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Clinical characteristics and legal consequences of violent behavior: a case of bipolar disorder

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The main subject in criminal proceedings is that of criminal responsibility. From this point of view, bipolar disorders sometimes seem to be a highly neglected subject in legal scholarship. Yet these disorders may affect the decision-making capacity across the spectrum of the law, especially when manic and psychotic symptoms are involved. This case studies a 37-year-old woman, diagnosed with bipolar affective disorder, who attacked the neighbor of her ex-husband during a manic episode with psychotic symptoms. Two types of these psychotic symptoms are specially important: ideation of harm and experiences of passivity/influence on the body and thought insertion (threat/control-override symptoms). Hostility against her ex-husband was also involved in the attack. Researchers have described all those symptoms as important predictors of violence, and they have determinant legal correlates.

Keywords:

Bipolar disorder, threat/control-override symptoms, legal correlates, criminal responsibility.

Actas Esp Psiquiatr 2010;38(6):374-6

Características clínicas y consecuencias legales del comportamiento violento: un caso de trastorno bipolar

La cuestión principal en derecho penal es la responsabilidad criminal. Desde este punto de vista podemos señalar que en ocasiones el trastorno bipolar es el gran olvidado. Este trastorno puede afectar a la capacidad de decisión dentro del espectro contemplado por la ley, especialmente cuando los síntomas maníacos y psicóticos están presentes. Este caso estudia a una mujer de 37 años, diagnosticada de trastorno bipolar, que atacó a la vecina

de su exmarido durante un episodio maniaco con síntomas psicóticos. Dos tipos de estos síntomas psicóticos merecen una especial mención: ideación de perjuicio, vivencias de pasividad/influencia corporal e inserción del pensamiento (síntomas de amenaza y control externo). La hostilidad hacia su marido también se considera relacionada con la agresión. Los investigadores han descrito todos estos síntomas como predictores importantes de violencia y tienen implicaciones médico-legales determinantes.

Palabras clave:

Trastorno bipolar, síntomas de amenaza/pérdida del control, repercusiones legales, responsabilidad criminal.

INTRODUCTION

Bipolar disorder, which is difficult to diagnose in its initial course,¹ has a significant influence on the quality of life of the patients² with a high risk of medical-legal complications, more clearly seen during the manic episodes. Quanbeck³ identified manic episodes at the time of their arrest in up to 74.2% prisoners with type I bipolar disorder and psychotic symptoms in 59%. The existence of these symptoms in psychiatric patients has been classically considered to be a strong predictive indicator of violence.^{4,5} Taylor⁶ examined motives for offending in a forensic population and found that those definitely driven by their delusions, frequently passivity delusions, were significantly more likely to have committed serious offences. Link and Stueve^{5,7} highlighted a cluster of symptoms as strongly correlated with violence, the so-called threat/control-override (TCO) symptoms. It comprises the delusional belief of imminent danger caused by others and external control over one's own thoughts, feelings, movements and actions, by thought insertion/withdrawal or body passivity. Their results have been repeatedly confirmed,^{7,8} although Junginger⁹ describes delusional motivation as something rare and Appelbaum¹⁰ denies the role of delusions in general,

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and the TCO symptoms specifically, as a risk factor for violent behavior, relating the previous findings with methodological limitations. Subsequent studies on schizophrenia continue to relate violence with confusion/disorganization,¹¹ symptoms on the positive subscale of the PANSS¹² and in severe violence, threat symptoms.¹²

Considering the risk of criminal behaviors in patients with a manic episode of bipolar disorder, the frequency of psychotic symptoms at the time of arrest³ and the fact that motives for violent offending could be psychotic in many cases,⁶ the evaluation of cognitive and volitional faculties at the time of offending takes on special importance as rapprochement to the legal term of imputability.

CASE REPORT

A 37-year old woman was brought to the emergency service for evaluation after she was arrested for attacking a stranger with sodium hydroxide.

Past and family history

Depressive illness in the father. Problems with peer-relationships started in the school setting and her academic performance was very poor during primary school. She stated that she had suffered episodes of sadness and hyperthymia since childhood. When she was about 20 years she began to have behavioral disorders (irritability and heteroaggressiveness) and manic episodes, with mind reading phenomena, that last approximately one week and alternate with 4 to 6-months episodes of depressive symptoms and persecutory ideas. The family described her interest in esoteric issues with frequent references to "evil eye". She married and had a son, suffering an intentional drug overdose in the post-partum period. During the marriage she experienced persecutory ideas in relation with her husband and the delusional belief that he was unfaithful. They separated when she was 34 years old.

In the 6 years prior to admission she received treatment only during depressive episodes and took clorazepate (10 mg/day) and sertraline (100 mg/day) irregularly.

Current episode

The family described the patient as sad during the previous month, crying frequently and moving on to irritability, increased activity, insomnia and heteroaggressiveness against objects in the last weeks. She reported suffering from "evil eye" by some neighbors and presented secondary behavioral disorders. They scheduled an emergency appointment with her psychiatrist

The day before her admission, she took a train and travelled more than 1000 kms towards Barcelona, where she had lived during her marriage. She described her trip as involuntary, "like an automaton," and stated that she had tried to get off but couldn't. This had happened to her on other occasions. She feels a weight on her shoulders that overrides her will and she begins to have thoughts that she does not recognize as her own, and says and does things she does not want to. When she arrived, she bought sodium hydroxide, knocked at the door of a stranger and threw the sodium hydroxide at her. She denies having any motivation for this aggression and experiences it as something imposed ("they are stronger than I am, they have gotten their own way").

Examination on admission and course

Hyperalert, suspicious, elevated floating anxiety and restricted affectivity. Delusional interpretations and persecutory delusions. She denied having suicidal and heteroaggressiveness ideation. She had insomnia and hyporexia. With the administration of 20 mg of clorazepate and 6 mg of risperidone per day, she progressively distanced from the persecutory delusions and self-phenomena. This medication was withdrawn due to extrapyramidal symptoms, introducing olanzapine at 20 mg per day. Coinciding with the treatment change, she suffered a hypomanic episode with behavioral disorders, initiating valproate up to 1500 mg per day with good response. Blood-analysis, toxics determination, an ECG and a neurological exploration were performed without any significant findings. On discharge she was euthymic and had no behavioral problems. She was diagnosed with type I Bipolar Disorder, most recent episode manic (296.4).

Medicolegal issues

The patient was brought to the hospital under arrest and was admitted involuntarily. Her exhusband and his new partner were living in the same building as the person who was attacked. A restraining order against the patient for her to stay away from the home of the attacked, as well as from her ex-husband and his significant other was issued. The competent Court was informed about her discharge. The accused made a declaration before the Judge and her forensic medical examination was agreed on, stabilization of her symptoms was observed, along with the persistence of the hostility towards her ex-husband. She admitted some intentionality in the aggression made, believing that her ex-husband was living in that apartment. The reason for the aggression was delusional: her neighbors dominated her will by black magic, they introduced imperative thoughts in her mind, making her take revenge for the supposed infidelities that occurred during the marriage ("she physically noticed

when he had been with others"). It was considered that the criminal behavior constituted the manifestation of her psychopathology and that her cognitive and volitional faculties were annulled in relationship to the events. Psychiatric treatment was recommended, which could be as an outpatient as long as the control of risk of repetition of heteroaggressive behaviors was guaranteed.

CONCLUSIONS

The clinical picture presented by the patient fulfilled the DSM VI TR criteria for Type I Bipolar Disorder, most recent episode manic. During her admission, we observed some psychopathological factors that have been related with violent behaviors, especially TCO symptoms (persecutory delusions involving her ex-husband, body passivity, thought insertion and transitivity phenomena). As these are psychotic symptoms directly related with the aggression, it was considered that she suffered a total affectation of the psycho-biological bases of the imputability in relationship with the facts.

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