

Pathologically impulsive reaction and instantaneous perpetration of a double crime with a firearm

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1 INTRODUCTION

For Barratt et al. (1997), impulsivity is defined as a predisposition to carry out quick, non-reflective actions in response to internal and/or external stimuli despite the negative consequences that these could have for the person as well as for third parties (Moeller et al., 2001). Impulsivity is thought of as a psychobiological tendency that predisposes a spectrum of behaviors rather than a particular action (Squillace et al., 2011).

For Squillace et al. (2011), individuals with high impulsivity can be analyzed:

- A) At a behavioral level, where a reduced sensitivity to the negative consequences triggered by their own actions can be observed, as well as a high reaction speed that would not allow an adequate processing of information, both from internal and external stimuli.
- B) At a social level, impulsiveness is understood as a behavior developed in a family environment in which the child has learned to react quickly to obtain what is desired. This behavior implies risks and its consequences are not considered by the individual for themselves or for third parties (Moeller, et al., 2001; Orozco-Cabal, Barratt & Buccello, 2007).

In the present case, evaluated directly by the writer, in January 2017, a 29-year-old in the course of hunting small game, was intercepted by two rural agents. Without a word between the aggressor and the victims, the aggressor reacted virulently and impulsively in "acting out", perpetrating the murder of both by discharging his shotgun.

The aggressor then turned himself into the police and was arrested.

2 METHOD

The directed clinical interview (or anamnesis) was carried out on the confessed author of the murders, 24 days after the tragic events, while he was still a preventive inmate at the prison where he

was located. We also proceeded to read the clinical health documentation on the mental condition of the aggressor and how that influenced the case.

Likewise, psychological tests were administered in order to be able to assess the scope of the clinical-symptomatic phenomenology of the psychological, psychopathological and/or psychoemotional state of the subject with respect to the severity of the impulsively pathological behavior and for what came to be the cause of the fateful event of the two deaths.

3 RESULTS

The subject was administered the following set of psychological tests (the most notable among many others administered): Millon's Multiaxial Clinical Inventory (MCMI-III, 2005), Cattell's 16 Personality Factors (1995), the Hamilton Anxiety Rating Scale -HARS- (Hamilton, 1959), the Barratt Impulsiveness Scale (BIS-11, 1995), the Ramón y Cajal Impulse Control Scale -ECIRyC- (Ramos Brieva, JA; Gutiérrez-Zotes, A. and Saiz Ruiz, J. (2002) and the Davidson Trauma Scale -DTS- (Davidson et al., 1997).

It should be noted that the administration of the tests was held at the prison where he remained admitted, as a preventive inmate and awaiting trial by the Jury of the Provincial Court.

The test results are as follows:

In the MCMI-III of Millón, the validity indices of "Sincerity" and "Devaluation", suggest little sincerity and of casting a more negative image of himself, respectively.

From the situation previously presented, special attention must be paid to the resulting psychological and psychopathological graph in terms of its interpretation.

There is a score suggestive of dependent personality traits (PREV=80). Likewise, there are significant scores in the areas of anxiety and dysthymia, suggesting, due to the experiential contextual framework, a mixed anxious-depressive disorder.

suggests the same interpretive orientation carried out in relation to Barrat's BIS-11 scale, and therefore, he presents basic impulsiveness in his behavior.

- The Davidson Trauma Scale -DTS- (Davidson et al., 1997) presents a frequency score of 48/68 and a severity score of 47/68. The total direct score is 95/136. The total score obtained (greater than 40) suggests that the respondent presents a psychologically traumatic reaction in relation to the acts perpetrated. Likewise, the subject recognizes his own trauma in the following way: "Having shot two people, having killed two people, not being able to control my head. What will happen, how will those families be that I have destroyed, how will my family be, my girlfriend, not being aware of how serious it is, not knowing why I did it, why I blocked myself in that way, why did I react like that...?" Likewise, what was transcribed by the respondent himself on the Davidson Trauma Scale (DTS) suggests that the respondent exhibits repentant behavior.

4 DISCUSSION

- The psychopathological examination of the subject was held 24 days after the two murders; that is, he was evaluated in the closest state to the moment when the perpetration of both crimes occurred. In this way, the psychological interpretive analysis derived is suggestive of being as adjusted as possible to the mental state of the perpetration of said criminological conduct.

- Of the results obtained as to the *iter criminis* carried out, there are two conditions that suggest that the subject presented a critical exacerbation of Habits and Impulse Control Disorder (code F63 ICD-10—WHO) expressed as Intermittent Explosive Disorder (code F63.8 of the ICD-10—WHO). And for which, in relation to the facts of the case, he refers to not knowing or remembering how he came to react in such a hostile manner, being compatible with the clinical-symptomatic phenomenology of dissociative amnesia after the alleged criminal acts.

- In line with the above, and without any causal explanation that would motivate an animosity toward the victims, the subject presented a partial or significant break in the inhibitory mechanisms of his behavior, negatively influencing his cognitive abilities and in turn his volitional-motivational capacities (which would already be affected by his Impulse Control Disorder (in the Intermittent Explosive Disorder modality). Following the virulent impulsive act, the subject presented a state of dissociative amnesia in which he refers to not remembering how and in what way he manifested his behavior, and showing repentance.

- The psychic characteristics described above are compatible with Amok Syndrome, a phenomenon described by Joseph Westermeyer (1972), as that sudden reaction and spontaneous explosion of wild rage, which makes the affected person indiscriminately kill living beings that appear around them, until the subject is immobilized or commits suicide. After the attack, the person is

exhausted, sometimes with complete or episodic amnesia and occasionally, may end up committing suicide.

- From the point of view of Forensic and Criminal Psychology, this case highlights the great difficulty of practicing a psychological-forensic evaluation of the phenomenon of acting out in Amok Syndrome; and that, in order to carry out said diagnostic approach, the Forensic Psychological Expert has to carry it out indirectly with the psychometric evaluation instruments available (since none of them measures Amok Syndrome itself).

Keywords: pathological impulsivity, double crime, amok syndrome, acting out, psychological evaluation.

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