A CASE OF DELUSIONAL MISIDENTIFICATION SYNDROME WITH MACCALLUM AND DE CLERAMBAULT VARIANTS

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ABSTRACT

A case of delusional misidentification syndrome presenting with MacCallum and De Clerambault variants is described. Psychopathology and management are discussed.

Key words: Delusion, delusional misidentification, schizophrenia, MacCallum syndrome, De Clerambault syndrome

The term 'delusional misidentification syndrome' is applied to four syndromes: the Capgras syndrome, where a familiar person is misidentified as an imposter; the syndrome of Fregoli, in which false identification of familiar people occurs in strangers; intermetamorphosis, a variant of Fregoli where the familiar person and the object of misidentification share physical as well as psychological characteristics; and the syndrome of subjective doubles, in which the patient believes that another person has been physically transformed into his own self (Sims, 1986; Christodoulou, 1991). This term has also been applied to a syndrome where patients misinterpret changes in role as changes in person (MacCallum, 1984). In his report, MacCallum described three elderly women who spoke about their daughters as different people when the daughter was engaged in different activities in the house. Here, the object of misidentification had the same name and relationship as the daughter, but when occupying a particular role, was perceived as another person.

'De Clerambault syndrome' describes a subject who believes that an exalted person is in love with her (Gelder et al., 1993). Unlike patients with the MacCallum syndrome who probably suffer from an organic mental disorder. Patients with De Clerambault syndrome usually have paranoid schizophrenia (Gelder et al., 1983).

This report illustrates the case of a lady who exhibited variants of both MacCallum and De Clerambault syndromes simultaneously.

CASE REPORT

S. was brought by her husband who reported that for the past one and half years, she had been complaining to him that she was being talked about and criticised. Around a year ago she had told him that she was the daughter of her village deity. Around 8 months ago she had started talking to herself, laughing and gesticulating in her empty courtyard.

There was no positive finding on physical examination. On mental status examination (MSE) she was guarded and uncooperative. Her cognitive functions were intact, poverty of speech was present and she had a restricted affect. A diagnosis of unspecified nonorganic psychosis was made and she was started on haloperidol 10 mg orally.
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at bedtime up to maximum of 30 mg in the next 6 days with trihexiphenidyl 2 mg twice daily.

By the seventh day following admission, she reported that for the past nine years she and a doctor who was related to her were in love. She reported hearing his voice, but not seeing him, and this continued after admission to hospital. She also said that she shared her birth star with Yashoda, the mother of Lord Krishna, and thus possessed special powers. These included the passing of ant-like substance in her urine called 'leelas'. These were collected by her doctor-lover and were used to impregnate the women of her village who sought his professional services. There were, she said, a few children in her village thus born who could be identified by her easily as they looked beautiful. She maintained that she was pregnant with her lover’s child. When asked how she had menstruated while pregnant, she said this was a special pregnancy to which such normal phenomena did not apply.

On re-interview, her husband refuted this history. The person she was alluding to was a baker, not a doctor. He was a distant relative and the patient had only a passing acquaintance with him. We established that both were referring to the same person. During subsequent MSEs she had delusion of pregnancy, persecution, grandiose identity and bizarre delusions. She also had true second person auditory hallucinations.

A diagnosis of paranoid schizophrenia was then made, Rorschach revealed findings suggestive of psychosis. Her electroencephalogram (EEG), blood and urine investigations, and composite MSE (Scrub and Black, 1985) were within normal limits.

Her delusion of pregnancy resolved on the 10th day following admission. On the 17th day following admission, she said that her lover was a doctor who also managed a bakery, a change from her original position. Her auditory hallucinations still persisted and so did her belief in her doctor-lover. A trial of electroconvulsive therapy (ECT) was then begun. Her auditory hallucinations resolved after the second ECT (a phenomenon she explained by saying that her lover had told her he would await her return at her home) and she went on to receive a total of six ECTs prior to discharge. At discharge she still intended to marry her lover. At follow-up a month later she had achieved total remission.

DISCUSSION

At discharge, our patient met ICD-10 (World Health Organisation, 1992) criteria for paranoid schizophrenia. She did not have any first rank symptoms (Mellor, 1970). Evidence for organicity was ruled out by history, clinical examination, EEG, and composite MSE testing.

Her delusions interested us more. In contrast to the classical MacCallum syndrome, our patient did not misidentify the role change, rather she misidentified the role itself. To her, her lover was a doctor who was being wrongly identified by everyone as a baker. In spite of her role misidentification, she continued to perceive her lover’s blood relationship to her. We believe that her inability to appreciate this stated paradox and constitutes the core of her psychopathology and this distinguished from the MacCallum syndrome. This picture later changed to a simple delusion of role where she maintained that her lover, while actually being a doctor, also managed a bakery.

Reports of the DeClerambault syndrome have stressed the exalted status of the love-object in real life. In our patient the exaltation was the consequence of a separate delusional misidentification syndrome. In our patient’s world-view, at least, her lover was exalted. All her psychotic phenomena were syntonic to this and their disappearance could be explained away by her.

We also would like to emphasize the importance of the evolution of the misidentification syndromes. It is possible that at least some of these cases will eventually resolve into either paranoid schizophrenia or delusional disorder.
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