

Stalking behavior in an organic lesion

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Stalking is a new crime but an old behavior. For as Racine wrote in 1667 "The heart that no longer loves passionately, must with fury hate". (Andromache, I. Trans. Robert Henderson). Stalking refers to repeated unwanted attempts to contact or communicate with the object of attention. Forensic psychiatry has given sparse attention to the phenomenon of stalking and is an area of psychiatry that is currently overlooked. Stalkers have a range of motivations, from reasserting power over a partner who rejected them, to the quest for a loving relationship.¹ Most stalkers are lonely and socially incompetent, but all have the capacity to frighten and distress their victims. One in 20 women will be stalked during their lifetime. The majority of the victims are female, while the offenders are usually male. Stalking behaviors range from surveillance to threatening aggressive or violent acts.² The majority of stalking relates to failed intimate relationships. Stalkers may also suffer from erotomania or obsessional love with a primary psychiatric diagnosis. Few studies have investigated the behavior of stalkers.³ This article aims to give the first follow-up of stalking behavior secondary to an arteriovenous malformation.

This report summarizes the case history of a 27-year-old man who was transferred from prison to a medium secure hospital in August 1996 under Section 48/49 of the Mental Health Act 1983 (Section 48/49 is a transfer order made in respect of the sentenced offender by the Crown Court and the patient cannot be discharged, transferred to another hospital or granted leave of absence without the consent of the Home Secretary). It transpired that he had been stalking a 28-year old woman neighbor for several months. Six weeks before his admission he was arrested by police officers for making a forced entry into his neighbor's flat. He claimed that the neighbor was his fiancée and that they were going to live together. He had been diagnosed as having grand mal epilepsy 5 years earlier and it was reported that in the months before the offense he had been having a seizure every 2 weeks. He was subsequently convicted and returned to hospital under Section 37 of the Mental Health Act 1983 (Section 37 is a hospital order made in respect of the offender by the Crown Court without any restrictions and the responsible medical officer can discharge or grant leave of absence).

At that time he appeared euthymic in mood and described having erotomanic delusional ideation that he had special love potion like understanding with the victim. He also believed that people had been able to read his thoughts. He also described déjà vu experiences and symptoms of derealization and depersonalization. He seemed to have very little insight into his mental illness. Diagnosis of paranoid psychosis with strong

erotomanic component was suggested and treatment with antipsychotic drug (Haloperidol) was started. Treatment with Haloperidol increased his seizure frequency and worsened his psychosis. Cognitive testing at the time revealed substantial impairment of verbal memory. A magnetic resonance scan was carried out to investigate possibility of temporal-lobe epilepsy. Magnetic resonance imaging scan findings showed a large arteriovenous malformation in his left frontal lobe intruding upon the arterial pole of the left temporal lobe. Combination of anticonvulsant medication (Carbamazepine and Lamotrigine) successfully controlled his seizures and psychotic symptoms. The arteriovenous malformation was subsequently treated with 2 embolization procedures. In the following 6 months he remained free of seizures and psychotic symptoms. There were no further episodes of stalking during this period.

Following improvements in his psychiatric symptoms and erotomanic delusions by the 2 embolization procedures the above described patient was discharged into the community on the combination of antiepileptic and antipsychotic medication. Within 7 months of discharge he was admitted to a medium secure hospital under Section 37 of the Mental Health Act 1983. At the time he reported the voice of the neighbor communicating with him and said God had chosen him. There were a number of bizarre and grandiose delusions and it would appear that the erotomanic delusions had been transferred from the woman to another at the same address. He was treated with antipsychotic medication and the psychosis resolved. However, he continued to abuse illicit drugs and was referred to the forensic psychiatry service. Before a bed became available, he was however discharged home in April 1998 and it would seem that he did not comply with follow-up. He was arrested by the police in 1998 after he had broken into a house, stolen and driven an occupant's car. He was remanded to prison, where on assessment he said he had begun experiencing auditory hallucinations and erotomanic delusional ideation. He returned to hospital under Section 37 of the Mental Health Act 1983. At the time, examination showed his speech was pressured and loud. He was easily irritable. He described his mood as annoyed. His sleep pattern was irregular. He described erotomanic delusions saying that victim had been passing hints to him for weeks and she wanted him to live with her forever. He believed people were jealous of their relationship and he had seen undeniable evidence of her affection and love in apparently insignificant gestures.

Neurophysiological tests measuring executive functioning showed a degree of impairment. Psychometric assessments measuring personality showed that Millon Clinical Multiaxial Inventory-II (MCMI-II) suggested the presence of antisocial, aggressive/sadistic and histrionic personality disorder and the presence of narcissistic personality traits. He

described his epilepsy as being well controlled on Lamotrigine and Carbamazepine since 1997. His recent electroencephalogram did not show any epileptiform or significant focal abnormality. His presentation and mental state suggested a diagnosis of paranoid psychosis with a significant erotomanic component along with a personality disorder. Treatment with antipsychotic medication (Haloperidol) produced very little improvement in his psychosis and stalking behavior.

Erotomaniac delusions can result from multiple Diagnostic and Statistical Manual of Mental Disorders, (DSM)-IV.⁴ In addition to predominant association with narcissistic and borderline personality disorder, comorbid conditions such as substance misuse or dependence are also frequently mentioned.⁵ Erotomaniac or otherwise psychotic stalkers will prove to be extraordinarily resistant to treatment. Stalking is a curious construction born of a range of tensions in contemporary culture. Laws are now available to protect and services increasingly geared to support, the victims of persistent harassment.

The association of successful embolization procedure and brief period of improvement in further episodes of stalking and psychosis may have been a chance event in this patient. It is possible that vascular lesion may have

contributed to the onset of stalking behavior but eradication of atriovenous malformation by embolization did not have any substantial effect on the patient regarding further episodes of stalking.

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