Stalking in clinical psychiatry: when the doctor becomes the victim

Braz J Psychiatry. 2022 Jul-Aug;44(4):464-465
doi:10.47626/1516-4446-2022-2464

The term "stalking" dates back to the 1990s, referring to specific behavior characterized by one person's insistent and unwelcomed attempts to approach another, leading to significant distress and fear in the victim.[1,2] These approach attempts can involve different strategies, including following the victim, surveillance, phone calls, email and other electronic messages, and initiating spurious legal actions.[3] Stalking victimization prevalence is approximately 11% (up to four times more frequent among women).[4] Stalking is associated with impaired quality of life and psychological and/or physical damage, sometimes becoming life-threatening and contributing to the development of mental disorders.[5]

Following the example of other countries, Brazil has recently included stalking behavior in its criminal code by enacting law 14.132/2021; the crime of reiterated harassment by any means is described in Article 147-A.[6] Psychiatrists are particularly vulnerable to this type of criminal behavior, which could represent an important source of work-related illness.[7,8] Nevertheless, this phenomenon has been poorly studied in mental health settings, and professionals are highly susceptible to this kind of behavior.

We report the case of a 50-year-old male, currently divorced and unemployed, who lives with his mother and stepfather. He has an incomplete college degree in information systems and for the last 20 years has worked as a tattoo artist, body piercer, and body modifier (scarification, corneal tattooing, and subdermal implants). He has a history of polysubstance abuse, including alcohol, nicotine, amphetamines, cocaine, methylphenidate, benzodiazepines, heroin, ecstasy, LSD, and cannabis. Last year, he was admitted to a psychiatric inpatient unit due to a major depressive episode associated with significant self-neglect. During this period, he became infatuated with a vulnerable woman who suffers from intellectual disability and was pregnant at that time. He was discharged after 3 months, having undergone several treatment strategies, including electroconvulsive therapy and ketamine. After being discharged, he repeatedly attempted to get in touch with this patient, even visiting her house uninvited, ceasing only when the patient's mother threatened to call the police. A few months later, he started receiving outpatient follow-up treatment from a female resident in the psychiatry department, who was responsible for his treatment for a total of 9 months. According to her report, during this period she received several emails from him that included personal compliments. He also insisted on meeting in person, although at that time all psychiatric appointments were exclusively online. In addition, sometimes he would drop by the hospital where she was working, and he covertly followed her on the streets on another occasion. She reported feelings of fear, anxiety, distress, guilt and frustration towards him, eventually resigning from the case. He was then referred to another female resident and no longer displayed stalking behavior. Approximately 1 year after the aforementioned hospitalization, he was again admitted to the psychiatric unit due to another episode of treatment-resistant major depression. At this time, he was assessed by forensic psychiatrists, revealing that he had once been convicted of attempted rape. After this assessment, he was diagnosed with antisocial and narcissistic personality disorder, presenting symptoms such as a sense of entitlement, grandiosity, difficulty conforming to social norms, impulsivity, aggressiveness, and irresponsibility. The patient provided written consent for this case report.

The type of stalking behavior illustrated in this case can be classified as the "simple obsession," the most prevalent and violent type, in which the aggressor has a previous relationship with the victim, such as a doctor-patient relationship.[9] In addition, this patient has many characteristics commonly reported in stalkers, such as Cluster B personality disorders, a prior criminal record, unemployment, and difficulty in social relationships.[10] Stalking is associated with a wide variety of potential consequences to victims and their relatives, including psychological distress, psychiatric symptoms, reduced quality of life, work and/or academic impairment, and mobility and activity restrictions.[3,7] Psychiatrists may be more vulnerable to this type of situation, which could be related to treating severely ill patients, who sometimes present troubled attachment patterns and may experience difficulties understanding the boundaries of the therapeutic relationship.[10,8] For instance, a study found that 21% of UK-based psychiatrists believe they had been stalked, which rose to 33% when determined according to legal criteria.[7] Additionally, because psychiatrists are more accustomed to working in violent environments, they may downplay the risks.[11] Even though there is no single approach to dealing with stalkers, it is recommended that as soon as professionals become aware that they are being stalked, they should warn their patient that this kind of behavior is problematic and will not be tolerated. Professionals who feel unsafe may resign from the case, referring the patient to another therapist.[12]

In conclusion, this case illustrates how a psychiatrist may become the stalking victim of a patient. The anti-stalking law, recently passed in Brazil, makes this kind of

behavior a criminal offense, protecting professionals from similar situations. Brazilian psychiatrists and other health professionals should be vigilant against this emerging and potentially dangerous phenomenon.

João Pedro Soledade **Signori**,[1] Gustavo Cambraia **do Canto**,[2,3] Thiago Henrique **Roza**,[2,3] Lisieux Elaine **de Borba Telles**,[2,3] Marcelo Pio **de Almeida Fleck**[1,2]

[1]*Serviço de Psiquiatria, Departamento de Psiquiatria e Medicina Legal, Universidade Federal do Rio Grande do Sul (UFRGS), Hospital de Clínicas de Porto Alegre (HCPA), Porto Alegre, RS, Brazil.* [2]*Programa de Pós-Graduação em Psiquiatria e Ciências do Comportamento, Centro de Pesquisa Clínica, UFRGS, HCPA, Porto Alegre, RS, Brazil.* [3]*Serviço de Psiquiatria de Adições e Forense, Departamento de Psiquiatria e Medicina Legal, UFRGS, HCPA, Porto Alegre, RS, Brazil.*

Submitted Jan 10 2022, accepted Mar 01 2022, Epub Jul 15 2022.

Disclosure

The authors report no conflicts of interest.

How to cite this article: Signori JPS, do Canto GC, Roza TH, de Borba Telles LE, de Almeida Fleck MP. Stalking in clinical psychiatry: when the doctor becomes the victim. Braz J Psychiatry. 2022;44:464-465. http://doi.org/10.47626/1516-4446-2022-2464

References

1 Dressing H, Kuehner C, Gass P. The epidemiology and characteristics of stalking. Curr Opin Psychiatry. 2006;19:395-9.
2 Westrup D, Fremouw WJ. Stalking behavior: a literature review and suggested functional analytic assessment technology. Aggress Violent Behav. 1998;3:255-74.
3 Pathé M, Mullen PE. The impact of stalkers on their victims. Br J Psychiatry. 1997;170:12-7.
4 Dreßing H, Gass P, Schultz K, Kuehner C. The prevalence and effects of stalking. Dtsch Arztebl Int. 2020;117:347-53.
5 Mester R, Birger M, Margolin J. Stalking. Isr J Psychiatry Relat Sci. 2006;43:102-11.
6 Brasil, Secretaria Geral. Lei nº 14.132, 31 de março de. 2021. www.planalto.gov.br/ccivil_03/_ato2019-2022/2021/lei/l14132.htm.
7 Whyte S, Penny C, Christopherson S, Reiss D, Petch E. The stalking of psychiatrists. Int J Forensic Ment Health. 2011;10:254-60.
8 Galeazzi GM, Elkins K, Curci P. The stalking of mental health professionals by patients. Psychiatr Serv. 2005;56:137-8.
9 Zona MA, Palarea RE, Lane J. Psychiatric diagnosis and the offender-victim typology of stalking. In: Meloy JR. The psychology of stalking Arlington: Academic Press; 1998. p.69-84.
10 Mullen PE, Pathé M, Purcell R, Stuart GW. Study of stalkers. Am J Psychiatry. 1999;156:1244-9.
11 McIvor RJ, Petch E. Stalking of mental health professionals: an underrecognised problem. Br J Psychiatry. 2006;188:403-4.
12 Pathé MT, Mullen PE, Purcell R. Patients who stalk doctors: their motives and management. Med J Aust. 2002;176:335-8.

Ayahuasca and its interaction with the sigma-1 receptor: a potential treatment for COVID-19

Braz J Psychiatry. 2022 Jul-Aug;44(4):465-466
doi:10.47626/1516-4446-2022-2541

SARS-CoV-2 infects alveolar epithelial cells by endocytosis through the angiotensin-converting enzyme II (ACE2) receptor, which initiates virus replication and its effects on the respiratory system.[1] However, ACE2 receptors are also found on glial cells, the olfactory bulb, the hippocampus, the brainstem, and spinal neurons.[2] Thus, the virus could enter the nervous system through the cribriform plate towards the olfactory bulb, altering the permeability of the blood-brain barrier to easily reach all parts of the nervous system.[2]

Once the virus enters the interior of the cell through the ACE2 receptors, it interacts with the sigma-1 receptor, which is located in the endoplasmic reticulum, conditioning its structure to create the ideal conditions for replication.[3]

It is suggested that sigma-1 receptor agonists could serve as a prophylactic treatment, since these drugs, by occupying this receptor, prevent modification of intracellular machinery to the needs of SARS-CoV-2, stopping the inflammatory process induced by the cytokine storm. For this reason, the use of fluvoxamine, donepezil, arketamine, among others, has been proposed.[4]

Preliminary evidence has been found about the effects of antidepressants in relation to severe impairment and death[5] in Covid-19. Lenze et al.[6] found that a group treated with fluvoxamine had a lower probability of clinical deterioration. There is a significant association between antidepressant use (whether selective serotonin reuptake inhibitors or not) and a reduced risk of intubation or death.[7]

Ayahuasca, a compound used in South American folk healing rituals, is currently being studied for its therapeutic potential to treat mental illnesses.[8] It contains β-carbolines (harmine, harmaline and tetrahydroharmine), which are monoamine oxidase inhibitors, and a substance analogous to serotonin called N,N-dimethyltryptamine (DMT), which is responsible for rapid antidepressant and anxiolytic effects.[9] In relation to Covid-19, preliminary evidence has been published on the use of DMT to treat mental health problems in recovered patients.[10]