

I'll See You in Court. . .Again: Psychopathology and Hyperlitigious Litigants

C. Adam Coffey, MS, Stanley L. Brodsky, PhD, and David M. Sams, JD, LL.M

Persistent litigation is a problem in many legal jurisdictions and is costly at individual and systemic levels. This phenomenon is referred to as “querulous” behavior in psychiatric literature, whereas legal discourse refers to it as “vexatious litigation.” We refer to this phenomenon as “hyperlitigious behavior” and those who engage in these actions as “hyperlitigious litigants.” Hyperlitigious litigants and hyperlitigious behavior were once the focus of a considerable amount of psychiatric literature, but research devoted to these topics has declined over the past half century. A review of the published literature on hyperlitigious behavior in European and English-speaking countries highlights geographic differences in the conceptualization and management of this behavior. We provide an alternative framework to consider the motivation to engage in hyperlitigious behavior and suggest three strategies for mental health professionals who interact with these individuals. Finally, we call for a revival of discussions and research within the English-speaking psychiatric community to facilitate more informed decisions regarding the management and treatment of hyperlitigious behavior.

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Again? How many times do you want me to sue them? If memory serves me correctly, this will be the 17th time you have brought suit over the same issue!¹

Fans of the British TV comedy *Kingdom*,¹ which aired from 2007 to 2009, may recognize this quotation. The show’s main character, Peter Kingdom played by Stephen Fry, speaks these words to the show’s antihero, Sidney Snell. Snell is well known by the show’s other characters for his propensity to file unmerited or futile lawsuits against members of the city council. When told that he has brought 17 suits against the city council, Snell quickly corrects Peter, telling him he has actually filed 18 suits against them. After Snell leaves, Peter describes his case load to his secretary, colorfully portraying Snell’s character by listing a few of his current cases before quipping,

“Then there is Snell versus everybody else.” While obviously comical, Snell’s character nicely illustrates the concept of the hyperlitigious person.

Although the quote refers to a fictional character, it may have reminded you of a problem client or examinee with whom you have interacted or heard about over the course of your career. Forensic mental health professionals, lawyers, judges, and court clerks have little difficulty conjuring up a story of at least one individual whom they have encountered who is like Sidney Snell. These clients frequently inhabit the doorways of law offices and courthouses, each time with a new complaint against an individual or a group of people. The cost or consequences of litigation are sometimes trivial to these clients, whereas retribution for a real or imagined slight or injustice is their foremost priority.

These individuals and their behaviors are the subject of this article. The current article proposes a new, nonpejorative label for the behavior and examines historical and geographical differences in the conceptualization of the phenomenon. An alternative conceptualization is proposed and discussed in the con-

Mr. Coffey is a Student and Dr. Brodsky is Professor Emeritus and Scholar in Residence, Department of Psychology, The University of Alabama, Tuscaloosa, AL. Mr. Sams is an attorney with the Community Tax Law Project in Richmond, VA. Address correspondence to: C. Adam Coffey, Psychology Department, The University of Alabama; Tuscaloosa, Alabama 35487-0348. E-mail: cacoffey1@crimson.ua.edu.

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text of the psychiatric literature and real-world examples. The role of the forensic clinician is examined, including assessment and treatment of such individuals. Finally, we encourage a revival of attention and propose directions for future research about this oft-neglected phenomenon.

Hyperlitigious Persons

Persistent litigation has been described across professions in different ways. Legally, it is referred to as “vexatious litigation,” whereas medically it has been diagnosed as “querulous paranoia” and “litigious paranoia.”¹² Other critical names include “cranks,” “injustice collectors,” “serial pests,” and “wrecks of justice.”³ In general, these terms describe an individual who exhibits several of the following qualities:

- Initiates dozens or hundreds of suits.
- Has a life that revolves around the development and progress of litigation.
- Is not deterred by repeated negative outcomes.
- Files suits that are trivial or unfounded.
- Invests great amounts of time in litigation.
- Is a known and persistent presence for lawyers, judges, and clerks.

For the purposes of this article, we will refer to these individuals as “hyperlitigious” persons. We formed this term by joining the prefix hyper, meaning over or excessive, and the word litigious, meaning concerned with lawsuits or litigation. This term is more neutral than previously used terms such as querulous, paranoid, and vexatious that are pejorative and infer psychopathology. The term hyperlitigious is meant to be descriptive and free of inferences regarding the behavior’s origins or the individual’s level of psychological functioning.

A hyperlitigious person is an individual who makes excessive and egregious use of the legal system for a primarily nonlegal purpose. It should be noted that, although there is usually a legal purpose for their suits, the legal purpose is not paramount to the needs of the client. We also note that this is not a single trait but rather a grouping of common characteristics of hyperlitigious behavior. A litigant may exhibit only some of the above characteristics in an exaggerated manner and still fall within the construct of the hyperlitigious person.

A subset of individuals may seemingly meet the proposed definition, although they do not qualify as hyperlitigious. That is, this definition does not include persons or entities that, because of their positions or professions, are forced to be involved in a large number of lawsuits for a primarily occupational or legal purpose. For example, a state attorney’s office would not be considered hyperlitigious, because the nature of the office requires numerous filings. Similarly, a large-scale residential landlord would not be considered hyperlitigious because of having to file numerous eviction actions. The state’s attorney and landlord examples lack the nonlegal, nonorganizational purposes found in the excessive use of the court system by a hyperlitigious litigant. Conversely, the nature of a person’s position or profession should not exempt an actor from the application of the definition of hyperlitigious behavior if they exhibit some of the above traits in a manner incongruous to their relevant professional standards.

History of Hyperlitigious Behavior

Although it is referred to by different names in different professional fields, as well as in different parts of the world, the concept of hyperlitigious behavior is a well-documented phenomenon throughout history. Recently, Benjamin Levy⁴ published a two-part article on the history of this behavior in which he discussed historical origins and geographical differences in how excessive litigation has been conceptualized and researched. In Part 1 of his article, he traced the history of “*paranoia querulans*” and the “litigant’s delusion” in France and in German-speaking countries. In Part 2 of the article, he discussed the history of querulous behavior and vexatious litigation in English-speaking countries: the United States, the United Kingdom, and Australia.⁵ Before we delve further into our own conceptualizations of such litigants, we will recapitulate and expand upon the Levy reviews.

Germany: The Litigant’s Delusion and Paranoia Querulans

The first recorded reference to excessive involvement with the legal system was found in Aristophanes’ play, *The Wasps*. Written in 422 BCE, the play depicted the statesman Philocleon who was labeled a “trialophile” because he was addicted to court proceedings. This character would do anything to serve on a jury because he enjoyed passing judgment.

In Aristophanes' original text, Philocleon recognized the power given to him by jury service and proudly exclaimed, "(t)he hand of power is on me."⁶ In subsequent translations of this passage from *The Wasps*, Philocleon declared a desire to "go with you to the law-court and do all the harm I can."⁷ The play satirized the political climate of ancient Athens, which Aristophanes believed was responsible for producing trialophiles.⁸

In 1668, French playwright Racine wrote and produced *The Litigants*,⁹ which was based on Aristophanes' work. Racine specifically acknowledged the pleasure he received in reading *The Wasps* and how it was the model for his own play. In Racine's rendition of the story, the main character was overly eager to file lawsuits rather than to serve on juries. Racine depicted his main protagonist's trialophilia as an individual character flaw rather than a product of the political climate, a portrayal that represents an approximation of how future scholars would conceptualize persistent and pathological litigation.

German psychiatrist Johann Ludwig Casper¹⁰ would later refer to trialophilia as *Querulantenwahn*, which translates as "litigant's delusion." Casper asserted that all human beings strongly resent real or imagined threats to their basic rights, leading them to take legal action to protect their rights when necessary. When these individuals are not granted the rights they desire or are otherwise displeased with the outcome of legal proceedings, they become fixated on attaining justice. This fixation begins a downward spiral that eventually results in a full-blown delusional disorder. German psychiatrist Richard von Krafft-Ebing⁴ added to Casper's definition by classifying these delusions as a kind of persecutory delusion. These classifications laid the foundation for subsequent German psychiatrists to study and debate the concept of hyperlitigious behavior for the next half century.

Debates followed about whether litigant's delusion should be classified as a subtype of paranoid or persecutory delusion, as a freestanding disorder, or as a variant of another psychological illness. When German psychiatrist Emil Kraepelin¹¹ wrote *Psychiatrie*, he departed from previous editions of the text that grouped litigant's delusion with paranoia and persecutory delusions. In the eighth edition, Kraepelin noted what he considered to be key etiological differences between paranoia and delusional disorders and litigant's delusion. He asserted that these litigants

were driven to act by authentic legal injustices they experienced rather than by delusional beliefs. Therefore, the querulants' difficulties were psychogenic, suggesting psychological origins. Paranoia, by contrast, involved imagined events and was considered a constitutional disorder, which suggested physical origins.

Attributing hyperlitigious behavior to psychological origins also implied that it could be treated and managed by psychologists and psychiatrists. This change was widely accepted, and scholars began to explore new factors related to these individuals and behaviors. Hyperlitigious behavior still receives some attention in both the legal and psychological literature.¹²

France: Persecuted-Persecutors and Delusions of Revindication

Although France is in geographical proximity to Germany, the development of the concept of hyperlitigious behavior evolved differently there. French psychiatrist Henri Taguet referred to these litigants as "persecuted-persecutors," which became the accepted nomenclature in French psychiatric literature. Like Kraepelin, French scholars generally believed hyperlitigious persons were exaggerating or distorting real events.¹³ Many early French researchers seemed to consider these behaviors to be evidence of long-standing personality defects rather than complications arising from one's interpretation of an event. In addition, Benjamin Ball combined the existing views on listed features he believed to be common among all hyperlitigious individuals: relentless activity, outstanding tenacity, personal elation, abuse of logic, intellectual and often physical resilience, and graphomania.¹⁴

The associated concept of reasoning mania fell out of favor with many French scholars in the late 19th century, and persecuted-persecutors disappeared from the research literature shortly thereafter.⁴ This idea was replaced by what the French psychiatrist Benjamin Pailhas referred to as delusions of revindication. Pailhas believed these individuals, unlike those with *paranoia querulans*, who were said to be seeking more than their fair share of rights, perceived that they had lost things that rightfully belonged to them and were bitterly revolting against the person or entity responsible for the seizure.¹⁵ Gaëtan De Clérambault broadened this classification by describing what he called "delusions of passion," which in-

cluded delusions of revindication, erotomania, and pathological jealousy.¹⁶ Those who exhibit evidence of delusions of passion become fixated on a goal and feverishly pursue the goal to its end, which is reminiscent of Casper's early description of a litigant's delusion. Many scholars who studied delusions of passion agree that individuals typically present with various combinations of these delusions more often than with a singular type of delusion, making the study of pure forms of these delusions more difficult.¹⁷ This nosology of what we have labeled as hyperlitigious behavior is still widely accepted by French clinicians, even though the behavior itself or the people who exhibit such behavior have not been the subject of empirical research since the late 1930s.⁴

English-Speaking Countries: Vexatious Litigants and Unusually Persistent Complainants

Following the lead of Levy, we now focus on hyperlitigious behavior in Australia, England, and the United States.⁵ Unlike in Germany and France, this concept has received little attention from psychiatrists and psychologists in these countries. Most of the research regarding hyperlitigious behavior has been conducted by legal researchers who seek to determine its impact on the legal system. Despite being a neglected topic in psychological literature, hyperlitigious behavior is alluded to in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) and the World Health Organization's International Classification of Diseases (ICD). The most recent version of the DSM, DSM-5, describes a persecutory delusion in which the individual "may engage in repeated attempts to obtain satisfaction by legal or legislative action."¹⁸ The ICD-10 includes *paranoia querulans* as a freestanding persistent delusional disorder: that is, a disorder "in which the delusion or delusions are accompanied by persistent hallucinatory voices or by schizophrenic symptoms."¹⁹ Each of these definitions is similar to the German psychiatrists' description of litigants' delusions. Nonetheless, psychological research on this concept in English-speaking countries remains modest.

Few empirical articles have been published by psychologists or psychiatrists on hyperlitigious behavior in English-speaking countries. Only one of these articles, published by Michael Rowlands in 1988, described hyperlitigious litigants in the United States.

Rowlands presented case studies of five individuals deemed "vexatious litigants" by the courts who were subsequently prohibited from engaging in future litigation. Much like the German and French researchers, she concluded that these individuals had justification for feeling wronged or slighted, but the infractions were not severe enough to warrant the relentless pursuit engaged in by these litigants.² Subsequent English-speaking researchers formed conclusions about these individuals similar to those offered by French and German psychiatrists. Consistent with Benjamin Ball's¹⁴ observation of French persecuted-persecutors over 100 years earlier, Lester and colleagues²⁰ in Australia found that unusually persistent complainants submitted legal material that was longer and contained more repetitive and pedantic discourse than a control group. They were also more dissatisfied with the outcome of their case than were average persons, resulting in additional complaints being filed. Building from this work, Mullen and Lester¹² later expanded the scope of their research and described querulous behavior. They distinguished between three groups of individuals who exhibited such behavior: vexatious litigants, unusually persistent complainants, and unusually persistent petitioners. The distinguishing features associated with each subgroup are listed in Table 1.

Hyperlitigious behavior is acknowledged in the two primary diagnostic manuals on mental illness used worldwide, and extant psychological research suggests similarities between English-speaking hyperlitigious litigants and those in other countries. However, mental health professionals have had little role in the management of hyperlitigious litigants in English-speaking countries. Levy⁵ offered two hypotheses about why persistent litigators in practice are rarely seen as pathological in these countries. The first is what scholars have deemed the "pro se phenomenon" in which individuals represent themselves in court far more often in the United States and other English-speaking countries than anywhere else in the world.²¹ Because the right to defend oneself is such a strongly held value in these countries, applying pathological labels to even the most persistent litigators is unlikely to ever be a widely accepted practice.⁶ The second reason is related to the depiction of legal action in popular media. In many popular novels and films, extended litigation is often associated with meritorious legal issues and is enacted by well-adjusted individuals.

Table 1 Mullen and Lester's Categories of Querulous Behaviors¹²

Term	Querulous Behavior
Unusually persistent complainants	Pursue legal actions that seem trivial and not worth the effort that goes into such a long campaign. Pursue complaints longer, produce a higher volume of materials, and have much greater difficulty reaching mutually agreeable terms. Demand public recognition for their claims and their willingness to struggle on behalf of the public.
Vexatious litigants	Largely pursue their grievances within the courts, unlike unusually persistent complainants and petitioners. Usually act <i>pro se</i> because they run out of money or do not believe a lawyer can adequately represent them. Consult internet websites for information about how to circumvent orders that declare them vexatious.
Unusually persistent petitioners	Submit petitions or written grievances to prominent people, including judges and congressmen. Send voluminous and repeated requests for help. View the public figure as either a savior or central impediment to their quest for justice.

Current Management Strategies

The responsibility of managing vexatious litigants in the United Kingdom and in the United States is given to the courts, where various statutes have been passed banning individuals from further litigation once they have been deemed vexatious. The first such act, Britain's Vexatious Litigant Act 1896, was enacted after Alexander Chaffer filed 48 lawsuits against many high-ranking members of society, including the Speaker of the House of Commons and the Prince of Wales.²² This Act laid the foundation for all subsequent Acts by beginning the process of formalizing the definition of vexatious litigation.⁶ However, many of these Acts neglected to create concrete guidelines concerning the number of suits in which one must be involved to be considered vexatious, and instead left this up to the discretion of the judge. It should be noted that this designation occurs well before an individual reaches Chaffer's observed level of litigiousness. In the United States, some state statutes are more specific about when an individual may be deemed vexatious. For example, in California, a litigant is considered vexatious if he:

Has been involved in at least five litigations other than small claims court within the previous seven years.

Repeatedly relitigates or attempts to relitigate against the same defendant after a disposition against the litigant.

Repeatedly files unmeritorious motions and pleadings, conducts unnecessary discovery, or engages in other tactics that are frivolous or intended to cause delay.

Has been declared vexatious by any other state or federal court based on the same or similar facts or transactions.²³

In an effort to curtail vexatious and frivolous proceedings, some states have created vexatious litigants lists that are publicly available and can be accessed online. For example, as of the end of 2015, California had the longest vexatious litigant list with more than 900 entries.²⁴ Some of the names on California's list have been identified by judges as aliases used by people previously placed on the list in other jurisdictions. The use of aliases illustrates the lengths to which some of these individuals are willing to go to circumvent current management strategies and continue to pursue litigation.

Hyperlitigious Persons in Real Life

We have spoken to judges, attorneys, and mental health professionals in our area about their experience with hyperlitigious persons. We have also analyzed publicly available legal documents associated with individuals placed on their state's vexatious litigants list. We present two cases of people who meet our definition of hyperlitigious litigants.

Case 1: The Judge is Out to Get Me

Well-intentioned solutions can have unintended consequences. In California, a woman filed a lawsuit against a superior court judge because he added her to the state's vexatious litigant list. In her claims, she made several accusations against the judge and other members of her community. The following list contains verbatim examples of these accusations, taken directly from a selection of the 23 claims she filed. She stated that the judge:

Had people harassing her, stalking her, making comments, tampering with her car, flattening her car tires, making her car smell like gas and

“had government jet planes leave exhaust lines in the sky.”

Had a Chinese dentist “drill holes in [her] good teeth and then. . .filled with a metallic substance.”

Was allegedly guilty of mass fraud, mayhem, false imprisonment, kidnaping, mass violation “at all forms of employment like Wal-Mart.”

Committed conspiracy, assault and battery, mass bodily injury with many unauthorized procedures.

Committed “hate crimes on a daily basis from wicked people that [she has] never met.”

Programmed “dododododododod so loud that a person standing next to [her] can hear.”

Engaged in illegal slavery at “places of employment.”²⁵

The woman’s claims against the judge were dismissed, and, at the time of this writing, she remains on California’s vexatious litigant list.

Case 2: Unrequited Love

When the woman came forth to the court for the seventh time with a lawsuit against a specific emergency room physician, the judge was fed up. Over the past three years, the woman had filed lawsuits every few months against the handsome young doctor who was on duty in the emergency room at the community hospital. The allegations varied widely. Sometimes she alleged that he had spent insufficient time with her. Other times, she alleged that unnecessary and expensive tests had been ordered. On another occasion, she alleged he had been unprofessional and rude, exhibiting inappropriate behaviors that caused her mental anguish.

In each case, the woman represented herself and personally deposed the doctor. Eventually, the presiding judge summarily dismissed the cases. The plaintiff had stated repeatedly that the physician was in love with her and she with him. Observers noted that she seemed to take exceptional pleasure being in his company during the depositions. After the seventh lawsuit, the judge issued an injunction against her filing additional suits unless compelling and cogent information could be brought to the attention of the court (Judge,

with identity protected, personal communication, June 28, 2015).

An Alternative Conceptualization

We acknowledge the similarities between hyperlitigious persons and patients with delusional thought patterns or evidence of paranoia. We agree with previous assertions that some hyperlitigious behavior arises from psychotic symptoms. One might speculate that this explanation applies to the woman discussed in Case 1. However, psychotic symptoms do not seem to be common to all of these litigants. Whereas most patients with delusions present with disorganized or idiosyncratic beliefs, many hyperlitigious individuals present with a detailed and logical account of their grievances.¹² The common characteristic in hyperlitigious individuals is a maladaptive pattern of behavior, and such patterns arise and are maintained by a variety of factors.

Our initial conceptualization was that one route of emergence and maintenance of hyperlitigious behavior is the desire for attention and recognition. One might hypothesize that the woman in Case 2 was driven by such a desire and may have been experiencing what De Clérambault¹⁶ deemed a delusion of passion. However, the desire for attention can extend beyond a desire for attention from one person. Some hyperlitigious individuals seek attention on a larger scale. Our alternative explanation makes sense in light of the observation of Mullen and Lester¹² that many of these litigants seek public recognition for their willingness to struggle on behalf of others. There are several psychological syndromes that are characterized primarily by the need for attention. These disorders include histrionic personality disorder, narcissistic personality disorder, and factitious disorder. Although hyperlitigious behaviors may be compared with each of these disorders, we drew the clearest comparisons between hyperlitigious persons and patients with factitious disorder.

Factitious disorder is a condition in which patients feign or exaggerate medical symptoms and seek help from medical professionals.¹⁷ Individuals with factitious disorders travel from medical facility to medical facility, presenting with complicated symptoms.²⁶ They do not seek external rewards for their behavior. They pursue being cared for by medical professionals by assuming the sick role, a sociological term that defines how individuals who have an illness should act and be treated by others.²⁷ These individuals ben-

efit from assuming the sick role in society because of the societal expectation that sick individuals are to be cared for and nurtured back to health. In the context of factitious disorders, the sick role is typically thought to be one variant of the “victim role” which has also been referred to as “playing the victim” or “victim syndrome.”²⁸ Our initial impression of hyperlitigious litigants was that their behaviors signified a desire to reap the benefits of assuming the role of victim as well. We hypothesized that these individuals viewed themselves as victims of someone else’s negligence or wrongdoing and subsequently sought to receive sympathy or retribution for the hardships they faced, much as patients with factitious disorder seek sympathy and relief from their claimed symptoms.

Additional comparisons readily appear between hyperlitigious litigants and patients with factitious disorders. Patients with factitious disorder and hyperlitigious litigants use similar strategies when seeking professional assistance. Just as patients with factitious disorder go from hospital to hospital seeking care, hyperlitigious litigants often go from attorney to attorney, looking for someone to lend a sympathetic and helpful ear. Patients with factitious disorder are well versed in medical jargon and make efforts to read and study medical textbooks.²⁶ Similarly, hyperlitigious litigants use legal jargon in verbal and written communication, though they may not use the terms correctly.¹²

Etiological comparisons between the two types of behaviors can also be made. Two hypotheses have been offered to explain the origins of factitious disordered behaviors. First, patients with factitious disorder often hold grudges against the medical system stemming from previous negative outcomes or negative interactions with doctors.²⁶ This behavior is consistent with observations made about the querulous in Germany, the persecuted-persecutors and seekers of vindication in France, and vexatious litigants in English-speaking countries, who were driven to persistent litigation after an unfavorable event or legal outcome. A second hypothesis regarding the source of factitious disordered behaviors draws from somatosensory amplification theory. This theory posits that some individuals have a tendency to experience sensory stimuli more intensely than the average person.²⁹ Thus, a minor nuisance to an average person would be portrayed as severe by such amplifiers and overperceivers. Again, this explanation is

consistent with previous descriptions of hyperlitigious litigants, who often misinterpret the actions of others and pursue litigation for far longer than a situation warrants.^{2,11}

Although motivated by similar events, the major difference between patients with factitious disorder and hyperlitigious litigants is the extent to which individuals perceive themselves to be in control of the ailment or complaint. Whereas patients with factitious disorders typically feign symptoms or induce illness in themselves, hyperlitigious litigants usually file suits over actions (or their absence) that they believe have been taken to them and are largely beyond their control. A doctor who suspects a patient has a factitious disorder is advised to be cautious and not to overlook a genuine health concern that warrants professional attention. We believe this is sound advice for legal and mental health professionals who encounter hyperlitigious litigants, as well.

Hyperlitigious Persons and the Forensic Clinician

We have defined hyperlitigious behavior as not necessarily indicative of psychopathology. We are interested in behaviors, not disorders. Nevertheless, forensic clinicians may encounter hyperlitigious persons in numerous contexts. The forensic clinician may be less affected by the possibility of lawsuits because of the quasi-judicial immunity afforded to the clinician in most proceedings.³⁰

Although it is possible for anyone to file a lawsuit against a forensic clinician, the common bases for such actions in general clinical practice are unlikely to apply to forensic practice. Inappropriate sexual actions and matters of privacy or privilege would rarely apply. In his review of malpractice complaints in the context of child custody evaluations, Caudill³¹ pointed out that licensing board complaints are inexpensive and easy for disgruntled parents and presented a list of 11 possible complaints against custody evaluators, including bias and inadequate record keeping.

For most forensic examiners, there appears to be little vulnerability for successful lawsuits. Quasi judicial immunity provides protection because the evaluator is engaged in an activity that is essential to the court. This immunity is most compelling in instances in which the evaluator is appointed by the court, but it appears to apply in most jurisdictions

and circumstances when medicolegal matters are in question.

For potential litigants who have been ruled to be vexatious, further protection is in place. In the description by Mullen and Lester¹² of the Problem Clinic model, the constraints against lawsuits are explicit and cogent. More generally, when a person is placed on a vexatious litigants list, he is prohibited from filing claims without the approval of a judge. In many cases, the litigant is ordered to seek counsel. These same outcomes occur in an evaluation of a criminal defendant's competency to waive the right to counsel. The fundamental question of whether hyperlitigious persons are competent to appear *pro se* is a matter in which forensic mental health professionals can offer informed opinions.

The Question of Mental Health Treatment

Legal remedies reduce the burden placed on targets of vexatious proceedings and on the legal system, but such remedies do not address the underlying motivations for this type of behavior. Even after facing legal sanctions, many litigants find additional ways to continue to harass others through misuse of the legal system. Some of these litigants may end up suing the parties whom they deem responsible for imposing legal sanctions. Unfortunately, legal remedies do not address the mental health needs of individuals whose hyperlitigious behavior is part of a psychological disorder. For example, the woman in Case 1 was placed on California's vexatious litigants list after filing multiple lawsuits against a superior court judge. The bizarre content of her claims raised the suspicion that she may have had delusions and hallucinations, but to our knowledge, she was not referred for mental health assessment or treatment. Furthermore, legal remedies do not address the dysfunctional cognitions and behavioral patterns that define hyperlitigiousness. In Case 2, the judge's order may have limited the woman's litigious behavior, but it is possible that she would have continued to harass the physician in other ways.

Hyperlitigious people often live unhappy, frustrated, difficult lives in which they obsess continuously about their pending lawsuits. Many are left destitute by their relentless pursuits of justice.¹² They rarely seek therapy on their own, largely because of a pervasive belief that they stand with justice and fairness in a system of thwarted passageways and insen-

sitive legal professionals. Some may be court ordered into treatment after real or threatened acts of violence. Mullen and Lester¹² observed that hyperlitigious persons who were court ordered to their clinic were paradoxically ultracompliant therapy clients. Some voluntarily continued with treatment after the court order ended. Many never seemed to recognize the futility of their claims, but their engrossment in the claims decreased.

So, what can be done? Research on therapeutic management of these individuals has been limited. Case reports and anecdotal accounts have offered some evidence supporting the efficacy of cognitive behavioral interventions.^{2,12} However, there are no systematic investigations regarding how existing psychotherapeutic interventions may be applied to manage hyperlitigious behavior. The scant research literature has examined management through medication. In one study on managing these behaviors with medication, Ungvari³² found that low doses of an antipsychotic medication reduced symptoms of hyperlitigious behavior in a small sample of individuals with a diagnosis of "litigious paranoia." Similarly, Mullen and Lester¹² offered anecdotal evidence of improvements in hyperlitigious clients with whom they were working after a course of atypical antipsychotic medication. For the hyperlitigious persons with delusional thought patterns or psychotic features, these interventions seem reasonable. For those without these features, who instead present only with maladaptive patterns of behavior, other interventions seem more appropriate.

Many hyperlitigious persons have presented with obsessional traits.¹² In the context of speculative treatments, for the very small number of persons who have insight that their behaviors impair their lives, the standard approaches to obsessive-compulsive (OC) disorders may help. Exposure and response prevention therapies have a reasonable track record with OC disorders, especially when used in combination with mainstream antidepressant medications.^{33,34} For the small minority of persons who seek treatment voluntarily, this strategy would address preoccupation with the grievance and claims process.

Another subset of hyperlitigious people has awareness that their lives are disrupted by their actions, but are unwilling to seek professional treatment, in part because of the stigma associated with such labeling. In large cities, experimental peer help programs sim-

ilar to Alcoholics Anonymous might be initiated. These peer groups also have a reasonable track record in promoting reductions or cessations in problematic substance use when used in conjunction with individualized treatment.³⁵ We could envision a group of Hyperlitigators Anonymous (HLA?) that could work together to address the behaviors that have some elements of an addiction.

Hyperlitigious individuals and the judicial system may benefit from using management techniques similar to those intended to assist persons with mental illness who face criminal charges. Over the past 20 years, many jurisdictions have established mental health courts that are meant to promote therapeutic healing by addressing the root causes of behaviors that bring individuals to the courts.³⁶ These courts stipulate that an individual must complete court-monitored assessments and a treatment plan before their legal case is addressed and resolved.³⁷ In many states, these courts have produced numerous positive outcomes for those involved.³⁸

Existing statutes allow the mental health court paradigm to lend itself to the management of hyperlitigious litigants. Many of the statutes that are intended to keep hyperlitigious litigants at bay allow a judge to decide whether and when an individual deemed vexatious is allowed to engage in future litigation. Requiring hyperlitigious litigants to participate in a similar program before being allowed to pursue further litigation may help to alleviate some of the load these individuals place on overtaxed judicial systems. The prospect of being removed from vexatious litigant lists may also serve as leverage and a positive reinforcement that leads hyperlitigious persons to agree to participate in treatment. All three of the suggested strategies also allow for data to be gathered directly from litigants, enabling forensic psychiatrists and the judicial system to gain greater understanding of the mechanisms that contribute to the development and maintenance of relentless litigation.

What We Don't Know

The conclusions that have been offered about hyperlitigious litigants, including our own, are largely speculative. Hyperlitigious litigants and behaviors have been neglected in the psychological literature over the past half-century. To date, no empirical data have been gathered directly from these individuals. In fact, only a handful of empirical articles have been published about them, and only one of those studies

involved a sample from the United States or referred to workings within the United States legal system. Genn³⁹ warned that the absence of first-hand data regarding the hyperlitigious creates gaps in knowledge that are filled with anecdotes that may not be accurate representations of such persons. Although this absence is problematic, perhaps insights about hyperlitigious individuals can be gained by systematically examining experiences with them, as well as interviewing and assessing such persons directly.

Conclusion

Hyperlitigious behaviors pose significant challenges for legal professionals and the judicial systems across the United States and worldwide. The last half-century has seen these individuals nearly disappear from the psychological literature. Ongoing research on them is being conducted predominantly in European countries and is largely unavailable to clinicians in the United States. We believe it is worthwhile to revive discussion within the English-speaking psychiatric community about hyperlitigious individuals and how mental health professionals may assist in their management. We have proposed a non-pejorative way to conceptualize the motivations behind this type of behavior, as well as three treatment strategies for mental health professionals who may interact with hyperlitigious litigants.

A needed research task is to elicit feedback from professionals who have dealt with these individuals to gain insight into how their behaviors develop and are maintained over time. Empirical testing of hypotheses about hyperlitigiousness is warranted. The best way to do this may be to locate and speak directly to hyperlitigious persons, though this is an inherently difficult task, given the nature of the behavior. Still, hyperlitigious litigants both cause and likely experience a great deal of dysfunction as a result of their Sisyphean pursuits of justice. Our intent is not to conclude prematurely that these individuals are afflicted with some form of psychopathology. Rather, our goal is to develop a better understanding of them and their behavior so that informed decisions may be made regarding how these behaviors can be addressed.

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