

# Erotomania in Thai Patients: A Study of 20 Cases

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## Abstract

The study presented included 20 Thai erotomaniac patients, 16 women and 4 men. The age at the onset of delusion ranged from 15 to 45 years with a median age of 23 years. The majority of the patients suffered from secondary erotomania, whereas, primary erotomania was diagnosed in three cases. Bipolar affective disorder represents the most common diagnosis associated with this delusion, followed by schizoaffective disorders. Two patients were sisters. The occurrence of intrafamilial cases is unusual and has not been reported previously. Most love objects are of the opposite gender. Only in one instance, was erotomania found in a lesbian context. Teachers and medical doctors are at increased risk for attracting individuals prone to erotomania.

Erotomania, or de Clerambault syndrome, was first described by the French psychiatrist de Clerambault as a delusional belief, in most cases held by a woman, who holds the conviction of being in amorous connection with a person of higher social status or a public figure(1). The patient was the first to fall in love and the first to make advances. The target of her delusion is mostly unaware of her beliefs, has not contributed in the least to their encouragement, and might have had only very little personal contact with her. The syndrome has been described to occur in a primary as well as a secondary form(1-6). In primary erotomania, the delusion occurs on its own without associated psychiatric illness, whereas, the

secondary form has been found accompanied by bipolar or schizoaffective disorder, schizophrenia, psychomotor epilepsy, and brain damage(3,7-10). Controversy does exist with regard to the category this syndrome ought to be attributed to in psychiatric terminology. Some authors consider it a symptom of paranoia or paranoid schizophrenia(5). In a comprehensive review of the literature, Segal(5) concluded that it should be listed in DSM-III R as a subtype of delusional (paranoid) disorder.

In Thailand, despite some anecdotal cases appearing in the media on either celebrities or even ordinary persons being stalked and sometimes assaulted, the literature on erotomania is sparse(11). Therefore, recognizing this syndrome for what it

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is might well prove essential. In this communication, we report the clinical and behavioral features observed in 20 cases of erotomanic delusion, the largest study ever performed in this country.

## MATERIAL AND METHOD

Twenty patients exhibiting erotomanic symptoms attended consultation at the Department of Psychiatry, Chulalongkorn Hospital, between January 1990 and December 1997. Of those, 15 were in-patients and 5 were out-patients. All cases were evaluated based on DSM-III R criteria and the requirements for delusional disorder, erotomanic type. The data recorded include the respective age at the onset, the duration of delusions, education level, social status, number of delusional objects, associated psychiatric disorder, treatment, and outcome.

## RESULTS

The clinical characteristics are shown in Table 1. Sixteen patients were women, four were men. The approximate age at the onset of the delusion ranged from 15 to 45 years with a median age of 23 years. Depending on their respective age, the patients were divided into groups as follows: 11-20 years, six patients; 21-30 years, eight patients; 31-40 years, four patients; and 41-50 years, two patients. The duration of the delusion varied between 1 month and 8 years. Eight patients were timid and dependent, two cases exhibited narcissistic behaviour, two cases showed compulsive traits, whereas, six cases were socially integrated. As to their education, 8 patients attended the university, 4 had a bachelor's degree, 1 had a master's degree, five had high school education, and the two oldest ones had merely elementary school. Most patients were single; of those, one was divorced, another one widowed.

The primary diagnosis most frequently arrived at and accounting for 8 cases was bipolar affective disorder; six patients were diagnosed with schizoaffective disorder, two with schizophrenia, and one with major depression. Only three cases presented without associated psychosis. Cases 14 and 15 were sisters in their early thirties of high social standing, both suffering from bipolar affective disorder. Moreover, their mother was also affected by a similar psychiatric illness, with pathological jealousy which rendered the familial relationships strained.

Through the entire duration of the delusions, nineteen patients directed them towards one particular object of the opposite gender, respectively. In one case, the erotomania manifested in a lesbian context (case 1). The respective patient followed her love object, her sister's elder tomboyish friend, everywhere and refused to return home, turning aggressive toward her parents and thus upsetting them to such an extent that they planned to hire someone to hurt that girl. Fortunately, the patient's behaviour underwent a drastic change in response to haloperidol solution, 2 mg/d, which for the duration of one month was administered to her without her being aware of it. In the course of the present study, two male cases represented a threat to the object by stalking and verbal harassment, another one inflicted self-injury stabbing himself in front of his object (cases 2, 13 and 8). In 17 cases, the object was of higher social status, but belonged to the lower social class in 3 cases (cases 1, 14 and 15). Three objects were medical doctors and a psychiatric resident, four were teachers. The remaining ones had miscellaneous professions, such as one engineer, military cadet, nurse, prominent singer, supervisor, Catholic priest, customer, salesman and a cheerleader. The contact between patients and objects was very casual at most, or did not exist altogether.

Ten patients received ECT treatment accompanied by medication, such as antipsychotic drugs, either with or without mood stabilizers. Ten individuals were given medication only. Four patients responded well to ECT and medication, whereas six, those with associated schizoaffective disorder in particular, showed only a poor response to the therapy administered. Of those patients having received medication only, seven progressed nicely, whereas, two with associated schizophrenic disorder and one with bipolar affective disorder showed no response.

## DISCUSSION

According to Ellis et al(12), patients suffering from primary erotomania are extremely rare. Among 53 cases of erotomania reported in the literature the authors could detect only two which satisfied the criteria for the primary form. In the present study, this observation was confirmed in that the majority of Thai erotic delusionists simultaneously suffered from bipolar or schizoaffective disorder, and schizophrenia, whereas, in the United

Table 1. Clinical features of 20 cases.

Cases No.	Age (yrs.)	Sex	MS	Education	Occupation	Personality trait	Associated disorder	Duration of illness	Love object	Treatment	Outcome
1.	15	F	S	H.S	Student	Dependent, timid	None	4 months	Tomboyish girl	AP	Good; 7 yrs. follow-up
2.	15	M	S	H.S	Student	Narcissistic	None	2 months	Teacher	AP+AC	Good; 2 yrs follow-up
3.	17	F	S	H.S	Student	Timid	Bipolar	2 months	Teacher	AP+Li	Good; 7 yrs. follow-up
4.	20	M	Univ.	Univ.	Student	Outgoing	Bipolar	5 months	Nurse	ECT+AP+Li	Lost follow-up
5.	20	F	S	Univ.	Student	Timid	Schizoaffective	2 years	Teacher	ECT+AP+Li	Chronic
6.	20	F	S	Univ.	Student	Outgoing	Bipolar	1 months	Executive	ECT+AP+Li+AC	Good; 4 yrs. follow-up
7.	22	F	S	Univ.	Student	Timid	Schizoaffective	5 months	Teacher	ECT+AP+AD	Chronic
8.	22	M	S	Univ.	Student	Compulsive	None	3 years	Cheerleader	AP	Good; 6 mo. follow-up
9.	22	F	S	Univ.	Student	Outgoing	Schizophrenia	2 years	Military cadet	AP	Chronic
10.	23	F	S	Univ.	Student	Timid	Schizoaffective	9 years	Engineer	AP	Good; 5 yrs. follow-up
11.	25	F	S	BSc.	Music Teacher	Timid	Bipolar	2 years	Doctor	ECT+AP	Good; 5 yrs. follow-up
12.	25	F	S	Bx-med.	Student	Unemployed	Bipolar	2 years	Prominent singer	AP+Li+AC	Chronic
13.	27	M	S	Ex-med.	Unemployed	Schizoid	Schizophrenia	2 years	Psy.Resident	ECT+AP	Partial remission
14.	30	F	S	BSc.	Teacher	Outgoing	Bipolar	1 months	Estranged friend	ECT+AP+AC+Li	Good; 3 yrs. follow-up
15.	33	F	S	MSc.	Civil servant	Timid	Bipolar	8 months	Salesman	AP+AC	Good; 2 yrs. follow-up
16.	37	F	S	BSc.	Unemployed	Narcissistic	Schizoaffective	8 years	Wealthy man	AP+BZP	Chronic
17.	38	F	D	BSc.	Secretary	Outgoing	Schizoaffective	8 years	Boss	ECT+AP+Li+AC	Chronic
18.	40	F	S	H.S	Bank employee	Schizoid	Bipolar	5 years	Customer	ECT+AP+Li+AC	Good; 2 yrs. follow-up
19.	44	F	W	Grade 1	Dress maker	Timid	Major depression	3 months	Doctor	AP+AD	Good; 3 yrs. follow-up
20.	45	F	S	Grade 3	Shop owner	Compulsive	Schizoaffective	2 months	Priest	ECT+AP+AD	Partial remission

Abbreviation : F=female, M=male, S=single, D=divorced, W=widowed, MS=marital status, H.S=high school, Univ.=University, Ex-med=ex-medical, Psy.=psychiatric, AP=antipsychotics, AC=anticonvulsant, BZP=benzodiazepine, AD=antidepressant, Li=Lithium carbonate, ECT=electroconvulsive therapy.

States this syndrome frequently occurs as part of paranoid schizophrenia. At times it is difficult to clearly diagnose delusional beliefs in patients with primary erotomania in whom no major underlying psychiatric disorder can be identified. In these cases, the diagnosis is mainly or even exclusively based on their bizarre behavior as for example stalking complete strangers whom they imagine as their love objects. Eerotomania associated with major depression is highly unusual. This observation could of course be coincidental; on the other hand, one could also surmise a patient harboring the delusion of being loved in order to compensate for depression. Raskin et al(13), for example, described two cases of erotomania associated with major depression. The authors proposed the erotomanic syndrome to have served the purpose of warding off depression and loneliness by filling the patients' inner world with nurturing and preserving images. This might well offer an explanation for the case of the two sisters and their mother, who collectively suffered from a strained parental relationship. Interestingly enough, the occurrence of intrafamilial cases appears to be rather unique and has not been described previously which, at least in the Far Eastern context, might be due to the cultural background.

Typically, erotomania is found in unmarried women of middle age or above living socially isolated or dependent ("old maid insanity"). In the present study, six patients (30 %) were young adults below the age of 20. Furthermore, the incidence of delusional patients peaked between the age of 20 and 25 years. Hence, Thai patients suffering from erotomania appear to be younger than those in western countries. The reason accounting for this difference remains a matter of speculation. However, the different cultural background might well constitute a factor, since most Thai patients were dependent and timid. In the present study, most cases were rather well educated which does not reflect the majority of patients attending this institution which being a general hospital rather attracts poorer and therefore less educated patients.

Most love objects of the delusional patients belong to the opposite gender as observed in this study, as well as in other series(3,12). In the present study, a rare case of primary erotomania with homosexuality between women was encountered (case 1). Such an adolescent delusional phenome-

non, termed a "crush", has previously been known to occur(14). Although de Clerambault pointed out multiple love objects to be more frequently found in secondary erotomania, his view could not be corroborated by current results(1). Freud described the psychopathology as an unmet narcissistic need being projected on the love object, or as a defense mechanism against heterosexual urges or homosexual desires.

In general, the risk to attract individuals prone to erotomania is greater for "love targets" either belonging to a high social class or being public figures(1-3). This study suggests members of certain occupations, such as teachers and health-care providers, to be at an increased risk as they are more likely to have met and thereby established some kind of professional relationship with delusional individuals. Their service could easily be misinterpreted by a person susceptible to erotic delusions. Good looks or authority might also stimulate the erotomanic delusion as observed in the course of the present study.

As to potential threat and danger, obsessive harassment related to erotomania has been reported(15,16). The most serious threats to the love objects appear to have been posed by the erotomanic men(16). One patient participating in this study threatened his object with telephone calls, as well as by personal approach and stalking. Only one individual actually exhibited violent behavior by stabbing himself. In this context, media reports on celebrities as well as ordinary people being stalked and sometimes fatally assaulted ought to be called to mind. In other words, delusional individuals might turn out more violent and dangerous than hitherto suggested. Moreover, particularly in cases where the patient is an adolescent, the actual danger to the love object might well spring from the patient's parents, who might consider violent intervention the only "solution to the problem" (case 1). In cases like the above, the cultural context, in particular if it favours superstition and prejudice such that the parents might well be convinced their adolescent child is possessed by some evil entity and thus be motivated to apply a violent solution, ought to be taken into account. According to media reports, pagan beliefs and superstitious fears are very widespread among the Thai population. Therefore, recognizing this syndrome for what it is might prove essential for public safety.

Despite some authors(17) having suggested that ECT only rarely yields a major improvement, this therapeutic measure combined with medication such as high-potency antipsychotic drugs and anticonvulsants appeared to evoke a satisfactory response in erotomanic patients with bipolar disorder as observed in this study. Such therapy however, has not been effective in the treatment of patients with an underlying schizoaffective disorder, whereas, antipsychotic drugs combined with antidepressants have been administered successfully to one patient with major depression. According to Segal(5), there is no evidence supporting the notion of individual psychotherapy being of any help to erotomanic patients. Due to the limitation inherent in a retrospective study, it is difficult to conclude that there is any

one treatment particularly useful for erotomania compared to other delusional disorders especially if there are individually different underlying psychiatric disorders combined with the erotomania. For some delusional patients the prognosis is glum and the lives of their love objects may be disturbed for years by obsessive harassment, may in extreme cases even be exposed to the immediate danger of fatal violence. On the other hand, as long as such delusions can be kept under control, they may still provide solace to those unfortunate individuals, who otherwise might spend their lives in unmitigated isolation(5).

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## Erotomania ในผู้ป่วยไทย: การศึกษา 20 ราย

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พบผู้ป่วย erotomania (หลงผิดว่าผู้อื่นมาหลงรักตน) จำนวน 20 ราย ซึ่งถูกจัดได้ว่าบรวมในช่วง 1990-1997 โดยเป็นผู้ป่วยใน 15 ราย และเป็นผู้ป่วยนอก 5 ราย ผู้ป่วยเป็นหญิง 16 ราย และเป็นชาย 4 ราย อายุอยู่ในช่วง 15-45 ปี โดยมีอายุเฉลี่ย 23 ปี ผู้ป่วย 17 ราย เป็น erotomania ชนิดทุติยภูมิ และ 3 ราย เป็นชนิดปฐมภูมิ โรคทางจิตที่พบร่วมบ่อยที่สุด ได้แก่ Bipolar affective disorders ตามด้วย schizoaffective มีผู้ป่วยผู้หญิง 2 ราย เป็นพี่น้องกัน ผู้ป่วยส่วนใหญ่จะหลงรักเพศตรงข้าม มีผู้ป่วยหญิงรายเดียวที่หลงรักติดตามผู้หญิงด้วยกัน

เป็นที่ลังเกตว่าผู้ป่วยไทยมีอายุน้อยกว่าผู้ป่วยที่พบในประเทศตะวันตก และยังไม่เคยมีรายงานผู้ป่วยที่เป็นพี่น้องกัน อันตรายมากเกิดจากการคุกคามก่อการจากผู้ป่วยชายที่กระทำต่อคนที่เข้าหลงรัก แพทย์และครุภัณฑ์ความเสี่ยงสูงที่จะเป็นเป้าหมายของผู้ป่วย การรักษาด้วยไฟฟ้าผ่านสมองส่วนหน้า และยาต้านโรคจิตได้ผลต่ำหากผู้ป่วยรับประทานยาสม่ำเสมอ

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