

Jarosław Stukan

Polish Association for Suicide Prevention

Post-aggression suicide with two unusual outcomes – reflections on the perpetrators and victims

Summary

It is extremely rare that the perpetrator of a post-aggression suicide can be psychologically examined, as such a person usually dies. Even rarer is the situation in which the victim and the perpetrator both survive despite the fact that the injury sustained – here a gunshot wound to the head – leaves little chance of survival. However, it is unprecedented that, in the case described herein, which had the above characteristics, the victim has forgiven the perpetrator and while the latter is serving a prison sentence, the victim often visits him in prison and awaits his release.

Key words: post-aggression suicide, extended suicide, murder, alcohol addiction, co-addiction

Introduction

Post-aggression suicide is a relatively rare phenomenon in which the perpetrator first takes the life of a person known to himself and then commits suicide (Liem et al., 2011; Shields et al., 2015; Skowronek et al., 2016). Hence, both in foreign and Polish literature, this kind of suicide is very often referred to as homicide-suicide (Liem, Koenraadt, 2007; Roma et al., 2012b; Salari, 2007; Stukan, Staszak, 2018).

Post-aggression suicide is identified by many authors with the so-called *extended suicide*, and most works emphasize that both these acts always involve individuals emotionally connected with each other (Barracough, Clare Harris, 2002; Czabański, 2011; Kaliszczak, Kunz, Bolechała, 2002; Kunz, Bolechała, Kaliszczak, 2002; Takahashi, 2001). Both phenomena have many features in common, but there are also significant differences between them.

It is noteworthy that only in Polish literature do the authors differentiate between the two terms, while in Anglo-Saxon works both are hardly used. Instead, the most commonly used terms are *homicide-suicide* and *homicide followed by suicide*, while *filicide-suicide* or *dyadic death* are slightly less common. In Poland, it seems that the main conceptual category for homicide-suicide, most frequently used by specialists to classify the described phenomenon, has become the concept of extended suicide. This has so far met with criticism, but also with attempts to emphasize conceptual differences by drawing attention to the different nature of both acts,

as well as to the fact that the terms describing them should not be used interchangeably and freely.

Kaliszczak, Kunz, Bolechała (2002), referring to the works of Gross (1990), raised objections to the common use of the concept of extended suicide. The authors do not consider it appropriate to apply the concept of extended suicide in the context of the preceding murder. They claim that it should not be used interchangeably with the concept of post-aggression suicide because it is of a different nature and refers to suicide pacts, group or mass suicides.

Other authors (Stukan, Staszak, 2018), pointed out the need to define both terms because they are often used interchangeably in literature and practice. This has led the authors to compile a list of characteristics that allow to differentiate the two phenomena. Post-aggression suicide, as opposed to extended suicide, was characterized by:

- subordinate nature of suicide committed to murder,
- personal motives for action, behind which there is usually a grudge,
- psychopathology limited to personality disorders and/or alcohol addiction (generally non-psychotic),
- frequent conflicts prior to homicide-suicide,
- frequent episodes of pre-crime violence,
- existence of secondary benefits, such as keeping or punishing a partner,
- existence of a negative or ambivalent relationship between the perpetrator and the victim,
- victim's disagreement with the perpetrator's acts,

- violence or brutality against the victim,
- use of firearms or white weapons,
- presence of casualties, including guests and even pets.

The case study described in this article meets almost all of the above mentioned characteristics, which makes it possible to be considered as a post-aggression suicide, regardless of whether both acts were finalized, i.e. whether both the victim and the perpetrator of the murder were killed. As the characteristics of the described phenomenon were pointed out in a form allowing for the classification of homicide-suicide and its differentiation from other similar phenomena, such as, for example, extended suicide, the legal definition status, for instance with regard to attempted vs. committed murder and suicide, ceases to be relevant.

Case report

The case of attempted post-aggression suicide described here concerns a man who has been indicted for: “Acting with a direct intent to kill his spouse in the way that he shot her in the head using a German-made firearm and 5.6 mm caliber US manufactured ammunition, causing the victim’s injury in the form of a gunshot wound penetrating through the right temple into the skull cavity and temporal lobe of the right cerebral hemisphere, but did not achieve the intended purpose, as the shot did not result in the expected bodily reaction and death of the victim, The injuries inflicted have violated the victim’s bodily functions for a period exceeding 7 days, and caused immediate danger and risk of loss of life or serious damage to the victim’s health”. The perpetrator was sentenced under Article 13 § 1 of the Penal Code in connection with Article 148 § 1 of the Penal Code to 8 years of imprisonment. His previous criminal record was clear.

The man was examined twice – during the court proceedings and while serving the sentence. In the court-psychiatric opinion, mental illness and disability were excluded, while alcohol addiction was diagnosed.

The subsequent psychological examination (psychological-penitentiary ruling) shows that the perpetrator’s intellectual capacity is within standard values (Raven’s Standard Progressive Matrices). He has an average vocabulary – crystallized intelligence (TRS-S). MMPI showed high defensiveness and a tendency to dissimulate. EPQ-R showed low extraversion and psychoticism, and average neuroticism. In FCZ-KT, fast reaction rate, high energy and agility were found. The convict presented impulsive personality and the tendency to react emotionally. Projective tests confirmed a strong focus on family life.

An environmental opinion commissioned by the court revealed that the convict had been abusing alcohol for the last few years before committing the crime (as the expert found out during the examination, before committing the crime the man had been binge drinking

for three months in a row). The opinion also showed that under the influence of alcohol he insulted his wife during that period, but did not use physical violence against her. In the opinion of the probation officer, he is not demoralized. Despite the nature of his crime, the convict will be accepted back home by his relatives – the son and the victim.

These data are supplemented by information from the court-psychiatric opinion containing expert analysis of the criminal case file. It states that according to the victim’s testimony, the man had abused her mentally for four months before the crime was committed, i.e. called her names and on one occasion threatened to kill her (always under the influence of alcohol). Initially, the quarrels took place two or three times a week, and in the last two weeks before the crime was committed – daily. A few years earlier the “Blue Card” had been established, but due to the intervention of the convict’s wife it was subsequently revoked.

The data from the socio-criminological opinion were also important for the expert examining the convict. It showed that he is serving his sentence in the system of programmatic influence and performs his tasks properly. He underwent a basic three-month addiction therapy. His involvement in the therapy was considered significant.

The convict’s behavior from the beginning of his sentence was correct. He followed the rules and internal regulations. No conflicts were noted in relations with other inmates. He had a statutory relationship with his superiors. No episodes of aggression or self-aggression were noted. He was never punished by regulations and was awarded, *inter alia*, with two visits outside the penitentiary.

Since 2015, he has been working for a fee as an electrician in the penitentiary. He performs his duties properly. He participated in the resocialization programs “Open your fist, show your hand” and “Training to replace aggression”. He is regularly visited by family members: wife, children and grandson (87 times so far). He receives parcels from his family. After leaving the penitentiary, he will live with his wife who is awaiting him. He has a promise of employment.

He is not a member of the prison subculture. He declares a critical attitude to the crime he committed. However, a negative criminological prognosis has been issued in a socio-criminological opinion.

The next psychological examination was related to the convict’s petition for an early parole. It was conducted in 2020 at the request of the penitentiary court. The examiner, a listed expert at the district court, used the following methods: self-anamnestic interview, clinical interview, observation, diagnostic interview, retrospection, Diagnostic Personality Questionnaire (DKO 74/M) and Aggression Syndrome Psychological Inventory (IPSA) by Gaś.

During the examination, the convict was open-minded, objective, gave adequate and complete

answers, was well oriented towards his own person, time and place. He demonstrated an average insight into his own emotions and similar reflectiveness, and self-awareness. He was not emotionally burdening – not trying to influence the examiner. He remained in a balanced mood and drive. He did not reveal any clear psychopathological symptoms, including creativity or personality-related. The characteristics of abnormal personality were excluded both in the nosological diagnosis and in the examination test.

After two hours of conversation, the examining expert rejected the hypothesis of a mental retardation and considered performing a test in this direction unnecessary. He also stated that the convict did not have a suicidal family history, nor did he exhibit such tendencies. He has also never engaged in self-harming behavior.

The results of the DKO test revealed histrionic personality disorder ($P = 32$) and, in relation to aggression, above-average results were found for self-aggression syndrome and aggressive impulse control (maximum).

During an interview it was established that the examined person was born healthy, naturally, on time. He was not chronically ill in childhood (not separated from his mother), never received psychiatric, neurological, rehab treatment nor psychological assistance. He has not suffered any serious physical (including head) or psycho-individual injuries. No members of his family were penalized, nor suffered from mental illness.

He was raised in a full family. His father was an electrician (professional education – he worked as a tractor driver), his mother had a general secondary education and was employed in an agricultural cooperative. Both of his parents are deceased – father died in 2007 and mother in 2010. He has three brothers who currently live abroad.

He remembered his childhood as good, but the interview objectively concluded that it was not. His father abused alcohol and seems to have been addicted to it. Being under his influence, he would provoke brawls at home, beat up his wife and children. The convict remembers that he heard his mother crying more than once, and that his father was preying on her at the time. It happened that he, his mother and siblings were running away from home from their drunk and aggressive father. With time, as he and his brothers began to grow up, they defied their father and defended their mother.

The bad atmosphere was partly unloaded by the maternal grandmother, who lived with the family almost to the age of majority by the convict (she died at that time). She was an important person for him, he spent time with her while his parents were working. However, the father clearly left permanent traces in the convict's mentality, because, in his adulthood, he started, to some extent, including the period before the crime was committed, to reproduce his father's behavior, to abuse alcohol and destabilize family life in his own home.

He had no educational problems and completed elementary school without repeating classes, although in the eighth grade he was a truant. However, this was not a generalized rebellion, but occasional antics with his friends – during periods of truancy they went fishing. After primary school, he started attending a vocational school, to which he commuted on a moped. He then learned turning, which became his profession. After the vocational school he started to work, but after a few years he followed in the footsteps of his father and changed his profession – he completed vocational courses for electricians, yet did not work in this profession either.

Shortly after graduation from vocational school, he enlisted in the army with A1 category. Soon after his military service he met his current wife – they got married in 1987. His wife works as a hospital nurse, she is a dressmaker by education. From his marriage he has a daughter and a son (already independent). Before committing a crime, he had lived at home with his wife and son.

He was an ambulance driver for 20 years. In 2006, he lost his driving license and, consequently, his job for drunk driving. He started going to work abroad. He never had any longer breaks in his employment and was not found to change jobs often.

His alcohol initiation took place in adolescence – these were innocent attempts with his colleagues. He started drinking a little more during his military service. His drinking record included: palimpsests, changes in tolerance, several-month binge drinking, drinking during working days, alcohol withdrawal symptoms (hand tremors), compulsive drinking (alcohol cravings), focus on substance intake at the expense of other activities, alleviating withdrawal symptoms with alcohol, nervousness and irritability in the absence of alcohol. He was taken from home to a sobering-up station twice. After alcohol intake, his behavior is varied, from showing aggression to being calm.

During his sentence, he underwent addiction therapy. The documentation shows that because of it he started to identify an alcohol problem – but he needs to continue working on himself once released from prison, which he declared himself. The opinion from the therapy indicated that his criticism about his own addiction increased significantly, however the expert's opinion showed otherwise.

There was an episode concerning this during the conversation with the expert. The convict has apparently described himself as an addict – he claimed, among other things: "I was seriously addicted" This statement prompted a question from the expert: "You're not anymore?" In response, the convict stated: "Not anymore – I am an alcoholic, but recovering." This short exchange of opinions as well as other episodes indicate that the convict verbalizes the fact that he is an addict, but does not fully understand what an addiction is about. During therapy, he has learned to some extent to identify and name his drinking problem, but he finds

it internally associated with his former life before the crime, as if it had passed. He does not understand that he is still addicted and that his problem continues. That's why the expert didn't think he could fully identify his own addiction problem – because he didn't understand the nature of it. This kind of identification, described in the therapy records, was therefore more of a recognition of his own behavior as problematic, but in a way independent of his will, personality, own choices, etc., as well as distant from the perspective of time. In the expert's opinion, this indicated a high risk of returning to drinking after being released from prison and the necessity to continue the therapy.

As the convict stated at some point during the conversation: "I used to be a good man, then, when I drank, a bad man, and now I'm a good man again". This symbolic sentence translates into the convict's misunderstanding of his addiction as a problem "here and now". It shows his attitude towards the crime he committed – he considers it to be caused by alcohol – therefore, to some extent he blames it on the alcohol, although he does not rationalize the guilt.

The retrospection of the crime committed is also important in determining the perpetrator's attitude to his act. It provides additional information about the act and the circumstances preceding it. According to the convict's explanations, he was asleep drunk on the day of crime. He was awakened by his wife on her return from work. She said something like that: "Are you drunk again?"

He did not answer. According to his explanations, he ran amok. He went out to get a rifle, returned to the room where his wife was staying and fired at her head. According to his wife's testimony (information contained in the court-psychiatric opinion, probably originating from the pre-trial file), she felt pain, and then there was a short dialogue between her and the convict. After she was struck by a bullet, she said: "What did you do me?", he replied: "You asked for it yourself" and left the room. Within a short time, he reloaded the rifle, put the barrel in his mouth and fired. The bullet pierced through the eye and got stuck in the eyebrow ridge. He lost consciousness.

However, during an interview with an expert, the convict reported these events in a slightly different manner. He confirmed that the couple did not argue that day. However, he constantly remembered his wife's reproaching him for his drinking – they did not quarrel for any other reasons (after the arrest it was found that he had about 2 promille of alcohol in his blood). In the interview, he did not mention that he exchanged a few words with his wife. He claimed that he simply got up from his bed and "thoughtlessly" went for a gun. It worked automatically, he did not think. He fired at his wife and then immediately started to reload the gun and shot himself. He thought his wife was dead. He added that he had never planned for this to happen. At the time, he acted not so much impulsively (according

to the expert), because his reaction was not preceded by a quarrel (as a stimulus), as in an obtundation. Moreover, when walking towards his wife, he did not think at all about the consequences of what was about to happen. He acted as if "devoid of thoughts". This also applied to the fact that he was not planning to commit suicide. It was only when he saw what he had done that he thought he should not be alive anymore: "Life for life [...] I wanted to punish her, I really didn't want to kill my wife; when I saw her grabbing her head, I thought I had killed her, and I wanted to kill myself too".

Other residents reacted to the gunshots. Help was called for. Then the perpetrator regained consciousness and went outside the house. He felt strong pain and after a while he lost consciousness again. He regained it when the police and the ambulance were already at the scene.

When asked about his motive during the examination, he claimed he did not have any: "She neither cheated on me, nor stole from me, nor intended to leave me [...] She knew I was an alcoholic, that it was all because of that... so she quickly forgave me".

The examination found that the convict had previously had no fantasies about murdering his wife, but had occasionally thoughts of this kind in anger. Once, for example, during a barbecue, they had an argument where, wanting her to get off, he said to her: "Leave me alone or I'll kill you." There were various voices in the family about these conflicts. The convict's wife testified that she often initiated quarrels herself when her husband was drunk. The son stated that his father was looking for trouble when he was drunk. The daughter, in turn, only pointed out that the father called out his mother: "You whore, you fuck everyone, you're hopeless". The expert therefore wanted to rule out the Othello syndrome as a possible motive for attempted murder. It was not confirmed. Indeed, the convict was sometimes jealous of his wife, but in the course of the investigation he admitted that he sometimes used offensive words only to tease her. He declared that he was making up these allegations.

He subjectively acknowledged that he was very drunk that day. He admitted that he mostly "disliked his wife" because she was against his drinking. They were distancing themselves and arguing about it. In the expert's opinion, the convict expressed a lack of criticism over his drinking problem and did not see its negative consequences. He perceived every criticism related to drinking as a personal attack on his person, because he treated drinking of alcohol uncritically. Certainly, the mechanisms of psychological addiction, where his wife was an obstacle to drinking, were also involved. She criticized his lifestyle associated with constant alcohol consumption, over which he lost control. Thus, she became an obstacle to the comfortable satisfaction of his addiction.

As he confessed during the examination, his wife forgave him – she claims that: "It was the alcohol that

fired". The convict partly blamed "himself", although he did not understand his behavior. He denied that he wanted to kill his wife. His confessions in this regard were contradictory, but the expert did not have the impression that the convict wanted to mislead him or present himself in a positive light.

Summary and discussion

The two unusual outcomes of the post-aggression suicide mentioned in the title and described herein are: (i) the fact that both the victim and the perpetrator survived, and (ii) the fact that the victim quickly forgave someone who wanted to deprive her of life and is waiting for him to be released from the penitentiary. Each of these outcomes deserves separate attention. With regard to the perpetrator, it was considered important to pay attention to the aetiology of his deed, and thus to be able to understand his actions, but also to anticipate similar acts of aggression – which would be important in psychological forecasting, e.g. in answering the court's questions about the likelihood of the fulfillment of punishable threats or the degree of threat posed by the perpetrator of domestic violence. In addition, the legal context concerning the convict's accountability seems to be important and worth looking into. From the victim's point of view, one may wonder what made her want to remain in relationship with a partner who poses a potential threat to her and who has clearly proven it.

In the case described, it is noted that the convicted person is an alcohol addict and has committed an offence under the influence of alcohol. According to the literature, post-aggression suicide is often accompanied by personality disorders and addiction (Friedman et al., 2005; Kunz, Bolechafa, Kaliszczak, 2002; Roma et al., 2012a). Othello's syndrome is also closely related to alcohol addiction and mentioned in the literature among the causes of post-aggression suicides (Byard, 2005). Hence, research confirms frequent conflicts between the perpetrator and the victim, as well as domestic violence, preceding a suicidal act (Byard, 2005; Eliason, 2009; Kunz, Bolechafa, Kaliszczak, 2002; Logan et al., 2008; Logan et al., 2013). As is known, such behaviors partly fit into the picture of relationships in which at least one partner abuses alcohol.

Studies show that personality disorders combined with alcohol dependence are not only a risk factor for violence, but also for its multiplication (Stadtland, Nedopil, 2005; Tikkanen et al., 2009; van Horn et al., 2012 and many others). Science, however, does not offer much more than the above observation. This is due to obvious reasons – the impossibility of examining the perpetrators and victims of a crime. Hence, most of the above conclusions were derived from studying case files.

In the case of the perpetrator described in this article, the conclusions drawn were partially confirmed. According to the expert's opinion, he is alcohol addicted and has histrionic personality disorders. Before the crime

was committed, there were frequent conflicts between him and the victim over alcohol abuse. In addition, he has used verbal and emotional violence against his wife (as well as death threats). It is also known that this situation lasted for many years but escalated two weeks before the crime was committed. These variables can be summarized as follows:

- criminal threats involving death threats,
- longstanding verbal violence preceding the act,
- ambivalent emotional attitude towards the victim with a predominance of negative feelings,
- the convict's addiction and his uncritical attitude to it,
- escalation of conflicts between the perpetrator and the victim two weeks before the crime was committed.

These factors, with different shares of individual variables, have been highlighted in hundreds of world studies. However, no such pattern has yet been found that would make it universally possible, with a high degree of probability, to predict the potential threat of extreme violence. It is known that not every punishable threat is realized in practice, not always does the violence end in murder, not every alcohol addict commits crimes, is aggressive, etc. It seems that at least a hundred years of researchers' interest in this issue would have already led to the emergence of such a model if it had been possible.

It is therefore considered not possible without additional measures. However, the judiciary has the appropriate means, i.e. examinations by court-appointed psychology experts. The author of this article, being a court expert, often examines convicts under Article 148 of the Penal Code. So far, more than 50 examinations have been conducted, revealing certain regularities (examination results have not yet been published). It has been observed that the majority of killers tend to manifest a system of three variables, which can be called „hysterical triad”, involving:

- histrionic personality (DKO test),
- alcohol addiction or abuse,
- very high aggression control (IPSA).

It should be noted that this triad occurs in more than 75% of all killers – not only those who have committed an act under the influence of alcohol. However, in the group of alcohol addicts who committed the murder under the influence, these variables are present in over 95% of the cases examined. Owing to this, a psychologist may obtain a tool that will allow him/her to classify with greater certainty the person accused of domestic violence to a high risk group – when a triad is present, or a low risk group – in the absence thereof. This obviously requires further research, especially comparative research. It is worth noting, however, that the above tests find a new application, thanks to which their methodologies become irrelevant, as they play a completely new role, other than that for which they were designed.

For example, it becomes irrelevant whether DKO actually measures histrionic features, because, here, it is not intended to identify psychopathologies, but only to select people prone to violence and cruelty. The emphasis is therefore on a novel use of existing tools and not on the importance of the results achieved and their quality. However, this conclusion only highlights a certain weight point, without diminishing the importance of the test results and the variables they measure. The histrionic features can in this case also be confirmed and explained in substance, as can the impact of excessive aggression control.

All the triad variables are complementary to each other. The killers are mostly demoralized individuals, often with varying degrees of social maladjustment. Thus, they often have low interpersonal skills. In many cases, they are aware of this fact, which leads to a specific aetiology of addiction – they start abusing psychoactive substances already in their youth, as this helps them to better tolerate their interaction deficits. Alcohol allows them to trigger emotions that are otherwise suppressed in a state of sobriety – they cannot express and manifest their feelings, which begin to accumulate internally. Under the influence of alcohol, the suppressed emotions are unloaded, often together with accumulated tension. In summary, the majority of perpetrators strongly control their emotions in a state of sobriety. Their low social skills translate into experiencing negative emotions in contacts with other people, *inter alia*, as a result of confronting themselves with their own low self-esteem and incompetence.

Only alcohol makes them feel at ease and forget about internal dilemmas, often a wasted life. Their characterological profile is therefore characterized by suppressed emotions, including aggression, which they cannot unload in a socially acceptable way. Having histrionic features (generally immature), they are also prone to impulsive reactions, often excessive in relation to the stimuli that arouse them. Thus, when the accumulated frustration and internally suppressed aggression cease to be controlled upon alcoholic intoxication, intemperate reactions can occur, ending in violence and sometimes crime. In other words, the “hysterical triad” can be a predictor of a propensity to use violence. The author finds much more common features among the convicted murderers who also have a triad (e.g., over 95% of them experienced violence in childhood), but the described set of features contains clinical variables, determined only during a psychological examination (such data cannot be found in the files).

Of course, the case described herein also concerns suicide. This act can be explained, to some extent, by the fact that the man has shown above-average results in terms of self-aggression syndrome. These, in turn, very rarely occur in the general population of persons convicted under Article 148 of the Penal Code. Self-aggression is often associated with: reflectiveness, critical view of one's own behavior, self-dissatisfaction,

which, incidentally, are positive and promising factors in terms of resocialization. In the case concerned, the above-average self-aggression tendencies may be the only factor revealed by clinical examination that can explain the suicidal reaction of the convicted person after attempted murder.

Apart from predictive value in terms of likelihood of violent behavior, which may be of great importance for the sentences imposed by the court and the treatment of perpetrators of domestic violence, this case is also interesting in terms of the course of murder and suicide attempted by the perpetrator. Retrospection from this crime may allow to understand the convict's actions, but only in the context of the latest psychological research.

It is usually customary not to believe convicts who report amnesia or a lack of control over the course of the crime. They are usually considered to be lying, tampering, trying to shrug off their responsibility, rationalizing, etc. However, bearing in mind that the convict is also a would-be suicide victim, the latest research on suicide survivors can be used to interpret his actions.

Such research was carried out by Ziółkowska (2019), who analyzed the narratives of suicide survivors concerning their plan of life deprivation and its implementation. As it turned out, most of these people acted „automatically”. After making the decision to take their own lives, they started to implement their own “top-down” plan, but seemed to have lost control over it at certain point. They also reported on the course of their suicide attempts in a specific way, as if they were being driven by some kind of force beyond their will. One could say that they were not the ones making the suicide attempt, but that „suicide was just happening by itself”. A similar description can be derived from the abovementioned convict's retrospection on his crime, i.e. „the act of murder was happening”. An in-depth analysis of the convict's motives is beyond the scope of this article, but certain similarity is worth noting.

In spite of the fact that the present case study concerns a post-aggression suicide, it can be assumed that other killers may also have a similar state of mind to that of the persons in the act of attempting suicide. They would then carry out the plan of depriving someone of his/her life without any thought and in a way automatically, not accompanied by emotions and thoughts that would guide them. This is not a state of excluded or limited consciousness, but certainly a factor that may justify the misunderstanding of one's own actions. It is certainly an interesting direction of research, which additionally outlines a new desirable direction for modern psychology.

In the case described, the legal context of the convict's accountability, when the phenomena of post-aggression suicide and extended suicide are opposed, is also relevant. As Stukan and Staszak (2018) noted, only the phenomenon of extended suicide is associated with psychotic motivation. Post-aggression suicide, on the

other hand, is often a consequence of a long-standing conflict, frequently accompanied by violence, as well as perpetrators' personality disorders and addictions. The convict described in this article fits into this pattern, but, owing to the fact that he has been examined, it is possible to conclude about his accountability not only on the basis of the action taken, but also of his understanding of his own conduct. What is important here is a certain clue that he himself verbalized: „Life for life [...] I wanted to punish her, I really didn't want to kill my wife; when I saw her grabbing her head, I thought I had killed her, and I wanted to kill myself too”.

In case of extended suicides, the perpetrator, usually the mother, is guided by an imaginary picture of the hostile world from which she wants to protect others, usually children, and, by committing suicide, she believes she is taking them with her and freeing them from imaginary suffering. It can be assumed that she has no doubts she is doing the right thing. The case concerned shows that in a post-aggression suicide, an attempt to take one's own life may constitute a previously unplanned reaction (similarly, a murder also does not have to be the aim of the perpetrator). The present case demonstrates the full awareness of the perpetrator. In other words, a post-aggression suicide is an „autoreflexion” that comes after the deed, which was clearly verbalized by the convict during the retrospection. From the legal point of view, it seems to exclude its insanity.

Finally, as concerns the present case study, attention should be drawn to the unusual behavior of the victim, which could be due to: many years of marriage experience, past or present feelings between the perpetrator and the victim, things they have built together over the years, the woman's confidence that she knows her husband well and that, as she claimed: „it was the alcohol that fired”. All the above may be true, but from a psychological point of view, things are a little different. It is very likely that the victim suffers from codependency. This is indicated by many facts established by the expert in his opinion, including the fact that the couple has been arguing for years about the husband's drinking, and thus there both involved in the alcohol problem. While the convict focused on drinking, his wife was devoted to fighting his addiction.

The case described can be hypothetically (because the victim was not examined) considered a presentation of the extreme reaction of the co-dependent person to the partner's violence. Despite the fact that the husband wanted to kill her, the wife is still standing by him. This can be explained by the complicated mechanisms of codependency.

Taking the relationship between the victim and the perpetrator as an example and assuming that she is indeed a co-dependent person, it should be stated that for thousands of families, it is precisely this „disorder” that repeatedly contributes to the long-standing violence with, sometimes, tragic consequences. In most cases,

however, this codependency takes a milder course and does not lead to life-threatening situations, which seems to make it easier for victims to remain in this trap and makes it therefore so common. Recommendations for victims should therefore be developed, which would guide them already at the stage of police intervention or the establishment of a “Blue Card”. The guidance should involve referring the victims to an appropriate specialist and institution, i.e. a psychologist and addiction counselling centre, which nowadays is not a routine practice.

Conclusions

As a summary of the above reflections and facts, it can be concluded that:

- psychological scientific research of suicide victims' narratives can be equally useful in understanding the phenomenon of murder, specifically its origin, perpetrators' motives and their mental state before and during the commission of the offence,
- hypothetically, it should be considered that researching the narratives of convicted killers may, in the future, contribute to a better understanding of homicidal messages verbalized either in the real world or on the Internet, which will enable law enforcement authorities to respond adequately,
- as the case description shows, the perpetrators of a post-aggression suicide do not necessarily have to mentalize their deed – it should be assumed that, in some cases, these processes can proceed in an automated way, as if “thoughtlessly”, without premeditation,
- a post-aggression suicide may be unplanned and result from the psychopathology of the perpetrator, although, as confirmed by the present case study, this is not synonymous with limited accountability,
- this knowledge may be of great practical importance, since, while in the case of extended suicide, an issue of the perpetrator's accountability receives attention, it appears to be fundamentally absent when dealing with post-aggression suicides,
- as shown by unpublished research by the author of this article, the “hysterical triad” can be an important element in predicting crimes committed by perpetrators of domestic violence. Consequently, such prediction can be helpful in preventing acts of violence, including murder, as well as crimes committed in the circumstances of recidivism,
- it seems reasonable that victims of domestic violence linked to alcohol abuse by the perpetrator should always be referred *ex officio* to local addiction counselling centres, in view of the likelihood of their codependency.

The present case study uncovered just a piece of the complex issue of post-aggression suicides. Although it may be suspected that this phenomenon will remain poorly understood over the next decades, it should be

noted that certain conclusions can already be drawn and interesting research directions can be initiated. Perhaps, these facts will contribute to the prevention of violence and increased protection of actual or potential victims of crimes against health and life.

Bibliography

1. Barraclough, B.M., Clare Harris, E. (2002). Suicide preceded by murder: The epidemiology of homicide suicide in England and Wales 1988–92. *Psychological Medicine*, 32.
2. Byard, R.W. (2005). Murder-suicide. W: M. Tsokos (ed.), *Forensic Pathology Reviews*, vol. 3. Totowa: Humana Press.
3. Czabański, A. (2011). Społeczna charakterystyka samobójstw rozszerzonych. *Poznańskie Zeszyty Humanistyczne*, XVI(16).
4. Eliason, S.E. (2009). Murder-suicide: A review of the recent literature. *The Journal of the American Academy of Psychiatry and the Law*, 37(3).
5. Friedman, S., Hrouda, D., Holden, C., Noffsinger, S., Resnick, P. (2005). Filicide-suicide: Common factors in parents who kill their children and themselves. *The Journal of the American Academy of Psychiatry and the Law*, 33.
6. Gross, A. (1990). Samobójstwa wspólne. *Archives of Forensic Medicine and Criminology*, 52(3).
7. Kaliszczak, P., Kunz, J., Bolechała, F. (2002). Samobójstwa poagresyjne – problematyka kryminalistyczno-procesowa. *Archives of Forensic Medicine and Criminology*, 52(3).
8. Kunz, J., Bolechała, F., Kaliszczak, P. (2002). Sądowo-lekarska problematyka zabójstwa z samobójstwem sprawcy („dyadic death”), *Archives of Forensic Medicine and Criminology*, 52(3).
9. Liem, M., Barber, C., Markwalder, N., Killias, M., Nieuwbeerta, P. (2011). Homicide-suicide and other violent deaths: An international comparison. *Forensic Science International*, 207(1–3).
10. Liem, M., Koenraadt, F. (2007). Homicide-suicide in the Netherlands: A study of newspaper reports, 1992–2005. *The Journal of Forensic Psychiatry & Psychology*, 18(4).
11. Logan, J., Hill, H.A., Lynberg Black, M., Crosby, A.E., Karch, D.L., Barnes, J.D., Lubell, K.M. (2008). Characteristics of perpetrators in homicide-followed-by-suicide incidents: National violent death reporting system – 17 US states, 2003–2005. *American Journal of Epidemiology*, 168(9).
12. Logan, J., Walsh, S., Patel, N., Hall, J. (2013). Homicide-followed-by-suicide incidents involving child victims. *American Journal of Health Behavior*, 37(4).
13. Roma, P., Pazzelli, F., Pompili, M., Lester, D., Girardi, P., Ferracuti, S. (2012a). Mental illness in homicide-suicide: A review. *The Journal of the American Academy of Psychiatry and the Law*, 40.
14. Roma, P., Spacca, A., Pompili, M., Lester, D., Tatarelli, R., Girardi, P., Ferracuti, S. (2012b). The epidemiology of homicide-suicide in Italy: A newspaper study from 1985 to 2008. *Forensic Science International*, 214(1–3).
15. Salari, S. (2007). Patterns of intimate partner homicide suicide in later life: Strategies for prevention. *Clinical Interventions in Aging*, 2(3).
16. Shields, L.B.E., Rolf, C.M., Goolsby, M.E., Hunsaker, J.C. (2015). Filicide-suicide. Case series and review of the literature. *The American Journal of Forensic Medicine and Pathology*, 36(3).
17. Skowronek, R., Szczepański, M., Kirmes, T., Skowronek, A., Krzystanek, M., Chowaniec, M., Chowaniec, C. (2016). *Medyczno-sądowe, kryminalistyczne i psychiatryczne aspekty samobójstw poagresyjnych – analiza przypadków z terenu Górnego Śląska*. Referat przedstawiony na XVIII Zjeździe Naukowym Polskiego Towarzystwa Medycyny Sądowej i Kryminologii, Katowice, wrzesień.
18. Stadtland, C., Nedopil, N. (2005). Psychiatric disorders and the prognosis for criminal recidivism. *Der Nervenarzt*, 76(11).
19. Stukan, J., Staszak, A. (2018). Samobójstwo rozszerzone i poagresyjne – próba uporządkowania pojęć, *Issues of Forensic Science*, 301(3).
20. Takahashi, Y. (2001). Depression and suicide. *Japan Medical Association Journal*, 44(8).
21. Tikkanen, R., Holi, M., Lindberg, N., Tiihonen, J., Virkkunen, M. (2009). Recidivistic offending and mortality in alcoholic violent offenders: A prospective follow-up study. *Psychiatry Research*, 168(1).
22. van Horn, J.E., Eisenberg, M.J., van Kuik, S., van Kinderen, G.M. (2012). Psychopathology and recidivism among violent offenders with a dual diagnosis. A comparison with other subgroups of violent offenders. [Abstract]. *Tijdschrift Psychiatrie*, 54(6).
23. Ziółkowska, J. (2019). *Samobójstwo. Analiza narracji osób po próbach samobójczych*. Warsaw: Wydawnictwo Naukowe PWN.

Translation Rafał Wierchośławski