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Synopses of Papers Awaiting Publication

'The Capgras Syndrome' Following Head Injury. By M. J. WESTON and F. A. WHITLOCK.

Up to the present time all cases of the Capgras syndrome ('illusion des sosies') have developed in the course of functional psychoses usually schizophrenia. Although one or two examples of the syndrome have later developed signs of organic brain disease, so far as we know it has not hitherto been described following acute cerebral trauma.

The patient was a twenty year old single man who was seen some three months after sustaining a severe head injury because his parents found he was difficult to manage at home. He showed evidence of visual defect, severe memory disturbance, nominal dysphasia, a frontal lobe syndrome and the characteristic features of the Capgras syndrome. He believed that his family had been killed by Communists on the mainland of China, and that his parents and siblings were imposters who had assumed the exact appearance of his dead family.

He had no memory of events leading up to his car accident, and only a patchy memory for the three months following his accident; he strongly denied having been involved in a car accident, but later accepted the fact when confronted by his wrecked vehicle. In the course of his post-traumatic delirium he experienced a vivid hallucinatory episode during which he saw his family being shot by Chinese Communists. Following recovery of consciousness he had great difficulty in appreciating the true nature of his experience, and this, coupled with the severe memory defect, appeared to be the basis of his delusional beliefs about the identity of his family.

The relationship of the Capgras symptoms to a number of neurological syndromes, e.g. prosopagnosia, was considered, but the known neuropathology of these disorders threw little light on the aetiology of our patient's illness. A psychopathological interpretation in terms of memory disturbance and an intense emotional experience seemed more meaningful, and suggested the possibility that in some cases such phenomena precede the onset of a Capgras syndrome in the setting of a functional psychosis. There appears to be a need to examine this aspect of the aetiology more closely in an attempt to understand a particular constellation of symptoms that may be less rare and less specific than was at one time thought.

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A Study of Eye-contact Changes in Depressed and Recovered Psychiatric Patients. By M. K. HINCHLIFFE, MEREDITH LANCASHIRE and F. J. ROBERTS.

A further study of eye-contact levels in depression has been made using recovered depressed patients as a control group. The findings of other workers in the field have been taken into account in planning our experiment. The variable of social reinforcement by the interviewer was controlled for in an experiment using a Videotape recording technique whereby patient and interviewer appear on the screen together. Counts were made of social reinforcements over a two minute period.

A structured interview was devised. Sixteen patients and 16 controls (recovered patients) were interviewed and relevant measures taken using a Rustrak 4-channel Event recorder. An independent assessment of depression was made using the Zung Self-Rating Scale for depression. A comparison was made between (a) percentage total eye-contact in 5 minutes (b) percentage eye-contact during the subject's speech in 5 minutes.

Results showed the recovered patients looked significantly more than the depressed group.

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A uniform rate of social reinforcement was also shown for all groups.

Other findings are discussed, and the suggestion is made that the alteration of eye-contact in depression may be part of the defensive withdrawal of depression.

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Flooding versus Desensitisation in the Treatment of Phobic Patients: A Cross-Over Study. ISAAC MARKS, JOHN BOULOUGOURIS and PEDRO MARSET.

Sixteen patients with phobic disorders were allocated at random to one of two treatment-order groups. Eight patients had 6 sessions of desensitisation in fantasy followed by 6 sessions of flooding in fantasy, while another 8 patients had the same two treatments in the reverse order. Every fantasy session lasted 50 minutes, and the 5th and 6th sessions of each treatment were followed immediately by desensitisation or flooding in practice for 70 minutes. Treatment was 2 to 3 times weekly, and average treatment time was 5 weeks. Flooding only involved cues relevant to fears which patients had expressed, and 'dynamic conflicts' were not utilized. Ten novice therapists gave the treatment, each patient receiving both treatments from the same therapist. Clinical and physiological assessments were made before treatment and two days after the 6th and 12th sessions. Clinical ratings of phobias were reliable. Both treatments produced significant improvement of phobic ratings, but only flooding produced significant physiological improvement (heart rate and skin conductance during phobic imagery). Flooding was significantly superior to desensitisation on clinical ratings of main phobia and in reducing heart rate and skin conductance activity during phobic imagery. Both treatments were more effective when given as first than as the cross-over treatment. Clinical and physiological indicators of anxiety correlated significantly negatively with outcome to desensitization, but positively with outcome to flooding. The two treatments produced similar effects in patients with focal phobias, but flooding produced more improvement in agoraphobic patients. Improvement was maintained to the end of follow-up one year after treatment. The essential therapeutic components of flooding still need to be determined before it can be used routinely.

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