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"Filiation Erotomania" in an Adopted Child: The Adolescence of an Adopted Child with Borderline Personality Disorder Complicated by Passionate Delusion

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Abstract

Erotomania described by De Clérambault has been the object of numerous descriptions and has many variants in its clinical expression. It can be primary or secondary, homo or heterosexual, with more or less prominent delusional conviction. We report in this article the case of an adopted adolescent where psychological disturbances were expressed through what we wish to qualify as filiation erotomania even though the clinical picture might be well explained by a borderline personality disorder. The beginning of the psycho-pathological disorders goes back to the start of the patient's adolescence, which was marked by a serious illness suffered by her adoptive mother. At the time, the oncologists' prognosis was extremely poor with a high chance of fatality within a very short period. The remission and therefore survival of the mother did not amend the patient's psychological disorders, which only worsened and finally were expressed through an association of mythomaniac confabulations and stalking behaviors. Passionate expectations directed towards female figures in her life developed in the context of an initial conviction that she had a privileged filial relation with them. Phases of hope, resentment and then bitterness repeated themselves. The abandoning of one erotomanic relation was followed by its rapid replacement by another. The questions of double filiation, adoptive and biological, of the process of adolescence and of anticipated mourning are discussed.

Keywords: Erotomania; Filiation; Adolescence; Adoption; Stalking; Psychopathology; Case report

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Introduction

Since its description by De Clérambault [1], erotomania has been the subject of many publications and has posed numerous problems in the treatment of these patients. A distinction between primary and secondary erotomania was proposed on the basis of De Clérambault's observations [2]. The denomination of primary consists of a pure, circumscribed passionate delusion, associated with paranoia. The secondary type is the occurrence of this type of phenomena in the context of a psychotic personality or schizophrenia. Homosexual erotomania has also been described [3,4].

In the example that we are going to develop, the erotomania is not classical in the sense of the delusional illusion where one is loved by someone. The erotomaniac object is situated in the register of filiation where the amorous dimension is not central (however not totally excluded). In this case it is not a delusion of filiation, that is, it is not the delusional conviction of being the daughter of a target feminine character, but rather the delusional conviction of being loved as a daughter by this character that constituted the starting point of the development of a whole series of pathological relations.

Corinne's Case History

Corinne's story starts before her adoption with her future adoptive parent's interest in her country of origin. Her adoptive father, suffering from untreatable sterility, was a businessman who, by the intermediary of his brother-in-law, he himself

originating from the same country as Corinne, decided on the option of international adoption. The first contact with Corinne was established when she was six months old. However it was only twelve months later and after a dozen visits to the country that Corinne could be adopted and return with her adoptive parents to her new country. The reasons why her natural parents abandoned her are not clear and only her biological father came to the orphanage to see Corinne before her adoption. The only explanation that she had was that her parents were divorcing and that in these circumstances neither one of them was capable of raising her.

According to Corinne's adoptive parents, her psycho-affective development did not pose any problems during childhood. It was only a little before the adoptive mother's illness, when Corinne was around eleven, that she had difficulties in school; difficulties that were attributed to negative influences from older schoolmates. Shortly afterwards, Corinne alluded to sexual relations with a thirty-year-old man. In spite of her young age, she had already had puberty and induced in her father certain controlling and invasive tendencies that multiplied as she continued to worry him more and more. During the same period her mother was hospitalized for a malignant disease. The oncologists were very pessimistic and gave her six months to live.

Under the stress of this given context, Corinne swallowed her mother's fluoxetine pills and found herself hospitalized in pediatrics and then transferred to a child psychiatry unit. Corinne was 13 years old. This period was followed by treatment in an outpatient day center where the parents' participation was minimal. At this time, with the mother having to undergo extensive cancer therapy, priorities were elsewhere. Corinne went back to school starting timidly and greatly lacking in the ability to learn after such a traumatic event. Meanwhile, the mother responded efficiently to her treatment for cancer and was in complete remission with a much better vital prognosis compared to that initially pronounced by her doctors. However, the therapy had weakened her; physically she seemed ten years older and psychologically she had not recuperated the vitality and tonus that she had before her illness.

Around Christmas, Corinne was rehospitalized in child psychiatry for suicidal ideation and because she thought that she was pregnant. Pregnancy was excluded on the basis of plasmatic βHCG levels. Corinne's allegations that she was pregnant by a thirty-year-old African man induced an intense paternal reaction. Her father immediately filed a complaint against "X" and demanded a gynecological examination that Corinne promptly refused. During hospitalization, Corinne accepted the individual sessions that we proposed to her but otherwise remained very discrete during her hospitalization. She was much more expansive in class where she took pleasure in worrying her schoolmates with allegations concerning her numerous sentimental adventures and her participation in drug dealing. Rapidly she found herself in a privileged relation with her school nurse who quickly provided time for her in a movement of empathy. Progressively this nurse was overwhelmed by the more and more alarming contents of Corinne's revelations. The nurse decided that she could no longer benefit only from the school nurse's supportive counseling. Corinne related that she was repetitively having sexual intercourse without protection with a seropositive older man. She affirmed that she was the mother of a child whose photograph she would show to classmates and the nurse; a child that was unfairly taken away from her. She showed her nurse bags of white powder that were supposed to be illicit drugs and affirmed her participation in the traffic of these substances. Extremely alarmed, the school nurse referred her to her psychiatrist, explaining that the situation was beyond her professional responsibilities. This attempt to disengage her from a dominating and manipulatory relationship only backfired and produced a threatening reaction of revenge. The threats turned into harassment, anonymous telephone calls and letters with various threats and insults, messages under her windshield wiper with death wishes and so on. Corinne had only one type of comment "She didn't have the right to do that to me, she's going to pay for that...". Even more overwhelmed with anger and fear, the school nurse requested a meeting with Corinne, mediated by her psychiatrist. This encounter permitted a decrease in the tension in their relation and Corinne abandoned her persecutory behavior.

Further incidents of behavior disorder associated with the patient's running away to Vienna concluded with her being rehospitalized in a psychiatric ward for adolescents six month later. She was expelled from her school and the temporary solution of a day hospital unit was proposed while waiting for a new project for her schooling. In spite of the hesitation of many school directors, Corinne was accepted for the last time in the public sector. She was enchanted by her new school and particularly by the director of her new school who, according to what she said, had many posters of her country of origin hanging up in his office—a country that he affirmed being very fond of. She was also excited by her new teacher who seemed young for her age of around forty, athletic and who drove a convertible.

It was this teacher who was designated to be in the next privileged relation with Corinne where the expectations would be extraordinary. A first phase that we will qualify as that of hope consisting in a multitude of behaviors that aimed to attract the attention of her teacher, such as private telephone calls and confidential letters that she would send her. Corinne obtained a certain amount of success with her teacher who was sensitive to such a delivery of numerous solicitations that resembled an intimate relationship with maternal tonalities. Corinne did not stop there. She tried to maintain this relation or to reinforce it by making allegations that she was a victim in danger (again she spoke of drug trafficking, incidents with the police, pregnancy, maternity...). Faced with all this, the teacher tried to back off and re-establish a "normal" teacher-student relationship.

The following phase that one could qualify as resentment was a combination in Corinne of different feelings of hope where she started calling her teacher first to threaten or insult her and then to ask her to forgive her. During this phase, Corinne was punished by her school for her bad influence on her schoolmates. The punishment was not very clear; it was not an immediate

and definite expulsion but more or less resembled one: she was to be tolerated until the end of the school year if her behavior improved but at any rate the following school year she would not be able to continue in the same establishment. Corinne did not lose time imagining that her teacher was responsible for this postponed expulsion. This is where the phase we shall call bitterness started. The threats were more and more frequent, the cellular phone messages increased as well as the nocturnal phone calls. It was in this context that she went with some friends to her teacher's house. They committed breaking-and-entering when she was absent with the devious intention of making her cat suffer a violent death. She did not find the cat and contented herself with stealing some loose change. The neighbors alerted the police, who arrested Corinne and her friends, who all gave several extravagant versions justifying the motives of their acts. Her teacher was very shaken by this break-in and decided to file a complaint. This act did not reduce the passionate climate between Corinne and her teacher. On the contrary, in spite of different measures taken associating a mediated encounter with her teacher and an intensification of her day hospital treatment, Corinne was completely obsessed by one idea: To convince her teacher to withdraw her complaint. The harassment by anonymous phone calls increased even more. Her teacher occupied her entire representational field and she would think only in reference to her. Intellectually, she was able to recognize the pathological nature of her relationship with her teacher and what she expected from her, but on an affective basis, she was totally incapable of criticizing her behavior. Entitled, she exclaimed that no one would be able to stop her from having a privileged relationship with her teacher, arguing that it was in fact her teacher in the first place that insisted on maintaining in contact with her. One of the difficulties with this was that her position was not always delusional because in reality her teacher would inadequately call Corinne in order to ask her to stop calling her or even to ask how she was doing from time to time.

The parents were completely incapable of managing Corinne's passionate movements and other behavior disorders. Her mother wondered what her daughter could possibly have against her teacher and why she was treating her as if she was her mother. The father thought that this teacher, probably lacking children herself, had opened unfounded hopes for Corinne by positioning herself too closely on a relational level. Beyond the usual mythomaniac confabulations, doubts arose concerning her participation in a cellular phone ring of pornographic prostitution. The father reinforced his invasive surveillance of his daughter, an act on his part that she took immense pleasure in, discovered pornographic messages on her cellular phone and learned from the police that these messages were exchanged with a man suspected of paedophilia. This time, reality seemed to have surpassed Corinne's fictitious stories and the risks appeared real and dangerous.

Corinne's wish to continue school pushed us to arrange her enrollment in a boarding school. The necessity of a relative separation from the family had become indispensable. The parents were highly ambivalent and in disagreement but finally they were obliged to accept the solution of boarding school. In spite of two periods of hospitalization in order to actively prepare this project, the patient was expelled from her school only after two weeks of class, after having started a violent fight in a train with another schoolmate. Corinne explained that this moment of violence was again because of her teacher who still had not withdrawn her complaint after having promised her that she would do so. She also complained of having to change schools and being distanced from her teacher, because her only goal was to convince her to change her mind and withdraw her complaint. The attempted introduction of a treatment of quetiapine was a failure in containing the patient's anxiety because she did not respect the daily dosages and rapidly stopped taking it all together.

As a sanction for her acts of violence, Corinne spent a period in a therapeutic correctional unit for adolescents. During this stay, she expressed her wish to return to her parents' house and refused any other project that would distance her from them. She had one single idea in mind: to persuade her teacher to change her mind, for she was the one at the origin of her troubles and one last explanation with her was Corinne's only hope of salvation, the necessary condition that would allow her to envision any other therapeutic or scholastic project.

Unable to engage herself in a psychotherapeutic relationship, Corinne continued to express her psychopathology in the same way as before, including conduct disorder, mythomaniac allegations and fluctuating obvious harassment against her teacher. The trial initiated by the teacher's complaint had no incidence on Corinne's behavior even though she was found guilty and the consequences were the withdrawal of parental authority and her placement in foster care. She ran away several times and she made the placement inefficient. Just before her sixteenth birthday, she met a strange 40 year-old-man and started to shift her passionate expectations from her teacher toward this man. She engaged herself in a pathological relationship still with an erotomaniac component. She demanded that he divorce his wife and had a brief love period with him with sexual intercourse. She began to threaten him when he tried to disengage himself (threats of harming him or threat of suicide). Her mother's finally died when she was 16 years old and her teacher came to the funeral. Her mother death was not followed by reconciliation with her father nor by renouncement of her erotomaniac objects. She continued harassment against her ex-boyfriend and did not engage herself in any kind of professional or life project. After attempting to murder her ex-boyfriend she got her thumb severed by the knife she used for it. Because of the absence of complaint from her ex-boyfriend, she was not pursued for this criminal attempt. She finally accepted the foster care placement while her father married again, a marriage she could by no means accept. Now she has no regular psychological care, she has consulted several psychiatrists, only on subjective emergency feelings and has never returned to a planned consultation. She is still engaged in a pathological relationship with her ex-boyfriend, who is taking an active part in the harassment from which he suffers. No effective care is provided and she remains in a severely worrying situation.

Several Different Perspectives can be considered in Order to Clarify Corinne's Story and Psychopathology

Diagnostic issues should be discussed: Corinne fulfill the DSM 5 criteria for a cluster B personality disorder, and more specifically for a borderline personality disorder [5], although a delusional disorder may account for the symptomatology to a certain extent. Now well accepted [6], the validity and stability of personality disorder have long been questioned [7], and psychosis diagnosis still evokes a poor prognosis. Since adolescence is a process accounting for numerous changes, we should avoid confining Corinne to a pessimistic diagnosis or to a single behavior such as stalking, even if the clinical feature is clearly worrying. Therefore we will explore different points of view (different ways of understanding) in order to bring out a general meaning to Corinne's behaviors.

One explanation could be the impossibility of emotionally containing a problem specific to adolescence that is complicated by concurrent borderline personality disorder. Another possibility could be a perturbation in the filiation process revealed by the arrival of adolescence in itself and the mother's illness. A chronic family pathology is another perspective, where Corinne's difficulties are a response to issues at stake that go beyond the range of the capacities of her fragile defense mechanisms ; for example, her wish to maintain her mother alive by pathologically alarming her and awakening "oedipal rivalry". Another possibility could be an ancient pathology of the process of attachment that manifests itself through perversion of relational binding. Finally she could be suffering from a form of anticipated pathological mourning [8] for the future loss of her mother expressed clinically through "filiation erotomania".

Erotomania

This observation fits the picture of borderline erotomania described by Meloy [9], the only difference being the choice of the erotomaniac object that in this case is love through filiation, although a homosexual erotic dimension cannot be totally excluded. This dimension is evidenced in one of Corinne's letters where she mentions one of the interpretations of her doctors about her relation with her teacher, "*They think that I'm in love with you ; I answered back to them "Yeah maybe so, bet you weren't waiting for that answer were you? " I don't even know myself, maybe it's because I don't take my medication that it's like this, who knows... "* The correspondence with this teacher makes us doubt from time to time the extent of delusional phenomena in Corinne because the responses in the teacher's letters insinuate a sort of maternal preoccupation for Corinne. *"I was worried about how late it was, about who was accompanying you and especially about how you were going to get back home... "*

The typical phases of hope, resentment and bitterness are identifiable in this case although the first phase that we have qualified as hope was not highly symptomatic and therefore clinically not very apparent. The phase of resentment alternated with that of bitterness and appeared modulated by hope that could re-emerge from a letter, a phone call or an imposed reunion concerning the erotomaniac object. The possibility of suicide as described by De Clérambault during the phase of resentment is one of the aspects directly mentioned by Corinne in her correspondence with her teacher, "*All I can say is I've already tried to kill myself twice and the third time I'm going to succeed*." The bitterness phase with its potential dangers [10] consisted of the multiple legal infractions, threats, phone harassment and above all by the breaking-and-entering into her teacher's residence.

The particularity of these relations that are quickly revealed as binding pathology resides in the elective choice of idealized feminine characters that possess desirable attributes (elegant and athletic women) that correspond to a comforting maternal figure in comparison to that of her adoptive mother. We can note in passing that these two women had no children. The words that frequently re-occur concerning her ambiguous relationship that she tries at all costs to maintain with her teacher are situated in the passionate domain. "*I absolutely must see her one more time... She has to listen to me... After everything she's done for me... You just don't understand... "*

The legal implications from a medical standpoint underlined Corinne's inability to control the passionate aspects of her pathology and the attached risk of dangers. Corinne's tenaciousness, her conviction and the passionate dimensions of her symptoms are understood as the paranoiac component of her personality shining through to the surface. In this case the projection of a filiation link suggests an erotomanic process. At any rate this is what is perceived by her teacher who responded textually *"I'm not going to abandon you!"*. The deficient maternal foundation contributed to this projective displacement. Her adoptive mother was unable to reassure her daughter against the feeling of loss on one hand because her survival was not necessarily a given fact and on the other because of her depressed mental state that interfered in her responses that were riddled with guilt and the desire of reparation. "*I wasn't a good enough mother... In the time that's left for me to live, I have to prove my love to my children... "* These attempts to testify her affection for her children only ended up, more than anything else, by worrying Corinne even more extensively.

The process of adolescence

The process of adolescence started precociously in Corinne with sexual fantasies that were rich and abundant. She dealt with her "overheated drive" in an externalized manner with overflowing sexual excitation. Besides her line of speech that suggested an active sex life with risky behavior, her actions showed an inability to contain the expansiveness of her drive on the basis of genital sexuality and even in general on all other levels. Her overflowing drive phenomena were all the more difficult to contain due to the fact that they occurred in a person with an immature personality and that they caused in return an excitation just as strong in the father that, in spite of himself, intensified the expansiveness of his daughter.

The movements of autonomy-dependence and what they put at stake re-opened questions of abandonment and the associated narcissistic wound received in infancy. Autonomy was perceived as another event of separation associated with fantasies of death and abandonment. In this case reality flirted with fantasy because the mother did almost die and because her current physical and psychological weakness projected an image of maternal vulnerability and death. This provided an explanation for Corinne's attraction towards feminine figures with strong and reassuring characteristics.

Double filiation: Adoptive and biological

A poorly integrated identity is the central point of Corinne's psychopathology. This is illustrated by her continual search for poles of identification. Her double filiation [11], that is adoptive and biological, is difficult to apprehend because it appears to function as a dichotomy where these two aspects are moving in different directions almost as if they would cancel each other out. Corinne has a tendency to make reference to her adoptive mother in saying that she met her at the airport. What she says on this level does not appear to be inscribed in reality. She is able to recognize this only partially because her convictions intermittently prevail over objective reality. Her repeated requests to receive a photograph of her biological mother or to meet her in order to know who she resembles is an indication of her uneasiness concerning her identifications resulting from her phenotype. She would often evoke the feeling that she belonged to the Slavic people through a general resemblance but this rationalization did not relieve nor reassure her. Her sexual identity was equally flaunted by her appearance (not very feminine, tomboy-like) as well as in her homosexual fantasies that were very present but partially denied.

In the paradigm of adoptive filiation, Corinne has difficulties integrating the idea of filiation resulting from the actions of a father and mother. The regressive tendencies where she requests an exclusive relationship with her mother are proof of this. In these moments that also correspond to a period of more marked fragility of the mother Corinne considers that her adoptive mother is *"everything"* to her and inversely she demands loud and clear that her father be excluded. The recognition of her adoptive filiation paradoxically authorizes her to designate herself who her mother is: "*She could very easily be my mother*" she said when referring to her teacher.

Borderline personality disorders

Despite its controversial diagnostic value, projective psychological testing argued in favor of borderline personality disorder. It is obvious that Corinne's symptoms fill the DSM 5 second axis criteria for borderline personality [5] but even if the DSM diagnosis alone can explain the clinical picture, a conceptualization enlightened by an old description seems better accounting for the observed case study. The repeated acting out phenomena did not solely consist in manifestations of delinquency or impulsive auto and hetero-aggressively. The anchoring of the personality disturbances in binding pathology seems to go beyond simple borderline personality disorder and into the realm of passionate delusion. The legal implications from a medical point of view are a clear demonstration that Corinne had lost contact with reality.

Classification of erotomania has always been object of debate [12]. Meloy [9] formulated the hypothesis that there are two forms of erotomania: One traditional form, clinically accepted as delusional erotomania; and another "borderline" type in which there is no clear delusional disorder but rather where there is a major attachment or binding pathology colored by symptoms of continual pursuit and potential violence towards the erotomanic object. This second form of erotomania is characterized by its narcissistic, hysterical, paranoiac and psychopathic traits. The degree of the disorder is determined by the discrepancy between the object's emotional attachment to the erotomanic and the intensity of the erotomanic's attachment to the object. For this type of erotomania, separation is perceived as rejection. This perception awakens rage-like feelings of abandonment. In Corinne's case, it is true that the erotomanic object is not totally inaccessible; on the contrary, the object partially enters into the game proposed by the patient with an ambiguity that maintains feelings of hope. "*Dear Corinne, coming back to school I found your letter…and I'm writing you back right away…Thank you! I want you to know that what you write me touches me a lot. I re-read every word, I contemplate them and can really feel what you're going through and how much you must be suffering*."

As noted by Meloy [13], attachment pathology plays a pivotal role in developing stalking behaviors. "Rejection can be perceived on a fantasy level while no behavior on the object's part evokes it. The fantasy of abandon is elaborated in a grandiose and distorted manner during childhood and then revived by attachment to the erotomanic object" [9]. It is probable that during the 18 months preceding her adoption where she intermittently saw her biological father and then her adoptive parents discontinuously over a twelve-month period that contributed to a distortion in the process of attachment and fantasies of abandonment.

Erotomanic's are not necessarily always fixed on the same object; they can change targets [4]. However, their tenacity pushes them to render their object accessible to them [14]. This is the case for Corinne, case who had a school nurse for a first object and then switched to her teacher. She did not change objects until the second had already been designated.

Splitting is a defense mechanism that prevails in erotomania and underlines the flagrant contradictions in the erotomanic's affective states: initial idealization followed by a rage-like cancellation of this idealization. Intense love and hate exist concurrently but are only felt in specific settings of split affects. The phone calls where death threats alternate with requests to be pardoned and declarations of eternal love are only an example. The grandiosity of the violent acting out phenomena is indicative of the defensive projection of devaluated parts of her ego upon the object (victim). These defense mechanisms are characteristic of borderline personality disorder [15] and of a certain degree of disintegration of objectal binding [13].

Conclusion

Corinne's original case is paradigmatic of susceptible complications that can deter the process of adolescence in an adopted child. The elements in her family history associated with the mother's severe illness permit to give meaning to the erotomanic delusion rooted in filiation. Inscribed in complex psychopathological mechanisms, these passionate movements linked to erotomania resulted in cases of acting out with legal consequences that are proof of the potential dangerousness of this affection which can also be addressed in the more broad concept of borderline personality disorders [16]. Treatment must be based, on one hand, on the psychopathological comprehension of the symptoms presented by the patient and their implication in family dynamics and, on the other hand, on educative measures. The elaboration of conflicts with relation to binding in an individual setting, the process of adolescence and the elements that are at stake in the mourning process, constitute of course one of the therapeutic objectives but are not sufficient alone. This elaboration must be relayed and accompanied by more global measures and coordinated with the integration of the family and tutelary authorities.

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