

The Dangerous Mind and violent behavior: The importance of the psychiatric evaluation

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ABSTRACT

Violent behavior affects society in a systematic and uncontrollable way and it has interested many researchers. The biological basis has not been investigated in violent behavior in the same proportion of social, psychological and political bases. In this work, medical-psychiatric procedures of clinical research are proposed to be applied in cases of violent behavior under the inpatient or outpatient care.

Keywords: mind, violent behavior, psychiatric evaluation.

Violent human behavior (VHB) is the subject of great interest and it had been conducted several studies in biology, psychology and sociology (1, 2, 3) to identify its causes. The etiologic spectrum is wide, in which the psychological, criminal, biological, psychoanalytical, sociological, political and even economic elements are valued. All these areas of research have offered theories to explain the phenomenology of aggression. Its assumptions and epistemological structure vary, conditioning complex theoretical contexts, sometimes with difficult application to clinical reality, as observed in the death instinct and aggression, frustration-aggression and the psychological-evaluative and socio-cultural concepts (4, 5).

The socio-psychological view has contributed to a better understanding of the violence phenomenon in a more comprehensive reality area. The scope of the socio-psychological vision (6) has restricted the contributions that other procedures might offer to clarify the issue of violent behavior.

For nearly four decades there was the belief in the possibility of prediction of dangerousness in mental patients (7). Other researchers noted the inability of physicians to predict violent behavior in psychiatric patients (8).

In the 1980s there were several proposals to define safe instruments for assessing the risk of violence by the mentally ill. Despite the development of tools for risk assessment it was clear that such instruments were still inaccurate. But when discussing if the mental patient is or is not dangerous to himself and principally to others there is a discussion about a hospital or strictly medical reality. In some way, it is obvious that there will be fears about the allegedly dangerous behavior of a psychiatric patient (9). The assumption that mental illness does not cause violent behavior is reductionist beyond ideological. This work enhances the clinical history of the subject, before its inclusion in the criminal justice system or forensic psychiatry, that is, before being diagnosed and hospitalized as mentally ill.

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Risk factors and its intrinsic problematic can be identified through tests that are secure qualifiers to such risky behavior, prior to hospitalization in a psychiatric institution without making a diagnosis. These tests are considered in the outpatient care level, as a satisfactory indicator of the occurrence of anomalous behavior conditioned by an organic change.

Clinical experience shows that not always the psychiatrist is asked to give an evaluation on certain violent behavior before of the police intervention and criminal justice. At outpatient public and in private practice psychiatrist often consult patients whose main reason for psychiatric consultation is unexpected conduct, with violence directed to others, and sometimes family members, and on which the individual has not effective control. The psychiatric examination can indicate the risk factors for committing violence, but this medical procedure is usually done at the request of judicial authority after the crime.

Psychiatry, when conferring the patient psychiatric state does not establish cause and effect relations of remote source. The goal is to establish a causal relationship between the criminal act and the occurrence of mental illness. This relationship will be obtained through the psychiatric examination criteria highlighting the clinical-sintomatological evolution and the pre-crime behavior evolution. To some researchers the violent behavior evidences can be identified by examining the patient's life history and mental examination. The life history covers the factors that had interfered in the patient's behavior before the crime that may be permanent social maladjustment, school maladjustment or absence from school, inability to maintain stable and lasting relationships, reactive violent conduct sometimes for trivial reasons, recurrence and history of application of veiled threats or extortion for profit or advantage against people allegedly helpless as children or elderly.

The crime is usually committed with certain aspects not found in the common criminals. Crimes are committed with cruelty and the violence directed

against the victims is conducted by emotional coldness. The authors of this paper observed that in some cases the offenders had a lack of impulse control in the absence of personality disorder, mental illness and addiction to alcohol and drugs. The importance of the psychiatric assessment or examination is necessary in the case of occurrence of violent behavior in psychotic and nonpsychotic. The psychiatric evaluation has two aspects that must be carefully examined. The first is the clinical-symptomatological and the second is the conductal aspect. The assessment of violent behavior risk should use as criteria the two aspects, and one should not exclude the other. The psychiatric clinic is based on two aspects: the symptomatology or psychopathology and the explicit conduct clinically noted. Some authors have questioned the reliability of the clinical trial because the clinical term has no precise meaning, (10) while others have considered some significant risk factors in the clinical point of view (11) and others underscore the psychiatric disorder precariousness when used as a criteria for assessing the risk of violent behavior (12).

The clinical view may contribute to the prevention of HVB, since the risk factors are identified and treated with medical-psychological therapy. Etiopathogenesis of HVB can be evaluated with specific therapeutic applied to each particular case. In clinical practice, explanatory theories of HVB are not valued, whose implementation is problematic. The clinical-psychiatric evaluation of violent or potentially violent behavior keep away the issue of identifying in the individuals, their tendency to violence or crime. The goal is to prevent a recurrence of the conduct through appropriate therapeutic approach to each case. The possibility of avoiding violent behavior recurrence is the imposition of compulsory treatment. Psychiatry as a medical science does not aim to explain behavior in socio-psychological, political, ideological or economic terms.

This explanation must be offered by the human sciences, each one in their level of performance. Psychiatry should only consider such

factors when assessing the patient who committed a violent or criminal act, aimed only to psychiatric diagnosis. The history of aggression in its clinical aspects, shows the structure of the violent act in its own phenomenology. Psychiatry must contextualize clinically social factors or psychological of the act, but must also offer a medical problem view. The individual who committed a violent act may be upgrading difficulties of social interaction by intern motives, but may also present a clinical manifestation of an organic brain dysfunction whose diagnosis is not the key objective of the team that attended him. The clinical evaluation with emphasis on the organic brain should be conducted simultaneously with psychological, social and legal assessment. The complexity of these cases is in the possibility to propose a hierarchy of factors that overlapping each other would be responsible for "explanation" of violent behavior as in cases of sexual and interpersonal violence among adolescents, low socioeconomic status, drug abuse and severe physical punishment within families (13).

The clinical evaluation proposal of individuals who showed violent behavior should include the following stages: 1. Developing behavioral history and/or a history of current aggression. 2. Clinical-symptomatological examination. 3. Electrophysiopatological research. Therapeutic support and systematic monitoring will be established later. The development of behavioral history should cover the current criminal history and previous criminal history of the patient in an outpatient or inpatient level. The criminality with violent components has been partially investigated by clinical psychiatry. There is some heterogeneity in the approach of individuals with explicitly violent behavior. Diagnostic tools have been used in Psychiatry and Psychology in order to obtain reliable clinical-behavioral elements to be applied on delinquents or criminals. In the context of clinical psychiatry investigated cases or submitted to evaluation with clinical or forensic purposes already have a well-defined behavioral framework in pre-psychiatric evaluation level. This fact excludes the self-report type tests, once

individuals with personality disorder are more likely to mask the results of such tests. What matters in these cases is the most consistent diagnosis as possible and that can justify the criminal act in the established conditions by the causal link.

The purpose of this study is to enhance the psychiatric evaluation beyond the symptomatological-clinical criteria and the behavioral criteria. These criteria should be applied in all cases of violent explicit behavior or referred to as threat by the individual, even before the offense. The use of non-clinical procedures, clinical procedures and assessment tools lose their predictive potential when applied to individuals who have already committed crimes or homicides. In these cases, the factors of the life history of individual like social maladjustment, failure or expulsion school, inability to maintain employment, inability to maintain a stable sexual-affective relationship, explicitly or hidden preferences by unconventional sexual ties with exchanging partners by the casual sex criterion, precarious and unstable interpersonal relationships should not be used as evidence of violent behavior because according to supporters of the examination after the crime, only these factors can be modified. However, the emphasis on pre-crime factors is essential for a psychiatric evaluation that values the conduct preceding the crime. The emphasis on the factors of the crime itself, such as details of the crime, emotional state during the implementation of violence, showing lack of control over heteroaggressive impulses does not allow to identify predictors of violent behavior. The post-offense history values violent behavior without adaptation to prison or to custody arrangements in a psychiatric hospital, and recurrence of mental disorder that caused the criminal behavior. The post-offense history can be modified intentionally by the offender to aim reduction of sentence or provisory liberty.

The psychiatric evaluation should use the behavioral and clinical-symptomatological criteria. Both criteria may indicate danger or depending on the examiner clinical experience even predict the recurrence of homicide.

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