

More Forensic Romances: De Clérambault's Syndrome in Men

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De Clérambault's syndrome (erotomania) has invariably been regarded as a female disorder (with male victims); however, a number of recent reports describe male patients with the disorder, especially in violence-prone male offender populations. Seven cases are presented of violence-prone men suffering from the disorder, including Hinckley and Poddar. The syndrome is discussed from a nosological point of view and in terms of its impact on competency to stand trial.

Psychiatrists should be aware that the syndrome is not a rarity among men, as previously thought, and that proper diagnosis and management are essential in view of the clinical course of the disorder and the potential for violence when the patient's "love" is persistently unrequited by the delusional love object.

Omnibus enim ex animi perturbationis est profecto nulla vehementior. Furor amoris. [Of all the emotions, there is none more violent than love. Love is a madness.]

—Cicero
Tusculan Disputations, IV, xxxv

In an earlier paper entitled "De Clérambault in Court: A Forensic Romance," I offered the first modern-era description of De Clérambault's syndrome (erotomania) within a forensic psychiatric framework,* i.e., the utilization of this diagnosis in a successful insanity

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* Erotomania, in many forms, has been known since antiquity and was described by Hippocrates, Plutarch, Galen, and others. The first description in the psychiatric literature was probably that of Esquirol in *Maladies Mentales* (1838). A 19th century psychiatrist is said to have described it in a forensic context (reference unknown). De Clérambault was the first to delineate the features of the syndrome methodically and to classify it according to whether it occurred in the *pure* or *secondary* form (the former has a precise sudden onset and is limited to the erotomaniac features; the latter is insidious in onset and superimposed on a preexisting paranoid psychosis).

defense.¹ This unusual syndrome invariably is described as a female disorder (with the man as victim), wherein the woman holds the delusional belief that an unattainable man of higher social status (sometimes a public figure, an actor, a politician, a millionaire, or even a member of a royal family) is secretly and passionately in love with her. The patient believes that her secret lover watches over her, makes advances to her, and communicates with her using his extraordinary resources. In reality, the unsuspecting man usually does not know the patient and their relationship was either momentary or never existed in fact.

Recently, a number of reports by myself and others suggest that De Cléram-

bault's syndrome in men is not the rarity it was thought to be.²⁻⁵‡ In his *Oeuvres Psychiatriques*,⁹ De Clérambault described five cases in detail and referred to one other patient with the syndrome. One of these original patients was a man:

Aged 34 years, he had a morbid passion towards his ex-wife. Although she maintained she did not love him, he claimed her attitude always belied her words. After her re-marriage, he said she would once again become his mistress and that when he had satisfied his pride he would again reject her. He was constantly writing, ambushing her, and striking her in public. He carried a razor, threatening "if you remarry, I'll get you both." He alleged that her divorce from him was null and void.¹⁰

Thus, the very first case of De Clérambault's syndrome per se reported in a man involved violent behavior that was triggered by the core symptomatology.

Although traditionally regarded as a female disorder of little more than curiosity value, it was recognized that in some cases a potential for violent anti-social behavior was realized:

The patients may bring chaos into the lives of their victims who usually give them no encouragement whatsoever. They may bombard them with letters, telegrams, and telephone calls without respite, both at home and at work and for long periods of time. . . . These patients may even be dangerous and wind up making an attempt on the life of their victim or members of his family. This is particularly liable to occur when the patient reaches the stage of resentment or hatred which replaces love, after repeated advances are unrequited. They may thus require prolonged hospitalization to prevent them from carrying out the threats which are contained in their letters.¹¹

‡ Aside from De Clérambault's original description of one case in a man, I could find only two earlier references to erotomania in a man, by Esquirol (1838) and Brill (1913), both of whom described men preoccupied with famous actresses who they believed loved them.^{6,7} Taylor, Mahendra, and Gunn allude to other cases in men recorded in the 19th century French literature.⁸

In my earlier paper, I described the case of a woman who assaulted her delusional love object, a well-known jazz musician, critically injuring him, because she believed he had betrayed their love.¹² In a later paper, I described a precise and meticulous delineation of De Clérambault's syndrome in a work of literature.¹³‡ In the fictional work, the patient, a middle-aged woman, attempted to murder the children of her unattainable delusional lover, her own doctor.§

Although a recent review paper on the syndrome did not even recognize a possibility that men could be affected,¹⁵ it is clear that De Clérambault's syndrome can no longer be regarded as a disorder of aging, unmarried women.¶ Jonckheere¹⁷ described two men with the syndrome in a series of 13 cases. Schacter described three male patients with De Clérambault's syndrome with only mild psychotic disorganization, for whom hospitalization was not required.¹⁸ Enoch and Trethowan¹⁹ reported the case of a bachelor farmer who became amorously preoccupied with a female veterinary surgeon, evidencing a conviction of her love for him. Greyson and Akhtar described a mentally retarded male patient with De Clérambault's syndrome, who believed that young women were pursuing and sex-

‡ I suggested in that article that Georges Simenon, the author of a short story describing De Clérambault's syndrome in all of its minutest clinical exactitude worthy of DSM-III and written before De Clérambault's own description, should be given credit for his contribution.

§ Two cases have been reported wherein the delusional love object was the patient's psychiatrist.¹⁴

¶ Hart¹⁶ went so far as to rename the disorder "Old Maid's Insanity."

ually assaulting him while he slept.²⁰ Taylor, Mahendra, and Gunn²¹ reported four cases of De Clérambault's syndrome in men in a population of violent male offenders. In all of their cases, the associated behavioral disturbances triggered by the core symptomatology had brought the men into conflict with the law.¶ Likewise, I reported three new cases in men, all occurring in a forensic context.²²

I have collected and will describe at greater length a number of these latter cases and others, some incomparably infamous beyond psychiatric circles, involving De Clérambault's syndrome in violence-prone offenders.

Case 1

John Hinckley, Jr., was a young man from a well-to-do family who became a drifter and a ne'er-do-well and lived in a fantasy world with magical and grandiose expectations of impressing and winning over his secret lover, actress Jodie Foster. He wrote about his love for the young actress, wrote songs to woo her, communicated with her directly, failed at everything, attempted suicide, and finally, as we know, attempted to assassinate President Reagan—"a grandiose historic deed that would make him famous and unite him perhaps in death with the delusional love object, Jodie Foster" (pp. 3273 and 3275 of the trial transcript).²³

In a letter written to the New York Times after he was acquitted by reason of insanity, Hinckley wrote:

¶ Some of the delusional love objects of these male patients included a princess, a social worker, and a woman barrister.

My actions on March 30, 1981, have given special meaning to my life and no amount of imprisonment or hospitalization can tarnish my historical deed. . . . I . . . committed the ultimate crime in hopes of winning the heart of a girl. It was an unprecedented demonstration of love.²⁴

After repeated advances were unrequited and after receipt of letters from Jodie Foster in which she explicitly denied having any feelings for him, Hinckley was impelled to resort to grotesque extremes in order to achieve his amorous goal.

Stone and others have opined that the proper diagnosis for Hinckley was De Clérambault's syndrome.^{25,26} Stone wrote "[b]efore DSM-III, I would have diagnosed John Hinckley as a case of erotomania . . ." ²⁷#

Case 2

Prosenjit Poddar, a member of the Harijan (untouchable) caste from Bengal, India, killed Tatiana Tarasoff, a fellow student at the University of California at Berkeley, in 1969. As a result of the lawsuit brought by Ms. Tarasoff's parents, the California Supreme Court imposed a new judicially created duty on psychotherapists to protect foreseeable victims of their potentially dangerous patients.³⁰

Poddar met Tatiana Tarasoff at folk dance lessons at the school's Interna-

Stone wrote "[h]is pathological attachment to Jodie Foster is in my view crucial not only to his diagnosis but also to his prognosis . . . delusions of love seem to have disappeared from DSM-III. . . . Perhaps the Hinckley case may also lead us to reconsider this gap in DSM-III."²⁸ (Apparently this "gap" has been reconsidered: The second draft of DSM-III-R in Development recognizes an *erotomanic type of delusional (paranoid) disorder* "in which the predominant theme of the delusion(s) is that another person of higher status is in love with him or her.")²⁹

tional House and they formed an apparently casual relationship. After she kissed him on New Year's Eve, however, Poddar psychotically elaborated their relationship in his own mind so that it assumed proportions of enormous significance. After she personally and actively discouraged him, he underwent a severe emotional crisis and became increasingly isolated and ignored his studies. A detailed description of his behavior and state of mind during that period can be found in Winslade's book *The Insanity Plea*.³¹ At one point, Poddar fantasized that he would purchase a gun and arrange for a disastrous situation from which he would then rescue Tatiana. She would then recognize him as her savior and realize how much she had loved and needed him all along. He did purchase the gun, which he later used, along with a knife, to kill the young woman in a vengeful response to his unrequited passion for her. Although his therapist had unsuccessfully attempted to have him committed, no one had warned Tatiana or her parents about Poddar's threats against her. Stone suggested that Poddar, with his prominent delusions of love, was suffering from De Clérambault's syndrome.³²

Case 3

Mr. A gained national notoriety when he was arrested and described as the "love-struck suitor" of the daughter of a former President of the United States. The 35-year-old California man was fixated on his fantasy lover and unrelentingly harassed and pursued her in an attempt to win her hand. He repeatedly approached her in person and sent her a

series of love letters, although they were perfect strangers. Mr. A, who incidentally was a law school graduate, went beserk in court and screamed:

I love _____. I want to marry her. That's why I came here. I don't want to go back to jail. I came to New York to marry _____. I've spent numerous days in prison for no reason at all. This was all planned a year ago by some of the most powerful guys in San Francisco. Everyone in this court is an actor and you, judge, are the biggest actor of all.^{33**}

Despite the judge's warning to desist from annoying Ms. _____, Mr. A could not resist phoning her repeatedly from jail. He was finally transferred to a psychiatric facility in his native California after conviction on charges of criminal trespass and aggravated harassment in New York. He maintained throughout that they were still in love.

Case 4

Mr. B, a 44-year-old Saskatchewan farmer, was arrested and charged with breaching a court order to stop harassing singer _____. Mr. B had followed _____, a popular singer, around the country, repeatedly pestering her with his unrequited attempts to win her hand. Although few details of Mr. B's mental condition were available, it is known that he was ultimately found incompetent to stand trial and was confined for an indeterminate period of time on a Lieutenant-Governor's warrant to Penetanguishene Mental Health Centre in Saskatchewan. He believes that she will always wait for him.

** In some cases, the syndrome is associated with another psychosis of the paranoid type, here Capgras syndrome. Sims and White³⁴ also reported a case combining the two syndromes.

Case 5

Mr. C, a middle-aged Florida businessman, fell in love with a woman lawyer whom he met on a trans-Atlantic flight. He immediately "knew" that she was passionately in love with him. He later became convinced that she had supernatural powers, could alter her physical appearance at will, and could appear to him in different cities around the world, wherever he happened to travel. He besieged her with letters, telephone calls, and flowers (On one occasion he stated "Yes, I am guilty of assaulting her. I assault her with flowers!"), to plead his love. Although she rejected him repeatedly, ultimately filing criminal charges against him, he remained confident that she really loved him and was merely testing his love by strewing obstacles in his path. Despite his assurances to the court, he was unable to refrain from harassing her and was rearrested on two occasions. He had left his family in Florida, abandoned his business, and deteriorated in all areas of function. For a time, he resided in a Bowery hotel. He stated that nothing else mattered as long as she still loved him. Toward the end, he began to make thinly veiled threats to his delusional lover because of her persistent rejections. He was found incompetent to proceed to trial and the charges against him were dropped. He was shortly thereafter transferred to a civil psychiatric hospital.

Case 6

Mr. D, a 23-year-old engineer, became convinced that his older sister-in-law had fallen in love with him and could maintain telepathic communication

with him. He believed that she visited him in the middle of the night, performing fellatio on him while he slept. He believed that these nocturnal sexual assaults were causing genital lesions that could lead to impotence. After a number of indirect warnings to the unsuspecting woman, he erupted suddenly in a frenzy of paranoid rage and assaulted her, gouging out an eye. He pled guilty to a lesser charge after raising the issue of diminished responsibility at trial. He maintained that she still loved him and persisted in her nocturnal sexual advances, visiting him in his cell while he slept.

Case 7

Mr. E, a young Israeli taxi driver, casually dated the daughter of a rabbi and believed that she was in love with him. Although there had been an actual relationship, it had been brief in duration and had unequivocally ended. Nonetheless, he believed that she still loved him and was merely testing him to see if he loved her enough to overcome the objections of her family. Despite her repeated rejections, he persevered in his attempts to woo her. He eventually kidnapped her, after storming the office where she worked, armed with a machine gun and other weapons. He pled guilty to reduced charges, but was nonetheless given the maximal sentence permitted by law. At first, even while incarcerated, he maintained that she still loved him. Later on, he began to harass her and her family by placing orders with mail order houses across the country in their name and also by taking out subscriptions in their name to a variety of Christian religious publications.

Discussion

Each of these case illustrations involves a man with pathognomonic delusions of love. He is convinced that an unattainable woman of elevated social status (e.g., an entertainer, a member of a Presidential family, a lawyer, a rabbi's daughter) is passionately in love with him. The women are unsuspecting at first and later unwilling to reciprocate the romantic overtures. A frequent feature of the syndrome is the patient's persistent belief that his fantasy lover acts in a contradictory or paradoxical manner, i.e., although she really loves him, she appears to reject his advances and may even have him locked up, presumably to "test" his love. Such arrests and incarcerations have little or no impact on the patient's reality testing and are easily brushed aside by him. Such an inability to take criminal charges of such a nature seriously or to deal with them in a realistic fashion may lead to a finding of incompetency to proceed to trial (as it did in the cases of Mr. B and Mr. C). Mr. A was found to be incompetent to be sentenced for the same underlying reasons.

Is there a "gap in DSM-III" as Stone^{35,36} suggests, or should the symptoms of De Clérambault's syndrome more properly be subsumed under the headings of the more general psychopathological conditions of which they may represent partial manifestations, primarily paranoid schizophrenia and the paranoid disorders? There has been some controversy over whether the syndrome is best regarded as a clinical entity in its own right or as a variant of one of

the major psychoses.³⁷⁻³⁹ Taylor, Mahendra, and Gunn⁴⁰ believe that in many cases patients do not show any psychotic features unrelated to their central erotic beliefs, i.e., the other features usually associated with schizophrenia are absent. They conclude that, in such cases, the disorder is not satisfactorily described as merely a variant of schizophrenia. Although others have criticized the use of eponyms in general and contended that it is best regarded as a variant of one of the major functional psychoses, they believe that, for the purposes of predicting behavior (based on knowledge of the syndrome's predictable course) and of instituting rational therapeutic management, "there may be advantages in treating it as a syndrome in a similar taxonomic category as that of morbid jealousy."⁴¹

How can we best account for the apparent trend of sex ratio reversal in De Clérambault's syndrome in the forensic context? Is it a function of the vast overrepresentation of men in the violence-prone offender population? For a multiplicity of biological, psychological, and social reasons, men have always been prone to violent acting out to a much greater extent than women.⁴² Thus it is not surprising that men with De Clérambault's syndrome would be more likely than women to act out their delusions and threaten or even commit violent acts when love is unrequited,†† which would ultimately bring them to

†† In some cases, the people surrounding the victim of the passion rather than the victim herself (or himself) seem the most vulnerable to harm, especially if they are perceived by the patient as coming between him (or her) and his fantasy lover.⁴³

the attention of forensic psychiatrists. In this sense, the apparent sex ratio reversal in a forensic setting might represent a sampling artifact. It remains to be seen whether there is perhaps an absolute increase in the incidence of De Clérambault's syndrome in men, independent of their presentation within the penal system. Cultural and societal influences and expectations are powerful determinants of the content and psychopathogenesis of mental disorders.⁴⁴ The changing roles of men and women within Western society, with concomitant shifts in family dynamics and gender identifications (and misidentifications),^{‡‡} would understandably have an impact on the mode of expression and clinical phenomenology of mental disorders in keeping with these very changes. One might speculate that the women's movement of the past 30 years has set changes in motion that contribute to the increased incidence of De Clérambault's syndrome among men (e.g., women may be perceived as more powerful and successful figures and thus as worthy objects of grandiose fantasies and delusional romantic attachments). These questions require further study before they can systematically be explored.

In view of the poor prognosis of this disorder (all agree it is particularly resistant to treatment), proper diagnosis and management of these patients is a critical consideration. All psychiatrists should be aware that De Clérambault's

‡‡ In this regard, it is interesting to note that there appear to be no published cases of the syndrome among active homosexuals.

syndrome is not a rarity among men, as previously thought, and that the potential for violent acting out in such patients is an important consideration in their care and treatment. §§

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§§ The course of the disorder is quite predictable. "Cure or the attainment of a full and happy life without further episodes has not been achieved. . . ."⁴⁵ Although there is no indication that the fundamental nuclear delusion can be altered, the use of neuroleptic agents has been effective in providing symptomatic relief.⁴⁶ Furthermore, enforced separation from the victim of passion and from those related to her (or him) not only insures their safety, but may also result in a diminution of the delusional amorous beliefs over a lengthy period of time.⁴⁷ (In this regard, John Hinckley, Jr., testified at a hearing at St. Elizabeths Hospital on October 4, 1985: "I overcame the obsession with Jodie Foster through intense therapy, medication and a lot of love from the people around me. . . . I now cherish my life and believe that everyone's life is sacred and precious. I will never again harm another human being."⁴⁸)

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