A CAPGRAS LIKE STATE FOR INANIMATE OBJECTS: TWO CASE REPORTS
AJIT V. BHIDE

Delusional doubling of inanimate objects, resembling the Capgras delusion was encountered in two cases of preexisting psychoses. This uncommon clinical feature is described and discussed.

Key words: delusional doubling, Capgras syndrome, inanimate object.

INTRODUCTION

The Capgras delusion is a well known though not very common psychotic feature characterized by an unshakable belief by the patient that a person has been replaced by a perfect impostor. Two patients with delusional doubling of inanimate objects as part of their psychotic disorder are described for the first time in Indian literature.

CASE SUMMARIES

Case 1: A 54 year old housewife was brought to the OPD by her husband with the complaints of unruly behavior. She had become acutely sleepless and agitated with the spouse, complaining that he had replaced the pressure-cooker and two items of her jewellery including her 'mangalsutra' with perfectly identical replicas. His refutation of the charge had led her into physically assaulting him till she was restrained. He had shown her certain stains and marks imprinted on the pressure cooker over the years in an effort to convince her of the incorrectness of her belief but she alleged that he had deliberately incorporated these on the replica. She also alleged that the original articles were now with a female neighbor with whom she suspected him of having an extramarital affair. No immediate precipitating stress was evident in the history.

The patient had been diagnosed to have paranoia and paranoid schizophrenia by different specialists in the past twenty years and had been on regular treatment with trifluoperazine, chlorpromazine and thioridazine with some amelioration of her symptoms. On examination she was in a dishevelled, agitated state, with relevant and coherent speech. Delusions of replacement of the objects were confirmed, with a report form her two children. She also had long standing delusions of her husband’s infidelity. No hallucinations were present. Her affect was one of intense irritability. Her cognitive functions were undisturbed except for lack of insight. A diagnosis of delusional (Paranoid) disorder was made. After the present consultation she was put on pimozide 4-8 mgs/day for 3 months. Her delusions remain but seem well-encapsulated and do not interfere with her daily life.

Case 2: A 63 years old retired male clerk was hospitalized for an acute exacerbation of paranoid schizophrenia of twelve years duration. He had multiple and florid delusions of persecution of varying duration. For about three weeks prior to his admission he had begun to hear signals from the radio, television and tape recorder in his house which were indicative of impending doom.

On further questioning, these were found to be non-vocal auditory hallucinations which he perceived as having a menacing and threatening content. He further stated during the interview that these three electronic receivers had been replaced by exactly identical models which had been ‘bugged’ by his persecutors, whom he believed to be his former employers. He did not believe that the original instruments themselves could have been ‘bugged’ and stated that “they (the employers) are very clever and know how to make perfect models". He had psychomotor excitement and an anxious affect at the time of admission. His cognitive functions were normal but for lack of insight.

The patient had discontinued antipsychotic medication in the past year because he felt he was well. After admission, he showed improvement in his affect, perception and level of excitement with haloperidol at a dose of 10-40 mgs/day. However, the delusion of the three electronic receivers being replaced by replicas remain two months after discharge though the ‘signals’ have ceased. He had encountered extreme dysphoria and headache with pimozide and hence this drug could not be given for more than four days.

DISCUSSION

The Capgras delusion, though uncommon, is mainly associated with paranoid disorders (Black et al, 1988). Though originally described as a misiden-
misidentification syndrome involving persons, there have been reports of a similar syndrome of misidentifying places or inanimate objects (Forth & Theofilopolous, 1980; Thomson et al, 1980; Anderson, 1988).

In both these cases, the 'doubled' objects seem to have marked personal significance. In the first case, the patient's delusion involved objects that had certain marital significance. The pressure cooker had been an anniversary gift from the husband given about 23 years earlier and both the items of jewellery were also gifts from the husband. The 'mangalsutra' of course is a well known marital symbol. Though the husband had not been replaced in her delusional thinking, objects that represented her relationship to him were subject to the delusions.

The objects believed by the second patient to have been replaced were all electronic receivers and in this case the Capgras like delusion could be construed to be secondary to the auditory hallucinations. His alleged persecutors were indeed dealing with electronic equipment that was frequently modified or replaced and the patient's delusion needs to be viewed in this context.

The genesis of the Capgras delusion is poorly understood but recently, Cutting (1991) has elegantly argued for an organic pathology involving the right cerebral hemisphere. In the present cases, no sign of organicity were noted but it must be admitted that no neuropsychological battery of tests was administered to either patient. Psychodynamic factors have also been postulated in several cases (Sharma et al, 1989). While psychodynamic explanations do seek to understand how the delusion arises, proponents of the organic theories such as Cutting (1991) have not attempted to explain how brain dysfunction might selectively cause delusional misidentification of certain persons or objects while sparing others.

Two points of further interest need to be noted; such delusions can arise do novo on the background of a preexisting psychosis. Further, the delusion tends to be stable though the psychotic condition might otherwise improve.

REFERENCES

Anderson, D.N. (1988) The delusion of inanimate doubles British Journal of Psychiatry, 153, 694-699.

Black, D.W., Yates W.R. & Andreasen, N.C. (1988) Delusional Disorders . In Text book of Psychiatry, (Eds. J.Talbott, R.Hales & S.C. Yudofsky). Washington: The American Psychiatric Press.

Cutting, J. (1991) Delusional misidentification and the role of the Right cerebral hemisphere in the appreciation of identity. British Journal of Psychiatry, 159 (suppl.14), 70-75.

Froth, M.W. & Theofilopolous, N. (1980) Misidentification Syndromes. American Journal of Psychiatry, 137, 126.

Sharma, I., Varma, S.L., Ancharaj, V. & Singh, T.B. (1989) Capgras syndrome in depression. Indian Journal of Psychiatry, 31, 93-94.

Thomson, M.I., Silk, K.R. & Hoover, G.L. (1980) Misidentification of a city: Delimiting criteria for Capgras Syndrome. American Journal of Psychiatry, 137, 1270-1272.

Ajit V. Bhide MD, Consultant Psychiatrist, St. Martha's Hospital, Bangalore 560 009.