INTRODUCTION

In the case law, in cases of aggravated assassination or attempted murder / classified in the legislation in the criminal law of the Republic of Bulgaria, the hypothesis is often raised by both investigative bodies, monitoring bodies / prosecutors / and authorities. performs redress / lawyers / the subject committed such crimes was in a state of physiological or pathological affect.

In short-circuit reactions, affectively highly saturated impulses, generated by appropriate external stimuli, bypass the whole personality and are "resolved" directly in the corresponding motor reactions/ behavior/. They can be elementary and more complex. The elementary can be referred to as the "reflex of apparent death" and "blind escape". [5] With more complex short-circuit reactions operation is carried out again by means of circumvention of the whole person, excluding complex struggle of motifs and antimotifs; however, there is a much more complicated chain of action here. Such is the following case, which is very identical to the case described by Kretzmer, who introduced the concept of "short circuit" in psychopathology [2]:

A.P. is a woman of 58, retired, going to the village to watch her sick mother of 86. Until now, she has maintained a good social life, but when she goes to the countryside with her elderly mother, she isolates herself, neglecting her appearance, who is caring for the farmhouse and her sick mother. One night a house suddenly catches fire. The mother of A.P. suffocates and dies. Subsequently, A.P. shares that in recent weeks, some thoughts came in mind that if all this disappears, she will return to the city and she will resume her social life and everything will fall into place. One night she was tired, and she blackened out, when half the house was burning she became aware and then she felt that she was getting light and started to see everything clearly, there is no memory of how the fire started. It is established that A.P. had caused the fire with a short – circuit reaction. Short-circuit reactions are considered as disorders associated with a volitional act.

Pathological affect refers to disorders of emotions. The pathological affect is essentially a short-term psychogenic psychosis, proceeding with extreme narrowing (to darkening)

THE NEED FOR FORENSIC PSYCHOLOGICAL ASSESSMENT IN RAISING THE HYPOTHESIS OF A STATE OF PSYSIOLGICAL OR PATHOLOGICAL AFFECT IN SUBJECTS WHO HAVE COMMITTED SERIOUS CRIMES AGAINST THE PERSON/ATTEMPTED MURDER OR HOMICIDE/

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DOI: http://dx.doi.org/10.24327/ijrsr.2020.1104.5258

ABSTRACT

The article examines the importance of clinical psychological assessment in the hypothesis raised for the presence of affect in subjects who have attempted murder or made such a pre-trial and trial proceeding. The focus is on what constitutes an affect state, both physiological and pathological, by considering the psychologically legal criteria of these conditions. Options for a thorough clinical psychological study of the condition of affect are discussed and the idea of applying a specialized questionnaire in such cases is presented. The article mentions several forensic cases from the author's practice in support of the hypothesis that it is of great importance to clarify the question of whether or not the perpetrator fell into a state of affect and how this determined his actions.

Key Words:

Forensic Psychology, Clinical Psychology, Pathological Affect, Mental Health,
of consciousness and followed to complete amnesia for the experience. Although it is well established in the literature that pathological affect is mainly observed in psychopathic persons, in subjects with traumatic brain disease and in subjects suffering from epilepsy, it can be concluded from our clinical practice that the pathological affect can also occur in fully structured individuals.

Typically, three phases in the unfolding of the pathological affect can be distinguished: (a) the preparatory phase; (b) the explosion phase and (c) the depletion phase. [1, 3]

In the preparatory phase, after a minor or more significant psycho-trauma (innocent teasing with words or actions, real insult, etc.), there are expressed autonomic disorders - the subject turns pale, begins to tremble, feels dry in the mouth, and breaks the rhythm of his breathing. The facial expression betrays bewilderment, confusion, anxiety, fear. Sometimes for a short time the subject remains "as numb" as a transient psychogenic stupor. In a second stage of this first phase the paleness of the skin changes with a strong red, the person has a threatening expression, eye conjunctivitis also becomes red from engorgement. Consciousness is conquered by only one idea: to take revenge on the offender or the attacker. The blast phase was followed by an attack with a brutal beating or even killing. In the phase of exhaustion, consciousness is clarified. The attack in the second phase is covered by amnesia, but being in the given situation or being a victim, the subject is aware of the act or says that he does not know what happened. At first he is engulfed in apathy, even often falling asleep to his victim. Gradually, sometimes after hours or days the act is realized, the subject cries, repenting, even reactively depressed.

The amnesia for the blast phase in pathological affect is more complete; in some cases, however, the subject has a partial recollection of some moments in the act.

The following is a case of support for the above: It concerns a 33-year-old woman, after a severe beating by her husband, stabs him 52 times in the abdomen, leaves the home and goes to the neighbor's entrance where her friends are completely naked. Her first memory is of a blanket wrapped on her standing in her friends kitchen. During the expert evaluation, it was found that at FA. there is no pathopsychological terrain in both the structure of the personality and its brain structure. She covered all medical and legal and psychological criteria for a pathological condition and was released from criminal liability.

It turns out that the exactness of the experts conclusion is of great importance not only in expert interviews and overall personality assessment [3], relative to the offense and the situations, but the testimony of witnesses who were in close contact during and after the act with the subject, especially with regard to his physical and emotional state, as well as his behavior. A very important need arises here, namely the presence of a clinical psychologist who should be provided in the first hours after the act, which in turn is not specified in the legislation of the Republic of Bulgaria.

Since, in principle, the affect in both varieties is presented as an intense short-term emotional response to a strong provocative stimulus, with the participation of situational factors occurring in individuals with persistent and/or current deficits, against the background of narrow mindedness in difficulty in adaptive control, in some respects to refute some of the claims in this generally accepted definition, namely that we do not always find the clinical phenomenon of affect in individuals with permanent and/or current deficits, and in 30% of cases it is a high differential diff personalities without pathological personality predispositions. The remaining 70% of cases in the course of 20 years of clinical and expert experience are for the benefit of subjects with severe personality pathology, organic brain diseases, local psychogenic syndrome, neurological diseases, somatic diseases with changes in mental functions, physiological affect in psychosis, physiological affect in organic brain diseases with severe deficiency. Of course, we should note the following clinical conditions, which exclude commenting on a state of physiological and pathological affect, namely: the basic anti-sociality of the subject, habitually affective response / high aggressive predisposition / and a state of mind-numbing. What we note is important for practitioners in the field of forensic psychology, who are just being included in teams for forensic psychiatric and forensic psychological evaluation of subjects who have committed serious crimes against a person with a raised hypothesis of a condition of affect. In this connection, the criteria for discussing the affect state must be noted, such as: firstly the affectogenic situation, the basic characteristics of the subject, the situational peculiarities / condition / of the subject, and last but not least - the characteristic course. Of course here we should note the following clinical conditions that exclude commenting on the state of physiological and pathological affect, namely: basic anti-socialness, the subject habitual affective responsive performance / high aggressive predisposition / and state of clouding of consciousness. What we note is important for practitioners in the field of forensic psychology, who are just being included in teams for forensic psychiatric and forensic psychological evaluation of subjects who have committed serious crimes against a person with a raised hypothesis of a condition of affect. In this connection, the criteria for discussing the affect state should be noted, such as: first the affect state, the basic characteristics of the subject, the situational peculiarities / condition / of the subject, and last but not least - the characteristic course.

In many cases with the hypothesis of the presence of affect in the expert study, we only receive data to cover the clinical criteria of only part of the phases characteristic of the physiological or pathological affect. In these cases, the expert comments support the hypothesis that the affective in the full sense of the clinical concept has not developed. When discussing the unfolding of an affect in a subject who has committed a serious crime against the individual, it is necessary to take into account the unfolding or flow of the affect, namely in the initial phase there is a steep increase in intense emotional tension, arousal; expressed disorganization of mental activity; possible distortions of perception and possible impaired orientation for fine details. The actual phase is characterized by sudden, sharp, intense aggressive and/or
auto-aggressive actions; narrowing of consciousness; basic presence in the situation; cognitive impairment; inability to discuss alternative behavior; inadequate control over behavior; blocking coping strategies; vegetative symptoms. In the depletion phase, whose duration is variable, a rapid decrease in nervous tension is observed; fatigue, asthenia; possible sleep; defective memory. In this regard, from our clinical practice, we have observed two cases in which, after committing the crime in the affective state, the subjects were found asleep to their victims, in one case we had multiple stabs with a knife and in the other the use of a firearm. Considering the stages of unfolding of the affect, we should also consider possible late manifestations such as possible subsequent depressive reaction or protective behavior. With regard to late manifestations, we can observe that in our expert practice we have observed both variants of late manifestations, with the higher percentage favoring the phenomenon of protective behavior, in only about 2% of cases we have reported a real depressive reaction. Of interest is the fact, again derived from our expert practice, that in most cases of serious crimes against a person with a raised hypothesis of affection, only a part of the clinical requirements for this condition is covered, i.e., in the deployment of such in most cases only the initial phase and portions of the actual phase take place, and the exhaustion phase remains uncovered, in which case the hypothesis for the presence of this condition or phenomenon is not accepted and confirmed. So, in most cases, it is a short-circuit condition that does not cover the clinical condition for a true physiological or pathological affect. [4]

Interest in the forensic community of psychiatry and clinical psychology is the clinical way of assessing affect. There are several steps that must be missed by forensic psychologists, namely:

1. A detailed and thorough analysis of the situation that led to its occurrence, determination of the degree of conflict character of the situation;
2. Analysis of personality traits / basic and situational / before committing the act; [1]
3. Analysis of the psychophysical state of the subject immediately before and during the act.

In this regard, the experts face the challenge not only to thoroughly acquaint themselves with all the materials collected during the pre-trial investigation - questioning witnesses, witnesses, relatives and relatives of the subject, expert prisoners and other data, but also to prepare a personal profile of the subject in all aspects of its functioning before the incident, which is done through specialized psychological research - cognitive tests; assessment and self-assessment scales for personality, projective testing, EEG and other psychological research. [4] In view of our many years of experience as experts in the field of forensic psychiatry and forensic psychology, it is necessary to create a comprehensive psychological methodology for the exact confirmation or rejection of the hypothesis of affect in subjects who have committed serious crimes against the individual.

It is indisputable the importance of the exact expert psychological opinion for the case law in subjects who have committed serious crimes against the person with a raised hypothesis for a state of physiological or pathological affect. With this in mind, we believe that there is a need to work in two directions - on the one hand, to offer the investigating authorities a methodology or a structured questionnaire to be used in the first hours after the capture of the alleged criminal offender, as well as specialized training the investigative bodies that first make contact with the subject; on the other hand, forensic experts themselves, especially forensic psychologists, should have clear rules and standards for rejecting or confirming the hypothesized state of affect in subjects who have committed serious crimes against the individual. As clinical and case law professionals, we are in the process of developing methodologies in both of the above areas. Steps are yet to be made to vary and standardize these types of methodologies, as well as their widespread adoption in clinical and jurisprudence, to help not only investigative and judicial authorities but also experts in forensic psychology.

References


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