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Cotard Syndrome across Time and Place

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We thank Sharpless and Blom (in press) for their commentary in which they note a historical case of Cotard syndrome (Bucknill & Tuke, 1858) published approximately 20 years before Cotard's paper (Cotard, 1880). The case involved nihilistic beliefs about the non-existence of bodily organs, blood, and veins. This is in keeping with what was later termed Cotard syndrome – a broad set of psychiatric symptoms and signs involving delusions with nihilistic, somatic, and self-accusatory themes, as well as depression, anxiety, auditory and visual hallucinations (Berrios & Luque, 1995, 1999). The case did not appear to explicitly involve the belief of being dead, so does not constitute Cotard *delusion*, a more narrowly defined construct that can occur within the broader syndrome and which involves the conviction that one is already dead (Edelstyn & Oyebode, 2006). It was this latter idea that our patient, Natalie (pseudonym), entertained amongst other more prominent delusional beliefs in the context of postpartum psychosis (Connors et al., 2024).

This distinction between Cotard syndrome and Cotard delusion is important for both nomenclature and defining underlying mechanisms (Young & Leafhead, 1996). While some have questioned whether the two can be separated (Berrios & Luque, 1995), the inconsistent co-occurrence of the various features of the broader syndrome justifies a focus on the delusion alone when examining cognitive underpinnings (Marshall & Halligan, 1996; Young & Leafhead, 1996). A further distinction can be made between delusions about the non-existence of body parts – what Bucknill and Tuke (1858) termed “an illusion of hypochondriasis” (p. 137) when describing their case – and delusions about already being dead – that is, Cotard delusion. While these delusions may co-occur (Enoch & Trethowan, 1979), they are sufficient differences to consider reasons for their divergences.

In this context, Natalie's case provides unique insights (Connors et al., 2024). Natalie, after recovery, traced the ideas she had of being dead and in the afterlife to both the failure of other explanations to account for her experiences and ideas from a television show. Natalie

also denied dissociative symptoms and depression and was unlikely to have encountered a temporary disruption of autonomic activity, all previously posited as contributing factors in Cotard delusion (Enoch & Trethowan, 1979; Ramachandran & Blakeslee, 1998). As such, Natalie account suggests a critical role for an individual's search for meaning, which reflects their social and cultural context, in shaping delusional content. This alone could contribute to divergences. The focus on non-existence of internal bodily organs, however, in Bucknill and Tuke's (1858) case, rather than on being dead and in the afterlife, may also reflect a greater focus on bodily health. This, in turn, may represent distinct underlying precursors for the different beliefs, prior to a search for meaning, as well as distinct vulnerabilities to illness anxiety that might shape an individual's attributions.

Sharpless and Blom raise a historical point about the primacy of who first reported Cotard syndrome and suggest that Bucknill and Tuke should receive credit. The eponym "Cotard Syndrome", as Sharpless and Blom note, was bestowed by Emmanuel Régis (1893) in honour of Jules Cotard several years after Cotard's untimely death (Berrios & Luque, 1995, 1999). Cotard himself, however, did not claim scientific priority for discovering the syndrome and referred to multiple cases of nihilistic delusions that preceded his. In his 1880 paper, for example, Cotard cited cases by Esquirol (1814), Leuret (1834), Macario (1843), Morel (1853), Baillarger (1860), and Krafft-Ebing (1878). In his 1882 paper, Cotard specifically stated that he could have referred to a large number of other second-hand observations, though limited his references to those he had previously cited and several additional cases that he considered relevant (e.g., Archambault, 1852; Fodéré, 1817). Many of these cases preceded that of Bucknill and Tuke (1858), to which Cotard does not explicitly refer.

There are other cases of Cotard delusion that precede Jules Cotard, the cases he cited, and Bucknill and Tuke (1858) by several centuries. In *Anatomy of Melancholy*, Robert Burton, writing under a pseudonym Democritus Junior, referred to a case of Cotard delusion reported by Petrus Forestus, a Dutch physician from the 1500s (Democritus Junior,

1638/2021). Another case reported in detail was provided by Theophile Bonet in the 1600s (Förstl & Beats, 1992; Förstl & Dickson, 2021). In addition, there are many cases of Cotard delusion from non-Western cultures, including China (Chiu, 1995), Japan (Shiraishi et al., 2004), India (Das et al., 2012), the Middle East (Nejad & Toofani, 2005), South East Asia (Ko, 1989), Central America (Ramirez-Bermudez et al., 2010), and South America (López, 2022).

Altogether, these cases of Cotard delusion across different time periods and locations suggests nihilistic beliefs remain perennially relevant. We consider Natalie's case that we reported to be unique in describing Cotard ideas at their genesis and without confounds of depression, cognitive impairments, and chronic psychosis that are usually present (Connors et al., 2024). Natalie's case also, as already noted, highlights a critical role for the individual's search for meaning in shaping delusional content (Connors & Halligan, 2015, 2020, 2022). Such a search for meaning, in combination with the perpetual challenge in facing one's own mortality and, for some, despair, may help explain recurrent themes of death, decay, and non-existence in delusions across cultures and over many centuries.

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