Title of Course: Unusual Psychosexual Syndromes, Part 2: Erotomania & Frottage

CE Credit: 2 Hours

Learning Level: Intermediate

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Abstract

This course is part 2 in a series presenting five of the most unusual human sexual behavior disorders. Each syndrome is a relatively rare, yet extraordinarily intriguing pattern of behavior. These men and women have fashioned highly unorthodox means of gratifying their basic needs for love and attention. These syndromes are typically ignored or receive only mere mentions in most abnormal psychology textbooks. Yet, these individuals could very well appear in mental health professionals’ practices as inpatients or outpatients. They all have clear forensic implications as well. Erotomania and frottage are presented with a full description of typical symptoms, relevant case histories, brief theoretical descriptions from the psychodynamic and behavioral perspectives, and the recommended treatments according to the best available current knowledge.

Learning Outcomes

1. Identify the characteristic behaviors of erotomania and de Clerambault syndrome
2. List the implications of the “Tarasoff decision” for therapists
3. Name helpful strategies a therapist can recommend to patients who are being stalked by erotomanics
4. Identify the DSM-5 classification of frotteurs and illustrate the variations of the disorders
5. List available treatments and identify arguments for and against the value of treating frottage

Author Bio

Louis R. Franzini, PhD, received his B.S. degree in Psychology from the University of Pittsburgh, his M.A. degree in Clinical Psychology at the University of Toledo, and his Ph.D. in Clinical Psychology from the University of Pittsburgh. He then completed a Postdoctoral Fellowship in Behavior Modification at the State University of New York at Stony Brook (now Stony Brook University). Following the postdoctoral program, Dr. Franzini joined the Psychology Department at San Diego State University where he spent his entire academic career. He retired as Emeritus Professor of Psychology. His international academic experience included appointments as Distinguished Professor of Psychology at the Universite Catholique de Louvain, Louvain-le-Neuve, Belgium and Senior Fellow in the School of Accountancy and Business, Human Resource and Quality Management Division at Nanyang Technological University, Singapore. Dr. Franzini is licensed as a psychologist in Florida and in California.

Course Directions:

This online course provides instant access to the course materials (this PDF document) and CE test. Successful completion of the online CE test (80% required to pass, 3 chances to take) and course evaluation are required to earn a certificate of completion. You can print the test (download test from My Courses tab of your account) and mark your answers on it while reading this course document. Then submit online when ready to receive credit. Email any questions to admin@pdresources.org – we’re here to help!
Erotomania

To be pursued by a seemingly insatiable female who will not take “no” for an answer sounds like the answer to the male Playboy reader’s dream. Flowers and expensive gifts arrive at his office, some including a hotel room key or a fragrant undergarment. Frequent phone calls and letters describe in delicious detail exactly how she will extract the last drop of pleasure from his quivering, satiated body. She lives only for him, a toy, a love slave, his perfect partner.

Yet somehow, almost unbelievably, at some point the unquenchable hunger and need beneath her aggressive pursuit begins to trigger little warning signals in his brain. He decides to slow things down a bit and keep the courtship at a distance. He explains that he is married, or that there is too big an age difference, or that affairs of state have replaced affairs of the heart in his aging body. No matter, the fervent admirer will not be deterred. She knows his wife is just a political or social convenience. She knows that he really is mad for her. Or, she knows that their exchange of glances at the water fountain mean that, deep down inside, he truly returns her love. Her letters express the certainty that these little obstacles are merely tests—the greater the barrier, the better to prove the strength of her love. Now, however, when her letters and love tokens are returned unopened, undelivered, and her phone calls are unanswered, her letters and calls turn nasty, the tone becomes harsh and threatening. "Are you some impotent sissy, afraid of that ugly cow you married? Perhaps if we get her out of the way, you won't be afraid to acknowledge our great passion."

The typical description above is that of a psychological disorder called erotomania, perfectly portrayed in the classic movie Fatal Attraction. At this point there are three different directions the fantasy relationship may take. In the pattern just described, the rejected lover’s intense love is replaced by intense hatred. Her letters soon become laced with accusations of betrayal, cowardice, and broken promises. Threats replace compliments, and the spurned lover may possibly turn violent and try to attack the love object, those close to him, or any buffer persons who try to protect the victim. Some of the most widely publicized attacks on celebrities and other public figures illustrate such a furious reaction to rejection. Many domestic relations tribunals have found it necessary to install metal detectors and bulletproof barriers in courtrooms where divorce and custody cases are tried.

Contending with erotomanics’ intrusive attempts at displaying affection and threats is an ongoing hazard in the lives of celebrities. Police often can do little unless an actual attack has occurred or is very likely to occur. Restraining orders are important to have in place to document the threats, but of themselves offer little protection. A recent example is that of movie star Sandra Bullock who found herself confronting her stalker Joshua Corbett in her own home at 1 AM, after he scaled a chain-link fence topped with barbed wire. At the time he was carrying a notebook with magazine pictures of Bullock and multiple handwritten notes to her. One message read, “I will forever be thinking of you and Louie [her adopted toddler son] my son, as you are my wife by law, the law of God and you belong to me and me to you” (Leopold, 2014).

Dr. Park Dietz, a well-known forensic psychiatrist and the country’s foremost authority on violent erotomanics, analyzed personal letters sent to celebrities and politicians. Of the 214 letters to celebrities, 16% showed erotomanic delusions and 11 of the writers actually believed they were married to their phantom lovers. Of the 100 people who wrote to legislators, five had erotomanic delusions and two believed that they were married. Although Dr. Dietz estimates that only 5% of erotomanics are violent, the erotomania behavior pattern is so widespread nationally that tens of thousands of women and a smaller number of men are at risk for harassment and worse (Dietz, 1988).
In the second and most frequent scenario, the ardent admirer, when faced with a consistent nonresponse, will gradually give up. The calls, letters, gifts, and threats will taper off over the course of a year or two. Then the erotomanic customarily repeats the pattern by selecting other new imaginary lovers, one after the other.

The third pattern is typical of those who suffer from a severe preexisting mental disorder. The erotic delusions constitute merely one of the many symptoms whose specific nature and content are determined by the type and severity of the underlying mental illness. In these cases the deluded person may create a successful outcome of the pseudo-affair, a secret marriage to the loved one or, for a woman, that she is carrying his baby. Often they may believe that they share their great love with the victim through telepathic communication or coded newspaper or TV messages.

Erotomania is not confined to any one group, country, society, race, or gender. Published cases have been reported in Canada, France, Italy, Russia, Saudi Arabia, Singapore, Tanzania, the United Kingdom, and the United States. Modern interest in erotomania was stimulated by the French psychiatrist Gaetane de Clerambault, who fascinated mental health professionals with a series of five dramatic cases reported in 1921. For this pioneering work, the disorder he described is sometimes called "de Clerambault syndrome," rather than erotomania. De Clerambault himself called this rare disorder psychose passionelle, or passionate insanity, to differentiate it from the more common paranoid states, such as delusions of persecution or grandeur (Knott, 2014).

Types of Erotomania

De Clerambault also distinguished between pure erotomania and a secondary form, the latter being just one of the possible symptoms of some other severe underlying primary mental disorder, such as schizophrenia. The pure form described in the classic 19th century cases was characterized by its sudden explosive onset—obsessive love at first sight, if you will—which differentiated it from more commonplace fixed delusions. The patient is usually described as an unattractive and sexually inexperienced woman. Often her erotomania is initiated by some trigger event, such as a chance sighting of a celebrity departing at the airport, which is immediately interpreted by the smitten erotomanic as preordained. At long last she has met her soul mate, the one perfect person who will make her complete.

De Clerambault went on to describe the fundamental postulate forming the basis of the entire disorder, a conviction that one is in amorous communication with a person of much higher status or rank. There is a precise and sudden onset. The patient firmly believes that this famous personage fell in love first and made romantic overtures to him or her. Patients frequently believe they can never again experience real joy in life without this particular love object. All obstacles to their eventual union, such as a wife and family, status difference, or the other person's high office, are dismissed as trivial or easily overcome. They believe that other people approve of the relationship. Even the loved one's outright rejection or consistent failures to respond to repeated overtures are rationalized as mere pretense for public consumption, or tests of the strength of the patient's devotion. The object of affection is continuously observed and magically protected by the wooer, who often collects photos, recordings, newspaper clippings, and other such memorabilia associated with the loved one.

The simpler distinction of the two types of erotomania made by Hollander and Callahan (1978) is widely used by practitioners today who evaluate and treat erotomanics. In the primary form the erotomanic delusion presents alone, while in the secondary form the symptoms are aspects of a broader psychotic disorder.
The operational criteria for an erotomania diagnosis which were proposed by Ellis and Mellsop (1985) were generally supported in the review and clinical work reported by Kennedy, McDonough, Kelly, and Berrios (2002). Those diagnostic criteria are: (1) a delusional conviction of amorous communication, (2) the love object is of higher social status, (3) the love object makes the first advances and falls in love first, (4) sudden onset within one week but the condition becomes chronic, (5) love object continues unchanged, (6) the patient rationalizes the nonresponsive behavior of the love object, and (7) no hallucinations [Note: this particular criterion was not supported in the work of Kennedy et al, 2002].

Erotomanic delusions are remarkably resistant to change, in the majority of instances persisting for years or even decades. Psychiatrists Enoch and Trethowan in their classic text Uncommon Psychiatric Syndromes (1991) cite this case reported by Dr. de Clerambault which illustrates the major themes characterizing the pure form of the disorder:

A 53-year-old fashionable dressmaker with a paranoid disorder of ten years duration was convinced that King George V of England was madly in love with her. Fortunately for her, she knew that the soldiers and sailors and tourists she ran into on the streets were really his emissaries, sent by the king to proclaim his love for her. Prior to this royal romance, she had been convinced that King Edward VII was in love with her, and his predecessor in turn had been an American general. She pursued the unfortunate King George from 1918 onwards, paying several visits to England hoping to get together. She frequently waited for him outside Buckingham Palace. Once she saw a curtain move in one of the palace windows and of course interpreted it as a signal from the king. She claimed that all Londoners knew of their royal affair.

She vividly summarized her passion for him as follows, “The king might hate me but he can never forget. I could never be indifferent to him, nor he to me. . . . It is in vain that he hurts me. He is the most distinguished of men. . . . I was attracted to him from the depths of my heart. I wished to live under the same heaven as he and in the midst of his subjects. If I have offended him I have suffered in my heart.”

In our effort to construct a coherent picture of the human mind, rare and bizarre behavior disorders generate a great deal of professional attention. Are we truly seeing something altogether new and exotic here, or is the case at hand merely a variation on some older theme? And if we are dealing with a new disorder, what are the possible causes, symptoms, and eventual outcomes?

In the case of erotomania there is a long medical tradition, going back to Greek and Roman times, warning of the excesses of carnal love as potentially dangerous to one's physical and mental health. In fact, the Greeks often visited the love-stricken person, bringing gifts and earnest hopes that their friend would soon recover from love and return to his senses. The Roman physician Soranus sternly advised against allowing the mentally ill to indulge in love's pleasures, since such strong emotion would no doubt make them worse: "Some have imagined themselves descending into Hades for the love of Proserpine; some have believed they were favored by a promise of marriage to a goddess." Cicero went so far as to declare, "Of all the emotions there is none more violent than love. Love is a madness" (cf. Franzini & Grossberg, 1995).

For centuries the theory prevailed that love was not only a form of insanity, but frequently the cause of it as well. By the end of the eighteenth century, however, amorous disturbances were generally regarded as an effect or symptom of some severe mental illness. Doctors also believed a majority of the afflicted were women, the weaker, gentler sex. As such, their disorder was not regarded as serious. The unfortunate patients were described by medical authorities of the time as persons "sentimental, chaste, using modest language," who approached their love objects with respect, and who "never pressed the limits of propriety."

Even before Freud, Victorian physicians attributed women's erotic illness to some variation of either not getting enough sex, or degenerate sexual obsession, masturbation, and licentiousness, a transparent version of the Woman as Virgin/Whore duality so prevalent in patriarchal societies.
Case examples of de Clerambaul's "pure" form of erotomania have proven to be elusive. As published cases accumulated, psychiatrists estimated that some 20% to 30% were of males. Perhaps the number of males would be larger if we surveyed the populations of jails and mental institutions. In the largest diagnostic survey of 62 erotomaniacs, 43% were diagnosed as schizophrenic, 25% were classified as having delusional disorders, 7% were manic depressives, and 25% diagnosed as "Other," a category that included many cases of brain diseases. An investigating psychiatrist, Dr. Jonathan Segal of Harvard University and Massachusetts General Hospital concluded that there were many different causes for erotomania, rather than a single cause producing a pure form of the disorder (Segal, 1989).

Today authorities describe two separate forms of the disorder, "fixed" and "recurrent" erotomania. The fixed form is chronic and the much more serious type. The delusion is rigid and unshakeable and may well last the lifetime of the patient, despite repeated confrontations with reality. The typical sufferer is a timid and dependent woman with little sexual experience. The object of the patient's devotion is usually some modest local authority figure, such as a minister or a doctor. In such cases the passion could be a defense against low self-esteem and unconscious sexual and aggressive impulses. Psychiatrists generally assign these individuals a primary diagnosis of schizophrenia, a severe, chronic mental disorder, or even major depression (Jordan, Lockert, Johnson-Warren, Cabell, Cooke, Greer, & Howe, 2006).

Those with recurring erotomania are somewhat better adjusted psychologically, but this is not necessarily a good thing. It means that they will be more ingenious in tracking their victims and evading authorities. Their delusions are certainly intense and colorful, but in some cases tend to be short-lived. They are obsessed with a fancier class of victims, singling out celebrities and the spectacularly rich and famous. For example, one of Madonna's most diligent pursuers, insisting that he is her husband, has been apprehended many times climbing the wall around her home. David Letterman, the late-night talk show host, had his home invaded repeatedly by a woman who claimed to be his wife. Another erotomanic actually succeeded in invading Queen Elizabeth's bedroom in Buckingham Palace. Rebecca Schaeffer, a popular 21-year-old sitcom starlet, was shot to death in 1989 by her stalker of three years. Former U.S. Senator Robert Krueger (D, Texas) and his wife Kathleen were harassed by a former employee for over eight years.

Recurrent erotomaniacs are more sexually experienced and aggressive, but, if thwarted consistently, sometimes they will temporarily abandon their delusion or even switch to another phantom lover. Recurring erotomania in some cases may be a way of denying unconscious homosexual wishes, according to the more psychodynamic theorists. In other cases it is evident that there is a psychological identification with the powerful phantom lover, enabling the patient to incorporate the loved one's power and success into his or her own self-image.

Controversies remain ongoing about whether erotomania deserves a specific categorization in the Diagnostic and Statistical Manual of Mental Disorders. Thus far, DSM-5 (2013) regards erotomania as one of a variety of possible subtypes of delusional disorders. It does not yet warrant a separate category as a unique syndrome. The criteria for the erotomanic subtype of a delusional disorder include that the disturbance is not due to schizophrenia, manic or depressive episodes, or any other diagnosable physical or mental disorders.

Psychiatrist Vineeth John views erotomania as a type of addiction disorder which he calls “love addiction.” It presumably involves four “love molecules”: dopamine, oxytocin, opioid hormone, and vasopressin. Despite his own predilection for doing so, John cautions the mental health community, “We cannot medicalize noble human emotions. This particular addiction has to be harmful, disruptive, and destructive and cause significant psychological distress” (Brauser, 2014).
Nevertheless, many contemporary physicians regard erotomania as essentially a physical brain dysfunction and a motor neuron disease (Olojugba, De Silva, Kartsounis, Royan, & Carter (2007). If so, it follows that psychoactive medications should be the primary mode of management (cf. Kelly, 2005). Of course, many health care professionals believe that the causes and treatment of erotomania are primarily psychological.

The unusual amount of professional concern regarding the precise diagnostic classification and description of erotomaniac symptoms stems from a number of issues: the few cases of pure erotomania, its overlapping characteristics with attachment disorders, many individuals are only studied in depth in forensic cases, neurophysiological explanations involving the right ventral tegmental area and the caudate nucleus regions of the brain, wide ranging psychogenic explanations from psychodynamic conflicts to the very practical legal difficulties that are generated by the obsessive lover's harassment tactics and potential for violence. The legal system and the courts are still unable to deal with this issue in a consistent manner, as we will see in the markedly different outcomes of the trials of John Hinckley, Jr., and Prosenjit Poddar.

Three recent developments have combined to push erotomania to the forefront of public consciousness. First was John Hinckley’s attempted assassination of President Reagan as a love offering to the actress Jodie Foster. Second, the California Supreme Court, following the murder of a Berkeley student by her rejected suitor, ruled that therapists now have a legal duty to warn potential victims of a patient’s violent impulses. Third was the enactment of antistalking laws, the culmination of a long struggle by women's groups to curtail the victimization of women whose admirers refuse to take no for an answer.

Today we are no longer comfortable viewing the typical erotomaniac as female, or as the harmless spinster who is just a chronic crank, that is, de Clerambaules "pure" variety. According to Dr. Dietz in 1988, more celebrities and public figures, male and female, had been attacked in the previous 10 years than in all of U.S. history. Although erotomania is directed at both men and women, Dietz maintains that more men than women are likely to act upon their delusions, often in a violent manner. The many erotomaniac men now single out as targets prominent women, such as Madonna and Sandra Bullock. As a function of the increasing power and prominence of women in recent years, the successful women of today make much more worthy objects of males' grandiose fantasies and romantic obsessions. At the same time, the women must also bear the brunt of the low-status male's hostility and resentment. Meanwhile, the general level of violence in our society has increased enormously, so that erotomania seems much more likely to produce violence.

The cases of John Hinckley, Jr. and Prosenjit Poddar, have commanded national attention and provoked intense ongoing debate about the legal and mental status of erotomanics. Hinckley, feeling deeply in love with the movie star Jodie Foster, but unable to attract her attention despite a barrage of letters and phone calls, decided to kill the President of the United States as a unique love offering and desperate attempt to achieve immortality. Poddar, also a rejected lover, believed that he was being ridiculed because of his failure to win the heart of a young woman whom he mistakenly believed returned his love. In a rage, he shot and stabbed her to death. Although the erotomaniac delusions of both Hinckley and Poddar led to violence and bloodshed, it is hard to imagine two young men from such radically different backgrounds.
The Case of John Hinckley, Jr.

Hinckley was the youngest of three children born to a well-to-do Colorado couple and enjoyed a privileged upbringing. Throughout adolescence he was markedly withdrawn, depressed, and unhappy as a schoolboy, and in and out of college several times. Impressed by the Beatles and sure that he had musical talent, he made vague plans to get formal training so as to make it big in Hollywood. As his unhappiness and lack of focus became more evident to his family, they were able to persuade him to consult a psychiatrist. The doctor did not believe John was severely mentally disturbed, but instead saw him as spoiled, immature, and overly dependent on family handouts. The doctor insisted that John move out on his own, find a job, and rent his own apartment. During the several months that he was seeing the psychiatrist, but unknown to his doctor and the family, John was flying back and forth across the country in pursuit of Jodie Foster, then a 20-year-old actress enrolled at Yale University in New Haven, CN.

Consumed with passion, he tried calling her at all hours and wrote her notes, poems, songs, and love letters, which he slipped under the door of her dormitory room. Frustrated and furious that she never acknowledged any of his advances, he plotted bizarre stunts to get her attention. Many of his written fragments and scribbled plans were discovered by the FBI and the Secret Service in his hotel room after his attempted assassination of President Reagan. In one plan he was going to hijack an airliner. Another note told of his intention to shoot himself on Valentine's Day in front of the Dakota Hotel on the very spot where his idol, John Lennon, had been murdered. In this note he said:

"Jodie, after tonight John Lennon and I will have a lot in common. It's all for you, Foster."

On a postcard picturing President and Mrs. Reagan, he detailed his grandiose ambition to Ms. Foster as follows:

"Dear Jodie,

Don't they make a darling couple? Nancy is downright sexy. One day you and I will occupy the White House and the peasants will drool with envy. Until then, please do your best to remain a virgin. You are a virgin, aren't you?" (Jaffe, 2011).

The following letter was an explanation of his motives, written in case he was killed. It appeared in John's parents' book, Breaking Points (1985):

Dear Jodie,

There is a definite possibility that I will be killed in my attempt to get Reagan. It is for this very reason that I am writing you this letter now. As you well know by now, I love you very much. The past seven months I have left you dozens of poems, letters and messages in the faint hope you would develop an interest in me.

Although we talked on the phone a couple of times, I never had the nerve to simply approach you and introduce myself. Besides my shyness, I honestly did not wish to bother you. I know the many messages left at your door and in your mailbox were a nuisance, but I felt it was the most painless way to express my love to you.

I feel very good about the fact that you at least know my name and how I feel about you. And by hanging around your dormitory I've come to realize that I'm the topic of more than a little conversation, however full of ridicule it may be. At least you'll know that I'll always love you.
Jodie, I would abandon this idea of getting Reagan in a second if I could only win your heart and live out the rest of my life with you, whether it be in total obscurity or whatever. I will admit to you that the reason I'm going ahead with this attempt now is because I just cannot wait any longer to impress you. I've got to do something now to make you understand in no uncertain terms that I am doing all of this for your sake. By sacrificing my freedom and possibly my life I hope to change your mind about me. This letter is being written an hour before I leave for the Hilton Hotel.

Jodie, I'm asking you to please look into your heart and at least give me the chance with this historical deed to gain your respect and love.

I love you forever.

John Hinckley

After Hinckley was found not guilty by reason of insanity, he was committed to St. Elizabeth’s federal mental hospital. He immediately wrote a long letter to a New York Times reporter, purportedly a speech he intended to deliver if found guilty. He said that his horrendous deed was planned to be a true measure of the strength of his love for Jodie Foster. It said, in part:

“The shooting outside the Washington Hilton Hotel was the greatest love offering in the history of the world. I sacrificed myself and committed the ultimate crime in hopes of winning the heart of a girl. It was an unprecedented demonstration of love. But does the American public appreciate what I've done?”

It went on to say:

“At one time Miss Foster was a star and I was the insignificant fan. Now everything is changed. I am Napoleon and she is Josephine. I am Romeo and she is Juliet. I am John Hinckley, Jr., and she is Jodie Foster. I may be in prison and she may be making a movie in Paris or Hollywood but Jodie and I will always be together, in life and in death.”

Hinckley is not in prison, but rather in the hospital. After Hinckley was found not guilty by reason of insanity, he was committed to St. Elizabeth's federal mental hospital in Washington, D.C. In recent years, he does enjoy extended stays with his family outside the hospital with full staff and court permissions. James Brady, wounded in the assassination attempt on President Reagan, died in 2014 and his death has been officially classified as a homicide. It is unclear whether or how that change will affect Hinckley's future.

So, in his deranged way Hinckley did indeed accomplish his mission. He forged an eternal bond between him and his innocent victim, not one of love as he had hoped, but one of notoriety. He had gotten away with stealing a part of Jodie Foster's identity. She may well be forever linked to him and his terrible crime. However, to end on a hopeful note we present John' Hinckley's 1985 message to the public:

I overcame the obsession with Jodie Foster through intense therapy, medication and a lot of love from the people around me. . . . I now cherish my life and believe that everyone's life is sacred and precious. I will never again harm another human being (Jaffe, 2011).

We would like to believe that treatment is helping John Hinckley, Jr., but we are not encouraged by the negative outcomes in similar cases. The common pattern in violent borderline erotomania is assault, followed by protestations of remorse, and then more violence.
The Case of Prosenjit Poddar

A tragic murder as a direct result of erotomania happened in 1969 at the University of California at Berkeley and resulted in far-reaching changes in therapist-patient confidentiality. The California courts in a landmark case known as the “Tarasoff decision,” based on the surname of the erotomaniac’s victim, produced a new “duty to inform” law. Mental health therapists and counselors, who in the course of treatment learn that their patient intends to harm a particular individual, are required to inform that person(s) and the authorities about being a potential target of violence. Other states soon followed suit with similar legal obligations. The Berkeley incident is discussed in detail by Winslade and Ross in their book The Insanity Plea (1983):

Prosenjit Poddar was an Indian graduate engineering student at the University of California at Berkeley. He grew up amidst grinding poverty in a tiny rural village in India. As if that wasn't enough of a handicap, he was a member of the Harijan or "Untouchable" caste. His early environment was so poor that an Indian friend and mentor at Berkeley, Farrokhg Mistree, had to teach him how to use plates and how to eat with a knife, fork, and spoon. Many considered Poddar to be a genius in overcoming such a background, winning a rare Indian government fellowship for study in the United States, and then excelling in his graduate studies of electronics and naval architecture. After two years of unrelenting devotion to his work, however, he was ready to take Mistree's advice about all work and no play. He began attending weekly folk dances sponsored by the International Student Organization.

Here he was attracted to Tanya Tarasoff, a lively, outgoing 20-year-old American freshman student. Although she continued to chat and dance with other young men, she included Poddar in her circle of admirers, occasionally even visiting him in his room to continue their conversations. Poddar had never before been involved with a woman, and he was completely baffled by her friendly interest. Mistree, his more worldly friend, correctly saw that Tanya was no more or less friendly to Poddar than to any of her other foreign student friends, and told Poddar that she was only being sociable.

However, a New Year's Eve party found Poddar and Tanya momentarily alone together in an elevator, and she impulsively reached out and kissed him for the New Year. For one glorious moment the Untouchable was Touchable, his first kiss. He was ecstatic, convinced now that she had at last revealed her true loving feelings for him.

In subsequent months she behaved as before. Sometimes she stood him up, danced with others, and talked openly in his presence of her intimate involvement with other men. At other times she enjoyed conversations with him as before. Baffled by her mood changes, he began tape-recording their talks in his room. Then, he would spend long hours brooding over every word of their conversations. He began to skip meals, and then classes, and soon had to withdraw altogether from winter quarter classes.

Mistree persuaded Poddar that it was essential to make a clean break from the fickle Tanya and return to his studies. This plan was successful for several months—until she called, saying she missed his friendship. Unfortunately, she was unaware of the danger this call created for her. Now he was drawn back under her spell once more. He became more determined than ever to discover her true feelings, endlessly playing his tapes and even splicing them to make her voice express great love for him. In desperation, one day he suddenly proposed marriage to a very startled Tanya, who turned him down. Now the distraught Poddar became convinced that everyone was laughing at him behind his back.
"Even you, Mistree, laugh at my state. But I am like an animal. I could do anything. I could kill her. If I killed her, what would you do?" In reply Mistree said, "I would tell the truth." To this Poddar said, "Then I would have to kill you, too."

Relenting later, Poddar sought out his friend that evening and warned him that he was out of control. After that, Mistree slept with a chair wedged against his door. He was alarmed by Poddar's escalating threats of violence and persuaded him to seek psychological counseling at the U.C. Health Service. Dr. Stuart Gold, a staff psychiatrist, examined him and told him he was seriously disturbed. Dr. Gold prescribed anti-psychotic drugs and scheduled him for weekly appointments with Dr. Lawrence Moore, the staff psychologist. Poddar did not think his secrets were safe with Dr. Moore, so while he continued to repeat his violent threats, he never revealed the identity of his intended victim.

After 10 sessions, he abruptly terminated therapy and told Mistree of plans to buy a gun. When Mistree told the doctors, they wrote to the campus police describing the danger and recommending hospitalization for Poddar. Armed with this information, the police warned Poddar to stay away from Tanya, but took no further action. Meanwhile, Poddar thoroughly frightened Tanya by following her around campus and loitering around her house. He decided to confront her with his pain and humiliation one last time. She met him in the doorway of her home and told him to leave, but he pushed his way inside. She ran. He ran after her and suddenly shot her, then stabbed the dying woman numerous times as she fell.

**Hinckley vs. Poddar: Case Differences**

Just as there were vast differences in the backgrounds of these disturbed young men, so too were the outcomes in the legal proceedings of these cases. Hinckley's trial resembled a psychiatric circus, in which opposing psychiatrists took turns declaring Hinckley's mental illness and denying it. He was found not guilty by reason of insanity and committed to St. Elizabeth's Hospital until such time as he is judged to be no longer a danger to himself or others. Poddar was straightforwardly convicted of second degree murder and served five years in prison in California before his sentence was reversed, on appeal, by the California Supreme Court. Rather than try the case again, a plea bargain was struck and Poddar was deported to India. He reportedly married a lawyer and resumed his life there.

Unfortunately, the most dangerous and the most numerous kind of erotomaniacs are to be found in that larger group called stalkers. They are rarely jailed or given therapy. Even when jailed or treated, they typically continue their terrorist tactics upon release. According to the Threat Management Unit of the Los Angeles Police Department, 9.5% of stalkers are delusional erotomaniacs, and the great majority of other stalkers are rejected ex-lovers, former employees, or harassing attention seekers.

**Borderline Erotophobia**

In order to understand the large number of nondelusional violent stalkers, Dr. J. Reid Meloy (1989) chief of Forensic Mental Health Services of San Diego County at the time, introduced the concept of "borderline erotomania." He defines borderline erotomania as "an intense and tumultuous attachment to an unrequited love." It is quite different from the pure erotomania described by de Clerambault. In de Clerambault's classical cases, a homely, shy, and unloved woman suddenly singles out a prominent stranger and worships him from afar, spinning out elaborate romantic fantasies. Contact, if any, is limited to letters and phone calls. In contrast, Meloy regards borderline erotomania as a variant of pathological morbid jealousy. For such individuals rejection produces "abandonment rage," which frequently results in severe psychological and physical damage to the target, as depicted in the movie *Fatal Attraction.*
Meloy explains:

“These individuals are remarkable for their initial idealization, and then rageful devaluation, of the love object, and the tenacity of their approaches in the face of treatment intervention or legal sanction.”

In other words, their initial infatuation swiftly turns to rage upon rejection, and they are not deterred by therapy, arrest, or imprisonment. In 1990 California became the first state to make a crime of stalking, defining it as, "willful and malicious following and harassing and a credible threat of violence."

California State Senator Edwin R. Royce's sponsorship of the new law occurred when stalkers murdered five women in Orange County, despite the fact that all those men were under restraining orders and all the victims had told the police of their fear of imminent harm. Royce's bill was reinforced by a U.S. Department of Justice study reporting that fully 30% of all murdered women in the United States are the victims of either present or former spouses or boyfriends.

According to Meloy, there are literally tens of thousands of such cases of nondelusional but potentially violent individuals with distorted love relationships. Many of these individuals resort to retaliatory harassment, intimidation, domination, and physical attacks in an attempt to force reconciliation, to prevent abandonment, or to restore self-esteem.

Newspapers almost daily document the beatings, suicides, and homicides that all too frequently are the outcomes of this condition. Most of the perpetrators are not delusional in the sense that they believe the prominent love object really does return their affections. However, they grossly distort reality with the fantasy that they can force the loved one to return their affections. For example, John Hinckley clearly believed that his desperate attack on President Reagan would win Jodie Foster's love.

**Theoretical Views**

None of the causal explanations for erotomania are universally accepted, perhaps because there are too few published investigations or case studies in depth. In the Victorian era erotomania was attributed to sexual frustration in virginal spinsters with moist Cinderella dreams of a secret admirer. This view gradually evolved into an emphasis on the lonely, isolated, and unrewarding lives of the afflicted persons. Erotomanic delusions, it was thought, served to bolster their sense of personal worth, value, and purpose. The frustrated-spinster theories gave way to Freudian psychoanalytic theories, which provide a rich and fanciful feast, best appreciated, we believe, when accompanied by a mild suspension of belief.

**Psychoanalytic View**

Analysts tend to attribute the cause of erotomania to the loss of the father figure early in life, termed "object loss." The loss does not have to be a literal one, as through death or desertion. More often it is symbolic, perhaps represented by an abusive or alcoholic father, or one who is absent emotionally. This loss is a shattering blow to self-esteem, because the person interprets it as rejection and abandonment. The individual feels unloved and unlovable, and unconsciously yearns for a better, more loving father figure. Since these longings have incestuous implications, they are projected onto the father figure: "I don't love and desire him, he desires me."
For men, a homosexual element remains. The male erotomanic unconsciously substitutes the love of a woman: she loves him. Finally, to restore self-esteem, the love object who desires the person must be a famous and powerful individual. In sum, the wish to be loved is replaced by the delusion that one is loved, and indeed by a highly desirable and eminent person. This delusional transformation serves an adaptive and restorative function to the believer (cf. Franzini & Grossberg, 1995).

Dr. Meloy has offered a somewhat different psychodynamic theory. He attributes borderline erotomania to profound childhood neglect and rejection, which causes severe disruption of bonding and affectional attachment. Borderline erotomanics are not legally insane and, in fact, have often had some form of prior contact with the loved one. That contact could be an actual failed relationship, an impersonal autographed publicity photograph, or a casual wave of the hand in a concert hall. After continual rebuffs, the borderline erotomanic experiences "abandonment rage," a reopening of the old childhood rejection wounds. The person formerly loved and adored is now ragingly devalued. The sought-after person is unconsciously divided into a "good loved one" and a "bad loved one," through a mechanism that the Freudians call "splitting." As passionate love turns to hatred, the good/bad lover now becomes a target. Revenge fantasies replace the former daydreams of lifelong bliss.

**Sociobehavioral View**

The behavioral perspective offers no exotic new analysis of erotomanic behavior beyond explanations in terms of the functional value of symptoms for the patient. For example, activities such as pestering a desirable but initially aloof woman with frequent love notes and extravagant gifts of flowers and candy could become a habitual practice, if rewarded by even an occasional successful courtship or intermittent attention.

Several investigators have offered simple commonsense explanations of erotomania that avoid the heavy-handed pronouncements of psychoanalysis. For example, psychiatrists Hayes and O'Shea (1985) of St. Brendan's Hospital, Dublin, showed that erotomanic behaviors may serve a useful function in helping a schizophrenic patient adapt to stressful situations:

A devout 44-year-old married Roman Catholic woman suddenly fell in love with a priest at the Lourdes shrine. She was convinced that he returned her love telepathically, even though he made no overt signs of affection. She became obsessed with sexual fantasies involving him, and masturbated frequently in a vain effort to forget him. Her psychiatrist noted that her invalid husband had been unable to perform sexually for 10 years. He interpreted her symptoms as a response to the burden of caring for her husband, her lack of a more satisfying sex life, and financial insecurity. The psychiatrists prescribed psychoactive medication and arranged for housekeeping help and a part-time job. Best of all, a local nursing home agreed to take her husband once a year to allow her a two-week vacation. She gave up her obsession and was able to live a more gratifying life.

There is another sociological interpretation that seems to fit well with Dr. Meloy's category of violent borderline erotomania. According to this view (cf. Franzini & Grossberg, 1995), the man's victimization of the love object reflects our larger society's devaluation of the woman's worth. In earlier times, women were treated as possessions who were expected to endure exploitation and maltreatment at the hands of a spouse or other male authority figure. Divorce, separation attempts, or rejection of the man were regarded as escape maneuvers, and for these actions society sanctioned strong punishments ranging from ostracism to beatings and worse. Jordan et al (2006) support the “adjustment of socio-environmental factors (as) a very beneficial treatment alternative.”
With the recent increase in the empowerment of women through lawsuits, social protests, and education, women have enjoyed considerable success in extending the protection of the state to themselves. However, male social attitudes have often lagged behind, with large numbers of traditional males reluctant to relinquish their traditional power and privilege, often supported by orthodox religion and custom. Harassment and obsessive possessiveness may then be regarded as the combined outcome of cultural lag plus male insecurity, fear of abandonment, and fragile masculine ego.

**Treatments for Erotomania**

At this point of scientific knowledge, there is no single perfect evidence-based treatment recommended for erotomania. Most studies contain so few patients that it is risky to generalize their procedures and outcomes, whether successful or not. Treatments vary with the theoretical orientation and training of the practitioner, as is usually the case with most behavior and emotional disorders. The practitioner may choose to treat the presumed underlying pathology rather than attack the presenting erotomanic behaviors more directly. Examples of the most common causal disorders are bipolar affective disorder, schizophrenia, and possibly one or more of the cluster personality disorders.

Tactile hallucinations occur in erotomanics more often than most descriptions of the syndrome would indicate. These hallucinations, by definition a psychotic symptom, are sensations that the love object is touching or caressing the patient. Consequently, anti-psychotic medications are usually prominent in the pharmaceutical regimen. If there are both manic and erotomanic symptoms present, various mood stabilizers may be prescribed, such as lithium, carbamazepine, and sodium valproate (Kennedy et al, 2002).

**Surviving a Stalker**

According to the studies of Dr. Michael Zona (1993), a forensic psychiatrist for the Los Angeles police department, 51% of stalking victims are ordinary citizens. Of these, 13% are former employers of the stalkers. Of the remaining victims, 17% are high-profile celebrities and 32% are lesser-known public figures. For the average victim seeking to stop a stalker, the first step is to notify the police immediately. It is surprisingly difficult to persuade victims to do that, since many are either afraid of retaliation or continue to believe that the stalker will eventually become discouraged or listen to reason. Next, the person should obtain a court-sanctioned restraining order.

Unfortunately, many victims have found that such a paper cannot stop bullets, but if their state has an antistalking law, violation of the protection order will frequently trigger prompt arrest and longer prison sentences.

The victim should give a picture of the stalker to the police, relatives, friends, and employers. The victim should also obtain the phone number of an officer who can be contacted directly. She (or he) should try to deal with the same officer all the time so that she will be perceived as a real person rather than just another case on the books. Every contact with the stalker should be reported in order to build up a substantial case file. It is also useful for the victim to keep a diary. Victims should request periodic police drive-bys and install a home security system. It is also helpful for the victim to avoid being alone, as much as possible, both for moral support and as a deterrent. Joining a support group can often help in dealing with the devastating fear, anger, and frustration experienced by so many stalking victims.

None of these measures is foolproof. When there is an actual threat to life, sometimes there is no realistic remedy other than moving to another community and adopting a new identity. Even so, the ability to track down people with computer searches and social media can limit the effectiveness of geographical relocation and name changes.

Violent erotomania is finally receiving serious scientific and legal scrutiny. We hope that future research will provide more hopeful and optimistic recommendations. Meanwhile, antistalking laws should afford some breathing room for victims by authorizing more arrests, more vigorous prosecution, and longer prison terms.
Frottage

Have you ever been riding a crowded subway train and been bumped from behind? Was that bump not exactly a rough jolt, but rather a more sensuous contact, with someone who held that contact with your buttocks, gently swaying with the movement of the train? Perhaps you had just met a frotteur. A frotteur seeks out strangers to rub against for his own sexual gratification. Is the act of frottage abnormal? Why would anyone rub and touch people he has never met? In this section of unusual psychosexual syndromes, we discuss this bizarre behavior pattern and whether frotteurs should receive therapy for their unusual interests.

The touch of another human being is actually necessary for life, just as much as food or water or oxygen. Infants who do not receive a basic minimum of tactile stimulation, holding and caressing, fail to thrive. Indeed, they will begin to waste away physically and, if they do survive, inevitably suffer from intellectual deficiencies. Until this need for vital human contact was recognized, newborns and young children who were confined to institutions, such as orphanages and impersonal hospitals, frequently died prematurely following a stunted developmental course.

We adults appreciate the touch of another human as a sign of caring, as an expression of a variety of positive emotions and as a critical part of sex play and lovemaking. We have learned the desirability of touching in human relationships. We have felt and continue to appreciate the pleasure of touching and being touched. Even petting our dogs is now known to be therapeutic in terms of forming bonds of companionship and even as a vehicle for lowering our blood pressure without drugs.

Yet the experience of touch can be distorted. A number of authorities and laypersons would even use the term "perverted." Some people, mostly men, will touch others, mostly women, without their permission and, sometimes, even without their awareness. Why? For those people (technically labeled "those with frotteuristic disorder") that anonymous touching is a means of sexual stimulation and a bizarre expression of love. The true purpose of the act is secretive (because it can appear accidental); it is exciting (because of the ever-present possibility of getting caught); and it is socially deviant (because it is an indirect and uninvited way of making sensual contact with an adult person).

Of course, the other person may not always be an adult. Novelist Vladimir Nabokov (1958) provided an erotic literary description of frottage, without naming it as such, in his account of one of Humbert Humbert's contacts with the 12-year-old Lolita:

The impudent child extended her legs across my lap. By this time I was in a state of excitement bordering on insanity; but I also had the cunning of the insane. Sitting there on the sofa, I managed to attune, by a series of stealthy movements, my masked lust to her guileless limbs. It was no easy matter to divert the little maiden's attention while I performed the obscure adjustments necessary for the success of the trick. Talking fast, lagging behind my own breath, catching up with it, mimicking a sudden toothache to explain the breaks in my patter—and all the while keeping a maniac's inner eye on my distant golden goal, I cautiously increased the magic friction that was doing away, in an illusional, if not factual, sense, with the physically irremovable, but psychologically very friable texture of the material divide (pajamas and robe) between the weight of two sunburnt legs, resting athwart my lap, and the hidden tumor of an unspeakable passion. . . .
Her legs twitched a little as they lay across my live lap; I stroked them; . . . and every movement she made, every shuffle and ripple, helped me to conceal and to improve the secret system of tactile correspondence between beast and beauty—between my gagged, bursting beast and the beauty of her dimpled body in its innocent cotton frock . . . . Her young weight, her shameless innocent shanks and round bottom, shifted in my tense, tortured, surreptitiously laboring lap: and all of a sudden a mysterious change came over my senses. I entered a plane of being where nothing mattered, save the infusion of joy brewed within my body. What had begun as a delicious distension of my innermost roots became a glowing tingle which now had reached that state of absolute security, confidence and reliance not found elsewhere in conscious life. With the deep hot sweetness thus established and well on its way to the ultimate convulsion, I felt I could slow down in order to prolong the glow. . . .

Humbert Humbert was indeed a frotteur. Of course, he may also have qualified as a pedophile. At the very least, he sensitized his audience to the joys of the touches of love. For that we remain grateful. Society has rules about touching. No one posts these rules, but we must learn them nevertheless. Who can touch whom? Where? When? When is the touching sexual and when is it not, even when the same body parts are touched? How do we give permission to be touched? Is it ever OK to touch without permission?

All of these issues mark tactile stimulation as a very touchy subject. Complicating it all are the cultural variations in acceptable forms of touching. For example, the friendly native Italian who reaches out and pinches the butt of the unsuspecting female American tourist may be engaging in a very socially acceptable form of personal introduction in Rome. If that Roman, while visiting America, tries the same behavior, he may well find himself under arrest for assault and battery, at worst, or verbally chastised in public by his victim at best.

Different countries and subcultures have their own rules and standards for greeting by kissing and hugging and handholding for both same and opposite sex contacts. Americans abroad often experience discomfort during the social rituals of arrival and departure. They may encounter natives who flirt by touching. It can be quite difficult to learn all the relevant social rules and their variations. It is surely even more difficult for anyone operating with some degree of emotional disturbance or social ineptitude.

**Paraphilia**

Unwelcome touching can be a crime or even a type of mental illness. Mental health professionals have identified a bizarre disorder of inappropriate touching and rubbing, which they refer to as a type of paraphilia. A paraphilia is technically defined as a sexual behavior pattern which runs counter to a culture's social norms and which is antibiological, that is, a sexual behavior that is something other than male-female vaginal intercourse. This definition provides one of the few examples in which psychiatry is in harmony with the position of the Roman Catholic Church.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the bible of psychiatry. The current edition (DSM-5, 2013) lists eight paraphilias, such as frotteuristic disorder, plus two additional categories: Other Specified Paraphilic Disorder and Unspecified Paraphilic Disorder. An example of the former would be necrophilia, since the source of arousal (corpses) is clearly known and specified. The unspecified category is included for cases in which the individual does not reveal the specific unusual stimuli for arousal and there is insufficient information for the clinician to identify the source.
These behavior patterns become paraphilic disorders because the accompanying sexual urges and fantasies are both intense and required for sexual satisfaction. An official diagnosis is to be made only if the person has acted on such urges or is "markedly distressed" by them. The urges must be of at least six months' duration. When other living humans are involved, they are either children or nonconsenting adults. Otherwise, most of the behaviors involved might be accepted as legitimate forms of expression by sexually liberated individuals.

There is a distinct sex difference among the paraphilias. Females are practically never diagnosed except perhaps for sexual masochism and sexual sadism. This imbalance in the relative frequency of diagnosis, however, may be due more to social and cultural considerations than to actual differences in prevalence within the overall population. As a result, men with paraphilias definitely get into more trouble. Women with paraphilias may be less numerous than men, but they do exist. They just are not reported or caught as often.

**Frotteurism**

Frotteurism or frottage occurs when a person over a period of at least 6 months derives sexual satisfaction from fantasizing or actually rubbing against unsuspecting strangers in public places. The technical category in DSM-5 (2013) is called Frotteuristic Disorder. The French language has contributed the relevant cognates of “frotteur” and “toucher” to identify these particular paraphilics.

Common crowded settings include subways, elevators, happy hours in bars, and anywhere else that many people congregate in large numbers. The physical contact is designed to appear accidental, and that may indeed be a reasonable conclusion, given the crowded conditions and possible jarring caused by a moving train, for example. The individuals being touched may or may not acknowledge the contact. Some men, also known as "frictionists," (Hirschfeld, 1948) frequently report reaching orgasm while rubbing against an unknown woman's legs or buttocks. Both people remain fully clothed. One variation of frottage is toucheurism, in which the individual actually reaches out and touches someone with his hand.

In toucheurism, when one squeezes a stranger's breast or feels another's genitals, the behavior is obvious and intentional. It could be considered a form of physical assault and, therefore, a prosecutable criminal act. However, with the other paraphilias, excepting sexual contact with children, a genuine issue arises as to whether these behavior patterns should ever be formally diagnosed and treated. If one has a consenting adult partner who accommodates or tolerates these preferences, why should mental health professionals intervene to label the individual, to prescribe potent drugs, to require intensive psychotherapeutic self-examination, to hospitalize, to deliver aversive stimuli such as electric shock, or otherwise try to remedy this “bad” behavior?

The available statistics on the prevalences of these paraphilic behavior patterns unquestionably underestimate how frequent they are in our society. In addition, who can monitor the fantasy lives of citizens who may, in their overt behavior, be conforming to legal and mentally healthy ideals?
Oregon psychologists Terrel Templeman and Ray Stinnett (1991) sampled sexual histories and arousal patterns in 60 normal men, with an average age of 21.5 years, attending a small college in eastern Oregon. Their sexual behavior data were gathered via questionnaires and individual face-to-face interviews. Even in this nonanonymous setting, 21 of the men (35%) admitted to having tried touching and rubbing up against women in crowds for sexual purposes. As many as 65% had engaged in some form of sexual misconduct, which also included voyeurism, obscene telephone calling, exhibitionism, contact with underage girls, and coercive sex.

Frotteurism can be considered a form of erotic distancing, even though, by definition, there is body contact. Of course, it is clothed contact, and the two individuals may never speak or meet again. The arousal and even occasional orgasm for the frotteur are achieved anonymously and with no need for further commitment.

Some of the paraphilias described in the DSM do not involve intimate sexual contact. Therefore, those behavior patterns and preferences are called parasexual activities. Examples include voyeurism, exhibitionism, and frottage. Looking at the genitals of another or having your own looked at could be sexually arousing, but there is no direct sexual contact involved. Frottage, even toucheurism, in which the other person’s body is touched, squeezed, or fondled, is still considered a parasexual behavior.

Of course, reaching out and touching someone who has not consented to that contact and who may not even know the toucher is clearly an aggressive act, if not one that is intimately sexual. The important question for health care professionals becomes whether the toucher is dangerous and liable to commit a further assault or even to attempt rape. Although there are cases in which such attacks do follow frottage, they are very rare. Much more commonly, the man scurries away as rapidly as he can, fearing possible arrest and probably fearing a direct confrontation with the woman or her aggressive companion. If she were to approach the frotteur sexually, he most likely would retreat instantly.

Personal studies of frotteurs typically find that these men have long-standing difficulties in their relationships with women. They have active fantasy lives and indulge those fantasies during masturbation. However, they do not seem to be able to initiate or carry on mature interpersonal or sexual relationships with women.

The frottage behavior is usually quite intermittent and not a dominating force in the man’s life. Yet, when motivated by distressing feelings of loneliness, anxiety, depression, or irritability, he may act out via frottage. The touching behavior can then assume a compulsive quality. He becomes preoccupied and must do it. The compulsion then leads to risk taking. The pressure to touch and rub strangers for sexual gratification increases and puts him at greater and greater risk of being detected and identified. Loss of self-control is frequently helped by the use of alcohol. Any social drinker can confirm that alcohol in moderate quantities functions as a social lubricant. Alcohol can also help lower the behavioral inhibitions of the frotteur, who may then aggressively seek out targets to touch.

**Research Studies with Frotteurs**

Dr. Ron Langevin and his colleagues at the Clarke Institute of Psychiatry in Toronto have conducted extensive research on the interests and behaviors of a variety of paraphilic patients. Very little formal research has ever been conducted with frotteurs, which makes the Clarke group’s work all the more valuable.
Dr. Langevin (1977) points out: "Too often sexual anomalies have been viewed as distortions of conventional heterosexuality rather than as behaviors in their own right." He suggests that most people engage in a variety of sexual behaviors for a variety of reasons, such as curiosity, availability, deprivation, and tradition. He believes it is critical to examine a person's erotic preferences, that is, the most desired stimuli and responses that lead to sexual arousal and climax.

His group of heterosexual transvestites were significantly more likely to peep, to expose themselves, to molest females with their hands, and to rub against them in crowds, than were the comparison group of homosexual transsexuals. Actually, the differences in sexual orientation itself can probably account for the interest of the transvestites in touching and rubbing women. Dr. Langevin was surprised at the degree of toucheurism and frottage among the transvestites, because he presumed that they were "more feminine gender identified." We should not be particularly surprised, though, that a group of heterosexual men, even though they cross-dress at times, will engage in heterosexual behaviors.

The frotteur is not likely to submit himself to a therapist voluntarily. He is more likely to come to the attention of the legal system eventually, which might "encourage" him to seek professional help.

Therapy is obviously less likely to be successful when the patient is coerced into treatment, whether by a spouse, a parent, or a judge. Often it is a judge who imposes that requirement on a frotteur who has been arrested. Since the victim is not physically harmed, the legal charge is usually something less serious, such as some form of "indecent assault."

Case Reports

Dr. Benjamin Karpman (1964) reported a case of frotteurism originally described by the well-known sexologist Richard von Krafft-Ebing:

“For some time he had attracted attention in churches, because he crowded up behind women, both old and young indifferently, and toyed with their ‘bustles.’ He was watched, and one day he was arrested in the act. . . . For two years he had been subject to the unhappy impulse to go in crowds of people—in churches, at box-offices of theatres, etc.—and press up behind females and manipulate the prominent portion of their dresses, thus producing orgasm and ejaculation."

Psychiatrist Wayne Myers (1991) associates the paraphilia of frottage with the atypical paraphilia of telephone scatalogia (making obscene calls for sexual gratification). Although at first glance they may not seem related, both of these unusual behavior patterns are “parasexual” in that they do not involve genital intercourse. Myers described a case of a man (Mr. A) who practiced these two separate “perverse” acts (an interesting adjective for Myers to use in the 1990s). The following excerpt from the case history of Mr. A is one of the most complete descriptions of frottage available in the clinical literature.

“In this ritual [of frotteurism], he would ride the subway home from work during the evening rush hour. If he spotted a woman alone standing with her back to him, he would inch his way along the crowded car until he was stationed right behind her. Then he would let the crush of the people on the subway car carry him and his erect penis against her buttocks. He would not move at first, in order to allay any fear or anger the woman might feel at the presence of his penis against her buttocks. Then, when he felt more secure in her lack of verbal response, he would press closer to her and begin to move his penis against her gluteal region until he had an orgasm.

Occasionally a woman would scream out or would attempt to hit him, and he would pretend that she was imagining the assault on her. This tactic inevitably worked in the crowded subway cars, as most of the passengers were essentially disinterested in the machinations of their fellow travelers.”
Dr. Ron Langevin (1983) described a case of a 19-year-old frotteur from the point of view of the victim. The young man was a "loner" (a common media description of someone whom psychologists would portray as having poor social skills). He progressed from the passivity of the frotteur to the greater risk taking of toucheurism. His victim's account is as follows:

> I was just sitting on the train with my girlfriend talking when this guy (the accused) came on the train and sat down beside us. We ignored him but he started to talk about sex. I told him to shut up but he kept on talking. He reached over and touched my breast. I hit him in the face with my fist and he just sat there then. We got off the train at the next stop and he followed us. He came up beside me and touched my breast again. I grabbed him by the hair and kicked him and took him to the ticket taker at the station who called the police.

This man's increasing boldness, aggression, and poor judgment landed him in jail. He also definitely chose the wrong woman to touch, given her own appropriately aggressive responses to events both on and off the train. This case illustrates the progressive and compulsive qualities of his frotteurism and toucheurism, so pronounced that the man was charged with a crime.

Dr. Langevin summarized another case of a toucheur who impersonated a physician, a role that permitted him to fondle the bare breasts of female patients. This schizophrenic man had married eight times (not necessarily a diagnostic sign of schizophrenia), but he never had consummated any of the marriages. He could achieve orgasm only by fondling, kissing, and sucking female breasts.

### Theories of Frottage

Dr. Kurt Freund and his colleagues at the Clarke Institute have proposed a model of heterosexual "courtship disorders" (Freund & Watson, 1990). In the normal sequence of courtship behaviors, the individual begins by searching for a prospective partner, and once she is found, interacts with the person without touching; at the next stage, direct and obvious touching occurs during foreplay, leading to the final stage of sexual intercourse. Novelty is one of the attractions, and so the disorders of courtship hardly ever involve someone with whom the man is already acquainted. Freund and Watson’s (1990) “courtship disorder hypothesis maintains that voyeurism, exhibitionism, toucheurism-frotteurism, and the preferential rape pattern are expressions of the same disorder (courtship disorder).”

It remains theoretically controversial whether there is any meaningful correlation with frottage or other courtship disorders such as voyeurism or rape. Thus far, the evidence seems to be that in some cases frotteurism may lead to toucheurism, which in turn may lead to attempts at rape, but in other cases this progression does not occur. Some men show all of the disorders, while some show just one or two. Langevin (1985) stresses that it is rare that frottage and toucheurism ever occur as a "fixed erotic preference" in their own right.

Toucheurism particularly is a form of sexually aggressive behavior and results from poor impulse control. Failure to control socially inappropriate urges to touch has occasionally occurred in psychotic and mentally retarded persons. More commonly, these urges arise in otherwise normal men who are under the influence of alcohol, drugs, or a sex drive so strong that any of many human or animal targets would satisfy them. Freud called these latter individuals "polymorphous perverse." A more contemporary view might label them as "sex addicts."

In one case, a 26-year-old mentally retarded man had normal sexual desires but little awareness of social norms and even less restraint over his impulses. While at the shopping mall, he would see an attractive woman, smile, and say "hello" to her. If she smiled and said "hello" back, he considered her to be his girlfriend and promptly grabbed her breasts. Most of us learn that, regardless of temptation, this kind of interaction must be delayed.
In frottage, Drs. Freund, Langevin, and others believe that there is an abnormally rapid buildup of arousal in the early stages of courtship—partner appraisal and pretouching. Touching women in the breast and genital areas and making crude sexual invitations before one has been formally introduced is too much, too soon, by all contemporary social standards. The only exception would be in the business of prostitution, and even then the implicit rules require that you pay before you play.

Psychiatrist Wayne Myers accounted for his case of Mr. A from the perspective of classic psychodynamic theory: “Mr. A noted that not only the women he rubbed up against, but the other passengers as well, were all passive participants in the scenarios he was enacting or imposing upon them. The sexual acts with the women had a ‘dreamlike’ quality, which once more recalled the primal-scene experiences of his childhood. The female victims of his sexual aggression were seen as being especially passive and helpless, as he had felt himself in the early bedroom scenes.

In addition, when he came to recognize the hostility inherent in his acts of frottage, he realized that the trance or dreamlike nature of these episodes also served to protect the women from the consequences of his rage. Even though he could kill people or have sex with them in dreams, no one really gets hurt. After all, they're only dreams. The layers of clothing interspersed between the patient and his victim also served to protect the woman from the instrument of his rage, the ‘dangerous’ phallus.”

Dr. Magnus Hirschfeld (1948), a sexologist infamous because of his own transvestism and bisexuality, in addition to his genuine expertise, relied on a distortion of the sense of touch in his explanation of frottage. He believed that frotteurs possess a "pathological oversensitiveness" (hyperesthesia) in their genitals. Any ever-so-slight contact by rubbing would "bring about a pollution," Hirschfeld's colorful term for ejaculation.

Since the slightest friction could readily occur in the natural jostling within crowded public places, these sexually anomalous, physically sensitive men were called "frictionists." This view suggests that the acts of frottage are certainly not intentional. Just as "pollutions" can occur during "wet dreams" or result from a full bladder, so may they be caused by the impaired and "irritable" nervous system of a frotteur. Hirschfeld also notes that the next day these men tend to feel fatigue or depression and display "an impaired working capacity." It seems unfortunate that the frotteurs do not have a chance to fall asleep immediately after the act so that they could function well the next day.

Dr. John Money (1986) theorizes that frotteurism results from a distortion that occurred in the man's "developmental lovemap." The lovemap arises from the experiences of sexual rehearsal play in childhood. Abuses can happen because of too much punishment, prohibition, and prevention. Prudish parents might be horrified by children's sex play or masturbation and become punitive, thereby affecting the developing child's lovemap. Consequently, a person's "lovemaps can become defaced, distorted, or redesigned with detours." A lovemap carries the program of a person's erotic fantasies and their corresponding practices. Distortions, therefore, get carried over into fantasies and practices." The experiences encountered by the individual early in life, in reality or in fantasy, determine the specific type of paraphilia that such a person will exhibit at puberty or in adulthood.

**Therapies for Frottage**

Since so few case reports of frotteurs have appeared in the literature, there are also scanty accounts of therapeutic efforts devoted to this problem. Certainly there are no large scale well-controlled scientific studies of treatment techniques for frotteuristic or toucheur disorders. Typically the first approach has been to administer medications to the frotteur.

Despite his belief in the role of faulty learning in the paraphilic's developmental lovemap, Money suggests that the best treatment would be a combination of counseling and medication. Specifically, he recommends an antiandrogen hormone (medroxyprogesterone acetate, known by the trade name of Depo-Provera). This drug is intended to "diminish the subjective experience of sex drive and, in addition, may have a direct erotically tranquilizing action on erotosexual pathways in the brain. Its effects are reversible."
Dr. Roger Perilstein of the Duke University Medical Center and his colleagues Steven Lipper and Leonard Friedman (1991) reported an "apparently successful treatment" of a case of voyeurism/frotteurism with the controversial drug Prozac. Their patient complained that his urges to take photographs of "pretty young women" and to rub against women were causing him marital conflict. After 7 to 10 days of drug therapy, his interest in these activities diminished markedly, even during masturbation. His doctors attributed this improvement to the drug, which somehow affected the neurons that govern sexual activity, especially compulsive activity. Sex with his wife was unaffected by the medications.

From the perspective of behavior therapy, very scant attention has been given to the problem of frottage. California psychiatrist Michael Serber developed an innovative, behavior-oriented treatment for longstanding paraphilic behaviors called "shame aversion therapy." If the patient is not psychotic and is able to experience shame when engaging in the problem behavior, Serber suggested that his new therapy could be applied.

His novel treatment consists of having the paraphiliac actually engage in the inappropriate behavior under the controlled conditions of the therapy consulting room, with volunteers playing the roles of "victims." Three observers are instructed to watch the enforced display soberly and without comment. Most patients experience extreme discomfort and anxiety during this therapy. Dr. Serber reported excellent success with transvesites, pedophiles, and exhibitionists. Unfortunately, the 33-year-old frotteur treated in his case study obtained no change in his two sessions of shame aversion therapy. As interesting and appealing as this type of therapy may sound, it appears to be ineffective for frottage.

In general terms, a two-part behavioral approach to therapy for frotteuristic disorder would be to punish the socially inappropriate fantasies or touching behaviors and teach appropriate behavior. In Serber’s approach, he was using social shaming as the punisher. Techniques such as covert sensitization or aversive shock conditioning would perhaps be more effective. The second part of a complete treatment package would be to teach the patient more socially appropriate sexual behaviors with partners who are available and consenting. If their lack of awareness of what is actually going on is part of the arousal system for the patient, his partner could role play that behavior for him as part of their sexual life.

Sometimes a behavior therapy approach is combined with a drug therapy. For example, medroxyprogesterone, a female hormone, is sometimes prescribed to decrease sexual desire, according to the Mind Disorders website on frotteurism. Of course, sexual desire is not the problem per se. It is a matter of teaching the patient which behaviors are socially appropriate and unlikely to draw negative attention by unaware partners or the police.

We don’t recommend touching unconsenting others for your own sexual gratification. It is unfair and usually illegal. Further, it is socially inappropriate and intrusive. We do believe, however, that it is a bit bizarre to consider frottage to be a mental disorder. It indeed can be socially inappropriate and offensive. That is not the same as a mental illness. Touching others and the good feelings that follow are critical learning events for the developing healthy child. Let us always remember that rubbing and touching can be sexually exciting for everyone—adults and children, males and females, transgenderists, bisexuals, homosexuals and even heterosexuals.

In addition, there are some important cultural issues to consider in this area of touching. When and how and where you can touch someone of the same or opposite sex varies a great deal with the individuals’ age and subculture. It is a complicated and interesting issue, which deserves much more serious study by sociologists, anthropologists, and psychologists. Depending on the circumstances and where in the world you are, the same behaviors can be indicative of a crime, a mental disorder, or affection. Be careful out there!
References and Suggested Readings


Leopold, T. (July 15, 2014). Sandra Bullock came face-to-face with stalker in her own home. CNN Entertainment, online.


Mind Disorders. Frotteurism. www.minddisorders.com/Flu-Inv/Frotteurism.html


