

Delusion of Love: A Case Series

Vedansh Nehra¹, Pratishtha Singh¹,
Sadaf Aziz¹, Suprakash Chaudhury²

ABSTRACT

Delusion of Love is an uncommon paranoid condition that is characterized by an individual's delusion of another person being infatuated with them. In this case series, we present 4 cases who presented with varying clinical presentations. The commonality in all the cases discussed was presence of belief that someone in particular was in love with them. There was an equal ratio of males and females. 3 out of 4 cases could be considered as cases of primary Erotomania. We concluded that the operative concept of Erotomania as a subtype of Persistent Delusional Disorder can be considered to be retained since cases described were fitting the classical descriptions of the syndrome.

Keywords: Erotomania, Love, Delusion

¹Junior Resident, ² Professor & HOD, Department of Psychiatry, Dr. D. Y. Patil Medical College, Dr. D. Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India

Corresponding Author: Dr. Suprakash Chaudhury, Department of Psychiatry, Dr. D. Y. Patil Medical College, Hospital & Research Centre, Dr. D. Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India

e-mail: suprakashch@gmail.com

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Introduction

Delusion of Love, called as erotomania or de Clerambault's Syndrome, is a rare kind of paranoia in which a person believes that another person is madly in love with them. Even in the face of contradictory information, a person suffering from a delusion will continue to hold the belief. Sir Alexander Morrison (1848) classified erotomania as being characterised by delusions, the patient's love being of a sentimental kind, and his being completely preoccupied by the subject of his affection, whom he approaches with respect. Hart (1921) referred to erotomania as "Old Women Insanity", a condition in which delusion of persecution frequently manifest. The social features of erotomania were illustrated by Trethowan (1967), who linked the patient's past issues with relationships with parents to the current erotomania. De Clerambault described and continues to use the word for a kind of erotomania (1942) [1].

The target of erotomania delusions is typically a man who is out of reach because of his superior wealth or social status,

marriage, or lack of desire. When someone has erotomania, they start to believe that someone else (the "object") loves them from afar. The object is typically thought to come from a higher social level, frequently feels unreachable, and is typically thought to be the first to confess love. The hallucination typically starts out suddenly, but it can sometimes come on gradually. Frequently, the subject will offer improbable "evidence" of the object's feelings, and ironically, they may interpret rejections as disguised affirmations of love [2]. Erotomania is typically divided into two categories: primary and secondary. Secondary erotomania may coexist with other psychiatric disorders, including schizophrenia, bipolar affective disorder, Fregoli syndrome, Capgras syndrome, folie à deux and a host of other conditions [3]. Four cases with different clinical presentations and management are discussed below.

Case 1

A 35-year-old unmarried female from rural background was brought to psychiatry with belief that a doctor was in love

with her. Patient was hospitalized 7 years back where she was being treated for Tuberculosis by a male doctor. During her hospital stay, she started telling her family that the doctor talks to her very nicely, was in love with her and wants to marry her. Upon confrontation with the doctor who completely denied the whole situation and told her that he was married. Even after 2 years of her treatment getting over, she kept on telling her family that the doctor has been texting her and they were in love. MSE revealed a distressed affect with Delusion of Love with no insight and impaired Judgement. A Diagnosis of Delusional Disorder was made and was treated with Risperidone 4 mg and Trihexphenidyl 2 mg. She has been following up and is stable, with gradual reduction in mood symptoms but the delusion never subsided completely.

Case 2

A 25-year-old unmarried female from rural background was brought to psychiatry with belief that her neighbor is in love with her and wants to marry her and suspiciousness towards family that they were against her. Patient started skipping her college 6 months back, stayed home all day and would become irritable on minimal provocation. Soon after, she discontinued her studies and left college. She started saying that her neighbor keeps trying to talk to her and has become a good friend of hers. Her mother would find her looking outside the window of her house and upon being asked she would tell that the neighbor was waiting downstairs for her. Upon being told that there was no one waiting for her, she would become irritable and kept telling her the family that her neighbor was in love with her and they will soon marry. MSE revealed a distressed affect with Delusion of Persecution, Reference and Love with no Insight and impaired Judgement. A diagnosis of Paranoid Schizophrenia was made and was treated with Olanzapine 20 mg. She has been following up and is stable with gradual reduction in mood and psychotic symptoms with delusions being reduced to ideas at present.

Case 3

A 39-year-old married male from urban background was admitted in medicine due to complaints of gastric ulceration. He was transferred to psychiatry due to complaints of suspiciousness that a lady is keeping an eye on him and following him since 7 years, because she is in love with him. She was allegedly trying to get in touch with him because she loved him, but since he was not responding to her, she was now offended and wanted to harm him. He was also fearful that people around her were also being influenced by her and were turning against him. He had an episode of self-harm 7 years ago due to this fearful belief. Due to this fear and suspicion, he was also unable to be socio-occupationally functional.

Patient consumes 8-10 cigarettes daily since 14 years.

Premorbidly, he had high self-esteem and was very sensitive to criticism. He was short-tempered and had a suspecting temperament. MSE revealed delusions of love, persecution and reference. He was diagnosed as a case of Delusional Disorder, and was started on low dose second generation antipsychotics. The delusions of persecution and reference subsided, but delusion of love was still persistent.

Case 4

A 41-year-old male from an urban background came with the belief that a professor in chemistry is in love with him, since the last 4 months. He was a shopkeeper of daily household items and he saw her for the first time when she visited his store. He smiled at her, and she responded back with a smile, after which he became convinced that she was indeed in love with him. Soon after, he went to her house and told her that he was aware she liked him because she had purchased his favourite soaps from his store, and that he would assist her in the divorce proceedings with her current husband, so that they would soon get married. The lady got enraged at this. Patient was still convinced that because her husband was keeping a watch on her and she was thus unable to convey her feelings for him. MSE revealed a distressed affect, with delusions of love and persecution. He was treated with risperidone 4 mg. He significantly improved and is currently stable but is still under the belief that the lady is in love with him.

Discussion

The commonality in all the cases discussed was presence of belief that someone in particular was in love with them. Along with this, other psychotic symptoms as well as secondary mood symptoms were also found in the discussed cases. A general trend of superiority in social status of the love object was seen in all of the cases. There was an equal ratio of males and females although prevalent literature suggests that erotomania is more commonly seen in women [4]. 3 out of 4 cases could be considered as cases of primary Erotomania where symptoms were not secondary to any other psychiatric or organic disorder. 1 case also fulfilled the criteria of schizophrenia according to ICD-10 making the primary diagnosis of erotomania as difficult. The onset of illness seemed to be relatively acute in all of the cases. However, we cannot say for sure whether the commencement was sudden and whether there were several love objects. The duration of illness in our cases was prolonged, chronic cases are more commonly seen and a recurrent course was found in all the cases which is more typical in the secondary form of the illness, according to [5]. The delusions in none of the cases resolved completely which is in agreement to the prevalent literature which suggests that delusion of love is one of the most difficult delusions to break [6]. Antipsychotics are first-line treatment to lessen the severity of the delusions and to

control behavior, but in other cases, risk management and isolation from the object of love are the only viable treatments. [7].

Conclusion

Given that the cases described matched the traditional definitions of the disease, it seems appropriate to maintain the operative idea of erotomania as a form of continuous delusional disorder.

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