

J. Arturo Silva,¹ M.D.; Bruce E. Harry,² M.D.; Gregory B. Leong,³ M.D.; and Robert Weinstock,⁴ M.D.

Dangerous Delusional Misidentification and Homicide

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ABSTRACT: A case involving a delusional misidentification syndrome associated with homicide is presented. The anglophonic literature concerning delusional misidentification and homicide is reviewed. Delusional misidentification may be a risk factor for potential violence toward others, including homicide of a delusionally misidentified person.

KEYWORDS: forensic science, aggression, violence, intermetamorphosis syndrome, delusions, delusional misidentification syndromes, homicide, psychiatry, forensic psychiatry

Individuals who suffer from delusional misidentification syndromes (DMSs) may become verbally threatening and even violent as a result of their delusional misidentification (1-6). The nature of delusional misidentification itself can contribute to this aggression. Delusional misidentification of others occurs when an affected individual believes in changes in the physical and/or psychological makeup of other persons, who usually happen to be in the nearby environment of the affected individual. This conceptualization of inauthenticity of others is frequently accompanied by the delusional belief that the delusionally misidentified objects are malicious and intend to harm the delusional individual. The anger and fear engendered by the delusionally misidentified object then becomes the most important factor in facilitating aggression toward that object.

Understanding the link between delusional misidentification and aggression also necessitates operational definitions of the basic delusional misidentification syndromes. There are three main delusional misidentification syndromes involving the misidentification of others in the environment. In Capgras syndrome, the affected person delusionally believes that one or several people in the environment have experienced radical changes in psychological makeup without experiencing changes in physical appearance (6-

9). The affected individual frequently explains the delusionally misidentified object as a physical replica or double of the original person. A second delusional misidentification syndrome is the Frégoli syndrome in which the delusionally misidentified object is thought to have a different physical identity but without changes in psychological makeup (9-11). In the syndrome of intermetamorphosis, the affected person believes that the misidentified object has a different physical and psychological identity from that of the original object (9,12,13).

On occasion, the affected individual may believe that his or her own physical and/or psychological makeup is radically changed (9,14,15) or that physical replicas of the patient exist in the environment (7). These types of DMSs of the self have been conceptualized by some researchers as being closely related, if not inter-related with delusional misidentification syndromes of others (15-18). Moreover, delusional misidentification syndromes of the self have been implicated in aggression (19). The level of hostility exhibited by people with delusional misidentification syndromes thought to be dangerous because of their delusional misidentification, remains to be fully elucidated (4-6).

In this article, we review the anglophonic literature involving individuals with delusional-misidentification syndrome, who killed a delusionally misidentified object. We also present a case of homicidal behavior secondary to delusional misidentification. Although this case was briefly mentioned in a letter to the editor (20), we now present it in greater detail and follow with a new discussion of the relevant features in delusional misidentification syndromes associated with homicidal acts.

Case History

Mr. A is a 29-year-old man who was found not guilty by reason of mental disease of the murder of his 82-year-old stepfather. Mr. A began experiencing psychotic symptoms at age 19. However, he only began to report beliefs of human clones and robots at age 28. At that time he started to believe that both family members and strangers were impostors. He believed that the clones were physical replicas of the original people, and that these replicas harbored a radically different psychological makeup from the original identities. Mr. A had also been observed to express hostility toward delusionally misidentified objects. For instance, a few weeks prior to the homicide, he had threatened people in a bar (who he believed were clones) with physical harm as he brandished a knife. Mr. A also had struck his wife and threatened her with death a few weeks prior to the homicide.

Mr. A harbored very specific beliefs about misidentified people. For example, he believed that clones had a lower body temperature than humans and that they had electronically mediated switches on their foreheads. Because he believed that family members were

¹Associate Professor of Psychiatry, University of Texas Health Science Center at San Antonio; and Staff Psychiatrist, Audie L. Murphy Memorial Veterans Hospital, San Antonio, TX.

²Associate Professor of Psychiatry, University of Missouri-Columbia School of Medicine, Columbia, MO.

³Associate Professor of Clinical Psychiatry, University of Missouri-Columbia School of Medicine; and Chief of Psychiatry, Harry S. Truman Memorial Veterans Hospital, Columbia, MO.

⁴Associate Clinical Professor of Psychiatry, University of California, Los Angeles School of Medicine; and Staff Psychiatrist, West Los Angeles Veterans Affairs Medical Center, Los Angeles, CA.

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robotic clones, he would touch their foreheads, searching for the electronic switches. Just prior to the homicide, Mr. A had concluded that his stepfather was a malevolent robot. As a result, he struck the putatively robotic stepfather using a baseball bat. Mr. A followed the disabling blow with an attempt to cut open his stepfather's head to search for microfilm and batteries. He had hoped to use the microfilm as evidence to prove that his stepfather was a robot. Mr. A also believed that extra-terrestrials had left people on earth in order to destroy the real earthlings and that eventually only clones and robots would remain on the planet. He believed that it was imperative that he should prevent the extraterrestrial alien conspiracy from taking place.

Mr. A stated that he had heard voices during the homicide, commanding him to kill his stepfather. He was labile in mood, which was intensified by alcohol consumption, which was frequent. The defendant was reported to be physically healthy.

Mr. A met DSM-IV criteria for paranoid schizophrenia (21). He has been treated with 150 mg mesoridazine daily. Nine months later his psychotic symptoms, including his misidentification delusions had greatly diminished.

Discussion

Superficially, Mr. A would appear to be suffering from Capgras syndrome (20) because he believed that people in his environment had different psychological identities from their actual mental makeup but denied any significant changes in superficial physical identity (9). Nevertheless, it should also be noted that in contradistinction to most cases of Capgras syndrome, Mr. A also harbored detailed delusions about the internal bodily structure of the misidentified human object, such as, believing that the head of the alleged robot contained electronic devices and not brain matter. This added dimension of delusional misidentification of the physical identity of another, combined with the psychological delusional misidentification of the same person, indicates that Mr. A's delusional misidentification syndrome qualifies as the syndrome of intermetamorphosis (13) and not Capgras syndrome as previously thought by Blount (20).

At times, Mr. A reported feeling others' foreheads in his search for hidden electronic switches. However, he apparently did not ever clearly and unambiguously state to have "seen" the switches, indicating that the surface structure of the delusionally misidentified objects were therefore visually consciously perceived as identical to the original object. On the other hand, Mr. A perceived the faces of the delusionally misidentified objects as "strange," suggesting that psychological factors at non-conscious levels may be causing the delusional person to visualize delusionally misidentified objects as different from the original object (17,22). Most previously reported cases of delusional misidentification syndromes and homicide have been associated with the Capgras syndrome. Homicide cases involving Frégoli and intermetamorphosis syndromes have been reported, but not in the numbers of Capgras syndrome cases that have been observed (3,4,23-27). Further, in three cases of homicide, delusional misidentification syndromes of the self (9), co-existed with Capgras syndrome (see Table 1). Delusional misidentification syndromes of the self are those in which the affected individuals misidentify their own physical and/or psychological identity (9). In those three cases (also involving delusional misidentification syndromes of the self) it may be difficult to determine the contributions leading to dangerousness of the delusional misidentification syndrome of others or the delusional

TABLE 1—Demographic, phenomenologic, and diagnostic factors associated with delusional misidentification syndromes.

Reference	Age	Sex	Diagnosis	Misidentification Delusion
3	44	M	1	a
3	43	M	1	b
4	44	F	1	a
23	30	M	1	a
24	20	M	1	a,d
24	32	F	2	a,d
25	39	M	1	a,c,e
26	37	M	1	a
27	29	M	1	a

NOTE: Diagnosis: 1 = paranoid schizophrenia; 2 = schizoaffective disorder.

Misidentification Delusion: a = Capgras; b = Frégoli; c = Intermetamorphosis; d = "Reverse" Capgras; e = "Reverse" Intermetamorphosis.

misidentification syndrome of the self because both types of delusional misidentification syndromes have been implicated in physical violence (3,19,26).

Mr. A displayed serious verbal and physical aggression toward several of his delusionally misidentified objects because he viewed them as threatening robots or clones, who were a serious threat to him. His motivation for decapitating his stepfather was directly attributable to his delusional misidentification, because he believed his stepfather was a robot and the patient wanted to remove batteries and microfilm from the putative robot's head. This case is similar to previous cases of homicide that have been thought to have been caused by delusional misidentification of people in the environment. While the literature review uncovered a sample size too small to derive statistically meaningful findings, important trends are found. Mr. A's age of 29 at the time of the offense is close to the mean age of the previous cases of homicidal delusional misidentification, which is 35 (see Table 1). Mr. A's gender is representative of cases of delusional misidentification associated with homicide. Only two of nine previous cases have involved female perpetrators. The heavy preponderance of males in the series is also consistent with the observation that a disproportionate number of males engage in violent behavior when compared with females.

Mr. A suffered from paranoid schizophrenia. This finding is consistent with the known sample of homicidal individuals with delusional misidentification in which eight of nine also suffered from schizophrenia. However, this finding is also related to the fact that most cases of delusional misidentification, regardless of whether they are associated with violence, suffer from paranoid schizophrenia (28,29).

Mr. A also abused alcohol and the available information indicates that when he became intoxicated, his level of aggression would increase. A case that was reported in 1991 also involved substance abuse (methamphetamine), which may have had a role in the homicide (4). Kimura and his colleagues also reported the case of an 18-year-old female who suffered from a delusional misidentification resulting in a homicide that was associated with amphetamine abuse (30).

Most cases of homicide by an individual with a delusional misidentification syndrome involve the homicide of a family member or an acquaintance (see Table 2). This point is highlighted by Mr. A who killed his stepfather with whom he was living. The strong preponderance of relatives or acquaintances among the

TABLE 2—*Delusional Misidentified Objects (DMOs)*.

Reference	DMO's killed		DMO's injured (not killed)		Other DMOs not injured
	Relationship to attacker	Method of homicide	Relationship to attacker	Method of injury	
3	Mother	Stab	None	None	Father
3	Stranger	Shot	Wife	Fists	None
4	Mother	Shot, stab	None	None	Brother
23	Wife	Stab	Grandmother	Stab, hammer	None
24	Child acquaintance	Stab	Mother	Stab	Sister, self
24	Son	Strangle	None	None	Self
25	Neighbor	Stab	None	None	Self
26	Father	Shot	Nephew	Shot	Brother, sister, brother-in-law
27	Sister	Shot	None	None	Mother, father, sister, hospital staff

delusionally misidentified victims is likely a function of the delusional misidentification process, which usually incorporates a person whom the delusional individual knows well regardless of whether aggression is directed at the misidentified figure (28,29).

Indeed, the level of fear and/or anger toward the delusionally misidentified object may be a useful indicator in assessing the dangerousness of the delusional person. Mr. A, for example, harbored intense anger toward his delusionally misidentified objects exemplified by his threatening putative clones with a knife while in a bar. Mr. A's delusions involving the takeover of earth by clones and robots as well as in a conspiracy aimed at replacing the humans on the planet, played a substantial part in the homicide of his stepfather.

The killing of a delusionally misidentified object should likely be viewed as a relatively late step in a long-term process of delusional misidentification of others. Mr. A illustrates the point very well in that he had harbored delusions of misidentification for at least one year. In addition, he had threatened several delusionally misidentified objects prior to his stepfather's homicide. In fact, Mr. A displayed a more or less pervasive and persistent state of delusional misidentification during which numerous people were misidentified, a condition termed "a delirium of doubles" by Todd (31).

All other cases reported in the anglophonic literature of delusional misidentification leading to homicide involved more than one delusionally misidentified object (see Table 2). This stands in sharp contrast with delusional misidentification cases in general many of which do not exhibit multiple misidentified objects (28, 29). In four of the nine previously reported cases of delusionally misidentified objects associated with homicide, there was a history of serious physical violence directed at other delusionally misidentified objects (see Table 2). Given these data, we recommend that a thorough assessment for dangerous delusional misidentification should entail not only a history of violence in general but more specifically should look for multiple delusionally misidentified objects and a history of having threatened or attacked their delusionally misidentified objects.

The method of killing delusionally misidentified objects reveals that firearms and knives were used in four and five cases, respectively. In one case, both weapons were used. However, less common methods such as strangulation or decapitation were reported. Because many of these cases involve multiple stab wounds or several gunshots toward the victim, or require fairly labor-intensive homicidal efforts such as the index case involving decapitation, this suggests that the affective intensity (of anger or fear) associated with homicidal delusional misidentification is likely to have been at a high level.

Because relatively few cases of delusional misidentification have

been reported in the anglophonic (see Table 2) and even in the non-anglophonic international literature (32), development of a larger database could help validate generalizations derived from trends observed in the reported literature. Important issues in need of further study are the possible role of neurological and ecological factors in the genesis of violence in delusional misidentification. There is also a need to study whether specific types of delusional misidentification are more likely than others to lead to homicide or other serious physical harm.

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Address requests for reprints or additional information to
J. Arturo Silva, M.D.
Psychiatry Service (116A)
Audie L. Murphy Memorial Veterans Hospital
7400 Merton Minter Blvd.
San Antonio, TX 78284