

# EROTOMANIA: TWO CASE REPORTS

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## SUMMARY

Delusions are common among psychiatric patients. Delusions of passion can be very systematised and, at the same time, incredible. The delusions can remain fixed for a long time and treatment is usually not satisfactory.

One of the exotic and rare psychiatric conditions is de Clerambault's Syndrome and the main feature is a pure erotomania. This condition defies satisfactory classification in the current ICD-IX and DSM-III, and remains as one of the most difficult to treat and troublesome syndromes.

Two patients who developed the symptoms of erotomania were treated by the University Hospital, Kuala Lumpur in 1982–1983. One had the primary erotomania of de Clerambault's syndrome while the other suffered from erotomania as a secondary symptom which was part of the symptomatology of her primary illness of schizophrenia. Their case histories and the current western concepts on erotomania were described.

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## INTRODUCTION

Simple delusion of passion as a symptom is a fairly common symptom in various psychiatric conditions, such as schizophrenia and bipolar affective disorder. The term erotomania is to be regarded as a separate condition whereby there is a fixed and systematised delusion that a person is in love with the patient. This is different from nymphomania which refers to an inordinate desire for sexual intercourse.

Patients can have erotomania as a primary symptom or as a secondary symptom of such conditions as schizophrenia and paranoid disorder. Primary erotomania refers to erotomania as the only feature of the patient's illness while other areas such as affect, speech, other thought contents and the cognitive functions are intact. Under this group of primary erotomania disorders is the rare and exotic de Clerambault's Syndrome, which was first described by de Clerambault<sup>1</sup> as *psychose passionelle*. This disorder has specific criteria and is a rather troublesome and embarrassing condition to the sufferer, the 'victim' and the therapist. It is also very resistant to all forms of treatment and may involve medico-legal intervention to stop the sufferer from harrassing and assaulting the 'victim'.

Two patients seen at the University Hospital, Kuala Lumpur during the period April 1980 to March 1983 had erotomania as a feature of their illnesses. The first was diagnosed as a case of de Clerambault's Syndrome while the second had residual paranoid

schizophrenia. Their case histories are elaborated below.

### Case I

S., a 25-year-old single, Chinese, unemployed female was brought by her pastor's wife on 22 April 1980 for investigation and treatment of her 'crazy behaviour' of having made plans to marry a 32-year-old male teacher, K. A week prior to her consultation, a friend of K.'s had received a wedding invitation card which announced that S. and K. would be married at the local church on 1 May 1980, and this would be followed by a dinner at a particular restaurant. K.'s friend was surprised at the 'quiet planning' of the couple's 'wedding' because in her opinion, the couple had not appeared to be having a close relationship — they were just casual church members. She notified K., who was rudely taken aback and he brought this information to the attention of the pastor. The pastor visited S in her house and confronted her about her intention to marry K. S. readily admitted that she had deliberately planned the wedding to take place by 1 May 1980, or else K. would never have made the first move to settle down with her, despite his desire to have her married to him. In the meantime, S.'s mother had found some of those cards which had not been used in S.'s room. During their conversation, the pastor and S.'s parents could not convince S. that K. had never made any proposal to marry her and that her belief of K. waiting for her to settle down with him was false. S., in fact, became angry with her parents and the pastor. There was no other abnormal behaviour observed by S.'s parents and there were no changes in her appetite and sleep pattern.

S.'s birth and early history were unremarkable. She was quiet and studious and had been obtaining good grades in her examinations. However, since 1972, when she became a Christian at the age of 17 years, her life-style had changed. She became very involved in church activities and her studies deteriorated, obtaining only a Grade III in her Malaysian Certificate of Education examinations.

The explanation for the drop in school performance became obvious on interviewing her. She said that soon after she became a member of that church, K. had said 'hello' to her. From that moment, she had been having fantasies about having sexual relationship and settling down in marriage with him. She often masturbated while fantasising about K. These thoughts occurred even while she was having her lessons in school. Each time she went to church, she would look for K. and if she saw K. talking to other girls, she felt extremely jealous but she did not dare to confront him for fear of him stopping his plans to marry her. K. had never dated her. She remained unemployed for three years until 1975, when she obtained a job as a bank clerk. She had no trouble coping with her work.

In that same year, she started writing letters to K. Initially, these letters were casual and K. replied to a few of her letters. However, after six months, her letters became more intimate. K. told her to stop writing but she ignored his warning, saying that he felt shy to write to her but would still want her to express her love for him and her desire to settle down with him because she had wanted him so much. K. then started to return her letters unopened and eventually, he just tore and threw them away.

Thinking that K. was trying to avoid her in 1977, S. began to visit him at the school where he taught. K. would hide inside the school compound until his friends informed him that she had left the town! Once he was caught unprepared and S. washed the house and cooked a meal for him as if she was his wife. K. had to forcibly send her off to the bus-stop and had to warn her never to visit him again.

In May 1979, she resigned from her job as she felt that she should begin to devote more time to K. as he wanted her to be his wife soon. She began to plan her future marriage with K. By April 1980, she had made preparations for her marriage by having rented a wedding gown, booked a ten-table Chinese dinner, paid the deposit and rent for

a flat, paid the deposit for a set of furniture, bought kitchen utensils and printed a few dozen wedding invitation cards. During the first week of April 1980, she sent the cards to her friends.

S. came from a conservative and low socio-economic class family; her father was a Taoist undertaker while her mother was a housewife. The parents denied disharmony or financial debts. S. was the eldest sibling in a family of three girls and a boy, and she was able to get along with the other siblings although they considered her too religious and quiet. There was no family history of mental illness.

On mental status examination, her general appearance revealed that she was a plain-looking girl. She had the fixed and systematised delusions about K. wanting her to settle down with him although he was too shy to openly admit so. Her affect was appropriate; her speech was rational, relevant and coherent; she denied hallucinations or passivity phenomenon and her cognitive functions were intact. There were no abnormalities on physical examination and her routine full-blood count and urine examination results were within normal limits. A diagnosis of pure erotomania which was characteristic of de Clerambault's Syndrome was made.

She was started on Trifluoperazine 5 mg t.d.s. and Benzhexol 2 mg t.d.s.; joint sessions with her parents, K. and the patient were carried out. Despite K. having directly told her that he never had any intention to marry her, she still maintained her delusion that deep down in his heart, K. had wanted her to settle down with him, although the time was not right for things to happen. She was determined to go ahead with her plans and because her hospital stay extended into May 1980, she had her proposed wedding date postponed to 10 June 1980. K. had threatened to seek police protection should she continued to harass him. She was sent on home leave but she failed to return for review and her present status remains unknown.

## Case 2

W., a 31-year-old, single, unemployed, Chinese female was admitted to the psychiatric ward in

March 1973 for having unmanageable behaviour of stripping herself naked at home and threatening to kill her mother with a knife. She had been treated for chronic schizophrenia since 1973 and she has had five previous admissions. As early as 1977, she noted by her doctor to have undesirable transference feelings towards him. She was subsequently transferred to the care of a private female psychiatrist.

In July 1981, she was admitted to the wards for treatment of an episode of relapse of her schizophrenic illness. During this admission, she was under the care of another male therapist who was rather soft and gentle to her. Gradually, she began to have sexual fantasies about him and started writing letters to him. The letters gradually became more intimate and frequent, and he received as many as three letters a day. The letters asked him to marry her and she expressed her doubt as to how the therapist could love his wife when W. was so good to him. Despite the therapist having tried to convince her that he was already very happily married to his wife and that he did not love her, her harassment continued. The therapist had even brought the matter to the attention of her parents but this did not stop her from thinking about the therapist. By October 1982, the therapist could no longer tolerate her harassment and she was subsequently put under the care of a female therapist.

W. took this rejection by her former male therapist rather badly and at home, she would strip herself naked to attract the attention of a male neighbour. When the parents scolded her, she would become aggressive and threaten to kill her mother.

In the ward, she admitted to having visual hallucinations of shadows and auditory hallucinations of men talking about her. She also had ideas of reference about her neighbours and her affect was rather fatuous. Physically, she was fit. A diagnosis of residual paranoid schizophrenia with erotomania was made. She was treated with Inj. Fluphenazine (Modecate) 37.5 mg I/M monthly, Chlorpromazine (Largactil) 100 mg t.d.s. and Benzhexol (Artane) 2 mg t.d.s. She subsequently settled but her erotomania about the male therapist persisted.

## DISCUSSION

Erotic delusions are fairly commonly seen as a feature of psychiatric conditions, especially the psychoses such as schizophrenia. A case featuring erotic delusions has been discussed. A case of primary erotomania, that of de Clerambault's Syndrome, has also been discussed. Such cases of primary erotomania are difficult to categorise as a separate entity of psychiatric disorders. Some authors, e.g., Arieti<sup>2</sup> classify it as part of paranoid state or even schizophrenia. *The International Classification of Diseases*, Ninth Edition (I.C.D. 9)<sup>3</sup> and the *Diagnosis and Statistical Manual of Psychiatric Disorders*, Third Edition (DSM-III)<sup>4</sup> both do not even mention the condition as part of the features of the major psychiatric disorders and neither has it been classified as a separate entity.

Primary erotomania conditions such as de Clerambault's Syndrome have always aroused special interest as an exotic and rare condition.<sup>5</sup> The characteristics of de Clerambault's Syndrome are as follows: the patient is generally a woman who develops a delusional belief that a man, with whom she may have had little or virtually no contact, is in love with her; the selected 'victim' is usually of much higher social status and/or married and this will likely make him unattainable as a love object; the intensity of the morbid passion; the patient is usually intact otherwise.

Baruk<sup>6</sup> stated certain criteria as outlined by de Clerambault himself. These criteria are: the 'object' cannot find happiness without the subject; the 'object' cannot be a complete person with the subject; the 'object' is free and is not properly married. From these, it follows that there is: the continuous vigilance of the 'object'; the continuous protection of the 'object'; the difficulties experienced by the 'object' in approaching the subject; indirect communication held with the 'object'; the phenomenal resources of the 'object'; the almost universal sympathy that the romance excites; the paradoxical and contradictory behaviour of the 'object'.

Although Arieti alleged that the condition is 'not too rare', Enoch, Trethowan, Swanson *et al.*,<sup>7</sup> stated that it is so infrequently mentioned as to appear virtually unknown. Their condition remains obscure and its etiology and psychodynamics are difficult to elicit. Freud<sup>8</sup> tried to explain the delusions as the result of latent homosexuality and the principle is as follows: "I love him – I do not love him – I love her". Fish<sup>9</sup> mentioned the role of the defence mechanisms of projection in the above principle. Hence, we can see the allegation of the subject that the 'object' is in love with her and wants her to marry him rather than the true desire of the subject to marry the 'object'.

Lehmann<sup>10</sup> mentioned that the syndrome strongly resembles the experiences of being influenced and directed by an external force such as those experienced by schizophrenic patients.

In the two cases described in the article, one had all the classical symptoms of de Clerambault's Syndrome while the other showed erotomania which probably was part of the complex symptomatology of her underlying psychotic processes. The case of W. probably had been strongly influenced by the transference phenomenon towards her therapist.

As for the treatment and prognosis of such patients, the results have been poor. In the series of Enoch and Trethowan, the authors mentioned that at their own sessions, only one patient had the symptoms contained within seven years, while the rest had their symptoms up to 37 years. They further mentioned that legal measures may have to be resorted to prevent harassment and assault of the 'object'. Teoh<sup>11</sup> cited a case whose erotic delusions disappeared when she was married to a man.

As can be seen from the cases, erotomania as a secondary symptom is easier to treat, as successful treatment of underlying primary psychotic disorders can bring about the reduction of the severity of the erotic delusions.

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