

A Look Back at Tragedies that Might Have Been Prevented

The Kendra Webdale Tragedy

In 1999 Kendra Webdale was killed when she was pushed off a New York City subway platform and into the path of a train. Kendra Webdale did not have to die. We know that Andrew Goldstein killed her, but what else killed her?

Goldstein had been hospitalized 13 times and each time he was medicated and discharged to live alone in a squalid basement apartment. Social workers assigned to his case tried to place him in state hospitals, in state-financed group homes, in single-room-occupancy hotels. Intensive-case managers always encountered long waiting lists, lengthened by severe budget cuts under Governor George Pataki.

Even if a person with a serious cerebral illness has never been hospitalized, a diagnosis alone can be enough to make intensive case management and consideration of supported housing a prudent intervention.

Anti-stigma warriors want society to believe in “the mantra”, that the so-called mentally ill are more likely to be victims than perpetrators. As

we said in another article in this series, ask them which ones of the astounding 300 plus diagnoses in the DSM (a book that should be abolished if ever what is currently known as ‘psychiatry’ ever merges back with neurology) involve anosognosia and what psychiatry calls “psychosis”. It is essentially three broad categories of these misnomer diagnoses that involve these potentially deadly neurological symptoms, with the most severe being so-called schizophrenia — another term that needs to be abolished...NASNicas calls this severe neurologic condition JFNS — Jacobi Flemming Nasse Syndrome.

Unmedicated, biologically resistant or biologically unstable on medication, a person that is as severely ill as Andrew Goldstein is at acute risk of self-harm or harm to others. This is not some secret under lock and key, it is known by competent social workers, case managers, and competent medical doctors. A person can become neurologically detached from reality, a consciousness disorder with REM intrusion-like symptoms -which can be horrific.

When a person is reported by the media as having declared they were Jesus (that is a self-identification disorder —a disturbance of ipseity) or that the person they pushed off the subway platform or their own parents were the Devil , that is a misidentification disorder, such as Fregolitis or Capgras Syndromes . The general public, the media, and operators in the criminal adjudication system scoff at these kinds of utterances, but they are very serious neurological phenomenon that need to be taken seriously. The afflicted person needs medical treatment, intensive case management, and for the most seriously ill,

supported housing with onsite 24/7 staff. Consider this when the disability rights or consumer/recovery movement activists decry “institutionalization”, something they have made a dirty word...as they look the other way at the hundreds of thousands of people unjustly transinstitutionalized in jails and prisons.

...Remember, someone has to be harmed first before someone with a cerebral illness is transinstitutionalized in prison or jail...is that what you want?

A medical doctor would never find it acceptable to allow a “delirium” patient to be wandering the streets cognitively blind and dangerous. Why on earth does society allow someone with a potentially deadly cerebral illness to be living on the streets or in an apartment alone, or even with their own family (more likely to be killed by someone in a state of consciousness disorder than a stranger). None of this describes Mental Health — which is metaphorical illness, which unfortunately, under the banner of Mental Health Awareness, the general public has been misled into conflating with Cerebral Illness.

Goldstein had done well for a time in a group home where he could be monitored by onsite staff and provided assistance with medication adherence, medical appointments, and other critical supports that are a necessity to keep the person and others safe. Most people that live in these types of facilities, such as group homes and LTSRs are too severely ill to be living alone or even with parents. Goldstein was unable to stay in this facility. Goldstein wanted to go back there, but

there was no room. What did the system think was going to happen when it left that person to fend for themselves? Was the system thinking like Consumer Rights ideologues or like experts in the treatment and case management of severe cerebral illness?

What is a parent supposed to do if their underage or adult child is in an exacerbated state of neurogenic dysmentia (so-called psychosis) that could put the ill person, themselves, or other people in danger? Do they have restraints in the family home? Can they lock the person in a secured area of containment, or forcibly medicate the person? Far too often, family caregivers are rebuffed by the broken system if they try to get help. The general public needs to realize that when the disordered consumer-movement commandeered system refuses to help a seriously ill person and their family, the community is at risk, not just the family.

Unfortunately, there is a paucity of supported housing in every state in America. Trying to care for an adult child with this type of medical condition in a family home can be a life of perpetual horror. They are abandoned by the system and time after time, when caregivers try to get help, try to get their ill loved one hospitalized, they are rebuffed by the irrational dangerousness standard for involuntary commitment. Too often, even when the individual is hospitalized, they are discharged right back into the community into inappropriate housing situations.

Families live in constant terror that their loved one's neurobehavioral illness will catapult them into a criminal adjudication system that profoundly misunderstands their loved one's medical condition.

Who is to blame for Kendra death?

Andrew Goldstein was a natural disaster. Many people don't want to hear that, but it's reality. Neurobehavioral science doesn't care what spectrum-disordered forensic psychiatrists and psychologists think (psychologists who are not medical doctors should have nothing to do with evaluation or treatment of cerebral illnesses), doesn't care that the anti-stigma and consumer-movement warriors are enflamed by any linkage between violence and so-called mental illness, doesn't care about ancient notions about good and evil, doesn't care about the dominant biopsychosocial ideology of a large cohort of the troubled psychiatry profession. People think they are in charge of reality on this planet and can dictate what "evil" is or what "free will" is according to the wild and primitive imaginations that undergird our belief systems. Nature is in control, not your beliefs, and will land on you like a boulder if your beliefs transgress its reality.

Andrew Goldstein would not have killed Kendra Webdale if he had been case-managed and housed in accordance with what competent medical doctors know about serious cerebral illness and particularly Goldstein's specific symptom complex.

The Mental Hygiene turned Mental Health Movement, the Consumer/Recovery Movement, the legislators who lack the understanding to discern that the influencers from these movements are misguiding them and who are averse to spending the tax dollars on permanent supported housing, the medical profession that continues to permit the politicization and demedicalization of serious cerebral illnesses, are all to blame for Kendra's death.

John Lennon

Some of the biographical details of the Mark David Chapman story were gleaned from a second-hand account from a reporter that interviewed Chapman a few years after he killed John Lennon. Autobiographical articulations from people that have most likely been subject to the infusion of strange psychological ideas of “forensic” psychologists, psychiatrists, and therapists should not be taken at face value, so Chapman’s self-reports of why he acted in various ways are not to be given importance — this includes the reported influence of the J.D. Salinger book “The Catcher in the Rye”. This summary will only look back at some of the red flags along the way.

Therapists and their psychological ideas get infused into vulnerable minds like someone with a cerebral illness. When someone like Chapman is explaining to an interrogator upon arrest, it’s the “psychosis” and confabulation talking. After they’ve been incarcerated and under “treatment”, by that time it’s the psychobabble of therapists talking. The general public and criminologists crave understanding of

why someone with a severe so-called mental illness kills. There is nothing to understand about “psychosis”. You, the reader will never understand it. The brain’s semblance of mind when it has become neurologically detached from reality is a catastrophically scrambled, dream-like unreality that means absolutely nothing in terms of criminal intent.

Even this passage is a portrait of a brain that is slowly deteriorating into a state of neurogenic dysmentation that is much more serious and potentially deadly than the average reader would discern:

Eventually, the lines between his own life and Caulfield’s began to blur. Chapman developed a deep-seated hatred of all things fake and, spurred by that and Fawcett’s book, began to direct his rage toward Lennon — “a poser,” Gaines explained, who “espoused virtues and ideals that he didn’t practice.”

Chapman soon decided that it was up to him to rid the world of Lennon

This is not the mentation of the ordinary criminal mind. This is psychosis.

According to the timeline in the report, Chapman had grown “depressed” and had decided to move to Hawaii. It was 1977, and shortly after his arrival, he failed at a suicide attempt. The term depressed, is the operative word. Was it psychosocial depression or

neurological so-called depression? This undifferentiated terminology is an aspect of the nosology and nomenclature crisis created by psychiatry but unrecognized as a problem by psychiatry. Any kind of depression can result in suicide, but neurogenic so-called depression can signal “psychosis” and should not only be named differently by medicine, it should be a red flag for someone that requires intensive follow up.

In the months prior to the tragedy, Chapman engaged in a lot of the behaviors typical of someone whose mind is being battered by descent into “psychosis” with volition overdriven by command hallucinations. There are flickers of insight, an ebb and flow of metacognitive awareness that something is wrong. In many people, without medical treatment, the flicker dies out entirely. Chapman prayed to Satan, prayed to God, probably every single day over the months leading up to the shooting.

“Eventually, when he realized that he could not legally obtain ammunition in New York, he flew to Atlanta to meet up with an old police officer friend who provided him with deadly hollow point bullets”. This was a mission driven by neurogenic dysmentation. This is not run-of-the-mill criminality.

Chapman told his wife when he returned home about what was going on in his mind. She did nothing.

This is not an indictment of his wife. The point is that the general public has been explicitly miseducated about the deadly seriousness of psychosis and so they are not equipped to discern the warning signs. Even most prosecutors and judges can't see it even after neurogenic dysmentation has produced violence. The Mental Health awareness culture we live in, psychologizes all suicide. (Bipolar expert, Julie Fast, writes about how the "suicide" caused by cerebral illness is a 'different kind of suicide'...it is not a psychosocial thing...it is a neurological thing, caused by a disorder of brain function: [Chris Cornell: When Suicide Doesn't Make Sense | Psychology Today](#)). If brain dysfunction can cause 'self' killing, it can certainly cause 'other' killing as a neurobehavioral phenomenon. This is just something the general public does not understand. This misunderstanding is why society is not equipped to prevent tragedies involving cerebral illness.

People are particularly confounded when a person is high functioning. The law's defective definitions of insanity have the public believing that an "insane" person can't drive a car from point a to point B, can't order a pizza, can't buy a plane ticket and fly (to wherever their neurogenic dysmentation tells them they need to go), can't make detailed drawings in a notebook (as James Holmes did) and be "insane". In reality, "psychosis" hijacks whatever knowledge or skill the afflicted person happens to have inside of their disordered state of consciousness, enabling them to harm themselves or others if they do not receive prompt and acute medical treatment. Thanks to the psychology industrial complex the public's mental health awareness is off the charts, but awareness and understanding of "psychosis" is functionally

non-existent. To the general public, “psychotic” is just a casual insult, not a grave neurological condition.

Tragically, because the Mental Hygiene/Consumer Empowerment system is in command and control, the system might have rebuffed attempts by Chapman’s wife to get him involuntarily hospitalized. The criteria for that standard to be met, including (in the state of Pennsylvania, for example, a requirement that there be an act in furtherance of a threat, a perverse solicitation for violence) is not about a need for medical care. How does someone act in furtherance of a threat without hurting someone?

If intensive case managers had been able to situate Andrew Goldstein in a permanent supported housing situation with 24/7 onsite monitoring and assistance with medication management and acute hospital care (access unobstructed by the abomination called the IMD Exclusion) when needed, Kendra would not have been killed by Andrew Goldstein.

James Holmes

Months before the mass shooting in a Colorado movie theater, James Holmes mentioned having thoughts about killing people to his now ex-girlfriend. She later reported that his comments seemed philosophical to her, not like a direct threat, so she suggested that he see a therapist. In March 2012, Holmes sent her a message about wanting to “do evil” and killing people to increase his self-worth, or human capital. When

she asked him about talking to his therapist, he gave her assurances that he was.

Just as in the case of Mark David Chapman's wife, someone in the individual's personal life did not recognize that this wasn't a mental health issue that you talk to a therapist about. Therapists and counselors should not be concerning themselves with cerebral illness.

A person that has deep insights into "psychosis" can detect it in the verbal expression and behavior of a person from a thousand miles away, so to speak, it has a signature. It is the fault of society and the medical profession that all people know is mental health awareness.

Holmes was actually seeing a medical doctor, psychiatrist, Dr. Lynne Fenton. Whereas in the preceding cases, there were more structural failures, the Homes case is suggestive of the troubled profession of psychiatry and the kinds of mentalities that are attracted to it.

It is reported that Fenton was told "that Holmes was seeking treatment for anxiety in social situations. One has to wonder where that input came from. She prescribed medication for depression and anxiety and was trying to find the right combination of drugs to help him, based on his feedback about effectiveness and side effects". That would be a normal course of action, except for what Holmes reportedly told Fenton in his very first appointment that he had obsessive thoughts about killing people, and they were worse than ever, so homicide was the only solution to his biological problem.

Neurogenic “depression” can present with what are known as “psychotic features” (neurogenic dysmentation), but however a psychiatrist happens to conceptualize “depression” (there is psychosocial depression which is non-medical and neurogenic so-called depression which is medical), “psychosis” is something that needs to be taken very seriously.

“You can’t kill everyone, so that’s not an effective solution” — an astounding comment “ from a medical doctor that is licensed to treat cerebral illness. She thought Holmes was “just musing”. When he articulated that homicide was the only solution to his biological problem, she should have perceived an utterance like that as “psychosis”.

By Holmes’ fourth session on April 17, 2012, Fenton suggested that he try an anti-psychotic drug. He resisted. Holmes refused again in subsequent appointments.

Another startling statement attributed to Fenton:

He seemed to be not interested in treatment that Dr. Feinstein and I were offering,” Fenton said on the stand. And just some of his remarks, ... It felt like he didn’t want to come for treatment with us, and he didn’t like us.

Homes’ hostility was ‘normal’ for a patient descending into neurological separation from reality. “He didn’t like us??? A competent

psychiatrist would not say something like that. Hostility and ‘not liking’ treatment providers is typical for a severe cerebral illness patient as their descent into neurological separation from reality deepens. Not liking is an understatement for patients hospitalized against their will who do not believe they are ill — rage more accurately describes the emotion...although, anyone who has been directly exposed to it knows that is not just ordinary rage...it is a very different kind of rage., produced by the illness.

Afterward, Fenton said she called Holmes’ mother, violating the privacy rules of the Health Insurance Portability and Accountability Act.

Dr. Fenton did the right thing in contacting Holmes’ mother. However, despite how providers abuse HIPAA to clam up or cover up, providers are granted discretion to discuss the patient’s affairs if it is in the best interest of the patient. It certainly is in the best interest of a severe cerebral illness patient to keep them safe from a criminal adjudication system that profoundly misunderstands this class of illness...and that is the path that such a patient is on if they are not treated medically and case managed with competence.

Fenton wanted to ascertain whether her patient’s behavior was new. Holmes’ mother told Fenton that he always has been shy and socially awkward and became worse when they moved from a small town to San Diego so the Dr. concluded that it was probably not psychosis (a

“psychotic break” — the strange lexicon of psychiatry). Fenton said. “He been that way since he was a child.”

For Fenton to “confuse” social awkwardness with articulations that were powerfully suggestive of neurogenic dysmentation is just astounding.

Fenton said that ‘only in “his ”final appointment (which included Feinstein a collaborating doctor) , did Holmes have an “angry edge” to his voice’, but she had made notes to look into Holmes’ “psychotic-level thinking”,...because of many odd statements he was uttering.

Affect and emotion are not determinants of whether someone with “psychosis” is a threat. It is the content of the articulations that need to be given very serious consideration. A person can appear to be calm and have a flat affect and be in a deadly neurological status, as evidenced by their verbal expressions.

Fenton contacted a campus-wide threat assessment team in June 2012, and reported to a campus police officer that she had concerns after Holmes sent her threatening e-mail (it became a threat to her personally...what about the general threats that involved other people?). However, she rejected the officer’s offer to arrest Holmes and place him on a 72-hour psychiatric Hold. “He never met criteria for me to hospitalize him,” Fenton said.

If Dr. Fenton thought that Holmes did not meet criteria for hospitalization then there is either something terribly wrong with that criteria or there is something amiss with of a perceptual nature with the clinician.

Look where her patient is now and look what happened to all of those people who are now vanished from this earth. There was a window of opportunity for the doctor and the system to help someone who was slipping away into neurological separation from reality before it was too late. He went to a doctor for help while that window was still open by a slit. What is going on in the profession of psychiatry that its clinicians and academics are not on the forefront of a movement to restructure a system that is broken?

Remodeling the Concept of “Mental Illness”

If you think you understand psychosis enough to condemn people that commit acts of harm while in this neurological status, then imagine believing that is, knowing without a shadow of doubt that you are dead or having an unshakable belief that your body is made of glass. You can't imagine that. You know you can't imagine believing without a shred of doubt that that your body is made of glass or liquid or that you are Jesus. You can only try to remodel your concept of what severe so-called mental illness is, and neurological phenomenon like Fregoli's Syndrome, Capgras Syndrome, and Cotard's Delusion are good conceptual primers. This is the mindsphere that you need to be in to begin to conceptualize severe cerebral illness.

There is a stock image that depicts “mental illness” in thousands of articles to be found on the web, on mental health-oriented websites, books, and media content in general. It is an image of a person usually in a seated position, with their head down, grasping their head in their hands. This image depicts mental health distress, not severe cerebral illness.

Psychology has little to nothing to tell you about why ‘the shooters’ kill when they were in a state of psychosis or impairments caused by certain serious brain function disorders. Trying to probe into the person’s background, their family life, their social media posts, etc. trying to understand motive is a pointless pursuit. Psychosis is a neurologically produced alternate reality. The content of the person’s articulations about hating someone or harboring some kind of resentment means nothing, except that this serious neurological status can be dangerous and needs to be treated before the person hurts themselves or other people. Delirium, for example, used to be called ICU psychosis. Delirium can happen to anyone with an acute illness. Doctors know how dangerous delirium can be because it is a consciousness disorder that involves impaired cognition and so-called psychiatric symptoms like delusions, hallucinations, and acute paranoia.

Society’s and the judiciary’s fierce skepticism of the idea of “insanity” has doomed hundreds of thousands of people to unjust punishment, up to and including state-sponsored execution. Reforming a broken system that has been deformed by misguided ideas about the essential

nature of very serious brain disorders can not only save people from homelessness, premature death and unjust incarceration, it can also save the lives of people who become victims of serious untreated cerebral illness.

No amount of character, good parenting or respect for human life that a person has can override neurological detachment from reality.

“Psychosis” takes command and hijacks whatever skills a person has. If someone knows how to fire a weapon, then if that person is “psychotic” (which, remember, is a grave neurological status, not a synonym for evil), then they become a person who is neurologically detached from reality who knows how to fire a weapon.

Society has taken medical terms like psychotic, constructs such as psychopathy, and metacognitive deficits like lack of empathy (metacognitive refers to the capacities that enable us to understand, recognize, control and direct our thinking processes — and think about what we are thinking), and made them synonymous with evil or criminalized them. A person with a serious cerebral illness can be stripped of the ability to conform their behaviors to the law or function in socially acceptable ways.

A person who hates others based on their race or gender or any other characteristics, but has no serious brain function disorder, will probably just be a hater, not a killer. If that person succumbs to “psychosis”, then without timely medical treatment and ongoing competent case management (which can include small-scale

institutional housing in the most severe cases), the psychosis, especially with anosognosia, can cause that person to do things they would never do in the absence of this medical condition.

Psychosis causes a person to have “foreign” thoughts. Those thoughts can be perversions of sexual thoughts (even toward family members), thoughts of a gruesome nature, or thoughts of killing (pertaining to the self or others) that can be deeply distressing to the person especially if they have not become neurologically detached from reality yet. People in this condition can do things that can be taken as self-incriminating, like posting threats online, which is suggestive of anosognosia (impaired awareness that one’s mentation or behaviors are disordered) or even calling the police after an act of harm. There can be neurological phenomenon involved in severe cerebral illness that can account for this behavior. .

Most people with diagnoses like “schizophrenia”, bipolar, and other conditions that involve “psychosis” will never hurt anyone. But we need not take that truth and run with it, choosing to be willfully blind to the reality that some people will harm others. Knowingly casting aside the truth in service of stigma-busting, so that a class of persons do not feel like social lessors, is selfish agenda-serving politics.

At the end of the day, our societal discussions about gun violence and so-called mental illness illuminate widespread ignorance about cerebral illness. Shooters are called evil and monsters. There are discussions about how little respect for human life there is these days.

We talk about character and the decline of societal values and poor parenting. But the reality is that afflictions of the brain's semblance of mind have something to tell us about ourselves — if we are willing and able to learn. Cerebral illnesses open a portal to the science of the brain's semblance of mind, although humankind is only on the leading edge of the frontier of gaining knowledge about the brain's semblance of mind. Reconciling with this science does not conflict with the religious, civic, moral, and ethical values that people hold dear.

We cannot prevent every tragedy that involves someone with a serious cerebral illness, but in so many of these cases the system behaved in the precise manner in which it has been designed to operate...designed to kill people.

Relevant Content

The Dangerousness Standard for Involuntary Treatment

https://www.brown.edu/Courses/BI_278/Other/Clerkship/Didactics/Readings/INVOLUNTARY%20TREATMENT.pdf

<https://pubmed.ncbi.nlm.nih.gov/18060340/>