

PHIL 3923H: Deception and Delusion

Prof. Funkhouser

Breen, et al., "Towards an Understanding of Delusions of Misidentification"

- Delusions of misidentification: These are cases in which a person has a mistaken, delusional belief "in the identity of oneself, other people, places or objects." (75) This belief could involve doubles or impostors, for example.

- One interesting study about testing to see if the Capgras delusion persists across sense modalities:

Hirstein and Ramachandran (1997) demonstrated further that DS's Capgras delusion was specific to the visual modality: he claimed his parents were impostors when looking at them, but not when speaking to them on the telephone. (78)

- Interesting point on the rationality and awareness of Capgras patients:

Young (1998) reports that 'if you ask (the Capgras patient) "what would you think if I told you my wife had been replaced by an impostor", you will often get answers to the effect that it would be unbelievable, absurd, an indication that you had gone mad. Yet these patients will claim that, none the less, this is exactly what has happened to their own relative.' (78)

- Capgras patients can be plotted on a continuum from "identified neurological lesion" to "no identified neurological lesion". (82)

- 4 cases studies will be examined at 3 different levels: the neurological, cognitive, and phenomenological.

- Mirrored-self misidentification:

Example #1: FE treated his own reflection as if it were another person.

FE's family tried on numerous occasions to dissuade him from his belief by providing him with evidence contrary to the delusion. FE would listen attentively to their arguments and often agreed with their logic, but his delusional belief remained steadfast. (83)

Importantly, FE recognized Nora's reflection as such.

Example #2: TH also treated his own reflection as if it were another person. TH seems a bit more confused, or uncertain, about the status of the other person/reflection, stating things like:

I see my face in there, a reflection of it. (88)

He'd have to be [bald] wouldn't he, or he wouldn't, it wouldn't ... (88)

No. He's only wearing a reflection of the clothes that I am wearing. (90)

I can see your [the examiner's] reflection and I can see Tom's reflection. (90)

When asked where this person and his wife lived, TH said that they lived in an adjoining unit located at the back of TH's home (there was no unit adjoining TH's home). (90)

Also note TH's mirror agnosia. (91–92)

o Example #3: DB's Reduplicative Paramnesia

...she clearly stated that her husband had died suddenly four year earlier and had been cremated (this was correct), but also that her husband was a patient on the ward in the same hospital. (92)

I'm not religious fortunately or I might be worried about it. (93)

o Example #4: Reverse Intermetamorphosis. RZ is a 40 year old woman who believed that she was her father (or grandfather).

o From the neurological point of view these case differ greatly. DB's DM was clearly the result of a stroke, FE and TH had a more gradual onset, and RZ had no evident neurological abnormalities (and her delusions came on at a much earlier age).

o From the cognitive level: TH, DB, and FE all had problems processing sensory information. These same 3 patients also had a general tendency toward heightened affective responses. All DM patients also seem to fail to give proper weight to evidence against the deluded belief.

o And from the phenomenological level: FE, TH, and DB each held to their delusional belief with great conviction:

Their replies were immediate, and they never attempted to convince the interviewer of the validity of their delusional belief. If a question were put to them that they could not explain, they simply admitted it. For example, FE and TH both agreed that it was strange that the *other person* was in their own homes but neither man felt any obligation to provide an explanation for it. (105)

Neither man [FE nor TH] developed a wide web of delusional beliefs in which their delusional misidentification became embedded. In both cases the delusional beliefs remained isolated from a more rational belief system which was operative in other cognitive domains. (105)

RZ shifted the content of her delusional belief and sometimes reverted to a confused state when pressed (e.g. "I'm just confused because I don't remember. It feels like they've taken my brain out and I don't even have a brain." (97)). The other 3 remained steadfast in their delusion. Clearly, RZ is quite different from the other 3 cases.

None of the patients exhibited paranoia/suspiciousness or depersonalization/derealization issues.