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IS STALKING CONSIDERED A PSYCHOLOGICAL DISORDER?

A CASE STUDY

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ABSTRACT

Although stalking is not a recognised psychiatric problem in and of itself, it frequently manifests as a symptom of other mental health issues including OCD, personality disorders, or delusional disorders. An anonymous client named A, a 28-year-old man who was court-mandated to attend counselling after engaging in continuous stalking activity towards a former spouse, is the subject of this case study, which was observed during an internship. According to a Mental Status Examination (MSE), A had delusions about his ex-partner's alleged reciprocation, compulsive ideation, and impaired insight. His incapacity to respect personal

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limits, which he mistook for displays of adoration, was a major motivator for his acts. A got Cognitive Behavioural Therapy (CBT) to address his obsessive thoughts, enhance boundaries, and create healthy coping strategies after being diagnosed with Obsessive-Compulsive Personality Disorder (OCPD) and aspects of Erotomanic Delusional Disorder. This instance emphasises the significance of specialised treatment approaches as well as the part that underlying mental health conditions play in stalker practices.

Keywords: *Cognitive behavioural therapy, mental status evaluation, intern observation, stalking, obsessive-compulsive personality disorder, and delusional disorder.*

INTRODUCTION

Stalking is the practice of an individual or group spying or monitoring another person in an uncomfortable, unpleasant, and frequent manner. Stalking behavior is linked to intimidation and persecution; it also involves following the individual or monitoring them. Psychiatry, psychology, and legal literature all use different definitions of stalking. The Oxford English Dictionary defines a stalker "as someone who harasses and bothers other people, much like a poacher". The deliberate and frequent eavesdropping, following, or harassment of another person is known as stalking. In most places of the world, stalking is prohibited. However, it can be acceptable to gather information, text or phone, send presents, or send emails. When they go against the legal definition of harassment, they are unlawful. According to UK law, an event only must occur twice for the stalker or harasser to be aware that their actions are unacceptable.

Similar to erotomania, stalkers may have the mistaken impression that the victim loves them, which can lead them to feel compelled to defend or save the victim needlessly. The stalkers of intimate partners are the most violent. According to research, majority of stalkers in

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the UK are former stalker partners. Although males essentially pursue women, research has shown that women are more likely than men to stalk other women. “Men are likely to report being stalked by a male as [by] a female offender,” the US Department of Justice stated in January 2009. 41% of male victims said that the stalker was another guy, whilst 43% of male victims reported that the stalker was female. Male stalkers were far more likely to target female victims of staling (67%) than female stalkers (24%).

In addition to experiencing worry, chronic tension, or low mood, victims of stalking also express difficulty trusting others, including friends, spouses, coworkers, and others. They feel ashamed and guilty because they believe they are to blame for whatever they are going through. As the sufferers' stress levels rise daily, it affects both their physical and emotional well-being. In addition to other physical symptoms, the person typically complains of headaches, exhaustion, stomach pain, and difficulty concentrating. The victim is affected in a variety of ways by their physical characteristics, prior experiences, and current situations. Compared to male victims, female victims express a higher degree of terror. The following are some consequences of stalking on mental health:

- Perplexity
- Self-doubt
- Self-blame
- Shame
- Fear
- Numbing of the emotions
- Anger
- Anxiety
- Lack of faith in other people

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- Uncertainty

Victim types

- *Renowned*: Politicians and celebrities, such as actors, singers, and sports, are purposefully portrayed on media channels.
- *Contact at work*: They may be stalked by their company, coworkers, clients, or workers.
- *Unknown*: Most of the time, these victims are unaware that they are being followed and are unaware of what is going on around them.
- *Previous intimates*: There is a risk to targets who were once intimately involved with the stalker. The stalkers typically target their victim in an effort to cause them physical damage as well as emotionally distressing experiences that may be extremely difficult to cope with.

Types of Stalkers

Psychotic and non-psychotic people are the two categories of stalkers. Some stalkers have been discovered to have a history of psychotic disorders, such as schizophrenia, delusional disorders, drug abuse, or personality disorders (such as borderline, narcissistic, or antisocial personality disorder). Non-psychotic stalkers may exhibit denial, obsession, reliance, or jealousy. Only 10% of stalkers are reported to suffer from erotomania delusional condition. In their "study of stalkers," Mullen et al. (2000) identify five different kinds of stalkers.

- *Repelled stalkers*: To exact retribution for being rejected, they follow their target.
- *Stalkers who prey on others*: They essentially spy on others in order to prepare an assault. Attacks are typically sexual in nature.
- *Seekers of intimacy*: They seek to establish a close bond. It is synonymous with compulsive Love Disorder (OLD) or compulsive love. Someone has a compulsive need to dominate or shield another individual. Sometimes, those who are looking for intimacy can't handle being rejected or careless.

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- *Resentful stalker*: These stalkers feel insulted or unfairly treated, which makes them resentful. They have a strong desire to make the person's life miserable and uncomfortable.
- Unqualified suitors: Those who have captured their insatiable desires are the ones they desire to establish an intimate relationship with. The victim is usually already in a relationship.

Does stalking qualify as a mental illness? Stalking is defined as repeated and frequent unwelcome advances and discussions that make the victim feel afraid. It is crucial to understand that stalking is a behaviour rather than a mental illness, even if the majority of stalkers have personality disorders that contribute to their actions. Stalkers may find it difficult to interact with people because of mental health conditions and personality disorders. Additionally, they could experience mental health problems including substance misuse, depression, etc. In general, stalking by itself is not regarded as a psychiatric condition. Instead, it's a conduct that can be linked to a number of underlying personality and psychiatric issues. In order to make the victim feel afraid or distressed, stalking usually entails continuous, unwelcome communication, following, or efforts to contact another individual. Victims of this conduct pattern may experience severe psychological impacts and may need legal assistance.

The best way to conceptualise stalking is as a collection of behaviours frequently brought on by personality disorders or other mental health conditions. Social and interpersonal issues might be a contributing factor in the conduct of many stalkers. The following personality disorders are frequently associated with stalking:

- *Obsessive-Compulsive Personality Disorder (OCPD):* People with OCPD repeatedly want to interact with others because they have obsessive thoughts about them or an imagined relationship.

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- People who suffer from *Narcissistic Personality Disorder (NPD)* may exhibit a strong desire for approval and affirmation, which can cause them to disregard their own limits.
- Stalking may be a symptom of *Borderline Personality Disorder (BPD),* which is characterised by actions motivated by an acute sensitivity to rejection and an overwhelming fear of abandonment.
- Stalking actions can result from *Erotomanic delusional disorder*, a disease in which a person believes that someone else is in love with them.
- *Substance Abuse*: Abuse of drugs or alcohol can cause impulsivity, impair judgement, or lower inhibition, all of which might increase the risk of stalker activities.
- *Depression*: In an attempt to re-establish a connection, some people with depression may engage in repeated, unwanted contact due to feelings of loneliness, rejection, or hopelessness.

RESEARCH OBJECTIVES

a) To comprehend stalker behavior's psychological foundations.

b) In order to obtain a comprehensive understanding of a client's mental state and detect symptoms suggestive of compulsive or delusional thought patterns, the Mental Status Examination (MSE) is used in a real-world clinical setting to evaluate appearance, behavior, mood, thought processes, perception, and insight.

c) Using Cognitive Behavioral Therapy (CBT) to assist the client control obsessive thoughts, identify delusional beliefs, and set up healthy relationship boundaries is one way to investigate the role of therapeutic treatments for stalking-related activities.

d) To investigate the difficulties posed by a lack of understanding and poor judgement in clinical stalking instances.

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e) To advance our understanding of how to evaluate and manage high-risk behavior in healthcare settings.

RESEARCH SUPPORT

Brooks et al., (2021), defined stalking as "intrusive acts skilled on two or more events" (according to most definitions and the law) that cause fear and/or anxiety. According to statistics, the majority of stalkers are men, whereas the majority of stalked individuals are women. Less research has been done on stalking by women, despite the fact that it greatly affects the victims. The lack of investigation, reporting, and awareness of lady-perpetrated stalking has been a result of rigid social assumptions that female-perpetrated crime is less severe or is, by trick or by crook, considerably less obtrusive. Many female-perpetrated cases are unreported because victims sometimes take great pride in losing their guidance. In addition to providing commentary on violence, victimisation, and intellectual fitness, this study assesses the research on stalking by women. Although this danger is often seen as nonthreatening, an analysis of the empirical literature warned that female stalkers represent a comparable level of violence risk as their male counterparts. Both male and female stalkers are diagnosed with mental infections, with intellectual contamination being linked to stalker violence. It has been established that females engage in unique stalking activities via interacting with acquaintances. There is also discussion on the implications of such discoveries.

Logan and Walker (2021), has repeatedly shown that more females in contrast to men worry about their personal safety and feel more vulnerable to all crimes, indicating a gender gap. Concerns regarding personal protection are influenced by environmental danger and past victimisation records. Stalking isn't often included in victimisation histories, though. There are

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two reasons why studies might not include stalking: the measurement of stalking has often been unclear, and adding extra questions to a study evaluation will raise participant burden. Using a network sample of 2,719 males and females and a 5-item stalking assessment, the current study examined the superiority and impact of stalking and stalking-related anxiety on challenges related to personal safety, perceived attack vulnerability, perceptions that the risk of victimisation is higher because of personal characteristics, soreness when considering protection, and symptoms of posttraumatic stress disorder while controlling for victimisation history, age, and environmental threat by gender. In all, 12% of males and 30% of women reported stalking using the acute fear trend, which is twice as high as the national average. For both men and women, stalking-related fear was linked to every outcome measure. Additionally, after adjusting for stalking-related anxiety, three outcomes that were consistent with the gender fear hole showed full-size primary impacts of gender. These findings suggest that research should include stalking in victimisation histories as it is likely to have an impact on men's and women's private protection concerns and reactions, as well as health and intellectual fitness outcomes.

Bendlin and Sheridan (2021) contended that stalkers are capable of violence, and empirical studies have attempted to identify variables associated with violence committed with the stalker's assistance. The majority of these works do not distinguish between mild and severe forms of violence, instead viewing bodily violence as a homogenous assembly. In an archive pattern of 369 geographically violent police event assessments, the current study attempts to identify associations of nonviolent, moderate, and severe physical violence when stalker behaviour became suggested. The incident evaluations used in this study were intimate or ex-intimate partners and occurred between 2013 and 2017. In addition to two previously untested components of nonfatal strangulation and child contact, the proposal looks at 12 unbiased factors that have shown mixed results in earlier stalking violence literature. The Revised

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Conflict Tactics Scale was used to categorise the police statistics for the degree of physical violence, and a logistic regression was used for analysis. Numerous unbiased correlations between the outcome variable of severe physical violence and child contact, home violence records, separation, nonfatal strangulation, jealousy, prior injury, and the sufferer's impression of possible harm were found by the regression analysis. These outcomes may also help provide practical recommendations for law enforcement agencies and other relevant entities that aim to identify victims at risk of severe violence, increasing the possibility of early intervention and preventing physical injury. In addition to helping first responders identify which victims may be at risk of severe injury, the identification of characteristics that may be linked to major bodily violence may also help them allocate resources effectively in order to minimise and avoid damage.

Taylor-Dunn, Bowen and Gilchrist (2021) discovered that, up until now, there hasn't been much research conducted in the UK with stalking victims. This is the first study to be conducted after stalking was become a crime in 2012. The first-ever investigation into harassment and stalking in England and Wales was launched in 2016 by Her Majesty's Inspectorate of Constabulary Fire and Rescue Services (HMICFRS) and Her Majesty's Crown Prosecution Inspectorate (HMCPSI). This page provides studies that were commissioned as part of the inspection by HMICFRS. We specifically look at how victims characterised the police response and place this within the framework of evolving regulations and earlier research in the region. In all, 21 participants were interviewed, 14 individuals completed a web survey, and 35 people related their experiences of reporting harassment and stalking. A series of themes has been identified through thematic analysis of the responses. According to the assessment, regardless of the rationale for labelling stalking a criminal offence in 2012, the majority of persons had poor police responses—many reporting police passivity or side-eye movement—as well as feeling blamed and no longer being taken seriously. The article

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examines potential causes of these issues and ends by urging clarification of the harassment and stalking laws in England and Wales as well as a change in police training to focus on the victim's emotional state rather than the offender's actions.

Sheridan, North and Scott (2019) asserted that stalking is a common occurrence with negative psychological, physical, social, and financial effects. While workplaces are creating and expanding policies to address domestic violence, job-based stalking has received less attention. In order to analyse and compare 49 stalking instances that began within the workplace and 92 cases of ex-partner stalking that started outside the workplace and continued to the workplace, the gift has a look study used a mixed methodologies approach. It has been proposed that workplace stalkers use workplace procedures in order to harass and get closer to their objectives. Significant repercussions were noted for each complainant and workplace, ranging from discomfort to physical and sexual assault, as well as loss and impairment of their careers. A small percentage of complainants in each category told their supervisors about the stalking, and the majority of them—almost half—were satisfied with the answers they received. There are suggestions provided for identifying and dealing with stalking in art situations.

RESEARCH METHOD

Research methodology

Research Design: This study, which was carried out at a mental health clinic where stalking behaviours were observed during a three-month internship, used a qualitative case study technique to explore the psychological aspects of stalker behaviour. The study concentrated on one person who met the inclusion requirements: a person who had been stalked or had been stalked in the previous 12 months and who had undergone psychiatric testing while undergoing

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therapy. To guarantee that the case study focused on participants who could contribute significantly to the research process, exclusion criteria included people with serious cognitive impairments or those incapable of giving informed permission.

Techniques for Gathering Data: Data was gathered from a variety of sources in order to have a thorough grasp of the chosen person's stalking experiences. The nature of the stalker behaviour, psychological effects, emotional experiences, relationship history, and any previous mental health diagnoses were all examined in a thorough, semi-structured interview. To ensure uniformity among questions and provide participants the freedom to give in-depth accounts, an interview guide was used. To record any current diagnoses, treatment programs, and therapeutic results pertaining to stalker behaviour, clinical records were examined. Furthermore, internship observations were documented to document pertinent behaviours, interactions, and stalking-specific psychological evaluations, offering rich contextual information to support the study's conclusions.

Framework for Case Studies: The purpose of this case study was to present a thorough, comprehensive understanding of the person's experiences and psychological history. A review of previous psychological assessments and diagnoses was part of the participant's background information. The particular stalker behaviour was explained in detail, including the acts that were seen or reported and how they fit into their social and personal background. Examined was the psychological impact of stalker behaviours, with particular attention paid to the participant's emotional toll, distress, or psychological symptoms. Last but not least, all therapeutic treatments were recorded, evaluating their perceived efficacy and recording any modifications made throughout the course of therapy.

Moral Aspects to Take into Account: The study was based on ethical principles. All identifying information was anonymised, and the data was securely stored to ensure

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confidentiality. The subject gave their informed permission after being made aware of the study's objectives, any hazards, and their ability to discontinue participation at any time. The participant also received information on mental health support options, which offered easily available help in the event that they had discomfort after participating in the study.

Analysis of Data

Analysis of Qualitative Data: The qualitative information obtained from the interview and observations was examined using a theme analysis technique. The participant's story was fully captured in the verbatim transcription of the interview. Initial themes on stalker behaviours, psychological impacts, and motivations for such activities were discovered through open coding. The development of broader topics followed, with an emphasis on the manifestations of stalker behaviours, the emotional experiences connected to the behaviour, and the psychological effects. A cross-case comparison methodology was developed for future research, despite the fact that this study only included one instance. This might lead to a more comprehensive knowledge of stalker behaviours.

An overview of the case: The main conclusions were outlined in a thorough case description that also offered insights into the participant's psychological makeup. The summary evaluated whether the person's stalking behaviour was consistent with any recognised psychiatric illnesses by including pertinent symptoms and psychological indicators found in their mental status evaluation (MSE). In order to provide insight into the potential psychological foundations, behavioural tendencies and emotional patterns were discussed when appropriate.

Combining the Results: The results of the observational notes, clinical records, and interview were combined to provide thorough findings about the psychological components of stalker behaviour. The study investigated if the participant's behaviours were maladaptive behaviours without a formal diagnosis or if they were consistent with particular psychiatric

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illnesses, such as obsessive-compulsive disorder or borderline personality disorder. The goal of this integration was to further knowledge of stalking as a complicated psychological problem, laying the groundwork for further study and possible treatment approaches.

CASE STUDY

Context

The client, identified here as A, was a male 28-year-old who was monitored while on internship. He was ordered by the court to participate in psychiatric counselling sessions because he had stalked a former romantic partner on many occasions. A followed his ex-partner, tried to reach her at her place of employment, and sent a lot of unwanted messages over the course of six months.

Introducing the issues

At first, A showed little understanding of the suffering he was creating and defended his acts by claiming that he and his ex-partner were "meant to be together" and that his actions were required to "make her see reason."

Mental Status Examination (MSE)

1. Appearance and Behaviour

- A was dressed for his age and looked well-groomed.
- Although his body language and posture were calm, he frequently displayed irritation when talking about his ex-partner.
- He frequently leaned forward and made an aggressive effort to interact with the therapist, demonstrating inadequate personal space boundaries.

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2. Mood and Affect

- A claimed to have "overwhelming anxiety" if he didn't communicate with his ex-partner.
- When discussing their relationship and her lack of communication, his mood was noticeably erratic, rapidly changing from composure to rage.
- He did not exhibit strong depressive symptoms, although he did have periods of melancholy and loneliness.

3. Thought Process and Content

- When he talked about his intentions to get back in touch with his ex-partner, his thoughts were typically comprehensible although occasionally off topic.
- Persistent fixation on his ex-partner and reflective musings about "what could have been" characterised the content of his thoughts.
- He believed his ex-partner was sending him messages through social media posts even after she blocked him, among other entrenched, delusional ideas.

4. Perception

- There were no reports of visual or auditory hallucinations.
- However, A's stalker activity was exacerbated by his misinterpretation of unclear social cues as expressions of affection from his ex-partner.

5. Insight and Judgment

- Limited insight; A did not really understand the wrongness of his behaviour, taking his ex-partner's silence as a call to "try harder."
- Particularly with regard to respect for the autonomy of others and personal boundaries, judgement was compromised. Instead of seeing his actions as harassment, he regarded them as an expression of love.

6. Cognition

- Time, location, and human orientation were unchanged.

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- Throughout the session, focus, memory, and attention all seemed to be within typical ranges.

7. Risk Assessment

- Although A's obsessive ideation made him more likely to repeat, he did not express any intention of hurting himself or his ex-partner physically.
- He was advised to keep his distance and look into healthy coping strategies while being closely watched for any increase in his actions.

Obsessive-Compulsive Personality Disorder (OCPD) with components of Erotomanic Delusional Disorder was the diagnosis made for A. His fixations and obsessive thoughts were addressed by Cognitive Behavioural Therapy (CBT), which focused on cognitive restructuring. He was taught relaxation methods to assist him control his compulsions and anxiousness.

RESULT

Although stalking is not a recognised psychological disease in and of itself, it frequently manifests as a habit associated with underlying mental health issues. The notion that stalking is usually a behavioural expression rather than an independent psychiatric disease is supported by the case study that was observed. As demonstrated by the client's profile, which had characteristics typical of Erotomanic Delusional Disorder and Obsessive-Compulsive Personality Disorder (OCPD), stalking frequently corresponds with certain underlying mental health issues.

In this case, A acted out of a compulsive urge to get back in touch with his ex-partner and a persistent, mistaken conviction that she felt the same way about him, even though she was obviously withdrawing. The following significant trends were identified by the Mental Status Examination (MSE):

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- *Obsessive Fixation*: The client's incapacity to emotionally and psychologically distance himself from his ex-partner was demonstrated by his obsessive thoughts and ruminations about him.
- *Delusional Ideation*: In line with the erotomanic subtype of Delusional Disorder, A had particular, irrational ideas and interpreted unclear social cues as signs of love desire.
- *Defective limits and Judgement*: His conduct demonstrated defective judgement, particularly in regards to respecting autonomy and comprehending personal limits, which further motivated his repeated, invasive acts.

*"*A*"* received encouragement to confront his compulsive thought patterns and improve his understanding of the actual consequences of his behaviours through Cognitive Behavioural Therapy (CBT). In order to handle his anxiety and attachment problems, the treatment centred on identifying cognitive distortions, such as mistaking his ex-partner's silence for an invitation and creating healthy coping strategies.

DISCUSSION

Most people agree that stalking is a collection of actions rather than a distinct psychiatric condition. These practices frequently entail unwelcome, persistent, and invasive contact or monitoring that makes the targeted person feel afraid or distressed. Nonetheless, stalking is often linked to underlying mental health conditions that can exacerbate an individual's obsession with and pursuit of another person. Although the action itself is rarely isolated, research shows that stalkers frequently display symptoms or diagnostic criteria linked to certain mental health issues. Stalking habits are frequently associated with the following conditions:

- *Obsessive-Compulsive Disorder (OCD*): Compulsive actions and intrusive, obsessive thoughts are hallmarks of obsessive-compulsive disorder (OCD). In situations of stalking,

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the preoccupation may centre on a specific individual, leading to obsessive and repeated attempts to pursue or get in touch with them.

- *Personality Disorders*: Narcissistic Personality Disorder (NPD) and Borderline Personality Disorder (BPD) are two examples of personality disorders that may be linked to stalking activities. For instance, people with BPD may experience excessive and inappropriate attempts to maintain a connection, frequently through stalking, as a result of their fear of abandonment.
- *Delusional Disorder (Erotomanic Type)*: People with this type of delusional condition are adamant that they are loved by someone, usually someone they have never met or hardly know. As they look for confirmation of their apparent connection, this may result in stalker actions.
- *Substance Use Disorders*: People who abuse drugs or alcohol may engage in impulsive conduct or lose their inhibitions, which can result in recurrent and inappropriate attempts to get in touch with another individual.

Due to persistent stalker activity towards a previous love partner, a 28-year-old man, identified here as A, was ordered by the court to attend counselling sessions. Numerous unwanted texts have been sent by A. A said in the first interview that he was trying to "make her see reason" by his actions. A was diagnosed with Obsessive-Compulsive Personality Disorder (OCPD) with symptoms of Erotomanic Delusional Disorder based on the evaluation and observations. Along with obsessive and intrusive thoughts, he also displayed delusions over the previous relationship. His stalking habits were encouraged by this mix of symptoms because he felt that his acts were essential and legitimate.

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CONCLUSION

Although stalking activities are not considered a separate psychiatric problem, they often result from underlying mental health issues such delusional disorders, personality disorders, or obsessive-compulsive behaviours. The intricacy of stalking activities and their psychological causes are shown by the case study of A, a 28-year-old man who has been acting persistently and intrusively towards his ex-romantic partner. It was clear from the Mental Status Examination (MSE) that A suffered from warped views of reality and little understanding of the repercussions of his behaviours, demonstrating how psychological anguish may show up as destructive activities. In order to address these problems, treatment techniques such as Cognitive Behavioural Therapy (CBT) were used, with a focus on the significance of comprehending the psychological foundations of stalking in order to successfully intervene and encourage healthy relationship patterns. In order to reduce risks and assist impacted parties, this case ultimately emphasises the necessity of a thorough strategy that addresses stalker habits and includes psychiatric testing and customised therapy interventions.

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