

DMRDynamics

David M. Reiss, M.D.

Psychiatry

Adult Psychiatry

Borderline Disorders

Medical-Legal Evaluations

Qualified Medical Examiner

Agreed Medical Evaluations

With Offices in **California** in:

San Diego, Fresno, Oxnard,
Huntington Beach, Palm Springs,
San Clemente, Bakersfield

Licensed in: **California, New York,
Massachusetts, Vermont, Connecticut,
Pennsylvania, WV and ND**

Interim Medical Director

Providence Behavioral Health Hospital
Holyoke, MA (11/01/2011 – 02/29/2012)

Direct Phone: 262.477.9242

(262 4PSYCH2)

San Diego Office:

619.280.3422

Fax: 619.280.3406

DMREISS@GMAIL.COM

www.DMRDynamics.COM

Mailing Address:

P.O. Box 9684

Rancho Santa Fe, CA

92067-4684

Street Delivery Address:

7778 Tierra Tesoro

San Diego, CA 92127

Staff Psychiatrist, Rotating

The Brattleboro Retreat

Brattleboro, VT (3/2014 – 12/2014)

COMMENTS ON THE PSYCHOLOGICAL EVALUATION OF OSCAR PISTORIUS

(media background white paper)

Caveat: I have never met or evaluated Mr. Pistorius. Other than as derived from the public report that was reviewed and other media accounts, I have no personal knowledge regarding the legal case in question, any aspects of Mr. Pistorius personal or psychosocial history or Mr. Pistorius' psychological state at any point in time (prior to, during or after the fatal incident). Provided below are theoretical considerations, constructs and speculations that may or may not pertain Mr. Pistorius.

I found the report of psychologist Melissa Fernihough to be quite thorough and well-reasoned. The conclusions offered by Dr. Fernihough appear to be very consistent with the data that Dr. Fernihough presented and analyzed.

At the same time, I note that the purpose of report is directly related to evaluating the presence of any psychological factors that might be of significance to the legal proceedings. In any such situation, there may be psychological factors that are very significant to understanding events and reactions to events but may not be relevant to legal responsibility. It was not Dr. Fernihough's task to address those issues.

In that regard, Dr. Fernihough concluded that there was no evidence that Mr. Pistorius suffered from a Narcissistic or Sociopathic Personality Disorder. Dr. Fernihough also found that Mr. Pistorius does not have a history of aggression that would indicate a predilection to perpetrating an act of violence. In my opinion, those appear to be very reasonable conclusions based upon the data presented.

However, the question of the presence or absence of Sociopathy or a malignant Narcissistic Personality Disorder is a very different question from that of whether Mr. Pistorius has narcissistic *vulnerabilities* or narcissistic personality *traits* that might help

COMMENTS ON THE PSYCHOLOGICAL EVALUATION OF
OSCAR PISTORIUS

to provide an explanatory perspective upon the events that transpired and Mr. Pistorius' reaction to those events.

I need not belabor the obviously traumatic and difficult issues present related to Mr. Pistorius' severe physical problems and disability. I believe that Dr. Fernihough aptly summarized those issues in her statement, "*It is possible that a blueprint of mistrust, insecurity and being unsafe was laid down at that stage of his personality development because of a traumatic experience his pre-verbal brain could not process and make sense of...*" That is, the underpinning of Mr. Pistorius' personality structure was based upon unresolved issues of mistrust, insecurity and danger – issues that could either be, on one hand, moderated or perhaps resolved; or on the other hand, reinforced and exacerbated, by later-life experiences.

In Mr. Pistorius' case, it appears clear that sadly – tragically – his later life experiences reinforced the chronically present (but consciously repressed) negative and painful emotions that date back to non-cognitive "pre-verbal" experiences.

Specifically, Mr. Pistorius' sense of insecurity and danger in life was reinforced by:

- The divorce of Mr. Pistorius' parents when Mr. Pistorius was six years of age.
- Mr. Pistorius' father having reportedly been emotionally absent, having struggled to be successful, and having been essentially absent from Mr. Pistorius' life after Mr. Pistorius' mother and father divorced.
- Mother suffering a tragic, sudden, unexpected and traumatic death due to cerebral hemorrhage when Mr. Pistorius was only 15 years of age.
- Mr. Pistorius' mother having been herself an emotionally vulnerable person.
- Evidently, Mr. Pistorius' mother did quite as well as could be expected in helping Mr. Pistorius to deal with his situation, but she herself is described as having been fearful and anxious at times, "*After the divorce she would become scared and anxious at times when she felt they were under threat.*"
 - It is not clear from the report if Mr. Pistorius' mother's fear was related to any actions of Mr. Pistorius' father or other life circumstances.
 - There is documentation of other, dangerous, violent and frightening, non-familial life circumstances to which Mr. Pistorius and his mother were exposed; circumstances over which they had no control.

COMMENTS ON THE PSYCHOLOGICAL EVALUATION OF
OSCAR PISTORIUS

- E.g., “*a few incidences of crime... exacerbated her anxiety...*” as well as subsequent injuries Mr. Pistorius suffered.
- The report states that Mr. Pistorius was “never exposed” to “violence or serious aggression” – but it is not totally clear as to whether there may have been acts of domestic aggression or violence between Mr. Pistorius’ parents to which Mr. Pistorius was not directly “exposed” but that may well have impacted Mr. Pistorius’ mother’s emotional state.
- The report indicates that in some ways Mr. Pistorius idealized his mother but at the same time he realized that she was anxious and frightened – but that he never fully integrated those perceptions.
- Quite reasonably considering the data, Dr. Fernihough surmised that starting with his mother, Mr. Pistorius had an inability to view himself or others as being a “whole person.”
- A process that may have mitigated this underlying emotional vulnerability was stymied by the sudden death of Mr. Pistorius’ mother (with no indication that Mr. Pistorius received any formal psychotherapeutic intervention or mental health treatment to help him cope with the circumstances).
- In essence, it can be assumed that at least on an unconscious basis, Mr. Pistorius’ mother’s death *confirmed* her provision to Mr. Pistorius a view of the world as unpredictable, frightening and extremely dangerous.
 - At the same time, it can be assumed that at least on an unconscious basis, Mr. Pistorius’ mother’s death *confirmed* to Mr. Pistorius that no matter how supportive a woman might appear to be, it would be foolhardy to trust that any woman could be consistently counted upon for security within a close or intimate relationship.
 - Mr. Pistorius’ poor relationship of his father provided no counter-balance to that perception.
- Evidently being constitutionally (innately) reasonably intelligent and determined, rather than succumbing to depression or other regressive or pathological behaviors, Mr. Pistorius embraced a very structured life-style and reasonably adaptive psychological defenses in the obsessive-compulsive spectrum (not to be confused with Obsessive-Compulsive Disorder) to support his self-esteem and diffuse his repressed fear and insecurity.

COMMENTS ON THE PSYCHOLOGICAL EVALUATION OF
OSCAR PISTORIUS

- However, that same lifestyle also fostered emotional distance and isolation.
- In a sense, “fate” conspired to reinforce Mr. Pistorius’ use of those defenses that were largely adaptive but not optimal – allowing for productive functioning but not allowing for re-working or resolution of underlying emotional pain and conflict.
 - Specifically, within two years of the death of Mr. Pistorius’ mother (a severe narcissistic injury for Mr. Pistorius, which had to have triggered intense and somewhat ambivalent grief – i.e., grief accompanied by a sense of rage and abandonment), Mr. Pistorius’ international fame, attention and adulation allowed Mr. Pistorius to rely upon an externalized structure for maintaining his self-esteem, his sense of identity and emotional stability.
- Thus, events prevented a resolution of what Dr. Fernihough described as essentially “A split in his personality...” between Mr. Pistorius viewing himself as vulnerable, scared and disabled vs. being strong, powerful and invulnerable.
 - Specifically, at times, Mr. Pistorius was probably able to often “lose himself” in the narcissistic gratification provided by his fame but at other times, Mr. Pistorius’ underlying insecurity, fear and loneliness would surface.
 - Thus, not surprisingly, Dr. Fernihough reports that Mr. Pistorius experienced periods when he felt lost and when he turned to “wrong choices” and negative behavioral acting out to attempt to diffuse painful emotions.

This information leads me to the (speculative) formulation that while Mr. Pistorius probably does not suffer from sociopathy or a Narcissistic Personality Disorder, Mr. Pistorius may be a man with severe narcissistic vulnerabilities, unresolved deep-seated fears and anxieties, a significant degree of interpersonal distrust (but without evidence of clinical paranoia) and a fragile and less-than-optimally stable sense of identity.

Persons who have suffered serious trauma (as certainly is the tragic case of Mr. Pistorius) and who have these personality traits and vulnerabilities are often vulnerable to brief but intense periods of dissociation. Dissociation can occur when life situations or stresses trigger the emergence of repressed emotional pain, terror and/or conflict and supportive structure is not immediately available by which to regain stability. Dissociative episodes can be minor and benign or can be disruptive or dangerous to self or others (especially if there are weapons available in an unstructured setting).

COMMENTS ON THE PSYCHOLOGICAL EVALUATION OF
OSCAR PISTORIUS

During a dissociative episode (which in some persons, may last no more than moments) there is a flooding of powerful and confusing emotions, often including anxiety, terror and rage. Without the benefit of external structure, poorly-thought out impulsive behaviors may occur.

The dissociation in essence represents a “flashback” to the overwhelming emotional state that Dr. Fernihough referred to, as quoted above, of “*a traumatic experience his pre-verbal brain could not process and make sense of...*” **That is, the flooding of emotions cannot be formulated into words or cognitive thoughts in an adult (or even adolescent) manner and thus behavioral responses may occur impulsively without adequate cognitive conception or consideration of the context or the consequences.**

In that regard, one issue that I do not find addressed within the report is the question of whether or not (even if Ms Pistorius had no history of *violent* behavior), **Ms Pistorius might have been known to exhibit even brief episodes of poorly-modulated *non-violent* expressions of anger or anxiety – especially if afterwards, Ms Pistorius would tend to deny or minimize the significance of any such outbursts (and minimize the degree to which those episodes might scare or upset others).**

While a history of episodic emergence of poorly-modulated affect could not be used to determine Ms Pistorius’ mental state at the time of the shooting or to provide any “conclusions” regarding the legal issues at hand, if Ms Pistorius was known to have difficulty (even momentarily) controlling his temper when under “stress” it would add credence to the likelihood of this formulation being accurate, i.e., the probability that Mr. Pistorius’ actions *at the moment* were influenced by the emergence of repressed rage and fear than Mr. Pistorius cannot retrospectively consciously acknowledge (even to himself).

Since non-verbal experiences are poorly tolerated, typically, immediately afterward (even if the event is benign, but especially if the event was not benign) there is a largely unconscious re-formulating of the event into more a more “logical” verbal-cognitive format.

However, that re-formulation may or may not represent an objectively accurate scenario of what occurred. There is usually a complete loss of any conscious sense of the deeply repressed emotions that emerged and may have contributed to the behavior (e.g., rage, terror, etc.) as the situation is “explained” in a “rational” manner.

COMMENTS ON THE PSYCHOLOGICAL EVALUATION OF
OSCAR PISTORIUS

Typically, the person is fully convinced that their re-formulation is accurate. However, at times, there may be some “leakage” of insecurity or doubt – and in traumatic situations such as this, there is usually also intense grief and guilt – emotions which are extremely likely to foment intense depression (as Dr. Fernihough reportedly observed).

There is no way to retrospectively determine if this formulation is accurate as to the event in question. This formulation would not impact any of the issues of legal responsibility. If this formulation is accurate, it is also impossible to determine Mr. Pistorius’ mental state at the moment of the tragedy and to what extent, if any, his actions were impacted by the dissociative emergence of the aforementioned deeply repressed terror or rage.

If this formulation is accurate, Mr. Pistorius is probably consciously convinced that his cognitive reformulation of events is accurate – but at the same time, considering the enormity of the tragedy, the result may be that he suffers largely immutable chronic depression that could be constant or could fluctuate (with the degree of external support Mr. Pistorius receives to reinforce his cognitive belief in his innocence).

I note that the use of psychotropic medications typically can only partially ameliorate this type of depression (essentially, chemically suppressing some symptoms but not resolving the pathology) while psychotherapeutic intervention often is not particularly effective since consciously and unconsciously, the person intensely guards against even exploring the possibility of reconsidering the extent of their responsibility for the tragedy.

Often, persons in this state who cannot be afforded with long-term, intensive (several times weekly) and comprehensive mental health treatment (psychotherapeutic and psychopharmacological) within a supportive environment are destined to a poor prognosis – chronic depression and poor functioning or a defensive retreat into some type of cult-like environment in which they can be reinforced and encouraged to avoid any confrontation with their history.