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Misidentification of Self and the Riel Phenomenon

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ABSTRACT: Misidentification syndromes or phenomena are found in a number of psychiatric situations that may become the subject of forensic science review. One of the most curious is misidentification of self in which the individual perceives himself or herself as another being while able to explain the loss of the original identity. Recognizing these phenomena may be helpful in accurate diagnosis, in considering such conditions as psychosis of whatever type, multiple personality disorder, and other amnesia and fugue states, and in understanding the person's psychopathology. Two cases are presented to illustrate a process that the authors have named the Riel Phenomenon, after the person who was a party to what is often recognized as the most famous case in Canadian history.

KEYWORDS: psychiatry, Louis Riel, psychosis, delusion, misidentification, Capgras, Fregoli

The misidentification syndrome represents a most fascinating psychologic phenomenon, one which must periodically be considered in medicolegal evaluations. Two cases are presented; the first a fragmentary report, deals with problems in evaluation requiring understanding and administrative deposition; the second dealing with Louis Riel, describes more clearly the unique phenomenon in which an individual not only assumes a new delusional identity, but also in which the person is aware of his prior identity to the extent of denying that personhood while claiming that that person had in fact died. This differs from ordinary amnesias or fugue states.

Another recent application of the misidentification syndrome to legal matters is that of Silva et al. [*1*]. Other details of the Riel case have been presented in associated papers [*2,3*], and the description here adds another dimension to that famous case.

Misidentification Syndromes

Misidentification syndromes or symptoms are curious phenomena that have attracted periodic commentary, the most famous of which deal with the Capgras cases wherein the individual sees a known person as having been replaced by an impostor or stranger. This concept dated from Capgras's work on illusion de sosies (the delusion of doubles), though it was not original to him according to Lehmann [*4*] who noted that the Capgras Syndrome (hypoidentification) contrasts with the illusion de Fregoli, or Fregoli Syndrome, in which a stranger is falsely identified as familiar (hyperidentification). This syndrome was named after Fregoli who was a famous stage impersonator. Since Capgras

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often occurs in association with a psychosis, usually schizophrenia, it might better be termed Capgras symptom or phenomenon rather than the familiar Capgras Syndrome.

Capgras Syndrome

The conceptualizations of the Capgras Syndrome, or the delusion of substitution, have become quite complex; Signer [*5*] describes seven variants, the characteristics of which are difficult to comprehend or follow. For example, he describes the Fregoli Syndrome as one in which the person is psychologically the same as the known person but not physically identical. Signer uses the term, intermetamorphosis, as have others, to describe another delusion of substitution in which both psychological and physical identities have changed. He found 315 cases of Capgras in the literature, 46% of which had an affective disturbance and noted that, in the original case of Capgras and Reboul-Lachaux, the patient was a manic woman who not only felt that others were replaced by doubles but that several doubles of herself were at large. Fregoli was further defined by Signer as a phenomenon in which a person known by the patient has assumed the appearance of another person in contrast to the "reverse" Fregoli in which others are felt to misidentify the patient.

Lehmann [*4*] reported, as a variation of the misidentification mechanism, the syndrome of subjective doubles in which the patient's own self was perceived as replaced by a double. In his case, a 43-year-old woman not only believed members of her family were replaced by impostors but also insisted that she herself was another person with another name, age, and identity. No note was made of the patient's perception or recollection of her actual identity.

Enoch and Trethowan [*6*], in their review of the literature, noted that French psychiatrists describe Capgras as a syndrome while the Germans describe Capgras as part of a recognized psychosis. They concluded that generally no organic basis is found, though there may be organic factors, and added that the process can also be understandable psychologically.

Others have noted Capgras or misidentification cases in association with organic factors. Burns [*7*], noting 133 cases of Capgras with only 2 over the age of 75, reported the case of a 90-year-old patient with paranoid psychotic symptoms and organic brain change as shown by computed tomography and electroencephalogram. He concluded that organic factors combined with a personal predisposition could result in a Capgras Syndrome.

Christodoulu [*8*] reported eleven cases of Capgras, all psychotic, most schizophrenic and paranoid, mostly women, with some organic findings, low IQs, and poorer performance than verbal scores. Alexander et al. [*9*] described a man with grandiose and paranoid delusions after a severe head injury; he felt that his wife and five children had been replaced by substitutes. Molchan et al. [*10*] reported two cases of atypical misidentification and delusional syndromes in association with primary degenerative dementia (Alzheimer's Disease), and Crichton and Lewis [*11*] reported one occurring in an Acquired Immunodeficiency Syndrome (AIDS) patient with cerebral findings.

Two cases illustrate the problem of recognition of delusional misidentification syndromes with possible forensic science application.

Case 1—In Japan shortly after the cessation of hostilities in the Korean War, a 23-year-old Air Force enlisted man was referred by his commanding officer (CO) for evaluation because of the airman's persistent use of sick call and numerous somatic complaints. The CO was considering administrative discharge for poor work performance. The airman gave a history of having been born in Germany, coming to the United States as a child to be raised by relatives, having married, and joining the Air Force. The examination itself was unremarkable, and the man was cleared for administrative discharge. The CO then called to state that the psychiatric report had obviously been

prepared on the wrong man and that the man that he had sent for evaluation was of a different age, 19, single, born in the United States, and so forth. In a follow-up evaluation, the man insisted on the accuracy of his identity as presented in the earlier interview and augmented the story to indicate that he indeed was 23 and that when he was orphaned, he came to the United States to live with relatives. When a younger cousin died, he was advised to assume that person's identity as he could then be viewed as a native American, rather than as a German immigrant—an uncomfortable status in the period immediately following World War II. When his belongings were examined by his CO for clarifying information, the man was found to have numerous Nazi memorabilia. In his breast pocket was a paper with the words of the Horst Wessel song, one of the anthems of the Nazi movement.

The patient was transferred to an Air Force hospital psychiatric unit. During his stay there, reports from his home state confirmed his identity as the 19-year-old single American with no documentary support for the life history initially presented by him. In a further interview (using hypnosis or barbiturate—the recollection is not clear), he reported under impaired consciousness that he had come from the moon on a jelly bean, clearly not valid data. Of greater interest were reports from the mainland that he had been in an automobile accident at age 16 and had been in a state of "decerebrate rigidity" from which he apparently recovered with no residual neurologic deficit, so much so that he was able to enlist in the Air Force. He was transferred to a psychiatric hospital on the mainland and lost to followup.

This case was presented to a mixed group of Japanese and American psychiatrists at the Tokyo Japanese-American Neuropsychiatric Society, which met alternately at an American military base and at a Japanese medical school. The audience could not agree on a diagnosis—one third diagnosed schizophrenia, one third organic brain disorder, and one third antisocial personality. As presented, and considering the limited facilities and circumstances, the picture did not fit in a clearcut fashion any of these diagnoses. There was no clearcut abnormal behavioral history, thought disorder, or organic deficit; nor was there any significant indication of malingering albeit such a possibility would have to be weighed. In any event, those entrusted with the case and those reviewing it did not feel that malingering was involved. Inasmuch as the focus of psychiatry has changed over the years, another possibility might be some type of multiple personality or dissociative state. In any event, administrative disposition was a most difficult matter.

In view of the current interest of the phenomenon of self-misidentification, this case is possibly consistent with that concept, although psychological reasons for rejection of original identity remain obscure.

Case 2—Louis Riel, after what is recognized by many as the most famous criminal trial in Canadian history, was hanged for treason at age 41 on 16 Nov., 1885. He had led two insurrections—one in 1870 in Manitoba and one in 1885 in Saskatchewan. The 1870 incident led to the establishment of the Red River colony as the province of Manitoba; Riel himself was elected to the House of Commons but, as a fugitive, never took office. The 1870 insurrection was marked by an execution of an Anglais by Riel's government, an event that determined much later history. While a fugitive, Riel was hospitalized at two mental hospitals—one in Montreal, one in Quebec, under assumed names. He was ultimately given amnesty but was required to remain in exile for five years; he settled in Montana, married, taught school, and even became an American citizen before returning to Canada to lead the French Canadian-Indian halfbreeds or Mètis in Manitoba in their claims against the Canadian government that was extending its reach ever westward.

Of French-Canadian (seven eighths) and Indian (one eighth) background, Riel was a very devout Catholic who had a fervent identification with his origins. Recognized as a bright boy, he was sent at 14 to Montreal from his rural western environment to be educated and become a priest. After his father's death, his functioning deteriorated; he

became depressed and left school a few months before graduation. The story of his life and the evolution of his mental disorder have been analyzed in another paper for this journal. Particularly pertinent to this presentation is his developing in 1865 a delusion at age 21 that he was not Louis Riel, but was in fact David Mordecai, a Jew from Marseilles who had replaced the real Louis Riel who had drowned in the Mississippi river. Like the airman in Case 1, he believed that he was another person, not accepting his original identity as his real self, acknowledging only that that person had died.

At times he identified himself as "Prophet, Infallible Pontiff and Priest-King." In 1874, he had an experience like Moses when

> the same spirit who showed himself to Moses in the midst of the burning cloud appeared to me in the same manner. I was stupefied. I was confused. He said to me rise up, Louis David Riel, you have a mission to fulfill! Stretching out my arms and bowing my head, I received his heavenly message.

At some time after 1865 Riel reintegrated as Louis Riel but with David now incorporated into his self-perception. In his hospitalizations of 1876 to 1878, he used a pseudonym of Louis R. David in the first and Louis Larochelle in the second. At times he claimed that he had Jewish blood from his Indian ancestors. At other times he called Canada God's chosen country and French-Canadians the chosen people (expressions compatible with Jewish lore). He was diagnosed as having, in the terms of that era, "megalomania." At times he was depressed and did not function. At other times, he had more striking manic episodes in which he renamed the geography of the world and universe, mostly after Catholic Saints, and changed the names of the days and months to eliminate remnants of paganism. In 1885, he had plans to turn over western Canada to various ethnic groups, giving the far west, including Vancouver, to the Jewish people if they accepted Christ. He declared the Archbishop of Montreal as the new Pope and announced the move of the papacy to Montreal and then to his home town of St. Boniface. In the famous but brief war of 1885, he went into battle without a weapon and waving a cross or assuming the position of the cross with arms outspread. As the ruler of the Métis, he signed his name as Louis David Riel.

These are but some of the details of the historic figure who became a revered martyr to many French-Canadians and people of mixed blood who felt that at the very least, Riel should have been granted clemency as recommended by the jury. Not only was his insanity plea rejected (a defense propounded by his attorneys but which he opposed), but a subsequent medical panel denied that his actions were related to his mental illness, and as he thus knew right from wrong, the government refused clemency.

Today, he would probably be diagnosed as having a bipolar disorder, manic type, with psychotic features, though consideration has been given to schizophrenia and organic brain disorder. Megalomania is now a descriptive term referring to exaltation, grandiosity, perhaps with paranoid features; it may be found in bipolar disorder, schizophrenia, and at times, in other disorders.

Many medical reviews have dealt with diagnosis. Clark [*12*], who examined Riel, felt that there was an organic factor and that Riel should have had an autopsy. Another eminent Toronto psychiatrist of similar name, Clarke [*13*], made a diagnosis of paranoid dementia (probably another term for paranoid schizophrenia). Markson [*14*], concluded that the manic, paranoid psychosis or megalomania might have been complicated by neurosyphilis or constitutional factors. Littman's opinion [*15*] was that he had a "grandiose sub-type of paranoid schizophrenia." Charlebois [*16*], an anesthesiologist, raised the question of "brain fever" and "a tuberculous abscess."

No historic confirmation of intellectual deficit or decline is reported; Riel was very intelligent and articulate, spoke and wrote a number of languages, and apparently had an excellent memory. Aside from the manic manifestations, his behavior was not per-

ceived as unusual, and he not only related well with his peers but was acknowledged as their leader.

Early in his life, Riel had the delusion of the death of his own self with replacement by another being, David Mordecai. At some later point his personality structure partially reintegrated, though with the incorporation of David into the Riel identity. In view of his sense of empathy and even identification with the Jews as a small group of chosen, select people confronted by powerful enemies, his incorporation of a David self is not surprising. It does seem that he viewed himself as a David facing Goliath, but now in a metaphorical rather than a literal sense. Thus, Louis David Riel accomplished a psychological integration that was certainly less bizarre than the earlier self-misidentification.

Conclusion

This report illustrates the possible changing nature of delusional misidentification and the fact that the process may be not only one of quality but sometimes one of degree. Unlike the one case reported by Lehmann, Riel's delusion did not occur in combination with a massive Capgras Syndrome. Here, there was no "misidentification" of others.

The transitory delusion involving the total loss of personal identity is not a common event. Misidentification syndrome is not restricted to a single, specific illness. Such processes occur in the course of a variety of psychotic reactions, sometimes in association with organic brain deficit. However, the pattern in the case of Louis Riel seems to have been psychodynamically determined in its specific manifestations. The fate of Louis Riel remains a source of conflict between French-Canadians and other Canadians, and his story the inspiration for numerous books, plays, movies, and even an opera and a postage stamp in his honor.

Thus, in addition to the Capgras and Fregoli symptoms or phenomena dealing with misidentification patterns, we propose the name, Riel Phenomenon, to describe a delusion in which a person believes that he or she has now assumed a totally different identity, while maintaining a full awareness of the prior identity, even though that identity is now denied. This mental state is to be differentiated from amnestic, fugue, or other dissociative states in which there is no recollection of the prior identity or in which the individual recognizes only gaps of consciousness. In addition, amnestic and fugue states do not ordinarily occur in association with gross psychosis.

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