

## DELUSIONAL DISORDER, JEALOUS TYPE WITH COMORBID ANTISOCIAL PERSONALITY TRAITS: A FORENSIC CASE REPORT

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### ABSTRACT

*Delusional Disorder, Jealous Type is characterized by persistent and fixed beliefs regarding a partner's infidelity despite a lack of objective evidence. The presence of antisocial personality traits and substance misuse may further increase the risk of aggression, violence, and forensic involvement. This case report presents a 34-year-old married male who exhibited chronic jealousy-themed delusions, auditory hallucinations, severe aggression, cannabis dependence, and a significant criminal history. A comprehensive psychological assessment including clinical interview, behavioral observations, Mental Status Examination (MSE), Positive and Negative Syndrome Scale (PANSS), Beck Suicide Intent Scale (BSIS), Aggression Questionnaire, Subtypes of Antisocial Behavior Questionnaire (STAB), Homicidal Checklist, and House-Tree-Person (HTP) test was conducted. Assessment findings supported a diagnosis of Delusional Disorder, Jealous Type (F22), with prominent antisocial personality traits. Findings indicated significant psychotic symptoms, elevated aggression, severe antisocial tendencies, and high suicide and homicide risk. The case highlights the complex interaction among psychosis, personality pathology, substance misuse, and violence, emphasizing the importance of integrated psychological and psychiatric intervention.*

**Keywords:** Delusional Disorder, Jealous Type, Antisocial Personality Traits, Forensic Psychology, Aggression, Cannabis Use

### INTRODUCTION

Delusional Disorder is a psychotic disorder characterized by the presence of persistent and non-bizarre delusions that remain firmly held despite contradictory evidence and are not better explained by another psychotic disorder or mood episode (American Psychiatric Association [APA], 2022). Unlike schizophrenia, individuals with Delusional Disorder often maintain relatively preserved cognitive functioning and behavior outside the direct influence of their delusional beliefs. Among its various subtypes, Delusional Disorder, Jealous

Type is characterized by an unwavering belief that a spouse or intimate partner is being unfaithful. These beliefs are often accompanied by excessive reassurance-seeking, monitoring, accusations, and confrontational behaviors that can significantly disrupt interpersonal relationships and family functioning (Mullen, 1990).

Delusional jealousy is of particular clinical and forensic importance because it has consistently been associated with increased risks of aggression, domestic violence, stalking behaviors, and, in severe cases, homicide (Silva

et al., 1998). The emotional intensity associated with perceived betrayal often leads affected individuals to interpret neutral events as evidence supporting their suspicions, thereby reinforcing the delusional system. When these symptoms coexist with antisocial personality traits, such as impulsivity, hostility, lack of remorse, poor empathy, and disregard for social norms, the likelihood of aggressive and criminal behavior may increase substantially (Fazel & Seewald, 2012).

Substance use, particularly cannabis misuse, has also been implicated in the onset and exacerbation of psychotic symptoms. Evidence suggests that chronic cannabis consumption may contribute to paranoid ideation, suspiciousness, hallucinations, and impaired emotional regulation, especially among individuals with pre-existing vulnerabilities to psychosis (Howes & Murray, 2014; Robinson et al., 2023). The interaction between psychosis, personality pathology, substance misuse, and psychosocial stressors often creates a complex clinical picture that presents significant challenges for assessment, treatment, and risk management.

The present case report describes a male patient with Delusional Disorder, Jealous Type, who exhibited prominent antisocial personality traits, chronic cannabis dependence, recurrent aggression, and a significant forensic history. Through a comprehensive psychological assessment, the report aims to highlight the multifaceted nature of the disorder and emphasize the importance of integrated intervention strategies for reducing symptom severity and managing violence risk.

### Identifying Information

Mr. Z.K. was a 34-year-old married Muslim male residing in a joint family system. He had completed education up to matriculation and was unemployed at the time of assessment. He was currently in his second marriage and had a significant history of interpersonal conflict, legal problems, and psychiatric difficulties.

### Presenting Complaints

The client presented with persistent beliefs that his wife was being unfaithful, despite repeated reassurance and lack of evidence. These suspicions were accompanied by frequent

checking behaviors, monitoring of his wife's activities, verbal aggression, emotional instability, mistrust, and recurrent interpersonal conflicts. He also reported intermittent auditory hallucinations, episodes of severe anger, cannabis dependence, and a previous suicide attempt. Family members expressed concern regarding his escalating aggression and unpredictable behavior.

### History of Presenting Illness

According to the client and collateral information provided by family members, symptoms emerged gradually several years prior to assessment. Initially, he displayed mild suspiciousness and excessive reassurance-seeking behaviors regarding his partner's loyalty. Over time, these suspicions developed into a fixed and persistent delusional belief system centered on infidelity. He increasingly engaged in surveillance behaviors, checked mobile phones, interrogated family members, and monitored his spouse's daily activities. As symptoms progressed, he began reporting auditory hallucinations that appeared to confirm his suspicions. Cannabis use intensified during this period and was associated with worsening irritability, paranoia, and aggression. The client's behavior became increasingly hostile, resulting in domestic violence, social withdrawal, occupational dysfunction, repeated legal complications, and eventual forensic involvement. Despite multiple psychiatric contacts, poor insight and medication noncompliance contributed to the chronicity of symptoms.

### Family History

The client's father was described as authoritarian, emotionally distant, and prone to anger, often using harsh disciplinary practices. His mother was described as anxious, overprotective, and emotionally dependent. Family interactions were characterized by high levels of conflict, criticism, and poor emotional communication. Relationships with siblings were strained and frequently involved arguments and physical altercations. There was no documented history of psychotic or mood disorders among immediate family members.

### **Developmental and Childhood History**

Developmental milestones were reportedly achieved within normal limits. Childhood was marked by emotional instability, oppositional behavior, impulsivity, and poor frustration tolerance. The client was frequently described as stubborn, difficult to manage, and resistant to authority. Harsh parenting practices and repeated punishment appeared to contribute to the development of maladaptive coping strategies and persistent conduct-related difficulties.

### **Social and Educational History**

The client demonstrated poor academic adjustment from an early age. He frequently skipped school, showed little interest in academic activities, and repeatedly ran away from his uncle's residence where he had been sent for educational purposes. Social relationships were unstable and characterized by conflict and mistrust. Occupational functioning was inconsistent, with repeated job losses resulting from interpersonal disputes, substance use, absenteeism, and legal involvement. He remained financially dependent on family members for extended periods.

### **History of Psychiatric Illness in Family**

No formal psychiatric diagnoses were reported among first-degree relatives. There was no documented history of psychosis, mood disorders, or other severe psychiatric conditions within the immediate family.

### **Past Psychiatric History**

The client had a history of multiple psychiatric admissions and evaluations for psychotic symptoms and behavioral disturbances. Previous treatment included antipsychotic medications such as haloperidol, risperidone, and olanzapine. Treatment adherence was inconsistent, and symptom relapse frequently followed discontinuation of medication. There was no documented history of sustained psychotherapy prior to the current intervention.

### **Drug and Substance Use History**

Cannabis use began during adolescence and gradually progressed to daily consumption. The client reported using cannabis to manage stress and emotional discomfort. Family members

consistently observed increased suspiciousness, irritability, hallucinations, and aggression following periods of heavy use. No formal rehabilitation or substance abuse treatment had previously been undertaken.

### **Forensic History**

The client had a significant forensic history involving violent offending, drug-related offenses, and illegal weapon possession. Most notably, he had been convicted under Section 302 for murder following a violent altercation motivated by delusional jealousy. He had also experienced multiple periods of incarceration and forensic psychiatric evaluation. His legal history reflected persistent aggression, poor impulse control, and chronic behavioral dysregulation.

### **Premorbid Personality**

Premorbid functioning was characterized by impulsivity, irritability, aggression, poor frustration tolerance, disregard for authority, and limited empathy. He demonstrated a longstanding tendency to externalize blame and engage in manipulative and oppositional behaviors. These characteristics were consistent with prominent antisocial personality traits that predated the onset of psychotic symptoms.

### **Psychological Assessment**

A comprehensive psychological assessment was conducted using clinical interview, behavioral observations, Mental Status Examination (MSE), risk assessment procedures, Positive and Negative Syndrome Scale (PANSS), Beck Suicide Intent Scale (BSIS), Aggression Questionnaire, Subtypes of Antisocial Behavior Questionnaire (STAB), Homicidal Checklist, and House-Tree-Person (HTP) test.

### **Clinical Interview**

The clinical interview revealed longstanding suspiciousness, jealousy-themed delusions, aggression, substance use, and poor insight. Collateral information from family members confirmed the chronic nature of symptoms and provided additional information regarding interpersonal, occupational, and legal functioning.

### **Behavioral Observation**

Behavioral observations indicated a guarded and defensive attitude. The client maintained limited eye contact and appeared tense throughout the assessment process. He displayed irritability when discussing responsibility for his actions and occasionally laughed inappropriately while describing violent incidents, suggesting affective incongruity.

### **Mental Status Examination**

Mental Status Examination findings revealed an irritable and dysphoric mood with labile affect. Thought content was dominated by fixed delusions of infidelity and persecutory beliefs involving family members. Intermittent auditory hallucinations were reported. Orientation was intact; however, insight and judgment were severely impaired. The client denied having a psychiatric illness and attributed his difficulties to external circumstances.

### **Risk Assessment**

Risk assessment indicated a high risk for violence and homicide due to the presence of psychotic jealousy, impulsivity, previous violent offending, and poor insight. Suicide risk was assessed as moderate to high because of a previous suicide attempt and ongoing emotional instability.

### **Positive and Negative symptoms Scale (PANSS)**

The PANSS findings indicated significant positive psychotic symptoms and severe general psychopathology, whereas negative symptoms were comparatively less pronounced.

### **Beck Suicide Intent Scale (BSIS)**

The client's score on the Beck Suicide Intent Scale indicated high suicidal intent. Findings suggested the presence of significant psychological distress, hopelessness, and a history of self-harm behavior. Although suicidal thoughts were not consistently expressed during the assessment, the elevated score reflected a substantial level of risk that warranted continued monitoring and intervention.

### **Aggression Questionnaire (AQ)**

Results from the Aggression Questionnaire revealed severe levels of aggression across multiple domains, including physical aggression, verbal aggression, anger, and hostility. The findings were consistent with the client's history of interpersonal conflicts, impulsive behavior, violent acts, and difficulty regulating emotional responses. The elevated aggression profile indicated a heightened risk for future aggressive behavior, particularly during periods of emotional distress or activation of delusional beliefs.

### **Subtypes of Antisocial Behavior Questionnaire (STAB)**

The client's performance on the Subtypes of Antisocial Behavior Questionnaire indicated severe antisocial tendencies. The results reflected a longstanding pattern of rule-breaking behavior, aggression, manipulation, disregard for social norms, and limited concern for the rights and welfare of others. These findings were consistent with the client's developmental history, forensic record, and observed personality characteristics.

### **Homicidal Checklist**

Assessment through the Homicidal Checklist suggested high homicidal potential. Significant risk factors included persistent delusional jealousy, severe hostility, poor impulse control, history of violent offending, access to weapons, substance misuse, and limited insight into his condition. The combination of these factors indicated a substantial risk for future violent behavior and highlighted the need for ongoing risk management.

### **House-Tree-Person (HTP) Test**

Interpretation of the House-Tree-Person drawings suggested emotional detachment, mistrust, hostility, poor affect regulation, and underlying psychotic features. The drawings reflected difficulties in interpersonal relationships, heightened suspiciousness, emotional insecurity, and aggressive tendencies. Projective indicators were consistent with the client's clinical presentation of paranoia, impaired reality testing, and chronic interpersonal conflict.

## Results

Table 1

*Table showing Summary of Psychological Assessment Findings*

Assessment Tool	Findings
PANSS Positive Symptoms	Significant
PANSS Negative Symptoms	Non-significant
PANSS General Psychopathology	Significant
Beck Suicide Intent Scale	High Suicidal Intent
Aggression Questionnaire	Severe Aggression
STAB	Severe Antisocial Tendencies
Homicidal Checklist	High Homicidal Risk
House-Tree-Person Test	Emotional detachment, hostility, mistrust, psychotic indicators
Overall Risk Assessment	High violence and homicide risk

## Discussion

The present case illustrates the complex interplay between psychotic jealousy, antisocial personality traits, substance misuse, and violent behavior. The client's symptoms were characterized by persistent and systematized beliefs regarding his spouse's infidelity, despite repeated reassurance and lack of objective evidence. These beliefs remained stable over time and significantly impaired marital, social, and occupational functioning. Consistent with the literature on Delusional Disorder, Jealous Type, the client engaged in excessive monitoring, repeated accusations, confrontational behavior, and aggressive responses toward individuals perceived as threats to his relationship (Mullen, 1990).

A notable feature of the case was the presence of prominent antisocial personality characteristics. Longstanding patterns of impulsivity, hostility, poor frustration tolerance, limited empathy, disregard for social rules, and externalization of blame appeared to predate the onset of psychotic symptoms. These personality features likely contributed to the severity of the client's behavioral disturbances and increased his vulnerability to engaging in violent acts when delusional beliefs were activated. Previous studies have demonstrated that the coexistence of psychotic disorders and antisocial traits significantly elevates the risk of aggression, criminal offending, and treatment noncompliance (Fazel et al., 2009; Fazel & Sewald, 2012).

Cannabis dependence further complicated the clinical presentation. Research suggests that chronic cannabis use can intensify psychotic experiences by influencing dopamine-mediated reward and salience systems, leading individuals to assign excessive significance to otherwise neutral stimuli (Howes & Murray, 2014). In the present case, periods of heavy cannabis use were associated with heightened paranoia, increased suspiciousness, auditory hallucinations, and worsening emotional dysregulation. Nevertheless, because delusional beliefs persisted even during periods of abstinence, substance use alone could not adequately explain the psychopathology, supporting the diagnosis of Delusional Disorder rather than substance-induced psychosis.

The assessment findings revealed significant positive psychotic symptoms, severe aggression, pronounced antisocial tendencies, elevated suicidal intent, and substantial homicidal risk. Particularly concerning was the combination of delusional jealousy, a previous suicide attempt, a history of homicide, and limited insight into his mental condition. This constellation of factors placed the client at considerable risk for future violent behavior. Similar findings have been reported in forensic psychiatric literature, where jealousy-themed delusions have frequently been identified as significant contributors to interpersonal violence and lethal assaults (Silva et al., 1998).

Despite these challenges, the client demonstrated partial improvement following psychological intervention. Cognitive

Behavioral Therapy for Psychosis (CBTp) appeared to assist in reducing the intensity of some delusional beliefs and improving awareness of cognitive distortions. However, residual emotional dysregulation, antisocial attitudes, and violence risk remained evident. These findings highlight the importance of a multidisciplinary treatment approach involving pharmacotherapy, CBTp, substance use treatment, family psychoeducation, and ongoing forensic risk management. Long-term intervention is particularly important for individuals presenting with both psychotic symptoms and entrenched personality pathology, as treatment outcomes are often influenced by poor insight, low motivation for change, and recurrent noncompliance with medication and therapy (NICE, 2022).

### Conclusion

The present case highlights the significant clinical and forensic implications of Delusional Disorder, Jealous Type when it occurs alongside antisocial personality traits and chronic cannabis dependence. The client's persistent delusions of infidelity, combined with impaired insight, emotional instability, impulsivity, and a history of violent offending, contributed to profound difficulties in interpersonal, occupational, and legal functioning. Psychological assessment revealed a pattern of severe psychotic symptoms, heightened aggression, significant antisocial behavior, and elevated suicide and homicide risk, underscoring the seriousness of the clinical presentation.

The findings further demonstrate how substance misuse and maladaptive personality characteristics can exacerbate psychotic symptoms and increase the likelihood of aggressive behavior. Although therapeutic intervention resulted in some reduction in positive psychotic symptoms and improved cognitive awareness, several risk factors remained present, emphasizing the need for continued monitoring and long-term treatment. Effective management of such cases requires an integrated and multidisciplinary approach that addresses psychosis, substance use, personality pathology, and violence risk simultaneously.

Overall, this case underscores the importance of comprehensive psychological assessment and

individualized treatment planning in forensic psychiatric populations. Early identification of risk factors, consistent psychiatric care, structured psychological interventions, and family involvement may help reduce symptom severity, improve functioning, and minimize the risk of future harm to both the individual and others.

### References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). American Psychiatric Publishing.
- Fazel, S., Gulati, G., Linsell, L., Geddes, J. R., & Grann, M. (2009). Schizophrenia and violence: Systematic review and meta-analysis. *PLoS Medicine*, 6(8). <https://doi.org/10.1371/journal.pmed.1000120>
- Fazel, S., & Seewald, K. (2012). Severe mental illness in 33,588 prisoners worldwide: Systematic review and meta-regression analysis. *British Journal of Psychiatry*, 200(5), 364–373. <https://doi.org/10.1192/bjp.bp.111.096370>
- Howes, O. D., & Murray, R. M. (2014). Schizophrenia: An integrated sociodevelopmental-cognitive model. *The Lancet*, 383(9929), 1677–1687. [https://doi.org/10.1016/S0140-6736\(13\)62036-X](https://doi.org/10.1016/S0140-6736(13)62036-X)
- Mullen, P. E. (1990). A phenomenology of jealousy. *Australian and New Zealand Journal of Psychiatry*, 24(1), 17–28. <https://doi.org/10.3109/00048679009077701>
- National Institute for Health and Care Excellence. (2022). *Psychosis and schizophrenia in adults: Prevention and management (NICE Guideline CG178)*. <https://www.nice.org.uk/guidance/cg178>
- Robinson, O. J., Cella, M., & Valmaggia, L. (2023). Cannabis use and psychosis: Recent advances in understanding risk mechanisms. *World Psychiatry*, 22(1), 59–71. <https://doi.org/10.1002/wps.21038>

Silva, J. A., Leong, G. B., Weinstock, R., Boyer, C. L., & Ferrari, M. M. (1998). Delusional jealousy and dangerousness. *Journal of Forensic Sciences*, 43(1), 168-172.  
<https://doi.org/10.1520/JFS16134J>

World Health Organization. (2022). *International classification of diseases, 11th revision (ICD-11)*. World Health Organization.

