Delusional Disorder—Jealous Type: How Inclusive Are the DSM-IV Diagnostic Criteria?

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Judith A. Easton

University of Texas at Austin

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Todd K. Shackelford, and Lucas D. Schipper

Florida Atlantic University

Delusional disorder–jealous type is a new diagnostic category in the *Diagnostic and Statistical Manual for Disorders, Fourth Edition, Text Revision* (*DSM-IV-TR*; American Psychiatric Association, 2000) in which delusions concerning a partner's infidelity must be present. Therefore, patients who experience a jealousy disorder, but do not experience delusions will not fit the diagnostic criteria. Using a database of 398 case histories of jealousy disorders reported in the literature from 1940–2002, we examined the percentage of these cases that met the diagnostic criteria for delusional disorder–jealous type. Only 4% of the cases met all diagnostic criteria. This is the first systematic comparison of the prevalence of these disorders. The results provide evidence that the diagnostic criteria are not inclusive, as most individuals suffering with a jealousy disorder were excluded from the diagnosis. © 2008 Wiley Periodicals, Inc. J Clin Psychol 64: 264–275, 2008.

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In the most recent version of the *Diagnostic and Statistical Manual for Disorders* (*DSM-IV-TR*; American Psychiatric Association [APA], 2000), there is a new diagnostic category of delusional disorder–jealous type. To be diagnosed, individuals must experience delusions concerning the fidelity of their long-term romantic partner (i.e., the individual is convinced that their partner is or has been unfaithful, but without reasonable or objective evidence). In addition, diagnosis

Correspondence concerning this article should be addressed to: Judith A. Easton, The University of Texas at Austin, Department of Psychology, 1 University Station A8000, Austin, TX 78712; e-mail: jeaston1@mail.utexas.edu

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requires no history of schizophrenia, drug or alcohol abuse, or a physical illness that could cause the delusions (i.e., cerebral infarction, Alzheimer's; APA, 2000; Manschreck, 1992). In the *DSM-III* (APA, 1980), this same diagnosis was termed paranoid jealousy.

Changing the name of the disorder is just one of the confusions surrounding this disorder. Some clinicians have suggested that focusing the diagnosis on the experience of delusions is too restrictive (de Silva, 2004; Morenz & Lane, 1996; Mullen, 1990; Mullen & Maack, 1985; Soyka, Naber, & Völcker, 1991). These clinicians treat individuals who suffer from disorders that are similar to delusional disorder–jealous type, such as morbid jealousy, pathological jealousy, conjugal paranoia, and Othello syndrome, yet these diagnostic categories are not represented in the *DSM-IV-TR* diagnosis of delusional disorder–jealous type. It is not clear what differentiates each of these disorders, but it is clear that delusions are only present in individuals suffering from delusional disorder–jealous type (de Silva, 2004; Kingham & Gordon, 2004; Dolan & Bishay, 1996; Manschreck, 1992; Michael, Mirza, Mirza, Babu, & Vithayathil, 1995; Morenz & Lane, 1996; Mullen & Maack, 1985; Soyka et al., 1991). Individuals who suffer from these similar disorders, but who do not experience delusions, do not satisfy the criteria for delusional disorder–jealous type and, therefore, may not receive appropriate psychiatric attention or treatment.

It is unclear how many individuals suffer from delusional disorder–jealous type, although the *DSM-IV-TR* estimates prevalence at less than 1% of the population (APA, 2000). A higher prevalence of individuals may suffer from the related disorders, but reliable estimates for these have not been generated. This lack of reliability in prevalence estimates may be attributable, in part, to differences in the studies conducted by clinicians. Different questionnaires are often used in different studies, making cross-study comparisons difficult. In addition, clinicians often develop their own questionnaires for diagnosing a disorder, such as morbid jealousy, that is not used by other researchers. Each questionnaire may be constructed according to different diagnostic criteria; this also makes cross-study comparisons difficult (e.g., Marazziti, Di Nasso, Masala, Baroni, Abelli, & Mengali et al., 2003; Michael et al., 1995; Mullen & Martin, 1994; Tarrier, Beckett, Harwood, & Ahmed, 1989). Systematic examination of these multiple disorder categories is needed to provide initial epidemiological data, particularly as the APA is currently revising the *DSM*. Delusional disorder–jealous type may be just one of a larger category of disorders that involve morbid (unhealthy) or obsessive (excessive in nature) thoughts about the infidelity of one's partner, and could therefore be included in a broad, all-encompassing diagnosis of jealousy disorder. Or it may be that each disorder varies enough from the others to warrant a unique classification in the *DSM*.

Since the inclusion of delusional disorder–jealous type in the *DSM-IV-TR*, there has been no empirical study of the disorder. There also has been no assessment of the validity of the current diagnostic criteria. To address these deficiencies, here we present the first systematic study of delusional jealousy, morbid jealousy, pathological jealousy, conjugal paranoia, and Othello syndrome. We collected all case histories of these disorders published in English into one database, providing a large sample of individuals already known to be suffering from some type of jealousy disorder. The goal of this study is to identify the percentage of cases that meet the full diagnostic criteria for delusional disorder–jealous type, which is the only diagnosis with standardized criteria available for assessment.

Method

Participants

We used the Morbid Jealousy Database (Easton, Schipper, & Shackelford, 2007), which includes every case history of morbid jealousy published in English, as of July 2005 (see the Appendix). The database includes 398 case histories (298 men and 100 women), covering the years 1940–2002. The ages of individuals featured in the cases ranged from 18 to 98 years ($M = 43.5$, $SD = 12.0$). Age was not reported in 27 cases.

Materials

The Morbid Jealousy Database contains a series of questions related to the *DSM-IV-TR* criteria for delusional disorder–jealous type. These criteria specify that the individual must be experiencing delusions related to partner infidelity, and that hallucinations must be minimal and related to the delusions. Any mood fluctuations must occur during periods of delusions and not last longer than the active delusion. Also, the individual must not be exhibiting impaired functioning and cannot be experiencing any medical condition that could cause the delusions. The database also includes information on the actual diagnosis given to each individual, and if there was a comorbid disorder present (e.g., depression, alcoholism, schizophrenia).

Procedure

The Morbid Jealousy Database was created by first identifying all published case histories of delusional jealousy, morbid jealousy, pathological jealousy, conjugal paranoia, and Othello syndrome in the PsycINFO and MEDLINE/PubMed databases available online. The following methodology is a common method used for establishing reliable coding of detailed qualitative data (e.g., Krippendorf, 2004; Weber, 1990). Using the case histories, a coding sheet was generated (available upon request from the first author). Two coders (advanced graduate students in psychology with a special interest in jealousy) independently used the coding sheet to code five case histories that varied in length, in the sex of the individual with the jealousy disorder, and in the years of publication, and then met to compare answers. The reliability of the coders at this initial meeting was 95%. After revisions to the coding sheet were made to clarify areas of confusion, the two coders independently coded an additional five cases which varied on the same characteristics as the first five cases. Reliability of coding for these five cases was close to 100%. After one more set of revisions to the coding sheet, the two coders then coded five cases together to verify reliability would remain high when they worked independently. Because of the high levels of interrater reliability, the list of 398 cases was split equally in half. Each coder was responsible for only coding half the cases and the cases were split randomly.

Results

A goal of this research was to determine the percentage of the population of previously published case histories of delusional jealousy, morbid jealousy, pathological jealousy, conjugal paranoia, and Othello syndrome that met all of the diagnostic criteria in the *DSM-IV-TR* for delusional disorder–jealous type. Before examining the actual diagnostic criteria, we first examined the diagnoses that were reported in the case histories. To do this, we recorded all reported diagnoses for

each case history. Three-hundred nine (of 398) case histories reported some type of psychological disorder, and this total list of diagnoses was condensed into fewer categories based on the frequency of each of the diagnoses. Disorders that were similar were combined into a single category. For example, all forms of depression were included in one category labeled *Depression*. Because we were interested in identifying cases that met all of the *DSM-IV-TR* diagnostic criteria, diagnoses that were similar, but not identical, to delusional disorder–jealous type were not combined into one category. These diagnoses are listed in Table 1 exactly as they were reported in the case histories. One case reported a diagnosis of "delusional jealousy or paranoid dementia" and was included in the delusional jealousy category. This process produced 15 categories; the frequencies for each of these categories are listed in Table 1. The 89 cases that did not include a diagnosis were excluded from percentage calculations. Therefore, percentages in Table 1 come from using the total number of cases that did report a diagnosis, which is 309. The frequency was highest for delusional jealousy/delusional disorder–jealous type with 100 reported cases of the 309 case histories with reported diagnoses, followed by depression, schizophrenia, and morbid jealousy. Because it is possible that the zeitgeist at the time of publication may influence the types of diagnoses reported in case histories, diagnoses were then grouped by decade and frequencies per decade were calculated. Except for the 1990s, in which morbid jealousy was the most frequently reported diagnosis, delusional jealousy was the diagnosis reported most frequently (list of frequencies by decade available upon request from the first author). This suggests that the diagnoses reported in the case histories are not being influenced by the zeitgeist at the time of publication.

We used the *DSM-IV-TR* diagnostic criteria and made determinations about whether each case history met each criteria. This process makes it possible to determine how many cases met each criterion, and how many criteria each case history met. For each criterion, only those cases that had information regarding the specific criterion were included in calculations. The first criterion is that the

Table 1
Frequencies of Reported Diagnoses in Case Histories by Category

Category	# of Cases	%
Delusional jealousy/Delusional disorder–jealous type	100	32.4
Depression/major depressive disorder	40	12.9
Schizophrenia/paranoid schizophrenia	27	8.7
Morbid jealousy	23	7.4
Obsessive jealousy/Obsessive–compulsive jealousy	11	3.6
Paranoid disorder	11	3.6
Psychopathy/Psychopathic personality	10	3.2
Alcoholism/Alcohol intoxication/Alcohol hallucinosis	9	2.9
Pathological jealousy	9	2.9
Delusional jealousy Due to organic factors/brain disease	8	2.6
Obsessive–compulsive disorder	7	2.3
Delusional disorder (not specified)	6	1.9
Delusional jealousy (morbid jealousy)	6	1.9
Delusional jealousy (Othello delusion)	2	64
Other disorder	40	12.9

Note. Entire list of diagnoses and list of diagnoses included in "Other Disorder" available from first author upon request.
Eighty-nine cases had no report of diagnosis and are excluded from this table and percentage calculations.

individual must be experiencing delusions for at least one month's duration and that these delusions must focus on the infidelity of the partner. Of the 398 case histories, 359 mentioned whether the individual experienced delusions and, of these 359 cases, 316 (88%) met the criterion for experiencing delusions. Three-hundred six case histories specified the type of delusion; 283 (92.5%) case histories reported that the delusions focused on partner infidelity. The next criterion is that hallucinations must not be a predominant part of the individual's life and, if present, must focus on the delusional theme of partner infidelity. There were 114 case histories that included this information, 45 (39.5%) cases reported some form of hallucination. Twenty-two case histories included the theme of the hallucinations, of which 16 (72.7%) reported hallucinations that were related to the delusions the individual experienced. Next, individuals must not be experiencing markedly impaired or bizarre behavior. There were 256 cases that included this information, of which 145 (56.6%) reported the individual functioned with no obvious impairments. Individuals who are diagnosed with delusional disorder–jealous type may experience mood episodes, but these must be brief in duration and occur only during a delusional episode. One hundred twenty-six cases mentioned whether the individual experienced mood fluctuations; 120 (95.2%) reported the individual did experience fluctuations in mood. Sixty-eight cases reported when the mood fluctuations occurred and, of these, 59 (86.8%) reported that the mood episodes occurred only during the delusional period. Also, 11 cases included information regarding duration of mood fluctuations; eight (72.7%) reported that the episodes were shorter in duration than the delusional period. Last, to be diagnosed with delusional disorder–jealous type, the delusions cannot be attributable to a general medical condition or to use or abuse of a substance, such as alcohol or prescribed medicine. One hundred thirty-six cases reported the cause of the delusions and, of these, 86 (63.2%) reported the cause to be a general medical condition. History of alcohol abuse was mentioned in 162 case histories, of which 72 (44.4%) cases reported the individual did have a history of alcohol abuse. The presence of substance abuse was included in 28 case histories; 12 (42.9%) had positive reports of substance abuse. Table 2 presents the reported frequencies for the criteria, and includes the number of cases that did not meet each of the criteria. It

Table 2
Frequencies of Cases Matching DSM-IV-TR Diagnostic Criteria for Delusional Disorder–Jealous Type

Criteria	♯ Meet	%	♯ Not Meet	%	Total cases	%
Exhibit delusions	316	88.0	43	12.0	359	90.2
Delusions of infidelity	283	92.5	23	7.5	306	76.9
Has hallucinations	45	39.5	69	60.5	114	28.6
Hallucinations related to delusions	16	72.7	6	27.3	22	5.5
Function normally	145	56.6	111	43.4	256	64.3
Mood fluctuations	120	95.2	6	4.8	126	31.7
Fluctuations occur during/after delusions	59	86.8	9	13.2	68	17.1
Shorter duration	8	72.7	3	27.3	11	2.8
Has medical condition	86	63.2	50	36.8	136	34.2
Alcohol abuse	72	44.4	90	55.6	162	40.7
Drug abuse	12	42.9	16	57.1	28	7.0

DSM-IV-TR = Diagnostic and Statistical Manual for Disorders, Fourth Edition, Text Revision (American Psychiatric Association, 2000).

also includes the total number of case histories that mentioned each criterion and the associated percentage of the total case histories.

Five of the above criteria must be met for an individual to be diagnosed with delusional disorder–jealous type: delusions of partner's infidelity, normal functioning, delusions not caused by general medical condition, alcohol abuse, or drug abuse. As seen in Table 2, 16 (4.0% of the total 398 case histories) cases met all five of these criteria (16 cases reported no history of drug abuse).

Discussion

Using all case histories published in English of delusional jealousy, morbid jealousy, pathological jealousy, conjugal paranoia, and Othello syndrome, we determined the percentage of cases that met the *DSM-IV-TR* diagnostic criteria for delusional disorder–jealous type. Delusional disorder–jealous type is the only one of these jealousy disorders for which there is standardized diagnostic criteria. It has not been determined if these are separate disorders or if they are examples of a broader jealousy disorder. Determining the percentage of cases that meet the diagnosis for delusional disorder–jealous type is a reasonable initial step in clarifying whether these disorders are separate diagnoses. If the disorders are related, or if they are all a subset of a broader jealous disorder, it is likely that the delusional disorder–jealous type diagnosis would accurately describe a large percentage of individuals with any of the jealous disorders. In fact, just 4% of the case histories met the criteria for the *DSM-IV-TR* diagnosis, suggesting that these criteria do not accurately reflect the number of individuals suffering from some sort of jealousy disorder, as others have suggested (de Silva, 2004; Morenz & Lane, 1996; Mullen, 1990; Mullen & Maack, 1985; Soyka, Naber, & Völcker, 1991).

Considering first the analysis in which the number of case histories that reported a diagnosis was tallied, almost 25% of the total cases reported a primary diagnosis of either delusional jealousy or the more specific diagnosis of delusional disorder–jealous type. Of the remaining 75% of the cases, 60 case histories included a diagnosis of another form of jealousy, such as morbid jealousy, pathological jealousy, or obsessional jealousy. These cases do not qualify for a diagnosis of delusional disorder–jealous type according to the criteria currently specified in the *DSM-IV-TR*.

Diagnostic Criteria

These results appear to suggest that the *DSM-IV-TR* criteria should be more inclusive, as the majority of cases included in the morbid jealousy database do not currently meet the diagnostic criteria, supporting reports in the literature (de Silva, 2004; Morenz & Lane, 1996; Mullen, 1990; Mullen & Maack, 1985; Soyka et al., 1991). The 4% prevalence may be lower than the actual percentage of cases that met the criteria for the disorder. This is because the coders erred on the side of caution when determining if criteria were met; if they were not certain that the criteria were met, cases were coded as "not having enough information to make determination." Almost 45% of the cases were coded this way, and a different set of trained coders might determine that several of these cases do meet the *DSM-IV-TR* criteria. However, even if all of these cases were coded as meeting all of the criteria, the *DSM-IV-TR* diagnosis still would not be made for more than half of the published case histories.

Limitations

We used published case histories of morbid jealousy, pathological jealousy, conjugal paranoia, Othello syndrome, and delusional jealousy. Using case histories allowed access to a large, readily available population of individuals who have already been diagnosed as suffering from problems of jealousy. However, because of the archival nature of this database, we did not have direct access to the individuals featured in the case histories. Therefore, the coders had only the information in the case history to make determinations. Some case histories were thorough; however, it was more common that case histories were missing information specific to the objectives of the present research. As can be seen in the tables, this led to many cases with information that was not reported, sometimes leaving very few cases for analysis. Also, case histories are not generally used as tools for making diagnoses of patients; usually clinicians use direct interactions with patients. Case histories were used for the present study because they provided the authors access to a wide-range of patients suffering with jealousy disorders. Follow-up research might include direct interactions and interviews with patients to assess how well their symptoms meet the diagnostic criteria.

The use of archived case histories presents the potential problem of bias in the sample. Clinicians publish case histories for many reasons, including novelty or strange variations exhibited in a case that are not normally seen in patients with a particular disorder. The reported prevalence of cases meeting the diagnostic criteria may have been as low as it was because some percentage of the case histories was published to address specific anomalies. Furthermore, clinicians are selective in what they present about a particular case and, therefore, information pertaining to the diagnosis may have been excluded in lieu of other information the clinician considered more important. However, the use of archival case histories provides a starting point for systematic studies of new or changed diagnoses and provides researchers with direction for more specific follow-up studies.

Furthermore, we analyzed published case histories covering the period 1940 to 2002, but the APA only began using diagnostic criteria in the third edition of the *DSM* (APA, 1980). Criteria were included for purposes of diagnostic standardization. Many of the cases included in the current research, however, were published before this standardization. Therefore, the percentage of cases that met the criteria for delusional disorder–jealous type may have been as low as they were because cases published before the *DSM-III* most likely would not include information pertaining to specific standard diagnostic criteria. In addition, before diagnoses were standardized, clinicians could use any diagnostic label for patients they thought suitable. Unfortunately, even in case histories published after 1980, standardized, diagnostic criteria were not always used. Some of the case histories were generated by clinicians from countries that do not use the same criteria as the *DSM-IV-TR*, and some clinicians use diagnoses that do not appear in the most recent edition of the *DSM* (e.g., morbid jealousy, obsessional jealousy). It is likely that had standardized diagnostic criteria been available when all of the case histories were published and were used by all case clinicians, the reported frequencies of delusional disorder–jealous type would have been higher.

Future Directions and Conclusions

In the current study, we attempted to clarify the debate concerning the adequacy of the *DSM-IV-TR* diagnostic criteria. More research of this type is needed before

conclusions about the diagnosis of this disorder can be made. For example, future research should investigate the construct validity of the diagnosis, specifically, how the changes in the diagnostic criteria have altered the ability to predict the course or treatment of the disorder. Also, there should be more case histories made available for study by other clinicians and researchers, which would allow for a more thorough investigation. It would be useful if future case histories were standardized for entry into the published literature, so that similar information is included in each history, particularly when clinicians are publishing them as evidence for or against a *DSM-IV-TR* diagnosis.

The present results suggest that the *DSM-IV-TR* diagnosis includes criteria that do not accurately reflect the symptoms of individuals suffering with jealousy disorders in published case histories of delusional jealousy, morbid jealousy, pathological jealousy, conjugal paranoia, and Othello syndrome. Less than half of the case histories reported a diagnosis of delusional disorder–jealous type and only 4% of the cases met all of the diagnostic criteria for the disorder. These results suggest that delusional disorder–jealous type is one subset of a larger group of jealousy disorders that are currently overlooked by the *DSM-IV-TR*. We suggest that future editions of the DSM include a broader definition of jealousy, perhaps one that does not focus on the presence of a delusion of infidelity. Further, we suggest that more research is needed on the correlations between substance abuse and jealousy disorders, as it may be the jealousy disorder is driving the substance abuse problem, but currently cannot be diagnosed due to the criteria for delusional disorder–jealous type. Last, we emphasize that more systematic research on all of the jealousy disorders is needed to better determine the overlap among the disorders and whether they could be combined into one diagnostic category, particularly as the APA works on a new revision to the *DSM*.

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Appendix

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