

Obsessive Jealousy: A Case Report

Ciúme Obsessivo: A Propósito de Um Caso Clínico

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RESUMO

Introdução: O ciúme é comum entre os homens mas pode assumir dimensões patológicas.

Objectivos: Reportar um caso de ciúme obsessivo, elaborando uma revisão sobre o conceito e características clínicas.

Métodos: Um caso clínico sobre ciúme obsessivo é apresentado bem como uma breve revisão do conceito e das suas características clínicas.

Resultados e Conclusões: O caso versa sobre um homem com ciúme mórbido de características obsessivas que foi internado após tentativa de suicídio. Durante o seu internamento foi medicado com fluvoxamina e clonazepam, com diminuição das ideias ruminativas e ansiedade. O correto diagnóstico de perturbação obsessivo-compulsiva e a diferenciação de delírio, ideia obsessiva e sobrevalorizada são essenciais para uma abordagem e tratamento adequados.

Palavras-Chave: Ciúme Obsessivo; Ciúme Patológico; Perturbação Obsessivo-Compulsiva.

ABSTRACT

Background: Jealousy is common between humans but can assume pathological characteristics.

Aims: To report a case of obsessive jealousy and to review the concept and clinical features of the condition.

Methods: A clinical case of obsessive jealousy was obtained and a literature review of the theme was shortly surveyed.

Results and Conclusions: The clinical case presents a man with morbid jealousy with obsessive features who was hospitalized after a suicide attempted. During his hospitalization he was medicated with fluvoxamine and clonazepam reporting a decrease of the ruminative thoughts and anxiety. A correct diagnosis of obsessive-compulsive disorder (OCD) and its differentiation from a delusion, obsessive or overvalued idea are essential for an adequate approach and treatment.

Key-Words: Obsessive Jealousy; Pathological Jealousy; Obsessive-Compulsive Disorder.

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INTRODUCTION

Jealousy is a complex emotional state, extremely common between humans, being sometimes difficult to distinguish between normal and pathological jealousy¹. This feeling is characterized by thoughts, emotions and actions which results from a threat to the stability or quality of a valued relationship. There are several definitions but they all seem to share three common elements: a reaction to a perceived threat; the existence of a real or imaginary rival and a reaction that tends to eliminate the risk of losing the loved one¹. Some degree of jealousy is considered normal in relationships as it is viewed as an understandable reaction to a real or possible unfaithfulness of the partner². Pathological jealousy differs from normal jealousy in intensity and reasonability. These individuals interpret irrelevant clues as conclusive proofs of unfaithfulness and tend to blame the partner of infidelity³.

Pathological jealousy can occur in multiple psychiatric disorders including alcohol and substance dependence, schizophrenia, affective disorders, delusional disorders, organic disturbances, personality disorders and obsessive-compulsive disorder (OCD). Several authors suggested a relation between morbid jealousy and OCD with common therapeutic approaches, as jealousy thoughts can assume obsessive features with associated compulsive behaviors^{3,4}.

There are scarce cases reporting pathological jealousy in association with OCD. In this article we present a case report of a male adult with obsessive jealousy thoughts accompanied by compulsive behaviors of checking who was

hospitalized in Vila Nova de Gaia/Espinho Healthcare Centre at the Psychiatry and Mental Health Department after a suicide attempt. Based upon our case report, we discuss the clinical presentation, differential diagnosis and treatment options.

CASE REPORT

We report a case of a 32-year-old man with no psychiatry history up until July 2015 who will be addressed as Mr. A. He presented himself to the emergency department of Vila Nova de Gaia/Espinho Healthcare Centre after a voluntary ingestion of 30 pills of alprazolam 0,5mg. At the admission, he was hypotensive and bradycardic, so he was medicated with flumazenil 0,1mg/h and fluid therapy. After a 24 hours period of vigilance the patient was hemodynamically stable and was transferred to the psychiatric unit.

At admission Mr. A confessed suicidal thoughts, associated with feelings of rejection and fear of abandonment. He also stated that although he had been living with his female partner for about one year, in the last six months he had started to have persistent and pervasive thoughts that she was being unfaithful and could leave him for a more attractive man. In order to cope with his thoughts and reduce its anxiety, he started checking her everyday activities, Facebook and email accounts and mobile phone messages. He also quitted his job because he was unable to focus on his tasks stating that the idea that she could be with another man was always on his mind. He characterized these thoughts as intrusive, ego-dys-tonic, anxiogenic and recognized that he had no real proofs of the infidelity but could not

avoid these ruminative ideas of being betrayed. These led to constant conflicts with his girlfriend that became unbearable to him so that he decided to put an end to his life.

Mr. A described himself as being a very successful person always having multiple job offers although he had never stayed in a job more than one year. He had difficulties in dealing with criticism and, according to him, he had refused many job opportunities because he felt undervalued. He expected to be recognized by his multiple talents and potential and because of that he selected his friends considering only their wealth and power.

Mr. A's girlfriend described him as being possessive and selfish. According to her, it was not the first time Mr. A had jealousy ideas, considering he had already those thoughts while being in other relationships.

He was medicated with fluvoxamine and clonazepam showing anxiety reduction and stating a decrease of the ruminative thoughts.

Mr. A was discharged after seven days and oriented to our outpatient psychiatric unit.

DISCUSSION

Pathological jealousy can occur in multiple disorders like alcohol and substance dependence, schizophrenia, affective disorders, delusional disorders, organic disturbances, personality disorders and OCD^{5,6}. In clinical practice it is essential to differentiate between an obsessive thought, an overvalued idea and a delusion⁷.

Obsessive jealousy is different from normal or delusional jealousy. The person is afraid of losing the partner to someone else and has suspicions that the companion will be unfaith-

ful and leave him/her. Obsessive doubts take the form of jealous ruminations as well as unpleasant, repetitive, intrusive and irrational thoughts recognized as ego-dystonic, followed by compulsive rituals of checking or seeking reassurance from the partner⁷. This is distinct from delusional jealousy where the patient is convinced that he or she is being betrayed. The obsessively jealous person knows that has no evidences of unfaithfulness but cannot stop the intrusive thoughts and checking behavior, such as searching for clues of betrayal⁸. Tarrrier and collaborators consider that jealousy thoughts share some characteristics with obsessions as they are intrusive, unwanted, unpleasant, sometimes considered irrational and often accompanied by verification actions⁹.

To Hoakenthe jealousy thoughts or ruminations are different from jealousy suspicions because they are easily recognized by the person as egodystonic while morbid preoccupations are syntonic (consistent with lifestyle and centered in real problems), rarely resisted and sometimes associated with blame but none of these differences are absolute¹⁰. Apparently, in obsessive patients, the jealousy preoccupations involve *insight* preservation, more feelings of shame, blame and depressive symptoms, ruminations and checking rituals⁷.

In this case of obsessive jealousy the patient presents with ruminative thoughts about infidelity that impairs his normal function and leads to checking behaviors in order to cope with his anxiety and fears.

Some studies concluded that jealousy is related to some trait dimensions of personality as dependency, aggression, mistrust, manipulation, self-harm, enticement, exhibitionism and

impulsivity¹¹. Individual emotional predisposition related to particular personality traits (paranoid, borderline, narcissist, dependent, etc.) may maintain jealousy². In this case the patient was also diagnosed with narcissistic personality disorder which is consistent with the association found in the literature¹². In a psychoanalytic analysis, the narcissistic love signifies a refusal to recognize the otherness of the person and has its basis in defensive hateful aggression.

A variety of biological and psychosocial options are available for the management of morbid jealousy: medication, psychotherapy and hospital admission if necessary. When occurring in the context of a delusional disorder or in schizophrenia, delusions of infidelity may respond to antipsychotic medication. Obsessional jealousy, whether part of a depressive illness or not, may respond to selective serotonin reuptake inhibitors⁷.

Cognitive therapy is effective in this condition, essentially when obsessions are prominent. Couple therapy is also recommended as individual dynamic psychotherapy. Dynamic psychotherapy has a place in the treatment of morbidly jealous individuals in whom personality disorders, specially borderline and paranoid traits, are present^{7,12}.

In this case the patient was medicated with fluvoxamine 100mg/day with good therapeutic response stating a reduction on ruminative thoughts and anxiety. He was discharged to a psychiatry and psychology consultation.

The prognosis depends on the underlying phenomenology, the existence of comorbid disorders and the response to treatment. It seems

that those who have psychotic disorders present a poorer prognosis¹².

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