

PSYCHOTIC JEALOUSY : A PHENOMENOLOGICAL STUDY

A. K. KALA¹, M.D. (Psychiat.)

R. KALA², M.A. (S.W.)

SUMMARY

Sociodemographic, clinical, marital and sexual characteristics of 50 consecutive patients having delusions of infidelity were studied. Females outnumbered males after excluding alcoholics. Most of the patients were older than 30 yrs. and the onset occurred more than 20 yrs. after marriage in about half the patients. Male patients were more often eldest siblings as compared to females. About one third of the patients had a history of marital and sexual difficulties prior to onset. The "third person" involved in the delusion was often a family member, particularly in patients coming from joint families. Possible causes of tie-in between delusion of jealousy and social factors are discussed.

Jealousy is as common a human emotion as anxiety, sadness, happiness, fear and boredom. The point at which, this common, normal phenomenon becomes a morbid, clinical one, can be a matter of controversy. However, the extreme, gross form of psychotic jealousy, presented as delusions of infidelity, is obviously abnormal. In the past, there have been attempts to recognise delusional jealousy and elevate it to the status of a distinct clinical entity romantically called Othello Syndrome (Schmeideberg, 1953 ; Todd & Dewhurst, 1955). According to Cobb (1979) however, a consensus now exists, at least among European psychiatrists, that morbid jealousy is purely a descriptive term, indicating a symptom complex, which may have, as its underlying cause, a wide variety of psychiatric disorders, the only unifying dominant theme being pre-occupation with the partners' unfaithfulness.

There have been three major surveys of patients with morbid jealousy as the main presentation. Two of these (Shepherd, 1961 ; Longfeldt, 1961) were retrospective case note studies. Only Vauhkonen (1968) studied prospectively 55 such patients, drawn from a university psychiatric clinic, private practice and a marriage guidance clinic. From India, in two illustrative studies of

forensic samples, Somasundaram brought out the significance of both normal as well as morbid jealousy as a motive of murder (Somasundaram, 1970 ; 1980). However, there has been no comprehensive phenomenological study of psychotic jealousy from India, along the lines of above mentioned Western studies.

The present work was an attempt at a phenomenological study of psychotic jealousy as seen in the form of delusions of infidelity in patients attending a general hospital psychiatric clinic.

METHODOLOGY

50 consecutive patients (seen by the first author) who attended the psychiatry outpatient department of Medical College & Hospital, Rohtak and who were found to have delusions of infidelity after a detailed clinical interview were taken up for the study. Patients having doubts about the partner's fidelity not amounting to a delusional conviction were not included. This was done to ensure uniformity of sample and since the study was aimed at phenomenology of only delusional jealousy (and not morbid jealousy as a whole), this step was considered essential.

Both the patient and the spouse were further interviewed, together and separately

¹Asstt. Professor, }
²Research Fellow, }

Department of Psychiatry and Human Behaviour, Goa Medical College,
Panaji, Goa-403 001.

about the details of family, marital and sexual adjustment.

A third member of the family, not involved by the patient in the delusion, was interviewed to exclude the possibility of a factual element in the patient's belief. Authors were particularly cautious about the possibility of false positives and false negatives and in case of doubt, other family members (not involved in the delusion) were interviewed.

Delusion of infidelity was stated to be present when the patient had a firm and sustained but wrong conviction that the spouse was currently having a sexual affair with another person or persons.

Socioeconomic status was assessed according to Kuppaswamy's scale in urban patients and Pareek's scale in the rural patients (Kuppaswamy, 1962; Pareek, 1964).

A couple living alone or with children was recorded as being a nuclear family. Any horizontal or vertical addition to this was considered a 'non-nuclear' family for the purpose of this study.

Significant marital disharmony was recorded as being present when either the patient or the spouse reported having had difficulties in getting along with each other before the onset.

Significant sexual maladjustment before the onset was recorded as being present when there was history of decreased or increased libido (according to patient or the spouse), poor erection, premature ejaculation, delayed ejaculation or frigidity in the patient or the spouse.

RESULTS

TABLE I—*Sociodemographic Characteristics of Patients with Psychotic Jealousy*

	No. of patients	%
*Age at onset (in yrs.)		
10—29	7	14
30—49	27	54
50 & more	16	32

Sex		
Male	27	54
Female	23	46
Residence		
Rural	28	56
Urban	22	44
Family type		
Nuclear	18	36
Non-nuclear	32	64
Socioeconomic Status		
I—II	19	38
III	13	26
IV—V	18	36
Ordinal position		
Eldest	19	38
Youngest	13	26
Intermediate	18	36

*Only two patients were older than their spouses by more than ten years (both male)

TABLE II—*Ordinal position compared in Two Sexes*

	Male	Female
Ordinal Position		
Eldest	14	5
Youngest	8	5
Intermediate	5	13
Total	27	23

$X^2=7.98$ $p < .05$

TABLE III—*Marital and Sexual Characteristics of Patients with Psychotic Jealousy*

Variable studied		No. of patients	%
Type of marriage	Arranged	42	84
	Choice	5	10
	Against wishes	3	6
Duration of marriage at the time of onset	Less than 5 yrs.	5	10
	5—9 yrs.	7	14
	10—14 yrs.	7	14
	15—19 yrs.	8	16
	20 yrs. & more	23	46
Significant marital disharmony before the onset	Yes	19	38
	No	31	62
Significant sexual maladjustment before the onset	Yes	17*	34
	No.	33	66

*Symptoms in self—11; symptoms in spouse—6.

TABLE IV—*The Third Person involved in the Alleged Adultery*

Person Involved	Nuclear family	Non-nuclear family	Total
Family member	6	22	28 (56%)
Outside family	5	6	11 (22%)
None specific	7	4	11 (22%)

$$X^2=6.43, \quad p < .05$$

TABLE V—*Diagnostic categorisation of delusions of infidelity as compared to other studies*

Diagnosis	Shepherd (1961)	Langfeldt (1961)	Vauhkonen (1968)	Present study	(ICD-9) (1980)
Schizophrenia	14 (29%)	30 (77%)	24 (100%)	26 (52%)	
Manic Depressive Psychosis	13 (27%)	2 (5%)	..	14 (28%)*	
Alcoholic Paranoid State	6 (12%)	3 (8%)	..	8 (16%)	
Others	16** (32%)	4 (10%)	..	2 (4%***)	

* — Mania—9 (18%), Depression—5 (10%)

** — Mostly organic cases.

*** — Epileptic psychosis—1 (2%), Reactive Psychosis—1 (2%).

DISCUSSION

That delusions of infidelity do not occur in isolation as a discrete clinical entity seems fairly well established. Most of the studies do show a broad agreement, allowing for the different diagnostic classifications used, that roughly one half of these patients are suffering from schizophrenia, most of them belonging to the category of paranoid schizophrenia. The other half consists of a primary affective disorder & alcoholic paranoid state, the former somewhat commoner than the latter, and some assorted cases of mostly organic psychosis, other than alcoholic psychosis complete the picture. What probably led to terms like Othello Syndrome and Jealous Monomania was the dominance of delusions of infidelity in the clinical picture or a relative encapsulation of the delusion in some patients. Various organic factors apart from alcoholism have been described, mostly in isolated case reports. These include amphetamine

and cocaine dependence (Shepherd, 1961), temporal lobe epilepsy (Shepherd, 1961), general paralysis of the insane, cerebral tumors, lead poisoning, panhypopituitarism, disseminated sclerosis & Huntington's chorea (reviewed by Cobbs, 1979). However, this association of organic illnesses other than alcoholism does seem to be rare and should not be over emphasized (Cobb, 1979) as most of the case reports were isolated ones. In a series of 3552 brain injured patients reported by Achte *et al.*, (1967) only 42 developed delusions of infidelity. The only organic patient that we had was a single case of epileptic psychosis with about 10 yrs. history of epilepsy.

In the present study there was a clear association with the age of onset, most of the patients being above 30 years and roughly one third being above 50 years. Onset of psychotic jealousy at a later stage in life has been reported before (Vauhkonen,

1968 ; Kala, 1975). Part of the explanation may be that Paranoid Schizophrenia, the commonest single clinical group in which psychotic jealousy is seen starts more commonly in middle than young age (Slater & Roth, 1969). Another reason may be that all the patients were necessarily married, thus most were not very young. A related observation is the occurrence of delusional jealousy being directly related to the duration of the marriage, about half of the patients starting their delusions more than 20 years after marriage. This association has not been reported before. However, it is not possible to be categorical about it particularly in the absence of a multivariate analysis involving the variables of age, diagnosis, duration of marriage, age of marriage etc.

Much has been made in the lay literature of an elderly man being morbidly jealous of his young wife and this was also reflected by Todd & Dewhurst (1955) in their study. However Vauhkonen (1968) did not find any significant age difference among the spouses in his series of 55 couples. In the present study only two patients (both males) were older than their spouses by more than ten years.

Most of the studies in the literature show a preponderance of males over females. From western countries, the male/female ratio has always been reported to be positive even after excluding alcoholics. In the present study, however, after excluding alcoholics, females outnumbered males. Rin *et al.* (1962) from Taiwan also reported a similar preponderance of female. In an earlier study of sociocultural aspects of delusion in Indian patients, similar excess of females has been observed (Kala, 1975) and this contrast in reports from western versus traditional societies commented upon. Probably we are dealing with a genuine cross-cultural difference that may be confirmed after some more work is available from India and other non-western countries.

Another interesting observation was that more patients from joint families involved one of the same sexed members of their families in their delusions, thus alleging the spouse to be having an affair with that person. Typically a man blamed his wife to be having an affair with his younger brother while a female involved the wife of her husband's younger brother, 'devrani'. A related observation was that males significantly oftener than females in this study, were the first born. This has been observed earlier in a study of content of delusions in Indian schizophrenics (Kala, 1975). It is probably a manifestation of a tendency on the part of a patient to incorporate into the delusion an eligible available person of the opposite sex. Although their aspect has not been studied in any of the other relevant studies, it would naturally be characteristic of only those societies which still have some form of joint family system. Also interesting is the observation that in only three patients was the content so bizarre as to include a first degree relative of the spouse into the delusion.

About two thirds of our patients did not report a gross marital disharmony and there were no overt signs of any sexual maladjustment in the same number of cases. However about one third of the patients did have a history of inter-personal difficulties with the spouse and about the same number gave a history of libidinal, erectile or ejaculatory difficulties in self or the spouse, before the onset of the illness. These two groups overlapped with each other to a great extent. Although in the absence of any normative data for our country it is difficult to be categorical about the significance of this finding, the claim that overt sexual problems are at the root of jealousy may have some merit. In Vauhkonen's (1968) study more than 50% of the patients had a history of sexual dysfunction. However Shepherd (1961) found sexual difficulties to be of primary importance in only

three out of his 81 cases. It must be emphasised however that in the present study, only very gross marital and sexual difficulties were recorded. It is possible that a more detailed study focussing on this particular aspect may reveal a stronger dynamic relationship between the marital and sexual factors and morbid jealousy. As conclusion, it is felt that further studies including more variables like religious background, size of sibship, age of marriage etc. and using multivariate analysis, in addition to employing more comprehensive ways of assessing marital and sexual dysfunction before and after the onset may throw more light on the subject.

REFERENCES

- ACHTE, K. A., HILLBORN, E. AALBERG, V. (1967). Report from the Rehabilitation Institute for Brain Injured veterans in Finland, Vol.-1.
- COHH, J. (1979). Morbid Jealousy. *Journal of Applied Medicine*, 5, 12, 943.
- KALA, A. K. (1975). Sociocultural Determinants of Delusions. Unpublished M. D. thesis submitted to the Post-Graduate Institute of Medical Education and Research, Chandigarh.
- KUPPUSWAMY, B. (1961). Manual of Socioeconomic Status Scale (Urban). Manasayan, Delhi.
- LANGFELDT, G. (1961). *Acta psychiatrica et neurologica Scandinavica Suppl.*, 151.
- PAREEK, U. AND TRIVEDI, G. (1964). Manual of the socioeconomic status scale (rural). Manasayan, Delhi.
- RIN, H., WU, K. AND LIN, C. (1962). A study of the content of delusions and hallucinations Manifested by the Chinese Paranoid Psychotics. *The Journal of the Formosan Medical Association*, 61, 1, 46.
- SCHMEIDEBREG, M. (1953). *Psychoanalytic Review*, 40, 1.
- SHEPHERD, M. (1961). *Journal of Mental Science*, 107, 687.
- SLATER, E AND ROTH, M. (1969). *Clinical Psychiatry* by Myer-Gross. Eds. E. Slater and M. Roth, Bailliere, Tindall and Cassel, London, P. 288.
- SOMASUNDARAM, O (1970). Men who kill their wives. *Indian J. Psy.*, 12, 125.
- SOMASUNDARAM, O (1980). Murder in Tamil Nadu —A study of murder trials of 1968. *Ind. J. Psychiat.*, 22, 288.
- TODD, J. AND DEWHURST, M. (1955). *Journal of Nervous and Mental Diseases*, 122, 367.
- VAUHKONEN, K. (1968). *Acta psychiatrica Scandinavica, Suppl.*, 202.