harmed or attempted to harm their misidentified political figures. Though none of the psychotic persons studied by Shore and colleagues had attempted to assassinate politicians, over 20% of them had written threatening letters to the President [14]. In our series, only the patient in Case 2 had written a threatening letter to the President, though the patient in Case 3 had verbalized threats toward politicians. The patient in Case 2 expressed anger and paranoia toward the misidentified object, the "clone" of the President. Though the patient in Case 2 denied having ever harmed anyone, individuals suffering from misidentification delusions have, as a direct result of the delusion, threatened, attacked, and killed the misidentified persons or putative accomplices of the doubles [9, 10, 17–19]. Specifically, in a previously reported case, an individual suffering from Capgras syndrome involving "clones" of Presidents Reagan and Carter, First Lady Rosalyn Carter, United States Senators, and several of the individual's family members shot and killed his father, shot and seriously wounded his nephew, and shot and wounded a passerby whom he believed to be in league with the clones [10]. The patient in Case 1 also killed a person while he was suffering from a delusion of transformation. After the homicide, Mr. A continued to experience a misidentification syndrome involving himself, most recently believing that he was Soviet leader Mikhail Gorbachev. He, however, denied any desire to harm political figures.

While none of the individuals in the present series tried to harm the misidentified political figure, several have attacked others. The patient in Case 5 attacked several

TABLE 1—*Characteristics of patients.*

Case No.	MS ^a	Age	Dx ^b	Misidentified Political Figure(s)	Aggressive Behaviors
1	a,c,f	39	1	President Reagan, Premier Gorbachev, and Castro	killed neighbor, White House visit
2	a	37	2	President Reagan, other government officials	threatening letters to President
3	a,d	42	1	Presidents Lincoln through Bush, Vice-President Quayle, Queen Elizabeth II, Pope John Paul II, Mayors Feinstein and Koch	threats toward political figures, history of assault
4	a,c,e	40	1	President Bush	history of assault
5	a,d	32	1	Presidents Carter and Kennedy	history of assault
6	d	50	1	Haitian President	history of assault
7	a	48	1	President Reagan, Vice-President Bush, Senator Kennedy	none known
8	b	40	2	President Bush, Colonel North	none known
9	a,b,d,e	45	2	Presidents Kennedy, Reagan, Washington, Lincoln	fired gun at roof
10	a	38	1	President Reagan, Reverend King	history of assault
11	a	23	1	President Reagan	shot friend in head
12	a,e	34	1	Presidents Reagan and Bush, Vice-President Quayle, Congress, governors, two police chiefs	history of assault

^aMS = Misidentification Syndrome (a = Capgras; b = Frégoli; c = Intermetamorphosis; d = Subjective doubles; e = "Reverse" subjective doubles; f = "Reverse" intermetamorphosis).

^bDx = Diagnosis (1 = schizophrenia, paranoid type; 2 = schizoaffective disorder).

inmates in jail; the patients in Cases 2, 3, 6, 10, and 11 had previously been incarcerated for assault. The patient in Case 4 assaulted hospital staff, believing them to be impostors of the real staff and to be conspiring to assassinate him, the "President of the United States." In addition to killing a person, the individual in Case 1 had physically attacked other patients on multiple occasions, leading to a very protracted psychiatric hospitalization. Though he did not directly aim at others, the patient in Case 9 irrationally and carelessly fired his gun. Given that, in the White House cases, future violence has been associated with past violence and paranoid delusions [14], the individuals in our series could pose a significant risk for future violence, including attacking misidentified politicians.

The first recorded attempt at presidential assassination in the United States involved a psychotic person. It should be emphasized that this person also suffered from misidentification delusions about himself. In this historical case from 1835, Richard Lawrence believed he was Richard III, King of England and of the United States. As a consequence of these delusions, Mr. Lawrence concluded that President Andrew Jackson had been conspiring to harm him and deprive him of the benefits of his noble heritage. After unsuccessful requests to receive money as well as obtain an audience with President Jackson, Mr. Lawrence attempted to shoot at the President with two different pistols. Fortunately, both pistols misfired [14,20,21].

Other patients who have visited the White House have suffered from misidentification syndromes of the self. For example, Sebastiani and Foy described some cases in which the patients believed they were Christ, the president's mother, or the president himself [22]. The individual in Case 1 also suffered from misidentification delusions of the self since he saw himself as the President and other world leaders, and at times as transformed into a creature.

More recently, the newspaper has provided accounts of potential political assassinations by persons whose descriptions match those of persons suffering from misidentification syndromes. In July 1990, a 32-year-old man entered former President Ronald Reagan's home, believing that Mr. Reagan was the "Antichrist" and the patient was "the second coming of Christ." This presentation is suggestive of misidentification syndromes of the self and others [23]. In April 1990, German political candidate Oskar Lafontaine was seriously injured when a woman slashed his throat with a butcher knife. His attacker had reportedly believed that politicians sanctioned underground factories in Europe in which humans were reconstructed both physically and mentally [24]. This presentation is also suggestive of a person suffering from a misidentification syndrome.

Although we have no information that the other people who attempted or carried out a presidential assassination suffered from a misidentification syndrome, most of these people suffered from identity disturbance, mental difficulties, and in several cases frank psychosis [20,21,25-29]. It is therefore possible that some of these individuals may have suffered from not readily apparent misidentification syndromes which could have been discovered had comprehensive psychiatric assessment aimed at identifying these syndromes been undertaken.

Though mentally disordered individuals previously evaluated as potentially harmful to political figures have generally been found to be suffering from a paranoid delusion [13,14,16,22], there have been no systematic studies aimed specifically at recognizing delusions of misidentification of political figures. The dearth of studies in this area is understandable, given that the usual way to study psychiatric patients is along standard nosological classifications, such as DSM-III-R, which categorizes patients into schizophrenia, bipolar disorder, organic mental disorder, etc. The misidentification syndromes themselves have frequently been overlooked and considered merely symptoms of such formal diagnoses, with little separate categorization [6,30,31]. Moreover, when studying violent patients, researchers generally rate patients according to categories with particular

focus on factors such as hostility, suspiciousness, global measures of delusional thinking, and hallucinations [32–34]. However, the content of the delusions is not specified in such ratings. Therefore, misidentification syndromes may be more common than previously acknowledged, given the frequent association of paranoid thinking and hostility with the delusions of misidentification [35–37]. More careful evaluation which includes a search for misidentification syndromes could reveal that they play a significant role in identifying individuals who may threaten politicians.

Though none of the patients in this series actually directly perpetrated a physical attack toward a misidentified political figure, our sample size is small. Nevertheless, eight of twelve did in fact have a history of physical violence, suggesting a significant potential for violence in populations of individuals suffering from misidentification syndromes. Furthermore, two of these patients made specific threats towards the President which necessitated Secret Service evaluation. In addition, the patient in Case 1 reached the gates of the White House prior to his two-year hospitalization for violent behavior and delusional thinking.

Our series thus shows that misidentification syndromes can be present in some patients who threaten political figures. Clarification of the issues presented in this paper could be relevant for the protection of politicians as well as other prominent figures and for the study of physically violent behavior among psychotic persons [38–40]. Finally, our study suggests that careful evaluation of psychotic persons who display unusual interest or hostility toward politicians could reveal subtle but significant misidentification delusions which might be important for researchers to consider in assessing the degree of the patient's dangerousness to others. Misidentification delusions could reflect hostility which has reached overwhelming proportions. Belief in the presence of an impostor could be used to justify an attack on the political figure. To our knowledge, this is the first series of cases involving misidentification syndromes which considers prominent political figures as the misidentified object. Further study is necessary to evaluate whether the presence of such delusions does in fact significantly increase the likelihood of attempts to harm the misidentified political figures, given that they clearly do for misidentified family members [10].

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Address requests for reprints or additional information to
J. Arturo Silva, M.D.
P.O. Box 84368
Los Angeles, CA 90073