

PARANOIDS IN THE LEGAL SYSTEM

The Litigious Paranoid and the Paranoid Criminal

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Notwithstanding a number of conceptual refinements and modifications of the nomenclature over the past century,¹ Kraepelin's¹⁴ classic description of the paranoid* still remains clinically valid today:

[One invariably observes] the insidious development of a permanent unshakeable delusional system from inner causes in which clarity and order of thinking, willing and action are completely preserved . . . [they] form a delusionary view of the world—in fact a "system." The disease leads to a "derangement" of the standpoint which the patient takes up towards the events of life . . . First, suspicions begin to appear which gradually become certainties and steadfast convictions. The delusions become connected with real perceptions and occurrences which are construed only in morbid and prejudiced ways. . . .

Aside from the paranoid's intricate, elaborate, encapsulated delusional system, the intellect, logic, and train of thought are unimpaired for all intents and purposes.²⁵ In view of the paranoid's remarkable ingenuity and superior integrative capacity to incorporate "real perceptions and occurrences" into sophisticated delusional systems, the para-

*Throughout this article, the term *paranoid* will be used to refer to individuals suffering from delusional disorder. The discussion will be limited to the various types of this disorder.

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noid has been referred to as a *philosopher's madman*, that is, eminently reasonable in his or her own way.²⁰ The paranoid's school of philosophy, however, is based on a rigidly distorted worldview, deriving from false initial premises, warped pseudologic,* and defective judgment. Unwarranted suspicions and convictions are sustained firmly and sometimes acted on with devastating consequences. The paranoid's sense of being wronged, injured, or persecuted may lead to outbursts of paranoid rage of homicidal proportions. Paranoid concerns may result in a range of troublesome or dangerous behaviors, from litigiousness and morbid jealousy, to more violent crimes against society.²⁶

LITIGIOUS PARANOIDS

The litigious or "querulous" paranoid repeatedly hales opponents into court to demonstrate to all the world that he has been wronged.³ Such individuals resort to the legal system to defend themselves against the many injustices they believe are being inflicted on them. They use the legal system as a vehicle to act out delusional concerns and retaliatory fantasies against their enemies, often with fanatical determination and vindictiveness. They try to "bend the rules of the legal 'game' to meet their own internal pathological needs, rather than achieve those rational objectives that the legal system is set up to reach."⁹ Not infrequently, the paranoid's victims find themselves enmeshed in a protracted nightmare of litigation without end. In the process, the rational, legitimate objectives of the court system may be lost sight of and defeated. There may be no respite or escape for the paranoid's adversaries: "defeat is unacceptable and rather than surrender, the paranoid person will appeal as often as the legal system permits."²⁵ Litigious paranoids contribute to the inundation of already overcrowded court dockets with all manner of litigation calculated to ensnare and ruin their enemies. The following examples serve to illustrate three of the legal contexts in which the litigious paranoid may present.

The Paranoid Complaining Witness

The credibility of a complaining witness in a criminal trial may be placed in issue if a showing is made that the accusations or testimony is unreliable because of paranoid distortions of reality. A psychiatric examination of the complaining witness or a review of the witness' psychiatric records or writings demonstrating psychopathology may be warranted in such cases.⁷ Input by the psychiatrist at trial may serve to enlighten the jury and assist it to evaluate the relationship (if one exists)

*The salient features of the paranoid's faulty reasoning process include a tendency to distort and exaggerate, to draw unjustified conclusions, to fail to weigh the evidence in a balanced way, and then to construct from false premises a logically developed, in its various parts logically consistent, fixed delusional system.

between the complainant's clinical condition and the allegations in the case before the court.

Case Illustration

Mr. A, a 50-year-old attorney, who specialized in representing tenants in Landlord-Tenant Court, was the main prosecution witness in a trial charging other lawyers with conspiracy and an attempt to cover up the grisly murder of a tenants' rights organizer, who had been dismembered with a chain saw. Mr. A claimed that a group of lawyers representing powerful landlord interests had organized the murder and then tried to intimidate him by sending him letters containing thinly veiled threats that he would be next. One such letter had a crudely drawn chain saw next to his name. His accusations were richly detailed and presented with great conviction and emotion. At trial, it was brought out that, in fact, he had a long history of making wild and unsubstantiated charges against other lawyers, judges, and clients. He saw conspiracies and plots everywhere and rarely hesitated to register formal complaints to bring his suspicions to the attention of the authorities. The trial judge referred the matter to the disciplinary committee of the local bar association and Mr. A was required to undergo a psychiatric examination. The psychiatrist found signs consistent with paranoia, suspiciousness, nonbizarre persecutory delusions, hypervigilance, and a tendency to see conspiracies and plots. Mr. A perceived the court in which he practiced as a paranoid pseudocommunity. There was a grandiose, self-referential misinterpretation of ordinary events. The committee determined that his capacity to practice law was seriously diminished by his mental illness and he was suspended from practice indefinitely.

The Hypercompetent Litigant

Paranoid individuals often possess considerable legal knowledge, fervent devotion to their causes, and unfounded suspicions in regard to the fairness of the proceedings, the judge, and even their own lawyers.²⁵ Paranoid distortions may direct an irrational involvement in the legal proceedings on the part of litigants who insist on "going *pro se*" (ie, representing themselves). These individuals often feel they can represent themselves better than any lawyer, that they will fare better by waiving counsel because the system is inherently unfair, or that a lawyer would likely interfere with their personal agenda—that is, using the courtroom as a stage to dramatize the magnitude of the wrongs and injustices they have suffered and to expose and punish their enemies.¹⁶

Case Illustration

Mr. B, a 47-year-old man, was arrested after slashing the throat of his supervisor at the computer firm where they both worked. Mr. B had become convinced that the supervisor and others at work were having him followed and intended to have him killed, because they resented his recent promotions at the company. After a court-ordered psychiatric examination confirmed that he was suffering from a paranoid condition, his lawyer planned to raise a

defense of insanity. Mr. B promptly fired his lawyer and announced that he would act pro se. He had actually attended law school for 1 year in earlier years and was confident that he had more "savvy" than his lawyer and would successfully prove that he had acted in self defense. He was on a mission to expose his enemies and bring his plight to everyone's attention. He told everyone he was "100% certain" that the truth would come out at trial and vindicate him. He was referred for a competency-to-stand-trial examination and found to be incompetent. He was paranoid and out of touch with the realities of the situation and the true import of the proceedings. Although well versed in legal technicalities, he viewed the trial as a mere vehicle to showcase his paranoid concerns. Raising a defense based on his delusions alone would have deprived him of a fair trial and guaranteed a conviction.

The Paranoid Litigant in Matrimonial Proceedings

Divorce and custody proceedings are sometimes a battleground for a paranoid individual to engage in endless litigious attacks against a spouse or others (eg, the spouse's new lover).

There may be unwarranted suspicions of infidelity, unfounded accusations of sexual molestation of a child, persistent parental alienation, or an unending war of attrition waged against the offending spouse. Other participants in the proceedings may come to be included in the paranoid pseudocommunity and later targeted for complaints to governmental authorities or harassment in the courts (eg, the spouse's lawyer or the judge).⁹

Case Illustration

Ms. C, a 35-year-old schoolteacher, "brainwashed" her two small children to accuse their father of having sexually abused them himself and of taking them to wild orgies, where others molested them as well. She admitted that she repeatedly showed them films about child sexual abuse in order to "educate" them. Extensive psychiatric examinations, psychological testing, and other investigations led to the conclusion that the allegations were spurious, notwithstanding the mother's fervent conviction that sexual abuse had occurred. Her unshakeable conviction that she alone had ferreted out the truth about the situation was held to be a delusion, with no factual basis. During the 2 years of legal proceedings it had taken to reach this result, the father had been excluded from the marital home, barred from all visitation with the children, and plunged into personal bankruptcy, due to the pressure of exorbitant legal fees incurred in the process of vindicating himself.

In other reports on the litigious paranoid, psychiatric intervention, when it occurred, has been even less successful overall than in the examples cited here. Courts generally have seemed reluctant to defer to psychiatric expert opinion, preferring to allow the litigation to proceed through normal legal channels all the way to verdict. The courts reason that paranoid individuals, like their normal counterparts, may suffer real injuries and should be entitled to the protection of the courts

without any abridgement of their rights and prerogatives.⁹ The most sanguine view is that our court system is inherently antiparanoic and serves as a corrective to paranoid distortions of reality:

The adversary system is actually antiparanoic insofar as it encourages the presentation and thorough discussion of an issue. This discourages vague accusations, since they must be backed by evidence and not merely suspicions. In this respect the paranoid . . . is obstructed, for although he may be convinced by his suspicions in private, this is not enough in court. In fact, handled properly the court can be a significant reality factor to the paranoid client or lawyer. Thus, while many factors in the enforcement and administration of the law seem to encourage those with paranoid feelings, the philosophy and practice of law also have some checks on this type of behavior.²⁵

THE PARANOID CRIMINAL

Under the modern nomenclature, the paranoid individual is diagnosed as suffering from delusional disorder. The population prevalence of this condition is estimated around 0.03%.¹ Although a recognized potential for violence and other criminal behavior exists (especially in the persecutory, jealous, and erotomaniac types), the risk of such behavior is a low base-rate occurrence, very difficult to predict, with a frequency that has not been reliably established. Paranoid criminality and violence sometimes occur in sensational cases with extensive media coverage, thereby creating the misleading impression that all paranoids are dangerous. Occasionally, the paranoid criminal is portrayed as an antisocial monster of diabolical cunning (eg, the "Mad Bomber," George Metesky). A number of presidential assassins were said to be suffering from a paranoid condition (eg, John Wilkes Booth [Lincoln], Charles Guiteau [Garfield], and Leon Czolgosz [McKinley]).

Historical Cases

Throughout the nineteenth century, the English courts struggled with the medicolegal status of mental illness, specifically the legal principles by which the relation of insanity to crime might be determined. As early as *Hadfield* (1800),¹³ it was accepted medicolegal doctrine that delusions were the hallmark of insanity in murder cases. Erskine, an eminent trial lawyer of the day, advocated that delusions be the recognized test of legal insanity:

[B]y insanity, I mean that state when the mind is under the influence of delusions, where the reasoning proceeds upon something which has no truth . . . but vainly built upon some morbid image formed in a distempered imagination.²³

Over the years, in both English and American law, paranoid delu-

sion has been the "classic paradigm" of insanity,⁵ both from a historical point of view and in terms of landmark legal cases. Delusions represent a disproportionate share of the psychopathologic states at issue in insanity defense cases. Other mental disorders that defendants exhibit or other symptomatology leading to criminal behavior may sometimes play a role in insanity defense litigation, by themselves alone or in combination with delusions. Throughout this article, however, only delusions will be considered.

Hadfield (1800)

Hadfield labored under the delusion that he was in direct contact with God and that the end of the world was at hand. He believed that he was destined to be another martyr like Christ and would be executed by the secular authorities in order to become a savior to all mankind. He purchased a horse pistol and ammunition and attempted to shoot King George III, who was attending a play. He had hoped to be put to death for murder (regicide) and high treason, so that he might then be resurrected to save the world. Although he appeared to know what he was doing, carried out a complex course of conduct, and intended (with premeditation) to deliberately break the law of the land, his conduct was clearly irrational and based on a delusory belief. At trial, represented by Erskine, he was found to be insane.

*M'Naghten (1843)*¹⁷

M'Naghten suffered from a paranoid delusion that the Tories in England were conspiring to destroy him:

The Tories in my native city have compelled me to do this. They follow and persecute me wherever I go, and have entirely destroyed my peace of mind. . . . I cannot sleep at night in consequence of the course they pursue towards me. . . . They have accused me of crimes of which I am not guilty; they do everything in their power to harass and persecute me; in fact they wish to murder me.²⁸

Sincerely but deludedly believing he was acting in self defense, M'Naghten determined to assassinate the Tory leader, Prime Minister Peel. He carried out his plan, but mistakenly shot and killed the Prime Minister's Secretary, Drummond, who was riding in the Prime Minister's carriage that day. There was public alarm at M'Naghten's acquittal on the grounds of insanity and Queen Victoria was displeased by the verdict. The House of Lords convened an extraordinary session of 15 judges of the common law courts to give an advisory opinion as to the law of England governing the insanity defense. In response, they set forth what has come to be known as the *M'Naghten* rules.* The

*The *M'Naghten* rules are epitomized as follows: "to establish a defense on the ground of insanity, it must be clearly proved that at the time of the committing of the act, the party accused was labouring under such defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong."

M'Naghten formula has been enshrined as a "traditional element of the criminal insanity test in English law."⁵ To be judged criminally insane, the accused must meet a narrow and rigid test: it is a cognitive test that relates solely to the individual's intellectual inability to know (1) the nature and quality of the act (the physical act he is doing) or (2) whether it is wrong. The *M'Naghten* rules and variants thereof are the test for insanity in the majority of jurisdictions in the United States.

Hinckley

Other more recent cases of historic significance raised the insanity defense predicated on paranoid delusions. John Hinckley, Jr, was said to live "in a fantasy world with magical and grandiose expectations of impressing and winning over his secret lover, actress Jodie Foster."¹⁰ This ultimately led him to attempt to assassinate President Reagan—"a grandiose historic deed that would make him famous and unite him perhaps in death with the delusional love object . . ."²⁴ In a letter written after his acquittal on the grounds of insanity, Hinckley wrote:

My actions on March 30, 1981, have given special meaning to my life and no amount of imprisonment or hospitalization can tarnish my historical deed. . . . I . . . committed the ultimate crime in hopes of winning the heart of a girl. It was an unprecedented demonstration of love.²⁹

Stone and others have opined that Hinckley's proper diagnosis was erotomania, based on his pathologic attachment to Jodie Foster.^{10, 24} (Perhaps a more precise but unofficial diagnosis would be what Meloy has termed *borderline* erotomania.¹⁵ This condition is characterized by an individual's intense and obsessive attachment to an unrequited love, in the absence of delusions or loss of reality testing.)

Poddar

The *Tarasoff* case²⁷ (arguably the most well-known case in the annals of modern psychiatry*) came about as the result of the murder of Tatiana Tarasoff by Prosenjit Poddar, a fellow student. He developed a delusional fixation on her as a love object after a casual New Year's Eve kiss, which he embellished with great meaning and passion. He psychotically elaborated their relationship in his fantasies, but her persistent discouragement of his attentions triggered a deterioration in his condition. He planned to impress her by setting up a dangerous situation, from which he would rescue her. Instead of winning her love, he ended up attacking her fatally with the weapons he had bought to "save" her. A number of commentators have concluded that Poddar was suffering from erotomania or borderline erotomania.^{10, 24}

**Tarasoff* was the landmark case that imposed a judicially created legal duty on psychotherapists to protect potential victims from their violent patients.

Contemporary Cases

Paranoids are classified according to a number of types, based on the predominant delusional theme. Paranoid criminals generally are drawn from the following diagnostic types, under the general rubric of delusional disorder: persecutory type, erotomanic type, grandiose type, and jealous type. Each of these are discussed in terms of the relationship between specific paranoid symptomatology and criminal behavior.

Persecutory Type

Paranoids are perplexed by the ominous threats and referential ideas that seem pervasive in their environments. They have a conviction that they are being conspired against, spied on, harassed, and otherwise victimized. At the extreme, they feel that their lives are threatened by their enemies.¹⁹ This final crystallization of the paranoid process has been described by Cameron as "the paranoid pseudocommunity." He defines it as "an imaginary organization of real and imagined persons who seem to be united in some plot against the paranoid patient."³ At this stage, paranoids have projected their own rage and hatred onto their imaginary enemies and may resort to violence against those who are trying to destroy them or their loved ones.

Case Illustration

Mr. D, a 55-year-old contractor, had no prior history of psychiatric illness. His mother had been hospitalized and treated for paranoid schizophrenia for many years. He and his business partner had built up a successful financial enterprise over a 20-year period, involving mortgage financing and other real estate ventures. He began to develop suspicions that his partner and others had been setting him up as a "front man" for criminal activities disguised as legitimate business deals. He castigated himself for being a fool and began to detect all manner of hidden clues and sinister portents of their conspiracy. He spent long hours poring over his files to try to uncover how they had "changed reality" and cleverly created "illusions" to trick him and set him up. He withdrew all of his money from the bank and hid it in an old refrigerator in his basement. He moved his wife and children out of state "for their own safety." He was certain that the conspirators were determined to ruin him, send him to jail, and destroy his family. He demanded that his partner sign a general release, which he believed would insulate him from all future liability. When his partner seemed not to understand him and refused to sign the documents he had prepared, he shot him at point-blank range, killing him. He intended to kill the other plotters (all colleagues and business associates), but was arrested before he could do so. He was firmly convinced it was the only way to save his family from total destruction.

Erotomanic Type

Erotomania, or de Clérambault's syndrome, is characterized by the delusion that an unattainable person of higher social status is in love

with the patient. In many cases, idealized romantic love and spiritual union are sought; in others, the patient pursues a sexual liaison and may try to seduce the love object.^{4, 10} Female patients may come to believe they are carrying the child of their imaginary lover.⁸ Conflicts with the law may ensue when patients doggedly pursue the object of their delusions (through repeated face-to-face contacts, telephone calls, surveillance, and stalking).

A grotesque drama often ensues when these patients act on their delusions. They relentlessly bombard the object of their passion with letters or telephone calls, sometimes threatening or attacking the people surrounding him or her, who are seen as trying to come between the lovers. When their professions of love receive no response, patients may become so resentful and enraged that the object of the passion is also in danger.⁴

Although most patients with erotomania are women, men predominate in forensic population samples.¹ Men are more likely to threaten or commit acts of violence in their efforts to woo their love object, thereby coming to the attention of the legal system.¹⁰ In Meloy's nonpsychotic variant, *borderline erotomania*, the patient is not delusional and does not harbor a conviction that he or she is loved by the other party. Nonetheless, his or her "intense and tumultuous attachment to an unrequited love" may also lead to a violent outcome (as in Hinckley).¹⁵

Case Illustration

Mr. E, a 29-year-old engineer, was a loner who lived with his parents in Los Angeles. One night at a restaurant, he caught the eye of a stunningly attractive young woman at a nearby table, whom he recognized as a celebrity "supermodel." He believed that she smiled at him in a special way and intuitively "knew" that she was passionately in love with him. He came to believe that they were communicating with each other in some undefinable but meaningful way. He besieged her with calls, letters, gifts, and flowers to express his love in return. (On one occasion, after his arrest, he stated "Yes, I am guilty of assaulting her—I assault her with flowers!") Although she rebuffed him firmly and repeatedly (including having him arrested a number of times for criminal harassment), he remained confident that she loved him more than ever and was merely testing his love by placing these obstacles in his path. After one of the arrests, he reached her by telephone and expected her to post bail for him. As time went by, he began to make thinly veiled threats and to stalk her at the agency where she worked. After his last arrest, it was determined that he lacked the capacity to confront his criminal charges realistically. He was found to be incompetent to stand trial and confined in a psychiatric hospital.

Grandiose Type

Grandiose paranoids may believe they have some great talent or ability (albeit unrecognized by the world), that they have made an earth-shaking discovery, or that they are powerful figures (or closely allied to one). They may believe they are brilliant scientists, artistic geniuses, or

famous tycoons. Grandiose delusions of a religious nature may occur, with patients believing they receive divine messages or commands, are prophets, or even God Himself. *The Three Christs of Ypsilanti*²² provides a memorable description of the quotidian encounters of three grandiose paranoid patients, hospitalized on the same ward, each believing he alone is Jesus, the true Messiah. Freud theorized that paranoid feelings of grandiosity and omnipotence signify a regression to a state of infantile megalomania.⁶

Case Illustration

Ms. F, a 39-year-old woman, had been hospitalized a number of times for a paranoid illness. Her grandiose delusions were on a religious theme. She believed she was "Jezreel, Lord God Woman" and had a mission to redeem the world. She devoted herself to preaching and proselytizing in her rundown mission house. One night, she killed a homeless woman who had taken shelter there. She cut her victim's throat while she slept with a butcher knife, believing she had heard God's voice telling her to do so as a sacrifice and an atonement. She fervently believed she was "in the visible presence of God" and had acted in direct obedience to a divine command.

Jealous Type

These individuals are convinced of the infidelity of their spouse or lover. Although there is little in the way of realistic evidence to support their suspicions, they are hypervigilant and overreact to the most trivial or inconsequential events, misinterpreting them in their determination to find confirmation for their jealous delusions. They may unswervingly pursue a course of action to substantiate their worst suspicions through direct confrontations with their spouse (or lover), surveillance, or investigating the imagined lover.^{1, 19} The effect of all this has been described as

. . . turning homes that might be sanctuaries of love, into hells of discord and hate This is a dangerous condition which does lead in some cases to homicide.⁴

The jealous type also has been known as conjugal jealousy or the Othello syndrome. In the literary figure Othello, as in the clinical condition, minor criticisms progress to unfounded suspicions and finally crystallize as full-blown delusions of infidelity.²⁵

Case Illustration

Mr. G was a 29-year-old laundry truck driver. He was initially jealous and distrustful of his wife and believed that she was flirting with their male friends. As time went on, he became increasingly obsessed with the suspicion that she was unfaithful. He constantly accused her of infidelity and interrogated her about other lovers. He questioned neighbors and friends about her comings and goings. He frequently returned home from work during the day to try to catch her "in the act" with other men. He would sneak into the apartment and hide in the closet, expecting to find that she was entertaining lovers in their home

while he was supposed to be at work. He would regularly inspect her vagina for telltale signs that she was having relations with other men. He accused her of losing interest in having sex with him, because she was sated by others. One night, when she angrily pushed him away and refused to have sexual relations with him, he saw this as "proof" that she had other lovers. In an eruption of paranoid rage, he ferociously attacked her with a hammer and a knife.

DELUSIONS AS THE CLASSIC PARADIGM OF INSANITY

Under the *M'Naghten* rules and their variants,* the principal issue in dispute is whether or not the accused knew or appreciated the *wrongfulness* of his or her conduct. A determination of insanity rarely bears on the first prong of the *M'Naghten* test (ie, whether the accused knew or appreciated the "nature and quality of his act." This phrase has been construed to mean whether he or she understood the *physical* consequences of his or her conduct; eg, did he or she realize that holding the victim's head under water would cause death.) When an accused murderer pleads insanity, "the question whether he 'knew what he was doing was *wrong*' becomes the phrase on which his life may hang: its meaning is not therefore of merely academic interest."¹⁸

Paranoid offenders, with their prominent delusions, would be classified as psychotic and thereby meet the American Psychiatric Association's threshold requirement for pleading insanity. It must be kept in mind, however, that there is no perfect correlation between the psychiatric diagnosis or the psychopathology of the accused and the standards for legal insanity. The mere presence of delusions does not by itself automatically lead to a determination of insanity. Such a finding would depend ultimately on the *specific content* of the delusion and whether or not the accused as a consequence was able to know or appreciate the wrongfulness of his or her conduct at the time of the offense.¹¹ This leads to the unsettling conclusion that all delusions are not equal before the law. In other words, culpability may be based not so much on having a delusion at all, but on the specific content or type of delusion and how it comports with the law of the jurisdiction. For example, in most jurisdictions in this country, the *M'Naghten* rules apply and there is an "objective moral standard" of wrongfulness.¹² This means that the accused is not criminally responsible if he or she lacked the capacity to know or appreciate that society at large considered his or her act to be wrong (ie, that it was contrary to public standards of morality). One suffering from delusions of persecution, who sincerely but deludedly believed he or she was acting in justifiable self defense, would not expect to be culpable under the objective moral standard of

*The discussion in this article is limited to the "right and wrong" or cognitive test of *M'Naghten*. Other models of insanity, such as the volitional (or irresistible impulse) formula, are not addressed. As noted, most jurisdictions in the United States are based on the *M'Naghten* rules and their variants.

wrongfulness.¹¹ If the facts had actually been as he or she deludedly supposed them to be, he or she *would* have been acting in justified self defense. Such a response is condoned by the public morality and recognized as a legitimate response to a life-threatening situation. Thus, the accused would *not* have known or appreciated that his or her act was wrong, under the circumstances as he or she believed them to be.

If the same individual were acting under the influence of a motive of revenge, in response to delusions of persecution, erotomania, or jealousy, he or she generally would expect to be condemned by society's moral judgment. Notwithstanding the individual's delusions, he or she would be expected to know or appreciate that society does not countenance vengeance and that he or she had violated the public morality as well as the law. Even if the underlying facts were true (as opposed to delusional), society would regard his or her taking the law into his or her own hands as wrong.²¹

Finally, one suffering from delusions of grandeur might believe that he or she acted in response to a divine command and, therefore, society would not regard his or her act as wrong. If God's word stands as the supreme moral authority, superseding all human and natural laws, then such an individual could not be said to know or appreciate that obeying God's command was wrong.

Many commentators have been troubled by the fact that the culpability of an individual may appear to hinge on the specific *content* of the delusions, rather than on the *processes* of mental and emotional dysfunction:²

... the presence of *any* delusions signals a major disruption of reality testing and normal cognition. . . . [therefore] the specific content of the delusions (expressing the moral views of the psychotic individual, whatever they happen to be) is somewhat beside the point. It is not the psychotic's moral views per se that identify insanity, but the defective reasoning process that gave rise to those moral views.¹¹

SUMMARY

Paranoid symptomatology involving suspicions, a sense of being wronged and persecuted, along with an implacable will to retaliate against one's enemies, often translates into litigious struggles. Paranoids resort to the judicial arena to act out their own internal psychopathologic needs. Examples are offered of the many ways litigious paranoids may present within the legal system, as well as how interventions by the psychiatrist may be useful. Criminal behavior by paranoids, under the sway of full-blown delusions of various types, is discussed and analyzed. Historical cases are described (*Hadfield*, *M'Naghten*), and more contemporary cases are discussed according to diagnostic subtypes. The central importance of paranoid delusions in insanity defense cases and the exculpatory effect of various delusional subtypes are examined.

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