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A firearm double homicide committed by a paranoid neighbor: a psychopathological study.

Cristiano Barbieri ¹ M.D., Ph.D., Giancarlo Di Vella ² M.D., Ph.D., Caterina Bosco ² M.D., Ignazio Grattagliano ³ Psy.D., Ph.D., Lucia Tattoli ^{4*} M.D., Ph.D.

¹ Dipartimento di Medicina Legale, Scienze forensi e Farmaco-tossicologiche, University of Pavia, via Forlanini 12 - 27100 Pavia, Italy; cristiano.barbieri@unipv.it

² Department of Public Health and Paediatrics, Section of Legal Medicine, University of Turin, Corso Galileo Galilei 22 - 10126, Turin, Italy; giancarlo.divella@unito.it – caterina.bosco@unito.it

³ Department of Education, Psychology, Communication, University of Bari, Piazza Umberto I - 70121 Bari, Italy, grattaglianoignazio@gmail.com

⁴ S.C. Medicina Legale U, A.O.U. Città della Salute e della Scienza di Torino, Corso Bramante 88/90, 10126 – Turin, Italy, lucia.tattoli@unito.it

Corresponding Author: **Ignazio Grattagliano.** Department of Education, Psychology, Communication, University of Bari, cell. 335 Piazza Umberto I - 70121 Bari, Italy, grattaglianoignazio@gmail.com cell.3356296185

ABSTRACT

Serious mental illness is associated with a higher risk of violent interpersonal behavior. Characteristic traits denoting a psychopathological picture such as schizophrenia, depression,

a borderline, or narcissistic, antisocial, or paranoid personality disorder, are frequently observed in the personality of those who have committed one or more murders. For example, mass murderers are affected by a delusional syndrome with a persecution fixation, that develops in a subject with a paranoid, anacastic personality disorder. An abnormal mental framework develops as a consequence of continual experiences interpreted as traumatic.

We present a complex case regarding a double murder whose victims were shot by a 50-year-old neighbor, who underwent a psychiatric evaluation for the assessment of criminal responsibility. In the light of the historical reconstruction of his relation sensitive delusional mindset that triggered the final reaction, his life history, the “key event” and the “triggering environment” (constant conflictual and dysfunctional relations with others) led to the violence. The correct understanding of the reported case demands investigation not only of the clinical, diagnostic and psychodiagnostic aspects, but also of the perpetrator-victim/s, their relational context and the situation where the crime evolves, in order to be able to reconstruct the event in a meaningful manner.

KEYWORDS

Personality disorder, paranoia, persecutory delusion, psychiatric evaluation, homicide, shooting.

HIGHLIGHTS

- Delusional syndrome with a persecution fixation is linked to the paranoid spectrum.
- The risk of violence associated with paranoid delusions is increased.
- The chains of events and the hidden significance is important in a crime committed by a paranoid subject.

Characteristic traits denoting a psychopathological picture, such as schizophrenia, depression, a borderline, or narcissistic, antisocial, or paranoid personality disorder, are frequently observed in the personality of those who have committed one or more murders [1].

Serious mental illness is associated with a marginally higher risk of violent interpersonal behavior. For instance, compared with the general population, individuals with first-onset psychosis may have a three to five times higher risk of violence. estimates suggest that only about 4% of criminal violence can be attributed to individuals with mental illness. In addition, individuals with serious mental illness are three times more likely to experience violence than perpetrate violence, and the violence perpetrated by individuals with serious mental illness is rarely lethal [2].

Research regarding the relationship between mass shootings and mental illness [3], depending on the definition of mental illness used, the proportion of mass shootings associated with it varies from 4.7% to 78% across studies [4].

Among the perpetrators of 167 mass shootings in the USA between 1966 and 2019 analyzed for The Violence Project, 19% had previously been hospitalized for psychiatric reasons; 25% had undergone counseling; 20% had used psychotropic medications; 23% had mood disorders; and 26% exhibited thought disorders [5].

Mass murderers are affected by a delusional syndrome with a persecution fixation, that develops in a subject with a paranoid, anacastic personality disorder. A delusional syndrome demands consideration of the “paranoid spectrum”, in terms of a “continuum” or “gradient”, at the extremes of which can be found delusional paranoid syndromes (paranoia, paraphrenia, paranoid schizophrenia) at one end and paranoid “attitudes” and “reactions” at the other.

In the literature [6- 8] the term “paranoia” refers to a syndrome characterized by ideas of delusional type but still comprehensible, accompanied by a lucid state of consciousness, intact

mnesic sphere, absence of sensory-perceptive alterations; mood and affect coherent with previous experiences, abnormal or not (lucid delusional, systematic, sthenic congruous thought processes that appear during middle age and show a progressive, chronic evolution). In such cases, the expression “development of the personality” refers to an abnormal mental framework that has developed as a consequence of continual experiences interpreted as traumatic. During paranoid development, in particular, this mental framework interprets facts and relations between the subject and the outside world in an intrinsically distorted manner, that leads to a true delusional mindset. The character and temperament of such subjects are marked by a crisis in the development of the sense of Self and self-esteem, or else these have never developed at all, and so the subject lacks the security on which the personal identity is built. Otherwise, it may be built on structures that, owing to diffidence, suspicion, petulance, are advanced to conceal deeply hidden development problems (generally of a psycho-sexual nature) linked to feelings of shame. These subjects can therefore assume a false role for compensatory purposes, in which they become designated victims, or else transform themselves into executioners. Their self identification is thus of a defensive nature and so extremely rigid and obdurate and therefore unalterable.

Here we present a complex case regarding a double murder whose victims were shot by a 50-year-old man, who underwent a psychiatric evaluation for the assessment of criminal responsibility.

The subject is an ascertained multiple murderer [9] having killed two people at the same time, but personality traits of a mass murderer can be found in this case.

Some considerations about a correct clinical and criminological approach, and about the relations between aggressiveness and so-called relation sensitive delusions, will be expressed.

Case report

The murderer was a male unemployed subject, aged 50 when he committed the crime. The victims were two retired people, his neighbours living in the same apartment block.

The culprit's mother was a primary school teacher, already retired when he committed the crime; his father had worked in the commercial sector but died about 10 years before the events described. He was the third of four sons; the first two brothers were socially integrated with no criminal record nor relevant clinical or psychiatric history.

While he was growing up he saw his mother as severe, intrusive and determined to deprive him of his needs. His father was absent, while his relations with his brothers were stiff and formal. He was constantly in difficulty at school during adolescence, and was late in passing his final school-leaving diploma as a surveyor. He had not done military service due to lack of the requisites (referred, not documented fact).

At the age of 21, helped by his eldest brother, he had his first job experience working at the same company as his brother. After six years of growing conflict with colleagues and employers, he resigned and it was at this time that significant mental problems started to appear (“...I was shy...they talked about a phobia about the color red...they diagnosed a shyness neurosis”), and he underwent psychotherapy (twice-weekly interviews with a private psychiatrist).

Then he met his future wife, that he married about three years after they got engaged. From the ages of 30 to 50 years, he had multiple different job experiences, all ultimately unsuccessful.

The first, at a house agents, lasted 8 months and ended when he resigned: he said he left them because they would not give him a regular contract.

The second lasted one year, at a company producing electric materials and ended for the same reason.

The third job lasted a couple of years at a shop selling sports gear, that then went bankrupt.

Then he worked as a security guard for five years. This ended with his dismissal, at which stage he took out a case against the employers for mobbing.

Subsequently, he had a succession of periods of unemployment during which he lived on his wife's earnings (as a shop assistant), alternating with temporary jobs that he described as in line with his condition as a person subject to mobbing.

During his intermittent work experiences, apart from the lawsuit for mobbing he took out about 20 other lawsuits against other tenants and the administrators of the condominium where he lived. Not only did he lose all these cases, but he was also condemned to pay the legal expenses, and even damages at the end of some of them.

The day of the murder, he “saw” the two neighbours talking in the front yard of the condominium, and “heard them laughing about his having lost his various lawsuits”. He went into his apartment, took his rifle, went out onto the balcony and shot both his “enemies” to the head. Leaving the weapon in his house with his fingerprints on it, he went to a friend's house to spend the night before to be arrested the next morning.

He declared, during the arrest documentation phase “Now the judge will have to listen to me”. He was convicted of multiple aggravated murder. In jail, the killer wrote a letter to the victims' relatives claiming “a mobbing war” and a Mason conspiracy against him by the neighbours, the building manager, the judges, and secret service.

He underwent a psychiatric evaluation that diagnosed a paranoid personality disorder (with a life time prevalence) with persecutory delusion, deeming him to pose a significant risk to the general public. This mental state occurred even at the time of the murder, and partially excluded the criminal responsibility. Finally he was sentenced to 20 years in prison.

Discussion

Paranoia is a common symptom of mental disorders that is prominent in schizophrenia but also present in depression and bipolar disorder. Recently paranoia has been conceptualized not as a single construct, but rather as a hierarchy spanning from common emotional concerns like fear of rejection, social anxiety, and feelings of vulnerability to the most extreme forms of paranoia such as the persecutory delusions that can be seen in patients in acute stages of psychosis [10].

Indeed, conservative estimates indicate that 10–15% of individuals in the general population regularly experience paranoid thoughts. While the degree of preoccupation, conviction, and associated distress tends to differentiate between non-clinical and clinical levels of persecutory ideation, literature suggests that paranoia is associated with impaired social functioning and reduced psychological well-being across this continuum [11].

In the general population, overall higher levels of paranoid ideation are associated with greater social exclusion, lower social functioning, restricted social support, and less engagement in hobbies or activities of interest [12].

In clinical samples, distress associated with persecutory delusions mediates the association between these delusions and aggressive behavior towards others, and the presence of clinically significant levels of paranoid ideation appears to selectively exacerbate the social impairments that are seen in individuals with schizophrenia [13].

In clinical presentation, the symptoms of paranoid personality disorder often overlap with features of other disorders. Clinicians typically face the greatest challenge in differentiating paranoid personality disorder (PPD) from the paranoid ideation and thought disorder of schizophrenia-spectrum or delusional disorders. PPD is of special interest, because paranoid personality disorder may become paranoid schizophrenia if the individual loses touch with reality. It is characterized by a pervasive distrust and suspiciousness of others such that their

motives are interpreted as malevolent, beginning in early adulthood and present in a variety of contexts.

Paranoid individuals tend to generate other-blaming, externalising causal attributions for negative events and over-attribute threat to ambiguous stimuli making it a pertinent symptom for consideration in understanding aggression [14].

Paranoid personality disorder is frequently co-morbid with antisocial personality disorder and associated with violent crime. In forensic populations prevalence rates of 7% have been demonstrated, and a correlation with serious violence (including attempted murder and wounding) [15].

Feeling mistrustful of friendly gestures or any situation that may be ambiguous (e.g., coworkers engaged in conversation across the room are suddenly perceived to be talking about and plotting against the paranoid individual, have labeled as a “personalizing bias” in paranoid delusional thinking). They often keep to themselves and have difficulty in social activities or settings; In contrast to paranoid thoughts occurring at the psychotic level (as in paranoid schizophrenia), the suspicious beliefs of paranoid personality disorder are typically at least somewhat plausible, and the individual diagnosed with paranoid personality disorder retains some degree of reality testing abilities [16].

Factors common to mass murder include extreme feelings of anger and revenge, the lack of an accomplice (in adult mass murder), feelings of social alienation, and planning/organizing the offense [17].

They spent a great deal of time feeling resentful and ruminating on past humiliations. These ruminations subsequently evolved into fantasies of violent revenge. Psychological factors include a negative or fragile self image, paranoid dynamics, and retreat into violent and omnipotent revenge fantasies. Social factors include isolation, possible ostracism by peers, and an absence of

pro-social supports. In the process, the paranoid individual's ego compromises some degree of reality as a self-preserving measure [18].

The type of paranoia is in relation to mass murderers and involves two important nuances: an association with violence and dimensionality. An increased risk of violence has been associated with paranoia, particularly with paranoid delusions in certain individuals with other co-morbid risk factors. Dimensionality refers to the concept that personality traits "can be located on the spectrum of trait dimensions," and so may be present "in different degrees rather than being present versus absent." Thus, it is not unreasonable to expect that paranoia would exist on a continuum for mass murderers ranging, for example, from suspiciousness to frank psychosis with paranoid.

From this perspective, the ways that this type of personality elaborates relations with the outside world are a fundamental factor. On one hand, they invest such relations with an accentuated, unreasoned affect and on the other, with obsessive, self-referential thought and interpretation patterns. Their certainties are difficult to demolish even when confronted with a logical and detached presentation of the reality because their logic is actually merely pseudo-logic. In other words it is a reasoning method based on prejudice in the sense of a pre-judgment or pre-constituted idea that, although coherent, is rooted in faulty basic premises.

The presented case might be seen as a typical example of this faulty reasoning, where the analysis of the inner feelings of guilt and shame due to a failed sexual identification process is fully supported in the literature by "historical" cases of relation sensitive delusions [19].

Indeed, in the ample area of paranoia, the attitude that stems from the basic personality and develops as a result of an abnormal sequence of interpretation of facts (that are in themselves neutral, but are interpreted on an accentuated affective plane), gives rise to a psychopathological-

clinical situation. A persecution complex is the outlet of deeply buried emotions of anguish-shame-rage.

In this scenario, as demonstrated by the subject's querulomania and conflicts at work, among paranoid pictures his attribution of significance was rooted in affect-delusions and anomalous Ego-World sequences.

In this existential situation, to be himself the subject needed not only the Other but that this Other should be an enemy to be vanquished. This explains why in a “destructured intentional conscience”, in the sense of the “global structure of the mental being”, whose progressive disorganization is the very basis of the mental disease, the Ego of the paranoid subject feels persecuted and thrown out of his true position in the world by a persecutor.

The latter is actually non-existent [20-21] but in the present case was identified as the neighbours, the administrator of the condominium, the previous employers and the work colleagues.

The markedly dysfunctional relations at work (where he always felt he was subject to mobbing) and strong conflicts with others at the apartment block, resulting in great querulomaniac activities (the lawsuits, all of which he lost) are illustrative of his life experience in the described frame of mind.

On one hand they appear congruent with what he experienced also in other contexts (during childhood and adolescence, in the family, with his peers and finally, as an adult at work). On the other hand, they hardened his convictions of injustice and feelings of frustration, anguish and shame, all centered around persecutory actions. These were imaginary but entirely coherent with his incomplete personal identity development from the psychiatric standpoint.

The culmination of the events is therefore explained and motivated as the outcome of a delusional disorder in an already abnormal personality.

In this framework, the multiple murder has a psycho-motivational basis that is not only “chronologic”, but also “epistemo-logic”, in the sense that the logic derives not only from the “before” and “after” but also from the “how” and “why”.

In fact, his lost lawsuits against those he defined as the “potty chiefs” of the condominium, were stably integrated in a delusional system. In that place, the others were the aggressors and he was the victim rather than the reverse, as was truly the case.

In the light of this historical reconstruction of his relation sensitive delusional mindset that triggered the final reaction, his “relation sensitive personality” (life history), the “key event” (the lost lawsuits) and the “triggering environment” (constant conflictual and dysfunctional relations with others) [22-24] led to the violence. This is an epiphenomenon, both expression and demonstration, not only of his need to have an enemy in order *to-be-himself*, but above all to destroy that enemy in order *to remain-himself*.

Our observation confirms that the paranoid subject uses aggression, in the same way as the narcissist uses grandiosity, as the anthropological foundation of himself [25].

Conclusions

As for other types of crimes (due, for example, to a narcissistic or a depressive disorder), in a crime committed by a paranoid subject it is essential to take into account not only the criminological-clinical taxonomies, in terms of the behavioral and relational variables characterizing the aggressor and the victim. The chains of events and underlying hidden significance leading to the act and driving the perpetrator, are also important. These are inevitably mutually dependent and cannot stand alone, being two faces of the same coin.

A correct understanding of the reported case demands investigation not only of the clinical, diagnostic and psychodiagnostic aspects, but also of the perpetrator-victim/s, their relational

context and the situation where the crime evolves, in order to be able to reconstruct the event in a meaningful manner [26-33].

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