

The Interface



Fatal Attraction Syndrome: Stalking Behavior and Borderline Personality

by Randy A. Sansone, MD, and Lori A. Sansone, MD

Psychiatry (Edgemont) 2010;7(5):42–46

This ongoing column is dedicated to the challenging clinical interface between psychiatry and primary care—two fields that are inexorably linked.

ABSTRACT

Stalking, which consists of chronic nuisance behaviors by an offender that result in deleterious emotional and/or physical effects on a victim, is experienced by a significant minority of individuals in the community. According to the United States

Department of Justice, eight percent of women and two percent of men have been victimized at some time in their lives by stalkers. Stalking could be viewed as an illogical or irrational preoccupation with another individual. Because of the unusual and intense attachment dynamics in

borderline personality disorder, this diagnosis is particularly suggestive among stalkers. In this edition of *The Interface*, we examine the possible association between stalking behavior and borderline personality disorder. Five studies report prevalence rates of borderline personality disorder among stalkers, with four reporting rates between 4 and 15 percent (i.e., a small minority). However, three of these studies represent forensic populations and one consists of patients who stalked their psychiatrists. In contrast, in the remaining sample of stalkers, where being charged with a crime was not an inclusion criterion, the prevalence of borderline personality disorder was considerably higher at 45 percent. These data suggest that in less forensically focused samples of stalkers, rates of borderline personality are likely to be substantially higher, but confirmatory data is lacking.

KEY WORDS

borderline personality, stalking

INTRODUCTION

Who can forget the terrifying character Alex Forrest (Glenn Close) in the movie *Fatal Attraction* (1987), as she stalked, tormented, and threatened her married, one-night-stand lover, Dan Gallagher (Michael Douglas)? Or the freakish and rage-ridden Evelyn Draper (Jessica Walter), who is spurned by Dave Garver (Clint Eastwood), which results in near death for both Dave and his girlfriend in the movie *Play Misty for Me* (1971)? Or even Darian Forrester (Alicia Silverstone), the young 14-year-old girl who develops a perilous infatuation with Nick Eliot (Cary Elwes) in *The Crush* (1993)? What do all of these exemplary movies share in common? They each have a lead character who stalked

her coveted victim—and each stalker suffered from borderline personality disorder (BPD).

While movie portrayals tend to dramatize the characters and their behaviors, stalking is not an uncommon behavior. For example, in a 2006 community survey, the United States Department of Justice (Bureau of Justice Statistics) investigated stalking behavior among United States citizens through the National Crime Victimization Survey: Stalking Victimization Supplement.¹ In this cohort of more than 65,000 participants ages 18 years or older, the 12-month prevalence of victimization by stalking was 1.4 per every 100 persons. The most frequent behaviors reported by affected participants were unwanted telephone calls and messages (63%) unwanted letters and e-mails (30%), being the brunt of rumors spread by the perpetrator (29%), being followed or spied upon (25%), getting unexpectedly confronted by the perpetrator (22%), being waited for (20%), and receiving unwanted presents (9%). While most victims reported being stalked for a year or less, 10 percent acknowledged continued victimization for five or more years. Unexpectedly, in this community sample, male participants were equally likely to be stalked by males or females, whereas female victims were more likely to be stalked by males (67%). Victims most commonly believed that they were stalked because of retaliation, anger, or spite (37%); control issues (33%); and/or the mental or emotional instability of the perpetrator (23%).

What do these data indicate? Being victimized in the United States by stalking behavior is not uncommon, manifests through a variety of different contact behaviors, and is likely to occur for a number of reasons. However, we

cannot discern from these data the underlying psychopathology of the offenders. In this edition of *The Interface*, we discuss the possible role of BPD as an underlying psychopathology in stalking behavior—a troubling behavior that may be encountered in either a psychiatric or primary care setting.

STALKING BEHAVIOR: BROAD PREVALENCE DATA

Stalking behavior is defined by Sheridan et al² as chronic nuisance behaviors by an offender that result in deleterious emotional and/or physical effects on a victim. These authors report that the lifetime prevalence of being stalked is between 12 and 16 percent among women and 4 and 7 percent among men, and that the behavioral patterns of offenders appear fairly consistent over various samples from different countries. We now take a closer examination of the likelihood of being stalked.

United States studies on prevalence. In addition to the recent study by the United States Department of Justice, Tjaden and Thoennes surveyed 8,000 women and 8,000 men in the 1998 National Violence Against Women Survey.³ In this study, lifetime prevalence rates of being stalked were eight percent in women and two percent in men, with 12-month prevalence rates at one percent and 0.4 percent, respectively.

In addition to the preceding two studies, Bjerregaard examined victimization by stalking in a sample of college students.⁴ In this cohort at a large public university, the lifetime prevalence of being stalked was 25 percent in women and 11 percent in men. Somewhat surprisingly, six percent of participants indicated that they were currently being stalked.

International studies on prevalence. In keeping with the

impressions of Sheridan et al,² stalking exists in other countries as well. However, at this juncture, studies are limited. In an Australian community sample, 23 percent of participants reported having ever experienced brief harassment or protracted stalking.⁵ In a study from Austria, Stieger et al⁶ determined that the lifetime prevalence of stalking in a community sample was 11 percent. According to the findings of the 1998 British Crime Survey, 12 percent of United Kingdom participants reported a lifetime history of being stalked.⁷ Finally, in a German study by Kuehner et al,⁸ 11 percent of participants reported being stalked at some point in their lives. While the majority of international lifetime prevalence rates hover around 11 to 12 percent, there may be some variability in these data based upon investigators' definitions of stalking as well as the interpretation of stalking by participants (e.g., brief nuisance behaviors versus bona-fide stalking behavior).

ASSOCIATIONS OF STALKING WITH BPD

The underlying psychopathologies of those who stalk others include various Axis I diagnoses, such as schizophrenia, delusional disorder, bipolar disorder, substance-related disorders, and major depression. However, for the remainder of this article, we will focus on possible associations between stalking and BPD. Why is this association of noteworthy relevance? Recall that the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* describes BPD as characterized by, “a pattern of unstable and intense interpersonal relationships” coupled with “frantic efforts to avoid real or imagined abandonment.” Indeed, the paradoxical over- and under-

TABLE 1. Prevalence of BPD among various samples of stalkers

FIRST AUTHOR	YEAR OF STUDY	SAMPLE/METHOD DESCRIPTION	PREVALENCE OF BPD	COMMENT
			NUMBER (%)	
McIvor ¹⁶	2008	UK psychiatric patients; retrospective survey	6/41 (15%)	Recollections of psychiatrists of patients who stalked them; BPD most common Axis II diagnosis
Meloy ¹⁷	2003	US females; retrospective cases of mental health and law-enforcement professionals; charges/conviction not necessary	10/22 (45%)	BPD most common Axis II diagnosis
Purcell ¹⁸	2001	Australian females; forensic mental health clinic	6/40 (15%)	BPD equally common as dependent personality
Kienlen ¹⁹	1997	Archival files of 25 US forensic subjects, who underwent previous psychiatric assessment	2/25 (8%)	Diagnoses assigned at the time of forensic evaluation
Harmon ²⁰	1995	Persons criminally charged with stalking between 1987 and 1994 in New York County Criminal Court	2/48 (4%)	Diagnoses undertaken by forensic psychiatry clinic staff

KEY: BPD = borderline personality disorder

attachment style of these patients is well known by clinicians and seems to provide a fertile substrate for the evolution of stalking behavior.

STALKING AND PERSONALITY DISORDERS

Several studies have examined the prevalence of Axis II disorders among the perpetrators of stalking, but have not specified the explicit type of personality disorder. For example, in a United Kingdom study of 85 stalkers who were referred to a forensic service, James and Farnham⁹ found that 24 percent evidenced some type of Axis II disorder, but the authors did not describe the explicit prevalence rates for the individual personality disorders.

In another United Kingdom study by Whyte et al,¹⁰ investigators examined personality dysfunction in a consecutive sample of 362 admissions to a high-security hospital. In this sample, nine percent of participants were classified as stalkers. Most of these individuals suffered from psychosis and Axis II disorders—but again, the authors did not specify the profile of individual personality disorders.

STALKING AND CLUSTER B ASSOCIATIONS

In the next group of studies, investigators identified Cluster B associations with stalking behavior, without any further Axis II clarification. For example, in an

Australian study, Mullen et al¹¹ examined 145 stalkers who were referred to a forensic psychiatry center for treatment. In this cohort, 51 percent had a primary diagnosis of personality disorder, with the majority falling into the Cluster B category. However, there was no description of the frequency of individual personality disorders within this cluster.

In a United States study, Rosenfeld¹² examined 148 court-referred stalking offenders. He found that 52 percent of these individuals fell into the diagnostic categories of borderline, antisocial, and narcissistic traits or disorders, but no individual prevalence percentages were reported in the article.

STALKING AND BORDERLINE PERSONALITY FEATURES

In addition to stalker studies that have determined prevalence rates for only Cluster B disorders, in several studies, investigators have identified borderline personality features, but not specified explicit prevalence rates. For example, in a controlled study of self-referred stalkers, Lewis et al¹³ found that offenders scored significantly higher on borderline personality features.

In addition, in a sample of 292 college students, Spitzberg and Veksler¹⁴ found that 46 percent reported that they had been stalked by a previous partner. Based upon the recollections of participants, the investigators determined that these unwanted pursuers were often described as having borderline personality features.

Finally, in a lone case report, Powers¹⁵ described a 54-year-old stalker who suffered from “borderline personality organization.” Given the 1998 publication date, one can only speculate what this might mean in terms of *DSM-IV-TR* nomenclature.

STALKING AND BPD

We were only able to locate five studies that report explicit rates of BPD in stalkers (Table 1). All five studies are from English-speaking Western countries, with three being from the United States. Interestingly, three are based upon retrospective data and involve some sort of forensic population (i.e., a more severely disturbed sample due to their criminal status).

In these five samples, the prevalence of BPD varies widely, from 4 to 45 percent. This degree of variation is likely to reflect differing methodologies of the studies (e.g., retrospective recall, archival data with the associated inherent limitations in confirming relevant

clinical features). Variation in BPD prevalence may also be explained by sample type. Explicitly, in populations with greater forensic implications and in the sample of patients who stalked their psychiatrist, there are seemingly lower rates of BPD (4–15%). In contrast, in the only population that was characterized by “charges or conviction not necessary,” there were relatively higher rates of BPD (45%). This difference may suggest that stalkers who wind up in mental health treatment and in forensic settings are more likely to suffer from Axis I mental disorders, such as schizophrenia, delusional disorder, bipolar disorder, substance-related disorders, or major depression. In contrast, in cases of less severe stalking, a significant minority of individuals appears to suffer from BPD. Only further research will clarify this potentially significant difference in population characteristics.

CONCLUSION

Stalking is an infrequent but not uncommon behavior in the United States population, affecting approximately eight percent of women and two percent of men during their lifetimes. While studies are limited in number, most indicate a subpopulation of offenders with Axis II, Cluster B, and/or BPD features/disorder. Importantly, the diagnostic loading of BPD may be dependent on the population under study, with forensic populations (i.e., more psychiatrically ill) demonstrating lower rates of BPD due to competing Axis I psychiatric diagnoses, and community samples (exceedingly more difficult to identify and study) demonstrating higher rates of BPD. Only further research will resolve this diagnostic mystery. Until then, we will surely continue to encounter stalking

victims in our psychiatric and primary care practices.

THE STALKING RESOURCE CENTER

The National Center for the Victims of Crime Stalking Resource Center can be accessed at <http://www.ncvc.org/src/Main.aspx> or reached at 1-800-FYI-CALL. The Stalking Resource Center has useful information for victims, statistics on stalking, resources, and products, and a related newsletter.

REFERENCES

1. Baum K, Catalano S, Rand M, Rose K. Stalking victimization in the United States. United States Department of Justice, Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/svus.pdf>. Accessed on June 17, 2009.
2. Sheridan LP, Blaauw E, Davies GM. Stalking: knowns and unknowns. *Trauma Violence Abuse*. 2003;4:148–162.
3. Tjaden P, Thoennes N. Stalking in America: findings from the National Violence Against Women Survey. 1998. <http://www.ncjrs.gov/textfiles/169592.txt>. Accessed on June 18, 2009.
4. Bjerregaard B. An empirical study of stalking victimization. *Violence Vict*. 2000;15:389–406.
5. Purcell R, Pathe M, Mullen PE. Association between stalking victimisation and psychiatric morbidity in a random community sample. *Br J Psychiatry*. 2005;187:416–420.
6. Stieger S, Burger C, Schild A. Lifetime prevalence and impact of stalking: epidemiological data from eastern Austria. *Eur J Psychiatry*. 2008;22:235–241.
7. Budd T, Mattinson J. The extent and nature of stalking: findings from the 1998 British Crime Survey.

- http://rds.homeoffice.gov.uk/rds/pdfs/hors210.pdf. Accessed on June 17, 2009.
8. Kuehner C, Gass P, Dressing H. Increased risk of mental disorders among lifetime victims of stalking—findings from a community study. *Eur Psychiatry*. 2007;22:142–145.
 9. James DV, Farnham FR. Stalking and serious violence. *J Am Acad Psychiatry Law*. 2003;31:432–439.
 10. Whyte S, Petch E, Penny C, Reiss D. Who stalks? A description of patients at a high security hospital with a history of stalking behaviour. *Crim Behav Ment Health*. 2008;18:27–38.
 11. Mullen PE, Pathe M, Purcell R, Stuart GW. Study of stalkers. *Am J Psychiatry*. 1999;156:1244–1249.
 12. Rosenfeld B. Recidivism in stalking and obsessional harassment. *Law Hum Behav*. 2003;27:251–265.
 13. Lewis SF, Fremouw WJ, Del Ben K, Farr C. An investigation of the psychological characteristics of stalkers: empathy, problem-solving, attachment, and borderline personality features. *J Forensic Sci*. 2001;46:80–84.
 14. Spitzberg BH, Veksler AE. The personality of pursuit: personality attributions of unwanted pursuers and stalkers. *Violence Vict*. 2007;22:275–289.
 15. Powers DC. Stalking: a form of disordered attachment and mourning variant. *Dissert Abstr Int*. 1998;58:6821B.
 16. McIvor RJ, Potter L, Davies L. Stalking behaviour by patients towards psychiatrists in a large mental health organization. *Int J Soc Psychiatry*. 2008;54:350–357.
 17. Meloy JR, Boyd C. Female stalkers and their victims. *J Am Acad Psychiatry Law*. 2003;31:211–219.
 18. Purcell R, Pathe M, Mullen PE. A study of women who stalk. *Am J Psychiatry*. 2001;158:2056–2060.
 19. Kienlen KK, Birmingham DL, Solberg KB, et al. A comparative study of psychotic and nonpsychotic stalking. *J Am Acad Psychiatry Law*. 1997;25:317–334.
 20. Harmon RB, Rosner R, Owens H. Obsessional harassment and erotomania in a criminal court population. *J Forensic Sci*. 1995;40:188–196.

FUNDING: There was no funding for the development and writing of this article.

FINANCIAL DISCLOSURES: The authors have no conflicts of interest relevant to the content of this article.

AUTHOR AFFILIATIONS: Dr. R. Sansone is a professor in the Departments of Psychiatry and Internal Medicine at Wright State University School of Medicine in Dayton, Ohio, and Director of Psychiatry Education at Kettering Medical Center in Kettering, Ohio; Dr. L. Sansone is a family medicine physician (government service) and Medical Director of the Primary Care Clinic at Wright-Patterson Air Force Base. The views and opinions expressed in this column are those of the authors and do not reflect the official policy or the position of the United States Air Force, Department of Defense, or US government.

ADDRESS CORRESPONDENCE TO:

Randy A. Sansone, MD, Sycamore Primary Care Center, 2115 Leiter Road, Miamisburg, OH 45342; Phone: (937) 384-6850; Fax: (937) 384-6938; E-mail: Randy.sansone@khnetwork.org. ●