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Brief Reports

De Clérambault's Syndrome—A Nosological Entity?

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Summary: The consistency of de Clérambault's syndrome and its relationship to other diagnostic labels is examined in terms of operational criteria derived from the original description of the syndrome. Five new cases of erotic delusions are examined, and 53 cases reported in the recent literature are reviewed; none of these completely satisfies the diagnostic criteria, while the majority of patients actually suffered from another disorder, most commonly schizophrenia. The justification for the retention of the syndrome as a nosological entity is discussed, and it is argued that the term should be seen as principally of historical interest.

The condition described as de Clérambault's Syndrome, or pure erotomania, continues to be described in the literature, with nearly a quarter of the most recent papers being published in the *British Journal of Psychiatry*.

The concept of erotomania has a long and distinguished history, well reviewed by Enoch & Trethowan (1979), who referred to cases diagnosed by Hippocrates, the Roman physician Soranus, and a succession of physicians since. At the turn of the nineteenth century, the concept of the monomanias was reconsidered, and Bianchi (1906) described erotomania as paranoia erotica. De Clérambault (1942) considered that certain 'delusions of passion' may have special characteristics which distinguished them from paranoid delusions, and that such cases should be described as 'pure erotomania', a condition distinct from the more common erotic paranoid states. This view led to subsequent debate about the usefulness of distinguishing the syndrome. Some (eg. Pearce, 1972) considered that the occurrence of the syndrome in classical form was sufficiently distinctive to justify retention of the term. Arieti & Meth (1959) included it as one of the 'rare, unclassifiable, collected and exotic syndromes'. Others, such as Lehman (1980) considered 'it would be advisable not to perpetuate the existence of this questionable syndrome in the literature'. Taylor *et al* (1983) have argued for the retention of the term in a similar taxonomic category to that of morbid jealousy, as being of predictive significance in the assessment of aggressive behaviour, while Enoch & Trethowan (1979) concluded that in the then current state of classification of psychiatric disorders there might be some justification for the retention of de Clérambault's Syndrome as a nosological entity.

Clinical experience with several cases led us to review this latter statement. We therefore critically examined the relationship of the syndrome to current diagnostic labels by analysis of our own cases and a careful literature review. We sought English language case reports for the period 1966–1983 and examined them in the light of operational criteria derived from de Clérambault (1942). Information on other diagnoses, duration of follow-up, and outcome was also recorded.

Method

Although de Clérambault (1942) described two forms of his syndrome, pure erotomania and secondary erotomania, criteria were derived only for the primary disorder, on the basis that with the commonly used hierarchical approach to classification (Roth, 1983), a lesser diagnosis is discarded when the criteria for a major disorder are fulfilled. The following diagnostic criteria were adopted:

(a) A delusional conviction of being in amorous communication with another person.
(b) This person is of much higher rank.
(c) This other person had been the first to fall in love.
(d) The other person had been the first to make advances.
(e) The onset is sudden.
(f) The object of the amorous delusions remains unchanged.
(g) The patient provides an explanation for the paradoxical behaviour of the loved one.
(h) The course is chronic.
(j) Hallucinations are absent.

TABLE I

Degree of fulfillment of De Clérambault's criteria by our own cases

Case No.	*Criteria*									*Duration of history*	*Outcome of erotomania*	*Other diagnosis*
	A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*J*			
1	+	+	+	⊟	+	⊟	+	+	⊟	6m	Recovery	Chronic schizophrenia
2	+	+	⊟	⊟	+	+	+	+	+	1y	Episodic recovery	Depression. Dependent personality disorder
3	+	+	+	+	+	⊟	⊟	+	+	20y	Episodic recovery	Paranoid schizophrenia. Mental retardation
4	+	+	⊟	+	+	+	+	+	+	5y	Unchanged	Paranoid schizophrenia
5	+	⊟	+	+	+	⊟	+	⊟	+	1y	Episodic recovery	Bipolar affective disorder

Criterion (b) was interpreted fairly liberally, in view of the changes in the structure of society since de Clérambault first described the syndrome, though he himself considered that *all* of the above criteria should be fulfilled in a case of pure erotomania.

The literature search was performed using the Australian Medlars Service, which uses programmes supplied by the US National Library of Medicine, and this was augmented by a manual search of the Science Citation Index and by cross-references from these papers.

The collected case reports, and our own cases, were then coded for the derived criteria. The diagnoses provided by the original authors were added, where there was support for these in the case reports beyond that implicit in the erotic delusions themselves. Our own cases are not reported in full, as they are essentially similar to those described by others.

Results

The data abstracted from our five cases appear in Table I. Table II documents the 53 new cases described in the literature in the period studied. In the tables, + indicates satisfaction of a criterion, ⊟ the failure to do this, and ? that insufficient information is provided.

It will be seen that none of our own and only two cases from the recent literature apparently satisfied all the diagnostic criteria. However, Raskin & Sullivan (1974), in describing their case 2, refer to a suggesion of a previous 'love object', and Arap-Mengech (1982), implies the possible influence of cultural factors in his report. Neither of these patients appeared to have suffered from any other psychiatric disorder.

Five cases may have failed to satisfy the diagnostic criteria only by reason of insufficient information. Three of these reports (Bendheim, 1979, cases 1 and 2, and Hollender & Callahan, 1975, case 5) provided only limited or anecdotal information. However, cases 1 and 8 reported by Doust & Christie (1978) may have met the criteria. Although these authors referred to paranoia in their first case, there was no other evidence of this in the report; case 8 suffered from paranoid schizophrenia.

This left only two or at most three cases of probable de Clérambault's Syndrome in the recent literature.

When the strict criteria were abandoned, and those of the reporting authors adopted, there were only a further three cases of erotomania occurring in the absence of other psychiatric symptoms. (Cases severely deficient in detail being excluded from consideration: [Bendheim, 1975, cases 1–3, Hollander & Callahan, 1975, case 5 and Seeman, 1978, cases 1–8]). Of these, Pearce (1972) reported only a six week follow-up, Greyson & Akhtar (1977) described associated severe mental retardation and Rugeiyamu (1980) referred to culture-specific factors. This would suggest one should be cautious in accepting these as genuinely representing the primary syndrome, even if they had satisfied de Clérambault's criteria.

In the secondary cases, the most common associated diagnosis was paranoid schizophrenia, although a range of other disorders, including organic brain syndromes, also occurred. The outcome was generally, although not universally, poor and consistent with the principal diagnoses in those cases.

Discussion

This study highlights the variability of the criteria adopted by previous authors. It is of interest that despite the intriguing nature of this well-known syndrome, there has not been a case report from the western world in the literature of the last 17 years unequivocally satisfying all the diagnostic criteria described by de Clérambault. If the condition in its pure form is in fact as rare as this would suggest, this raises doubts as to its current existence. The preponderance of case reports referring to secondary, partial forms of the syndrome supports the view that patients presenting with erotic or romantic delusions of this type can have their illnesses adequately classified within the more widely used systems. Most cases would be satisfactorily accommodated in the ICD–9 or DSM III under the heading of schizophrenia, or of some related classification label. Not only has the term de Clérambault's Syndrome not been demonstrated to

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TABLE II

The degree of fulfillment of De Clérambault's criteria by published case reports.

Case reports No.	*Case No.*	*Criteria* A	B	C	D	E	F	G	H	J	*Duration of history*	*Outcome of erotomania*	*Other diagnosis*
Criteria not fulfilled													
Bendheim, O. L. 1979	3	+	+	+	−	+	−	?	+	?	10y	unchanged	Inadequate information
Berry, J., & Haden, P. 1980	1	+	+	+	?	+	+	?	−	?	?	recovered	Paranoid schizophrenia
Cocchi, R., *et al* 1982	4	+	+	?	?	−	−	?	+	+	7y	recovered	Dissociative syndrome. Phobia. Depression
Doust, J. W. & Christie, H. 1978	2	+	+	+	+	+	+	+	+	−	4y	recovered after 4y	Manic psychosis ? drug induced
	3	+	−	+	+	?	+	?	−	−	16y	episodic improvement	Cortisone psychosis
	4	+	−	+	+	+	+	+	−	?	2y	recovered after 2y	Paranoid state. Psychomotor epilepsy
	5	+	?	+	−	+	+	+	+	?	9y	unchanged	Paranoid schizophrenia
	6	−	+	+	+	+	+	−	−	?	34y	recovered after 23y	Alcoholism (ego-dystonic homosexuality)#
	7	+	+	−	?	−	+	?	+	−	2¾y	unchanged at death	Schizophreniform psychosis. Meningionoma
Enoch, M. D. & Trethowan W. H. 1979	1	+	+	−	−	+	+	?	+	+	2y	unchanged	
	2	+	+	−	−	?	+	?	+	+	5y	recovered after 4y	
	3	+	+	−	−	−	+	?	+	+	4y	improved at 4y	Affective disorder. Hypochondriasis
	4	+	+	−	−	+	−	?	+	?	3y	improved	Paranoid schizophrenia
	5	+	+	−	−	−	+	?	+	−	6y	improved transiently	Paranoid schizophrenia
Evans, D. L. *et al.* 1982	1	+	+	−	−	−	+	?	+	?	2½y	unchanged	Schizoaffective psychosis
Feder, S. 1973	1	+	+	+	+	−	+	+	+	−	10y	unchanged	Alcoholism. Paranoid psychosis
Goldstein, E. L. 1978	1	+	+	+	−	−	?	−	?	−	?	?	Paranoid schizophrenia
Greyson, B. & Akhtar, S. 1977	1	+	+	−	−	?	−	?	−	+	3y	fluctuant course	Severe mental retardation
Guirguis, W. R. 1981	1	+	+	−	+	+	+	+	+	+	5y	recovered at 5y	Bipolar affective disorder
Hollender, M. H. & Callahan, A. S. 1975	1	+	+	?	?	+	?	?	?	−	?	slight improvement	Paranoid schizophrenia. 90% blind
	2	+	+	+	?	?	−	?	+	?	19y	unchanged	Paranoid schizophrenia. Very unattractive
	3	+	+	+	−	+	+	?	+	−	15y	unchanged	Paranoid schizophrenia. Mental retardation
	4	+	+	+	+	+	?	?	?	−	?	?	Paranoid state. Alcoholism
Jordan, H. W. & Howe, G. 1980	1	+	−	?	?	+	+	?	+	+	7½y	improved at 7½y	Paranoid schizophrenia
Pearce, A. 1972	1	+	+	+	+	−	+	+	?	+	6 weeks	slightly improved	
Raskin, D. E. & Sullivan, K. E. 1974	1	+	+	+	+	−	?	?	−	?	3y	unchanged	Depression. Marital disharmony
Rudden, M. *et al.* 1980	1	+	?	+	+	?	−	?	+	+	1y	episodic recovery	Schizophrenia. Paranoid subtype
Rugeiymu, F. K. 1980	1	+	−	−	−	+	+	?	+	+	?	slightly improved	
+ Seeman, M. V. 1978	1,2,3	+	−	+	+	+	+	+	+	?	10y	unchanged	Schizophrenia
	4,5	+	+	+	−	−	−	+	−	?	3-8y	episodic recovery	Bipolar affective disorder
	6	+	+	+	−	−	−	+	−	?	3-8y	episodic recovery	Borderline
	7,8	+	+	+	−	−	−	+	−	?	3-8y	episodic recovery	Hysterical psychosis
Sims, A. & Reddie, M. 1976	1	+	+	?	?	?	−	?	−	−	10m	recovered at 10m	Schizophrenia, Capgras syndrome. Marital problems
Sims, A. & White, A. 1973	1	+	+	?	?	−	+	?	−	+	1½y	recovery at 1½y	Paranoid schizophrenica. Capgras syndrome
Taylor, P. *et al.* 1983	1	+	−	?	−	+	−	+	+	?	4y	improved	? paranoid schizophrenia. Depression
	2	+	+	?	?	+	−	?	+	−	?	unchanged	? paranoid schizophrenia. Depression
	3	+	+	?	?	?	−	?	+	+	7y	improved	Depression
	4	+	+	−	−	+	+	−	+	?	months	? recovered	Recurrent mania
Teoh, J. I. 1972	1	+	−	?	+	+	−	+	+	−	3½y	recovered at 6m	Paranoid schizophrenia. Limited Intelligence
	2	+	+	+	+	+	−	?	−	+	3y	unchanged	Paranoid schizophrenia
	3	+	+	?	+	?	−	−	+	+	15y	unchanged	*(Paraphrenia)
	4	+	+	−	−	−	+	+	+	+	6y	unchanged	*(Paraphrenia)
Criteria may be fulfilled													
Bendheim, O. L. 1979	1	+	+	?	?	?	+	?	+	?	'many'y	unchanged	Inadequate information
	2	+	+	?	?	?	+	?	+	?	'several'y	unchanged	Infantile polio. Inadequate information
Doust, J. W. & Christie, H. 1978	1	+	+	+	+	+	+	?	+	?	4y	unchanged	
	8	+	+	+	+	+	+	+	+	?	4y	unchanged at death	Paranoid schizophrenia
Hollender, M. H. & Callahan, A. S. 1975	5	+	+	?	?	?	?	?	?	?	?	?	Blind. Inadequate information
Criteria apparently satisfied													
Arap-Mengech, N. K. 1982	1	+	+	+	+	+	+	+	+	+	1¼y	recovered	
= Raskin, D. E. Sullivan, K. E. 1974	2	+	+	+	+	+	+	+	+	+	10y	slight improvement at 10y	Marital difficulties

Present author's diagnosis from the case report

+ Seeman reports eight cases, summarised into two types, with no case reports of individuals as such.

* In both cases Teoh describes a distinction from paraphrenia on the basis of preservation of orderly thinking and acting in the absence of hallucinations. However, the case as described would appear consistent with diagnosis of paraphrenia.

= There is a suggestion of a previous erotic atrachment.

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apply to patients who share a fixed group of clinical phenomena, but no published studies have demonstrated other markers of the existence of a disease entity, such as genetic linkage, predictable response to a particular treatment, or the sharing of a common prognosis.

Thus a syndrome first described by Hippocrates in the context of a quite different conceptualisation of mental illness has perhaps outlived its usefulness. We would subscribe to the view expressed by Lehman (1980) that "it would be advisable not to perpetuate the existence of this questionable syndrome in the literature".

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References

American Psychiatric Association (1980) *Diagnostic and Statistical Manual of Mental Disorders*. Third Edition. Washington DC: American Psychiatric Association.

Arap-Mengech, N. K. (1982) Pure erotomania (de Clérambault's Syndrome): a case report. *East African Medical Journal*. **59**, 288–290.

Arieti, S. & Meth, J. M. (1959) Rare, unclassified, colleted and exotic sydromes. In *American Handbook of Psychiatry*. (ed. S. Arieti). New York: Basic Books.

Bendheim, O. L. (1979) Erotomania—de Clérambault's Syndrome or Psychose passionelle. *Arizona Medicine*, **36**, 656–657.

Berry, J. & Haden, P. (1980) Psychose passionelle in successive generations. *British Journal of Psychiatry*, **137**, 574–575.

Bianchi, L. (1906) *A Textbook of Psychiatry*. Translated by J. H. MacDonald, p. 607. London: Balliére, Tindall & Cox. Quoted in Enoch and Trethowan, q.v.

Cocchi, R., Passanisi, S., & Macci, F. (1982) Does chlordesmethyldiazepam have a specific anti-erotic effect? *Acta Psychiatrica Belgica*. **82**, 555–564.

de Clérambault, G. G. (1942) Les psychoses passionelles. In *Oevre psychiatrique*. Paris: Presses Universitaires de France.

Doust, J. W. & Christie, H. S. (1978) The pathology of love: some clinical variants of de Clérambault's Syndrome. *Social Science and Medicine*, **12**, 99–106.

Enoch, M. D. & Trethowan, W. H. (1979) De Clérambault's Syndrome. In *Uncommon Psychiatric Syndromes*, second edtion (M. D. Enoch & W. H. Trethowan), Bristol: John Wright.

Evans, D. L., Jeckel, L. L. & Slott, N. E. (1982) Erotomania. A variant of pathological mourning. *Bulletin of the Menninger Clinic*, **46**, 507–520.

Feder, S. (1973) Clérambault in the ghetto: Pure erotomania reconsidered. *International Journal of Psychoanalytic Psychotherapy*, **2**, 240-247.

Goldstein, E. L. (1978) De Clérambault in court: a forensic romance. *Bulletin of the Americam Academy of Psychiatry and Law*. **6**, 36–40.

Greyson, B. & Akhtar, S. (1977) Erotomania delusions in a mentally ill retarded patient. *American Journal of Psychiatry*, **134**, 325–326.

Guirguis, W. R. (1981) Pure erotomania in manic-depressive psychosis. *British Journal of Psychiatry*, **138**, 139–140.

Hollender, M. H. & Callahan, A. S. (1975) Erotomania or de Clérambault's Syndrome. *Archives of General Psychiatry*, **32**, 1574–1576.

Jordan, H. W. & Howe, G. (1980) De Clérambault's syndrome (erotomania)—a review and case presentation. *Journal of the National Medical Association*. **72**, 979–985.

Lehman, H. E. (1980) Unusual psychiatric disorders, atypical psychoses, and brief reactive psychoses. In *Comprehensive Textbook of Psychiatry* (ed. H. I. Kaplan, A. M. Freedman, B. J. Sadock), Third Edition. Baltimore: Williams and Wilkins.

Pearce, A. (1972) De Clérambault's syndrome associated with folie a deux. *British Journal of Psychiatry*, **121**, 116–117.

Raskin, D. E. & Sullivan, K. E. (1974) Erotomania. *American Journal of Psychiatry*, **131**, 1033–1035.

Roth, M. (1983) The achievements and limitations of DSM III. In *International Perspective on DSM III*. (ed. R. Splitzer, J. Williams & A. Skodol). Washington: American Psychiatric Association.

Rudden, M., Gilmore, M. & Frances, A. (1980) Erotomania' A separate entity. *American Journal of Psychiatry*, **137**, 1262–1263.

Rugeiyamu, F. K. (1980) De Clérambault's syndrome (erotomania) in Tanzania. *British Journal of Psychiatry*, **137**, 102.

Seeman, M. V. (1978) Delusional loving. *Archives of General Psychiatry*, **35**, 1265–1267.

Sims, A. & Reddie, M. (1976) The de Clérambault and Capgras syndromes—a case history. *British Journal of Psychiatry*, **129**, 95–96.

—— & White, A. (1973) Co-existence of the Capgras and de Clérambault syndromes—a case history. *British Journal of Psychiatry*, **123**, 653–657.

Taylor, P., Mahendra, B. & Gunn, J. (1983) Erotomania in males. *Psychological Medicine*, **13**, 645–650.

Teoh, J. I. (1972) De Clérambault's syndrome—a review of four cases. *Singapore Medical Journal*, **13**, 227–234.

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The Pisa Syndrome: A Report of Two Cases

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Ekbom *et al* (1972) described dystonic syndromes that appeared as a side-effect to treatment with the butyrophenone group of neuroleptic drugs. These symptoms consisted of tonic flexion of the trunk to one