

CASE REPORT**PSYCHIATRY & BEHAVIORAL SCIENCES**

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The Assassination of the Swedish Minister for Foreign Affairs*

ABSTRACT: On September 10, 2003, Anna Lindh, the Swedish Minister for Foreign Affairs, was assassinated. The offender, a 24-year-old man, was a socially isolated, culturally and familially dislocated, yet academically quite competent young man who became enthralled with the habitual criminality of some of his relatives and their associates, and then psychiatrically decompensated in his early twenties. He had a history of serious violence before the crime, including the gross assault with a knife of his alcoholic and abusive father when he was 17, stalking, and extortion. At least a year prior to the assassination, he confided to a friend his desire to attack someone famous in front of many people. A definitive motive for the crime was not possible to establish. This was an act of intended, yet opportunistic violence toward a national political figure. The dynamics of the case are placed in the context of other attacks on Western European and U.S. politicians.

KEYWORDS: forensic science, assassination, stalking, threats, homicide, targeted violence, threat assessment

Attacks on high-profile politicians with fatal outcomes are rare but socially catastrophic events, which often have both national and international repercussions. The Exceptional Case Study project conducted by the U.S. Secret Service (1) identified 74 principal incidents of near-lethal approaches, attacks, or assassinations against U.S. public figures between 1949 and 1996. Sixty percent of the incidents were against protectees of the Service, which included the U.S. President, or other federal political figures. Ninety-two percent of these attacks were by an individual, and a handgun, rifle, or shotgun was used in 81% of the incidents. A study of all nonterrorist attacks on elected politicians in Western Europe between 1990 and 2004 identified 24 incidents (2). Five resulted in death (21%), and eight caused serious injuries to the target. The five fatal attackers used handguns, an assault rifle, a shotgun, a samurai sword, and a knife. The majority of the attackers in both studies planned their assaults days, weeks, or months in advance. Warning behaviors—threatening or bizarre communications about the target—occurred in the majority of subjects in both the U.S. and European studies, but not one subject who eventually attacked or assassinated their target communicated a direct threat to the target beforehand ($n = 58$).

This is a case study of one of the subjects in the European data, Mijailo Mijailovic, who attacked and killed Anna Lindh, the Swedish Minister for Foreign Affairs, on September 10, 2003. She died

of her wounds the next day. The material for this case report is largely drawn from a book published by the first author in Swedish, which comprehensively studied the case. All of the quotations, proper names, places, events, and other circumstances that are cited herein are referenced in this book (3). All of the information disclosed in this case study pertaining to the assailant, his relatives, the victim, and events surrounding this assassination can be found in the public domain.

The Offense

It is September 10, 2003, about 1600, and the Swedish Minister for Foreign Affairs, Anna Lindh, and her friend Eva Franchell, are shopping together in the Nordiska Kompaniet department store with no protective security. From the corner of her eye, Franchell suddenly notices a man running toward her and Anna. She realizes the man is not focused upon her, but on Anna who is oblivious to the imminent assault as she examines a light blue jacket on display.

“He is like an animal,” Franchell remembers thinking. The man draws a knife, pushes Anna into a garment rack, and stabs her repeatedly in the chest and abdomen, much like a boxer jabbing his opponent. Anna tries to use her purse to ward off the blows, but the man strikes her so hard that he fractures her elbow bone. Franchell screams, “What the hell are you doing!?” The man stops, turns to Franchell, stares at her and releases his grip on Anna Lindh. She falls to the floor and he runs off. Franchell asks her friend how she is doing, and Anna responds, “I have been stabbed.”

Her dark blue sweater is soaked in blood. A customer screams, and people run to assist. The assailant swiftly walks from the scene with the bloodstained knife in his hand. With a baseball cap pulled down over his forehead, he gets on an escalator to the ground floor. He puts the knife in his right pocket. Customers observe that he is composed and resolute as he walks to the store’s exit. One reports he had a satisfied look on his face.

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Ann Lindh is rushed to the Karolinska University Hospital in Solna. Her condition rapidly worsens. While nearing the hospital, she utters her worries and denies any pain: "Remove the oxygen mask from my face when we get to the hospital. I don't want my children to see how badly hurt I am when we get to the hospital and all the photographers waiting there." These were her last words. Despite enormous effort by the leading surgeons in Sweden, Anna Lindh died of her injuries early the next morning, September 11, 2003.

The Offender—Early Years

The man who assassinated Anna Lindh was Mijailo Mijailovic, a 24-year-old Swede of Serbian descent. He had few close friends, if any, but did confide in a criminal who was a friend of his family, Dule Savic. Mijailo tried to befriend Dule, looked up to him, and wanted to emulate his criminal career. Dule was interviewed a few years after the murder of Ms. Lindh and recounted that Mijailo wanted to commit a crime that would make him famous. "It was supposed to be a criminal act in a location with lots of people, with blood and all that, it would be like something in Chicago in the twenties, like Al Capone. You know, I didn't take it seriously, but then I realized the guy is going to do it at some point. He never had anyone particular in mind, he hadn't locked on any particular person, but it would happen with lots of bystanders and it would be someone famous."

Mijailovic was born in 1978 in Lidingo, a suburb of Stockholm, to a family that had immigrated from a Serbian village south of Belgrade. The family of Mijailo's father had been feared in this village of Pruzatovac as long as anyone could remember, primarily due to the great grandfather, but for unknown reasons. The grandfather had been in the service of Marshal Josip Tito's secret police force (UDBA) which may have contributed to the fear of the family. Mijailo's grandfather migrated to Sweden in 1970, among many other Yugoslavians who sought work, and 2 months later brought his wife, and then Mijailo's parents. The grandfather started work in a margarine factory, and his father washed dishes at a hotel. Mijailo had one sister who was 2 years old. It was Swedish national policy to accommodate the entire immigrant family.

In 1985, Mijailo was sent back to Yugoslavia at the age of seven. This was a common theme: move to another country in Europe, work a few years, build a family, move the children back to the native country for schooling and language assimilation, and the father would remain in Sweden to secure a good economy for the family to prepare for reunification. Mijailo went to school in Mladenovac, a small town, and was characterized by others as a reserved, quiet, restrained, and charming boy who kept to himself. Teachers also noticed that his school bag had an almost perfect order to it, with all pencils carefully sharpened and books properly clad in dust jackets. He was intellectually adept, demonstrating a facility for the Serbo-Croatian language and excelling in math, becoming the highest scoring fourth-grade pupil in an annual mathematics competition in his town. Mother followed him to school every day. Father would visit occasionally, but never spoke to his teacher. Mijailo was also quite somber, keeping to himself at parties and refusing to dance during celebrations.

The young boy had other distinctive features. Despite the fact that his family was perceived as "well to do" in Mladenovac, Mijailo never brought anything extra to school. He ate precisely what was given him for lunch and asked for nothing more. He never wrote school essays about his personal or family life.

Meanwhile Yugoslavia was coming apart. A decade after Tito's death, the republics within Yugoslavia, driven by ethnic distrust

and hatred, were positioning themselves against one another. The war in the 1990s decimated many Yugoslavians' hopes for a better life, and they left the country to settle in Western Europe. The Mijailovic family returned to Sweden in the fall, 1991, to rejoin their father. Mijailo was 13. Much later, in a police interview, he said, "It was a war down there, it was no good. One was glad to be back in Sweden."

Mijailo and his sister rejoined the Swedish preparatory system, and one teacher described them: "When I met with them their conduct and appearance was so brilliant. Their will to learn was so much stronger than our Swedish children." Other teachers were warned by his mother: if anything happened at school that would cast aspersions on the reputation of Mijailo or his sister, the school was not to contact the father. He was not to be informed under any circumstances if the children evidenced any negative behavior.

One year later, however, a downhill course began. When Mijailo returned to regular classes in 1992, at the age of 14, his shyness, and the historical bonds among the other Swedish children, socially marginalized him. His accent earned him the nickname, "Weird Mijailo." He was also now living with his father. Quarrels at home became open conflict. Mijailo's father was pathologically jealous and accused his mother of affairs. Despite these stressors, he maintained his grades. The teasing continued with sneers, and the occasional "nuthead" shouted at him by his classmates.

His sister received the most attention, but Mijailo began to flare up at others. Letters from school were intercepted by his mother. The family's social status was inverted: they had been upper class in Yugoslavia, and now they were among the economically deprived. The children often wore the same clothes to school, Mijailo gained weight, and it was rumored that he was drinking cooking oil. Peers did not want to share rooming with him on school trips. Family conflict worsened.

Mijailo's mother separated from the father and then moved back in. The adolescent boy contacted the Youth Sluice, an institution that provided a secure base for youths who were living a tumultuous existence. He initially stayed there as a time of study and later described it as the best period of his life. At age 17 he started upper secondary school in Lidingo, however, and was once again an outsider.

The Offender—Onset of Violence, Criminality, and Psychiatric Decompensation

In late 1996, Mijailo Mijailovic tried to stab his father to death. His sister was to celebrate her birthday that evening, mother was not home when father arrived; he began to drink and became further agitated. When his mother came home and said she was going to bake a birthday cake, he began screaming at her. Mijailo tried to call the police, the father smashed the phone with a hammer, and Mijailo got a knife and began to stab him. After multiple wounds, and the father's attempt to defend himself, he suddenly stopped the assault. The sister called an ambulance, and when it arrived, Mijailo helped him out of the apartment. He subsequently gave a detailed explanation of events until the moment when he retrieved the knife: "All I felt was a black spot. I wanted to disappear from reality." He was either feigning a loss of memory, or had experienced a true state of psychogenic amnesia in the midst of sudden affective violence (4). He described the incident as an epiphany—he had been responsible for many of the family problems that should have been handled by his father. He also stated that it was odd it had not happened earlier.

Mijailo was charged with attempted manslaughter on January 8, 1997. He was evaluated by two forensic psychiatrists (5). The first

screening evaluation, a so-called section 7 examination, found that there was reason to believe that a serious mental disorder was present at the time of the crime. A second comprehensive examination was scheduled. It concluded that at the time of the evaluation, Mijailovic was not suffering from a serious mental disorder and was not “in need of mandated psychiatric care in an inpatient setting combined with restrictions on civil liberties and other mandated measures” (5). There was also no diagnosed personality disorder.

At trial, the court disagreed. Mijailo was sentenced to probation and ordered to submit to psychiatric treatment: “The trial shows that the circumstances in this case are distinctive. It has been shown that the defendant has been living under great mental stress due to the situation within the family. [The instant offense] seems to have been triggered by an acute stress situation that the defendant was not able to manage...another consequence other than prison is the choice. Prolonged treatment intervention should be necessary.”

Mijailo returned to live at the Youth Sluice for 6 months and was described as composed and prosocial in his behavior. He did not graduate from high school, however, and in the summer of 1997 moved with his mother to another suburb. Mijailo began associating with Yugoslavian criminals introduced to him by his father. He met Dule Savic, spent much time with him, and was curious and impressed that he knew so many Yugoslavian gangsters. One experience captured his deteriorating course: Mijailo helped his relatives build a house, who then rewarded him with 10,000 kroner (about \$1400 USD). Mijailo disappeared to work with another bricklayer, but then subsequently stormed into the relatives’ restaurant and demanded another 50,000 kroner. He began harassing his relatives with threatening phone calls and threatened to kill them if they did not pay: “I will kill both of you. I can be sent to prison for 8 years, but I will kill both of you.” They finally relented and gave him an additional 25,000 kroner. Dule recommended he begin to date and found a female friend who consented to an evening with Mijailo. It did not turn out well. “Dule, he is a total psycho. Perhaps he treats you respectfully and all, but he is acting very weird towards me. I am scared of him, I don’t feel good being with him.” Mijailo eventually stalked and threatened this young woman’s siblings, and charges of molestation and unlawful threat, in addition to a conviction for extorting the relatives, were the result. The trial court ordered another evaluation: “Mijailo is feeling himself tormented by having other people withdrawing themselves from him and he sometimes experiences feelings of loneliness. His reasoning has obvious paranoid characteristics. For this reason, a serious mental disorder in the form of a paranoid personality disorder with psychotic episodes can be suspected.”

Mijailo continued to associate with Dule and was fascinated with the underworld of Stockholm. Dule believed, however, that Mijailo had special talents, and when the latter bought a gun, Dule was very angry. He told him, “If you carry a gun you provoke the devil. That is unnecessary. We might be stopped by the police! If you know that your life is in danger, then you can carry a gun, otherwise not.”

In the spring of 2000, Mijailo Mijailovic began to psychotically decompensate. Living in Tullinge, Mijailo withdrew from others and spent his time watching MTV and movies at home. He stopped buying clothes for himself. Mental health contacts increased, and he was variously prescribed sedative-hypnotics, anxiolytics, and antipsychotics. He was in individual and group psychotherapy, but nothing seemed to ameliorate his symptoms. He continued as an outpatient in a mental health unit for early treatment of psychoses, but was never definitively diagnosed. He also was admitted for inpatient care. He reported “feeling bad, hearing voices” and complained that no one

was helping him. “Mother, they are lying to me. I want to see the doctor and talk to her. But they say she is not there.” He developed hypnosomnia, and the hallucinations continued.

On September 4, 2003, 6 days before the assassination, he came to an emergency room and was admitted for inpatient care. He said he had murdered someone and was having trouble sleeping. He was diagnosed with “a personality disorder, intermittently bordering on psychosis.” Just before noon on September 9, 28 h before the assassination, he filled prescriptions for an antidepressant, mirtazapin, and an antipsychotic, ziprasidon.

Such medications would be prescribed by a psychiatrist for someone who was evidencing both affective and severe cognitive-perceptual disorders. Diagnoses could range from schizophrenia or schizoaffective disorder, to a severe unipolar or bipolar depression. An additional diagnosis of personality disorder, which he had been given, would typically not respond to any medication intervention.

Immediate Postoffense Behavior

Mijailovic dropped the knife in the escalator when he walked away from the killing. He left the department store and did not head home. He went to a shopping mall, and on the way threw the sheath for the knife in a waste bin, and the baseball cap in another. He tried to get his hair cut, but the hairdresser was fully booked. The hairdresser remembered him as “stressed and jumpy.” He hailed a taxi and went to the suburb where he lived with his mother. When they arrived in Tullinge, about 20 km south of Stockholm, he retrieved several thousand kroners and continued to travel 20 km further south to Sodertalje. He had lived there before. He paid the taxi driver and went into the woods. He undressed, put his clothes in a bag from home, and failing to burn them, hid them under some rocks and a bush.

The Police Investigation

The assassination began one of the largest police investigations in Swedish history. Police soon had footage of the unknown murderer appearing to walk aimlessly around the department store. The baseball cap and knife were taken into evidence, and a tip was received concerning a mentally ill Yugoslavian named “Micke” who was living in Tullinge. Another tip led them to a “Micke” supposedly living on a street in Sodertalje. Although the police had arrested another for the murder, criminal analysis led to the Mijailovic family and the previous criminality of a son named Mijailo. The police eventually located him in the apartment in Tullinge, but could not secure any DNA. They finally decided to retrieve his DNA from the PKU national database of blood samples from all newborns in Sweden. Samples are taken to determine whether any infants suffer from phenylketonuria, an autosomal recessive genetic disorder characterized by the inability of the body to utilize an essential amino acid, phenylalanine, and are kept in a database for research purposes.

On September 24, 2003, a crime lab technician, Peter Nordstrom, established a match between Mijailo’s DNA and DNA on the baseball cap, on which hair from Anna Lindh was also found. Forensic Science Service in Birmingham, U.K., matched traces of DNA on the knife to Mijailovic a few hours later. The Counter Terror Unit of the National Criminal Police seized the defendant in the hall of the apartment, and there was no resistance. Three months later, he confessed to the attack: “I was feeling bad, I was desperate and I did not know what to do. Then I heard voices speaking to me, so and so. And then I spotted Anna Lindh and then I attacked. Then I ran off” (3).

Conviction and Evaluations

A psychiatric evaluation in March, 2004, found that Mijailovic had not committed the murder under the influence of a serious mental disorder. He was subsequently sentenced to life in prison by the Stockholm District Court. Another evaluation followed in May by psychiatrist Anders Forsman of the National Board of Health and Welfare in Sweden and its committee for Forensic Psychiatry, Social, and Medical Legal Questions. Mijailovic was also being constantly monitored by mental health staff. Dr. Forsman noted that the subject was unfocused and could easily drift off in his own thoughts. This was interpreted as indicative of blocking phenomena: delusions and hallucinations that are divorced from reality and break the continuity of consciousness. Dr. Forsman concluded that the assassination was done under the influence of a serious mental disorder, namely Psychotic Disorder NOS (6), the disorder was still present, and there was a risk of recidivism for violence. "Altogether, Mijailovic's psychiatric symptoms are best explained by a psychotic syndrome. There is not enough information to diagnose schizophrenia, nor can it be a question of Delusional Disorder. Therefore, the diagnosis of Psychotic Disorder Not Otherwise Specified (6) is used, a serious mental disorder as defined by the law." He did not believe that Mijailovic was malingering.

One evaluating psychologist, Thomas Nilsson, wrote: "the emerging picture is complex and multi-faceted with a psychological problem characterized by an inner repressed psychotic core which as a rule is hidden behind an external behavior dominated by hysterical defenses and reactions." Another psychologist, Henry Werlinder, from the committee for Forensic Psychiatry, Social, and Medical Legal Questions, wrote in his conclusion: "To me it appears that the main diagnosis that was given Mijailovic by the forensic psychiatric team in Huddinge was more adequate; that is, a borderline personality disorder with narcissistic traits. Judging from the life history of Mijailovic, this disorder is very serious, with severe instability concerning self image and esteem, serious disorders in interpersonal relations, and at times severe anxiety combined with sleeping problems, dysthymia with suicidal tendencies and/or gestures, paranoid thoughts, and great difficulties in controlling his intense anger and hatred, with states bordering on psychosis or even psychotic episodes."

Mijailovic refused to answer questions in the Court of Appeal. He was sentenced to mandated forensic psychiatric care with compulsory court review. In the fall, 2004, he was brought to Sundsvall in the north of Sweden to a maximum security unit. A psychiatrist at the clinic, Goran Fransson, did not find any signs of hallucinations, thought disorder, or other psychotic symptoms. The diagnosis at the clinic was "borderline personality disorder with narcissistic and paranoid traits, furthermore an antisocial personality disorder with marked psychopathic traits, and abuse of benzodiazepines." The proceedings in the Supreme Court began in November, and Dr. Fransson testified that Mijailovic had consciously malingered his psychiatric disorder to be sent to forensic psychiatric treatment. He found him behaving "happily, unfrightened, and proud," something the doctor had not witnessed with anyone with a psychotic diagnosis during a symptom-free period.

On December 10, 2004, a year after the assassination, the Supreme Court sentenced him to life in prison. They wrote, "Even with the mental disorder, which must be judged as demonstrated, he must have been aware of the considerable risk of stabbing her so badly that she would die from her wounds. The way the attack was delivered shows that he at least must be judged having been indifferent regarding this effect being realized. As the courts have

found, the act of depriving Anna Lindh of her life is therefore intentional. There are no circumstances making the crime being judged as less serious and therefore classified as manslaughter. Mijailo Mijailovic shall therefore be sentenced for murder."

Postconviction Behavior

Mijailovic was transferred among different facilities within the Swedish Prison and Probation Service and between prison and forensic psychiatric clinics. Prior to sentencing, he gave up his Swedish citizenship and is currently a citizen of Serbia and Montenegro. He then filed an application for serving his sentence in his home country. This was denied. In September 2005, he assaulted a 60-year-old patient at the forensic clinic in Sundsvall. He beat him with a metal pipe, was convicted of aggravated assault, and found liable for 65,000 kroner in damages for the victim. Another patient reported that he did this to be transferred back to prison. He also cut his wrist during the same period of time.

In January 2007, he pestered the medical staff to perform an electrocardiogram and was found to have a cardiac arrhythmia. A condition of thrombosis was established. He wrote, "The Kumla prison waited far too long before taking me to hospital. This was because ordinary prison officers at the ward are playing doctors and ignoring everything." During the spring, 2008, he attacked another patient in a forensic clinic in Vaxjo, a former Nazi leader. "He didn't say anything, it was just bang." Mijailovic weighed 60 kilos at the time. His victim weighed 110 kilos and was a former champion power lifter. "I turned around and asked him what he was doing. Then I threw him to the floor" (3).

Discussion

The facts of this case follow some of the contours of other assassinations of public figures, particularly politicians or government officials. The assassin was a lone male attacker with a history of psychiatric disorder, criminality, and noncompliance with mental health care (1,2,7,8). In a large proportion of cases—and most are not the result of a terrorist or extremist group's planning and implementation—the attacker is delusional at the time of the assault (7,8), and the delusions are often grandiose (9). The weapon of choice in the United States and Europe among fatal attackers is a firearm if one can be secured (1,2). Leakage—the communication of an intent to do harm to a third party—is quite common, although a direct threat to the target or law enforcement beforehand is almost nonexistent (1,2,7,8). Many subjects also evidence a "downward spiral in their lives in the months or year before their approach or attack, usually a combination of social failure and personal vulnerability to chronic anger, depression, or psychosis" (7, p. 1091).

The Mijailovic case is also unique across a number of variables, illustrating the importance of individual differences and the operational need for attention to idiosyncratic patterns which may indicate a "black swan": a method of attack or assassination which was predicted to be highly improbable, if not virtually impossible, which has catastrophic consequences for the target and the larger community (10). From a scientific perspective, a black swan is a single observation that invalidates years of confirmatory findings.

Unlike most other attackers and assassins of public figures, Mijailovic did not plan or prepare for his attack upon Ms. Lindh until a period of 15 min before he assaulted her. There was no explicit pathway to violence in this case (11) that unfolded over

the course of days, weeks, or months (1,2,7,8); nor was there any evidence of specific targeting until the final moments as he walked through the department store looking for her. Mijailovic was known to carry a knife for his imagined self-protection. In the days preceding the attack, he had been roaming the streets of Stockholm on foot and was even photographed as a bystander in a crowd listening to a political speech by another well-known politician. The investigators firmly believe that he initially spotted Ms. Lindh when she was going up to the first floor in the department store and he was coming down the escalators (3).

There were also no “warning behaviors” that suggested Mr. Mijailovic posed a specific threat to Ms. Lindh prior to his attack. The first evidence of leakage was his verbalization in an emergency room 6 days before the killing that he *had* murdered someone. The reason for the past tense expression is unknown, but it does confirm homicidal ideation in close proximity to the crime. The most important evidence of fantasy-based leakage was the earlier reported, but unverifiable wish that he could commit a violent crime where there would be many bystanders and the target would be someone famous. Ms. Lindh was an *opportunistic target of intended violence* who was not specifically chosen until moments before the attack. Did she fulfill a violent and grandiose “narcissistic linking fantasy” (8) that he would become infamous through the killing of a famous person? The assassination did contain the four elements within his fantasy: blood, bystanders, a famous victim, and eventual infamy; but this motivation is challenged and perhaps obliterated subsequent to the killing by his flight from the crime scene, his attempts to conceal his guilt, and his reluctance to confess, although such a fantasy which compensates for a blighted social and occupational life is not unusual among public attackers and assassins (1,2,7,8). Whatever his motivation, perhaps nothing more than envious and hateful homicidal aggression toward those in power, it was tactically supported by her sudden appearance before him as a soft target because of the absence of a protective detail. She was visually recognized by him probably owing to the photographic display of her face on large posters throughout Stockholm because of her advocacy of Sweden’s conversion to the Euro.

There were a variety of diagnoses rendered in this case which likely speaks to the complexity of his psychological abnormalities. Most agreed, however, that he was severely mentally ill. If one distills the various diagnoses into a coherent statement, it appears likely that Mijailovic was intermittently psychotic and also had a severe premorbid personality disorder, perhaps with borderline, paranoid, narcissistic, and psychopathic traits. According to the DSM (6), he would have comorbid diagnoses on both Axis I and Axis II. Most intriguing is the relatively sudden emergence of an aggressive criminal lifestyle in his late adolescence—perhaps the confluence of an inherited biologic predisposition, internalization of certain aggressive attitudes of his father, and transference identifications with older, adult male criminals—which preceded his psychotic decompensation. Causality remains theoretical, however, and what is more important than the accuracy of an Axis I diagnosis in public figure attackers are the various evident symptoms, the time at which they occur, and their causal or correlational relevance, if any, to the killing (8). Analysis at the level of symptoms is most germane to determining the relationship, if any, between psychosis and violence

(12). Personality disorders, moreover, should never be minimized in such cases because they typically have a much larger effect size in relationship to violence than psychosis (12)—especially those suggesting psychopathy (13).

The assassination of Anna Lindh was a case in which contemporary threat management (11), i.e., the identification of a subject of concern and the application of dynamic threat assessment to his behavior over time, was irrelevant. There was no actionable intelligence to be discovered. Her safety solely depended upon a personal protective detail—the final security perimeter between the lethal attacker and his target (14,15).

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