Amok Syndrome. Qualified Perspectives on an Aggressive Reaction of Pathological Impulsiveness in The Perpetration of a Double Crime with a Firearm.
ASEAN Journal of Psychiatry, Vol. 22(S1), October-November 2021: 1-5

CASE REPORT

AMOK SYNDROME. QUALIFIED PERSPECTIVES ON AN AGRESSIVE REACTION OF PATHOLOGICAL IMPULSIVENESS IN THE PERPETRATION OF A DOUBLE CRIME WITH A FIREARM

Bernat-N.Tiffon*#, Jorge González Fernández*

#Department of Legal Psychology, UniversitatAbatOliba, Department of Criminal Psychology, ESERP Business & Law School, Barcelona, Spain
****Department of Legal Medicine and Forensic Sciences, La Rioja Institute, La Rioja, Spain**

Abstract

Westermeyer defined Amok Syndrome in 1972 as a culture-bound syndrome consisting of a sudden and spontaneous explosion of wild rage, which causes the affected person to run wildly and if armed, indiscriminately attacks, wounds or kills anybody that appears in their way, until the subject is immobilized or commits suicide. The episode of homicidal attack is usually preceded by a period of worry, grief, and moderate depression; after the attack, the person is exhausted, sometimes with complete amnesia and eventually, but not always, ends up killing themselves. This article describes the case of a subject who, without a word, spontaneously and impulsively kills two subjects with a long-range firearm (shotgun). The concepts of pathological impulsivity of Impulse Control Disorders, Intermittent Explosive Disorder and the concept of "acting out" are reviewed, in order to explain the criminal behavior of the aggressor, which would be compatible with the concept of Amok Syndrome described by Westermeyer. ***ASEAN Journal of Psychiatry, Vol. 22 (S1): October-November 2021: 1-5.***

Keywords: Pathological Impulsiveness, Double Crime, Amok Syndrome, Acting Out, Psychological Evaluation

Introduction

The WHO describes Amok Syndrome as a random episode, apparently unprovoked, of a behaviour that is deadly or harmful to others, followed by amnesia or exhaustion, which is often accompanied by a move towards auto destructive behaviour that can lead to self-inflicted injuries or amputations and even suicide.

For Westermeyer, it is a syndrome linked to culture and consists of a sudden and spontaneous explosion of savage fury, which makes the affected person run crazily and indiscriminately attack, wound or kill anybody who appears in their way, until the subject is immobilised or commits suicide. In general, the episode of homicidal attack is preceded by a period of worry, sorrow, and moderate depression; after the attack, the person is left exhausted, sometimes with complete amnesia and eventually, although not always, it ends in suicide.

One of the elements that can be a trigger for such aggressive behaviour is pathological impulsiveness. For Barratt, Stanford, Kent, & Felthous [1], impulsiveness is defined as a predisposition to carrying out rapid actions without thinking, in response to internal and/or external stimuli, in spite of the possible negative consequences as much for the person themselves as for third parties [2]. Impulsiveness is described by other authors as a psychobiological tendency that predisposes one to a spectrum of behaviours

more than just one action in particular [3]. For these authors, individuals with high impulsiveness can be analysed on:

- A behavioural level, in which a reduced sensitivity can be observed with respect to the negative consequences caused by their actions, such as an elevated speed of reaction that would not permit an adequate processing of information, regardless of whether they be internal or external stimuli.

- A social level, where impulsiveness is understood as a conduct developed in a family environment, in which the child has learnt to react rapidly to obtain what is desired. Such conduct implies risks, and its consequences are not considered by the individual, neither for themselves, nor for third parties [4,5].

The Case

The present case deals with a 29 year old male, who, in January 2017, while involved in small game hunting, is intercepted by two rural agents, in the face of which, without so much as a word between victims and aggressor, reacts violently and impulsively in "acting out", perpetrating the homicide of both, discharging two cartridges from his shotgun at each one of his victims. In the course of the attack, the aggressor reacted instantaneously to load the chamber of the shotgun with a fourth cartridge, given that the weapon only carried three [6].

Immediately afterwards, as he became aware of his actions, repentant, he turned himself in to the police voluntarily, whereupon he was arrested.

Various experts, mental health professionals [7], attended the trial and gave their distinct viewpoints to explain the impulsive pathological conduct that could be compatible with the Amok Syndrome.

According to the sentence handed down by the Provincial Court, the consultant psychologist indicated that, "the accused suffers from a disorder of the habits and control of his impulses, expressed as an intermittently explosive disorder, the expert relating in the hearing that there doesn't exist objective data to reach said conclusion, but that they are dealing with a retrospective evaluation in the time that it has taken to consider that the accused displays a compatibility with said disorder, being a pathological impulsiveness". The sentence went further, to point out that, in the words of the consultant psychologist, the aforementioned is "a psychic dysfunction that does not totally affect their capacity for self-government, but is a partial affectation, and that has a base of anxiety, also pathological, with a tendency to act without prior reflection, his reaction being totally random and disproportionate to the stimulus that he receives, which in principle would be harmless". Likewise, and following in the same terms set out in the sentence, it is added that the consultant psychologist expressed the opinion that "said disorder also has a root of emotional instability, with a significant degree of excitability, being able to develop very hostile behavior, as much at a behavioral level as verbal, reiterating that there is not a total impairment of his capacity, but rather an alteration that, as the aforementioned expert stated in the trial, in his opinion it should not have been serious" [8].

The sentence adds that the professional discounts "that the accused had his intellectual and volitional faculties annulled, thus it is evident the inconsistency of the grounds for applying the complete exemption of psychic alteration; but what is more, this second expert witness proposed by the defense [9] stated that the accused did not have a personality disorder, but rather an intermittent explosive disorder, which, also according to him, only partially affected his intellectual and volitional capacity ".

However, and as is clear from the judgment, "intermittent explosive disorder is nothing more than a medical, professional and legitimately considered hypothesis by the defence expert, which in no way can be considered duly accredited, from a strictly legal point of view, as absolutely contrasted, not even minimally, so it can only be concluded, as the Jury did, assuming what the Forensic Doctors said, that at the time of

the facts the accused did not present an alteration of his intellectual or volitional abilities, rejecting as a consequence [10], the application of an exemption or mitigation of criminal responsibility ".

According to the sentence, the consultant psychiatrist stated that the accused knew "the illegality of the act committed, understood its consequences before and after the events, but cannot explain or justify such a disproportionate reaction, so that his conduct could be inscribed within the uncontrolled explosiveness of an epileptic personality, concluding that the accused does not suffer from a diagnosable psychiatric mental disorder that nullifies his volitional or cognitive capacity, but does have an organic personality disorder with an epileptic basis that in his opinion impairs his capacity for analysis and behavioural control, being a chronic diagnosis, which partially compromises their capacity for self-government ".

However, and as stated in the sentence, the Neurological Medical Expert points out that "in view of an electroencephalogram conducted on the accused [11] shows only that the cerebral electrical activity was normal during most of the examination, although several epileptiform discharges lasting two or three seconds were observed in a resting situation, without evident clinical repercussions, which in the event that the patient presented brief disconnection episodes compatible with absences, since childhood, made it highly probable that he suffered from generalized idiopathic epilepsy". The sentence adds that the neurologist considered that "to know if it were epilepsy - at the precise moment the events were committed - a compatible history had to be present, such as seizures or absences, which in this case he was unaware of"; and that "epilepsy cannot simply be diagnosed with an electroencephalogram, which is something complementary, since the diagnosis is clinical, that is, when the patient suffers seizures, falls to the ground or experiences absences".

The verdict of the sentence was to declare the defendant as "perpetrator criminally responsible for two crimes of murder, concurring with the mitigating circumstance of the criminal responsibility of confession, to the penalty, for each one of the crimes, of twenty-two years in prison," being that no type of mitigation motivated by mental disorder was contemplated.

Figure 1: Scene of the double crime

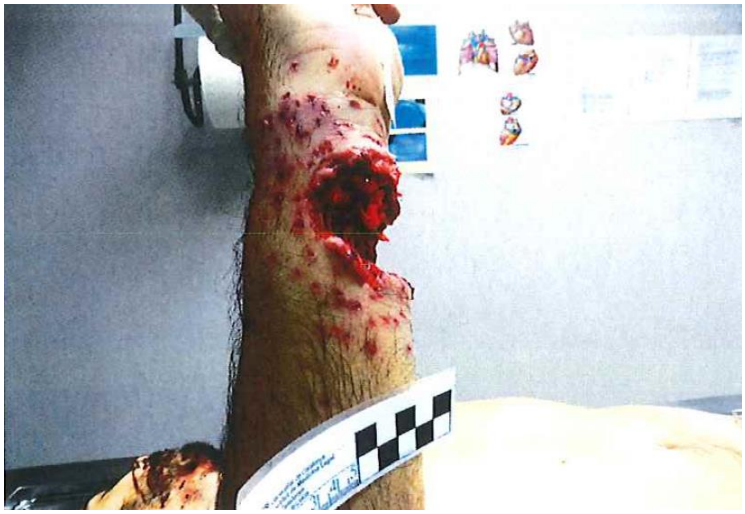

Figure 2: Detail of the right forearm of one of the two victims, which suggests the precise instant of defense in the face of the imminent impact of the firearm

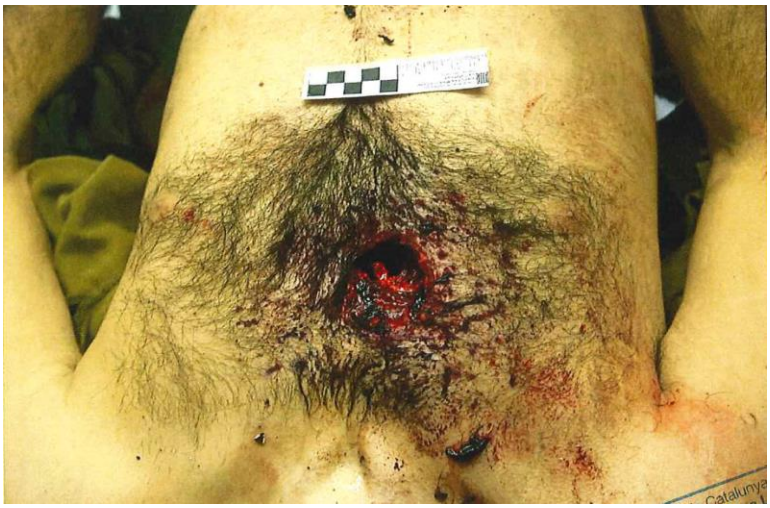

Figure 3: Detail of the impact of the shot in the thorax of one of the victims

Discussion

In general terms, in violent crimes perpetrated by subjects with pathological impulsivity, there are no conditions for an attenuation of the sentence, if there is no other type of mental disorder of a serious nature.

Intermittent Explosive Disorder is a disorder characterized by impulsive aggressiveness, possibly related to a dysfunction of the brain mechanisms responsible for the inhibition of impulses [12]. This would be compatible with a pathological and/or dysfunctional neurological basis that is difficult to detect or appreciate, as long as a manifestation of said behaviour is not clearly observed.

From a judicial-legal point of view, pathological impulsivity supposes a partial or significant rupture, if not total, of the inhibitory mechanisms of behaviour, negatively influencing their cognitive abilities and at the same time their volitional-motivational abilities (which would already be affected by their Impulse Control Disorder, in its Intermittent Explosive Disorder mode).

Following the violent aggressive-impulsive act, the subject presents a state of dissociative amnesia in which they refer to not remembering how and in what way their behaviour came about and/or showing repentance. In other cases, it can lead to suicidal behaviour.

The psychic characteristics previously described are compatible with Amok Syndrome, as described by Joseph Westermeyer and exposed in the introduction: sudden and spontaneous reaction, with an explosion of wild rage that led to indiscriminate homicides of those who appeared in their path.

From the point of view of Forensic and Criminal Psychopathology, this case highlights the great difficulty of practicing a retrospective forensic evaluation of the acting out phenomenon in Amok Syndrome, and that, in order to conduct a correct diagnostic approach, the consultant psychologist or the coroner must carry it out indirectly, guided by the instruments of psychometric assessment available, among which none are specifically applicable to the syndrome in question.

References

1. Barratt ES, Stanford MS, Kent TA, Felthous A. Neuropsychological and cognitive psychophysiological substrates of impulsive agression. Biological Psychiatry. 1997; 41(10): 1045-1061.
2. Barratt ES, Stanford MS, Felthous AR, & Kent TA. The effects of phenytoin on impulsive and premeditated aggression: A controlled study. Journal of Clinical Psychopharmacology. 1997; 17(5): 341-349.
3. Squillace M, Picón J, Schmidt, V. "The concept of impulsivity and its location in psychobiological theories of personality". Latin American Neuropsychology Journal. 2011; 3(1): 8-18.
4. Bobes J, González MP, Sáiz PA, Bascarán MT, Bousoño M. "Basic instruments for the practice of Clinical Psychiatry". Editorial Novartis Pharmaceutical, S.A. Madrid. 2000.
5. Millon T, Grossman SY, Millon C. "Manual MCMI-IV. Millon-IV Multiaxial Clinical Inventory". Madrid. Pearson Education. 2018.
6. Moeller G, Barratt E, Dougherty D, Schmitz J, Swann, A. Psychiatric aspects of impulsivity. American Journal of Psychiatry. 2001; 158: 1783–1793.
7. Orozco-Cabal FL, Barratt ES & Buccello, RR. Implications for the study of the neurobiology of conscious experience. Neurobiology of conscious experience: Implication of impulsive behavior. The impulsive act. Latin American Journal of Psychology. 2007; 39(1): 109-126.
8. Tiffon BN. "Study of a case of intermittent Amok syndrome and pathological impulsivity". Minutes Book XI International Congress of Legal and Forensic Psychology. 2018.
9. Tiffon BN, Cols Y. "Practical-Criminological Atlas of forensic psychometry: Murders". J.M. Bosch Editor. 2019.
10. Tiffon BN. "Criminal and forensic psychology of a case of filicide by decapitation of a minor". Journal of Forensic Medicine. 2021; 6(3).
11. Tiffon BN. "Atlas of forensic criminal psychology". Taylor & Francis Group-CRC Press. USA. In press. 2021
12. Zapata JP, Palacio JD. Intermittent explosive disorder: A controversial diagnosis. Colombian Journal of Psychiatry. 2016; 45(3): 214-223.

Corresponding author: ***Bernat-N.Tiffon, Universitat AbatOliba, ESERP Business & Law School, Barcelona, Spain.***

Email: btiffonn@uao.es

Received: 25 October 2021 Accepted: 25 November 2021