SECONDARY EROTOMANIC SYMPTOMS IN THREE GHANAIAN SCHIZOPHRENIC PATIENTS – A CASE REPORT

J. J. LAMPTHEY
P. O. Box 116, Trade Fair, La, Accra, Ghana.

INTRODUCTION
The term erotomania dates back to the seventh century. It was Esquirol (1983) who placed erotomania among the monomanics. He described erotomania as an exaggerated and irrational sentimental attachment usually to someone who in reality has little or no relation to the sufferer. These patients have erotic feelings towards some one who is usually unobtainable because of their high social rank. Erotomania, according to available literature, occurs as a secondary symptom in many psychiatric illnesses, most commonly in schizophrenic illness. Phillip (1990) also observed that 9.4% of Chinese schizophrenic inpatients experienced erotomanic symptoms. This case report describes erotomanic symptoms in three Ghanaian schizophrenic patients. The cases have all been diagnosed as suffering from schizophrenic illness (ICD-10). Patients were anonymously labeled A, B, and C.

CASE 1
Miss A was first seen in 1975 at the Accra Psychiatric Hospital. She was aged 23 years and married with two children. Her husband deserted her two years after the onset of the schizophrenic illness. Miss A, therefore, had to depend on her family who was very tolerant and supportive. In 1989, she started attending a private specialist clinic. She was, at this time, noted to have developed mild obsessive behaviour of arranging the bed sheets on a particular bed in one of the wards with the belief that one Commander Senkyere was to sleep with her on that night. This she did on her monthly visits without fail. Miss A described vividly the appearance of her lover who visited her in the middle of the night for fear that he might be seen. Even though she talked about the Commander on each visit to the clinic, she was reluctant to say whether or not they had been intimate. This went on for five years. Unfortunately, after a short illness, she died at home. Post-mortem examination showed that she had multiple perforations as a result of typhoid fever.

CASE 2
A twenty year old Miss B was brought to the clinic in 1992. She has been a house help to her caretakers for 10 years. She was alleged to have been causing embarrassment to her caretakers by her utterances in the neighbourhood for about four years. It was also alleged that she had told her friends that a medical doctor who visited them regularly was engaged to her and that they were preparing for a wedding in the United Kingdom. When Miss B was confronted by her caretakers to verify the information, she became both physically and verbally aggressive to the caretakers who had to escape from the family house. She occasionally threatened to burn down the family home. Miss B would stay in her room talking to herself and laughing as if she was answering questions or someone was talking to her. The caretakers, in a state of panic, went to look for the "lover" (medical doctor) who vehemently denied all the allegations. When her caretakers arrived at the family house, Miss B was naked and had become more violent, incoherent and destructive. It was with some difficulty that they managed to bring her for admission. During the interview, she admitted experiencing both auditory and visual hallucinations and feelings of passivity. Laboratory tests were negative. Miss B refused admission but agreed to monthly injections of fluphenazine decanoate by the community psychiatric nurse. Her schizophrenic illness remains stable.

CASE 3
Miss C was a 42 year-old unmarried patient. She has been receiving treatment for schizophrenic illness for the past 15 years. She was referred in October 1992 to the clinic because of recurrent relapses and lack of insight into her mental condition. On admission, she was incoherent in speech, talking to herself and continuously answering to strange voices which she believed were instructions from the Castle (which in 1992 was the seat of government). She became verbally aggressive when asked about her general health. Miss C gradually opened up and began to talk about her romantic relationship with a gentleman working as operations manager at the Bank of Ghana. Upon further questioning, she refused to divulge any more information. Suddenly she said she had on an engagement ring which was given to her by her 'lover' on Valentine Day 1994 and that they were making arrangements...
for a society wedding. Investigation from relatives and close friends of the patient were all contrary to her assertion. Her stay and treatment in the hospital were uneventful. Miss C was discharged two weeks later on monthly injections of which seemed to have controlled her schizophrenic symptoms. She continues to work very efficiently and conscientiously.

DISCUSSION
This paper presents case reports of three Ghanaian schizophrenic patients with secondary erotomanic symptoms. All the three patients were females and only one was married. Erotomanic symptoms in males have also been reported in 9.4% Chinese
d. According to the observation of Segal (1991) female schizophrenic patients are more likely to develop erotomanic symptoms. The prevalence of secondary erotomanic symptoms in schizophrenic patients in Ghana is unknown. It is important that studies of this nature are undertaken in Ghana in the future. This may not only throw light on the psychopathology of secondary erotomania but also the socio-cultural factors and practices which may be linked to this important psychiatric illness in different cultures.

REFERENCE


