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# Erotomania as a Delusional Disorder: Differential Diagnosis and Overlap with Psychosis

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***Abstract*—*Erotomania, also known as de Clérambault's syndrome, is a rare but clinically significant delusional disorder characterized by the fixed and false belief that another person often of higher social status is secretly in love with the affected individual. Classified in the DSM-5 as the erotomanic type of delusional disorder, it occupies a critical position at the interface between circumscribed delusional disorders and broader psychotic illnesses. The condition is typically marked by a monothematic, non-bizarre delusion that is held with strong conviction despite clear contradictory evidence, while overall functioning outside the delusional theme may remain relatively preserved. Clinically, erotomania is associated with characteristic behavioral patterns, including persistent attempts to contact the perceived love object, misinterpretation of neutral or rejecting behaviors as signs of affection, and, in some cases, stalking or legal complications. Emotional manifestations often include intense romantic preoccupation, jealousy, anxiety, and fluctuating mood states. Erotomania may present as a primary disorder or occur secondarily in the context of schizophrenia, bipolar disorder with psychotic features, major depressive disorder, substance-induced psychosis, or neurocognitive disorders. Accurate differential diagnosis is essential, as erotomania must be distinguished from schizophrenia, mood disorders with psychotic features, obsessive–compulsive disorder, and personality disorders. The distinction rests on the monothematic nature of the delusion, absence of prominent hallucinations or disorganized thought, and relative preservation of functioning. Management typically involves antipsychotic medication combined with psychotherapeutic interventions, particularly cognitive-behavioral approaches, to reduce delusional conviction and associated risk behaviors. Early identification and tailored treatment are crucial for improving outcomes and minimizing social and legal consequences.*

***Keywords*—** *Erotomania; De Clérambault's syndrome; Delusional disorder; Psychosis; Differential diagnosis; Belief formation.*

## I. Introduction

Erotomania, also known as de Clérambault's syndrome, is a rare and clinically significant delusional disorder characterized by the fixed, false belief that another person is deeply in love with the affected individual, despite clear evidence to the contrary. This delusion is typically directed toward a person of higher social status, such as a celebrity, public figure, or authority figure, and is often accompanied by persistent attempts to contact or pursue the "love object," sometimes leading to stalking, harassment, and legal consequences. Erotomania is classified in the DSM-5 as the erotomanic type of delusional disorder, placing it within the spectrum of psychotic disorders rather than mood or personality disorders. Understanding erotomania as a disorder of belief formation is crucial, as it highlights the fine line between a circumscribed delusional disorder and broader psychotic conditions such as schizophrenia, and underscores the importance of accurate differential diagnosis and targeted management.[1]

### *Clinical Features of Erotomania*

#### *Core Delusional Belief*

The hallmark of erotomania is a persistent, non-bizarre delusion that a specific person is in love with the patient, often initiated by the "love object" through subtle signs, gestures, or media messages that are misinterpreted as declarations of affection. The delusion is typically monothematic, focusing almost exclusively on this romantic belief, and is held with absolute conviction, resistant to logical argument or contradictory evidence. Patients may interpret neutral or even negative behaviors (such as ignoring them or issuing restraining orders) as secret signals of love, persecution, or tests of loyalty, further reinforcing the delusional system.[2, 3]

The love object is usually someone inaccessible, such as a celebrity, politician, or high-status professional, and the relationship is imagined as secret, spiritual, or destined, often with a sense of special destiny or mission. In some cases, patients believe that the love object communicates with them through coded messages in television, radio, or social media, a phenomenon that has become more prominent in the digital age.

#### *Behavioral and Emotional Manifestations*

Erotomania is not merely a cognitive disturbance; it is associated with characteristic behaviors and emotional states. Patients often engage in persistent attempts to contact the love object through letters, emails, phone calls, social media messages, or in-person visits, sometimes escalating to stalking or harassment. These behaviors can lead to significant social, occupational, and legal problems, including restraining orders, criminal charges, and social isolation.

Emotionally, patients may experience intense feelings of love, jealousy, possessiveness, and anxiety about the relationship, often fluctuating between euphoria and distress depending on perceived signals from the love object. Despite the distressing nature of the delusion, overall functioning may be relatively preserved compared to schizophrenia, with intact reality testing in other domains and the ability to maintain



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employment or social relationships outside the delusional theme.[4 – 6]

*Erotomania as a Delusional Disorder*

*DSM-5 Diagnostic Criteria*

In the DSM-5, erotomania is classified as delusional disorder, erotomanic type, a condition within the schizophrenia spectrum and other psychotic disorders. The essential diagnostic criteria include:

- Presence of one or more delusions with a duration of at least one month.[4]
- The delusion is non-bizarre (i.e., the content is theoretically possible, such as being loved by a celebrity, even if implausible).
- Apart from the impact of the delusion, functioning is not markedly impaired, and behavior is not obviously bizarre or disorganized.
- If mood episodes occur, they are brief relative to the duration of the delusional disturbance.
- The disturbance is not attributable to the physiological effects of a substance or another medical condition.

The erotomanic subtype is specifically defined by the delusion that another person is in love with the individual, often of higher status, and that this love has been initiated by the other person (Figure 1).

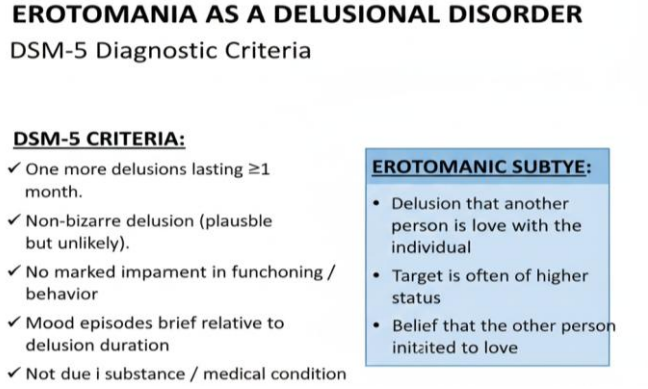


Figure 1. DSM-5 Framework for Erotomanic Delusional Disorder

*Primary vs. Secondary Erotomania*

Erotomania can be conceptualized as primary (de Clérambault's syndrome) or secondary, depending on whether it occurs in isolation or as part of another psychiatric disorder. Primary erotomania is a circumscribed delusional disorder with sudden onset, chronic course, and absence of prominent hallucinations, disorganized speech, or negative symptoms. It is more commonly observed in women and is often associated with dependent, shy, or socially isolated personality traits.

Secondary erotomania, in contrast, occurs as a symptom of another psychiatric condition, most commonly schizophrenia, bipolar disorder, or major depressive disorder with psychotic features. In these cases, the erotomanic delusion is part of a broader psychotic picture that includes hallucinations, disorganized thinking, and more severe functional impairment. Secondary erotomania tends to have a more gradual onset and may be episodic, improving with treatment of the underlying mood or psychotic disorder.

*Differential Diagnosis and Overlap with Psychosis*

*Erotomania vs. Schizophrenia*

Distinguishing erotomania from schizophrenia is a key clinical challenge, as both involve delusions and can present with similar behaviors such as social withdrawal and preoccupation with a specific theme. In schizophrenia, however, delusions are typically more varied and bizarre, and are accompanied by at least two of the following: hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms such as avolition, alogia, or affective flattening. The course of schizophrenia is usually more chronic and progressive, with marked deterioration in social and occupational functioning over time.

In contrast, erotomania as delusional disorder is characterized by a relatively preserved level of functioning outside the delusional theme, absence of prominent hallucinations, and lack of disorganized speech or behavior. The delusion is monothematic and non-bizarre, and the patient may appear otherwise rational and coherent in conversation, except when discussing the love object. However, in practice, the boundary can be blurred, especially in cases of secondary erotomania where erotomanic delusions coexist with other psychotic symptoms of schizophrenia.

*Erotomania vs. Bipolar Disorder with Psychotic Features*

Erotomania can also occur during manic or mixed episodes of bipolar disorder, where elevated mood, grandiosity, and impulsivity may intensify the delusional belief of being loved by a high-status person. In bipolar disorder, the erotomanic delusion is typically episodic, emerging during mood episodes and resolving with mood stabilization, whereas in primary erotomania, the delusion is more persistent and chronic. The presence of other manic symptoms (e.g., decreased need for sleep, pressured speech, reckless behavior) or depressive symptoms helps differentiate bipolar-related erotomania from delusional disorder.[7, 8]

*Erotomania vs. Obsessive-Compulsive and Personality Disorders*

Erotomania must also be differentiated from obsessive-compulsive disorder (OCD) and personality disorders such as borderline personality disorder (BPD). In OCD, intrusive thoughts about a relationship are typically recognized as excessive or irrational, and the individual experiences distress and attempts to neutralize them with compulsions. In erotomania, by contrast, the belief is experienced as absolutely true, not as an intrusive thought, and there is no insight into its delusional nature.[9]

In BPD, there may be intense, unstable relationships, fear of abandonment, and transient paranoid ideation, but these are usually short-lived and fluctuate with mood, rather than being a fixed, persistent delusion. The presence of identity disturbance, affective instability, and self-harming behaviors points more toward BPD, while a fixed, non-bizarre delusion of being loved by a specific person is characteristic of erotomania.

*Overlap with Other Psychotic Disorders*

Erotomania can overlap with several other psychotic conditions, complicating diagnosis and treatment. In



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schizoaffective disorder, erotomanic delusions may occur alongside prominent mood episodes and other psychotic symptoms, requiring careful longitudinal assessment to determine the primary diagnosis. In late-life psychosis, erotomania may be associated with neurodegenerative conditions such as Alzheimer's disease or Lewy body dementia, where cognitive decline and organic brain changes contribute to the emergence of delusional beliefs. [10-13]

Substance-induced psychotic disorders, particularly with stimulants, cannabis, or antidepressants, can also present with erotomanic delusions, especially in vulnerable individuals with a predisposition to psychosis. In these cases, the delusion typically resolves with discontinuation of the substance and appropriate treatment, distinguishing it from primary delusional disorder.

*Management and Treatment*

*Pharmacological Treatment*

The mainstay of pharmacological treatment for erotomania is antipsychotic medication, which can reduce the intensity and conviction of the delusional belief. Both first-generation (typical) and second-generation (atypical) antipsychotics have been used, with atypical agents often preferred due to a more favorable side-effect profile. Treatment is usually long-term, especially in primary erotomania, to prevent relapse and maintain stability.[14 - 18]

In secondary erotomania, treatment must also address the underlying condition: mood stabilizers or antipsychotics for bipolar disorder, antidepressants with caution for depressive disorders, and management of substance use or medical conditions as appropriate.

*Psychotherapeutic Approaches*

Psychotherapy plays a crucial role in the management of erotomania, particularly in building insight and reducing risk behaviors. Cognitive-behavioral therapy (CBT) can help patients examine the evidence for and against the delusional belief, challenge cognitive biases (e.g., overvalued ideas, jumping to conclusions), and develop alternative explanations for the love object's behavior.[19 – 22]

Other approaches include supportive therapy to address low self-esteem and social isolation, family therapy to educate caregivers and set healthy boundaries, and risk management strategies to prevent stalking and legal complications. Early intervention and a strong therapeutic alliance are associated with better outcomes and reduced risk of harm to the patient and others.

## II. Conclusion

Erotomania is a distinctive delusional disorder in which a fixed, false belief of being loved by another person leads to significant psychological and social consequences. Classified as delusional disorder, erotomanic type, in the DSM-5, it represents a circumscribed psychotic condition that must be carefully differentiated from schizophrenia, bipolar disorder, and personality disorders. The key to accurate diagnosis lies in assessing the presence of a monothematic, non-bizarre delusion, preserved functioning outside the delusional theme, and the absence of prominent hallucinations, disorganized speech, or negative symptoms.[23, 24]

Understanding the overlap between erotomania and broader psychotic disorders is essential for appropriate treatment planning, as secondary erotomania often requires management of an underlying mood or psychotic condition.[25-27] A combination of antipsychotic medication and psychotherapy, particularly CBT, offers the best chance of reducing delusional intensity, improving insight, and preventing harmful behaviors such as stalking.

Clinicians should approach erotomania with both psychiatric expertise and compassion, recognizing that behind the delusion is often a vulnerable individual struggling with loneliness, low self-worth, and a profound need for connection. With timely, evidence-based intervention, many patients with erotomania can achieve significant improvement and lead more stable, fulfilling lives.

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