

Dear Sir:

Dr. Zona and his associates are to be commended for their excellent group study of erotomanic and obsessional forensic subjects [1]. They also record the extraordinarily high frequency of foreign born subjects (43%) in their erotomanic subgroup when compared to the love obsessional (3%) and simple obsessional (5%) subgroups.

The relationship between erotomania and acculturation problems remains empirically unexplored, but the link appears to be clinically sensible. Males immigrating from heterosexually repressive cultures, to more sexually open, westernized cultures may be particularly inclined to misconstrue the social behaviors of females, and attach romantic meaning when there is none. This acculturation process could go awry in a borderline or psychotic individual and lead to the development of erotomania.

This link is theoretically made in the psychoanalytic literature, where both culture shock and erotomania have been described as variants of pathological mourning [2,3]. The role of paranoid thinking has also been discussed in both erotomania and acculturation [4,5]. The former involves a functional illness while the latter is an adaptive mechanism toward a new environment in which the acculturated individual is more vulnerable to distrust and suspicion.

The following case study is one of several that have been observed by us in forensic mental health settings in Southern California. This case is consistent with recent research that suggests erotomania affects a larger percentage of males than was originally thought [6,7] and is a precipitating factor in some forensic cases [8].

When traditional Islamic men are diagnosed with delusional (paranoid) disorder, erotomanic type (DSM III-R: 9), a failed cross-cultural adjustment may be an important precipitant of mental illness. Case history information usually reveals early losses and sexual repression. The move to the new culture is characterized by a loss of status and difficulty integrating into a meaningful new social context. The erotomanic symptoms reflect deficits in personality organization that impair ability to deal with the multiple losses inherent in culture shock. The frantic attachment to the love object is a defense against mourning and a loss of identity. Paranoid reactions to the new culture, often a feature of the disorganization phase of culture shock, take on delusional proportions. The more disparate the customs and social cues between the two cultures, the more vulnerable the individual:

Patient A<sup>1</sup> was a 37 year old Libyan male evaluated to determine his violence risk toward a young American woman. He had never personally known her, but she had sat in front of him during a college course. He had subsequently pursued her for five years, sending her gifts and flowers, several letters, and, on one occasion, a blood-soaked feather. He had telephoned her, her mother, and her employer, and intermittently approached her in public places. She became anxious and fearful, and entered psychotherapy. Prior to our evaluation patient A violated five temporary restraining orders issued by the Superior Court.

The patient was born in Libya to an intact family with two older brothers and eight younger sisters. He finished high school at seventeen, worked in the family clothing store, and became engaged to his first cousin, ten years his junior. She terminated their relationship two years later. Patient A immigrated to the United States at age 27. He worked at menial tasks, took some college courses, and lived alone in a large American city.

During the clinical evaluation he denied any approach behavior toward the victim or intent to harm her, but did acknowledge that she encouraged him: "the way she looked at me, the way she did her hair, she gave a smile from a distance like she wanted to engage in a puzzle . . . the challenge is what keeps me going." Psychological testing confirmed an individual organized at a psychotic level of personality who had difficulties with reality testing, identity diffusion, and modulation of affect. His self-esteem was low, but an idealized grandiosity meant his aspirations far outstripped his abilities. Formal thought disorder was apparent, and content analysis of his Rorschach indicated a plethora of symbiotic merging

<sup>1</sup>data has been altered to adequately disguise the identity of the patient.



responses. His IQ was in the bright normal range (110-119). Our diagnosis was delusional (paranoid) disorder, erotomaniac type (DSM-III-R). We opined that he did not present an imminent risk of physical harm to the victim, treatment would have little effect, and if the behavior persisted he should be deported.

In this case, the patient's misperception of social friendliness as serious romantic intent was a partial product of his attempt to integrate two widely divergent heterosexual cultures. But it was also exacerbated by a psychotic personality organization which seriously impaired his reality testing. The motivational dynamics involved pathological mourning for the lost culture [10], threats of loss of identity [3], inability to process the complexities of the new culture [11], and an affectional hunger for a new object that would defend against his loss [4].

In cases such as this, we recommend taking a careful history about the culture of origin and the circumstances around the patient's transition to the new culture. We also explore the individual's beliefs regarding sexual roles and mores and his perceptions of his current niche in the new culture.

We would urge that acculturation problems be considered an important precipitant in the development of erotomania, particularly in traditional Islamic male immigrants. Grossly different patterns of heterosexual behavior in the two cultures and borderline or psychotic personality organization would be the respective predisposing social and psychobiological risks.

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