

## Obsessional Harassment and Erotomania in a Criminal Court Population

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**ABSTRACT:** The criminal behaviors of harassment and menacing are difficult to control, and of increasing concern to the general public and local law enforcement officials. In 1992, the New York State Legislature modified the Penal Law, responding to public fears and concerns that stalking behavior may become violent.

Some persons charged with these types of offenses are suffering from psychiatric disorders. Among these disorders are those classified as Delusional Disorders. According to both DSM-III-R (1987–1993) and DSM-IV (1994), there are five specific types of Delusional Disorder: erotomantic, grandiose, jealous, persecutory and somatic. This type of disorder tends to be chronic.

Forty eight cases of persons charged with harassment and menacing in the New York County Criminal and Supreme Court and referred for evaluation to the Forensic Psychiatry Clinic between January 1987 and January 1994 are reviewed. When cases of erotomania and other affectionate/amorous complaints were compared with persecutory/angry forms of harassing behavior, there was a great deal of similarity. When all harassers were compared to the Clinic population as a whole, major differences in ethnicity, age, educational level and sex were noted. Findings are presented regarding incidence, other demographic data, recidivism, violence and clinical diagnosis.

The researchers conclude that erotomania does exist, however, there are other psychiatric disorders which can also be diagnosed in individuals accused of harassing and menacing behavior. From the point of view of the victim and the criminal justice system, the similarities in behavior patterns are more important than the different diagnoses.

**KEYWORDS:** psychiatry, harassment, menacing, New York penal law, defendant profile, obsessional harassment, erotomania, DSM, De Clérambault syndrome

The Forensic Psychiatry Clinic of the Criminal and Supreme Courts of New York provides evaluations of criminal defendants referred by judges, attorneys, and probation officers for competence to stand trial, and for pre-pleading, pre-sentence, and after sentence mental examinations. Clinic staff evaluates approximately 1100 individuals per year. In 1993, administrative staff of the Clinic noted what appeared to be a relative increase in the number of referrals of defendants who were charged with what is popularly termed "stalking" types of behavior. In attempting to document

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this impression, all cases (379) referred to the Clinic between January, 1987 and January, 1994 having been charged with Harassment, Aggravated Harassment and/or Menacing were reviewed, and 48 individuals were identified who exhibited the type of repetitive behavior patterns with which this study is concerned. These 48 individuals were referred to the Clinic over the seven years of the study a total of 79 times, and represent approximately 1% of the Clinic case load over the seven year period of the study [Fig. 1]. The cases in this study were diagnosed using the criteria specified in the American Psychiatric Association's Diagnostic and Statistical Manual, Third Edition (Revised) [1].

### Literature Review

In 1987, the Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised [1] defined erotomania as one of the subtypes of Delusional (Paranoid) Disorder. Delusional disorder was characterized by a stable, non-bizarre delusional system in the absence of other types of mental disorder. DSM-III-R also noted that "Cases presenting with more than one delusional theme are frequent." In 1994, DSM-IV [2] has dropped the term "Paranoid" from its classification, and now refers simply to Delusional Disorder. A duration of at least one month is required for this diagnosis, and the individual must *never* have exhibited symptoms that would meet criteria for schizophrenia.

The erotomantic subtype is characterized in both editions by the strong belief that the object, generally a person of higher social or economic status, loves the patient. DSM-III-R noted that this is frequently coupled with the belief that the object is communicat-

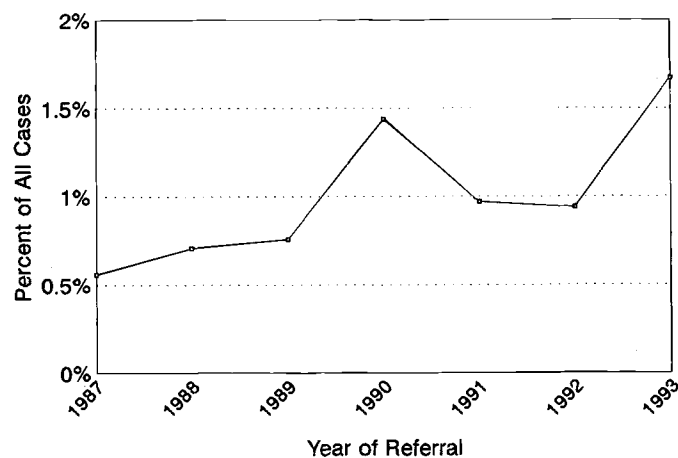


FIG. 1—Stalkers as a percent of all referrals to the clinic.

ing with the patient surreptitiously. There may be minimal or no prior contact between the object and the patient.

The other subtypes included grandiose, jealous, persecutory and somatic, and DSM-IV adds mixed (no one delusional theme predominates) and unspecified (dominant theme can not be determined) types. The persecutory subtype is described as the most frequently occurring of the Delusional Disorders, and characterized as involving the theme of being cheated, conspired against, followed, harassed or maligned. The patient may seek satisfaction from the Courts, or may resort to physical violence.

Much of the focus in the psychiatric literature has been on erotomania. De Clérumbault [3] is credited with being among the first modern reporters to describe erotomania. As summarized in Signer [4], de Clérumbault defines erotomania as follows:

In erotomania, the fundamental postulate states that subjects believe that they are in an amorous union with a person of higher social rank, who is the first to fall in love and to make advances. There are a number of derivative themes: the object is unable to be happy or have a sense of self-esteem without the subject; the object is free or the marriage is invalid; the object makes attempts to contact, has indirect conversation, and exerts continual surveillance or protection by means of phenomenal resources; there is almost universal sympathy or support for the relationship; and the object shows a paradoxical or contradictory attitude toward the subject. This last theme was accorded singular importance and was felt to be always present, while the others were only rarely all found in any one patient. (p. 84)

This definition has been generally adopted [5–7].

According to Segal [5], “de Clérumbault also struggled with the problem of classification, dividing the condition into two categories: the pure cases, in which the delusion develops suddenly and is not accompanied by a generalized psychotic process, and the secondary cases, in which the delusion develops slowly and appears to be only one manifestation of a disorganized, deteriorating course” (p. 1262). Meloy [8] has proposed that erotomania should be subdivided into delusional, or classic erotomania and what he terms borderline erotomania, wherein the patients do not believe that they are loved, but suffer from “an extreme disorder of attachment [which] is apparent in the pursuit of, and potential for violence toward, the unrequited love object.” The patient may not believe that his/her object loves him/her, but may feel that (s)he would if (s)he could prove to be worthy. As an example of the latter, Meloy suggests John Hinckley, whose attempt on the life of President Ronald Reagan was apparently motivated by his desire to demonstrate the depth of his feelings for the actress Jodie Foster, and not by any fixed delusion. Others (Bhaumik and Collacott [9]) have also postulated ‘Pure’ and Secondary Erotomania, based on whether the symptoms appear in conjunction with other psychoses.

There is a long standing controversy as to whether erotomania represents a discrete paranoid mental disorder or is a manifestation of another type of mental disorder, for example, schizophrenia. Segal [5] believes that “There is a specific syndrome of erotomaniac delusion without schizophrenia . . .” Munro [10] describes Delusional Disorder (Paraphrenia) as in the middle of a continuum between Paranoid Personality Disorder and Paranoid Schizophrenia. At the other extreme, Hollender and Callahan [11] believe that “de Clérumbault syndrome is not a distinct entity. Rather, it is a particular delusional configuration, a subtype usually of paranoid schizophrenia, less often of a paranoid state.” Ellis and Mellso

[12] believe that the incidence of erotomania (de Clérumbault’s “pure” syndrome) in the absence of other mental disorders is so insignificant that a separate diagnostic category is not needed.

Other conditions (schizophrenia, affective disorder, organic brain syndrome, mental retardation, psychoactive substance abuse) have been reported in the literature in patients exhibiting delusional erotomaniac symptoms [4,8,9,13–15]. There are also reports [16,17] that argue for the existence of Erotomania as a separate diagnosis. The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) [2] addresses this issue, affirming that Delusional Disorder should not be diagnosed unless other psychiatric (Schizophrenia, Schizophreniform Disorder, Psychotic Disorder Not Otherwise Specified, Paranoid Personality Disorder, Mood Disorder with Psychotic Features) or physiological (substance abuse, dementia) conditions have been ruled out.

Dietz [18] concluded that erotomania was not as rare a disorder as had been previously supposed, that it was not predominantly a female disorder, that fewer than 5% of erotomanics are violent, that the most likely recipient of violence is the person perceived as standing between the erotomaniac and his or her object, and that erotomanics may shift their attentions to different objects over time. Segal [5] notes that erotomania is notable for the extreme persistence of delusional beliefs. The erotomaniac seldom gives up the feeling that he or she is loved by another, and may often transfer that delusion to another victim. Segal also refers to what de Clérumbault terms ‘paradoxical conduct’, where the patient interprets all denials of love from the object, no matter how strongly stated or supported by the Courts, as being secret affirmations of love, or as designed to “test” the strength of their love.

Not all harassment is erotic by nature; some harassment is manifested by angry or paranoid ideas. Addressing this issue, Zona [19] postulated three classes of persons accused of obsessive harassment: 1. pure erotomania; 2. love obsession: the patient may or may not believe that they are loved, but there is usually no prior contact between the patient and the object. This group has a different primary psychiatric diagnosis than Delusional Disorder. 3. simple obsession: a prior relationship exists and has “gone sour.” This relationship may be personal, professional or business.

## Classification

Because of the variety of types of obsessive harassment, we developed a classification system that structured the study group along two axes: one relating to the nature of the attachment between the defendant and the object of their attentions, and another relating to the nature, if any, of the prior interaction between them (Table 1).

A. The type of attachment was classified as either affectionate/ amorous or persecutory/angry.

1. In the affectionate/amorous type, the object is pursued initially for amorous reasons, although the emotion of love may turn to hostility and even aggression in reaction to perceived rejection by the loved one. Third parties may also be victimized because of the obsession.

*Example 1:* A 26-year-old woman diagnosed as a true erotomaniac is obsessed with her former employer, the owner of an exercise studio at which she was an instructor. She persists in her belief that he loves her, in spite of his denial and orders of protection that have been issued against her. She has threatened his patrons and his girlfriend, and been charged at least two times in the past six months with harassing him.

TABLE 1—*Categorization of obsession.*

Type of prior interaction	Affectionate/amorous number (percent)	Persecutory/angry number (percent)	Unknown number (percent)	Total number (percent)
Personal	6 (20%)	0 (0%)	0 (0%)	6 (13%)
Professional	6 (20%)	6 (40%)	0 (0%)	12 (25%)
Employment	5 (17%)	7 (47%)	0 (0%)	12 (25%)
Media	5 (17%)	0 (0%)	1 (33%)	6 (13%)
Acquaintance	3 (10%)	1 (7%)	0 (0%)	4 (8%)
None	3 (10%)	0 (0%)	1 (33%)	4 (8%)
Unknown	2 (7%)	1 (7%)	1 (33%)	4 (8%)
	30 (100%)	15 (100%)	3 (100%)	48 (100%)

2. In the persecutory/angry attachment, the object is pursued because of some real or imagined injury generally related to a business or professional relationship, and may in fact not be a person but an institution. Again, multiple individuals may be victimized because of the obsession.

*Example 2:* A 35-year-old former secretary who feels she is being persecuted makes phone calls, and sends letters and packages to the company where she used to work. The packages contain mouse traps, Kotex, glue and panty hose, among other things. The company is the only clearly defined object of her obsession.

In three instances, not enough data was available to determine the category of obsession.

#### B. Six classes of prior relationships were established:

1. Personal: there was a known romantic or other personal attachment.

*Example 3:* a 45-year-old former professional basketball player continually makes hostile phone calls to his former girlfriend, calling her a hooker. He says he does not need help, he still loves her, and he does not understand why it is wrong to call his girlfriend on the phone.

2. Professional: the defendant had at one time retained the professional services of the object (for example, a dentist, an attorney, a veterinarian, a therapist).

*Example 4:* a 59-year-old man sued his son-in-law in 1978 for fraudulently obtaining money from the company in which they were partners. Since he lost that case, he has been harassing various attorneys from the law firm that represented him. He has also sued the firm, the lawyer who actually represented him, and another attorney from the firm, and harasses secretaries and family members of the lawyers. His complaint has been dismissed several times, and he believes that everyone in Court is conspiring against him. He represents himself on the current criminal charges.

3. Employment: the defendant was either the employer or employee of the object.

*Example 5:* a 32-year-old man is in love with his former supervisor. In the three years since she fired him, he has made phone calls, sent letters threatening to rape and kill her, and to blow up her apartment and the local police precinct.

4. Media: the object is a well known public personality with no other connection to the defendant.

*Example 6:* a 23-year-old man harassing two local female TV news personalities with multiple phone calls, death threats, bomb threats. He has sexual fantasies about them and claims to be in love with both women.

5. Acquaintance: the defendant and the object have met on a superficial level.

*Example 7:* a 56-year-old man sends letters with photos of mutilated women to a waitress he claims to have met on the job. He says he wants to "recruit her for democratic socialism."

6. None: there is no discernable connection between the defendant and the object, and there is no clear reason for the selection of the object.

*Example 8:* a 48-year-old man with a long, serious arrest record including kidnapping, prior harassment charges and unlawful imprisonment becomes obsessed with a 19-year-old girl he 'met' on a bus; he is convinced the girl is his daughter.

Since the true nature of the prior interaction was sometimes difficult to discern, a seventh category, Interaction Unknown, was added. Some of the 'stalkers' are delusional, and documented evidence of their relationships was not always available.

*Example 9:* a 43-year-old man claims to have had a close personal relationship with a minor local celebrity, a former debutante whose conviction some years ago for running a house of prostitution in New York City made tabloid headlines. Given his professional background and his presentation of himself, it may in fact be true that they had a prior relationship, however there is no way to establish this from Clinic records. He now harasses her and her female attorney, and is convinced that the attorney caused her to discontinue their relationship.

A distinction is being made here between the "object" of the obsession and the "victim" of the harassment. That is, a defendant obsessed with one person or organization may (as indicated in Examples 1, 2, 4 and 9) harass multiple victims. In 16 of the 48 cases studied (33%) there were multiple victims, and in two instances it was not possible to say whether the primary object of

the obsession was male or female (disgruntled former employees contacting both male and female former co-workers) (Table 2).

**Data Analysis**

Two types of analyses were prepared in this study. First, the 45 individuals classifiable by the two categories (affectionate and persecutory) were reviewed and compared regarding the following variables: incarceration status, age, sex, ethnicity, education, marital status, criminal charges, and psychiatric diagnosis. Chi Square analysis revealed no significant differences between the two groups except on marital status ( $P = .01$ ,  $df = 4$ ) (Table 3). There was a larger proportion of single people in the affectionate/amorous group than in the persecutory/angry group. On all the other variables, the two groups had no statistically significant differences.

The 48 defendants making up the entire study group were also compared to a one year (1993) cohort of all cases referred to the Forensic Psychiatry Clinic. This comparison was remarkable for its many differences (Tables 4 and 5).

TABLE 2—Victim vs. object of obsession.

	Sex of primary object	Sex of victim
Male	17 (35%)	12 (25%)
Female	29 (60%)	29 (60%)
Both	2 (4%)	7 (15%)

NOTE: Multiple victims: 16 cases (3 male, 6 female, 7 both).

TABLE 3—Marital status.

	Affectionate/amorous number (percent)	Persecutory/angry number (percent)	Total number (percent)
Single	22 (73%)	8 (53%)	30 (63%)
Married	2 (7%)	1 (7%)	3 (6%)
Divorced	6 (20%)	1 (7%)	7 (15%)
Separated	0 (0%)	5 (33%)	5 (10%)
Total	30 (100%)	15 (100%)	45 (100%)

NOTE: Chi Square = 11.74,  $df = 4$ ,  $P = .01$ .

TABLE 4—Demographic data: cases referred to clinic in 1993.

	Harassment cases number (percent)	1993 Clinic cases number (percent)
Incarceration status:		
Bail	32 (67%)	457 (43%)
Jail	16 (33%)	615 (57%)
Sex		
Male	32 (67%)	921 (86%)
Female	16 (33%)	151 (14%)
Age		
<21 Years	0 (0%)	243 (27%)
21–30	8 (17%)	298 (33%)
31–40	21 (44%)	312 (34%)
41–50	13 (25%)	135 (15%)
51–60	3 (10%)	58 (6%)
Over 60	2 (4%)	18 (2%)
Unknown	0 (0%)	8 (1%)
Total	48 (100%)	1072 (100%)

TABLE 5—Demographic data: cases evaluated in clinic in 1993.

	Harassment cases number (percent)	1993 Clinic cases number (percent)
Ethnicity		
White	32 (67%)	113 (12%)
Black	6 (13%)	465 (51%)
Hispanic	5 (10%)	241 (26%)
Oriental	3 (6%)	4 (0.4%)
Other	0 (0%)	10 (1%)
Unknown	2 (4%)	82 (9%)
Education		
None	0 (0%)	6 (0.7%)
Elementary	0 (0%)	22 (2%)
Some H.S.	7 (15%)	382 (42%)
H.S. Graduate <sup>a</sup>	5 (10%)	211 (22%)
Some college	14 (29%)	3 (0.3%)
College grad. <sup>b</sup>	19 (40%)	52 (6%)
Unknown	3 (6%)	239 (26%)
Total	48 (100%)	915 (100%)

<sup>a</sup>Includes G.E.D. (High School Equivalency Diploma).

<sup>b</sup>Includes all Post-Graduate Degrees.

**Incarceration Status**

Two thirds of the “stalkers” were released on bail or their own recognizance at the time of evaluation, as compared to only 43% of the overall Clinic population. Given the potential for recidivism in this group, the reason for this discrepancy is not clear, but it may relate to the misdemeanor level of the charges in most of these cases. It also suggests that the judicial system may not regard these offenders as dangerous or likely to flee prosecution.

**Age**

The “stalkers” were generally older than the usual Clinic population, with nearly 70% between 31 to 50 years old, a mean age of 40 years old and an age range from 22 to 66. In 1993, the Clinic population ranged from 14 to 74, with a mean age of 31. Over 50% of the total Clinic population was under 30 years old, and 80% were under 40.

**Sex**

Although there were more male than female stalkers (2/3 male, 1/3 female), this still represented a departure from the Clinic norm, which was 86% male and only 14% female.

**Ethnicity**

This data showed a pronounced difference between the study population and the overall Clinic population, almost completely reversing the proportions of white to minority populations. Two thirds of the study group were white, compared to only 12% of the total Clinic population. Only 13% of the study were black, compared to more than 50% of the 1993 Clinic population, and 10% of the study were Hispanic, compared to over one quarter of the Clinic population.

**Education**

The educational level of the study group was also markedly different from that of the 1993 Clinic population. All of the “stalkers” had at least some high school education, whereas 3% of the 1993 Clinic population did not have more than six years of educa-

tion. Nearly 80% of the study group had completed high school educations, and 40% were college graduates (one was an M.D.). In the 1993 Clinic population, fewer than 30% completed high school, and only 6% were college graduates.

### Criminal Charges

In 1992, modifications were made to the Penal Law by the New York State Legislature. Recognizing that "(s) talking behavior creates anguish and fear for the victim, and sometimes culminates in profound and lasting physical injury" [20], the New York State legislature amended the laws on Menacing and Harassment (Fig. 2). Although at this writing it is too soon to evaluate the impact of this legislation on the Court system, it does appear to strengthen the ability of the Courts to address the issue of "stalking" as a serious offense.

The revisions enhance the penalties for both offenses, and create the categories of first and second degree harassment in addition to aggravated harassment, and first, second and third degree menacing. First degree harassment requires that the victim be placed "in reasonable fear of physical injury." Second degree menacing adds to that "... serious physical injury or death." The revisions also acknowledge that persons who commit such offenses are likely to commit them again, and allow more serious charges and penalties for having been previously convicted of second degree menacing or first degree harassment within the previous ten years. Finally, the revision changes all masculine references (that is, "he") to "he or she," and makes most other pronouns gender neutral. Given what is known about the propensity for women to commit such offenses, this change reflects the reality of this population.

The defendants charged in the 48 cases studied here were accused of a total of 64 different offenses (Table 6). In addition to Aggravated Harassment (79%), Harassment (8%), Menacing (4%) and Criminal Contempt (primarily for violating an order of protection issued by the Court: 27%), there were charges of Assault (4%), Criminal Possession of a Weapon (4%), and Burglary, Kidnapping and Attempted Rape (one incident or 2% each). Of the ten individuals charged with Aggravated Harassment, Harassment and Menacing after the 1992 revision of the law, one was charged with Menacing in the Second Degree, two were charged with Harassment in the First Degree, and seven were charged with Aggravated Harassment in the Second Degree.

Harassment in these cases took many forms, and in many instances multiple methods of harassment were used. The predominant type of contact was telephone calls (41%), often repeated and generally threatening. However a significant proportion of these defendants accosted their objects and other victims in person (27%), at times waiting for them outside residences or offices, at times following them, and frequently confronting them. Letters, gifts and packages were sent to about one third of the objects.

Ten (21%) of the 48 individuals studied absolutely deny their guilt. Twenty two defendants firmly believed that the harassment with which they were charged was not their fault or not under their control, sometimes for delusional reasons (Fig. 3). The most extreme example of this is a 28-year-old white man who was harassing a woman who is a local television news reporter. According to the psychiatric report, "He was convinced that he had been 'held at gunpoint on the balcony at South Street Seaport by [another reporter] and forced to sit next to [his object]' so that he now is also convinced that he impregnated her." His behavior toward his object included telephone calls and personal approaches during which he questioned her repeatedly about her 'pregnancy.'

Dietz et al. [21,22] have reviewed threatening communications sent to Hollywood celebrities and members of the U.S. Congress. Although the population studied through analysis of the letters, packages and other messages available before the apprehension of the individuals is not strictly comparable with data obtained through interviews after arrest, there are some parallels between the celebrity and Congressional populations and the classification system proposed here. Broadly speaking, many of those individuals who communicated with the Hollywood celebrities seemed to fall into the affectionate/amorous type, and many of those individuals who communicated with the Representatives seemed to fall into the persecutory/angry type as described above. Dietz et al. concluded that, among individuals communicating with celebrities, there was no association between the threat of violence and a possible approach to the celebrity. However, among individuals communicating with Representatives, there was an inverse correlation, that is, individuals who made threats were less likely to actually pursue a face to face encounter with the object of their correspondence. In this study, for the 30 individuals classified as emotional/amorous, out of 12 (40%) who threatened violence against the object of their obsession (or a friend, relative or associate of the object), 7 (almost two thirds) made face to face contact. Of the 15 individuals classified as persecutory/angry, 10 (66%) made such threats and 5 of these (one half) made contact. Contact in these cases ranges from knocking on the doors of residences or businesses to assaulting the object or associate. Although there was no statistically significant relationship between the threat of violence and all types of physical contact for either the amorous or angry cases, there was a significant correlation between the threat of violence and actual assault for the amorous types (Table 7).

In total, ten defendants in the present study (21%) exhibited aggressively assaultive behavior. Seven of these ten had threatened violence earlier; three had not. In eight out of the ten cases, the aggressive behavior was directed at the object of the obsession. The defendant mentioned previously (Example 10) chased after a taxi in which his object was a passenger, and beat on it with his fists. Nine other defendants were assaultive as follows:

One man (Example 11) threw bottles at the doorman of the apartment building in which his long time object, a well known singer, lived. One man (Example 12) assaulted the hospital security staff where his object, his former therapist, worked; he has also followed and grabbed a second woman, his new infatuation. One defendant (Example 13) beat up his girlfriend when she tried to break up with him; this was apparently a pattern of behavior for him, and he continued to threaten to kill her and was thought to possess a gun. One defendant (Example 14) who believes there is a conspiracy against him by the government, the police, and a Japanese auto manufacturer, went to that company's New York headquarters and struck the corporate executive who was his object on the back of the neck. One man (Example 15) went to his former office and assaulted female employees. One woman (Example 16) kicked and lunged at her object, her former veterinarian, and his secretary, with a knife. One woman (Example 17) had a prior arrest record for criminal possession of a weapon, stemming from an earlier attack on her object, a former U.S. Cabinet Officer, and his wife.

Two defendants were charged with felony offenses for assaultive/aggressive behavior. One 38-year-old woman (Example 18) stabbed and seriously injured her former supervisor, but claims

PENAL LAW OF THE STATE OF NEW YORK  
(Effective Nov. 1, 1992:)

(As cited below, material which is new is underlined, material in italics is deleted.)

240.25 Harassment in the First Degree: Class B Misdemeanor

A person is guilty of harassment in the first degree when he or she intentionally and repeatedly harasses another person by following such person in or about a public place or places or by engaging in a course of conduct or by repeatedly committing acts which place such person in reasonable fear of physical injury.

240.26 Harassment in the Second Degree: Violation [old 240.25 Harassment]

A person is guilty of harassment in the second degree when, with intent to harass, annoy or alarm another person:

1. He or she strikes, shoves, kicks or otherwise subjects such other person [him] to physical contact, or attempts or threatens to do the same; or
- [2. In a public place, he uses abusive or obscene language, or makes an obscene gesture; or
- 3.] 2. He or she follows a person in or about a public place or places; or
- [4.] Repealed
- 5.] 3. He or she engages in a course of conduct or repeatedly commits acts which alarm or seriously annoy such other person and which serve no legitimate purpose.

240.30 Aggravated Harassment in the Second Degree: Class A Misdemeanor

A person is guilty of aggravated harassment in the second degree when, with intent to harass, annoy, threaten or alarm another person, he:

1. Communicates, or causes a communication to be initiated by mechanical or electronic means or otherwise, with a person, anonymously or otherwise, by telephone, or by telegraph, mail or any other form of written communication, in a manner likely to cause annoyance or alarm; or
2. Makes a telephone call, whether or not a conversation ensues, with no purpose of legitimate communication; or
3. Strikes, shoves, kicks, or otherwise subjects another person to physical contact, or attempts or threatens to do the same because of the race, color, religion or national origin of such person. ; or
4. Commits the crime of harassment in the first degree and has previously been convicted of the crime of harassment in the first degree as defined by section 240.25 of this article within the preceding ten years.

120.13 Menacing in the First Degree: Class E Felony

A person is guilty of menacing in the first degree when he or she commits the crime of menacing in the second degree and has been previously convicted of the crime of menacing in the second degree within the preceding ten years.

120.14 Menacing in the Second Degree: Class A Misdemeanor

A Person is guilty of menacing in the second degree when:

1. He or she intentionally places or attempts to place another person in reasonable fear of physical injury, serious physical injury or death by displaying a deadly weapon, dangerous instrument or what appears to be a pistol, revolver, rifle, shotgun, machine gun or other firearm; or
2. He or she repeatedly follows a person or engages in a course of conduct or repeatedly commits acts over a period of time intentionally placing or attempting to place another person in reasonable fear of physical injury, serious physical injury or death.

120.15 Menacing in the Third Degree: Class B Misdemeanor

A person is guilty of menacing in the third degree when, by physical menace, he or she intentionally places or attempts to place another person in fear of death, imminent serious physical injury or physical injury.

McKinney's Consolidated Laws of New York (Annotated), Book 39, Penal Law, Sections 1.00 to 139.end (1987) and 1994 Cumulative Annual Pocket Part.

McKinney's Consolidated Laws of New York (Annotated), Book 39, Penal Law, Sections 220.00 to end (1989) and 1994 Cumulative Annual Pocket Part.

FIG. 2—Section of the Penal Law of the State of New York.

that she was being harassed by the woman and that the woman was not seriously hurt. In 1984 she had lost a lawsuit against the same former employer, and attacked her attorney with a baseball bat because she believed that she had won the case and that he had stolen her money. The second felony case (Example 19) was a 34-year-old Hispanic man with a history of multiple arrests including sexual abuse, rape, public lewdness, and burglary, and

a history of cocaine abuse. He became fixated on a 16-year-old female, high-school student and followed her on the New York subways for weeks. Finally he grabbed her, dragged her off, grabbed her handbag and masturbated on it. In 1986 he had been charged with sexual abuse for going into the hospital room of a 29-year-old woman recovering from surgery, jumping into bed with her, kissing her, and fondling her breasts. He said at that

- ▶ 3 believe they are the victims; they are being harassed.
- ▶ 8 believe the object of their attentions called or made initial contact with them in some manner.
- ▶ 2 believe the object of their attentions is in love with them.
- ▶ 6 believe there is a plot against them, often including their attorneys and the case judges.
- ▶ 2 believe the object of their attentions can communicate with them: through ESP or mind control.
- ▶ 1 believes that he was forced at gunpoint to interact with the complainant.

FIG. 3—Defendant's explanation of behavior.

TABLE 6—Current criminal charges.

	Number	Percent
Aggravated harassment	38	59%
Harassment	4	6%
Menacing	2	3%
Criminal contempt	13	20%
Assault	2	3%
Criminal possession of a weapon	2	3%
Burglary	1	2%
Kidnapping	1	2%
Attempted rape	1	2%
Total	64	100%

NOTE: Some defendants were charged with multiple offenses.

charge, sometimes with the same object, but sometimes with different objects. For this group, the range was from one to eleven prior arrests, and the mean was 3.73 arrests, for the same or similar charges. (Six defendants had a record of arrests for different offenses, ranging from one to 17 arrests, mean 4.17, for charges as diverse as disorderly conduct, petty larceny, burglary, shoplifting and rape.)

A third problem is the incidence of the violation of Orders of Protection by this population. The Clinic did not have access to information about the number of cases in which an existing Order of Protection was *not* violated (the only way to know if such an order existed was if it was violated). It is not, therefore, possible to distinguish between cases in which Orders of Protection were never issued, and those in which issued Orders were complied with. It is, however, possible to count those instances in which Orders of Protection were known to have existed and were ignored. For the affectionate/amorous cases, this occurred in 18 out of 30 cases (60%). For the persecutory/angry cases, this occurred in 4 out of 15 cases (27%). The total violations of orders of protection in 22 out of 48 instances (46%) does seem to confirm that there is a strong tendency for this type of defendant to ignore orders of protection and to continue the pursuit of the object, even to the point of being charged again with the same offense on multiple occasions.

*Psychiatric Diagnoses (Table 8)*

In this population, there were 14 individuals (29%) who satisfied criteria for Delusional (Paranoid) Disorder (DSM-III-R code 297.10). Of the five defined subtypes of delusional disorder, only erotomaniac (six cases) and persecutory (three cases) were found in the study population (five were of unspecified type).

TABLE 7—Actual contact/type of contact vs. threatening behavior.

	Affectionate/Amorous		Subtotal	Persecutory/Angry		Subtotal
	Threats Made	No Threats		Threats Made	No Threats	
No face to face contact	5	6	11	5	3	8
Contact made	7	12	19	5	2	7
Total	12	18	30	10	5	15
	Chi Square = 0.22 df = 1, P > .50			Chi Square = 0.13 df = 1, P > .70		
No face to face contact	5	6	11	5	3	8
Non-assaultive contact	2	10	12	3	1	4
Assault made	5	2	7	2	1	3
Total	12	18	30	10	5	15
	Chi Square = 5.74 df = 2, P = .05			Chi Square = 0.19 df = 2, P > .50		

time that he had been walking by her room and thought she was attractive. For his guilty plea in that case to the charge of Sexual Abuse in the Third Degree he received a sentence of 45 days in jail plus one year of probation.

The criminal justice system has several problems in dealing with this population. First, since the charges are generally misdemeanor offenses, the criminal penalties are rarely severe. Segal [5] notes that one treatment for Delusional Disorder is the forced separation of the patient from his or her object, either through hospitalization, incarceration, or restraining orders. Lesser criminal penalties tend to limit the use of the incarceration option. Second (and also consistent with Segal's [5] and Dietz's [18] conclusions about recidivism among erotomanics), this is a population that has a tendency to repeat the same or the same type of offenses. Out of 48 cases, 22 (46%) had a history of prior offenses for the same

In this study, six women were diagnosed as erotomaniac. All six women believed either that they were presently loved by their objects or that they had a sexual liaison with them in the past. All six objects were of higher status than the women. None of the six women seemed to believe that their objects were communicating to them in secret. Three of the six had definite prior relationships with their objects; two probably knew their objects before the onset of the obsession. Four of these women formed their attachments to their objects through employment relationships.

*Example 20:* a 41-year-old woman was referred for evaluation seven times between 1985 and 1994 subsequent to four arrests on the same charge. The defendant had worked at a hospital and has been harassing a doctor who also worked there for approximately ten years, believing that they had an affair. By

TABLE 8—Primary psychiatric diagnosis.<sup>a</sup>

	Affectionate/ amorous	Persecutory/ angry	Unknown	Total
Delusional disorders	11	3	0	14
Personality disorders	7	2	0	9
Schizophrenia	5	3	2	10
Psychotic disorder nos	2	3	0	5
Adjustment disorder	1	2	1	4
Organic mental dis.	2	0	0	2
Mood disorder	0	1	0	1
Psychoactive substance	1	0	0	1
Additional codes <sup>b</sup>	1	1	0	2
Total	30	15	3	48

<sup>a</sup>DSM-III-R diagnostic criteria.

<sup>b</sup>Additional codes: unspecified mental disorder (300.90) and no axis I diagnosis (V71.09).

the time of her most recent referral, this college educated woman was working as a go-go dancer, and harassing the doctor, his wife and the Assistant District Attorney handling the case. At least 20 individuals connected with the case have taken out orders of protection against her (including four judges who have removed themselves from her case because of harassment or inappropriate behavior on her part).

Two women formed their attachments through professional relationships.

*Example 16* (one of the assaultive defendants): a 39-year-old woman with an eight year history of harassing her former veterinarian and his staff and family. She has made more than 500 telephone calls and sent multiple, threatening letters. As noted previously, she attacked her object and his assistant with a knife—she claims she has a relationship with him, and is jealous of the assistant who she believes is having an affair with him. She has been arrested at least five times for the same offense.

*Example 21*: a 38-year-old woman, one of two instances of homosexual obsession in this study, claims she had sexual relations with a woman who was her social worker. She is also harassing a woman who was her counsellor at her Drug Rehabilitation Center. She has six prior arrests for similar charges.

The three persecutory type cases of delusional disorder conform closely to DSM-III-R criteria.

*Example 22*: a 61-year-old man persists in making hang-up calls to his former dentist. He believes that sensations in his mouth affect his thinking and that the dentist stole his money. He also is harassing the Court Clerk associated with this case, and has sent threatening letters to the Clinic staff who evaluated his competency. (See also Example 4.)

Distinguishing the unspecified type cases from the erotomanic cases was sometimes difficult. All five Unspecified Types were male. All had many of the symptoms of erotomania, except for some complicating factors. One defendant (Example 8) was harassing a young woman he believed to be his daughter. Although this could be considered affectionate, it is not admittedly erotic.

Another (Example 6) did not believe that he was loved by his objects. The remaining three exhibited *both* erotomanic and persecutory delusions.

*Example 11* (one of the assaultive defendants): by the time of his eleventh referral to the Clinic, this 47-year-old man had been harassing a popular singer for the past ten years. He sends threatening letters, goes to her apartment building, and, as noted, has thrown bottles at her doorman. He says that she was once a passenger in a taxi cab he drove (this is possible but unverifiable). He believes that they had sex, and that she has put a 'hex' on him and controls his life. He also has persecutory delusions about the CIA and former President Reagan.

There is considerable overlap between the symptoms of delusional disorders and the symptoms of other types of psychiatric diagnoses, particularly schizophrenia and paranoid personality disorder [10,14]. The next most common mental disorder diagnosed in the study group was schizophrenia (10 cases). Schizophrenics often exhibit behavior that is very similar to the behavior of the delusionals, particularly when the schizophrenia is paranoid type.

*Example 23*: a 29-year-old man, diagnosed with paranoid schizophrenia, came to New York from Los Angeles (where he has a history of harassing another woman) because he believes that he is the boyfriend of an heiress and that they communicate through ESP. He has complex, paranoid, grandiose delusions about his relationship with her. He visited the building named for her family, sent flowers and packages to her, and made multiple phone calls.

*Example 24*: a 22-year-old woman with multiple arrests for harassing her former therapist. She claims he assaulted her sexually and that he is harassing her. She also believes the District Attorney is conspiring with him against her. Her behavior includes banging on his apartment door, telephone calls and letters stating she wants to have sex with him. She has a history of inpatient psychiatric treatment.

Of the nine defendants with primary diagnoses of Axis II personality disorders, none were diagnosed as paranoid type. One was narcissistic, one was borderline and one was schizotypal; the other six were not otherwise specified (N.O.S.). There were three additional defendants with secondary or tertiary diagnoses of personality disorder, one schizotypal, one N.O.S., and one borderline. In spite of the lack of apparent psychosis, the harassing behaviors exhibited by these individuals were very similar to those exhibited by the delusional cases.

*Example 25*: a 47-year-old man who has been accosting, telephoning and sending letters to his former therapist for at least 3½ years. He claims that she never helped him, that she cheated him out of his money. Diagnosis: schizotypal personality disorder.

*Example 26*: a 37-year-old man (with a history of a prior harassment charge by another woman) accused of making threatening phone calls to his former girlfriend. He claims he thought she did not mean it when she said their relationship was over, and that he was calling continually in an attempt to reconcile with her. Diagnosis: personality disorder N.O.S.



The remaining primary diagnoses were: adjustment disorder: 4, organic mental disorder: 2, mood disorder: 1, and psychoactive substance abuse: 1.

### Discussion

The data reviewed in this study confirms that erotomania does exist. Although the diagnosis of Delusional Disorder, Erotomaniac Type was made according to DSM-III-R specifications, the diagnostic criteria for Delusional Disorders under DSM-IV are substantially unchanged. Therefore, these findings continue to support the existence of erotomania as a clinical entity.

Other types of mental illness can result in similar behavior patterns towards "loved ones," and other delusional disorders can result in non-erotic harassing behavior. In these cases in this study the quality and intensity of the obsession and impairment of judgment is similar to erotomania, regardless of the content of the delusions. The data also suggests that these individuals can be more violent and dangerous than has been otherwise suggested [18].

These days, the media has frequent reports of both celebrities and ordinary people who are "stalked," and in some cases fatally assaulted. In the first quarter of 1994, there were seven cases of stalking referred to the Forensic Psychiatry Clinic, representing nearly 3% of all referrals to the Clinic; if this trend continues, it could mean a doubling of the percentage of such referrals in one year.

The Courts and the psychiatric community concur that this is a troublesome illness, difficult to control or contain. Because the criminal charge is usually a misdemeanor, incarceration is not a very effective or long-term solution. Recent legislative changes in New York begin to address this issue, and the impact of these changes should be carefully reviewed to evaluate the deterrent effect of more serious charges and penalties on this population. Because of the tenacity of the obsessions and delusions, these offenders are rarely accessible to or motivated for psychiatric treatment. Orders of protection are also ineffective in a large number of cases. The end result is often a revolving door of repeated arrests, repeated psychiatric examinations, and ineffective sanctions or treatment. It is hoped that the material presented here will help to further the discussion of these issues.

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### References

- [1] *Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised*, The American Psychiatric Association, Washington, D.C., 1987.
- [2] *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, American Psychiatric Association, Washington, D.C., 1994.
- [3] de Clérambault, G., "Les Psychoses Passionnelles (1921)," *Oeuvre Psychiatrique*, Paris, Presses Universitaires de France, 1942.

- [4] Signer, S. F., "'Les Psychoses Passionnelles' Reconsidered: A Review of DeClérambault's Cases and Syndrome with Respect to Mood Disorders," *Journal of Psychiatry and Neuroscience*, Vol. 16, No. 2, 1991, pp. 81-90.
- [5] Segal, J. H., "Erotomania Revisited: From Kraepelin to DSM-III-R," *American Journal of Psychiatry*, Vol. 146, No. 10, October 1989, pp. 1261-1266.
- [6] Taylor, P., Mahendra, B., and Gunn, J., "Erotomania in Males," *Psychological Medicine*, Vol. 13, 1983, pp. 645-650.
- [7] Goldstein, R. L., "More Forensic Romances: DeClérambault's Syndrome in Men," *Bulletin of the American Academy of Psychiatry and Law*, Vol. 15, No. 3, 1987, pp. 267-274.
- [8] Meloy, J. R., "Unrequited Love and the Wish to Kill: Diagnosis and Treatment of Borderline Erotomania," *The Bulletin of the Menninger Clinic*, Vol. 53, Nov. 1989, pp. 477-492.
- [9] Bhaumik, S. and Collacott, R. A., "Erotomaniac Delusions in a Male with a Mental Handicap," *Journal of Intellectual Disability Research*, 1993, Vol. 37, pp. 319-323.
- [10] Munro, A., "Delusional (Paranoid) Disorders," *American Journal of Psychiatry*, Vol. 33, June 1988, pp. 399-404.
- [11] Hollender, M. H. and Callahan, A. S., "Erotomania or De Clérambault Syndrome," *Archives of General Psychiatry*, Vol. 32, 1975, pp. 1574-1576.
- [12] Ellis, P. and Mellsop, G., "De Clérambault's Syndrome—A Nosological Entity?," *British Journal of Psychiatry*, Vol. 146, 1985, pp. 90-95.
- [13] O'Dwyer, J. M., "Coexistence of the Capgras and DeClérambault's Syndrome," *British Journal of Psychiatry*, Vol. 156, 1990, pp. 575-577.
- [14] El Gaddal, Y. Y., "DeClérambault's Syndrome (Erotomania) in Organic Delusional Syndromes," *British Journal of Psychiatry*, Vol. 154, 1989, pp. 714-716.
- [15] Collacott, R. A., "Erotomaniac Delusions in Mentally Handicapped Patients: Two Case Reports," *Journal of Mental Deficiency Research*, Vol. 31, 1987, pp. 87-92.
- [16] Rudden, M., Gilmore, M., and Frances, A., "Erotomania: A Separate Entity," *American Journal of Psychiatry*, Vol. 137, No. 10, October 1980, pp. 1262-1263.
- [17] Gillett, T., Emlinson, S. R., and Hassanyeh, F., "Primary and Secondary Erotomania: Clinical Characteristics and Follow-Up," *Acta Psychiatrica Scandinavica*, Vol. 82, 1990, pp. 65-69.
- [18] Dietz, P., "Threats and Attacks Against Public Figures," presented at the Annual Meeting of the American Academy of Psychiatry and the Law, October 1988, San Francisco, California, as reported in Meloy, J. R., "Unrequited Love and the Wish to Kill," *The Bulletin of the Menninger Foundation*, 1989, p. 479.
- [19] Zona, M. A., Sharma, K., and Lane, J., "A Comparative Study of Erotomaniac and Obsessional Subjects in a Forensic Sample," *Journal of Forensic Sciences*, July 1993, pp. 894-903.
- [20] Legislative Memorandum in Support of L. 1992, Chapter 345, as cited in Donnino, William C., "Practice Commentaries," 1994 Pocket Part, *McKinney's Consolidated Laws of New York (Annotated)*, Book 39, Penal Law, Section 220.00 to End, p. 42.
- [21] Dietz, P. E., Matthews, D. B., Van Duyn, C., Martell, D. A., Parry, C. D. H., Stewart, T., Warren, J., and Crowder, J. D., "Threatening and Otherwise Inappropriate Letters to Hollywood Celebrities," *Journal of Forensic Sciences*, Vol. 36, No. 1, Jan. 1991, pp. 185-209.
- [22] Dietz, P. E., Matthews, D. B., Martell, D. A., Stewart, T. M., Hrouda, D. R., and Warren, J., "Threatening and Otherwise Inappropriate Letters to Members of the United States Congress," *Journal of Forensic Sciences*, Vol. 36, No. 5, Sept. 1991, pp. 1445-1468.

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