

CASE REPORT

ALCOHOL CONSUMPTION AND INTENSIFICATION OF PARANOID TRAITS IN ATTEMPTED HOMICIDE

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Abstract

There is strong evidence that paranoia can be an existing trait in the general population as a continuous dimension ranging from minimal levels to paranoid personality traits, and that at its maximum expression could take the form of disabling psychotic disorders such as delusional disorder or schizophrenia however, and according to Caviedes, GEC and Yonfá, EDA. Here are studies in which the existence of comorbidity between paranoid, borderline, antisocial and histrionic personality and problematic alcohol consumption is mentioned which in psychopathological terminology is called dual pathology (comorbidity of mental disorder and toxic consumption). *ASEAN Journal of Psychiatry, Vol. 22(4): June 2021: 1-5.*

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Introduction

There is strong evidence that paranoia can be an existing trait in the general population as a continuous dimension ranging from minimal levels to paranoid personality traits, and that at its maximum expression could take the form of disabling psychotic disorders such as delusional disorder or schizophrenia [1]; however, and according there are studies in which the existence of a comorbidity between paranoid, [2] borderline, antisocial and histrionic personality and problematic alcohol consumption is mentioned [3] which in psychopathological terminology is called dual pathology (comorbidity of mental disorder and toxic consumption).

Literature and clinical-psychopathological doctrine have described alcoholic celotypy, or alcoholic celopathy, as a typical manifestation of the alcoholic patient. This clinical condition has not been studied much, with few studies in this group [4].

According to this clinical manifestation of patients suffering from alcoholism is considered as an expression of fear and overvalued ideas with complexes associated with an intense psycho-emotional load, without strictly speaking reaching a pathologically delusional content [5]. For a previous diagnosis of a pattern of abusive and/or chronic alcohol consumption is necessary to guide the diagnosis towards chronic alcoholic delirium [6].

On many occasions, this typology of the profile of subjects affected by alcoholic celotypy presents - from the judicial-legal point of view a pathological impulsivity, "acting-out", that supposes a partial and/or significant rupture, not total, of the inhibitory mechanisms of behavior, negatively influencing their cognitive abilities and, at the same time, their volitional-motivational abilities [7].

The Case

The case deals with a 72-year-old man, with a psychological/ psychiatric history of a major depressive disorder with psychotic features, who maintained an affective-emotional relationship with a woman around the same age. Although they maintained this relationship, she had a more independent lifestyle and used to travel without the company of her partner. During the night the events occurred, they had dinner, and she recounted the experiences of her last trip enjoying a stay in a tropical country, which raised the paranoid suspicion of the aggressor that her partner had gone to that country for reasons of sexual tourism.

The aggressor reported that he consumed a lot of alcohol during dinner (about 6 glasses of whisky) and that he developed, throughout the night, an obsessive cognitive state with thoughts of a celotypic-paranoid type in relation to an alleged infidelity on her part during her stay in that country. Due to the above, and it then being very early in the morning, the aggressor goes to the kitchen, collects various knives and returns to the bedroom, where he perpetrates the attack on his partner.

The victim manages to get away from her aggressor and he collapses into a dejected state with a strong feeling of repentance, imploring the victim not to report him to the police. The medical services, on seeing the injuries to the neck and arms of the victim, initiate the judicial protocol and observe injuries whose origin is compatible with an intentional aggression. Next, and in light of the protocol initiated by the medical health entity, the judicial authority decrees the arrest of the aggressor and that he placed into preventive detention without bail.

The subject stated that he had consumed alcohol between the ages of 18 and 34, with a behavioral pattern of use and abuse. He added that he had maintained a period of abstinence, but that as of 2017 he had started the pattern of abusive and addictive consumption again.

The examination carried out with the administration of psychological tests suggests scores compatible with a Paranoid Personality Disorder (MCMI-IV: TB=94). Likewise, the subscale "Dynamics of thoughtlessness (step to act)" belonging to the "Antisocial" scale of the same psychological test (MCMI-IV), presents a score TB=80 that suggests that the subject usually develops behavior's without applying a process of previous reflection. The subscales of the Grossman Paranoid Scale of Facets present significant scores in the three dimensions, allowing it to be established that they are an expressively defensive subject (TB=95), cognitively distrustful (TB=85) and with projection dynamics of their own cognitive distortions (TB=85).

These scores are compatible with some basic paranoid type personality traits - personality disorder that, when combined with a high consumption of alcohol, configures a dual pathology, manifesting an exacerbation and/or accentuation of the harmful content of celotypic paranoid type thoughts. This mental state determines that when presenting a malignant cenotaphic "obsessive invasion", they can reach a clinical-symptomatological phenomenology with partial impairment of their cognitive and/or volitional capacities, expressed as an acute psychic state in the form of an emotional fit of rage that would justify the criminological behavior of the aggressor.

Regarding the above, there was a report from the Mental Health Public Services in 2019 that accredits that the subject presented "an anarchistic obsessive personality, with character and sensitive-interpretive rigidity". Along the same lines, there was also a resolution of permanent disability at the level of absolute, from the year 2002, which recognized that the subject had a long-term major depression with psychotic features and a severe case of maladaptation to the socio-labor environment. This documentation accredited the personality traits of a psychotic-paranoid type as clinical antecedents of the subject (Figures 1-3).

Figure 1: Stab wound to the jaw and neck area of the victim

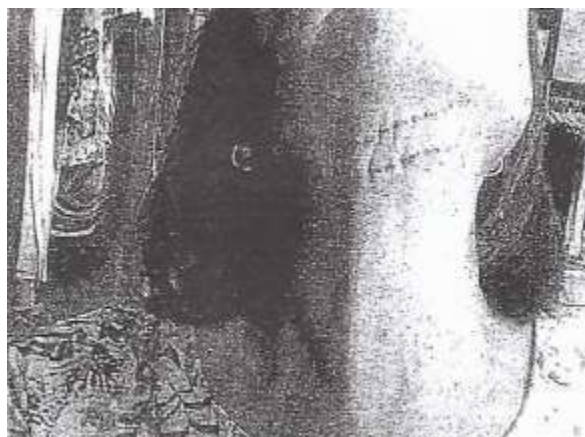
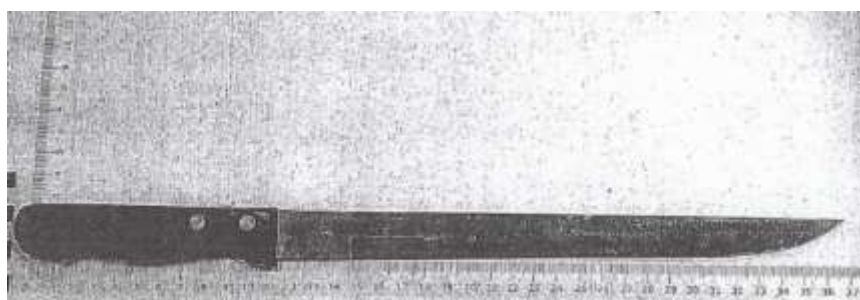


Figure 2: Defence wound on one of the victim's fingers



Figure 3: 37 cm long white weapon used by the aggressor



Discussion

From the point of view of the sentence, and although it acknowledges the existence of a clinical history of alcohol abuse and psychotic symptoms in the subject's past, it does not consider said psychopathological states to be proven in the moments that the events occurred.

It is interesting to note that the sentence states that "the possible paranoid personality disorder that is affirmed in the expert report provided by the defence is based exclusively on the defendant's affirmations of being a very jealous person without a serious or objective diagnostic basis", a statement that is paradoxical when the subject presents a score of TB=94 on the Paranoid scale of the MCMI-IV psychological

test (and the Grossman Facets, previously mentioned).

Despite the fact that a Public Administration entity accredited his psychopathological antecedents in 2002, stating that he had a "long-term major depression with psychotic traits and a severe case of maladaptation to the socio-labour environment", the sentence states that "it doesn't change the fact that jealousy is a trait of the accused's personality without any relevance to the personal responsibility derived from the facts". The sentence continues by stating that "the hypothesis of the defence experts stating that the defendant suffered at the time of the events a paranoid-celotypy with psychotic traits, aggravated by alcohol consumption is denied by the two medical examiners and by the forensic psychologist. No indication has been revealed that the defendant suffered from a psychotic disorder at the time of the events, or that he had undertaken an abusive and exorbitant consumption of alcoholic beverages the night before, circumstances that are ruled out by the result of the test carried out".

That said, and although the absence of any objective data that could prove the state of possible drunkenness of the subject could be undeniable, there was evidence in the documentation obtained in the procedural proceedings, that the subject had a clinical history of psychotic traits that would have been present at the time of committing the illegal acts.

These contradictions highlight the existing distance between both professional disciplines Law and Mental Health Sciences and determine the need for an understanding for the use and applicability of psychological tests in the forensic field with regard to the accreditation of possible psychopathological disorders.

And this acquires a greater importance when, to establish a diagnosis of celotypy or alcoholic celopathy, a previous diagnosis of an addictive behaviour pattern with chronic alcohol use and abuse and an exhaustive exploration of the basic personality are necessary, since this celotypy is found to be more accentuated in subjects with paranoid-type personality traits.

Conclusion

Environmental stressors act on a genetically-determined and environmentally-modulated physical structure that in turn impacts psychological well-being and may cause a psychiatric illness that affects the person's inner world and paves the way for suicide. Alcohol abuse is a means of easing one's psychological stress but, at the same time, impacts on all other factors, rendering suicide more likely. Depression is frequently a precursor of alcohol abuse, but alcoholism may also trigger or exacerbate depression. Suicidal behaviour usually occurs early in the course of mood disorders, but only in the final phase of alcohol abuse when social marginalization and poverty, the somatic complications of alcoholism and the breakdown of important social bonds have taken over.

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