

Gregory B. Leong,<sup>1</sup> M.D., J. Arturo Silva,<sup>2</sup> M.D.,  
Enrique S. Garza-Treviño,<sup>3</sup> M.D., Damaso Oliva, Jr.,<sup>4</sup> M.D.,  
Michelle M. Ferrari,<sup>5</sup> M.D., Ramanujam V. Komanduri,<sup>6</sup> M.D.,  
and Judith C. B. Caldwell,<sup>7</sup> M.A.

## The Dangerousness of Persons with the Othello Syndrome

---

**REFERENCE:** Leong, G. B., Silva, J. A., Garza-Treviño, E. S., Oliva, D., Jr., Ferrari, M. M., Komanduri, R. V., Caldwell, J. C. B., "The Dangerousness of Persons with the Othello Syndrome," *Journal of Forensic Sciences*, JFSCA, Vol. 39, No. 6, November 1994, pp. 1445-1454.

**ABSTRACT:** The Othello syndrome, or delusional jealousy, often raises significant forensic issues, particularly dangerousness. Dangerous patients suffering from the Othello delusion may present with hostility ranging from verbal threats to homicidal acts. We present three cases of individuals suffering from Othello syndrome associated with significant hostility and organic mental factors. We analyze these cases along with Othello syndrome cases culled from the recent anglophonic literature, especially in terms of implications for domestic and public safety.

**KEYWORDS:** psychiatry, dangerousness, delusions, mental disorder, Othello syndrome, organic delusional disorder

Othello syndrome is a psychiatric condition in which the degree of jealousy and/or belief in infidelity of one's spouse reaches delusional intensity [1]. While delusions of infidelity and jealousy have been known since antiquity, only in modern times have they acquired a popular name. In the psychiatric literature, Othello syndrome has appeared as, among other things, delusional jealousy, sexual jealousy, erotic jealousy syndrome, morbid jealousy, psychotic jealousy, pathologic jealousy, conjugal paranoia and the delusion of infidelity. The eponym, Othello syndrome, has its origin in Shakespeare's tragic character in which

Received for publication 2 March 1994; revised manuscript received 14 April 1994; accepted for publication 14 April 1994.

<sup>1</sup>Associate Clinical Professor of Psychiatry, University of California at Los Angeles, and Staff Psychiatrist, West Los Angeles Veterans Affairs Medical Center, Los Angeles, California.

<sup>2</sup>Associate Professor of Psychiatry, University of Texas Health Science Center at San Antonio, and Staff Psychiatrist, Audie L. Murphy Memorial Veterans Hospital, San Antonio, Texas.

<sup>3</sup>Assistant Professor of Psychiatry, University of Texas Health Science Center at San Antonio, and Staff Psychiatrist, Audie L. Murphy Memorial Veterans Hospital, San Antonio, Texas.

<sup>4</sup>Resident in psychiatry, University of Texas Health Science Center at San Antonio.

<sup>5</sup>Assistant Clinical Professor of Psychiatry, University of Texas Health Science Center at San Antonio.

<sup>6</sup>Assistant Clinical Professor of Psychiatry, University of California at Los Angeles, and Staff Psychiatrist, West Los Angeles Veterans Affairs Medical Center, Los Angeles, California.

<sup>7</sup>Social worker, West Los Angeles Veterans Affairs Medical Center, Los Angeles, California.

This is a revised version of a paper presented at the 46th Annual Meeting of the American Academy of Forensic Sciences, San Antonio, 14-19 February, 1994.

jealousy played a major role in the protagonist's commission of spousal homicide [1]. While the Othello story occurred in the context of a marital relationship, Othello syndrome can be applied to a generic situation involving sexual, or otherwise intimate, partners. There is, however, no clear demarcation as to what comprises "normal" jealousy and morbid jealousy [2].

In their study of 30 cases, Enoch and Trethowan [1] described the typical Othello patient as follows: older than 40 with no prior history of mental illness; sudden-appearing onset of delusion though probably with a history of increasing suspicion for several months; retrospective misinterpretation of past events and minimal clues to prove spouse's infidelity; and the spouse's imagined lover is unidentified with the patient avoiding actual efforts to secure proof of infidelity.

Othello syndrome can be in part subsumed in the diagnostic nomenclature set forth by DSM-III-R under the diagnosis of delusional (paranoid) disorder, jealous type [3]. According to DSM-III-R, delusional disorder, jealous type is defined by the following criteria: (1) presence of a nonbizarre delusion whose predominant theme is the unfaithfulness of one's sexual partner; (2) auditory or visual hallucinations, if present, are not prominent; (3) apart from the delusion or its ramifications, behavior is not obviously odd or bizarre; (4) if a major depressive or manic syndrome has been present during the delusional disturbance, the total duration of all episodes of the mood syndrome has been brief relative to the total duration of the delusional disturbance; and (5) has never met criterion A for schizophrenia, and it cannot be established that an organic factor initiated and maintained the disturbance.

The DSM-III-R category of delusional disorder, jealous type covers only a portion of individuals suffering from Othello syndrome. The Othello syndrome may also be found as part of the symptom complex of other functional psychoses such as paranoid schizophrenia or mood disorder with psychotic features [1,3,4]. Organic factors have been implicated as the causal agent in some cases of delusional disorder, at least suggesting that the more accurate diagnosis is organic delusional disorder [5]. Because of the ambiguity as to whether Othello syndrome represents a distinct nosological entity, we use the terms Othello syndrome and Othello delusion interchangeably in this paper.

Returning to the use of Shakespeare's character Othello, the delusion of jealousy infers that individuals with Othello syndrome pose a danger to spouses or significant others as Othello killed his wife as a result of her alleged infidelity. The dangerousness presented by Othello syndrome individuals ranges from serious verbal threats to homicidal acts [4]. Moreover, the target of the Othello delusion can involve persons besides a spouse or significant other [6].

We present three new cases of Othello syndrome in which organic factors played a significant role. We explore the relevant clinical and forensic aspects presented by persons with Othello syndrome. A discussion of domestic and public safety issues follows.

### Case 1

Mr. A, a 67-year-old white male, was referred for psychiatric evaluation because he had a six month history of falsely accusing his 76-year-old wife of 42 years of extramarital activity. For several months prior to this, he had only suspected Mrs. A's infidelity. He had just authored a 13-page letter describing years of her infidelity, deceit, and lying, which he was threatening to distribute to their children and their neighbors.

Mrs. A complained of Mr. A's "domineering" attitude such as Mr. A not permitting her to have friends. She further reported that while announcing his suspicions he threatened to shoot her if she filed for divorce. The A's owned several guns that were locked in a cabinet to which only Mrs. A had the keys. Both knew how to use guns. The attending psychiatrist insisted that they remove the guns from the home prior to undertaking further

treatment, so the guns were given to one of their sons. Mr. A refused to take recommended neuroleptic medication, but agreed to couples therapy. Mr. A had no criminal history.

Mr. A's only prior mental health contact involved two counseling sessions 20 years ago after Mrs. A had threatened to leave him. For most of their marriage, the A's sex life had been nonexistent. He used to drink two to three mixed drinks per day, but had not drunk for several years. He gave no history of head injury, seizure, or CVA. Current medical problems, all of which were under control, included adult-onset diabetes mellitus, hypertension, and coronary artery disease. Past medical history included peptic ulcer disease, left nephrectomy secondary to hydronephrosis, myocardial infarction at age 54, four vessel coronary artery bypass graft at age 58, and a left ventricular thrombus at age 66. Current medications included: digoxin, furosemide, glyburide, diltiazem, isosorbide dinitrate, dypyr-amidole, and aspirin. Serum electrolytes and complete blood cell counts were within normal limits. Digoxin level was within therapeutic range. The EKG showed no acute changes.

On mental status examination, Mr. A presented as an elderly white male with good personal hygiene. Behavior was normokinetic. His speech was loud and rambling when he spoke about his wife's alleged infidelity. He was alert and oriented in all spheres. His memory was intact. His mood was euthymic except when speaking about his wife's alleged infidelity, at which time he displayed a volatile affect. His associations were organized and coherent. Outside of his wife's alleged affairs, no delusional material was expressed. Hallucinations and current suicidal and homicidal ideation were denied. There was no family psychiatric history.

Neurological examination was normal. His mini-mental state exam score was 30/30. An MRI scan revealed an old infarct in the right parietal-occipital region. He was given DSM-III-R diagnoses of organic delusional disorder and alcohol abuse, in remission [3].

Throughout his psychiatric evaluation, Mr. A denied having any psychiatric difficulties. Although he initially agreed to further evaluation and treatment, he did not return for either psychiatric or neurologic follow-up.

## Case 2

Mr. B, a 48-year-old man, was evaluated for exacerbation of psychotic symptoms and aggressive behavior. He had been falsely accusing his wife of extramarital activity for the past three months. Mr. B further alleged that his three sons conspired with Mrs. B to hide her infidelities. The family reported that Mr. B had threatened to hit a male stranger with the butt of a rifle as the stranger passed in front of Mr. B's house. Fortunately, the gun was otherwise in nonworking condition and subsequently removed from the home by his family.

Mr. B's thought processes were tangential and he denied hallucinations. The patient had no criminal history involving physical violence and denied further desires to hurt anyone. There was no family psychiatric history.

About one year prior to the index evaluation, Mr. B had experienced sudden onset of dizziness, headache, vomiting, ataxia, and left-sided weakness. On neurological examination there was evidence of left dysmetria and there was decreased sensation on the left to light touch, and pinprick worse on the shin and the lateral aspect of the forearm. Mr. B had a long-standing history of hypertension. His head CT scan revealed left cerebellar hemorrhage with mass effect and edema present near the fourth ventricle and mild ventricular dilation. Both temporal horns showed mild atrophy. His cell blood count and blood chemistries were within normal limits. He met DSM-III-R diagnostic criteria for organic delusional disorder [3].

The patient agreed to an outpatient psychiatric referral, but failed to keep his follow-up appointment.

### Case 3

Mr. C, a 44-year-old man, was psychiatrically hospitalized for depression, irritability and marital difficulties. Mr. C harbored the delusion that Mrs. C had been sexually involved with various friends and acquaintances of his during the past year. When the phone at their home rang, he concluded that Mrs. C's different lovers were trying to contact her. He then would confront her with the alleged infidelity. He denied having experienced hallucinations and no defect in his associations was noted. Mr. C desired to physically fight Mrs. C's alleged lovers, one of whom was a neighbor, though he denied specific homicidal or suicidal plans. His abstraction and memory functions were intact. He complained of severe dysphoria, decreased psychomotor activity and anhedonia. Mr. C reported having used oral amphetamines for at least one year prior to admission. He did acknowledge that the amphetamines rendered him increasingly suspicious towards his wife and others. Mr. C also smoked marijuana on a weekly basis.

Mr. C gave no history of head injury or history of violent crimes. His family psychiatric history was negative. His physical, including his neurological, examination was normal. His complete blood count, urinalysis, blood chemistries, EKG, chest X-ray, EEG, and head CT scan were within normal limits. Mr. C met DSM-III-R diagnostic criteria for organic delusional disorder, organic mood disorder, amphetamine abuse, and cannabis abuse [3]. His organic mental disorder was thought to be linked to his substance abuse, most likely the amphetamines. He was treated with desipramine 100 mg daily and was able to abstain from drugs. Two months later he was free of delusional thinking, dysphoric mood, and aggressive ideas.

### Discussion

#### *Biopsychosociocultural Contributors to the Othello Syndrome*

There are several psychological influences associated with the genesis of the Othello syndrome. Low self-esteem and feelings of inadequacy have been hypothesized as significant factors involved in the development of Othello syndrome regardless of the presence of organic factors [1]. Other associated psychological features among Othello patients include: problems with sexual inadequacy or dysfunction [1,4,7] and a passive premonitory personality [4,7]. More detailed expositions of the psychodynamic origins of pathological jealousy have suggested that concepts such as masturbatory equivalents, (latent) homosexuality, and narcissism play a role [8,9]. A more recent hypothesis has utilized a cognitive-behavioral model to explain the formation of morbid jealousy [10].

The frequently observed co-occurrence of alcohol use disorders in Othello syndrome patients has suggested a possible linkage between the two conditions [11,12]. Even though some cases of morbid jealousy have been known to subside upon cessation of alcohol consumption [13], alcohol usage has not been identified as a sole causative agent. Nonetheless, alcohol usage is certainly an exacerbating factor in many cases.

In addition to microphenomena such as individual psychopathology, macrophenomena such as sociocultural factors have influenced the development of Othello-type jealousy. Evolutionary pressures may be operating in the development of extreme jealousy [14]. Cross-cultural studies have suggested the universality of male sexual jealousy and its possible role in many homicides [15]. However in contradistinction to this ethological model based on group dynamics, the individual psychodynamics of the Othello syndrome is thought to be similar in both sexes except for effects associated with pregnancy and menopause [11]. Thus, neither social, biological, nor metapsychological models by themselves provide a comprehensive picture as to the genesis of the Othello syndrome.

All three of the individuals in our cases were over 40, consistent with the classic Othello age range [1] and involved neurobiological factors. The co-occurrence of organic factors in

some cases of Othello syndrome has long been known [11]. In reviewing the literature, Cummings noted that the presence of the Othello syndrome had previously been linked to metabolic disturbances, extrapyramidal syndromes, neoplasms, Alzheimer's disease, encephalitis, multiple sclerosis, and epilepsy [5]. In the same article, Cummings described three new patients with the Othello delusion. Two suffered from Huntington's disease. One of these two also was afflicted with multi-infarct dementia. The third patient suffered from a chromophobe adenoma and partial complex seizures with bilateral EEG abnormalities. Other reports have linked the Othello delusion to cerebrovascular accidents [16,17].

Bilateral, unilateral dominant, and unilateral nondominant cerebral hemispheric pathology have been found in cases of Othello syndrome [5,16-18]. These reports suggest that no clear-cut cerebral localization of the Othello lesion has been so far found.

In Cases 1 and 2, specific lesions were associated with the Othello delusion. In Case 1, a right parietal-occipital junction infarct could by itself explain the genesis of the Othello delusion, although other organic factors were present in Mr. A's case (for example, medication side effects could also have been contributing etiologic factors). In Case 2, a left cerebellar hemorrhage with mass effect was temporally linked with the onset of the Othello delusion. Such a hemorrhage could have affected either the left, right, or both cerebral hemispheric structures. Any of these hemispheric locations could be responsible for the development of the delusion. Direct cerebellar input may also be associated with the genesis of psychosis, although relatively little information is available linking cerebellar dysfunction and psychosis [19]. In Case 3, the most likely etiologic agent was the use of psychostimulants.

In conclusion, each of the three case illustrations, an organic factor was identified as the most likely etiologic agent. Each case received a DSM-III-R diagnosis of organic delusional disorder and qualified for organic Othello syndrome. All three cases were male with each delusional person falsely accusing his wife of infidelity. Our cases, though limited in number, are consistent with the published literature with respect to the heretofore varied biologic etiologies of organic Othello syndrome. We remain hopeful that additional research could define a more specific Othello lesion, although along the lines of an interactive structural-functional lesion(s).

#### *Violence and the Othello Syndrome*

Othello patients often harbor hostility toward others secondary to the delusional jealousy. Such hostility may escalate to serious physical violence, including homicide [4]. The two primary Othello targets are, as expected, the unfaithful spouse or significant other and the alleged paramour. In addition, family members or others who are delusionally identified as accomplices of the putatively unfaithful spouse (significant other) also become potential targets. Persons with Othello syndrome can also harm themselves [11,20]. Finally, bystanders who are not part of the delusion can be coincidentally injured when a person with Othello syndrome does attack an Othello delusion object.

Mowat studied a large sample of morbidly jealous murderers and attempted murderers [21]. This study collated the data for the sample as a whole and did not provide discrete individual case reports. Mowat found that of the 67 victims of the 63 male perpetrators, 50 were the wife or mistress, and five were the alleged "rival." Seven of the eight female perpetrators killed their husbands. Eight of the male and one of the female murderers killed their own child. Mowat posited that the imaginary nature of the alleged rival was the reason for the infrequently observed victim rate. He calculated that the average time between the onset of the Othello delusion and the homicide was 4.53 years. A shorter period of elapsed time appeared to have been associated with depression or alcoholism. In a majority of cases, the convicted murderer or attempted murderer retained their original Othello delusion long after commission of the homicide. The diagnoses (modified by us to generally conform to DSM-III-R nosology) of the 40 male murderers were as follows: schizophrenia (13),

delusional disorder (7), bipolar disorder (1), depressive disorder (8), alcohol-related disorder (8), epilepsy with alcoholism (1), and organic delusional disorder (2). Diagnoses (modified by us to generally conform to DSM-III-R nosology) among the six female murderers included: schizophrenia (2), bipolar disorder (1), depressive disorder (2), and alcohol-related disorder (1). Of the two cases of organic delusional disorder, one shot himself in the right parietal lobe after committing the crime, raising the possibility that the morbid jealousy experienced prior to the self-inflicted wound and during the homicide was not likely connected to an organic Othello syndrome. Thyrotoxicosis was diagnosed in the other case of organic delusional disorder. Mowat felt that the most important diagnostic finding was that one-third suffered from schizophrenia. With 12% of all psychotic murderers (with Mowat using a contemporaneous sample) suffering from the Othello delusion, Mowat stated that no other single delusion is associated with so many deaths.

In Somasundaram's study of murder trials in 1968, 26 percent of the cases involved sexual jealousy among both psychotic and nonpsychotic defendants [22]. Again the database was presented collectively and no discrete cases were reported. The studies of Mowat [21] and Somasundaram [22] thereby reflect the significance of jealousy ranging from mild to the delusional range in the commission of homicides.

#### *Review of Othello Syndrome Cases with Threatened Violence*

While large sample size studies provide population trends [21,22], much of the psychiatric knowledge about delusional disorders have come from case reports [23]. We therefore culled Othello syndrome cases from the anglophonic literature to further explore the nature of violence among these individuals.

We found 26 case reports of the Othello syndrome in which the affected individual threatened another as a result of his delusion. Cases 4 to 7 are from Todd and Dewhurst's 1955 paper describing nine cases [11], Cases 8 to 13 are from Langfeldt's 1961 paper containing 25 case reports [24], Cases 14 to 24 are from Shepherd's classic 1961 paper describing 81 cases in detail [4], and the remaining five cases come from more recent reports (Case 25 [6], Case 26 [16], Case 27 [17], Case 28 [25], and Case 29 [26]). We only included cases in which there was a clear-cut report of a threat directed at another person as a result of the Othello delusion.

In all but one of the 26 cases, the verbally threatening Othello patients were male (the individual in Case 23 was female). The average age of the sample was 45.7 years (range 25 to 68). This is also the approximate average age at which the patient physically attacked another. The average age of onset of the Othello delusion (based on the 25 cases for which it was known) was 42.4 years. Using these figures to approximate the average time between onset of the delusion and subsequent physical attack, 3.3 years was calculated. This figure is comparable to the average 4.53 years between the onset of delusion and homicidal attack reported by Mowat [21].

Tables 1 and 2 describe who were the objects of the delusion and who were the recipients of the threats and violent behaviors. In 21 of the 26 cases, the spouse was the object of the threat. In 17 of the 21 cases in which the spouse was threatened, physical violence was perpetrated. This preponderance of assaults upon the spouse supports the naming of the syndrome of delusional jealousy after Othello and not some other literary character. Only in six cases was the alleged paramour the object of the Othello patient's threats. Actual physical violence occurred in 20 of the 26 cases. In one of these 20 cases only property was destroyed and in one case the violence was directed at the Othello patient himself in a suicide attempt. When the target of the Othello delusion was an imagined lover, no person-to-person violence was perpetrated, although property was destroyed in one case. This finding makes intuitive sense given that the alleged paramour is not specifically identified. When the target of the Othello delusion was specifically identified as an actual

TABLE 1—*Objects of delusion and threats.*

Case	Alleged paramours	Threatened objects of Othello delusion
4	Unspecified man	Wife
5	Wife's employer	Wife
6	An American man	Wife
7	Neighbor men	Wife, neighbors
8	Unspecified	Wife
9	Nephews, unspecified others	Imagined paramour
10	Cousin, neighbor	Wife
11	Unspecified	Wife
12	Unspecified man	Wife
13	Family members, unspecified men	Family members, self
14	Unspecified men	Imagined paramour
15	Unspecified men	Wife
16	Unspecified men	Wife
17	Unspecified men, child	Wife
18	Unspecified man	Wife
19	Unspecified	Wife
20	Unspecified	Wife
21	Stepson	Wife, stepson
22	Wife's brother-in-law	Wife
23	Unspecified men	Husband
24	Fiancee's brother; wife's brother <sup>a</sup>	Fiancee; wife <sup>a</sup>
25	Unspecified	Wife
26	Neighbor	Wife
27	Unspecified	Wife
28	Unspecified man	Imagined paramour
29	Cousin	Cousin

<sup>a</sup>Two separate Othello delusions involving two different women.

person other than the spouse or significant other, such as neighbors or relatives, these Othello objects were attacked in one out of the four instances. Thus, there may be substantial risk of physical harm to such specifically identified objects of an Othello delusion. In three instances family members who were not part of the Othello delusion, specifically the children of the Othello patient, were physically attacked. This finding suggests that bystanders who are not part of the person's delusion are also at substantial risk of being physically harmed.

Six of the 26 Othello individuals experienced hallucinations. Eleven of the 26 had a significant alcohol use problem. Diagnoses were reformulated by us to conform to DSM-III-R criteria based on the information available in the 26 case reports. Diagnoses were as follows: organic delusional disorder (6), chronic paranoid schizophrenia (7), psychotic disorder not otherwise specified (5), delusional disorder (4), major depression with psychotic features (4). As mentioned in the introductory part of this paper, delusional disorder covers only a part of those persons suffering from Othello syndrome. In six of the 26 reviewed cases, there was documented cerebral pathology (that is, those receiving a DSM-III-R diagnosis of organic delusional disorder).

### *Treatment Issues*

Traditional insight-oriented psychotherapies such as psychoanalysis are likely to be of little benefit in the treatment of Othello syndrome [9]. The use of cognitive therapy has shown some promise in a recent trial [27]. In patients with some insight into their illness and whose marital or other close interpersonal relationship will continue, couples therapy may be beneficial for both parties.

TABLE 2—Actualized violence.

Case	Othello objects of violence	Method of violence at Othello objects	Non Othello Object of violence
4	Wife	Choke	—
5	Wife	Choke	—
6	Wife	Choke	—
7	Wife	Choke	—
8	Wife, daughter	Struck	Daughter
9	—	—	—
10	Wife	Struck	—
11	—	—	—
12	Wife	Choke	—
13	Self	Attempted hanging	—
14	Television	Destroyed	—
15	—	—	—
16	Wife	Struck	—
17	Wife	Struck	—
18	Wife	Slap, piece of wood	—
19	Wife	Struck	Children
20	Wife	Unspecified	—
21	Wife, stepson	Unspecified (wife), chopper (stepson)	Son
22	Wife	Unspecified	—
23	Husband	Unspecified	—
24	Fiancee; wife	Stab (fiancee); destroy furniture (wife)	—
25	—	—	—
26	Wife	Cane	—
27	Stranger	Shot in restaurant	—
28	—	—	—
29	—	—	—

In cases of Othello syndrome associated with a functional psychotic disorder such as schizophrenia, delusional disorder, and mood disorders, treatment of the underlying mental disorder needs to be addressed. Patients suffering from schizophrenia may respond to antipsychotic medication [28]. In patients who suffer from depression, antidepressant medication may prove useful [29,30]. In cases of delusional disorder, jealous type that tend to be especially refractory to psychopharmacological intervention, the atypical neuroleptic pimozide may be of benefit [25,31]. Any aberrant organic conditions associated with an organic delusional disorder should be addressed whenever possible and can lead to elimination of the delusion [32].

In a significant number of individuals who also suffer from alcoholism, the jealousy may subside with alcohol abstinence. Active encouragement to discontinue alcohol should be a first step in such individuals [4,13]. Abstinence from other drugs of abuse is similarly indicated (for example, cocaine use was suggested as an etiologic agent over three decades ago [4]).

### *Dangerousness*

Individuals suffering from Othello syndrome pose a significant societal problem in terms of potential violence, especially in domestic situations. As noted previously in our literature review, jealousy and its more severe form, the Othello delusion, play a major role in completed homicides, especially killing of the spouse. Of major concern is the limited treatability of persons with the Othello delusion leading these persons to pose a chronic

danger to others. Those endangered by persons with the Othello delusion include not only the objects of the delusion, but also bystanders at the time the physical violence occurs.

The availability of guns to delusional persons is especially problematic. Tragic results could have easily occurred in Cases 1 and 2. However, physical attack on others with fists or readily available objects as weapons were the danger in Cases 2 and 3. The constant threat of physical harm to the objects of a delusion may be significantly amplified for two principal reasons. First, the targets of the Othello syndrome have strong affective ties to the delusional person [33]. Second, the potential target oftentimes remains in close geographic proximity to the delusional person [34]. Moreover, relatively minor psychosocial stressors can disrupt the delicate equilibrium established by the delusional system and could incite the delusional person to perpetrate violent acts, as suggested by the approximately three to five year interval between onset of the delusion and physical attack.

In Case 3, the organic causation (psychostimulant use) was not structural, that is, permanent. Thus, in this type of case with a reversible causation [32], the potential for harm can be controlled. However, in Cases 1 and 2, the permanence of the organic causation, that is, structural cerebral pathology, infers a more ominous future.

The spouse or significant other of the person with Othello syndrome should be educated that these patients may become aggressive and even violent toward the alleged unfaithful object and others. They should also be cautioned that verbal threats constitute a warning signal and that prompt psychiatric evaluation is indicated. Unfortunately, in cases where involuntary hospitalization is indicated, only a temporary solution is effected. There are two principal reasons for this. One is the previously discussed limited treatability of the delusion. The second is that "unjust" hospitalization may reinforce and worsen the Othello delusion [11] and the soon-to-be discharged person may now feel "justified" in attacking others.

The "geographic" cure, that is, creating a physical separation between the person with Othello syndrome and the Othello target was criticized three decades ago because many Othello patients were thought to be treatable [4]. However, as discussed previously, treatment interventions have shown only limited efficacy at best, leaving the Othello delusion to percolate for three to five years before erupting in a physical attack. In a similar dilemma involving the dangerousness posed by persons suffering from a related disorder, de Clérambault's syndrome or erotomania, the geographic cure may be the only viable solution [35]. The geographic cure of substantial physical separation between the delusional person and the object of the delusion, however, can only be implemented by modifications in the legal system. Society will need to decide how to balance public and domestic safety issues with individual autonomy in cases of persons persistently suffering from Othello syndrome.

## References

- [1] Enoch, M. D. and Trethowan, W. H., *Uncommon Psychiatric Syndromes*, Second Edition, John Wright and Sons, Bristol, England, 1979.
- [2] Enoch, D., "Delusional Jealousy and Awareness of Reality," *British Journal of Psychiatry*, Vol. 159 (Suppl. 14), 1991, pp. 52-56.
- [3] *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition-Revised, American Psychiatric Association, Washington, DC, 1987, pp. 199-203.
- [4] Shepherd, M., "Morbid Jealousy: Some Clinical and Social Aspects of a Psychiatric Symptom," *Journal of Mental Science*, Vol. 107, 1961, pp. 687-704.
- [5] Cummings, J. L., "Organic Delusions: Phenomenological, Anatomical Correlations, and Review," *British Journal of Psychiatry*, Vol. 146, 1985, pp. 184-197.
- [6] Silva, J. A., Leong, G. B., and Weinstock, R., "The Dangerousness of Persons with Misidentification Syndromes," *Bulletin of the American Academy of Psychiatry and the Law*, Vol. 20, 1992, pp. 77-86.
- [7] Revitch, E., "The Problem of Conjugal Paranoia," *Diseases of the Nervous System*, Vol. 15, 1954, pp. 271-277.
- [8] Pao, P. N., "Pathological Jealousy," *Psychoanalytic Quarterly*, Vol. 38, 1969, pp. 616-638.

- [9] Coen, S. J., "Pathological Jealousy," *International Journal of Psychoanalysis*, Vol. 68, 1987, pp. 99-108.
- [10] Tarrier, N., Beckett, R., Harwood, S., and Bishay, N., "Morbid Jealousy: A Review and Cognitive-Behavioural Formulation," *British Journal of Psychiatry*, Vol. 157, 1990, pp. 319-327.
- [11] Todd, J. and Dewhurst, K., "The Othello Syndrome: A Study in the Psychopathology of Sexual Jealousy," *Journal of Nervous and Mental Disease*, Vol. 122, 1955, pp. 367-374.
- [12] Shrestha, K., Rees, D. W., Rix, K. J. B., Hore, B. D., and Faragher, E. G., "Sexual Jealousy in Alcoholics," *Acta Psychiatrica Scandinavica*, Vol. 72, 1985, pp. 283-290.
- [13] Cohen, S. I., "Pimozide in Pathological Jealousy," *British Journal of Psychiatry*, Vol. 155, 1989, p. 714.
- [14] Seeman, M. V., "Pathologic Jealousy," *Psychiatry*, Vol. 42, 1979, pp. 351-361.
- [15] Daly, M., Wilson, M., and Weghorst, S. J., "Male Sexual Jealousy," *Ethology and Sociobiology*, Vol. 3, 1982, pp. 11-27.
- [16] Richardson, E. D., Malloy, P. F., and Grace, J., "Othello Syndrome Secondary to Right Cerebrovascular Infarction," *Journal of Geriatric Psychiatry and Neurology*, Vol. 4, 1991, pp. 160-165.
- [17] Silva, J. A. and Leong, G. B., "A Case of Organic Othello Syndrome," *Journal of Clinical Psychiatry*, Vol. 54, 1993, p. 277.
- [18] Cummings, J. L., Miller, B., Hill, M. A., and Neshkes, R., "Neuropsychiatric Aspects of Multi-Infarct Dementia and Dementia of the Alzheimer's Type," *Archives of Neurology*, Vol. 44, 1987, pp. 389-393.
- [19] Taylor, M. A., "The Role of the Cerebellum in the Pathogenesis of Schizophrenia," *Neuropsychiatry, Neuropsychology and Behavioral Neurology*, Vol. 4, 1991, pp. 251-280.
- [20] Marzuk, P. M., Tardiff, K., and Hirsch, C. S., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association*, Vol. 267, 1992, pp. 3179-3183.
- [21] Mowat, R. R., *Morbid Jealousy and Murder: A Psychiatric Study of Morbidly Jealous Murderers at Broadmoor*, Tavistock Publications, London, England, 1966.
- [22] Somasundaram, O., "Murder in Tamil Nadu: A Study of Murder Trials in 1968," *Indian Journal of Psychiatry*, Vol. 22, 1980, pp. 288-294.
- [23] Manschreck, T. C., "Delusional Disorders: Clinical Concepts and Diagnostic Strategies," *Psychiatric Annals*, Vol. 22, 1992, pp. 241-251.
- [24] Langfeldt, G., "The Erotic Jealousy Syndrome: A Clinical Study," *Acta Psychiatrica Scandinavica Supplementum*, Vol. 36, 1961, pp. 7-68.
- [25] Byrne, A. and Yatham, L. N., "Pimozide in Pathological Jealousy," *British Journal of Psychiatry*, Vol. 155, 1989, pp. 249-251.
- [26] Silva, J. A., Garza-Treviño, E. S., and Leong, G. B., "Othello Syndrome: Syndrome of Delusional Jealousy," *VA Practitioner*, in press.
- [27] Bishay, N. R., Petersen, N., and Tarrier, N., "An Uncontrolled Study of Cognitive Therapy for Morbid Jealousy," *British Journal of Psychiatry*, Vol. 154, 1989, pp. 386-389.
- [28] Herceg, N., "Successful Use of Thiothixene in Two Cases of Pathological Jealousy," *Medical Journal of Australia*, Vol. 1, 1976, pp. 569-570.
- [29] Lane, R. D., "Successful Fluoxetine Treatment of Pathologic Jealousy," *Journal of Clinical Psychiatry*, Vol. 51, 1990, pp. 345-346.
- [30] Gross, M. D., "Treatment of Pathological Jealousy by Fluoxetine," *American Journal of Psychiatry*, Vol. 148, 1991, pp. 683-684.
- [31] Pollack, B. G., "Successful Treatment of Pathological Jealousy with Pimozide," *Canadian Journal of Psychiatry*, Vol. 27, 1982, pp. 86-87.
- [32] McNamara, P. and Durso, R., "Reversible Pathologic Jealousy (Othello Syndrome) Associated with Amantadine," *Journal of Geriatric Psychiatry and Neurology*, Vol. 4, 1991, pp. 157-159.
- [33] Segal, J. H., "Erotomania Revisited: From Kraepelin to DSM-III-R," *American Journal of Psychiatry*, Vol. 146, 1989, pp. 1261-1266.
- [34] Silva, J. A., Leong, G. B., Weinstock, R., Boyer, C. L., "Capgras Syndrome and Dangerousness." *Bulletin of the American Academy of Psychiatry and Law*, Vol. 17, 1989, pp. 5-14.
- [35] Hoge, S. K., Fitch, W. L., and Warren, J. I., "Erotomania and the Celebrity Stalker." Presented at the 24th Annual Meeting of the American Academy of Psychiatry and the Law. 21-24 October 1993, San Antonio, Texas.

Address requests for reprints or additional information to  
 Gregory B. Leong, M.D.  
 Psychiatry Service (116AA)  
 West Los Angeles VAMC  
 11301 Wilshire Blvd.  
 Los Angeles, CA 90073