CASE REPORT

SECOND OPINION ON INSANITY PLEA IN A MURDER AND ATTEMPTED SUICIDE CASE: A CASE REPORT

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Abstract

Objectives: **This paper aims to discuss the issue related to the application of temporary insanity plea through a case report of a man who was earlier certified as mentally sound following a murder and suicide attempt.** ***Methods:*** **We report a man who committed murder and attempted suicide 7 years ago, had a psychiatric certification of not having mental illness and recently requested for a second psychiatric assessment. The factors taken into consideration in arriving at the final diagnosis are discussed.** ***Results:*** **The man was found to have brief psychotic disorder precipitated by psychological blow and sleep deprivation with underlying undiagnosed borderline mental retardation.*Conclusion:* In assessing patient with temporary insanity plea, various areas in the history need to be explored deeply with thorough investigations to be done in order to arrive at a fair conclusion for the patient's and victim's sake.** ***ASEAN Journal of Psychiatry, Vol.12(1): Jan – June 2011: XX XX***

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Introduction

Insanity is "a legal term of mental illness in such degree that the individual is not responsible for his or her acts" [1]. Temporary insanity, as the name implies, applies to the time period during the occurrence of the crime after which the person recovers his/her sanity. It is still a debatable concept and it is a "greatest single cause for continuing battle between the law and psychiatry" [2]. As to what type of illness temporary insanity could be applied to, there has not been a clear delineation but brief psychotic episode [3] and automatism [4] are diagnoses in which the concept can be used. This paper aims to look at the factors influencing insanity plea in a man charged for a murder and suicide attempt.

Case report

Mr. ABC is a 31 year old Chinese man who was admitted to our centre in January 2010 after being charged under the 342 Criminal Procedure Code (CPC); 302 penal code for stabbing her girlfriend 16 times to death and 309 penal code for attempted suicide on 6th September 2004 at 6.30am. It is all started when the victim sent an SMS to the patient telling him she

wants to break up with him after being in the relationship for 3 months. Following that, she did not respond to any of his SMS or phone calls. There was no argument or abnormality noticed by the victim's family for both the victim as well as patient on the day before the incident. Patient was very disturbed as that was the fourth time the victim tried to break up with him. She was also the fourth girl who did this. He then made an impulsive decision to kill himself in front of her to prove his love for her. He took a paring knife, put it in his pocket, and walked to the girl's house which was 30 minutes away. It was spontaneous and without specific plan. The security guards noticed him entering the apartment area but did not stop him as they thought he was a visitor. He was pacing along the corridor that night on the 4th floor of the apartment while the victim's house was on the 2nd floor. He claimed his emotion was numb and was unable to describe it. He was exhausted for not sleeping for almost 24 hours at that time but still found himself to be alert.

After a few hours, he started to experience derealization symptoms and soon he experienced auditory hallucination of an old man telling him to instead of killing himself he should kill his girlfriend together with him. He also had auditory hallucination of a group of 7 other men telling him not to do both. He was torn and distraught with the voices, when he then heard someone unlocking the door and walked towards the stairs where he was at. As he stood up he saw the victim in her school uniform (on her way to school) looking at him. He denied any anxiety, anger or sadness when he saw his girlfriend and that was the last thing he remembered.

What comes after was, he had slashed his own throat and stabbed his abdomen but was still alive. The girl had died lying in a massive pool of blood beside him. He tried to stab himself again but he was stopped by a neighbour. He was brought to the hospital, subsequently undergone several surgeries as he was severely injured and was put on tracheostomy. The hallucination of the 8 voices persisted for sometime before it gradually disappeared but patient was unsure of the duration. He was sent to the prison after discharge from ward. He was diagnosed to have Major Depressive Disorder in a government hospital in 2005 after he attempted suicide in the prison. Later in 2009, he was sent for forensic assessment for temporary insanity plea to a mental institution in which the final report concluded that he had no mental illness.

He had no criminal record prior to the crime. There was also no known family history of mental illness. His mother was abusive and abandoned the family when he was 2 years old. The father was never around. He was taken care of by his paternal grandmother, who was also caring for his sister and other cousins. During his schooling age, he was very poor in academic and was socially inept. He had few friends and the teacher used to tell him that he was stupid. He stopped schooling at the age of 13 years old and started to work. At 18 years old he went to work in Singapore. He worked there for a year before he was forced to quit after he acted out by pouring an unknown solution taken from the factory into a co-worker drinking water secretly after an argument, which to him was just a prank. He then came back to Kuala Lumpur. He had a few jobs and his last job was as a mobile phone sales person which he did for a year until the incident and he was renting a flat with a co-worker.

He had four love relationships since he was 18. He was in the first relationship at that time. The second and third relationship was a year before the incident when he was 24 years old. All his girlfriends were 16 years old when they were in relationship with him and all

decided to leave him after some time. There was no sexual contact with the four girls but he did have protected sex occasionally with prostitutes. He did not take the first three relationships seriously and had childish behaviour when he made prank phone calls or put up nasty notes about the girls in public area near the girls' houses which he claimed was done just for fun. The victim was the fourth girlfriend and she herself had tried to break up 4 times before the incident. The patient views the fourth relationship differently in the sense that he had deep emotional attachment to her. She showed concern, motivated him and was always there for him. However, the patient started to become too attach to the victim and the victim admitted to her friends that she felt "suffocated" with the relationship leading to break up attempts but the patient refused to let her go. He was also advised by the victim's parents on this, but still no changes. In this patient abandonment and rejection is a recurrent theme in his life, from maternal rejection, to his father leaving the family, grandmother's divided attention, friends' and teachers' rejection and the multiple rejections in his love life.

Mental state examination shows a cheerful young man, smiling most of the time, speaks with limited vocabulary in Malay language, used simple Cantonese mostly and was translated to Malay. Rapport was established and maintained. There was no abnormality in speech and mood and no thought and perceptual disturbance detected. Cognitive wise, he could not perform simple mathematical equation, could not read. His judgment and insight was also found to be poor as for someone who is facing death penalty, he volunteers a lot of information as if he is not aware that it can be used against him such as his impulsive behaviour after ending relationship and him pouring the unknown solution into his co-worker's drinking water. Physical examination reveals no abnormality except for a horizontal scar on the neck with a tracheostomy scar, and a vertical scar on his abdomen.

All the biological investigations were normal. Weschler Adult Intelligence Scale – third edition (WAIS-III) was performed by a clinical showed he had borderline mental retardation; with poor logical abstract reasoning, inflexible thinking, low adherence to conventional standards of behaviour, poorly developed conscience, poor judgment and impulsive. Social investigation was also done by corroborative history from patient's family, his previous employer, and victim's family. We also reviewed the case investigation reports from the investigating officer. All these social investigation results have integrated in this case report.

Discussion

In view of all the information gathered, we arrived at the diagnosis of brief psychotic disorder with borderline mental retardation. A number of factors are considered in discussing his temporary insanity plea. It was a difficult task assessing insanity in a legal case especially after the crime had happened 7 years ago. There are issues of validity of information to arrive at a diagnosis in the report.

Intelligence quotient (IQ) assessment confirmed he had borderline mental retardation. The reason it was done based on the outcome of the social investigation suggesting his poor social skill and low intelligence, combining with poor cognitive function and poor judgment elicited in the ward. We also think of the possibilities of the patient having brief psychotic disorder. Karl Jasper in 1913 described that an identifiable traumatic stressor with a close relationship between psychosis is an essential feature in diagnosing reactive psychosis [5]. Sleep deprivation defined as the lack of "four

hours of continuous sleep during the preceding 24 hours" [6] also contribute him to develop the psychotic episode. Sleep deprivation has been known to cause derealisation, psychosis [7], difficulty in thinking and recent memory deficit [8], as what experienced by the patient.

Another issue that we consider is automatism. "Automatism can be broadly defined as a state in which an individual's mind does not accompany his or her physical bodily actions" [9] and the patient did describe his inability to recall what had happen. His condition does fit automatism description. Throughout history, there are a lot of murder cases using insanity plea based on "psychological trauma (psychological blow) automatism [9], leading to dissociated states in which violent acts can occur has been accepted by the courts as a form of sane automatism" [10]. However, for this factor, is also it is a self proclaimed and cannot be confirmed.

In conclusion, doubtful factors are still present at the end of our assessment as his psychotic symptoms and memory loss experienced by the patient are self proclaimed and there was no witness during the crime. However other aspects that we have discussed are also cannot be ignored, leading to our conclusion. We as doctors gave our expert opinions on the case and later the judge will decide whether these factors are beyond reasonable doubt before giving out the verdict.

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