

Estimating the Risk of Violence From Legally Obtainable Guns

To the Editor:

The June 2008 issue of this journal carried a paper by Casiano et al. on "Mental disorder and threats made by noninstitutionalized people with weapons in the National Comorbidity Survey Replication." It suggested that the assessment of people applying for firearms permits should include empirically validated, objective evidence of any mental disorder. Cases of weapons abuse, resulting in homicide, severe injury, or sometimes suicide, have been commonly attributed to the effect of a sudden psychic unbalance. The Casiano paper enables a more objective identification of the connections between weapons abuse and DSM-IV Axis I clinical psychiatric disorders. However, several factors still make it difficult to gain a thorough understanding of the firearms abuse phenomenon, an essential step towards instituting legislative measures in different countries. For instance, there is still a shortage of data on the exact numbers of legally possessed weapons, as Casiano et al., (2008) and other authors (Killias, 1993; Okoro et al., 2005; Weiner et al., 2007) have pointed out.

In Europe, the EU Council Directive 91/477/EEC of 18 June 1991 on the control of the acquisition and possession of weapons establishes that Member States "shall allow the acquisition and possession of firearms only by persons who have good cause and who . . . are not likely to be a danger to themselves, to public order or to public safety." European weapons databases (such as the "Space" project developed in Italy thanks to EU funds) will hopefully provide us with more information and improve our scientific knowledge.

The most crucial issue, however, concerns the kind of psychopathological approach needed to prevent the risk of weapons abuse. An effective assessment of people applying for firearms permits should ideally cover both the diagnostic aspects of their current psychopathological conditions and a long-term forecast of the risk of their damaging themselves and/or others. This kind of assessment demands a more complex evaluation than is usu-

ally necessary in routine clinical activity, but it is difficult to associate weapons abuse with any given clinical syndrome. It would be more useful to consider how individuals use their weapons inappropriately. Weapons and their usage take on particular, subjective meanings that become part of the wider organization of the individual's personality and mental functioning. These dimensions are neglected in clinical and empirical studies, which focus on a nosographic diagnosis but may point to some issues, which will further our understanding of how individuals arrive at weapons abuse. For example, we might evaluate the defensive styles characterizing their personalities (e.g. projective styles, those centered on control or power, on the pleasure of manipulation, on denial, or styles that generally distort reality), styles that – though they remain below the cut-off used to formulate a diagnosis of a personality disorder – could be of considerable clinical interest and useful as risk assessment criteria.

The clinical-diagnostic concept of "Weapons Abuse Risk" (WAR) that we are trying to develop within a framework of multidisciplinary (psychiatric, psychological, and criminological) cooperation could prove useful. WAR should not be seen as a syndrome per se (a disease in the nosographic sense), and its prevention should have different dimensions. Some clinically important, but not nosologically sensitive, aspects to consider might include the influence of intimately persecutory rules and moral standards in regulating the individual's behavior; the capacity for abstract reasoning and symbolic thought at the service of interpersonal relationships (the so-called capacity for mentalization) that enables individuals to identify themselves and understand their own and other peoples' minds (intentions, affects, wishes, thoughts, etc). If all these abilities are not well developed (and some valid scales are available for measuring such deficiencies), individuals may be incapable of fully understanding the potential effects of their behavior, both on themselves and on other people (even in terms of pain, joy and, in the most severe cases, of life and death), affecting their ability to mentally integrate and distinguish between fantasy and reality, past, present and future, their wishes and time, their ability to govern their own impulses, and so on. We need to develop models that ascertain how an individual's mental functioning becomes orga-

nized up to the point where any unbalance in their psychic organization might prompt weapons abuse. Today, we can rely on some valuable diagnostic tools, such as the Psychodynamic Diagnostic Manual (PDM; PDM Task Force, 2006), which recommends that we consider and evaluate certain dimensions similar to those mentioned above. Some clinically relevant empirical tools, such as the Questionnaire on Mental Functioning, are also currently being developed to facilitate diagnoses based on the PDM. Important future advances in the field of prevention might derive from our understanding the link between mental functioning dimensions and the risk of firearms abuse.

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