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Which Identification is Disturbed in Misidentification Syndromes? A Structural Analysis of Fregoli and Capgras Syndromes

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Based on a structural reading of the first observations of Fregoli syndrome by Courbon and Fail in 1927, of Capgras syndrome by Capgras and Reboul-Lachaux in 1923, as well as two present-day cases, we show that the essential feature of Fregoli syndrome is the disjunction between *recognition* and *identification*, two terms that are far from being synonymous. Fregoli syndrome is not just of historical interest to today's clinicians: it also allows us to separate out certain fundamental elements of what is ordinarily called recognition, elements that appear only in more indirect ways and latent forms in neurosis and in everyday psychopathology. The analysis of this syndrome therefore gives us access to the various elements of the matrix function for representation that Lacan described under the term *specular knowledge*.

Keywords: Fregoli syndrome, identification, recognition

In current psychiatric literature, Fregoli and Capgras syndromes are seen as rare psychotic syndromes. Together with intermetamorphosis and the syndrome of subjective doubles, they are part of the group of Delusional Misidentification Syndromes (DMS) and are considered a disturbance in *recognizing* or *identifying* people, the two terms being employed as synonyms. We question the implicit assumption that has allowed, on the one hand, to characterize Capgras and Fregoli syndromes as recognition disorders and, on the other hand, to classify

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them as misidentification syndromes. From a psychoanalytic point of view, the assumption that identification and recognition are identical processes is in fact far from being self-evident. In claiming that the very same persecutor is disguised as many different people, or that persecutors have taken on the appearance of the patient's relatives, Fregoli and Capgras sufferers clearly show us that recognition and identification are two separate processes. Although the same analysis could easily be applied to intermetamorphosis and the delusion of subjective doubles, the present paper will focus on the Fregoli and Capgras delusions. The question of the significance of delusional misidentifications has been addressed by Cutting (1991) and Margariti and Kontaxakis (2006), who proposed that the common feature of DMSs (whether or not they involve recognition of people) was a disorder of identity or uniqueness. In the present paper, we show that the perception of the "uniqueness" of persons or objects depends on complex relations between recognition and identification.

Fregoli and Capgras syndromes were described by French psychiatrists in the 1920s under the generic term of false-recognition illusions of the insane (*illusions de fausse reconnaissance des aliénés*).[1] This terminology was used to differentiate the disorders from, on the one hand, ordinary false recognition — i.e., mistaking a person for somebody else due to an error or absent-mindedness — and, on the other hand, neurological deficits, for example, those affecting memory. While Capgras considered these disorders as manifestations of what he called "systematic misrecognition" (*méconnaissances systématiques*), the term "false recognition" (*fausses reconnaissances*) has mainly prevailed. Three syndromes became nosographic references: the *syndrome d'illusion des sosies* or syndrome of subjective doubles (Capgras and Reboul–Lachaux, 1923), the *syndrome d'illusion de Fregoli* or Fregoli syndrome (Courbon and Fail, 1927) and finally, the *syndrome d'intermétamorphose* or intermetamorphosis syndrome (Courbon and Tusques, 1932). The departure point for the work of these psychiatrists was Capgras's description of a symptom he found in one of his patients, Mrs. M., who suffered from persecution megalomania.

The patient maintained that her children had been stolen, hidden in the underground of Paris, and that her husband and her daughter had been replaced by multiple sosies. These sosies looked like her relatives but there were small differences. The case observation yielded other important elements. The patient gave herself a variety of proper names; she claimed that she was called Madame de Rio–Branco and was a descendant of numerous prestigious figures from a range

[1]This is not to say that the phenomena identified by these syndromes had not been described before. To our knowledge, the oldest known description can be found in Leuret's *Fragments Psychologiques sur la Folie* (1834, pp. 115–118). A patient addresses Leuret and another doctor in the following terms: "You transform yourself," she would say — and Leuret would ask her against which one of them both these reproaches were directed. "It is you, "she would then reply, "it makes only one, it is the same person."

of historical eras. With such a glorious ancestry, Mrs. M. also had an enormous fortune and throughout the centuries had given birth to an extraordinary number of children, all of whom had been stolen from her, replaced by doubles and hidden in mysterious places. In case that she herself might be replaced by a double, the patient wrote a description supposed to allow people to recognize her. This description involved a few anthropometric indices, but the patient mostly described her clothes with various details, her habits (for example, that she was normally accompanied by her daughter), and gave her address. To characterize Mrs. M.'s most striking symptom — her belief that her close relations had been replaced by sosies — Capgras coined a new term, *agnosie d'identification* (identification agnosia); the term was not used outside the context in which it was introduced.

In 1927, Paul Courbon and Gabriel Fail identified the Fregoli syndrome in a "schizophrenic" patient. They borrowed the name "Fregoli" from the words used by the patient, who maintained that her main persecutor, the actress Robine, was able to embody multiple different characters, just like the famous Italian actor Fregoli. The patient thus saw Robine in the people she met; to her they were all Robine in disguise. However, the patient never said that these disguised figures had identical faces. Instead she insisted that although their appearances differed, they were always the same person, "a single being" (Courbon and Fail, 1927, p. 123), who was responsible for a variety of phenomena imposed on her against her will — powers of magnetism, passionate outbursts, obscene commands, etc. These commands included an obligation to masturbate. The patient believed that while destroying her own body, these imposed acts simultaneously created an attractive dark line around Robine's eyes. The patient's right index finger, through which Robine increased her own beauty, was therefore worth several millions francs. The patient eventually tried to attack one of the figures she identified as Robine.

Although, today, Fregoli, Capgras and other delusional misidentification syndromes are considered to be rare, as Mojtabai (1998) has pointed out, their frequency may be underestimated. Some important aspects of Fregoli syndrome can be observed in cases that are not classified as either misidentification syndromes or monothematic delusions (Mojtabai, 1994). Indeed, some key features of the DMS syndromes are part of any psychosis. For example, in *Memoirs of My Nervous Illness* (Schreber, 2000, pp. 99–114), a self-report of a paranoiac delirium, we find some vivid examples of what appears very similar to the Fregoli and intermetamorphosis syndromes. As mentioned above (see footnote 1), Leuret had described a Fregoli patient as early as 1834. Although very few current observations give us access to the patient's speech, we have found two cases reported by French psychoanalysts (Thibierge and Morin, 2010). The first one comes from Porge (1986); the second is our own case (Thibierge, 2011).[2]

[2]For cases of other misidentification syndromes see Breen, Caine, Coltheart, Hendy, and Roberts (2000) and Caine (2009).

Porge described the case of a female patient, who had felt at a glance that she loved a man, "Peter." She met him once thereafter, but was not sure that it was really him; she thought it could have been someone else. After the second meeting, she kept thinking about Peter and came to believe he wanted her to reach him. Indeed, she "saw" him in the various other men she met. Each time, she was certain that this was Peter, but Peter as a transformed person. She was sure because she felt attracted to these different men. Moreover, she felt that Peter had stolen one of her lips: he controlled her upper lip when she was speaking (the lower lip remained hers), so that she was obliged to speak "with a small voice," which was also Peter's voice. In this case, it is always the one and the same person, Peter, who takes on the appearance of other men (the men she loves), who commands (attracts) her and steals a part of her body (her upper lip). As in Courbon and Fail's *princeps* case, the patient identifies the same "magnetic" personality behind the appearance of several different people and this personality commands power over particular parts of her body.

Thibierge (2011) reported the case of a female patient with paranoid personality disorder, whose persecutor did not exactly take on the form of other people, but managed to alter the patient's own appearance or to make other persons appear. The patient described how her life had been made difficult by a long-standing conflict with a particular nun, who was once one of her childhood teachers and had been persecuting her ever since. The nun would sometimes make different people enter the patient's house without being seen by anybody but her. She caused the patient to be mistaken for someone else in the small town where she lived. The patient could hear the nun's voice giving orders to her husband or members of her family, or even speaking from various parts of the patient's body (hand, eye, foot). The voice also talked to people on television, making them turn their faces towards the patient. The nun thus changed her appearances and names; she impersonated various other persons, sometimes taking the place of the patient herself. She used her voice or her gaze to guide and control what the patient called *les humaines* — the human appearances of persons. In this case, as in the one reported by Porge (1986) and in the *princeps* case, the same being causes various changes in human appearance, commands those appearances, and partially controls and takes possession of the patient's body.

The Fregoli and Capgras Syndromes: A Lacanian Perspective

Fregoli patients identify the people they meet as the persecutor in disguise; they receive from the persecutor various "influxes" or fluids, as well as sensorial phenomena that are imposed on them against their will. They recognize the individuals they meet as having different appearances, but they identify them as always being the same personality with the same name (Robine, Peter, the nun, etc.), that is, patients tend to identify always the same "figure" beneath the range of

people that they meet. As Courbon and Fail write in their first observation of the syndrome, Fregoli is "a single being" (1927, p. 123). The Fregoli patients maintain the following belief: the image may change — they know that the appearance is not the same — but in fact, it is so-and-so, it is really him or her, always the same, pursuing the patient. He is not *alike*, but *the same*. Hence we could say that, according to the patient's words, *the other is always the same.* This phenomenon can be considered as a logical variation on the subjective doubles in the Capgras syndrome, where the subject recognizes someone, but cannot conclude as to his or her identity: in reality, it is not exactly him or her, it is a double. We could say that in this case *the same is always an other*. Fregoli and Capgras syndromes obviously have to do with the recognition and identification of persons. In Lacanian terms, one could say that these syndromes disturb the processes involved in *recognizing* somebody's *image* and giving it a *name*. Although recognition is not currently considered as part of the field of psychoanalytical research but rather of cognitive science, psychoanalysis offers us specific and valuable tools to understand the relations between body image and nomination. It is worth recalling that Freud (1919) used the term "uncanny" to describe a disturbance of recognition. Moreover, in his *Project for a Scientific Psychology* (1895), Freud claimed that the normal recognition process should actually be thought of as an attempt to find again an object (*das Ding*) he considered to be fundamentally lost. Subsequently, Lacan made an indirect but invaluable contribution to our understanding of the nature of recognition, in his "Remarks on Daniel Lagache's Presentation" (1966/2002d) and his seminar on "Anxiety" (2004). Recognition refers to everything that, without receiving special attention, presents itself to us as reality. This was concisely formulated by Lacan in his dialogue with Henri Ey (Lacan, 1966/2002c, p. 130): "For there is no antinomy whatsoever between the objects I perceive and my body, whose perception is constituted by a quite natural tuning with those objects." When this "quite natural tuning" fails, we are faced with an order of facts we cannot recognize as ordinary reality. This manifests itself through feelings ranging from a fleeting discomfort barely tinged with anxiety — such as when we no longer recognize a familiar word while reading — to a complete collapse of reality.

While normal recognition makes reality self-evident to the point of preventing its analysis, psychotic disorders, which regularly involve a variety of syndromes isolated under the term *feelings of strangeness*, give us a unique opportunity to study disturbances of recognition. Fregoli and Capgras syndromes in particular display a decomposition of the basic elements involved in the process of recognition. This decomposition makes it possible for the two different dimensions of recognition to appear as separate from one another: the *name* on the one hand, the i*mage* on the other. In the words of these patients, the name designates something that the image fails to cover or represent, i.e., something that cannot be recognized. Indeed the main goal of any recognition process is to

grasp an image. And yet, what is at stake in Fregoli and Capgras syndromes is clearly something different.[3]

The image that Fregoli patients are confronted with has lost its consistency and identity of form. This follows modalities that may range from a unifying conjunction with the persecutor to a disjunction from the persecutor via a fragmentation of the body. In these syndromes, we could say that the patients do not actually deal with images, but rather with *something else*, something that has taken on a persecutory tone. Capgras and the subsequent psychiatrists interested in the syndrome seem to have found it difficult to characterize this something else using concepts related to recognition, so much so that they used a variety of terms — *méconnaissance* (misrecognition), *agnosie d'identification* (identification agnosia), *identification délirante* (delusional identification). Lacanian theory proves very useful in helping us characterize this *something else* and its relation to both name and body image. For the time being, we will denote this element, this something else that the patient designates as always the same, simply "*x*." As an hypothesis, we suggest that this *x* is the cause of the disjunction between the name and the image.

Courbon and Fail's observation makes it possible to pinpoint another element clearly revealed by Fregoli syndrome, namely that these phenomena cannot be understood solely as a defect in the field of recognition, and especially not bodily recognition. On the contrary, recognition, and especially recognition of the body image, is in this case fragmented, broken up into its component parts, for the benefit of something that the patient gives a name to, and hence positively identifies. This is obvious in the *princeps* observation: not only does the patient acknowledge that there is a variety of images — these are the others she comes across, meets in the street — but also these different images draw her attention by all sorts of imposed phenomena, — magnetic powers, outbursts, obscene commands, etc. — all of which she relates to the actress Robine. In other words, she identifies the same *x* in each one of them and names it by saying: "It is Robine." This *x* identification is associated with a fragmentation of the representation of her own body. The breaking up of the patient's body image is attested to by her speaking of her finger as a separate object, a merchandise: she says that her right index finger, which Robine shamelessly uses to increase her own beauty, is worth several millions francs. Robine's beauty is thus linked to the destruction and fragmentation of the patient's own body. In other words, there is her own fragmented image on the one side and what she calls *Robine* on the other side. Likewise, in the case described by Porge (1986), the patient's lower lip is owned by Peter. The patient examined by Thibierge (2011) has a part of her limbs controlled by her persecutor.

[3]What we assume here does not involve only recognition of persons, but any recognition process. It is worth noting that in intermetamorphosis syndrome, disorders in recognizing people may be associated with disorders in recognizing objects or places.

Based on this, we can formulate the question as follows: What is the *x* that the patient identifies behind the figures she sees? Taking into account what the patient says, *x* appears to be an object that is:

1. autonomous — following on its own causality,
2. xenopathic — imposing various sensorial phenomena on the patient,
3. at the origin of the disintegration of the body image, and
4. one (always the same).

In place of the image and instead of it, the patient always identifies *the same*. But what is this sameness? Does it mean the same person? The same name? The same image? The same thing? Indeed we have difficulties trying to answer these questions — our ordinary logic does not suffice to characterize this sameness. This *x*, always the same but disguised in various forms, cannot be defined in cognitive terms. However, the characteristics which we have briefly summarized above fit in precisely with what Lacan referred to as the "object *a*." A basic premise here is that the object *a* is not something that can be designated in reality. It is what Freud (1915) emphasized as the repressed drive impulses or instinctual representatives: having been repressed, these impulses or representatives cause the subject's desire, without any possibility for them to be directly and positively identified. The object of these repressed impulses is what one yearns for and aims at through one's demands, actions, dreams, symptoms, Freudian slips, etc. But it can never be grasped as such. In psychoanalytical theory, it is defined as the "lost object," insofar as it is fundamentally linked to the repression involved in the subject's entrance into language. Lacan designates it by a simple letter, *a*, in order to emphasize that it results from the loss inherent to language — the loss of any direct relation to what desire aims at. This is also why it cannot be objectively defined: it has no more objective meaning or form than a letter of the alphabet.

Lacan's analysis based on his concept of the mirror stage (Lacan, 1966/2002d) enabled him to show very clearly that the image of one's body, or *specular image*, can only take on a recognizable form and consistency on the condition of representing the loss, the absence from reality, of what he later called the object *a*. It is beyond the limits of this paper to discuss this concept in detail (for a more thorough discussion of the body image see Morin and Thibierge, 2006). In order to recognize one's own image or that of another person, the subject must first be able to grasp it as a symbol, i.e., as indicating the loss or absence of something. Indeed, every symbol implies the possible absence of the symbolized object. Schematically speaking, we could assume that we can only recognize our own image on the condition that the object *a* has been repressed.

Lacan (1966/2002d) had this relation between image and object in mind when he proposed the formula of the body image: *i(a)*. The formula designates the image *i* as deriving its consistency from an object, the object *a*, whose absence is enveloped by the image. In terms of Lacan's theoretical development, we could say that the formula encapsulates the entire process leading him from

Aimée, the patient to whom he devoted his doctoral thesis and who taught him to identify a constant element present throughout the series of her persecutor's images, to the "optical schema," where the real object derives its efficacy from being invisible (Lacan, 1966/2002d), and including the mirror stage (Lacan, 1966/2002a, 1966/2002b), where the illusory yet thoroughly captivating aspect of body image is brought to light. It may seem paradoxical and even provocative to assume that the image envelops the absence of the object. However, we all know that the image of our body may at times become concentrated in a kind of anxious attention, one that can never be satisfied, indeed as if there was always something missing. It is because our body image symbolizes and represents a lack that it is often experienced as unsatisfactory, incomplete, or downright strange. The Fregoli syndrome reveals this structure of the body image in a uniquely pure form by breaking it up: on one side, we have the unravelled, dislocated and unrecognizable image; on the other side, the object, which, in this case, is neither repressed nor lacking, but instead identified by the patient.

We can thus understand the formula *i(a)* as precisely referring to the knotting together of the elements that delusional false recognitions reveal in a clearly isolated state. Though it is not part of the formula *i(a)*, the proper name is also altered in Fregoli and Capgras syndromes. The identified object, which repeatedly intrudes on the patient's attention, is given a unique, unequivocal name (Robine, Peter, the nun in Fregoli syndrome, the sosies in Capgras syndrome).[4] Although it sounds like the persecutor's name, this unique name designates all the avatars of the persecutor, thus functioning as a common rather than proper name. Its efficacy extends beyond the usual function of the name; it names something that has the property of coming back to the subject under the guise of a real and unequivocal identity. This *x* designates precisely what the above formula designates as *a,* i.e., the object. However, while in neurosis this object is in principle never identified by the subject, here it is identified and even constitutes the mainspring of the systematization of the delusion. Not only is the name reduced to the status of a common name, but it is also further reduced to the object. In this transformation, the name loses its effective power, its identification capacity. In language, a name can in fact only identify through its difference from other names. It does not actually have a direct connection to what it names — except possibly in psychosis, as is the case here. From a clinical point of view, it is really one of the most distinctive features of this syndrome that the name actually connects itself to the object while identifying it. The Fregoli syndrome

[4]This loss of differentiation might be related to the basic characteristic of psychosis that Czermak (1986) brought to light in his pioneering work on Cotard's syndrome, under the term of "de-specification" of the body's orifices. In Cotard's syndrome, image and object are disentangled, but the intrusion of the object does not affect the images of other human beings, as it is the case in false recognition syndromes; Cotard's syndrome involves another aspect of one's relationship to what Lacan calls the Other, namely the relationship to one's own body orifices.

therefore provides a precise illustration of the effects triggered by the failure of the symbolic operation we call "naming" in psychosis. Naming does not only allow us to designate something using a symbol; it also identifies the one who names in a symbolic — i.e., differential — mode. In the Fregoli syndrome, naming appears to consist of only one name, which identifies the object; the object is equivalent to this one name: it is always the same. One might argue that the psychotic failure of specular knowledge (Lacan, 1966/2002a) results, in various forms, in an impossibility to stabilize the apprehension of reality in specific representations. This produces multiple instances of doubling, which we also notice in thought-echo (Séglas, 1895) and in other elementary phenomena of mental automatism (de Clérambault, 1987).

Discussion

Since the Fregoli and Capgras syndromes were first described, various psychoanalytical interpretations have been proposed (Capgras and Carette, 1924; de Pauw, 1994). Ringenbach (1986) and Porge (1986) have commented on the real, imaginary, and symbolic aspects of Capgras syndrome, which they consider a disjunction between the body and the image or an abolition of the *méconnaissance* linked to specular identification. However, most psychological interpretations focused on the theme of Oedipal conflict. For example, Lykouras, Typaldou, Gournellis, Vaslamatzis, and Christodoulou (2002) discuss a possible psychological susceptibility in a patient who presented with both Fregoli and Capgras syndromes:

> It is possible that organic deficits affecting the sense of familiarity were combined with a preexisting ambivalence towards the object, activating the defence mechanisms of denial, projection and pathological splitting of the internalized object representations. By "inventing" the bad double of her father the patient's negative feelings towards her father, through a mechanism of pathological splitting and projection, were directed towards, the double sparing the father and thus avoiding guilt [….] Her love was also projected to the outer world through her Fregoli syndrome, which partially serves to an incestuous wish fulfilment. (p. 235)

The current literature on misidentification syndromes is mainly devoted to the cognitive disorders observed in these syndromes. For example, Christodoulou (see Papageorgiou, Ventouras, Lykouras, Uzunoglu, and Christodoulou, 2003) emphasizes the deficiencies in working memory and allocation of attentional resources currently described in delusional misidentification syndromes. These cognitive studies rest on two pillars: (1) likening the rare occurrence of delusional false recognition after right hemispheric brain lesions (Ellis, 1994) to the well-established connection between face-recognition deficit (prosopagnosia) and right hemisphere lesions (Buchtel, 2001); (2) equating people recognition

with face recognition. As a result, these studies are based upon cognitive or neuropsychological standardized tests, which are mainly devised for studying prosopagnosia (Walther, Federspiel, Horn, Wirth, Bianchi, Strik, and Müller, 2010), a neurological disorder whereby patients do not recognize faces, while exhibiting peripheral signs of affective covert recognition (e.g., skin conductance response). It is noticeable that this approach, which implies what Luauté calls a unitary concept (i.e., bringing together psychiatry and the cognitive sciences) of misidentification syndromes (Sansone, Luauté, Bidault, and Tiberghien, 1998), ultimately fails to account for a specific aspect of the delusional syndromes: the fact that patients *believe* in their false recognitions, which is precisely what makes these recognitions deluding (Coltheart, Menzies, and Sutton, 2010). Young (2009) claims that the delusion of subjective doubles arises because individuals immediately recognize their relatives, but no longer have any arousal response towards them. Indeed, Capgras patients do not exhibit any differential modification of skin conductance to familiar faces (Ellis and Lewis, 2001), a condition inverse of what is observed in prosopagnosia.[5] According to Young (2009), this absence of a somatic emotional marker might be experienced by the Capgras patient, "not as a lack of affective response but as a loss," and be perceived as "estrangement" when meeting his relatives. However, Breen, Caine, Coltheart, Hendy, and Roberts (2000) have reported cases of both neurological and psychiatric patients, in whom such a lack of affective response to familiar faces was not critical for the development of delusional misidentifications. Although Young considers that the sense of estrangement "should be an integral component within any explanation proffered," he is forced to recognize that "as a final but nevertheless important point, the sense of estrangement experienced by the Capgras patient is not sufficient to produce the delusional belief that the person is an impostor; nor is it the whole story regarding the phenomenology underlying the condition" (2009, p. 637).

Such dead-ends in the current neuropsychological approach to delusional misidentification syndromes provide an illuminating example of one of the most common risks in analyzing clinical data, namely that we only recognize what we already know and miss what the patient actually says. Indeed, even though we have little access to the patient's phenomenological experience, we can rely upon what the patient says. But we can only rely on it provided that we write down exactly what we hear. Writing down what the patient says is of prime importance, since writing "under the patient's dictation" means giving up *recognizing*. By giving up recognizing, we mean giving up "understanding" what we think we hear, giving up the implicit hypothesis that what we hear is homogeneous with our field of consciousness, i.e., with the limited set of representations we are able

[5]For Young (2009), the affective response measured by the electrodermal response is supposed to result from the mental activity involved in the retrieval of person–identity information.

to recognize. It is probably because traditional psychiatrists wrote down their observations that they were able to identify the distinctive features of Fregoli and related syndromes, as Courbon and Fail (1927) did when they wrote: "Fregoli is a single being." Such distinctive features were not immediately recognizable or "understandable." But they could be identified because they were underpinned by material elements — the patients' words, their grammatical logic, transcription, and reading — that were independent of recognition. These considerations are not unimportant. Indeed, what Fregoli syndrome teaches us regarding recognition is closely linked to this problematic, insofar as it permits us to separate out some fundamental features of what Lacan called specular knowledge (1966/2002a). A full development of these notions is to be found in Thibierge (2011).

Instead of looking for disturbances in cognitive processing, some authors have tried to identify the logic that might account for the patients' erroneous beliefs. Following Cutting (1991), Margariti and Kontaxakis (2006) proposed to read delusional misidentifications syndromes not as disorders of the sense of familiarity, but as disorders of uniqueness. They "hypothesize that a common potential pathogenic factor underlying DMS could be a disorder of the sense of uniqueness. The ability to attribute uniqueness to the self and to surrounding people, objects, or places is a principal property of the adaptable mind that acts as a matrix for the identification process" (p. 261). This approach is interesting since it corresponds to the formulas we have proposed above: *the other is always the same* and *the same is always an other*. Our Lacanian reading gives us further insight into this disorder of uniqueness: as human beings, we can perceive objects and people as unique, but only insofar as the unique object that makes us desire is itself concealed. Only the identification with an image, which simultaneously neutralizes this object, gives us access to uniqueness — this is what Lacan's concept of the mirror stage tries to demonstrate. In other words, the possibility of recognizing people and objects as unique is not a basic physiological ability, but is the result of a specific process, one that establishes a specific connection, a relationship between our image and our object. This connecting process makes it impossible for the image and the object to permanently coexist in our psychic reality. In delusional misidentification syndromes, this process happens to be ineffective and it is the presence — rather than absence — of the object *a* that causes all the characteristics of the image *i* described above. This is the reason why Fregoli and Capgras syndromes, as described by French traditional psychiatry, can make a significant contribution to the questions of recognition, both in practice and in theory. As in a chemical analysis, Fregoli and Capgras syndromes separate the two elements — *i* and *a* — which we can never find isolated in our clinical experience of neurosis.

A different version of the separation of *i* from *a* may be found in neurological disorders of body image. We have shown elsewhere that in these cases the pseudo-delusional personification of paralyzed limbs may be read as directly attesting the

intrusion of the object — which would otherwise be repressed — in the patient's psychic reality (see Morin, Thibierge, Bruguière, Pradat–Diehl, and Mazevet, 2005; Morin, Thibierge, and Perrigot). In these neurological cases, it is the organic failure of body image that makes neutralization of the object ineffective. The psychopathological interest of these cases is that they bring to the fore an element that, precisely because of repression, remains rather obscure and difficult to grasp in neurosis. The neurotic's searching is always driven by the same object. However, a neurotic person can never identify this object, except when anxiety indicates its incidence. This is the price to pay for the possibility of recognition.

In the final analysis, delusional misidentification syndromes do not seem to be named appropriately, at least from the psychoanalytical point of view. Indeed, we have shown that in Fregoli and Capgras syndromes, the object is not misidentified — as it is in neurosis — but *identified*, whereas it is the *recognition* of images that is disturbed. The presence of the unique object — which in this case is not lost — in the patient's psychic reality, results in a multiplicity of inconsistent images.

References

Breen, N., Caine, D., Coltheart, M., Hendy, J., and Roberts, C. (2000). Towards an understanding of delusions of misidentification: Four case studies. *Mind and Language, 15,* 74–110.

Buchtel, H.A. (2001). Left and right hemisphere contributions to physiognomic and verbal discrimination. *Neuropsychology*, *15*, 597–606.

Caine, D. (2009). Reflecting on mirror self-misrecognition, *Neuropsychoanalysis, 11,* 211–226.

Capgras, J., and Carette, P. (1924). Illusion des sosies et complexe d'Œdipe. *Annales Médico-Psychologiques, 12*, 48–68.

Capgras, J., and Reboul–Lachaux, J. (1923). L'illusion des 'sosies' dans un délire systématisé chronique. *Bulletin de la Société Clinique de Médecine Mentale*, *2*, 6–16.

de Clérambault, G. G. (1987). *Œuvres Psychiatriques*, Paris: Frénésie.

Coltheart, M., Menzies, P., and Sutton, J. (2010). Abductive inference and delusional belief. *Cognitive Neuropsychiatry, 15*, 261–287.

Courbon, P., and Fail, G. (1927). Syndrome d'illusion de Fregoli et schizophrénie. *Bulletin de la Société Clinique de Médecine Mentale, 15*, 121–125.

Courbon, P., and Tusques, G. (1932). Illusions d'intermétamorphose et de charme. *Annales Médico-Psychologiques, 14*, 401–406.

Cutting, J. (1991). Delusional misidentification and the role of the right hemisphere in the appreciation of identity. *British Journal of Psychiatry, 159*, 70–75.

Czermak, M. (1986). Signification psychanalytique du syndrome de Cotard. In J. Clims (Ed.), *Passions de l'objet* (pp. 205–236). Paris: Editions de l'Association Freudienne.

Ellis, H.D. (1994). The role of the right hemisphere in the Capgras delusion. *Psychopathology, 27*, 177–185.

Ellis, H. D., and Lewis, M. B. (2001). Capgras delusion: A window on face recognition. *Trends in Cognitive Science, 5*, 149–156.

Freud, S. (1895). *Project for a scientific psychology* (standard edition, volume 1, pp. 283–397). London: Hogarth Press.

Freud, S. (1915). *Repression* (standard edition, volume 14, pp. 146–158). London: Hogarth Press.

Freud, S. (1919). *The uncanny* (standard edition, volume 17, pp 219–256). London: Hogarth Press.

Lacan, J. (1980). *De la psychose paranoïaque dans ses rapports avec la personnalité.* Paris: Seuil.

Lacan, J. (2002a). On my antecedents. In B. Fink (Ed.), *Ecrits* (pp. 51–57). New York: W.W. Norton and Company. (Originally published 1966)

Lacan, J. (2002b). The mirror stage as formative of the function of the I as revealed in psychoanalytic experience. In B. Fink (Ed.), *Ecrits* (pp. 75–81). New York: W.W. Norton and Company. (Originally published 1966)

Lacan, J. (2002c). Presentation on psychical causality. In B. Fink (Ed.), *Ecrits* (pp. 123–158). New York: W.W. Norton and Company. (Original published 1966)

Lacan, J. (2002d). Remarks on Daniel Lagache's presentation: "Psychoanalysis and personality structure." In B. Fink (Ed.), *Ecrits* (pp. 543–574). New York: W.W. Norton and Company. (Originally published 1966)

Lacan, J. (2004). *Le séminaire. Livre X. L'angoisse*. Editions du Seuil. Paris: Champ Freudien.

Leuret, F. (1834). *Fragments psychologiques sur la folie*. Paris: Crochard.

Lykouras, L., Typaldou, M., Gournellis, R., Vaslamatzis, G., and Christodoulou, G.N. (2002). Coexistence of Capgras and Fregoli syndromes in a single patient. Clinical, neuroimaging and neuropsychological findings. *European Psychiatry, 17*, 234–235.

Margariti, M.M., and Kontaxakis, V.P. (2006). Approaching delusional misidentification syndromes as a disorder of the sense of uniqueness. *Psychopathology*, *39*, 261–268.

Mojtabai, R. (1994). Fregoli syndrome. *Australian and New Zealand Journal of Psychiatry, 28*, 458–462.

Mojtabai, R. (1998). Identifying misidentifications: A phenomenological study. *Psychopathology, 31*, 90–95.

Morin, C., and Thibierge S. (2006). Body image in neurology and psychoanalysis: History and new developments. *Journal of Mind and Behavior, 27,* 301–318.

Morin, C., Thibierge, S., Bruguière, P., Pradat–Diehl, P., and Mazevet, D. (2005). "Daughtersomatoparaphrenia" in women with right hemisphere syndrome: A psychoanalytical perspective on neurological body knowledge disorders. Neuropsychoanalysis, 7, 171–184.

Morin, C., Thibierge, S., and Perrigot, M. (2001). Brain, body image and language: A psychoanalytic perspective. *Journal of Mind and Behavior, 22,* 69–89.

Papageorgiou, C., Ventouras, E., Lykouras, L., Uzunoglu, N., and Christodoulou, G.N. (2003). Psychophysiological evidence for altered information processing in delusional misidentification syndromes. *Progress in Neuro-Psychopharmacology and Biological Psychiatry, 27*, 365–372.

de Pauw, K.W. (1994). Psychodynamic approaches to the Capgras delusion: A critical historical review. *Psychopathology, 27*, 154–160.

Porge, E. (1986). Endosser son corps, *Littoral*, 21, 65–88.

Ringenbach, A.M. (1986). Avatars du corps et de son enveloppe. *Littoral, 21,* 37–50.

Sansone, S., Luauté, J.P., Bidault, E., and Tiberghien, G. (1998). Une conception neuropsychologique unitaire du syndrome de Capgras. *Annales Médico- Psychologiques, 156*, 433–444.

Schreber, D.P. (2000). *Memoirs of my nervous illness.* New York: NYRB Classics.

Séglas, J. (1895). *Leçons cliniques sur les maladies mentales et nerveuses.* Paris: Asselin and Houzeau.

Thibierge, S. (2011). *Le nom, l'image, l'objet. Image du corps et reconnaissance*. Paris: Presses Universitaires de France.

Thibierge, S., and Morin, C. (2010). The self and the subject. A psychoanalytic Lacanian perspective. *Neuropsychoanalysis, 12,* 81–93.

Walther, S., Federspiel, A., Horn, H., Wirth, M., Bianchi, P., Strik, W., and Müller, T.J. (2010). Performance during face processing differentiates schizophrenia patients with delusional misidentifications. *Psychopathology, 43*, 127–136.

Young, G. (2009). In what sense 'familiar'? Examining experiential differences within pathologies of facial recognition. *Consciousness and Cognition, 18*, 628–638.