

J. Reid Meloy,¹ Ph.D.; Lynette Rivers,² Ph.D.; Liza Siegel,³ Ph.D.; Shayna Gothard,⁴ Ph.D.; David Naimark,¹ M.D.; and J. Reese Nicolini,⁵ Ph.D.

A Replication Study of Obsessional Followers and Offenders with Mental Disorders

REFERENCE: Meloy JR, Rivers L, Siegel L, Gothard S, Naimark D, Nicolini R. A replication study of obsessional followers and offenders with mental disorders. *J Forensic Sci* 2000;45(1):147–152.

ABSTRACT: The purpose of this study was to compare certain demographic, clinical, and criminal variables within subgroups of obsessional followers, and compare them to a group of offenders with mental disorders to attempt to replicate earlier findings. A static group archival design utilized a non-random group of convenience and a randomly selected comparison group. Sixty-five obsessional followers and 65 offenders with mental disorders 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 generally for sentencing determinations. The obsessional followers were measured on demographic, diagnostic, pursuit, victim, threat, violence, emotional, motivational, and defense variables. Inferential comparisons that used parametric and non-parametric statistics were done within and between groups on select variables. The obsessional followers had significantly greater estimated IQ than the offenders with mental disorders, but were neither older nor better educated. There were no significant differences in the high prevalence of both DSM-IV Axis I and II diagnoses. Obsessional followers who stalked prior sexual intimates were significantly more likely to have a substance abuse or dependence diagnosis. Obsessional followers who stalked strangers or acquaintances were more likely to be delusional. The majority of the obsessional followers, primarily motivated by anger, both threatened and were violent toward person or property. The modal obsessional follower is an average or above IQ, unemployed, unmarried male in his fourth decade of life, chronically pursuing a prior sexually intimate female. He is diagnosed with substance abuse or dependence and a personality disorder NOS, and has a prior psychiatric, criminal, and substance abuse history. He is angry, likely to threaten her, and assault her person or property without causing serious injury.

KEYWORDS: forensic science, forensic psychiatry, stalking, obsession, violence risk, mental disorder

Stalking laws now exist throughout the United States, Canada, and Great Britain. A recent study jointly funded by the National Institute of Justice and Centers for Disease Control and Prevention found that the lifetime risk for victimization is 8% for women and 2% for men (1), eclipsing earlier, more speculative estimates (2). One percent of women and 0.4% of men report being stalked during the past year, causing a variety of psychiatric symptoms and major social disruption in their lives. This criminal behavior appears to be a significant public health and social problem that affects both adults (1) and adolescents (3).

Stalking is often legally defined as, “the willful, malicious, and repeated following and harassing of another that threatens his or her safety,” (4, p. 258) without any inference concerning the psychiatric status of the offender. Meloy and Gothard (4) coined the clinical and behavioral term “obsessional following” for three reasons: to further clinical research through the use of a clearly defined label that was untouched by sensationalism; to identify the most common prohibited act of stalkers, that is, following (1); and to highlight what appears to be an important cognitive and motivational component of stalking, that is, obsessions (5). An “obsessional follower” is a person who engages in an abnormal or long term pattern of threat or harassment directed toward a specific individual. Threat or harassment is more than one overt act of unwanted pursuit that is perceived by the victim as harassing (4,6).

Meloy (7) reviewed the existing research on obsessional followers who had law enforcement contact, utilizing the above definition, and identified 10 studies which included 180 individuals. Most of the subjects were gathered from three large urban areas in the United States (4,6,8), with a few subjects from Australia (9) and Great Britain (10). Preliminary findings indicated that obsessional followers were men in their fourth decade of life who pursued prior female sexual intimates or acquaintances. They were suggestively more intelligent and better educated than other mentally disordered criminals, and had prior psychiatric, criminal, and drug abuse histories. The majority of the subjects had both Axis I and Axis II disorders, and had chronic histories of failed heterosexual relationships (7).

The obsessional followers, moreover, had substantially lower rates of antisocial personality disorder (ASPD) than other incarcerated males, which Meloy attributed to the intense, preoccupied nature of their attachment—a finding which would be inconsistent with ASPD (7). A psychodynamic hypothesis was also formulated which asserted that such men develop “narcissistic linking fan-

¹ Associate and assistant clinical professors of psychiatry, respectively, University of California, San Diego, CA.

² Centinela State Prison, El Centro, San Diego, CA.

³ California School of Professional Psychology, 27 Cornerstone Court, San Diego, CA.

⁴ Forensic Evaluation Unit, Superior Court, San Diego, CA.

⁵ Psychiatric Health Systems, San Diego CA.

Received 9 March 1999; and in revised form 6 April 1999; accepted 12 April 1999.

tasies" to their objects which are challenged by real world rejection and lead to shame and humiliation. These emotions are defended against with rage, which fuels the pursuit to control and devalue the object, and thus restore the narcissistic fantasy (7).

Among the larger studies were two in which clinical-forensic evaluations of the subjects were conducted (4,8). Since the publication of this review (7), three other studies deserve comment. Menzies et al. (11) completed the first predictive study of dangerousness among a small sample of erotomanics ($N = 29$) and found that two variables—multiple victims and unrelated antisocial behavior—correctly classified 88% of the sample as dangerous or not. Kienlen et al. (12) conducted the first comparative study of a small sample ($N = 25$) of psychotic and non-psychotic stalkers, and identified major childhood attachment disruptions and recent significant losses in a majority of their sample. Schwartz-Watts et al. (13) confirmed many of the findings from previous studies, including better education and significant mental illness and substance abuse among stalkers. They also found high rates (50%) of organicity in their stalking sample ($N = 18$) based upon MRI scans or head trauma with documented personality change.

We decided to conduct this comparative clinical study to attempt to replicate the findings of our first effort (4). We also hoped to extend and refine the suggestive findings on threats and violence, both quantitatively and qualitatively, among obsessional followers and harassers in general (7,8). 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. The latter group was selected for comparison because of the finding in the stalking research that most subjects have prior criminal and psychiatric histories (4–8).

Method

The study was a static group archival design comprising a non-random group of convenience and a randomly selected comparison group. Both the obsessional followers ($N = 65$) and the offenders with mental disorders ($N = 65$) were selected from the case files of approximately 2300 adults whom the Superior Court of San Diego County referred between January, 1994, and June, 1996, 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 hypotheses of this study, and had been randomly assigned subjects in both groups by the supervising psychiatrist in the normal course of daily evaluations before the onset of this study. The study was approved by the Human Subjects Research Committee of San Diego County Mental Health Services. Patient consent was unnecessary due to the archival nature of the research.

All case files were screened for subjects who would meet the previously defined criteria for obsessional followers. Sixty-five cases were identified. The offender group was filled by selecting at random from the case files of the clinic subjects who were evaluated by the same clinicians during the same period of time, but did not meet the definition of obsessional follower. A majority of the subjects ($N = 108$) were referred for presentencing evaluation. Virtually all stalking and harassment cases in San Diego County are referred for an evaluation to this court clinic.

Two data analyses were completed. Descriptive information concerning various demographic, clinical, and criminal character-

istics of the obsessional followers was gathered from the forensic evaluations written by the clinicians and submitted to the superior court. The clinicians gathered their data from a clinical interview, review of criminal and medical records, and telephone contact with various collaterals. A data collection protocol was developed by the researchers based upon extant clinical and empirical research concerning stalkers (1–12). Comparisons within and between the obsessional followers and offenders with mental disorders were made on a priori selected demographic, criminal, and clinical variables; particular attention was paid to the variables which yielded significant differences in our previous study (4). Psychodiagnosis had been determined by each evaluating clinician following a review of all data. No structured diagnostic interviews were used, and all diagnoses were determined by the evaluating psychiatrist or psychologist. These shortcomings represent limitations of the study. IQ had been determined through clinical measurement using the Shipley Institute of Living Scale ($N = 67$) or clinical estimate ($N = 28$). Each subject for whom IQ data were available from both groups ($N = 95$) was then assigned to one of four categories: superior (WAIS-R equivalent ≥ 120), above average (110–119), average (90–109), or below average IQ (≤ 89). Continuous variables were compared using two-tailed independent samples *t*-tests. Categorical variables were compared using chi-square analysis and followup *z*-tests for proportion when indicated. Significance was set at $p \leq .05$.

Results

Table 1 presents the demographic and clinical characteristics of the sample of obsessional followers.

Although there were missing data for the IQ measures, only one obsessional follower had an estimated below average IQ. Sixty-eight percent of these subjects ($N = 44$) tested or were estimated to have an average IQ or better.

Most of the subjects (72%) were single, divorced, or widowed at the time of the evaluation. Only 23% reported a current sexually intimate partner, but there were substantial missing data for this variable ($N = 29$). The subjects had prior psychiatric histories ($N = 40$, 62%), were currently unemployed ($N = 40$, 62%), and had inconsistent employment histories ($N = 29$, 45%). Although 72% ($N = 47$) had prior criminal histories, most of the subjects, when data were available ($N = 43$), did not have a childhood history of antisocial behavior ($N = 26$).

Eighty-six percent ($N = 56$) of the subjects had an Axis I (DSM-IV) diagnosis at the time of evaluation. The most common diagnosis was substance abuse or dependence ($N = 31$, 48%), usually alcohol, amphetamine, or both. Other Axis I disorders included a mood disorder ($N = 15$, 23%), usually dysthymia or bipolar, or a schizophrenia ($N = 7$, 11%). Delusional disorder was uncommon, occurring in only four subjects (6%).

Fourteen subjects were determined to be psychotic at the time of their stalking (22%), and one half of these individuals visited the home of the victim. Nine subjects (14%) showed evidence of erotomanic delusions, 11 subjects (17%) evidenced persecutory delusions, and three subjects (5%) evidenced grandiose delusions at the time of their stalking.

Axis II disorders were also present in the majority of subjects ($N = 40$, 62%). Nine percent ($N = 6$) met criteria for Antisocial Personality Disorder. Two subjects met criteria for Borderline Personality Disorder, and one subject each met criteria for Narcissistic, Schizoid, Paranoid, Histrionic, and Dependent Personality Disorder. The most likely Axis II diagnosis was Personality Disorder

TABLE 1—Demographic and clinical characteristics of obsessional followers (n = 65) and offenders with mental disorders (n = 65).

Characteristic	Obsessional Followers			Offenders		
	Mean	SD	Range	Mean	SD	Range
Age*	34.94	7.27	21–55	34.25	10.70	18–70
Education†	12.05	2.56	2–21	11.68	2.25	6–18
		<i>N</i>	%	<i>N</i>		%
Sex						
Male		54	83.0	58		89.2
Female		11	17.0	7		10.8
Race						
White		30	46.2	29		44.6
Black		11	16.9	10		15.4
Hispanic		14	21.5	14		21.5
Other		6	9.2	4		6.2
Unknown		4	6.2	8		12.3
IQ Estimate‡						
Superior		1	1.5	0		0.0
Above average		13	20.0	9		13.8
Average		30	46.2	31		47.7
Below average		1	1.5	10		15.4
Unknown		20	30.8	15		23.1
Marital Status						
Single		28	43.1	25		38.5
Married		13	20.0	14		21.5
Divorced		17	26.2	15		23.1
Widowed		2	3.0	1		1.5
Unknown		5	7.7	10		15.4
Psychiatric Diagnoses						
Adjustment Disorder		4	6.2	5		7.7
Delusional Disorder						
Erotomanic		2	3.1	0		0.0
Persecutory		1	1.5	0		0.0
Both		1	1.5	0		0.0
Mood Disorder						
None		50	76.9	56		86.1
Dysthymia		5	7.7	2		3.1
Bipolar		4	6.2	4		6.2
Major Depression		3	4.6	1		1.5
Schizoaffective		2	3.1	2		3.1
Not Otherwise Specified		1	1.5	0		0.0
Psychosis						
None		54	83.0	49		75.4
Paranoid Schizophrenia		4	6.2	4		6.2
Schizoaffective		2	3.1	2		3.1
Not Otherwise Specified		1	1.5	5		7.6
Undifferentiated						
Schizophrenia		3	4.6	3		4.6
Amphetamine Induced		1	1.6	2		3.1
Paraphilia		3	5.0	5		7.7
Personality Disorder§						
Antisocial Personality Disorder		6	9.2	7		10.8
Personality Disorder other than ASPD		34	52.3	31		47.7
None		25	38.5	27		41.5
Substance Abuse or Dependence						
Various drugs (most often amphetamine, alcohol, or both)		31	47.7	40		61.5

* $r(128) = 0.43, p = .667$.
 † $r(109) = 0.81, p = .419$.
 ‡ $X^2 = 10.24, df = 3, p < .025$.
 § $X^2 = 0.29, df = 2, p > .50$.
 || $X^2 = 1.14, df = 1, p > .20$.

NOS ($N = 22, 34\%$), and the most common descriptors were “narcissistic” ($N = 19, 30\%$), “paranoid” ($N = 14, 24\%$), “antisocial” ($N = 8, 12\%$), “dependent” ($N = 7, 11\%$), “compulsive” ($N = 7, 11\%$), and “histrionic” ($N = 5, 8\%$). The modal Personality Disorder NOS descriptor was “narcissistic, paranoid, and compulsive.” One subject was diagnosed with borderline intellectual functioning.

The majority of the victims of the obsessional followers were prior sexual intimates ($N = 37, 57\%$) and female ($N = 53, 82\%$). Eleven victims (17%) were prior acquaintances, and nine victims (14%) were strangers. The average victim age was 33 ($SD = 15$, Range 16–64). All the subjects, except for one, pursued opposite sex victims.

The obsessional followers had multiple and varied means of contact with their victims. The most common method of pursuit was telephone calling ($N = 46, 71\%$), visiting the home ($N = 43, 66\%$), behavioral following ($N = 31, 48\%$), visiting the workplace ($N = 15, 23\%$), and letter writing and slandering ($N = 9, 14\%$). Three percent engaged in sexual assaulting, exposing self, and sending gifts ($N = 2$). One subject used the internet and one subject tortured his victim. Two subjects (3%) sought restraining orders against their victims. Average duration of contact prior to arrest was 11.46 months ($SD = 20$, Range 0–120). Average number of incidents was 6.24 ($SD = 1.89$, Range 2–7). Twelve of the subjects (18%) reported 17 prior stalking victims ($M = 1.42$, Range 1–5). Half of these subjects reported prior stalking of strangers, but only two had ever been criminally charged with stalking.

All of the subjects were criminally charged at the time of the present evaluations. The most common criminal charge was stalking ($N = 17, 27\%$), followed by violation of a restraining order ($N = 6, 9\%$), terrorist threat ($N = 4, 6\%$), and stalking after a restraining order was issued, assault with great bodily injury, or kidnap ($N = 3, 6\%$).

The majority of the evaluations were done post-conviction ($N = 46, 71\%$) but prior to sentencing. Eighteen (28%) subjects were evaluated for competency to stand trial, and one subject was evaluated for insanity at the time of the crime.

The vast majority of the obsessional followers threatened their victims ($N = 49, 75\%$). Most of the subjects directed their threats toward the victim ($N = 42$), but seven subjects also included property threats. No one only threatened property. Twenty subjects threatened third parties (31%).

Thirty-four of the subjects (52%) were physically violent: 15 toward the victim, four toward the victim’s property only, and fifteen toward the victim and her property. Only two subjects (3%) assaulted a third party. A weapon was used by 10 subjects (15%) who were violent, and usually consisted of a car, knife, or firearm. In no cases where these weapons were used was the victim hit by the car, cut by the knife, or shot by the gun. If violence was committed toward property only, the likely target was the victim’s automobile. Serious physical injury to the victim resulted in only two cases when there was physical violence, and there were no homicides in our study. Victims were typically grabbed, choked, hair pulled, thrown, shaken, hit, slapped, kicked, or punched.

When threats and subsequent violence toward person and property were considered ($N = 34, 52\%$), the false positive rate was 60% and the false negative rate was 11%. When threats and subsequent violence only toward persons were considered the false positive rate increased to 72% and the false negative rate also increased to 15%. In both cases where a third party was assaulted ($N = 2$) there had been an articulated threat, but 90% of the threats toward third parties were false positives.

We also gathered data on defenses, emotions, and other psychological factors that influence and motivate obsessional followers, as illustrated in Table 2. Our list of emotions and other psychological factors was constructed from previous research (4,12).

We then divided the obsessional followers into two subgroups: prior sexual intimates ($N = 37$) and strangers/acquaintances ($N = 20$) to further test for differences on four a priori select variables. The prior sexual intimates were significantly more likely to have a substance abuse or dependence diagnosis ($X^2 = 4.66$, $df = 1$, $p = .03$), and significantly less likely to be diagnosed with schizophrenia ($X^2 = 4.85$, $df = 1$, $p = .027$) or have any psychotic diagnosis, excluding drug-induced psychosis ($X^2 = 5.36$, $df = 1$, $p = .02$) when compared to the stranger/acquaintances. The prior sexual intimates were significantly more violent than the stranger/acquaintances ($X^2 = 36.24$, $df = 1$, $p < .001$).

Demographic and psychodiagnostic data for the comparison group of mentally disordered offenders are also listed in Table 1. We conducted only five a priori inferential statistical tests between groups to reduce Type I error. There was no significant difference between age and education of the obsessional followers and the offenders with mental disorders. The obsessional followers had a significantly higher IQ distribution than the comparison group ($X^2 = 10.24$, $df = 3$, $p < .025$). Followup z -tests for proportion indicated the obsessional followers were significantly less likely to have an estimated below average IQ than the offenders with mental disorders ($z = -2.13$, $p = .0332$). There was no significant difference between the frequency of antisocial personality disorder (ASPD), other personality disorder, or substance abuse/dependence diagnosis between the two groups.

TABLE 2—*Defenses, emotions, and other psychological factors motivating obsessional followers (N = 65)*.*

	Frequency	Percent
Defenses		
Minimization	34	52.3
Denial	30	46.2
Projection of blame	27	41.5
Projective identification (Attribution to and control of victim)	26	40.0
Obsession (preoccupation involving interpersonal control)	20	30.8
Devaluation of victim	12	18.5
Entitlement	10	15.4
Idealization of victim	8	12.3
Emotions and other psychological factors		
Anger and hostility	36	55.4
Abandonment rage	19	29.2
Jealousy	17	26.2
Need for power/control	14	21.5
Mistrust	13	20.0
Social isolation	12	18.5
Dependency	12	18.5
Recent loss	11	16.9
Sexual preoccupation	9	13.8
Grief	7	10.8
Humiliation/shame	5	7.7
Perceived mistreatment by public figure/agency	3	4.6
Loneliness	3	4.6
Distress over custody fight	2	3.1
Seeking benefits from public figure	0	0.0

* Percentages exceed 100% due to more than one category being scored in many subjects.

Discussion

The demographic characteristics of obsessional followers appear to be surprisingly consistent across studies. They are generally males of various racial backgrounds in their fourth decade of life. In fact, this is the fourth study that has found the average age to be 34–35 (4,6,13). We did not, however, replicate our earlier finding that obsessional followers are significantly older than other offenders with mental disorders. The subject sample does appear, however, to be at least a decade older than other arrested offenders in general (14).

We also did not replicate our earlier finding that obsessional followers are better educated than other mentally disordered offenders (4); but we did find, once again, greater estimated IQ. We consider this replication tentative, however, since there were missing data on subjects, and only 50% were tested with the Shipley. The work of Harmon and her colleagues (8) does lend credence to the higher IQ hypothesis for obsessional followers and harassers, and the recent noted high prevalence of stalking on college campuses (3,15), where better than average intelligence is expected, also support our findings. Clinical cases also continue to document the resourcefulness and manipulateness of stalkers (16), a likely correlate of intelligence.

Our findings of prior psychiatric, criminal, and drug abuse histories in our sample of obsessional followers were replicated and predicted from the extant research (7). These individuals are not paragons of the community who have suddenly and unexpectedly engaged in this criminal behavior. The more precise characterization would be a multi-problemled individual who engages in a number of antisocial activities, obsessional following being one of them. The nature of the referral process to this courthouse clinic, moreover, indicates that our sample is likely representative of the population of obsessional followers in San Diego County, the sixth largest metropolitan area in the United States.

Our research also continues to support the hypothesis that individuals who obsessively follow or harass have a history of failed heterosexual relationships (7), and extends our belief that the average subject has had at least a decade of chronic heterosexual failure before he begins this aberrant behavior. The crime of stalking may be a “courtship” disorder, similar to the paraphilic disorders identified by Freund (17), although we do not think that stalking is usually an explicitly sexualized behavior. It may be that one who stalks has decided that romantic pursuit, reciprocated and invited by the object, does not work, and unwanted, aggressive pursuit is necessary to form an attachment.

It is also clear that most victims were prior sexual intimates, a finding echoed by recent studies (1,16) but contrary to Meloy’s earlier assertions (7). This study also lends empirical support to the belief that stalking and domestic violence are closely linked (24) and there is a likely overlap in perpetrator psychopathology (27).

The plethora of Axis I disorders in this sample is also consistent with extant research and our previous work (4,7). Once again, drug abuse and dependence is most common, followed by a mood disorder or schizophrenia. There are likely differences in Axis I diagnoses, however, when the subject pursues a prior sexual intimate or a stranger/acquaintance. As we theorized in our first study (4), and others have found (12), delusional beliefs are significantly more likely in stranger/acquaintance cases, and will result in a major mental disorder diagnosis at the time of evaluation. On the other hand, subjects who pursue prior sexual intimates are significantly more likely to be chemically fueled (alcohol or stimulants) during their crime. Delusional disorder, erotomanic subtype, is also rare,

contrary to earlier research and speculation (7). Our frequency of the diagnosis at the time of evaluation ($N = 2, 3\%$) and the presence of erotomanic symptoms during the stalking ($N = 9, 14\%$) suggest that: a) erotomanic symptoms, if present, are likely to be secondary to another psychiatric diagnosis; b) most individuals who obsessively follow do not show any erotomanic beliefs; and c) erotomania is still much more frequent in samples of obsessional followers than among normals or other clinical samples (18).

We also replicated our finding that most obsessional followers have a diagnosable personality disorder, typically Cluster B (4,7). Although we did not find significantly less ASPD among the obsessional followers when compared to the other mentally ill offenders as we did before, the frequency of ASPD in this study, 9%, was virtually identical to our earlier effort (4) and the work of others (12). Harmon et al. (8) found higher rates in their New York sample. A 9% rate of ASPD among obsessional followers is markedly less than the 60–75% rate expected in incarcerated populations in general (19).

We continue to theorize that the low rate of ASPD among obsessional followers is expected given their attachment pathology: the intense and pre-occupied seeking of a bond to a rejecting object. Antisocial individuals, particularly psychopaths, are chronically emotionally detached, and would not be predicted to exhibit such behavior. They are much more likely to use others and then dispose of them (20,21).

The “pre-occupied” attachment pattern (22) among some obsessional followers has been explored by Kienlen (12,16). She also found that the majority of subjects in her sample had experienced the loss of a primary object in childhood and a major loss in adulthood, usually a job or divorce, in the half year preceding the onset of stalking. This pattern of abnormal attachment may also explain the recent disparity in findings concerning the effectiveness of protection orders in domestic violence situations; a majority of studies find them effective (23,24), while the largest survey study, to date, of victims of stalking per se found them violated in the majority of the cases in which they were utilized (1). Protection orders are likely to be more effective in the absence of obsession and preoccupation with the victim. This is a psychological factor that should be considered, alongside aggressive enforcement of the protection order by police and a careful assessment of the subject’s history of violence toward the protectee, when an order is sought.

Although most cases of obsessional following appear to involve both sexes, and in most cases the victim is a female, the behavior does not appear to be paraphilic or explicitly sexual. We found very low rates of paraphilia (5%), sexual preoccupation (14%), and sexualized pursuit (sexual assault or exposure, 6%) among our subjects, similar to other research (7). Although a component of obsessional following could be a disorder of sexual desire, as Kaplan (25) theorized in erotomania, we think that it is primarily fueled by anger, hostility, and abandonment rage—the defensive byproducts of the shame of rejection. Our findings and others (12) support this hypothesis as noted in Table 2. Meloy has further theorized (4,5,7,21,26) that the narcissistic psychopathology of the obsessional follower, supported by the Axis II findings in this study, prevent him from grieving a rejection as a loss, and instead fuel a desire to restore an idealized “linking” fantasy with the object. This psychodynamic may paradoxically necessitate the destruction of the object in real life (usually assault and battery) to restore this narcissistic fantasy. O.J. Simpson, found civilly responsible for the death of his ex-wife, captured this psychodynamic in a reported dream: she “comes to me from time to

time in my dreams and it’s always a positive dream. Occasionally I dream that I single-handedly solve the case” (*Newsweek*, June 23, 1997, p. 43).

The pursuit patterns in this study were also similar to other research (7), with the exception that letter writing is much less frequent (14%). The most common pursuits continue to be telephoning and seeking physical proximity for the majority of subjects. We did not validate the finding of Kienlen (12) that psychotic subjects were more likely to visit the home of the victim than non-psychotic subjects. Cyberstalking is still unusual, but may increase in frequency in future research. The most common form of cyberstalking appears to be e-mail harassment (16).

Our study found very high rates of both threats and violence toward victims. Threats occurred at a frequency of 75%, substantially higher than the 50% average reported in other studies (7). Most threats, however, were not acted upon, a finding concordant with previous research which indicates that three-fourths of threats are false positives (7). Most threats among stalkers, moreover, are directed at the object of desire, and are not directed at property or third parties.

Violent behavior, like in other studies, occurs frequently but is generally not physically injurious to the victim. The 46% rate of violence toward persons in this study, however, was higher than the range in most other studies (7,3–36%). When violence occurred, it was done with a weapon in less than one out of three cases, and when a weapon was used, most curiously, the predictable injury, based upon the nature of the weapon, never occurred. We think this empirical finding supports the assumption that weapons are used by obsessional followers to intimidate, frighten, or control the victim, and not to injure her. There were also no homicides in this study, consistent with extant research which indicates that homicide occurs less than 2% of the time (7).

One of the most troubling findings of our study is the false negative rate for personal violence of 15%—this is the frequency with which violence occurs in the absence of a previous threat. One interpretation of this finding is that the violence was impulsive, affective, and unplanned. Another interpretation is that the violence was planned, purposeful, and carried out in a clandestine manner: the subject as “hunter” rather than “howler” (28). Although hunting, or what has also been called “predatory violence” (20), certainly occurs among some stalkers, particularly those targeting public officials or public figures (29), it is apparent to us by the nature of the attacks that most violence, particularly toward prior sexual intimates, is “affective violence:” emotional, unplanned, a response to a perceived threat (rejection), and the result of high levels of autonomic arousal (30).

Summary and Limitations

Obsessional followers are very similar to other offenders with mental disorders. The one finding that appears to discriminate the two groups is IQ. Our study, however, is limited by its archival nature, the absence of some data, the absence of structured diagnostic interviews, and the relatively small sample sizes. Generalizability to other samples of obsessional followers seen in large urban forensic settings appears warranted.

Obsessional following, and its related legal corollary, stalking, are public health and social problems that are scientifically coming of age. The previous decade has produced a growing body of research that has recorded: a) the widespread nature of these problems; b) the substantial impact on victims; c) similar demographic and clinical characteristics of the offenders; d) similar

pursuit patterns; and e) substantially high rates of both threats and personal violence, usually without serious physical injury, to the victims. Further research needs to explore the prediction of violence among obsessional followers, risk management and treatment outcomes, and variables among prior sexual intimates, particularly domestically violent men, that may predict such behavior in the first place.

Acknowledgment

We would like to thank Ansar Haroun, M.D., and the entire staff of the Forensic Evaluation Unit, San Diego County Courthouse, for their support in the completion of this study. Funding for this study was provided by Forensics, Inc., with a grant from the Susan Stein Shiva Foundation.

References

1. Tjaden P, Thoennes N. Stalking in America: findings from the National Violence Against Women Survey. Denver, CO: Center for Policy Research, 1997.
2. Senate Judiciary Committee Hearing, S.B. 2922, Sept. 29, 1992.
3. Fremouw W, Westrup D, Pennypacker J. Stalking on campus: the prevalence and strategies for coping with stalking. *J Forensic Sci* 1997;42:664-7.
4. Meloy JR, Gothard S. Demographic and clinical comparison of obsessional followers and offenders with mental disorders. *Am J Psychiatry* 1995;152:258-63.
5. Meloy JR. The psychology of stalking. In: Meloy JR, editor. *The psychology of stalking: clinical and forensic perspectives*. San Diego: Academic Press, 1998;1-23.
6. 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.
7. Meloy JR. Stalking (obsessional following): a review of some preliminary studies. *Aggress Viol Behavior* 1996;1:147-62.
8. Harmon R, Rosner R, Owens H. Obsessional harassment and erotomania in a criminal court population. *J Forensic Sci* 1995;40:188-96.
9. Pathé M, Mullen P. The impact of stalkers on their victims. *Br J Psychiatry* 1997;170:12-7.
10. Taylor P, Mahendra B, Gunn J. Erotomania in males. *Br J Psychiatry* 1983;13:645-50.
11. Menzies R, Fedoroff JP, Green C, Isaacson K. Prediction of dangerous behavior in male erotomania. *Br J Psychiatry* 1995;166:529-36.
12. Kienlen K, Birmingham D, Solberg K, O'Regan J, Meloy JR. A comparative study of psychotic and nonpsychotic stalking. *J Am Acad Psychiatry Law* 1997;25:317-34.
13. Schwartz-Watts D, Morgan D, Barnes C. Stalkers: the South Carolina experience. *J Am Acad Psychiatry Law* 1997;25:541-50.
14. Federal Bureau of Investigation: Uniform Crime Reports 1997. Washington DC, Department of Justice.
15. Romans J, Hays J, White TK. Stalking and related behaviors experienced by counseling center staff members from current or former clients. *Prof Psychol: Res Pract* 1996;27:595-9.
16. Meloy JR, editor: *The psychology of stalking: Clinical and forensic perspectives*. San Diego, CA, Academic Press, 1998.
17. Freund K, Scher H, Hucker S: The courtship disorders. *Arch Sex Behavior* 1983;12:369-79.
18. Sandberg DA, McNiel DE, Binder RL: Characteristics of psychiatric inpatients who stalk, threaten, or harass hospital staff after discharge. *Am J Psychiatry* 1998;155:1102-5.
19. Hare RD: *Manual for the psychopathy checklist-revised*. Multihealth Systems, Toronto, 1991.
20. Meloy JR: *The psychopathic mind: Origins, dynamics and treatment*. Jason Aronson, Northvale, NJ, 1988.
21. Meloy JR: *Violent attachments*. Jason Aronson, Northvale, NJ, 1992.
22. Bartholomew K: Avoidance of intimacy: an attachment perspective. *J Soc Pers Relat* 1990;7:147-78.
23. Meloy JR, Cowett PY, Parker S, Hofland B, Friedland A. Domestic protection orders and the prediction of criminality and violence toward protectees. *Psychotherapy* 1997;34:447-58.
24. Violence Against Women Grants Office: *Domestic Violence and Stalking: The Second Annual Report to Congress*. Washington, DC, U.S. Dept. of Justice, 1997.
25. Kaplan HS. Erotic obsession: relationship to hypoactive sexual desire disorder and paraphilia. *Am J Psychiatry Festschrift Suppl.* 1996;153:30-41.
26. Meloy JR. Unrequited love and the wish to kill: diagnosis and treatment of borderline erotomania. *Bull Menn Clinic* 1989;53:477-92.
27. Dutton D. *The domestic assault of women*. Vancouver, Univ. of British Columbia Press, 1995.
28. Calhoun F. *Hunters and howlers: threats and violence against federal judicial officials, 1789-1993*. Arlington, VA, U.S. Marshals Service, 1998.
29. Fein R, Vossekuil B. Preventing attacks on public figures and public officials: a Secret Service perspective. In: Meloy JR, editor. *The Psychology of stalking: clinical and forensic perspectives*. San Diego, Academic Press 1998;176-94.
30. Eichelman B. Aggressive behavior: from laboratory to clinic. *Arch Gen Psychiatry* 1992;49:488-92.

Additional information and reprint requests:
 J. Reid Meloy, Ph.D
 Clinical and Forensic Psychology
 964 Fifth Avenue, Suite 409
 San Diego, California 92101