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ARE REDUPLICATIVE PARAMNESIA AND CLONAL PLURALIZATION OVERLAPPING CONSTRUCTS?

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INTRODUCTION

Following the early description of delusion of doubles by Capgras and Reboul-Lachaux (1923), several variants of delusional misidentification syndrome (DMS) have been described in literature. The major DMSs besides Capgras syndrome include delusions of Fregoli (Courbon & Fail 1927), subjective doubles (Courbon & Tusques 1932) and intermetamorphosis (Christodoulou 1978). Murai et al. (1998) distinguished DMS into two major groups: the Capgras' type (including Fregoli delusion) and the Clonal Pluralization (CP) type. The former involves misidentification in the true sense, while the later stems from a false belief that multiple copies of an individual exist who are physiologically and psychologically identical. Following the first description of such a case of clonal pluralization of a person (Murai et al. 1998), Voros et al. (2003) described a case of CP of self, and Ranjan et al. (2007) expanded it to include a case of CP of self and others. Nagy et al. (2009) described a case of CP of self as a hallucinatory form of autoscopy. Reduplicative paramnesia (RP), another related concept, has primarily been used to refer to "duplication" of a place and has mostly been described in relation to neurologic illnesses (Politis & Loane 2012) though the original description by Pick (1903) bore a striking phenomenological resemblance to cases of CP described in literature. We describe a case of paranoid schizophrenia where the person believed in the existence of several copies of him as well as others and also claimed that the vegetation in the hospital was identical to that of his house.

CASE REPORT

Patient A, 36 year old married male, presented to the hospital with complaints of staying aloof and withdrawn, suspiciousness towards family members and unusual beliefs and experiences for the last 5 years. It started with a gradual loss of interest in socialization with friends and neighbors. His interest in his business also declined and within a year of onset of symptoms he stopped attending his business completely. He became suspicious of his wife if he found her talking to any other male person. He also alleged that his family members were trying to harm him. It led to occasional fights in the family. He was frequently found muttering and smiling to self. He said that he could hear voices of many people who were threatening to kill him. The voices would keep pestering him all through the day. Often, he would hear voices of familiar persons; sometimes, his own voice. He was brought to hospital as he was becoming irritable and violent towards family members on minor issues. His family history was insignificant and he had well-balanced premorbid personality. On mental status examination, he was found to have delusions of persecution, reference and infidelity as well as auditory hallucinations. He recounted a strange phenomenon when he claimed that every person in this world has multiple copies. All the forms are identical in look and nature, i.e., physically and psychologically similar. He told the interviewer (the treating psychiatrist) that all his copies are also doctors and are his exact look-alikes though they live and work independently. He said that each individual had multiple copies (though he never mentioned any fixed number) of himself but was unaware of them. On being asked how he came to know about this, he said that initially this occurred to him when he heard the voice of his own copies. Later on, he heard the voices of familiar persons when they were around him. This made him further convinced regarding the existence of copies of him as well as others. During his stay in the hospital, he would look intently at the plants in the garden. On query, he said that these plants were the same as those found in his village. When he was explained that it was possible that these were of similar variety, he disagreed. He went on further to say that he had examined the plants minutely and concluded that they were exact copies of those found in his village. In fact, he said that someone must have "uprooted" the plants from his village and "replanted" them in the hospital garden! However, he did not explain any motive behind such an act. He subsequently insisted that identical copies of plants in his village were existing in the hospital just like copies of humans. Physical examination was unremarkable. Bedside lobe function tests were normal though he did not cooperate for detailed neuropsychological evaluation. Magnetic Resonance Imaging of the brain was normal. Following

admission, he was put on adequate trials of olanzapine followed by haloperidol with poor response. Finally, he was started on tab clozapine to which he showed partial improvement. The delusional misidentification lasted for about six months after initiation of treatment and initiation of clozapine was the most useful step in the treatment. The improvement in delusional misidentification was accompanied by gradual improvement in auditory hallucinations.

DISCUSSION

The classical variants of misidentification described in literature primarily involve "replacement" of persons while in our case, misidentification results from "duplication" of persons along with inanimate objects. This is the primary phenomenological distinction of the delusion in our case with other misidentification syndromes. Our case has all the characteristics of CP type of misidentification. The belief in the existence of multiple copies or clones which are physically and psychologically identical puts our case in the same league as that of Murai et al. (1998), Voros et al. (2003), Ranjan et al. (2007) and Nagy et al. (2009). However, certain interesting points emerge on detailed analysis of our case. Firstly, our case provides an explanation into the possible cause of CP. Our patient derived the conclusion primarily from auditory hallucinations when he heard his own voice and subsequently those of familiar persons. Thus, CP in our case was primarily an interpretive delusion which underwent subsequent systematization. This should always be explored in all cases of CP with prominent auditory hallucinations. Another interesting feature of our case is overlap with RP. Though RP in its original description referred to duplication of a place and person, current literature has restricted the definition only to places and CP has been described as "person equivalent" of RP (Murai et al. 1998). The claim of familiarity in our case goes beyond humans to involve plants which our patient finds "completely identical" to those of his house. Since pluralization involving both plants and humans are present in the same person, we propose that RP and CP lie along a continuum and the distinction between them is redundant. Also, delusional replacement of inanimate objects has been described (Anderson 1988, Rastogi 1990, Anderson & Williams 1994, Silva & Leong 1995), which appear phenomenologically similar to the replacement of persons in Capgras syndrome. Furthermore, there are reports of substitution of time (Aziz & Warner 2005), similar to duplication of place and person. Thus, there is an overlap among various forms of misidentification syndromes which can sometimes occur in the same individual. Therefore, it would appear prudent to include all varieties of pluralization including animates and inanimate objects, place and even time under the same rubric, RP or as its variant.

The main reason why authors have supported the distinction between RP and its "person equivalent" CP is to retain the predominant organic underpinning of the former. We argue that the distinction between both in terms of presence or absence of identifiable cerebral lesions seems arbitrary. While classical literature has commonly described the occurrence of misidentification in functional psychoses like schizophrenia and bipolar disorder, the case of CP reported by Nagy et al. (2009) had clear evidence of abnormalities corresponding to vascular encephalopathy in CT. This is further supported by the fact that classical misidentification syndromes like Capgras and Fregoli are also accompanied by organic lesions in certain cases (Signer 1992, 1994, Roane et al. 1998, Feinberg et al. 1999). We further propose that the term RP be retained in its original sense as described by Pick (1903) and all cases of CP in its various forms be included under the same rubric. This would not only remove the arbitrary distinction between place and person or organic and functional, but also would simplify the complicated array of related terminologies that add to the confusion in literature related to DMS.

CONCLUSION

Clonal Pluralization (CP) refers to a false belief that multiple copies of an individual exist who is physiologically and psychologically identical, whereas Reduplicative Paramnesia (RP) has primarily been used to refer to duplication of a place. We describe a case of paranoid schizophrenia where the person believed in the existence of several copies of him as well as others, and also claimed that the vegetation in the hospital was identical to that of his house. The overlap between CP and RP constructs are discussed.

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