OMBUDS

THE JOURNAL OF THE
UNIVERSITY & COLLEGE
OMBUDS ASSOCIATION

Occasional Paper

Number 1 / Fall 1994

PEOPLE WITH DELUSIONS OR QUASI-DELUSIONS WHO "WON'T LET GO"

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People with Delusions or Quasi-delusions Who "Won't Let Go"

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***"I met Johnston** by accident one night—really by accident. He had fallen in the snow and I helped to get him to the campus infirmary. The next weekend he asked me out to a concert, and then we went out with friends a couple of times. I thought he was very intense and wanted too much of my time, so I told him I no longer wanted to go out with him. But he got very upset. He insisted that I had to explain to him why I was not interested. I spent all one evening trying to do this, and then, if you can believe it, the next night also.*

The day after that, he waited outside my dorm and said he had to see me. When I asked him why, he said he needed to talk with me, so he could "understand how to please me." I said I did not want to see him and he said that I had to see him. I ran off to class; when I came back to the dorm for lunch, there he was outside the door. He had a package for me. That week he called maybe a hundred times. I took my phone off the hook. He called the phone company to report the need for 'an emergency repair.' He sent flowers, and candy, and one night when I was studying late—I do not know how he knew I was up that late—he had a pizza delivered. He sent an express package full of clippings and photos and poetry and things that he said reminded him of me; he said this would 'help me understand why I had to talk with him.' Somehow he found out my work schedule at a part-time job I have; he walks around there and waits there for me. Somehow he found out when my birthday is; he says he 'has something big planned." I am getting really scared. Other students in the dorm have tried to talk with him; it seems completely useless. I have thought of calling his parents. Can you help?"

***"She took this** unpaid overtime complaint to her department head—about her supervisor making her work more than forty hours a week without compensation. But it turns out that her department investigated and found nothing amiss. Then she appealed to Human Resources and finally she went outside to the Department of Labor. At every stage the complaint was looked into again. Because she was so adamant that she had been mistreated—and so convincing—the facts were examined really carefully. Now she is telling other clerical staff at the bank about her 'overtime abuse' and talking about suing the Department of Labor—and she came by my office to ask for the Washington DC phone number of our Senator. She says she will do 'whatever she has to do to get justice' against her supervisor, who is getting scared. Can you give me some advice?"*

In this article I am going to describe an unusual type of case that may come to complaint handlers in an organization. I will sketch out characteristics of a specific group of people who have some obsessive beliefs and ideas that appear not to be based in reality. I will suggest some ways individual complaint handlers and organizations may deal with questions and concerns posed by such persons.

In recent years an increasing number of otherwise productive people, who appear to have delusions or quasi-delusions[1] and who "won't let go," have come to the attention of workplace and university complaint handlers. These are people who have ideas which appear contrary to fact, and who, in addition, seem obsessed about these ideas.[2]

Complaint handlers come to hear about this sub-group of obsessed people with delusions or quasi-delusions in

[1] Since 1990 I have met, or consulted about, nearly a hundred people a year — inside and outside my own community — who seem obsessed with some ideas that are quasi-delusional or delusional and whose demeanor and work performance seem otherwise reasonably "normal." As complainants or the subject of complaints, they have appeared stuck on some person or subject they could not or would not give up. In many cases the person with unrealistic thinking was not a member of my community, but was an object of concern to a person in my community or to someone in another organization.

[2] In the beginning, it can be difficult to decide if a person has a delusion or not. There may be a continuum, from those who are just very competitive, to those who are punitive, arrogant, self-centered, win-lose people, to quasi-delusional people, to people with serious delusions. But it can be very difficult to know at first about whether someone is seeing things "realistically;" someone who is just focused on rights and justice may sometimes appear rather obsessed and askew of reality.

two ways. People with obsessive delusions may come in as **complainants**, and then continuously refuse to settle or give up the complaint. This may be true even after a court has ruled against them. Or they may be reported to the complaint handler as **harassers** when they follow, skulk, stalk, scare or anger others, and apparently cannot be persuaded to give up the object of their interest.

I am not suggesting that the group I will describe is a clearly definable sub-group of the population who visit complaint-handlers, and most complaint handlers are in any case appropriately resistant to "labeling" people who come to see them. However, people with delusions or quasi-delusions who become obsessed about other people sometimes present particular difficulties to those involved in conflict resolution, so it is probably useful to consider this group even though it is loosely defined.

Moreover cases involving such people are likely to be the most expensive in time and money and feelings, for those involved, and for their institutions. And this group of people can be intimidating. For example, the rare members of society who tenaciously seek revenge are often people with delusions or quasi-delusions. Some of these people speak the language of "love" and some speak of hate and some begin by speaking of love and then move to speaking of hate. Either way, people with obsessive delusions often frighten other people.

There has been little published in the human resource or dispute resolution literature about otherwise productive persons who present in workplace or academic settings as both obsessed and quasi-delusional. While a number of articles exist in the psychiatric literature about obsessed, delusional and quasi-delusional persons—there exists, for example, a literature about "erotomania"—I have found virtually nothing in medical literature that might assist complaint handlers to deal effectively with these persons. For these reasons I am venturing to collect my thoughts on this topic, and hoping that others will contribute more case discussions and articles to this field.

How the Issues Come to Light

The persons of particular interest to this article often appear to be coping adequately, or even well, in the educational or work environment. This is an important practical point for complaint handlers, because most people who are seriously mentally ill or very unproductive will, one way or another, leave the workplace or the classroom, as they are sent to the hospital or fired or flunk out. For example, there are delusional people, who are seriously mentally ill, who cannot function productively. And there are a few people who do objectively terrible work and then charge harassment when they receive a negative performance review and then obsessively try to continue to complain. These people usually are not permitted to remain in the organization.

This paper however, is about people who have developed a focused, delusional, or quasi-delusional obsession about some person or subject, whose demeanor and performance are such that they will not ordinarily be sent away from the workplace or educational arena. Unlike the overtly mentally ill person who cannot work or study effectively, (and who will often be successfully referred to health care practitioners) this article is about people who usually seem to have just a patch or two of unrealistic thinking and otherwise may seem reasonably "normal."

The most common delusions that come to the attention of a complaint handler are delusions about other people. For example person A may think that he or she is in love with person B, and that the affection is reciprocated, when B does not even know A, or is not interested in A. However, the delusional thinking may be about the employer or about some other subject of concern to the person. For example, the person may believe that he or she has a "special position" at work—and must be addressed in a certain way—even though the belief is contrary to fact. Or the person may believe that he or she has done certain work (that actually was done by others), or has done work of cosmic importance (which other people value less highly), and wants credit for it. The delusion itself, of course, is not necessarily a problem. The problem may appear when a person with delusions makes unrealistic demands.

In my experience, this kind of unrealistic thinking is most likely to come to light when someone in the community complains about being harassed or otherwise mistreated. However people with delusions also come in as complainants, and they often present counter-complaints if they are reported by other people as harassers, so the complaint handler will often meet such people as complainants.

People with delusions are a significant and often difficult sub-group of those who harass others. They present special problems for many different reasons.

First, it can be exceptionally hard to get them to stop harassing, following, skulking or stalking—they often do not listen to reprimand or direct orders to desist, and ordinary harassment training does not change their minds because they do not think they are "harassing." (In fact, one reason to look at this group of people is that their existence helps to explain why it is that institutions cannot get rid of all harassment just by conventional harassment training programs.) Reports of harassment by people with delusions also pose assessment problems for the complaint handler, because in these cases it is may be difficult to know whom to believe. Since most complaint handlers work very hard to protect the rights and interests of everyone, since everyone deserves justice even when they seem unreasonable, cases of this kind take endless time as one struggles with the question, "Suppose this person is telling the truth?"

Some complainants of this type not only remain focused on a complaint for a very long time, without being able to "get beyond it," but continue to involve third parties in a way that may be perceived as quite destructive. In addition, this group represents an otherwise rare group that may turn against doctors, employee assistance providers, ombudsmen, advocates, and counselors, grieving about being treated badly.

I have no scientific statistics about this subject, and one cannot offer significant statistics since the group of people under discussion is not rigorously defined. It is however my impression that the proportions of men and women with obsessive delusions or quasi-delusions may be about equal. (In particular I do not concur with several authors on erotomania who believe that most of those who suffer from that syndrome are women.) In addition I believe these cases may be randomly represented among the foreign-born and US populations with which I have contact.[3] There is however one statistic of which I am certain: obsessed people with delusions are coming to the attention of my office in much greater numbers than was true fifteen years ago. The numbers are up, I estimate, by an order of magnitude since 1985 (which was the first year I began to think specifically about such cases).

The Person with a Delusion as Complainant

The typical productive person who seems to have an obsessive delusion or quasi-delusion presents as a legitimate complainant. Indeed, in many cases, the complaint handler will conclude, both immediately and later, that some or even most of the concerns of such a person are reasonable. The quasi-delusional person is often charming and may be a skilled (even superbly skilled) manipulator of other people. The quasi-delusional person may tell each new complaint handler that "*this is the first time that anyone has ever given me a fair hearing*." There may be a detailed and troubling story of how previous managers and complaint handlers have refused all reasonable help or attention. A typical complainant of this type communicates that he or she feels deeply betrayed by the person or institution or system that is the object of complaint, or may communicate this sense of betrayal as part of a counter-complaint, if a complaint is brought against him or her. One may hear a story of betrayal and failure by a number of other persons or institutions. One is likely to hear a story of urgency, about some calamity that will happen unless appropriate action is taken (and sometimes the story of urgency is correct).

If the complaint handler gets to know the person with a delusion over time, there may be a series of complaints or sub-complaints brought forward. Often the complaints prove justified. Often they are not. The person with a delusion may feel entitled to behave, or be rewarded, in ways in which other people are not entitled. For example, this person may feel it is OK to call in sick for weeks without having to come to work and without presenting a letter from a doctor. He or she may feel entitled to a job or promotion or raise when competent supervisors do not agree. For example, one may hear, *"They cannot tell me that my job is being eliminated. I want to stay here. I have a right to this job!"* Sometimes the person with a delusion is a complainant-activist, who complains about subjects like restraints on free speech (or abuse of a given group) in a fashion that others find intrusive, harassing or frightening. It is not uncommon to find a person of this type who complains about the very behavior he or she exhibits. Person A may complain bitterly about "*intolerable invasions of my privacy*"—while A is also reading B's letters or email, or listening to the phone calls of B and others.

[3] In my own community, nearly a fourth of the students are foreign citizens, and another significant group are first generation Americans. Significant proportions of faculty and staff are foreign citizens or first generation Americans. In addition, I hear from complaint-handlers all over the country who are dealing with cases involving people who appear delusional and obsessed, who report a wide range of national origins among these people.

The Person with a Delusion as the Subject of a Complaint

Sometimes a complaint handler will hear of someone being seriously harassed or actively stalked by a person who is described as obsessed and delusional. In this case he or she should listen especially carefully to all the facts brought forward by the complainant or other informant. This is particularly true if criminal behavior is alleged. An immediate decision needs to be made about who is best suited to deal with the situation and whether the concern should immediately be referred to the police or security department.

However, a complaint handler may very well get to meet obsessed people who have delusions and who are the subject of complaint. The person with an obsessive quasi-delusion or delusion who is the subject of a complaint will sometimes be quite reasonable and cheerful, if the topic of complaint is not important to this particular person. However if the topic of concern is in the area of delusion for the person being complained against, the complainant and the respondent may be difficult to deal with.

Sometimes the harassed person does not know who is harassing him or her. For example, the harassed person may receive phone calls, expensive presents, dead animals or flowers or plants, or other disgusting objects in the mail, obscene poetry, death threats, marriage proposals, money, etc., without knowing the origin of the harassment. The harasser may call out the fire department, order pornographic materials, order expensive equipment, make reservations, or send grievance letters in the name of the person being harassed. The harasser also may "turn in" the harassed person for unethical behavior, child abuse, not paying taxes, drug use, harassment, etc., quite groundlessly. These cases sometimes take months of careful investigative work, and require cooperation from a number of people, before the harasser is identified.

If the identity of the harassing person is known, then the harassed person has a spectrum of options from which to choose.[4] Typically the object of harassment first tries to stop the harassment directly, in a sensible way, then calls in supervisors and others. If proof of the harassment and of the identity of the harasser exists, the relevant institution will usually work hard to see that the harassment stops. This process may however be difficult and the results uncertain. Ordering the person with a delusion to stop harassing may not work, separating the parties may not work, firing the delusional harasser may not work, and court orders also sometimes do not work.

Many people with a delusion or quasi-delusion "have something to lose," and on this basis may ultimately be discouraged by attempts to dissuade them from continuing to harass. However, these efforts may have to be truly formidable. ("If you continue to follow person B, you will be fired, and the employer will bring charges against you." "If you continue to follow person B, we will contact the Immigration and Naturalization Service which will put your US visa in danger.")

It is easy, and a mistake, to underestimate the potential tenacity of an obsessed follower or stalker. The most difficult cases are those where a competent person with a delusion decides that he or she has "nothing to lose" and continues to stalk the object of interest. As examples of extreme situations, in recent years I have known a number of young women to change their identities (names, Social Security numbers, etc.) and countries of residence as the only effective way to escape a stalker with delusions.

When the Facts are in Dispute

People with delusions, like everyone else in society, are found on a broad spectrum of relative good sense or relative lack of common sense. It can be difficult to know where the truth lies.

Some quasi-delusional people tell stories that have elements that are quite bizarre. The delusional part of a story will, by definition, be relatively focused and circumscribed, by comparison with the conversation of those who are more generally out of touch with reality, that is, overtly mentally ill. The story as a whole may therefore be impossible to discount. And a person with delusional ideas may react badly when one tries to ask for more facts or evidence in the area of delusion. Many visitors with quasi-delusions appear to believe the "facts" and stories they tell that prove to be untrue, as well as those that do prove to be true.

The delusional parts of a narrative may be those of central concern to the complaint handler. People with delusions may tell untrue stories about how a complainant loves them or has agreed to help or to marry them.

[4] See Rowe, Mary P., "Options and Choice for Conflict Resolution in the Workplace" in Negotiation: Strategies for Mutual Gain, by Lavinia Hall, ed., Sage Publications, Inc., 1993, pp. 105-119.

They also may tell untrue stories about being harassed or abused, or about other people being abused. By the same token they may say that they "love" the object of their interest, or may speak of rage against that person, or both.

The listener may often wonder how much to believe. It is important to consider all stories respectfully, for reasons of fair complaint handling, and also to help prevent a sense of humiliation and even possible violence on the part of the story-teller. In addition, people with delusions, including those who are following or stalking others, may fear violence against themselves. (They may report constantly thinking about injuring or killing the object of their interest and/or themselves or being attacked).

Because the person with delusions often appears to believe the allegations or the denials he or she makes, it is often difficult to believe such a person is "lying." If objective evidence and witnesses are lacking, the complaint handler or administrator may be in a serious quandary, especially if serious charges have been brought by or against the person with delusions. (People with delusions may be particularly problematic for the complaint handler when they come in as third parties to report serious abuse that is allegedly happening to others, because there may be no way to inquire into the allegations without intruding in a major way on the rights and privacy of others. These cases are especially agonizing when the nature of the alleged abuse is a "reportable offense" for the person hearing the story.)

It may help to embed fact-finding in this kind of case in a structured and formal grievance process. Formal grievances involving a person with delusions require trained and experienced fact-finders, if necessary brought in from outside the organization. The fact-finder needs to be told whether the facts to be reported should include "only those facts which could have been video-taped or audio-taped," or whether he or she should also provide conclusions as to whom to believe. (For example, a fact-finder may report, "A says this and B says that." Or one may report, "A says this and B says that, and for these reasons I find that B is telling the truth.") This instruction is always appropriate where there is to be an investigation, but it is especially important in cases involving a person with delusional ideas.

These cases also make the question of the "thoroughness" of an investigation a major issue. A "thorough" investigation in a case of this sort may require seeking out more witnesses than would ordinarily be the case when the facts are less in dispute. Widening and deepening the investigation may make many employers very uncomfortable, especially where students or customers are involved. All these points become even more difficult in the growing number of cases when two people with delusions bring serious charges against each other.

Formal grievances that involve a person with delusions also make the "standard of proof" especially important.[5] Cases involving persons with delusions also throw into sharp relief the fact that most employers may not subpoena witnesses and cannot compel the truth under oath—and therefore may not be able to find out what the facts are. For all these reasons the complaint handler might consider whether a given case would better be heard by a court or outside government agency, if that is an option.

Interactions with a Person with Delusions

It is usually difficult to present a balanced set of facts to people with delusions, and to persuade them to accept such facts as real or important. People with delusions often appear to be quite polite and attentive but appear "not to listen to reason." If a complaint handler points out his or her need to "hear the other side of the story" or to "understand all the facts," some people with delusions will immediately feel betrayed and furious. Worse yet—and here the consequences could prove to be quite serious—the complainant may feel humiliated.

Other people with delusions are quite sophisticated about the fact that administrators seek both sides of a story, and will appear comfortable and interested in gathering "all the facts." The facts however make little or no dent when presented to the person with delusions. The person with delusions often will appear not to remember facts that have been presented (*"You never told me that."* or *"No one ever told me that before"*). These characteristics make cases involving people with delusions especially difficult, since third parties

[5] The standard of proof is the level of belief that the decision-maker must have in reaching a decision. Thus a complaint may be found justified on "the preponderance of the evidence"—the civil standard—where wrong is considered "more likely than not." One may think of this as a 51% level of belief. A higher standard is "clear and convincing evidence," which one might think of as a 75% level of belief. A higher standard is that of "beyond a reasonable doubt"—the standard for criminal conviction— often thought to be @95 or 99%. The highest level of belief is certainty.

frequently get drawn in, hear only a fragment of the story, and join in believing that "the system" has wholly failed to provide care or justice.

The person with a delusion sees life in "all or nothing" terms, at least within the area of concern. He or she may sometimes have learned to talk the language of problem-solving and negotiation. However the goals of such a person are strongly-desired and may be extreme. It is important for a complaint handler to recognize that a person with delusions may be both sophisticated and pleasant—and also harbor extreme goals in a covert fashion. The extreme nature of a desire—for example, for total physical and emotional control of another person—or total control of an office process—or the total acceptance of a proposed policy, project, plan or proposal—or an unwarranted firing or a public, humiliating revenge against another person—may emerge only after apparently reasonable "problem-solving" has occurred and then been rejected. Sometimes however, an unsophisticated person with delusions will be quite plain about his or her desires, without realizing that others will see them as unreasonable, crazy or frightening. Either way, a common hallmark of the delusion is an extraordinary sense of entitlement (*"She **must** talk with me!" .... "The department **must** let me work on that project again!" .... I refuse to have my office moved from that building." .... "They **have to** let me live in that dorm." .... "You **must help me!**"*).

Informal conflict resolution may not be useful where either complainant or respondent is obsessed and has a delusion. The people with obsessive delusions that I have known are usually dissatisfied with any conflict resolution mode other than a formal, all-or-nothing, win-lose dispute resolution process and/or cannot use problem-solving options as they were designed to be used. The unhelpfulness of informal options for these cases may manifest itself in various ways. For example, if a formal grievance process requires an early "discussion" step between protagonists, this may be unsatisfactory to an obsessed **complainant** with delusions who demands justice.

An informal, problem-solving meeting may also be mis-used by a **harasser** with delusions. An obsessed harasser may in fact ask for meetings, and maybe more meetings, to discuss matters with the complainant, if that is the only way the obsessed person can keep contact with the object of his or her delusion. *"She **has** to explain herself to me"* or *"I have something new that I **have** to tell him."* Complaint handlers should not let themselves be used by an obsessed harasser who tries to use an informal dispute resolution option to maintain contact, rather than to agree to give up contact, with a complainant who wants to be left alone.

Some obsessed complainants will resignedly go up all the steps of a complaint and appeals channel, even though they find the problem-solving steps to be useless. However it is important for the complaint handler to understand both that a delusional complainant may require a formal grievance process—and that providing such an option does not necessarily mean that a formal process will be satisfactory. (Formal processes also may not be seen as fair by respondents with delusions.)

To begin with, some aspects of any and every formal process are almost certain to be found unsound, unfair, and a betrayal of justice, by the disputant with a delusion. Since it is in fact impossible to have a perfect formal process, and since the person with a delusion usually is vigilant and will catch errors others would miss or forgive, these complaints about elements of the formal process also may be correct. In addition, a disputant with a delusion may not wish to let the grievance process come to an end. He or she certainly does not wish to lose, but may also not be able to stand winning, in the conventional way, since that would mean that the fight is over. Disappointment is usually guaranteed, whether because the object of rage will not, for example, be (literally or figuratively) put to death, or because the disputant cannot stand to stop fighting, or both.

Throughout a grievance process a person with delusions may seem to require total validation from those who attend or help. It can be literally impossible, even if one were to wish to do so, to provide enough support and affirmation. The person who is helping a disputant with a delusion may encounter extraordinary demands for his or her time and attention, at all hours of the day and night and weekends and holidays. Crises, real and ersatz, and fascinating facts and problems, may appear relentlessly. They may seem actually to be provoked by any reasonable distraction of the complaint handler, such as a vacation, or the needs of a family member, or another urgent project. As a further frustration, the complaint handler who is trying super-hard to be responsive may be characterized in real time both as a saint and as a monster. One may find that one's efforts

are sometimes considered to be super-humanly wonderful: *"Without you I think I would have killed myself. You are the only person who understands me!"* But in the next moment one may be seen to be useless, contemptible or treacherous. *"Nobody is helping me! I hate this place. I am being abused—I am being tortured—and nobody is doing anything at all about it."*

Ideas for the Complaint handler who Deals with People with Delusions

The role of respect and extra effort: The complaint handler who deals with a person with a delusion needs to make extra efforts to listen carefully, attentively and well. The first task with all complainants—but especially with this group of complainants and visitors—is to "deliver respect." This is especially true with respect to the subgroup under discussion, because obsessed delusional people often provoke the worst in others—which provokes worse behavior in the obsessed person—and the complaint handler should try to interrupt any worsening cycle of human interactions. It is also true because a delusional person may be especially sensitive to feelings of humiliation.

A person with quasi-delusions (who is on the less delusional end of the spectrum), and those who are naturally kind or civil, may respond to extraordinarily respectful attention, and extraordinary efforts in problem-resolution, with somewhat less unreasonable demands, and more willingness to attempt reasonable conciliation. Occasionally such a person may come to feel that his or her concern has been satisfactorily dealt with, and may revert to being a more pleasant and productive member of the community. In fact extra effort and extra respect from a complaint-handler appear to provide one of the few paths toward satisfactory solutions.

Perceived humiliation is a parent of destructive behavior: Any behavior which is perceived as disrespectful toward the person with delusions, may—as with anyone else—be expected to make that person less collegial and reasonable. Moreover, behavior which is perceived as condescending and humiliating may help to provoke a person with a delusion into unstable or dangerous behavior. For this reason, if a complaint handler is especially irritated with such a visitor or complainant, or develops a real dislike of the person, it may be appropriate to refer the person with a delusion to a different complaint handler.

The complaint handler's safety: If the complaint handler must deal with a person with a delusion who is especially hateful, out of control, and/or frightening, the complaint handler should pursue prudent security measures, such as having a third person present at meetings, calling a uniformed security officer to be nearby, leaving the office door open, widening the pool of people dealing with the problem, etc. Complaint handlers should learn the common reasonable questions to ask about the possibility of dangerous behavior (see Appendix). A complaint handler who may commonly be dealing with these cases might have one or two emergency buttons in his or her office. (The first button summons a support staff person or colleague to "buzz" the complaint handler in order to interrupt the meeting with someone out of control—the second button summons security people.) The complaint handler should be clear with his or her staff about how to deal with people who may be out of control.

Role definition: The complaint handler should be careful to define his or her role explicitly, clearly and repeatedly. (This may be done on paper, if there appears to be any ambiguity creeping into a disputant's understanding of what the complaint handler can do.) This role should then be adhered to with care. It is usually not wise to be friendly with a delusional disputant. Sometimes too much kindness appears to make the delusion worse. Many people with delusions are very suspicious, and complaint handlers who respond in a way that is perceived to be too kind may increase those suspicions.

Working within a system: It is especially important when dealing with a person with delusions to ask if that person has seen other complaint handlers. It is a definitional characteristic of such visitors that they down-play or forget previous attempts to help them, so an unusually careful chronology of contacts with the system may be important to gather. In addition, the complaint handler may wish to work especially hard to get permission to talk with previous complaint handlers. Whether by accident or design, some people with delusions become expert at "splitting" one administrator from another.

Referrals: The complaint handler should also take advantage of any good opportunity to refer the person with a delusion to other helping resources: EAP or mental health practitioners, the appropriate security or police officers, student affairs or counseling deans,

personnel officers and others as appropriate. One may couch a referral to a counselor in terms of a need for support rather than treatment. One may also strive to discuss principles and issues—rather than personalities—in order not to convey disrespect. "When this type of concern comes up I try to offer several sources of support to deal with it." Sometimes providing a solid network of support may help produce a satisfactory outcome.

Setting limits: Complaint handlers (including ombuds practitioners) who are accustomed to focusing on "interests and problem-solving," rather than "rights and justice," may find it helpful to listen for the language of rights and justice, fairness and principle, and to switch to this language and these concepts in working with the obsessed person with a delusion. One should be very clear about "the rules," and then encourage everyone who deals with the case to be unambiguous and to hold the line about acceptable behavior. If the person with a delusion is becoming a bully, one should make clear what lines may not be crossed and what the consequences may be for crossing those lines.

In cases with people with less rigidly held delusions, sometimes a social norm will prevail, as when a person gives up following someone when the person who has been followed gets married. It is always worth analyzing what the culturally relevant norms or local rules are or should be—and then emphasizing these norms or rule, to help a person who is losing control to gain control. For example, one can require a man who is a foreigner, who is furious with a woman of his own nationality and religion, to "obey the social norms of this country while he is here," in a way that may successfully constrain the man's behavior in this country.

Sometimes a person with a quasi-delusion will control his or her behavior if rules and sanctions are set sufficiently tightly, clearly and respectfully by a person who is perceived to be in high authority. For example a person may abide by an order from a Vice President or Chief of Security, that he or she may not enter a certain building or must leave any room where he or she finds the person who is the object of the delusion. A widely respected Chancellor or a senior faculty committee may sometimes be able successfully to order a senior faculty member to behave himself. A widely respected Director of a hospital may be able successfully to constrain the behavior of a doctor. Some cases are best taken to court, and a judge's order sometimes will prevail.

Isolation and/or time out: If the person with a delusion is part of a group, and disrupts the group, one should consider letting the person work alone, so he or she will not bother others. Once in a while a person with a delusion may settle down and work well when parted from the object of the delusion. If separating disputants is a reasonable act—sometimes it is not—this option should be considered. Sometimes it may help to require "time out." This may be especially helpful if the person with a delusion is beginning to feel himself or herself a failure and feels trapped. Being required to "take a year off" or just take a leave may permit the person to achieve a degree of success elsewhere at other tasks and settle down, and maybe even to get help.

Containment by a group: On the other hand, sometimes it may help to set the person to be *required* to work with others. For example if a person with a delusion insists on participating on a certain project, the institution might require that the project can only go forward with the approval and by the design of the whole group that will be affected. Occasionally a person with a delusion will continue to fight against the object of his or her obsession—for example the institution itself—but will behave reasonably responsibly when working together with an appropriate peer group.

Protecting the target: Sometimes the person with a delusion simply does not accept constraints on his or her behavior. Sometimes the employer's orders will be ignored. Sometimes the best an employer can do is to help protect a target. Even this can be difficult, but one can often get certain kinds of help from law enforcement professionals. Bystanders sometimes presume that the police or security department can simply take a potentially dangerous person into preventive detention. In fact, unless a law is broken or someone is overtly mentally ill, this is not possible.

However, police and security professionals sometimes can be very helpful in setting limits, especially in the workplace. They can warn the obsessed person with a delusion that a situation has been brought to their attention—and that the behavior involved is unwanted and unacceptable. If the unwanted behavior borders on a violation of law, law enforcement professionals can warn the individual of the legal ramifications of a particular action if it continues or escalates. Oftentimes this type of warning from a law enforcement organization is a helpful deterrent. In certain

cases the police may also be able to set up a clerk magistrate's hearing to allow borderline unacceptable behavior to be brought into the criminal justice system.

Police and security professionals can also be helpful in assisting a potential target to develop a security plan. They may also be able to escort a target around campus or around a workplace. It may however also be incumbent on a target—however unfair this may appear—to help in taking steps toward ensuring his or her safety. The complaint handler may be able to help with discussion of various responsible alternatives. In particular, especially at the time a case has just gone to court, or if a court order is being ignored by a harasser who has a delusion, the complaint handler will be wise to support suggestions from the police about how the target may help to keep himself or herself safer. It is in these cases, for example, that a harassed person might need to consider moving, taking a leave, taking whatever steps are necessary to be safe—including even changing his or her public identity.

The well-being of the complaint handler: It is a good idea, if possible, for the complaint handler to develop a small group of human resource people, mental health and EAP practitioners, police or security, senior line managers, student affairs personnel, etc., to talk with on a regular basis, for support and for risk assessment. A complaint handler should at least consider seeking advice and counsel about virtually every person with delusions who comes to attention either as complainant or the subject of complaints. In maintaining confidentiality one can try to get permission to talk with others, or talk with colleagues far away from the scene, or totally disguise the identity of the person with delusions, or all of the above. These discussions will be helpful for the complaint handler dealing with uncertainty, frustration, sadness, and anger about problems which may be presented. Moreover, if a case of this type goes wrong, as it often can, colleagues may be able to help the complaint handler separate real mistakes that could have been avoided, from the inevitable short-comings of sparsely staffed human service systems.

The most important problem that I have seen, for complaint handlers dealing with a disputant with delusions, has to do with feeling guilt and shame when things do not work well. Cases involving people with delusions are especially likely not to go well and even to go wrong. The complaint handler often will feel he or she should have done better. Many people with delusions have legitimate complaints so the complaint handler may wish for that reason there had been a better outcome. Many obsessed people are adept at finding the real short-comings in informal and formal conflict resolution processes, so the complaint handler may be harshly criticized for real, as well as imagined, errors. It is characteristic of some cases involving people with delusions that it will be impossible ever to know the truth of what happened, so the complaint handler may be left—forever—in real dismay as to whether justice was done. Moreover working with people with delusions may also make the complaint handler something of a pariah. It is characteristic of these disputants that they are seen as trouble-makers by people around them, so the complaint handler may also become—or appear to become—another trouble-maker if he or she becomes involved. It is also possible to be taken in, by a charming and skillful person of this type, so the complaint handler may in fact make some errors. Straight talk with colleagues is often essential in finding the path toward learning from one's errors—while still being able to forgive oneself for errors.

If the complaint handler actually helps successfully with a case like this, he or she should take notes, learn whatever can possibly be learned about the success to share with others—and take pride in an important achievement.

What Can Be Done Institutionally?

Training for complaint handlers: An institution can foster discussions to help train its complaint handlers to recognize and seek counsel when they are dealing with people with delusions. Department heads, student services personnel, personnel and administrative officers, campus security people, ombudspeople, etc., should all get at least some training on complaint-handling with this type of person. Since cases involving people with delusions are especially likely to harm the rights and interests of the person with delusions or of someone else, complaint handlers first need training just to able to recognize such cases. It is important for complaint handlers to learn that perceived humiliation is a powerful catapult toward destructive behavior and that this fact is especially important with respect to people who have a delusion or quasi-delusion and who "won't let go."

Fostering respect and providing support: The institution can take special care to affirm the right of everyone, especially people perceived as difficult, to be able to pursue their concerns and grievances appropriately. It can encourage especially respectful behavior toward these people who are especially sensitive to the need for respect. It must recognize the special importance of consideration of the rights of those involved with a person with delusions as a complainant or defendant. In serious cases, especially where permission has been granted for discussion, it may be useful to assign different complaint handlers to concentrate on the rights and interests of different parties to a case. This is especially important where there are both complaints and counter-complaints. In all cases involving people with delusions it will be especially important to consider the possible need for an "accompanying person" to be with each of the parties.

A difficult and dangerous problems group: Most institutions need a regular discussion group of human service professionals and administrators who are dealing with tough problems. These persons should be chosen from the major systems in the organization that would need to work together to deal with difficult and dangerous problems. A typical group might have the senior professional from security, human resources, the ombuds office, student affairs, EAP, medical department, etc., meeting together with two or three senior line managers. Where such groups have formed they have typically settled quickly into high commitment to regular meetings. They should take great care to protect the privacy and confidentiality of people in the relevant community—for example by discussing cases on an identity-free basis—but provide support to each other in planning new policy and in analyzing serious problems before, during and after they occur. They are an essential element in risk assessment and risk management. They represent an essential conduit to outside systems. They will function together better with extraordinary cases if they meet together regularly on a non-crisis basis.

Identification of outside consultants: The institution should consider identifying professionals who are available on short notice to consult about rare, very serious and problematic cases involving obsessed delusional behavior and potential violence, and who are willing to learn about the norms and values of the given institution. It should also consider identifying persons able to do sophisticated investigations in time of need.

APPENDIX

On the prediction of dangerous behavior

It is not easy to predict whether those who are at risk for acting dangerously will actually do so. Dangerous behavior is rare, which makes it hard to predict. The risk of acting dangerously depends on characteristics of the person(s) involved in a situation—one must think about both the **potentially dangerous person(s)** and **target(s)**—and of the characteristics of the **situation** itself, the **environment** in which the person(s) act and live, and **recent precipitating events**. Here are some questions the complaint handler might wish to ask:

• Is the **environment** respectful? Are disputes and complaints usually settled peacefully in this milieu, on a problem-solving basis rather than a confrontational basis? Are there people or structures around that support those who are in conflict? Have people like the potentially dangerous person usually been able to be "heard" in the past? What are the norms about use of physical force, weapons, drugs, and alcohol? Is the immediate environment secure or chaotic?

• What are the **stresses** in the life of the potentially dangerous person? What is the job, classroom or performance situation? What is likely to happen in the near future with respect to this person's situation? What is the person's family situation? Does the person have an immediate support network? Is she or he currently in touch with it?

• What do you know about **recent events**? Has the potentially dangerous person recently felt humiliated? Does this person perceive that all options are disappearing, that he or she is being painted into a corner, that he or she is a failure and has lost face?

• Does the **potentially dangerous person** have a history of violent behavior, drunken fights, or accidents where he or she has gotten hurt? Is there a motive to do harm? Has this motive been made explicit? Is there a plan to do harm? Is there a means at hand, such as a gun or toxic chemical or knife—or a computer or valuable equipment to sabotage? Has the means for violence been named by the subject as part of a plan for harm? Has an individual, or the subject himself or herself—or the valuable property—been named as a **target** for harm? Is that person or property accessible? Has a time period—especially an imminent time and date—been set as a time for revenge or "settling the problem" or for explicit harm?

• With whom can I consult and how? What **support systems** will be important inside and outside my organization?

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