

Demographic and Clinical Comparison of Obsessional Followers and Offenders With Mental Disorders

J. Reid Meloy, Ph.D., and Shayna Gothard, Ph.D.

Objective: The purpose of this study was to compare certain demographic and clinical variables in a group of obsessional followers and in a group of offenders with mental disorders. **Method:** A static group design comprised of a nonrandom group of convenience and a randomly selected comparison group was used. Twenty obsessional followers in custody and 30 offenders with mental disorders in custody were evaluated by psychiatrists and psychologists for court-ordered reasons during their criminal proceedings. Both groups were evaluated during the same period, in the same court diagnostic clinic, and for the same psycholegal reasons. The group of obsessional followers was measured on demographic, clinical, and victim variables. Inferential comparisons that used nonparametric statistics were done between groups on selected demographic and clinical variables. **Results:** The obsessional followers were significantly older, more intelligent, and better educated than the offenders. There were no significant differences in DSM-III-R axis I diagnoses. Axis II diagnoses showed significant differences, with the obsessional followers more likely to have a personality disorder other than antisocial personality disorder and less likely to have antisocial personality disorder. **Conclusions:** The likelihood of obsessional followers having a nonantisocial axis II personality disorder (related to attachment pathology) distinguishes them from offenders with mental disorders in general. They are also likely to be older, smarter, and better educated, consistent with their resourcefulness and manipulateness. Idiographic aspects of the obsessional followers further illuminate their psychological defenses and object relations.

(Am J Psychiatry 1995; 152:258-263)

Stalking is typically defined as the willful, malicious, and repeated following and harassing of another person that threatens his or her safety (1). The criminalization of this course of conduct has arisen, in part, from the failure of court injunctions, such as temporary restraining orders, to protect individuals from threatened and actual bodily harm (2). Although it appears from popular news accounts that the base rate for stalking has dramatically increased in the last decade, insufficient data exist to make this assertion with reasonable scientific certainty.

The clinical characteristics of individuals who stalk also remain largely unknown. Dietz et al. (3, 4) conducted two studies of threatening and otherwise inappropriate letters sent to Hollywood celebrities and U.S. Congressmen. Although letter characteristics were identified that were significantly associated with the subject's approaching the potential victim, no clinically

derived information on the subjects (N=300) was available. Meloy (5) reported clinical data on six subjects who stalked their victims; four subjects eventually injured or murdered their objects of pursuit, but the group size was too small for comparison or generalization. McAnaney et al. (6) developed a theoretical typology of stalkers that included those with erotomanic delusional disorder, borderline erotomania (7), "former intimate" involvement, and sociopathy (serial murderers and rapists), but their classification needs empirical validation.

Zona et al. (8) completed the largest empirical investigation to date of erotomanic and obsessional subjects in a forensic cohort. They conducted a retrospective, archival study of 74 subjects from the case files of the Threat Management Unit of the Los Angeles Police Department. All subjects had established "an obsessional, or abnormal long-term pattern of threat or harassment directed toward a specific individual" (p. 896). Obsessions were defined as ego-syntonic ideas, thoughts, impulses, or images that resulted in an act toward the victim. Zona et al. (8) identified three distinct groups: 1) an erotomanic group characterized only by a diagnosis of delusional (paranoid) disorder, erotomanic sub-

Received Feb. 18, 1994; revision received May 16, 1994; accepted July 27, 1994. From the Department of Psychiatry, University of California, San Diego, and the VA Medical Center, La Jolla, Calif. Address reprint requests to Dr. Meloy, 964 Fifth Ave., Suite 409, San Diego, CA 92101.

type, in which there was no actual relationship with the victim; 2) a love obsessional group characterized by a primary psychiatric diagnosis (in addition to erotomania if present) or a fanatical love, in which there also was no actual relationship to the victim; and 3) a simple obsessional group characterized by an actual, prior relationship with the victim that had turned "sour" or within which there was the perception of mistreatment. Zona et al. provided some validation for their typology.

Some psychiatric data were obtained by reviewing each file, but no clinical interviews were conducted in the Zona et al. study (8). Major mental illness could be ruled in or out for 52 of 74 subjects and was present in 33 (63%). Zona et al.'s impression, in the absence of systematic data, was that their third, simple obsessional group had a preponderance of individuals with personality disorders.

We decided to conduct this comparative study given the predominance of major mental disorder in obsessional followers that was suggested by Zona et al. (8), the lack of clinical interview data concerning this population, and the absence of a comparison group in any previous studies. We tested the null hypothesis that a forensic cohort of obsessional followers would not significantly differ on certain demographic and clinical variables from a randomly selected group of offenders with mental disorders. This comparison group seemed to be most appropriate given the presence of major mental illness or personality disorder in many of the subjects in the Zona et al. study (8).

METHOD

The study was a static group design comprising a nonrandom group of convenience and a randomly selected comparison group. Both the obsessional followers (N=20) and the offenders with mental disorders (N=30) were selected from a pool of approximately 300 adults whom the Superior Court of San Diego County referred for a clinical evaluation by the Forensic Evaluation Unit, a publicly funded court psychodiagnostic clinic composed of two board-certified psychiatrists and three licensed clinical psychologists with extensive experience in forensic evaluations. The forensic evaluators were blind to the methods and hypothesis of this study and were randomly assigned subjects in both groups by the supervising psychiatrist of the clinic in the normal course of daily evaluations.

Subjects were placed in the obsessional followers group when they arrived at the clinic for an evaluation and they met the following criteria of Zona et al. (8) for an obsessional follower: a person who engaged in an abnormal or long-term pattern of threat or harassment directed toward a specific individual. An abnormal or long-term pattern of threat or harassment was defined as more than one overt act of unwanted pursuit of the victim that was perceived by the victim as being harassing. Subject selection began in February 1992, and 20 subjects were assigned to this group by December 1993. The offender group was filled by selecting at random from the case files of the clinic subjects who were evaluated for the same psycholegal reason during the same period of time. Seventeen of the obsessional followers' psycholegal evaluations were presentence evaluations, two were to determine competency to stand trial, and one involved civil commitment. The last subject was not seen in the clinic but was evaluated in an inpatient forensic treatment facility adjacent to the clinic in the San Diego County Central Detention Facility.

Two data analyses were undertaken. Descriptive information concerning various demographic, clinical, and criminal characteristics of

the obsessional followers was gathered from the forensic evaluations written by the clinicians and submitted to the superior court. The clinicians, in turn, gathered their data from a clinical interview and a review of records. Characteristics for analysis were selected on the basis of previous clinical and empirical research (3-8) and most consistent availability across subjects. Comparisons between the obsessional followers and offenders were then undertaken on selected demographic and clinical variables, with particular attention being paid to further delineation of the psychiatric characteristics of these subjects given their strong suggestion, but paucity of specific data, in prior research (8). Legal history was confirmed through records review, while psychiatric history was based primarily on self-report. Nonparametric statistics were used, since the data did not appear to meet parametric assumptions. Continuous variables were compared by using Mann-Whitney *z*. Dichotomous variables were compared by using chi-square analysis. Significance was set at $p \leq 0.05$. Significant chi-square values were followed up with *z* tests for proportion.

RESULTS

Table 1 presents data on demographic and diagnostic characteristics of the obsessional followers. They ranged in age from 20 to 50 years, with an average age of 35. Thirty-five percent were white, 25% were black, and 15% were Hispanic. Ninety percent were men. Intelligence estimates, determined by either the Shipley Test or the examiner's judgment, indicated that none of the subjects was considered below average, although there were missing data. Most had a high school education, and half had never married or were divorced. The majority of the subjects were unemployed or underemployed or had very unstable work histories at the time of their offenses. More than three-quarters were without an intimate partner at the time of the evaluation.

Almost two-thirds (60%, N=12) of the obsessional followers had had either inpatient or outpatient psychiatric treatment before selection for this study. Consistent with this finding, 85% (N=17) had a diagnosable DSM-III-R axis I disorder at the time of clinical interview. Diagnoses consisted of substance abuse or dependence; mood disorder; adjustment disorder; delusional (paranoid) disorder, erotomanic subtype; schizophrenia; paraphilia; or other disorders. When there were two axis I diagnoses, they included substance abuse or dependence and a mood disorder. Seventy percent (N=14) had a history of substance abuse or dependence.

Axis II diagnoses were equally prevalent. Eighty-five percent (N=17) met criteria for a diagnosis at the time of clinical evaluation. Ten percent met criteria for antisocial personality disorder, and 75% met criteria for another personality or developmental disorder, including schizoid personality disorder (N=1), borderline personality disorder (N=2), avoidant personality disorder (N=1), paranoid personality disorder (N=1), personality disorder not otherwise specified (N=8), and developmental disorder not otherwise specified (N=2).

The victims of the obsessional followers were almost evenly divided between strangers and former intimates: 15% (N=3) pursued a former spouse, 40% (N=8) a former intimate (no legal marriage but a history of sexual intimacy), and 45% (N=9) a stranger. All of the pur-

TABLE 1. Characteristics of Obsessional Followers (N=20) and Offenders With Mental Disorders (N=30)

Characteristic	Obsessional Followers			Offenders		
	Mean	SD	Range	Mean	SD	Range
Age (years) ^a	35.4	7.0	20-50	30.8	8.4	19-52
Education (years) ^b	12.7	1.2	11-15	11.5	2.1	8-16
	N	%		N	%	
Sex						
Male	18	90		24	80	
Female	2	10		6	20	
Race/ethnicity						
White	7	35		11	37	
Black	5	25		5	17	
Hispanic	3	15		4	13	
Other	0	0		3	10	
Unknown	5	25		7	23	
Estimated intelligence ^c						
Below average	0	0		4	13	
Average	6	30		16	53	
Above average	5	25		2	7	
Unknown	9	45		8	27	
DSM-III-R axis I diagnosis						
Substance abuse/dependence	7	35		16	53	
Mood disorder	5	25		4	13	
Adjustment disorder	3	15		1	3	
Schizophrenia	1	5		10	33	
Delusional disorder	2	10		0	0	
Paraphilia	1	5		4	13	
Other	1	5		5	17	
None	3	15		2	7	
DSM-III-R axis II diagnosis ^d						
Antisocial personality disorder	2	10		8	27	
All other personality disorders	15	75		12	40	
None/deferred	3	15		10	33	

^at=2.48, p=0.01.

^bz=2.21, p=0.03.

^cχ²=6.94, df=3, p=0.03.

^dχ²=5.94, df=2, p=0.05.

suits were heterosexual, and most involved women as victims. The obsessional followers had various and multiple contacts with their victims. Almost two-thirds (60%, N=12) went to the victim's home at least once, and almost half (45%, N=9) stalked their victims. Forty percent (N=8) made contact by telephone, 25% (N=5) wrote letters, 10% (N=2) went to the victim's place of employment, and 10% sent gifts. Twenty-five percent of the obsessional followers physically assaulted their victims.

The duration of victim contact at the time of clinical evaluation was extensive. These data were divided into four categories: two incidents (5%, N=1), three to 10 incidents (20%, N=4), more than 10 incidents continu-

ing for less than a year (35%, N=7), and more than 10 incidents continuing for more than a year (10%, N=2); duration of victim contact was unknown in 30% (N=6) of the cases. The typical pattern was a year of pursuit before clinical evaluation of the obsessional follower.

All subjects were criminally charged and in custody before being referred for evaluation and placed in this study. Formal charges ranged from violations of temporary restraining orders (40%, N=8) to stalking (25%, N=5), assault or battery (10%, N=2), and child molestation (10%). Other offenses (30%) included violation of probation, false imprisonment, vandalism, possession of a controlled substance, and inflicting corporal injury on a spouse. Fifty-five percent (N=11) had a prior criminal history.

The majority of the obsessional followers threatened their victim. Most (45%, N=9) threatened physical injury, three (15%) threatened property damage, and two (10%) threatened both. There was a significant relationship between threats and prior intimacy (χ²=10.98, df=2, p=0.004), with a subject being more likely to threaten a prior spouse or intimate than a stranger. The two obsessional followers formally charged with assault or battery *did not* threaten either person or property. One victim of assault was a former intimate, and the other was a stranger.

Table 1 also compares the obsessional followers to the randomly selected group of offenders with mental disorders (N=30). Although the age range of the two groups was virtually identical, the obsessional followers were significantly older (p=0.01). There was no significant difference in the sex ratio or the ethnicity of the two groups.

The obsessional followers were also better educated than the offenders (p=0.03), with a minimum education of 11th grade. There was also less variance in the education of the obsessional followers than among the offenders. Consistent with this finding from the clinical records, the obsessional followers were more intelligent than the offenders (p=0.03). None of the obsessional followers was below average when IQ was measured or estimated. A z test for proportion found all IQ comparisons to be significant.

Inferential comparison of the axis I diagnoses yielded no significant differences. Perusal of the data, however, prompted us to create a separate variable for schizophrenia that was based on the presence or absence of this diagnosis. We then calculated a goodness of fit chi-square that revealed schizophrenia to be less frequently present among the obsessional followers than among the offenders (χ²=4.08, df=1, p=0.04). This finding, however, may represent a type I error and should be considered tentative, since expected values are less than five. "Other" axis I diagnoses for the obsessional followers were limited to attention deficit hyperactivity disorder; for the offenders, they included attention deficit hyperactivity disorder, somatization disorder, impulse control disorder, and dementia.

Comparison of the axis II diagnoses for the two groups yielded a significant difference (p=0.05). A z test for

proportion found all comparisons to be significant. Antisocial personality disorder was significantly less frequent among the obsessional followers than among the offenders, while all other personality disorders were more frequently diagnosed. Although over one-quarter of the offenders met the criteria for antisocial personality disorder, one-third of them had no axis II diagnosis. Other axis II diagnoses among the offenders included borderline personality disorder (N=3), schizoid personality disorder (N=1), narcissistic personality disorder (N=1), and personality disorder not otherwise specified (N=7).

DISCUSSION

To our knowledge, this is the first comparative clinical study of a group of obsessional followers. It validates and extends the work of Zona et al. (8) by 1) using the same behavioral definition to select subjects, 2) employing clinical evaluations by psychiatrists and psychologists blind to the methods and hypothesis of the study, and 3) comparing the group of obsessional followers to a randomly selected group of offenders with mental disorders.

Obsessional followers appear to be older, smarter, and better educated than offenders with mental disorders. Zona et al. (8) found the average age of their erotomanic and obsessional subjects to be 35 years, as we did. Although we know of no other independent data on IQ or education in this population and recognize the gross measures of intelligence that we used and the missing data, our findings suggest that the obsessional follower, on average, will have the capability of being quite resourceful and manipulative in his or her pursuits. Study of our clinical data indicated, for example, that obsessional followers would go to great lengths to find the residences and phone numbers of their victims. One posed as a police officer to get an address from the department of motor vehicles. Another used alligator clips and installation information to trace and decode the unlisted telephone number of the victim each time she had it changed.

Consistent with the study by Zona et al. (8), most obsessional followers brought to the attention of the criminal justice system are likely to be men pursuing women. The only notable difference was that our two erotomanic subjects were both men, a finding contrary to the study of Zona et al. (8), in which six of seven erotomanic subjects were women. Conclusive findings concerning the predominance of women among erotomanic subjects cannot yet be drawn (9, 10).

Segal (11) noted the isolated and lonesome existence of the erotomanic individual. Zona et al. (8) found that only one of seven of their subjects, at most, was married at the time of pursuit, and most (72%) of their erotomanic subgroup had never married. Our study confirms and extends these findings that obsessional followers, whether erotomanic or not, have a history of impaired or conflicted social relationships. Many of our subjects

whose victims were strangers never had a significant intimate relationship and consistently failed in their courtship attempts. This appeared to heighten their social isolation.

Obsessional followers are likely to have prior psychiatric and criminal histories. Our findings do *not* support the notion that stalking, or a similar pattern of unwanted following, is an aberrant behavior committed by an otherwise law-abiding and mentally healthy individual. Similarly, a plethora of axis I mental disorders can be expected in this population and is generally no different from the diagnostic breakdown of the group of offenders with mental disorders. Substance abuse or dependence is common, and a mood disorder, often dysthymia, is expected in one of four subjects. Rudden et al. (12) found an additional mood disorder diagnosis, usually schizoaffective or bipolar disorder, in one of three erotomanic subjects. A striking finding is that 10% of our subjects warranted a single axis I diagnosis of delusional (paranoid) disorder, erotomanic subtype; this is identical to the finding in the Zona et al. study (8). Although our cohort was too small for subgrouping according to the typology of Zona et al., our ratio of erotomanic subtype to other diagnoses (1:10) and ratio of stranger to intimate victim (1:1) were very close to their data.

Schizophrenia did emerge as a differential axis I diagnosis, but this finding, as we noted, should be treated with caution. It suggests that obsessional followers are less likely to be ravaged by the thinking and perceptual abnormalities of this major mental disorder than are other offenders with mental disorders.

Zona et al. (8) had the subjective impression of a predominance of personality disorder in their simple obsessional subgroup. Meloy (7) also hypothesized this among patients with erotomania. Our findings empirically validate and extend these impressions to include most obsessional followers. A personality disorder diagnosis is likely in four of five subjects. Furthermore, if personality disorder is understood as a disorder of attachment (5), with antisocial personality disorder representing a chronic detachment from others, our finding of significantly less antisocial personality disorder among obsessional followers makes theoretical sense. Those who obsessively follow others, relentlessly seeking proximity to an unwilling and often angry and frightened object, would similarly be expected to have a personality disorder other than antisocial personality disorder. This was the case in 75% of our group of obsessional followers. Most of the diagnoses of personality disorder not otherwise specified among the obsessional followers included predominately cluster B personality traits, such as histrionic, narcissistic, antisocial, and borderline (7); however, passive-aggressive, schizoid, and obsessive-compulsive features were also present in some subjects.

Although we did not empirically measure defenses or affects, we did scrutinize the data for clues to the intrapsychic functioning of the obsessional followers. There was a clear tendency for the obsessional followers to

use projection, wherein aggression was attributed to the victim. Projective identification (13, 14) was also evident when there was both attribution of obsessional following to the victim and a sense of being threatened or being controlled by the victim. The obsessional follower frequently reported feeling victimized and harassed by the victim and tried to end the relationship. In one case, the obsessional follower sought a restraining order against the victim. These behaviors seemed too bizarre to be only self-serving or retaliatory.

There was also evidence of denial and minimization of the pattern of behavior. One subject adamantly stated, "I don't have an obsession about it." Several subjects wanted one last contact with the victim to apologize or put closure on the relationship, which suggests no insight into the potential negative impact of this on the victim. Minimization was often accompanied by a lack of remorse for the actions. One subject said, "I regret it. I've lost everything. Most of all I hurt myself." On occasion the narcissism of the obsessional follower was extraordinary. One subject, when told about the extreme distress that he caused his victim after a series of threatening and harassing letters and telephone calls, said, "Fuck her, she can call me." Devaluation of the victim over the duration of the obsessional following was also evident. Gift giving and letter writing demonstrated this pattern. One subject sent his victim packages containing chocolates, perfumes, stockings, and condoms.

Our subjective impression was that borderline level defenses permeated the intrapsychic life of most of the obsessional followers. Narcissistic character pathology was also quite apparent, consistent with theory and others' clinical impressions (5). For those obsessional followers who have had a prior relationship with the victim, abandonment rage arising out of a narcissistic sensitivity appears to defend against the grief of object loss, which then drives the obsessional pursuit. For those subjects without a prior relationship to the victim, fantasy or delusion defends against feelings of loneliness and isolation. When the subject seeks actual contact with the stranger victim, a rebuff then stimulates abandonment rage.

None of the victims in our study was killed as a result of obsessional following. One of four obsessional followers did physically assault the victim, for a quite high violence base rate of 25% (only two of 20 subjects were formally charged with assault or battery). Our base rate for assault or battery was higher than the 6% base rate in the Zona et al. study (8), but selection bias may explain this difference, since most of our subjects were seen after conviction for a crime. A most salient finding is that neither of the individuals charged with physical assault threatened the victim. This counterintuitive finding expands the similarly unusual findings in the Dietz et al. studies (3, 4) that threatening letters had no association with approach behavior toward Hollywood celebrities (3) and had a negative association with approach behavior toward members of the U.S. Congress (4).

The nature of threats and risk of assault among our

subjects are complex variables, but we draw some tentative conclusions: 1) most obsessional followers are likely to threaten physical harm, particularly if a rebuff or rejection has occurred; 2) prior intimacy with the victim is associated with a threat; 3) threats may be completely unrelated to a risk of physical assault; 4) most obsessional followers, even after a year or more of pursuit, will not physically assault their victim; and 5) third parties do not appear to be at risk for physical assault (although one of the delusional subjects did harm individuals who lived with his ex-spouse, believing that they endangered her life and his).

The prototypic obsessional follower in our study was an unemployed man in his mid-30s with average to above average intelligence. He had a prior psychiatric, criminal, and substance abuse history and had never married. He had an axis I diagnosis, most likely substance abuse or dependence, and an axis II personality disorder that was not antisocial personality disorder. He threatened his victim, to whom he was about equally likely to be a former intimate or a stranger. He had multiple and various contacts with the victim for up to a year before he was arrested, criminally charged, and convicted. Although risk of physical assault was moderately low, the base rate for violence was high enough to warrant concern and active intervention by both mental health and law enforcement agencies.

Although our study represents a clinical validation and extension of the work of others, it is not without its shortcomings. Our group of obsessional followers was small and was not randomly drawn from a large pool of subjects. Selection bias may have increased the base rate for violence. Self-report of some of the clinical information might have resulted in underestimates (for example, prior substance abuse), although care was taken to verify as much data as possible through independent record review. There are missing data because of the nature of the study. And we did not use a third, nonclinical comparison group.

Obsessional following is a social phenomenon that, in some cases, results in a crime such as stalking and assault. It has prompted, for better or worse, an extraordinary amount of legal attention in the past several years (2, 6, 15, 16). Clinical understanding of these troubled individuals is just beginning.

REFERENCES

1. California Penal Code Section 646.9
2. Salame L: A national survey of stalking laws: a legislative trend comes to the aid of domestic violence victims and others. *Suffolk University Law Rev* 1993; 27:67-111
3. Dietz P, Matthews D, Van Duyne C, Martell D, Parry C, Stewart T, Warren J, Crowder J: Threatening and otherwise inappropriate letters to Hollywood celebrities. *J Forensic Sci* 1991; 36:185-209
4. Dietz P, Matthews D, Martell D, Stewart T, Hrouda D, Warren J: Threatening and otherwise inappropriate letters to members of the United States Congress. *J Forensic Sci* 1991; 36:1445-1468
5. Meloy JR: *Violent Attachments*. Northvale, NJ, Jason Aronson, 1992

6. McAnaney K, Curliss L, Abeyta-Price C: From imprudence to crime; anti-stalking laws. *Notre Dame Law Rev* 1993; 68:819-909
7. Meloy JR: Unrequited love and the wish to kill: the diagnosis and treatment of borderline erotomania. *Bull Menninger Clin* 1989; 53:477-492
8. Zona M, Sharma K, Lane J: A comparative study of erotomaniac and obsessional subjects in a forensic sample. *J Forensic Sci* 1993; 38:894-903
9. Meloy JR: Nondelusional or borderline erotomania (letter). *Am J Psychiatry* 1990; 147:820
10. Segal JH: reply to JR Meloy: Nondelusional or borderline erotomania (letter). *Am J Psychiatry* 1990; 147:820-821
11. Segal JH: Erotomania revisited: from Kraepelin to DSM-III-R. *Am J Psychiatry* 1989; 146:1261-1266
12. Rudden M, Sweeney J, Frances A: Diagnosis and clinical course of erotomaniac and other delusional patients. *Am J Psychiatry* 1990; 147:625-628
13. Goldstein WN: Clarification of projective identification. *Am J Psychiatry* 1991; 148:153-161
14. Grotstein J: *Splitting and Projective Identification*. New York, Jason Aronson, 1981
15. Morin K: The phenomenon of stalking: do existing state statutes provide adequate protection? *San Diego Justice J* 1993; 1:123-162
16. Guy R: The nature and constitutionality of stalking laws. *Vanderbilt Law Rev* 1993; 46:991-1029