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Samos syndrome, borderline personality disorder and Pathophilia: Why we cannot stop pandemics

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Abstract

The Samos Syndrome was discovered when researchers investigated why certain people refuse to take precautionary measures even when aware of pandemic risks. Samos Syndrome suggests that pandemic and primary prevention can only happen if people care about staying healthy and avoiding communicable illnesses. When faced with dangerous transmittable illnesses, individuals either defend themselves or welcome them, such in the Samos Syndrome, a kind of Pathophilia (People attracted by illnesses). As borderline personality disorder, found in Samos Syndrome, becomes more common, so will people who reject primary protection from transmittable illnesses and health behaviour as their choices. Therefore, we cannot halt pandemics. Pandemics would sinisterly draw pathophilies and split individuals who wish to avoid sickness from others who would utilize pandemics to harm themselves for personal, interpersonal, and psychological reasons.

Keywords: HIV, AIDS, Samos syndrome, pathophilia, thanatophobia, borderline personality disorder

Introduction

Samos Syndrome arises from the observations made by the author of HIV Discordant Couples in which a person is HIV positive (both in the initial phase of HIV infection or the advanced stage with overt symptoms). At the same time, the other person in the couple is HIV-negative and aware of the partner's positivity. The person with the Syndrome is the one which is HIV-negative. The Samos Syndrome celebrates its 20th birthday since its first discovery^[1-4]. Discordant HIV couples were mainly observed in Italy and England in a multicenter study. In this article, the experimental data emerging from these observations will not be reported, but rather the psychosexual dynamics found in Samos Syndrome. At the beginning of the HIV epidemic, there was a famous case of a French woman who injected herself with the blood of her Italian ex-drug addict, who was HIV positive^[5]. This case caused a general stir, inviting many scientists to study the reason for repeated similar episodes. Some authors, including the writer, hypothesised that the increase in the spread of HIV infection could result from a parasuicidal attitude, especially in depressed people where the HIV-positive partner becomes the executor of their self-harming desires^[6, 7]. Thus, as in the first investigations, it has always emerged, in the people with Samos Syndrome, a conscious choice not to use means of infection prevention to demonstrate – as they often comment – their love for a person who appears suffering and in need of affection. We later confirmed the Syndrome as most prevalent in women with borderline personality and a history of childhood traumas and attachment disorders^[8]. The author decided to call such behaviour with Samos Syndrome (see Table 1) from the name of the story of the Turkish doctor Zambaco Pacha who, in 1800, visited all the leprosariums of the world, including one on the island of Samos, in Greece^[9].

Characteristics of Samos Syndrome^[8]

Samos Syndrome indicates the behaviour of people, often with histories of violence suffered in childhood, deprivation, abandonment, and with manifest difficulties in relations with the leading attachment figures, who decide to start erotic-sentimental relationships with another person who has a severe and incapacitating physical and/or mental and/or social condition. It excludes cases in which such lower integrity is established after the erotic-sentimental relationship began or when the two people were already partners stable before infection with HIV in a member of the couple.

The person's partner with Samos Syndrome may be a carrier of an infectious and contagious disease (HIV, Hepatitis C, Syphilis, COVID-19, etc.) and/or psychologically disabling illness (it is a violent, temperamental, schizophrenic, drug addict, or having alcohol problems), and/or characterized by a socially deprived condition (unemployed, socially marginalized, imprisoned, etc.), and/or suffering from a severe medical condition that can invalidate, hinder or inhibit the affective, sexual, serene and accessible relationship with the healthy partner, the one with Samos Syndrome. In addition, the person with Samos Syndrome is fully aware that the consequence of such a relationship is acquiring a contagious physical disease from the partner or becoming a victim of possible violence from the partner. Suppose there is simply a lower psychic and/or social integrity in the partner. In that case, the person with Samos Syndrome knows that this relationship will show many obstacles and stressful events due to the choice to start an erotic-sentimental bond with that particular partner [18].

Historical Background of Samos Syndrome

According to Zambaco Pacha, Samos Island in Greece was the only place in the world where people with leprosy could go out in the community; They were also allowed to enter into marriages with the local population [9]. So it happened that a wealthy and attractive girl fell in love with a highly contagious boy suffering from leprosy with buboes [9]. This episode is mentioned in the book by Guido Ceronetti (1979), *The Silence of the Body* [10]. The author adds that this marriage lasted eight years, seeing from a part he, the person with the leper, who tries with every effort to transmit his illness to her out of jealousy and envy and also because she did not want to remain alive when he would have passed away. However, what is still more dismaying in the story is that she, the healthy girl, does not do anything to avoid being infected by her husband; on the contrary, she searches in herself for possible signs of leprosy because he wants to

die of the same disease of her husband 1979) [10]. Furthermore, in the mind of such a woman, it was all useless since Ceronetti claimed that she loved her husband's illness more than him, although she never became infected while her husband died [10].

Materials and Methods

We used a mix of naturalistic and ethnographic approaches to understand the dynamics of Samos Syndrome. We also utilized a questionnaire to extract salient points in the use of sexual prevention of HIV infection. Goffman's unobtrusive method assumes that surface behaviours are governed by underlying rules although not immediately accessible to more structured methods [11]. Goffman's naturalistic observations were collected from different instances as they naturally occurred [11]. Our theoretical framework is ethnographic, where ethnography is the descriptive study of cultures and societies based on direct observation and some degree of participation [12]. The method is also autoethnography as qualitative research where the author uses personal involvements to designate and assess cultural views, behaviours and involvements while harmonising academic and methodological rigour, emotion, and creativity striving to social justice and make life better [13]. We also interviewed 475 HIV-discordant couples in several HIV centres in a multicentric study.

Results

We extracted the stories of persons with Samos Syndrome and Generated an assessment tool (Table 1). We also calculated the frequency in the use of condoms in 475 HIV-discordant couples (Table 2). We found that less frequent use of preventive measures during HIV risks was linked to a high level of education in the male partner, poor or bad relationships with the parents and higher social class in the female partner.

Table 1: Prototypical narratives in Samos Syndrome extracted by unobtrusive ethnographic approaches and Samos Syndrome Questionnaire

Question	Yes	Sometimes	No
I tend to fall in love and feel very attracted to potential partners with problems where I feel I could be of some help.	○	○	○
I have a partner with a contagious infectious disease that can be transmitted sexually and we usually do not use precautions.	○	○	○
I fell in love with a person I took care of because of my professional role, for example a client of mine or a patient of mine who had some psychic or physical problems	○	○	○
I tend to fall in love with people I see needing help, even if I get stuck under challenging stories or classic 'lost causes.'	○	○	○
I have stories of violence and abuse suffered in my childhood	○	○	○
I have had partners who took advantage of my generosity and who were sometimes physically and mentally abusive to me	○	○	○
I tend to resolve my emotional conflicts on my own because I fear that people will criticise me for my emotional choices	○	○	○
Although my romantic relationship has problems, I don't feel like leaving my partner; I think that, in part, the issues also exist because of me.	○	○	○
The more a person has a particular problem (For example, suffers a lot from an illness or has social issues), the more I feel involved in his story e I tend to fall in love with him or make a case personal to help him "get out of it".	○	○	○

Table 2: Behavioural components in 475 HIV-discordant couples [22]

Item	Characteristics	Frequency in condom use during sexual relationships in couples	Significance p	Outcomes
Educational level	Male partner (HIV-ve or HIV+ve) having elementary or middle school degree	86%	<0.001	A high level of instruction in the male partner is associated with a less frequent use of condoms
	Male partner (HIV-ve or HIV+ve) having high school or university degree	58%		
	Female partner having the same level of education of the male partner	60%	<0.001	A higher level of education in the female partners predicts a more frequent use of condoms
	Female partner having a higher level of education than the male partner	90%		
Family background in the female partner	The female partner comes from a socially disadvantaged family.	87%	<0.001	Women from family of higher social class family uses condoms less frequently
	The female partner comes from a middle-high social-class family	59%		
Quality of relationships of a partner with the own parents	Poor or bad	40%	<0.001	Relationships of a partner with the own family influence condom use
	Good	83%		

Discussion

In the many years that have elapsed since the first discovery of the Syndrome, we felt that there is one mental condition which could account for the aspects found. In addition, as we recently found during COVID-19 similar behaviours, the suspect is that people with Samos Syndrome could be considered high diffusers during transmittable diseases and the cause of pandemic diffusions if deriving from interpersonal transmission. This condition is likely to be borderline personality disorder (BPD). Hence, primary prevention in pandemics might fail because of the progressive increase in the diagnosis of BPD. Nevertheless, the epochal change has gone in an unexpected direction hence disconfirming that information per se might deter people from risk behaviours during pandemics. On the contrary, as in Samos Syndrome, lethal outcomes in pandemics might attract some persons with BPD, especially those with solid and chronic suicidal and parasuicidal ideation.

Pathophilia is defined as an excessive, abnormal desire to be sick, also known as nosophilia, from the Greek word 'pathos' indicating illness and 'philia', meaning attraction [14]. Nosophilia might mean the same as 'an abnormal desire to be ill' [15]. Another definition of nosophilia is 'sexual arousal knowing that a partner has a terminal illness' [16]. An associated meaning is thanatophobia or love of death [17]. Similarly, a thanatophile is a person fascinated with death and death-related subjects [18]. Thanatophobia is also defined as an 'obsessive' fascination with death [19]. We suggest that Samos Syndrome represent a particular form of pathophobia as fascination (including sexual) about and attraction to illness or to persons with pathologies, which, in extreme conditions, becomes an obsessive thanatophobia or passion and attraction (also including sexual) for persons with terminal or transmissible diseases. According to the ICD-10 International Classification Borderline Personality Disorder is characterized by several aspects, including unstable interpersonal relationships and life-threatening behaviours, which include risky sexual relationships [20].

During development and observations, we found Samos Syndrome was somewhat reported by other Authors who theorized relational dynamics according to their framework orientation. For example, Liggio, reporting our research, defines Samos Syndrome as Erotic-Sentimental Altruism [21]. The Syndrome was later found in couples where one partner was a carrier of a pathology other than HIV infection or even when no sexually transmittable disease existed but other sociocultural handicaps in the partner of the person with the syndrome.

As noted in our book *Sex and Aids*, people with Samos Syndrome often feel depressed, tired of a life that they believe has been devoid of affection [22]. They confess that they are looking for an ideal partner. The impression is that Samos Syndrome is a relational addiction and that borderline depression can be hidden, an expression used by Penati, who asserts that the following characteristics animate these people from the side of interpersonal relationships:

«[...] From the fear of being abandoned, and this last manifest itself with adhesive, dependent, requesting attitudes. The borderline oscillates between the anxiety of being abandoned, which drives him to create total, dramatically and globally involving relationships, and the anxiety of

being dominated by the other, which drives him to flee with equal haste from meaningful relationships» [23].

Watzlawick also speaks of these people when he says

«Women provide concrete examples, almost always intelligent, responsible, disinterested, with their fatal tendency to convert drinkers, players or criminals into models of virtue, and until the end committed to reacting with constant love and helpfulness to behaviours that are always the same in some men. [...] To be able to sacrifice herself, this type of woman needs problematic and weak men; in the life of a relatively independent man, her help and, therefore, her presence do not find sufficient space, and they are not even necessary» [24].

Krafft-Ebing (in Freud, 1991) coins the name of 'sexual subjection'

1. To describe the phenomenon of a person with an unusually high degree of dependence and lack of autonomy towards another person with whom she has sexual relations. By this subjection, one can sometimes go so far as to renounce any independent will and tolerate the heaviest sacrifices of one's interests.
2. An unusual degree of falling in love and weakness of character on the one hand, and boundless selfishness on the other, are, according to Krafft-Ebing, the conditions from where competition sexual subjection derives.
3. Subjection
4. Is by far more frequent and more intense in women than in men» [25].

Buchli also mentions the same trend in erotic-sentimental relationships

«The myth of fatal love would seem to be dissolved in liquid love. The great love-death tragedies consumed in a few hours, perhaps of some anonymous motel. And then, everything as before» [26].

Buchli (2006; p. 23) speaks of "love of death" and continues in a quote from Green:

It is not depression that we need to think about here, but about aphasia, asceticism, anorexia of living. The metaphor of the return to inanimate life is stronger than one might think because this petrification of the ego aims at anaesthesia and inertia in death. Life becomes equivalent to death because it is total liberation from desire» [26].

In her book *Women Who Love Too Much*, Robin Norwood (1994) highlights some characteristics of relational addiction that resemble Samos Syndrome:

In a relationship, they love the ideal partner more (as they would like him to be) than the real partner (as he is). They are addicted to abusive partners and emotional suffering like a drug. Maybe they tend towards depression, which they try to prevent with the excitement that comes from an unstable romantic relationship» [27].

In the book *A Thought a Day (For Women Who Love Too Much)*, always Robin Norwood (2007) talks about relational dependence, arguing:

The risk of contracting AIDS through casual sexual intercourse, which is a component of the desperate search for the ideal man, has made evident to all the nature of the lethal risk inherent in relationship addiction. Loving becomes loving too much

when your partner is not right, does not care about you, is not emotionally available and yet you cannot leave him: indeed you want him and love him even more»^[28].

In Dusty Miller's book *Women Who Hurt Themselves (2007)*, she talks of TRS Syndrome or Trauma Re-Enactment Syndrome: whose fundamental characteristic is a compulsion to harm their body. All of them hurt themselves as a consequence of interpersonal or family trauma experienced in childhood, reenacting the violence that was done to them as children and thus continually demonstrating to themselves that they do not know how to protect themselves from evil as no one was able to protect them as children»^[29].

When the person with Samos Syndrome has a BPD, some authors argue that their relationships are characterized by an extremely rapid transition from superficial knowledge to great intimacy with the other^[30]. Persons with BPD have specific features in their relationships with a 'preoccupied' form of attachment characterized by requests for kindness or support, holding and checking for proximity^[31]. Another research reports that BPD in young women is associated with earlier sexual activity, more sexual partners in the preceding year, and more informal partnerships; they have a higher propensity to engage in hazardous sex during their first sexual encounter, to have lower general health, and to engage in unwanted sexual activity^[32].

Conclusion

The story by Zambaco Pacha and Samos Island seems, at the moment, the oldest account of conduct that would have had unexpected developments in the health behaviours related to the HIV epidemic and, recently, COVID-19. The desire, confessed, of the person with Samos Syndrome is to want to become infected by following the destiny of the HIV-positive or AIDS partner until death. When we explore more in detail this behaviour during transmittable pandemics, we can postulate that paraphilias are why pandemics cannot be stopped.

No one knows with certainty what clicks in the minds of persons with the syndrome. Some Authors, among whom Robin Norwood (2007), stand out and talk about Syndrome from Relational Dependence or Love addiction^[27]. Therefore, the Samos Syndrome (Lazzari, 1992)^[2], Relational Dependence (Norwood, 1994)^[27], the Subjection Sexual Syndrome (Krafft-Ebing 1882, in Freud 1991)^[24], the Remittance Syndrome of the old act of trauma (Miller, 2007)^[29] can all be considered similar and reflecting interpersonal relationships in persons with BPD. In the last instance, these conditions can also characterize high diffusers during transmittable and infectious pandemics.

The Samos Syndrome has become recently actual when scholars started to investigate why some persons also fail to adopt preventive measures when informed about the perils deriving from specific behaviours in pandemics. A Samos Syndrome suggests that pandemic and primary prevention can occur only if the population is interested in remaining healthy and avoiding transmittable diseases. However, opposite emotional forces enter into play when people face lethal transmittable diseases, either protecting themselves or, like in the Samos Syndrome, a form of Pathophilia, welcoming them.

Furthermore, the link with BPD would suggest that as this condition becomes more frequent in the general population,

so will be those rejecting primary prevention from transmittable diseases and health behaviour as identifying their own choices. From here, why we cannot stop current and future pandemics? Pandemics will sinisterly attract pathophilies and increase the social divide between those who want to prevent illness and those who, instead, for personal, interpersonal and psychological reasons, would use pandemics to act in self-harming behaviours.

Interventions are still based on HIV counselling and improving reality testing in persons with the syndrome. We have postulated several causes for the Syndrome and why it is associated with BPD. We believe that the early scripts that help persons remain well and scrutinize risks for self, derive from early attachments of a child with his or her family. Disruption of early bonds would trigger any form of negative health behavior health behavior^[33]. We also postulated altered cognitive and metacognitive processes with emotional dissociation^[34], and altered mentalization processes^[35], that would hinder reality testing and control against harm and pandemics.

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