

The Delusions of Love

A little-known syndrome, erotomania, beguiles lonely hearts and can even lead to violence

It was the familiar autumnal love affair: a divorced, 53-year-old university librarian, her life grown as musty as the archives she worked in, and a handsome, respected physics professor, married and 10 years her senior. They managed to keep the affair secret for years. Then he died suddenly of a heart attack, and she was jolted, briefly, into an agitated, delusional state. A week later she was under control again, able to tell the psychiatrists who treated her about her doomed love. "I was crushed," she said. "If he had lived he would have left his wife. But now it can never happen." The woman was put on anti-psychotic drugs and gradually resumed a normal life. "She no longer speaks about her relationship with the Professor . . . and has continued with her somewhat socially-isolated librarian's lifestyle," reported Dr. Murray Stein, in the *Canadian Journal of Psychiatry*.

As an incident in the life of an obscure librarian, the relationship might not have warranted mention in a professional journal. But there was one striking peculiarity: as the doctors soon realized, the entire affair was a product of the woman's imagination—a classic instance of the sad, sometimes dangerous syndrome called erotomania. The librarian and the professor had not even spoken, except for exchanges of pleasantries when he came to check out a book. Yet she "knew" he loved her: "I could tell by the look in his eye and the tone of his voice."

Quiet Desperation: First described in detail by French psychiatrist Gaëtan De Clérambault in 1921, erotomania is born of lives lived in quiet desperation. It is failure's last grasp at success. The victim typically imagines being loved by someone of higher status—a boss, a public figure, even royalty. For decades it was thought to be rare; there are little more than 100 cases recorded in the literature. But psychiatrists have begun to suspect the actual totals are in the thousands. "Every time I talk about it in a seminar, people come up and say, 'You know, I saw a patient like that,'" says Jonathan Segal, a Palo Alto psychiatrist who wrote of the syndrome in the October issue of the *American Journal of Psychiatry*. "It's way more common than the number of published cases," says Segal.

Erotomania usually afflicts passive, peaceable people with no history of psy-

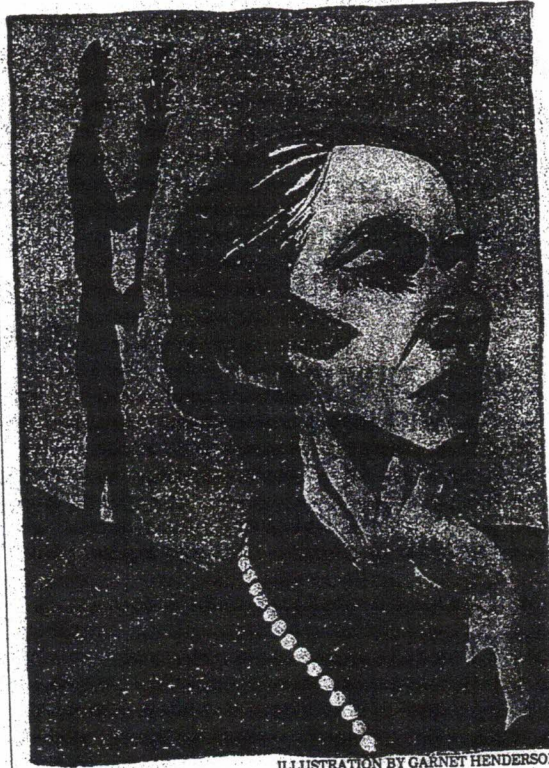


ILLUSTRATION BY GARNET HENDERSON

chosis. They are likely to be middle-aged women, living, like Stein's librarian, withdrawn, socially empty lives—"lonely people with some kind of myth," as Segal says. Few have been married or had any sexual encounters for years. In fact, there is often nothing erotic in erotomania. According to psychiatry's official diagnostic manual, the delusion "usually concerns idealized romantic love . . . rather than sexual attraction." The imagined lover is apt to be someone unattainable, who signals his passion by hidden messages.

Although it was originally believed to be almost exclusively confined to women, erotomania is now known to affect a considerable number of men. Male erotomanics are more apt to act out their fantasies and make headlines in the process. More than women, they can also show the frightening force of the delusion. Notoriously, John Hinckley played out an obsession with actress Jodie Foster to the point of nearly murdering Ronald Reagan. But like other psychotics who harass celebrities, Hinckley did not quite fit the formula. He knew Foster had rejected him, and was deter-

mined to perform some spectacular deed to win her. True erotomanics become suddenly, fanatically convinced that *they* are the loved ones, and no amount of rejection can disabuse them.

Dr. Robert Goldstein, director of the New York Forensic Psychiatry Institute, tells of the recent case of "Mr. C," an otherwise conventional middle-aged Florida businessman who became convinced that a woman lawyer he chatted with on a transatlantic flight "was passionately in love with him." He believed she had supernatural powers and could appear to him in different guises. Although she kept rejecting him, he deluged her with phone calls and flowers, confident she was only testing his love. "Yes, I'm guilty of assaulting her," he said later. "I assault her with flowers." Eventually he abandoned his business and his family, and moved to a Bowery flophouse in New York to be near his beloved. When he began showing up at her office she brought charges of aggravated harassment. Indigent and represented by legal aid, he was found incompetent to stand trial and committed to a psychiatric hospital. "The man's whole life deteriorated," says Goldstein.

Last word: Overall, the prognosis for the delusion remains as bleak as the lives that spawn it. There has been some modest success with anti-psychotic

drugs that seem to diminish its intensity. But even with treatment, erotomania may persist for years, if not for life. "Often," Segal says, "a person retreats, licks her wounds, goes back to her solitary life and learns to live with disappointment."

Sometimes, even so, the erotomaniac has the last word. In a forthcoming book, *Chicago Sun-Times* advice columnist Jeffrey Zaslow tells of a persistent female correspondent who finally confessed she was leaving her husband for "another man"—Zaslow himself. When he wrote back trying to talk her out of her folly, she accused him of having led her on with secret messages in his column. Alarmed, Zaslow gently urged her to see a trained counselor. Then she grew really angry, saying she would never write again. And that seemed to be the last of her. But there was an epilogue: after a six-month silence, she wrote again, saying disdainfully, "I don't need free advice." In the envelope were four \$50 bills. If he didn't want the money, the woman wrote, he could give it to charity. Zaslow took her advice.

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