Research Paper

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Reverse De Clerambault's Syndrome : a case report

Medical Science

KEYWORDS : De Clerambault's syndrome, erotomania, delusional disorder.

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ABSTRACT

De Clerambault's syndrome is popularly called erotomania and the syndrome is characterized by the delusional idea, usually in a young woman, that a man whom she considers to be of higher social and/or professional standing is in love with her. She develops an elaborate delusional process about this man, his love for her, his pursuit of her, and her inability to escape his affectionate clutches. Here we present a case of a patient who developed erotomanic delusions but felt that someone well known in society was trying to cause her harm.

INTRODUCTION

Popularly called erotomania, De Clerambault's syndrome is a syndrome is characterized by the delusional idea, usually in a young woman, that a man whom she considers to be of higher social and / or professional standing is in love with her. She develops an elaborate delusional process about this man, his love for her, his pursuit of her, and her inability to escape his affectionate clutches. This syndrome may persist for a period of a few weeks to a few months in the recurrent form and be replaced by a similar delusion about another man [1-2]. In the fixed form, it may persist for several years. There are reports in the literature of persons maintaining the syndrome for longer than 25 years [3]. Patients with this syndrome may be diagnosed as having other forms of paranoid disorder, or as paranoid schizophrenia [4]. Here we present the case of a lady who felt that someone well known in society was trying to harm her.

CASE REPORT

A 32 year old lady was brought by her brother to the out patient department with chief complaints that the patient had become obsessed with the idea that a very well known film personality was in love with her and wanted to marry her though she was uninterested in the same proposition. The family members reported that the two had never met, had had no long conversations, and had not even been formally introduced. The patient was also convinced that there were several persons working for the film personality plotting against her. The family background revealed that the patient's parents were of average income. The brother stated that the patient in contrast had always been a quiet and rather inhibited child. She was much more reserved than her popular sister and dated infrequently. She was also described as being studious, an avid reader, highly moralistic, and a loner. Moreover, she tended to be somewhat suspicious and mistrustful. Her limited heterosexual experiences were characterized as being very short lived.

According to the mother, one such relationship had just recently ended abruptly and she related that the patient appeared rather emotionally distraught by this. The patient was neat, clean, well-groomed and a well-dressed woman. Her conversation, when unrelated to her delusional process, was rational, coherent, appropriate, and relevant. One could talk with her for long periods of time without realizing that she had a disorder, if one did not broach the subject of her delusional process. When speaking of the delusional process, she went into great detail, explaining the messages she received from her fantasied lover, signs which she received on TV, from the colours of the dress he wore and from several other sources. She saw all of this as proof of the fact that the young man was in love with her and was planning to marry her. She seemed quite upset as she had no such desire for him. She felt that he had made her life a hell. There were apparently no hallucinations, but she obviously manifested delusions of eroticism, jealousy, grandeur, and persecution as well as the illusionary misinterpretations. Her sensorium, memory, orientation, and intellect were well within normal limits. Her judgment with regard to her delusional process was greatly impaired and she had no insight into her disorder.

Initially, we began seeing the patient in an effort to engage her in the sort of therapy that would encourage her to question her delusions. It became apparent that this disorder was chronic in nature. She refused to take any form of treatment or medication. The delusions remained persistent despite the repeated orientated confrontations. During the course of her illness the patient was unable to engage in any productive activity for any period of time. This patient at this writing is not cured. She still believes her "lover" is plotting to spoil her life and she is still waiting for a chance to talk to him and shout at him so that she gets even. However, despite this delusional process she is able to lead a reasonably normal life.

DISCUSSION

The delusion as stated was in a primary form, existed alone and remained unchanged or fixed following its sudden onset. It must not include ideas of grandeur or persecution and the erotomania must remain alone as the whole psychosis. There can never be any hallucinations and the person must exist in an otherwise clear state of consciousness. The secondary form, in contrast, exists in association with other psychiatric states-most often paranoid schizophrenia [5]. This patient appeared to develop the syndrome rather suddenly in a reaction to the loss of a boyfriend. With regard to a description of the disorder, this is a fixed rather than a recurrent type of disorder; the disorder is constant and can last for many years, if not for a lifetime, despite repeated confrontations with reality [6]. Her disorder has lasted for nearly three years and seems to be fixed. Patients with a fixed disorder are persons with low self-esteem and little experience in sexuality. Most patients in literature have responded to either antipsychotic therapy, electroconvulsive therapy or a combination of both [7]. Our case is a classical example of De Clerambault syndrome and she is a true expression of the fixed syndrome associated with delusions of persecution, grandeur, eroticism, and jealousy. There have also been ideas of reference, illusions, and agitated behavior associated with her delusional process.

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