

## **Delusional psychotic disorder, substance use and murder with alevosia and cruelty**

### **Trastorno psicótico delirante, consumo de sustancias y asesinato con alevosía y crueldad**

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#### **ABSTRACT**

A case of murder perpetrated by a subject with paranoid schizophrenia is illustrated and, at the time of the events, he presented an acute psychotic crisis in the absence of antipsychotic medication due to abandonment of treatment. The clinical-symptomatological phenomenology of the perpetrator and the type of psychotic-paranoid thought that he showed at the time of the psychological-forensic interviews are described.

**Keywords:** Psychosis, Murder, Pathological Impulsiveness, Alevosia, Cruelty, Personality Disorder, Substance Use. Cocaine, Cannabis, Psychopathological Tests.

#### **RESUMEN**

Se expone un caso de asesinato perpetrado por un sujeto con esquizofrenia paranoide que, en el momento de los hechos, presentaba una crisis psicótica aguda en ausencia de medicación antipsicótica por abandono del tratamiento. Se describe la fenomenología clínico-sintomatológica del agresor y el tipo de pensamiento psicótico-paranoide que mostró en el momento de las entrevistas psicológico-forenses.

**Palabras clave:** Psicosis, Asesinato, Impulsividad patológica, Alevosía, Crueldad, Trastorno de la personalidad, Consumo de sustancias. Cocaína, Cannabis, Pruebas Psicopatológicas.

#### **1 INTRODUCTION:**

Delusional thinking content must be contextualized within the possible limits, with coherence enough to be acceptable in psychopathological disorders of a psychotic nature (Tiffon, 2021a); being that the subject will proceed according to his disturbance (Grimaldi y Bilbao, 2009 in Tiffon, 2021). Likewise, and about the pathological impulsivity, for Barratt, Stanford, Kent, & Felthous (1997), impulsivity is defined as a predisposition to perform quick and non-reflective actions in response to internal and/or external stimuli, despite the possible negative consequences, both for the person himself and for third parties (in Moeller, Barratt, Dougherty, Schmitz, & Swann, 2001 in Tiffon y González-Fernández, 2021). According to Caviedes and Yonfá (2021), some studies mention the existence of comorbidity between paranoid, borderline, antisocial, and histrionic personality and problematic alcohol consumption (Pérez

Moreno et al., 2014; and Prado Robles et al., 2007 in Tiffon y González-Fernández, 2021), which shows pathological impulsivity from the aforementioned comorbidity.

## **2 THE CASE:**

This case is a 43-year-old male, a native of Barcelona and, single marital status. He is being held as a preventive prisoner awaiting trial at the time the psychological examination is taking place. He refers to having recognized Permanent Disability in absolute degree, since 2007, for Schizotypal and Avoidant Personality Disorder, as well as for cannabis dependence. According to the Inmate's Medical Record dated September 2013 from the Penitentiary Center, there are frequent psychiatric visits during the months of July, August, and September.

The informed had worked as a Seller in a Travel Agency (8 years) and as an IT Agent (3 years).

The purpose of the report is to assess the psychic status of the person informed and make a retrospective approach regarding the events that occurred in July 2013: the crime of murder of a sex professional stabbing her with treachery and cruelty (therefore, without the victim having the opportunity to defend and deliberately increasing the victim's pain, respectively).

According to the latest clinical documentation, the chronology of the same is stated, being that it presents a *“Diagnostic Orientation (DSM-IV): Paranoid schizophrenia of episodic course with residual inter-episodic symptoms. There are previous diagnoses of Schizoid Personality Disorder. His prognosis is severe and chronic. Considering the diagnosis and the course of the pathology, we do not believe that the patient will benefit from an ordinary prison facility and, instead, we believe that he could find improvement in his clinical picture in a psychiatric prison facility”*.

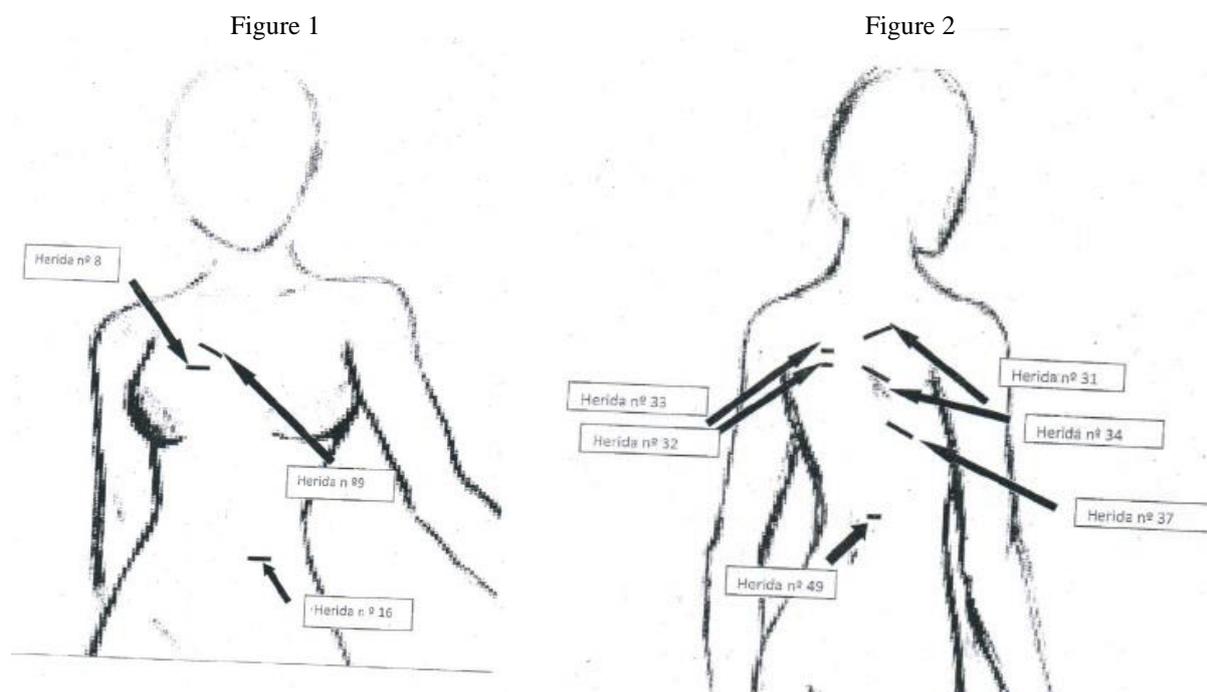
In another report dated July 2013, he was visited psychiatrically in the previously mentioned Penitentiary Center and in whose medical file it is stated that the informed follows: *“Psychiatric controls from the age of 18, self-referential ideas, psychotic distortions of reality, Power beliefs, mind-reading, mystical beliefs (end of the world), dropouts from treatment. He is completely disabled (Schizotypal Personality Disorder, Avoidant Personality Disorder, Social Phobia. Hash Addiction Disorder + Permanent Personality Disorder). Admission to various psychiatric hospitals: Military Hospital. He got rid of Military Service. Frenopathic, day hospital. Fears that the whole world will find out what he has done (dissemination of thought), references that TV and radio talk about him and that the news from the presenters is referred to him”*.

As notable substance abuse habits in his pathobiography, the informed consumes alcohol, cannabinoid substances, cocaine, ecstasy, LSD, amphetamines, and Speed. As notable toxic habits in his pathobiography, the informed consumes alcohol, cannabinoid substances, cocaine, ecstasy, LSD, amphetamines, and Speed.

Regarding this last section on the consumption of toxins and as stated in the report of the Chemistry Service of the National Institute of Toxicology and Forensic Sciences (Ministry of Justice), it follows that “(...) in the analyzed hair the presence of cocaine, cocaethylene, and caffeine. “

Criminal-criminological behavior was the result of a set of basic psychopathological factors that acted as prior conditioning factors in the previously described behavioral materialization (Tiffon, 2021b).

The following Figures 1 and 2 show the forensic diagrams where the fatal incised and stab wounds of the victim materialized (Tiffon, 2017):



### 3 METHOD:

For the preparation of this expert-psychological/psychopathological case, the following methodology has been followed:

- Conducted clinical-expert interview (anamnesis) carried out with the informed person in the Penitentiary Center and held on different dates during the month of December 2013 with an approximate and indicative sum of visiting hours that amounts to between 16-18 hours.
- Analysis of the clinical documentation provided: Psychiatric Report of the Penitentiary Psychiatric Hospitalization Unit (PPHU), Medical-Forensic Report.
- Psychopathological and psychometric evaluation with the following evaluation instruments: MMPI-2, MCMI-III, Salamanca Screening Test, Personality Evaluation Inventory - PAI,

Hamilton Depression Rating Scale, State-Trait Anxiety Inventory, Barratt Impulsiveness Scale, Test AUDIT - Development of the Alcohol Use Disorders Identification Test -AUDIT-), Multidimensional Alcohol Scaling Craving Scale [MACS].

#### **4 RESULTS:**

The results obtained from the different tests administered are compatible with the existence of a delusional psychotic disorder:

Regarding the course and content of the informed person's thinking, the existence of episodes of loss of contact with reality and the presence of psychotic-delusional thinking emerges. He refers that he *"heard 5 voices. Those voices are 5 personalities of myself. I had 5 personalities, each with good and bad. They were like spirits, but they function like people because of their thoughts and the way they speak. The voices told me that I was the reincarnation of Lao Tzu, Saint John the Baptist, a feudal lord from Castell de Cabrera de la Anoaia, Montesquieu, Alexander the Great, Alexander Dumas, the Magician Merlin, and Sigmund Freud. Those voices had already coincided in other lives and we were a team and I was acting on behalf of this team in this life. My mission was to transmit the Word of God in a messianic way"*.

Likewise, there was also a content of thought characterized by the presence of mystical delusions: *"... My mission was to transmit the Word of God in a messianic way..."*. A content of thought characterized by the existence of *"thought control"* (*"I was walking looking at the ground because the voices told me that there was someone with "psychic powers" in the Chinese Mafia within my eyes and they knew what I was doing at all times and that is why I always looked at the ground so that the Chinese would not know what I was doing or where I was going. The Chinese are entities that control my thinking and that I have them inside my eyes and they know at all times what I am doing. I am afraid of the Chinese Mafia since they know everything and they are looking for me"*).

Finally, the informed also said that *"within their eyes"*, *"... there is an entity, the Chinese Mafia, who know at all times what I do and where I am going"*, *"... they see the same thing that I see ..."*.

#### **5 DISCUSSION:**

The reported patient had a psychiatric and psychopathological history since the age of 18, with his main diagnosis being episodic paranoid schizophrenia with residual inter episodic symptoms, even under antipsychotic treatment. Dual pathology of a psychotic-schizophrenic type and dependence on substances, all based on an altered personality Cluster A (Schizotypal, Paranoid and Schizoid).

The diagnoses for which he was treated psychotherapeutically and psychopharmacologically were the following (documented through a public health record):

- Episodic paranoid schizophrenia with residual inter-episodic symptoms.
- Cannabis / Alcohol / Cocaine Dependence Disorder
- Avoidant Personality Disorder (ICD-10 F60.6).
- Schizotypal Personality Disorder (ICD-10 F21).
- Cannabis Dependence Disorder (ICD-10 F19.23).
- Alcohol intoxication (ICD-10 F10.0).

Regarding the facts of the case, it is compatible with the fact that, at the time the facts were perpetrated, the informed person had suffered a psychotic clinical-symptomatological phenomenology with total loss of contact with reality; considering a serious state of psychotic-paranoid decompensation aggravated by the consumption of toxic substances, which could totally cancel his superior mental functions and psychic faculties (cognitive and volitional). It should be noted that he refers and relates - even in a pathological and sui generis way - the distressing events described above, taking into account the date of the abandonment of psychopharmacological treatment for more than six months, as he referred.

That is why, taking into account the clinical diagnosis and the course of the psychopathology described, it was considered appropriate for the patient to benefit from a public hospital clinical-psychiatric penitentiary facility, under strict psychopharmacological control.

## **6 CONCLUSIONS.**

The exacerbation of paranoid traits already suffering from a pathological personality structure, the alteration of mood and emotions suddenly and acutely that gave rise to the impulsive, sudden and immediate behavioral explosion with a high degree of aggressiveness caused by the circumstance that triggered the events, it caused to the informed person to produce a decrease in their cognitive-reflective abilities, and adversely and negatively influencing their volitional behavior and the consequences that it subsequently entailed (Tiffon, 2021c).

The present case illustrates the difficulties existing in this type of psychotic population, due to its forensic psychopathological evaluation and to which we must go back to the moment of the distressing events that occurred, it is always of great professional difficulty.

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