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Dangerous Delusions of Misidentification of the Self

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ABSTRACT: Delusions of misidentification of the self involve radical misidentification of physical and/or psychological aspects of the self. These delusions have received limited attention from a phenomenological as well as from a forensic psychiatric perspective. In this article we present a series of four cases of dangerous delusional misidentification of the self and discuss important factors that may contribute to their dangerousness.

KEYWORDS: psychiatry, psychosis, delusions, delusional misidentification, aggression, violence, dangerousness

Formal study of delusional misidentification began in 1923 when Capgras and Reboul-Lachaux published their now classic case of the syndrome of doubles or impostors, presently known as Capgras syndrome [*1,2*]. In the syndrome of doubles the patient believes that one or more persons in the environment are impostors or physical replicas of the originals and that these impostors harbor radically different psychological identities than the originals [*1,3,4*]. Since 1923 other syndromes of misidentification of persons in the patient's environment have been described [*5,6*].

More recently, it has been recognized that delusional misidentification may occur in reference to the patient's own identity [*4,7,8*]. Syndromes of misidentification involving the self may be of two general types. In the "subjective" type, the affected individual delusionally believes that others are impersonating physical [*9*] or psychological [*10,11*] attributes of his or her identity. In the "reverse" type of delusional misidentification the affected person delusionally experiences physical and/or psychological attributes that are radically different than their objective identity. These experiences lead to the belief that he or she is a different person [*4,8*]. In the present article we focus on delusional misidentification of the reverse type [*4,8*].

Reverse delusional misidentification has been associated with dangerous ideas and behaviors but the problem has received relatively little attention [*12*]. Often, cases involving reverse delusional misidentification co-occur with other types of delusional misidentification, making the study of delusional misidentification problematic. In this article we will present a series of four cases involving only reverse delusional misidentification, which were associated with dangerous thoughts and/or behaviors. Important factors associated with these dangerous delusions will be discussed.

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Case 1

Mr. A is a 28-year-old male who has been suffering from psychosis since age 14. He is presently involuntarily hospitalized after being found not guilty by reason of insanity of attempted rape. The index insanity commitment was in its seventh year. Mr. A has been intermittently experiencing delusions that he is Christ. The patient stated that he was Jesus Christ because he was all powerful and because the Bible indicated that Mr. A was Christ. Furthermore, he stated that he had become aware in a sudden revelation that he was Christ. He denied ever believing he had undergone any physical transformations. Mr. A believes that others should obey him, and in particular fulfill his sexual requests, because of his omnipotent status. The sexual requests have been manifested by the attempted rape and more recently by requests to have sexual intercourse with female hospital staff. He also has engaged in other sexually inappropriate activities such as exposing his genitalia in front of female staff and patients. When his wishes were not met, he would respond with verbal threats and physical assault of hospital staff and patients. Mr. A has stated that through him other rapists were being helped to fulfill their illicit sexual desires. On other occasions when he no longer misidentified himself, he claimed that God would act through him.

On mental status examination, Mr. A was oriented to name, place, and time. Abstraction and short- and long-term memory were within normal limits. Mr. A endorsed experiencing auditory hallucinations, some of which commanded him to physically harm others. His affect was irritable and hostile. His bodily kinetics show increased generalized motor activity. He displayed significant paranoid and grandiose ideation as reported above.

Mr. A has no history of major medical problems. His family history is negative for mental disorders. His past legal history includes a charge of aggravated assault of another man. He has also threatened and assaulted his mother and others. Whether or not these assaults were associated with delusional misidentification was not documented in available records. Prior to his current hospitalization Mr. A had spent several years in different locked psychiatric facilities for treatment of his psychosis. Mr. A met criteria for a DSM-IV diagnosis of chronic paranoid schizophrenia [*13*]. Mr. A has been treated with neuroleptics and lithium. Over the past six years, Mr. A has shown little evidence of significant improvement in his psychosis including his delusional misidentification and violent behaviors.

Case 2

Mr. B is a 34-year-old male who has been involuntarily hospitalized for the past nine years after he was found not guilty by reason of insanity of assault, false imprisonment, and burglary. The criminal incident that led to his insanity commitment was related to the chronic belief that he had become partially transformed physically and psychologically into a woman. Prior to the crime, he had been experiencing a recurrent dream in which he saw a woman with whom he identified. As a result of this dream he began to search for the woman and entered an unoccupied home in this pursuit. He then donned the female homeowner's clothes in order to hasten the gender transformation process. At that time, he also experienced the sensation of penile shrinkage and welcomed that development hoping that he would become more like the woman in his recurrent dream. A short time later, the female homeowner returned home. Mr. B surprised her in the bathroom brandishing a hammer and threatened to harm her. He kept her there for about one-half hour. Mr. B stated that the part of him that remained male wanted to physically harm and rape the woman, while the part that transformed into a female identified with and wanted to be like the victim as well. During the crime, Mr. B experienced auditory hallucinations, although Mr. B does not recall their content. He eventually let the woman go unharmed and soon after that he was apprehended.

During the index hospitalization, Mr. B has continued to harbor a delusion of male to female transformation. He denied any visual or auditory hallucinations. He has displayed mild paranoid ideation. He was oriented to person, place and time. His abstraction abilities and short- and long-term memories were intact, although his attention span appeared diminished.

Mr. B has been experiencing psychotic symptoms and poor impulse control since age 12, the latter manifested in numerous verbal threats and fist fights with acquaintances and strangers. He also has a history of significant alcohol, marijuana and cocaine abuse. On one past occasion he attempted to amputate his penis but did not provide a clear reason for this act. At age 19, he sustained a head injury and loss of consciousness for about 3 hours. At age 16 he raped an adult woman but was imprisoned for only two years. His family history is negative for major mental disorders. His physical examination was unremarkable. Mr. B meets DSM-IV diagnostic criteria for chronic paranoid schizophrenia [*13*]. He has been treated with neuroleptics for many years but his delusions of misidentification, poor impulse control, paranoid ideation, and poor insight into his illness have persisted.

Case 3

Mr. C is a 36-year-old man who has been experiencing psychotic symptoms since age 16. He was most recently evaluated psychiatrically because he attempted to stab a police officer with an ice pick. Mr. C stated that he was God as well as New Testament's James. He said that strangers as well as the police were trying to deprive him of his supernatural powers and that the police were trying to steal his angel companions. He said that as God he was able to perform good deeds prior to his imprisonment. Mr. C said that the angels that he heard had convinced him that he was God. He also stated his angels had given him great powers. He claimed that as God he could perform miracles. He claimed that while in jail the police had succeeded in taking away most of his supernatural powers and that was the reason he could not leave jail as he desired. He said that he continued to hear voices, indicating he still had angels around him.

On mental status, Mr. C was oriented for name and place but was off the correct date by one month. His short- and long-term memory, abstraction abilities, and attention span were impaired. He displayed loose associations. His affect was blunted.

Mr. C acknowledged having been hospitalized for psychiatric problems on previous occasions. There was no previous criminal history and no history of previous violence. He denied any head injuries or serious non-psychiatric illness. His family psychiatric history was negative. Mr. C met DSM-IV diagnostic criteria for chronic paranoid schizophrenia [*13*].

Case 4

Mr. D is a 31-year-old male who was evaluated psychiatrically after he was charged with assault with great bodily injury after he had severely hit his 67-year-old grandmother. He had hit her because he believed that she was involved in a cover-up of alleged child sexual abuse involving some neighbors. Mr. D believed that he was Christ and that therefore he had to uphold the highest moral standards of humanity. As a result of being Christ he was compelled to hit his grandmother because she was morally wrong in defending child abusers. Mr. D claimed that his body had not changed since he realized he was Christ four years prior to the index evaluation, i.e., he only had Christ's mind while retaining his own physical body. He believed that the realization of being Christ had come to him suddenly.

On mental status, Mr. D was oriented to person, place and time. His long- and short-term memories and abstraction abilities were intact. Mr. D exhibited loose associations. His mood was moderately labile. His speech was loud at times. His behavior was consistent with significant suspiciousness. In the past he has experienced auditory hallucinations.

Mr. D denied any history of major medical problems. At age 15 he had sustained a head injury during which he had lost consciousness for about 15 minutes. Mr. D has experienced psychiatric difficulties associated with a psychosis since age 12. He also has a history of alcohol abuse since adolescence. He has a history of (non-weapon) assaults on his mother and acquaintances since adolescence. During these assaults he experienced paranoia but not delusional misidentification. He spent four months in jail as a result of assaulting an acquaintance using his fists.

His physical examination was unremarkable. Treatment with fluphenazine decanoate has reduced most of his psychotic symptoms in the past. His delusion of misidentification has been unaffected by neuroleptic medication. Mr. D met DSM-IV diagnostic criteria for chronic paranoid schizophrenia [*13*].

Discussion

All four cases described qualify for syndromes of delusional misidentification of the self because they all harbored a delusion of misidentification directed at the patient himself [*4*]. Cases 1, 3, and 4 involved delusional psychological misidentification of the self because the person experienced a psychological identity that was radically different than the original [*4,8,14*]. Case 2 is consistent with the syndrome of both physical and psychological misidentification of the self or reverse intermetamorphosis [*4,15*] because Mr. B's belief in partial gender change involved radical changes in both physical and psychological makeup.

Dangerous delusional misidentification has been better appreciated in syndromes of misidentification directed at people in the affected person's environment [*12,16–18*]. For this reason the most commonly held notion is that dangerous delusional misidentifica-

tion is directed at misidentified objects in the patient's environment. In the dangerous delusional misidentification toward others, the misidentified object is viewed with hostility because it is perceived as threatening to the delusional person. The psychological factors leading to dangerousness in delusional misidentification of the self, however, are likely to be different than cases involving misidentification of others in the environment.

The reasons why individuals who suffer from delusional misidentification of the self may be dangerous to others appear to be multiple. First, many individuals who suffer from delusional misidentification of the self may also present with a delusional component of grandiosity [*12*]. This is exemplified by cases 1, 3 and 4, all of whom believed that they were omnipotent religious figures [*19*] who also thought that others should follow their wishes because they were messianic figures who should be admired and obeyed. Additionally, the religious component to these delusions needs to be emphasized because these individuals appear to derive their grandiosity from their alleged status as a "good" as well as omnipotent religious figures. Nevertheless, it should also be stressed that although the three individuals in our series presented with benign religious identities, this may not always be the case. In a previous case mentioned by Silva and colleagues, for example, an individual had sexually abused a child. This delusional individual believed that he was the antichrist and as such should perpetrate evil deeds on others [*12*].

Not all individuals who suffer from dangerous delusional misidentification of the self harbor a religious component to their delusion. Other individuals believe themselves to be secular figures such as important politicians and entertainment industry stars. Some individuals who delusionally believe that they are politicians may become hostile toward the objective but competing political figures and may even try to approach them and assault them [*20*]. On rare occasions an individual who suffers from reverse delusional misidentification may nevertheless succeed in organizing others for a particular political end and may even change the complexion of the sociopolitical environment [*21*].

In case 2, the patient's reason for being dangerous was rather complex but clearly involved sexual concerns. Mr. B believed that he was physically and sexually metamorphosizing into a woman. His belief that he wanted to be like a specific woman of his dreams and fantasies drew him to his victim and led to a situation that may have resulted in serious physical injury. However, at the same time, his belief that if he changed sufficiently into a woman, then he would not be tempted to sexually attack the alleged victim may have controlled his sexual impulse to rape her.

Although none of the cases that we described complained of unpleasant somatic sensations while they experienced radical psychological and/or physical changes, it is nevertheless possible that such changes occur as if for example, an individual may believe that he or she is being forced to undergo unwelcome sexual identity changes and then also believes he or she may have discovered the culprit among people in the environment. In such a situation the person thought to cause the alleged transformation could be attacked by the delusional person [*22*].

The interaction between delusional misidentification of the self and paranoid ideation may also be important in some cases. An individual may believe that others are trying to harm him precisely because he thinks that others are envious or otherwise are trying to divest him of his special powers which are an expression of his new identity. This is exemplified by Mr. C who believed that members of the police force were trying to steal some of his companion angels as well as some of his powers. The alleged presence of angels corresponded to an extension of his belief in God. It was only after he became convinced that his angels and personal powers would be taken away from him that he decided to retaliate by striking at police officers.

Concerning diagnosis, all four cases in our series met DSM-IV diagnostic criteria for paranoid schizophrenia, consistent with previous studies which show that paranoid schizophrenia is the mental disorder most frequently associated with delusional misidentification [*7,23*]. Paranoid delusions are likely to be one of the principal factors in the genesis of dangerous delusional misidentification in general, because paranoia renders individuals fearful of others regardless of whether the paranoia is directly associated with the misidentification delusion. It is however also true that patients who suffer from dangerous delusional misidentification of the self may also suffer from other mental disorders such as bipolar disorder or schizoaffective disorder [*20*]. The nature of the association between specific mental disorders, delusional identification, and aggressive behaviors remains to be elucidated.

The dangerousness caused by individuals who suffer from delusional misidentification of the self is not likely to be entirely attributed to delusional misidentification. Factors such as a general level of hostility are likely to be important. Cases 1, 2, and 4 suggest that a trend toward aggression as exemplified by a history of assaults that did not involve delusional misidentification are likely to influence the hostility inherent in delusional misidentification. The presence of command hallucinations to harm others, for example, may be an important factor in at least some of these cases [*24,25*]. Other important factors are likely to be biological in nature. Cases 2 and 4, for example, have a history of head injuries with loss of consciousness. It is possible that head injuries even long after the traumatic incident may lead to long-term sequelae that may have some role in the origin of delusional misidentification in some cases [*26,27*].

In conclusion, delusional misidentification of the self may be linked to the genesis of aggressive behavior independently of delusional misidentification of people in the patient's environment. Several factors are likely to influence the level of dangerousness in these individuals. The extent to which delusional misidentification of the self contributes to dangerous behavior can ultimately only be answered by the study of large numbers of relevant cases allowing for the application of statistical methods in the analysis of various factors thought to be involved in the genesis of aggressive behavior.

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