

Capgras Syndrome

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ABSTRACT

Capgras syndrome is a neuropsychiatric disorder, and it is also known as impostor syndrome. People who experience this syndrome will have an irrational belief that someone they know or recognize has been replaced by an impostor. The Capgras syndrome can affect anyone, but it is more common in females and rare cases in children. There is no prescribed treatment plan for people who are affected with Capgras syndrome, but there is a supportive psychotherapeutic measure to overcome this delusional disorder.

Keywords: Impostor delusion, Misidentification syndrome, Prosopagnosia.

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INTRODUCTION

Capgras syndrome is a type of delusional disorder in which a person holds a delusion that a friend, parents, spouse, or other close relatives or pet animals has been replaced by an identical impostor. It is otherwise called as Capgras delusion or impostor delusion.

It may be seen along with other psychiatric disorders such as schizophrenia, schizotypal, and neuro-related disorders.

HISTORICAL VIEW

It is named after Jean Marie Joseph Capgras (1873–1950). He was a French psychiatrist, who was best known for the Capgras delusion; it was described in 1923 in a study published by him. This disorder is defined as a delusion that occurs to close relatives or friends who have been replaced by an impostor, and it is classified as delusional misidentification syndrome. The syndrome was initially considered a purely psychotic disorders, but today, the Capgras syndrome understands as a neurological disorder, in which the delusion primarily results from organic brain lesions or degeneration (Figs 1 and 2).

ETIOLOGY

- Due to the damage of frontal lobe and causing a problem with familiarity and right hemisphere damage causing a problem with visual recognitions.
- It is a type of prosopagnosia and also called face blindness.
- The result of an Oedipus or Electra complex in psychoanalytical view.
- Psychodynamic theories describe Capgras syndrome has occurred with repressed feelings.
- Neuro research evidences that the organic causes such as epilepsy or Alzheimer's disease are major concerns, which may lead to the loss of connection between the parts of the brain that processes visual information and the loss of control over the limbic system.
- In some cases, patients with sexual dysfunctions try to resolve their guilt about these circumstances by identifying them as impostor.
- Reduplicative paramnesia and other delusional misidentification syndromes (which believe a location has been relocated or duplicated) are similar to Capgras syndrome.

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PSYCHOPATHOLOGY OF CAPGRAS DELUSION

- This syndrome mostly occurred to the people who are affected by traumatic injuries, brain injuries, or trauma, which cause cerebral lesions, sign of atrophy or cerebral dysfunctions, and also affected the posterior areas of the right hemisphere where face recognition is performed. As a result, the patient is getting Capgras delusion.
- The delusion most commonly occurs in individuals diagnosed with paranoid schizophrenia and organic brain disorders such as dementia and neurodegenerative disorders of the elderly.



This person is:

- A. Your Mom
- B. A person impersonating your Mom
- C. A stick figure impersonating a person impersonating your Mom.

Fig. 1: Predominant feature of Capgras syndrome

- Associated with diabetes, hypothyroidism, and migraine attacks, and
- It occurs more frequently in the female population, with a female-to-male ratio of approximately 3:2.

SPECIFIC FEATURES OF CAPGRAS SYNDROME

- He or she recognizes that a person or place is exactly like the real one, but emotionally insists it is not;
- Always the impostor is a person or place with which the patient is familiar and not a new one or strange; and
- It may extend to animals or objects in the chronic stage.

CLINICAL FEATURES

- Impostor delusion
- Anxiety
- Depression
- Hallucination
- Cognitive impairment.
- Ataxic gait
- Confusion
- Irritability
- Loss of trust
- Insomnia
- Delusion of persecution, and
- Social withdrawal.

Examples of Capgras Syndrome

A case of 29-year-old brain-injured patient came to the hospital and saw his mother. He just exclaimed and said that “who is this woman? She resembles my mother, but she is an impostor.” He felt like some other woman is pretending as his mother.

A case of 74-year-old woman had a first psychiatric admission in the hospital with the diagnosis of atypical psychosis. She had a belief that her husband had been replaced by another unrelated man. She refused to sleep with the impostor, and locked her room. She believed that her husband was her long deceased father. She was having a very clear thought to identify the other members of her family, but she could not recognize her partner.

DIAGNOSIS

Capgras syndrome is a rare psychiatric condition, where there is no exact way to diagnose this type of delusional disorder. Hence, it is primarily diagnosed with the help of a psychiatric evaluation of the patient, who is most likely to have the symptoms to be believed as an impostor by the person under the delusion.

TREATMENT

- There are no defined treatment methods for the patient with Capgras syndrome, but there is a treatment option that may help to reduce and relieve the symptoms.
- Antipsychotics to treat the patient with schizophrenia will control the Capgras syndrome and
- Medication like cholinesterase inhibitors helps to boost the neurotransmitters involved in the memory and judgment for Alzheimer’s disease and dementia cases.

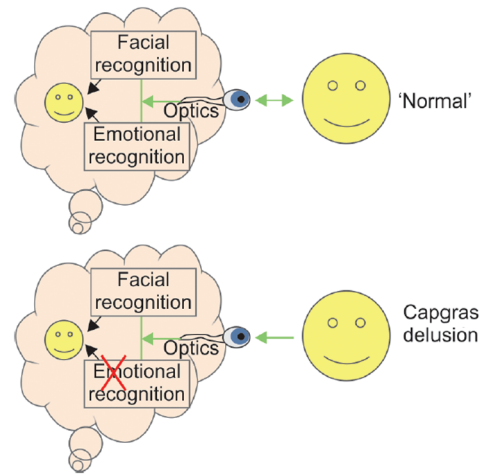


Fig. 2: Capgras delusion

Most effective treatments are as follows:

- Creating a therapeutic environment
- Positive and welcoming environment where the person affected by the syndrome feels safe, and
- Reducing the delusional stimuli helps to reduce the anxiety.

Reality Orientation Therapy

Creating habilitation while dealing with Capgras syndrome, three core concepts are included:

1. Push them into the realized perceived environment and make them acknowledge their intense feelings/perceptions/ thoughts about the orientation of the environment and the stimuli;
2. Never argue or try to correct them, get and stay emotionally connected; and
3. Focus on creating positive emotional experiences to address challenging behavior and send the impostor away.

Behavior Therapy

For handling the delusional symptoms, make some gentle discussion about the evidence of the patient’s false belief. It helps to overcome the problem the person has believing the substitution delusion with the available evidences.

Follow the ABC technique to overcome this delusion:

- Anticipation, behavior, and consequences
- By changing the anticipation (patient perception about misidentification),
- Behavior (remains constant in a conscious relationship), and
- Consequences (severe consequences have been identified and the adaptive behavior still remains).

Care of Capgras Syndrome Patient

- Emotional demanding is the main tool for taking care of Capgras delusion.
- Enter their realm of reality when possible.
- Do not argue with them or try to correct them.
- Acknowledge their feelings.
- Help them to feel the safer environment.

- If possible, “impostor” has to leave the room. If this is you and you are the caregiver, let someone else takes over until the treatment is completed if you can, and
- Rely on sound. Register your appearance with sound, for example, greet them out loud before you see them when possible.

CONCLUSION

Capgras syndrome is the most common delusional disorder associated with Alzheimer’s disease or dementia. It affects the memory and can alter the sense of reality. The psychiatric disorders such as schizophrenia, especially paranoid hallucinatory schizophrenia, can cause the episodes of Capgras syndrome.

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