

FORENSIC PSYCHIATRY

DR ARMAN HOSSAIN

Forensic Psychiatry

PSYCHIATRY: It is the branch of medical science which deals with study, diagnosis, treatment, prevention of mental illness and behavioral disorders.

FORENSIC PSYCHIATRY deals with the application of psychiatry in the administration of justice.

Or, It is the branch of psychiatry (science which deals with study, diagnosis, treatment, prevention of mental illness and behavioral disorders) which deals with the application of psychiatry in the administration of justice.

Menatal Illness

Mental Illness: Mental illness refers to disorder generally characterized by dysregulation of mood, thought and behaviour.

Mentally ill person: Any person who is in need of treatment by reason of any mental disorder other than mental retardation.

Classification of mental disorder:

1. Organic mental disorder: Dementia in Alzheimer's disease
2. Mental and behavioural disorder due to psychoactive substance use
3. Schizophrenia
4. Mood disorder:
 - Depressive disorder
 - Mania & bipolar mood disorder

Menatal Illness

5. Neurotic stress related disorders

- Anxiety disorder
- OCD
- Reaction to stress and adjustment disorder
- Dissociative (conversion) disorder
- Somatoform disorder

6. Behavioural syndromes associated with physiological disturbance

- Eating disorder
- Non organic sleep disorder
- Sexual dysfunction not caused by organic disorder
- Mental & behavioural disorders associated with puerperium

Menatal Illness

7. Personality disorder:
 - Specific personality disorder
 - Habit and impulse disorder
 - Gender identity disorder
 - Disorder of sexual perversion.
8. Mental reterdation
9. Disorder of psychological development.

Marshall triad

Marshall Macdonald triad/ Macdonald triad/ Triad of sociopathy:

This triad was first proposed by JM macdonald which is a set of 3 behavioural characteristics:

1. Enuresis (bedwetting)
2. Obsession with fire setting
3. Animal cruelty (torturing small animal)

Importance: If all 3 behaviour present together, this criteria is considered **predictive of future violent tendencies &/or criminal behaviour.**

COMMON SYMPTOMS OF PSYCHIATRIC DISORDERS

- ✓ **Delusion**
- ✓ **Hallucination**
- ✓ **Illusion**
- ✓ **Impulse**
- ✓ **Obsession**

DELUSION

Delusion is a false belief in something which is not a fact and the belief persists even after its falsity has been clearly demonstrated.



Types of Delusion

1. Delusion of Grandeur or exaltation :

The person imagines that he is very rich, powerful, while in reality he may be a pauper and may squander away his money or property. It is usually seen in mania, and may be associated with delusion of persecution.

This is a pleasant delusion.



Types of Delusion

2. Delusion of Persecution (Paranoid):

The person imagines that attempts are being made to poison him by his nearest relatives like wife, sons or parents. The person remains suspicious and depressed and may commit some crime. (He may commit suicide or kill his family members or innocent person thinking him/her to be his enemy.)



Types of Delusion

3. Delusion of reference: The person believes that people, things, events etc refer to him in a special way. He believes that even the strangers in the street are looking at him and talking about him.



Types of Delusion

4. Delusion of Influence: The person complains that his thought, feelings and actions are being influenced and controlled by some outside agency, like radio, hypnotism, telepathy etc.

5. Delusion of Infidelity/Jealousy-othello syndrome: In this, the person thinks that his/her spouse is not loyal to him/ her. Usually, males suffer more from this delusion as compared to females. The person may commit crime in this state.



Types of Delusion

6. Delusion of Self reproch: The person criticizes himself for some imaginary offence or misdeed committed by him in the past. In serious cases, the person may punish himself by committing suicide.

7. Nihilistic delusion: In this, the person does not believe in his existence or that the world exists. They may commit suicide or kill others. It is commonly seen in depression.

8.Hypochondriacal delusion: The person in this delusion thinks that he is ill always, while medically he may be completely fit. He keeps on visiting doctors. Usually the person gives vague abdominal complaints.

9. Others: Delusion of disguise,poverty,jealousy, delution of religion etc.

EROTOMANIA

In this, a woman thinks that a particular person, especially superior, is in deeply love with her. The erotomaniac develops an obsession for the person and starts believing that the other person is reciprocating

The object is usually of a higher status, famous superior at work but can also be a complete stranger.

The erotomaniac tries to get in close to the person through telephone calls, e-mails, letters, gifts and visits. More common in women than in men.

PSEUDOLOGIA FANTASTICA

This is a variation of Munchausen's syndrome in which a person feels convinced that he is seriously ill and keeps on visiting many doctors in vain.

Medicolegal importance of delusion

1. Delusion is an indication of deep-seated, widespread disorder. Such a person cannot be regarded as fully responsible for his criminal act.
2. Suicide is a major risk.
3. There may be a combination of murder and suicide.

Hallucination

It is a false sensory perception which manifests without any external object or stimulus.

They may occur in :-

- Schizophrenia
- Affective disorders
- Organic mental disorders
- They are also seen in insanity and conditions like High fever
- Drug intoxication
- Withdrawal from drug addiction

Types of Hallucination

1. Visual hallucination
2. Auditory hallucination
3. Olfactory hallucination
4. Gustatory hallucination
5. Tactile hallucination
6. Psychomotor hallucination
7. Others

Types of Hallucination

1. Visual Hallucination: The person may see lights or images or scenes. The patient experiences non –existent sights. He observes something without any being present. A person sees a plane in the sky when there is none. Such hallucinations are quite common in schizophrenia, epilepsy and drug withdrawal syndromes.

Types of Hallucination

2. Auditory Hallucination: False perception of sound, usually noises, but also music. Here, the person hears voices of known or unknown persons without any source. They are quite common in schizophrenia. In some cases a person hears a command from God or Satan to do certain acts which may land up the person in conflict with law. They are also referred as “command hallucination”

Types of Hallucination

3. Olfactory Hallucination: Hallucination primarily involving smell or odors. There is false sense of smelling (pleasant/ unpleasant/sweet/sour/bitter) without any source. They are felt in schizophrenia and temporal lobe epilepsy.

Types of Hallucination

4. Gustatory Hallucination: Hallucinations involving taste. Without any food or drink, the patient experiences different taste.

Types of Hallucination

5. Tactile Hallucination: They are hallucinations of abnormal touch. They are commonly seen in cocaine addiction where bugs or rats seems to be creeping in layers of skin.(Formication)

Some patients experiences feeling of cold winds blowing on them or sensation of heat present over skin; actually things are not present.

Types of Hallucination

6. Psychomotor Hallucination: There is feeling of movement of a part of the body, say a limb, though in reality, there is no such movement.

7. Other Hallucinations: Micropsia Hallucination, Synesthesia Hallucination etc.

Some common fact about Hallucination

- Visual hallucinations are the commonest in organic mental disorders (delirium tremens)
- Auditory hallucinations in functional (non-organic) disorders (schizophrenia)
- Gustatory hallucinations in temporal lobe epilepsy
- Olfactory hallucinations in medical disorders (especially in the temporal lobe)
- Tactile hallucinations in cocaineism
- Auditory hallucinations are the commonest followed by visual
- Hallucinations are not under voluntary control and a person suffering from unpleasant hallucinations may be incited to commit suicide or homicide

Illusion

It is false interpretation by the senses of an external object or stimulus which has real existence. Optical illusions are quite common in deserts where water may be seen at places. A rope may be seen as a snake at night. Illusion may occur both sane and an insane person.

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Medicolegal importance of illusion

- A criminal act committed by a sane person due to illusion will make him responsible for his act and he will be liable to be punished.
- If an insane person, out of illusion commits the act then he may not be held responsible or may be held partially responsible for commission of the act.

Impulse

This is defined as a sudden and irresistible force which compels a person to do some action without motive or forethought, a normal person always tries to analyze his actions whether they are consistent with law or not. Once he realizes that his action may be contrary to law he stops it. But in impulse, a person is not able to control himself.

A man might say that he picked a pocket from some uncontrollable impulse, and in that case the law would have an uncontrollable impulse to punish him for it

Types of impulse

- (a) Kleptomania: An irresistible desire to steal things usually of low value.
- (b) Pyromania: An irresistible desire to set things on fire.
- (c) Mutilomania: An irresistible impulse to maim (wound) animals.
- (d) Dipsomania: An irresistible impulse to drink at periodic intervals.
- (e) Sexual impulses: All sexual perversions.
- (f) Homicidal impulses: To kill some persons.
- (g) Suicidal impulses: To commit suicide. Impulses are quite commonly seen in various mental disorders like depression, schizophrenia, mania, etc.
- (h) Trichotillomania: It is an irresistible desire to pull out one's own hair
- (i) Oniomania: compulsive desire to shop (shopping addiction)

Obsession

An obsession is defined as a persistent and irresistible thought, image, affect or impulse that cannot be removed by the sufferer although he knows that this is foolish. He continues to suffer. When this converts into action, it is called 'compulsions'.

The person keeps on repeating foolish behaviour though realizing that it is untrue. Normal persons also sometimes have obsessions but they overcome them over a period of time. But once it becomes pathological, it may turn into obsessive compulsive neurosis

Insanity & Insane

Insanity or unsoundness of mind: can be defined as a disease of the mind which effects the personality, mental status, critical faculties, emotional processes and his relation and interaction with immediate as well as social environment.

Insanity according to medico legal aspect:

1. Mental defects(amentia)
2. Dementia
3. Functional insanity (psychosis)
4. Insanity or psychosis associated with organic disease
5. Insanity due to alcohol and other drugs

Insanity

True insanity: It is a condition in which a person suffers some defect of disease of the mind which affects his personality, mental status, critical faculties, emotional process and his relation and interaction with his immediate as well as social environment.

False (feigned) insanity: It is a condition where a person may pose to an insane with some motive.

Insanity may be feigned by a person for any of the following reason:

- To avoid punishment in a criminal case
- To avoid certain civil responsibilities
- To avail certain advantages

A sane person may be presented as insane to deprive him from his property.

Cause of insanity

- **Intrinsic factor:**

1. Genetic: Specific gene or chromosomal abnormality

2. Constructive:

- Physical of physique of the person

- Personality

- Temperment

- Autonomic reactivity

- **Extrinsic factor:**

1. Physical:

- Intoxication

- Injury

Cause of insanity

- Infection
- Malnutrition
- Others

2. Psychological:

- Early Upbringing
- Adversities
- Mental Conflicts
- Personal or familial loss
- Psychological loss
- Cultural background of the society

Difference between true insanity & false insanity

S.NO.	FEATURES	TRUE INSANE	FEIGNED INSANE
1.	Onset & Motive	Usually gradual or rarely sudden but almost always without any motive.	Always sudden and there is some motive.
2.	Predisposing/exciting cause	May be present, like h/o insanity in parents	Not present.
3.	Facial expression	There are usually a peculiar characteristic facial expressions like worried look, agitated	Normal or easily distinguishable.
4.	Signs & Symptoms	The true insane individual shows signs and symptoms of insanity irrespective of his conduct being observed or not.	A false insane will show signs of insanity only when he is observed and there is total absence of symptoms when he thinks that he is alone or not being watched.
5.	Characteristic feature	Sign and symptoms usually point to a particular type of insanity. (e.g. schizophrenia, mania, Bipolar disorder etc)	A non insane person will do whatever comes in to his mind and his signs and symptoms don't indicate a particular type of insanity.
6.	Effect of violent exertion	Can stand violent exertion for several hours or days without exhaustion, perspiration or sleep.	Violent exertion leads him to relaxation, exhaustion and sleep.

Difference between true insanity & false insanity

S.NO.	FEATURES	TRUE INSANE	FEIGNED INSANE
7.	Mood	Excited, depressed or fluctuating	May over react to show abnormality in mood
8.	Habits	Habits are invariably dirty or filthy. He may smear his body with stool or urine.	Habits are not usually dirty or filthy.
9.	Physical manifestation	Dry harsh skin, furred tongue, constipation, anorexia (loss of appetite)	Not present
10.	Repeated examination	Not worried about being repeatedly examined	Shows dislike for repeated examinations.
11.	Insomnia	Present	Cannot persist, patient usually sleeps after a day or two
12.	Dressing up	Carelessly dressed	Dressed reasonably properly

Lucid Interval

Lucid interval: It is a time period during which a mentally unsound person behaves very much like a normal person and all the sign and symptoms of insanity are completely absent.

Medicolegal importance:

- The person is responsible for all his acts, performed during this period.
- The person can give valid evidence in a court of law
- Dying declaration or dying deposition given in this period is valid
- The person can give valid will.

Responsibilities of an insane person

CIVIL RESPONSIBILITY

The question of civil responsibility arises in following conditions:-

1.Management of property and affairs: If an insane person is unable to manage his property and if it is brought to notice of a District Court then on being satisfied, the District Court will appoint a manager of his property. Manager is paid for his service from the property.

2.Insanity and contracts: A contract will be invalid, if one of the parties of the contract, at the time of making it, was of unsound mind so much so that he was unable to understand the implications of the contract. A lunatic is bound to make payment to the vendor for the necessities purchased by him in accordance with his social position or status.

CIVIL RESPONSIBILITY

3.Insanity and marriage contract: Marriage can be declared null and void, if one of the parties to the marriage contract was, by reason of unsoundness of mind, unable to understand the nature of it and the responsibilities arising from it.

4.Insanity and testamentary capacity: Testament, made by an insane person, is not valid in the court of law.

5. Consent and insanity: Consent given by an insane person has no validity.

6. Competence of insane to be a witness: Generally, an insane person is not a competent witness.

7. Guardianship: An insane person can not act as the legal guardian of a minor.

Criminal responsibilities

Criminal responsibilities of an insane person: An insane person may be exempted (obligated) from criminal responsibility under the following conditions:

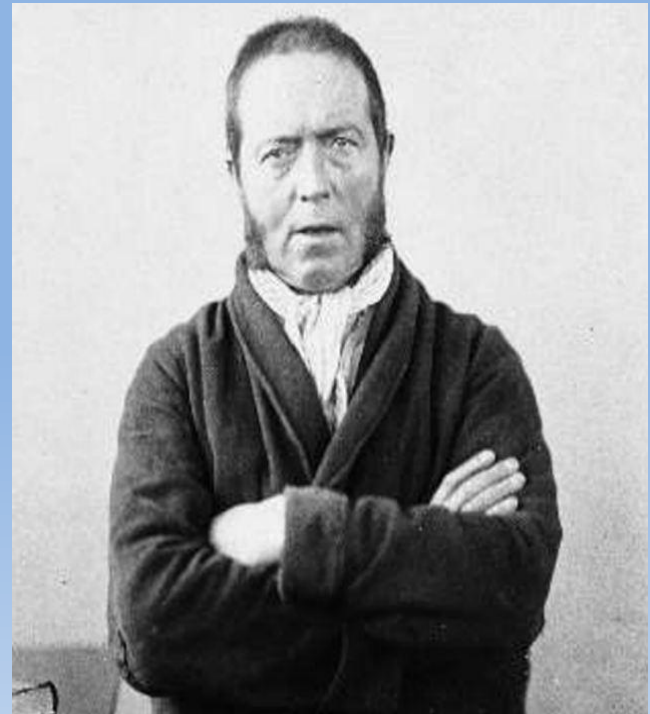
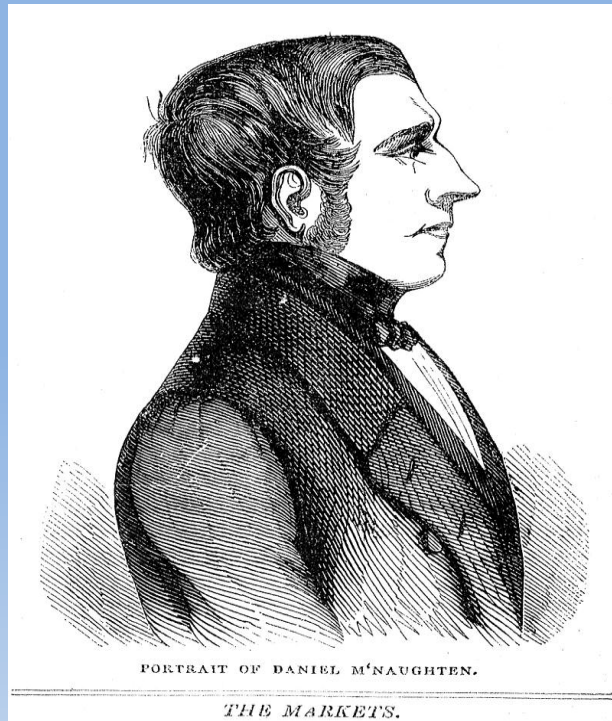
1. Unsoundness of mind must exist at the time of committing the crime, subsequent insanity is no excuse
2. Unsoundness of mind must be to such an extent as to render the insane person incapable of knowing the nature of act or that the act he was doing was wrong or contrary to law.

MCNAUGHTON'S RULE

MCNAUGHTON'S RULE: The answers given by the 14 English judges on 19th June, 1843 in connection with the case of McNaughton are known as McNaughton's Rule.

On 20th January, 1843, one person named Daniel McNaughton, under delusion of persecution shot dead Mr. Drummond, the private secretary of Sir Robert Peel, Prime Minister of England. In fact, he wanted to kill Sir Robert Peel but since he could not identify him properly, he shot dead Mr. Drummond by mistake. He was later arrested and sent to prison. Since he was insane and there was no English law at that time to fix criminal responsibility of an insane, a committee of 14 judges were constituted to frame law which resulted in “McNaughton's Rule” or “Legal Test” according to English law which states as follows:

Daniel McNaughton



MCNAUGHTON'S RULE

Important point of these rules:

- An accused person is not legally responsible if it is clearly proved that, at the time of committing the crime, he was suffering from such a defect of reason from abnormality of mind, that he did not know the nature and quality of the act he was doing, or that what he was doing was wrong.
- The legal test has also been accepted in Bangladesh as the law of criminal responsibilities and is included in section 84, B.P.C. Which is as follows-

“Nothing is an offense which is done by a person who, at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of act or that he was doing what is either wrong or contrary to law”

Some recent guidelines

One of the major defects in the M'Naughton's Rule, is that, from deciding that a person is insane, only cognitive (intellectual) faculties are taken into consideration, whereas emotional factors, hallucination and the ability of the individual to control the impulse (resistible impulse) are not considered. So, these neurotic disorders are not given any importance. Some western countries have taken this into consideration and have formulated some guidelines. Some of them are known as:

- Durham Rule (1954)
- Curren's Rule (1961)
- American Law Institute Test. (1970)
- The Brawner rule (1972)

Durham Rule (1954)

The Durham rule states that **“An accused is not criminally responsible if his unlawful act was the product of mental disease or mental defect”**. The Durham rule was eventually rejected by the federal courts, because it cast too broad a net. Alcoholics, compulsive gamblers, and drug addicts had successfully used the defense to defeat a wide variety of crimes.

The federal insanity defense, established by the Comprehensive Crime Control Act, now requires the defendant to prove, by **"clear and convincing evidence"**, that **"at the time of the commission of the acts constituting the offense, the defendant, as a result of a severe mental disease or defect, was unable to appreciate the nature and quality or the wrongfulness of his acts"**.

Curren's Rule (1961)

- **An accused person will not be held criminally responsible, if at the time of committing act, he did not have the capacity to regulate his conduct to the requirement of law, as a result of mental disease or defect.**
- As per Curren's rule, it was contested that, at the time of committing the criminal act, a person may have the knowledge that what he was doing was wrong but he neither had the capacity nor the will to control (adjust) his act. Therefore such person should not be held responsible.

Testamentary capacity & Will

Testamentary capacity: It is the mental capacity of a person to make a valid will.

Will: According to section 31, B.P.C. Will denotes any testamentary document.

Requirements for testamentary capacity:

- A written and properly signed and witnessed document must exist.
- The testator must be a major and of sound disposing mind, at the time of making will.
- Force, undue influence or dishonest representation of fact should not have been applied by others

Testamentary capacity & Will

Role of a doctor in such a case:

- The doctor himself should be note the history of illness
- He should undertake physical examintaion as well as examination of mental state of the patient.
- Laboratory investigation are to be done, if necessary.
- The doctor should make the testator enumerate the amount of his property, the name of his relatives and other to whom he has left his legacies.
- He should make the testator repeat the main provisions of his will.
- He should be confirm that the testator knows the nature of the will & realizes its consequences and he is not influenced by any insanedelusion in deposing of the property.
- It is also his duty to find out if the testator is under the influence of some person.

Psychosis

Psychosis: Psychosis is a condition characterized by withdrawal from reality, living in a world of fantasy.

Presenting features:

- Deterioration in the personality and progressive loss of contact with the reality.
- Such person oncorrectly evaluate their accuracy of their perception and thoughts and make incorrect inferences about external reality.
- Delusions and hallucinations are common.
- Psychosis may occer in epilepsy and pregnancy.

Psychosis

Drugs/ substances cause psychosis:

- Alcohol
- Opioid: Morphine
- Cannabis
- Cocaine etc.

Psychopath

Psychopath: Psychopath is a person who is neither insane nor mentally ill, but fails to conform to the normal standards of behavior. It refers to individuals who have psychopathic personality. They are usually antisocial and have long criminal records. They have no remorse feeling and are not amenable to counseling. Some of them have extra Y chromosome in their chromatin.

Psychopathic killer: The killing may be unintentional due to loss of control. Over-controlled murderer is one who has high level of control over his aggression, but commits a murder due to an explosive response. After the aggressive act, he returns to his rigidly controlled behaviour.

Neurosis

Neurosis: Neurosis is when a patient suffers from emotional or intellectual disorders which causes subjective distress, but does not lose touch with reality. This occurs mostly in the form of anxiety, depression, hysteria.

It is of following types:

- Anxiety neurosis
- Depressive neurosis
- Obsessive-compulsive neurosis
- Somatization (formerly called hysterical neurosis)
- Post-traumatic stress disorder
- Compensation neurosis.

Difference between psychosis and neurosis

S.NO	FEATURE	PSYCHOSIS	NEUROSIS
1	Contact with reality	lost	Preserved
2	Interpersonal behavior	Marked disturbance in reality and behavior	Preserved
3	Empathy	Absent	Present
4	Insight	Absence of understanding current symptoms	Symptoms are recognised as undesirable
5	Organic causative factor	Present	absent
6	Symptoms	Delusions. Illusions and hallucinations	Usually physical or psychic symptoms
7	Dealing with reality	Capacity is grossly reduced	Preserved
8	Examples	Dementia, Schizophrenia	Anxiety, phobia, depression, conversion disorder

SCHIZOPHRENIA

Eugen Bleuler introduced this term. Literally it means disintegration of mind. Commonly also called ‘split personality’. There is a complete loss of reality.

The exact reason of schizophrenia is not known but it runs in families. Schizophrenia is a major illness. It is quite common in the lower strata of society.

When you speak to God it's called praying, but when God speaks to you it's called schizophrenia.

Symptoms of schizophrenia

First-rank symptoms of acute schizophrenia:

- A= Auditory hallucinations
- B= Broadcasting, Insertion/withdrawal of thoughts
- C= controlled feeling, impulses or acts
- D= delusional perception

Symptoms of chronic schizophrenia(Negative symptoms)

- Flattened affect
- Apathy and loss of drive
- Social isolation
- Poverty of speech
- Poor self-care

Types of schizophrenia

1. Simple schizophrenia
2. Hebephrenia
3. Catatonia
4. Paranoid schizophrenia
5. Schizo-affective psychosis
6. Pseudo-neurotic schizophrenia

Delirium

- It is an acute reversible mental disorder characterized by confusion and impairment of consciousness, disorientation(most commonly time), emotional liability, hallucination, or illusion and inappropriate, impulsive, irrational or violent behavior.
- The mental faculty of an individual does not work properly. It may be seen in high grade fevers or due to overwork, mental stress, acute poisoning(dhatura), chronic alcoholics or drug intoxication.

Medicolegal importance of delirium:

In delirium, a person may commit some unlawful, destructive act for which he is not legally responsible, because delirium is considered as a state of definite mental abnormality.

TWILIGHT STATE

Disturbed consciousness of short duration with hallucination during which the patient may carry out actions of which he has little or no subsequent memory.

Vegetative signs:

In depression, denoting characteristic symptoms, such as sleep disturbance(especially early morning awakening), decreased appetite, constipation, weight loss and loss of sexual response.

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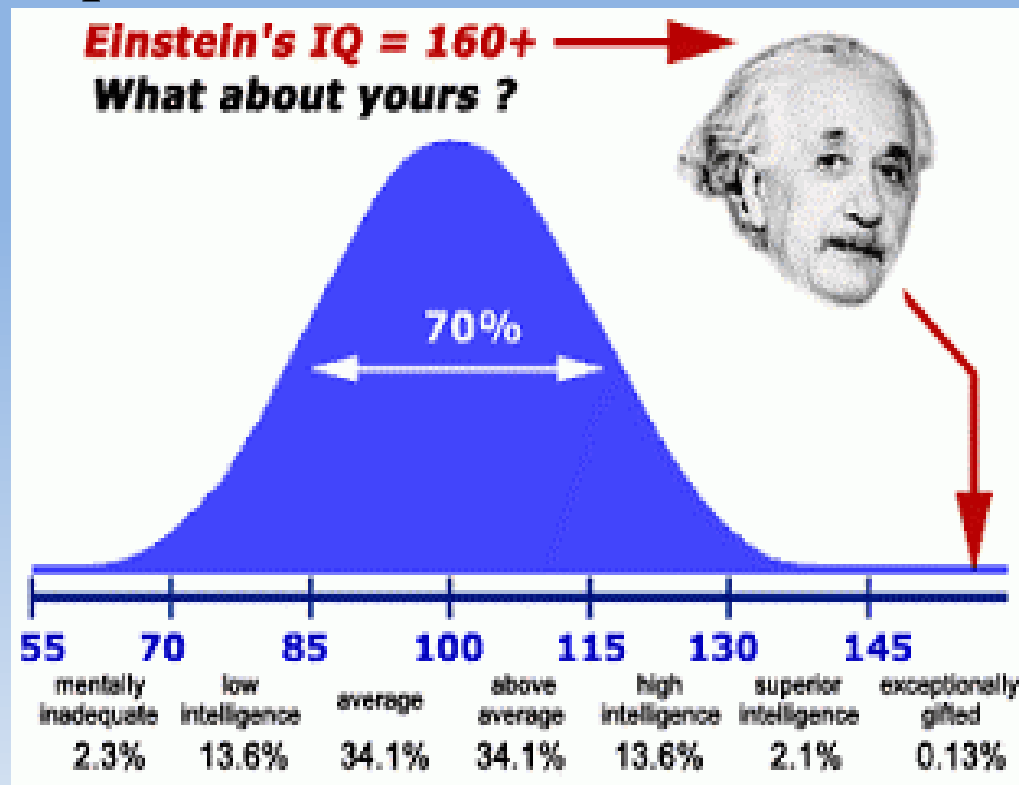
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SOME COMMON PSYCHIATRY TERMS

- **Abreaction:** This is a release phenomenon where old, forgotten things or events are brought into conscious state again. As an example, consider someone who has been physically abused who responds to a raised hand by cringing even though the other person's intent was to brush away a stray thread.
- **Affect:** It is commonly called mood or feeling.
- **Amnesia:** Loss of memory about a person or event is called 'amnesia'.
- **Aphasia:** Loss of sensory or motor ability to express by use of speech or writing is called 'aphasia'.

SOME COMMON PSYCHIATRY TERMS

BINET-SIMON TEST: It is done to determine the intelligent quotient of an individual.



SOME COMMON PSYCHIATRY TERMS

- **Phobia:** Phobia is an excessive or irrational fear of a particular object or situation

Types:

1. Acrophobia: Morbid fear of high places.
 2. Agarophobia: Fear of being in a large open space.
 3. Nyctophobia: Fear of darkness.
 4. Claustrophobia: Fear of staying in a close or confined space.
 5. Mysophobia: Fear of filth or contamination.
 6. Xenophobia: Fear of strangers etc.
- **Parasuicide:** It is a conscious often impulsive, manipulative act, undertaken to get rid of an intolerable situation. (attempted suicide or pseudicide)

SOME COMMON PSYCHIATRY TERMS

- **Somnambulism:** This is also called ‘sleep walking’. A person may move around while asleep and may commit some crime or theft, and then come back normally. He may not be aware that he has committed a crime. He will not be held responsible if it is proved that he has done this act while asleep.
- **Somnolentia/ sleep drunkenness:** It is a state of mind when a person is in a condition in between sleep and wake, characterized by sudden arousal from deep sleep and behaving very abnormally for a very short period (for few minutes) even performing some violent act without awareness and understanding.

SOME COMMON PSYCHIATRY TERMS

- **Necrolepsy:** Necrolepsy is sudden and irresistible desire to sleep during daytime.
- **Hysteria:** It is characterized by self-dramatization, excessive emotionality and attention seeking behaviour. Egocentric and demanding interpersonal relationship are typical of this condition.

Thanks to all