Mania and Crime: A Study of 100 Manic Defendants

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As the diagnostic assessment and pharmacological treatment of mania have advanced during the last fifteen years, mental health professionals have become increasingly interested in the relationship between mania, aggression, and criminality.[1-9] Nevertheless, the actual number of manic criminals who have been studied has been low. Good's[8] review of 23 studies of manic-depressive defendants and criminals between 1918-1974 yielded a combined sample of 268 cases. Ninety-three of those cases were diagnosed as suffering solely from melancholia or psychotic depression, leaving a group of 175 individuals with bipolar or unipolar mania.

A further problem is that there are significant differences in diagnostic practices between studies, across time and across cultures. For example, Good's comparison of eight European studies of psychiatrically referred criminals with eleven U.S. studies demonstrated a significantly higher percentage of diagnosed manic-depressive criminals overseas (8 percent in Europe versus 2.2 percent in the U.S.). If Good's 268 reported cases are limited to American manic criminals for the purpose of reducing cross-cultural effects, the remaining group consists of 38 cases. One purpose of the present study was to expand the pool of American manic defendants so that their characteristics could be more carefully described using a larger, more uniform sample.

A second purpose of the study was to explore the relationship between mania and aggression. Beigel and Murphy[1] have offered evidence suggesting there are two subgroups of manics. One type is elated and grandiose with little paranoid or destructive symptomatology, whereas the other type is paranoid and destructive with minimal euphoria and grandiosity. On the other hand, Carlson and Goodwin,[10] in a longitudinal analysis of 20 manic patients, found that 15 demonstrated assaultiveness or threatening behavior but only during the middle phase of a three phase manic episode. The typical episode begins with euphoria; passes through hostility, anger, and aggression; and ends with panic. Based on these differing results, one may hypothesize either that only a subgroup of manics is aggressive or that most manics are aggressive during some point in their illness.

Method

As a means of studying data on a significant number of imprisoned manic patients, the author determined to review consecutive discharge records from an urban forensic psychiatric ward, until 100 manic cases were col-

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lected. The review spanned an eight year period, 1974-1981, during which there were 5,081 consecutive discharges.

Each of the 100 imprisoned patients had received a discharge diagnosis of manic-depressive illness, manic or circular type. Only those patients whose mental status at interview was consistent with that of a DSM-III manic episode were included in the sample. (Patients whose mental status was depressed rather than manic or bipolar were excluded.)

Each of the 100 manics was an adult male defendant awaiting the disposition of criminal charges against him. The defendants were referred to the forensic ward either by court order or by prison clinicians, for treatment and evaluation of competency to stand trial.

The study was primarily descriptive rather than experimental. Hospital records were examined to determine the personal and demographic characteristics of the defendants, the extent of their past psychiatric and criminal histories, and the types of criminal charges against them. The relationship between mania and aggression also was examined by measuring the severity of the criminal charges using New York State law that rank orders all criminal charges into five categories of felonies plus misdemeanors. Also, prison referrals to the forensic unit were examined to determine the percentage of reports describing assaultive behavior. Finally, a case-by-case investigation was made of the nature and severity of charges against a subgroup of manic prisoners who were described in the records of examining psychiatrists as euphoric and grandiose but not threatening or paranoid. Although these patients presented at interview in a similar manner to the non-violent subgroup described by Beigel and Murphy, it was suspected that their criminal charges might indicate a recent, more violent mental state.

Demographic Characteristics and Past History

The 100 manics obtained from 5,081 consecutive discharges from the forensic hospital unit resulted in a mania ratio of 2.0 percent of examined cases. The mean age of the sample was 37 years. The majority of the prisoners were white, living alone. The racial and marital characteristics of the group are described and compared with Good's sample of ten manics in Table 1. All but one manic defendant had a history of psychiatric hospitalization, and 73 percent of the defendants were previously in prison, as illustrated by Table 2, which compares these results to two other relevant studies.[1,8]

Table 1. Race and Marital Status of Manic Depressive Prisoners.

	Race			Marital Status			
	White	Black	Hispanic	Single	Separated or Divorced	Widowed	Married
Good, 1976	10	0	0	3	1	3	3
This study	60	24	6	39	24	0	14

Table 2. Relation Between Criminal History and Psychiatric History.

	Previously in Prison		Previously Hospitalized	
	Yes	No	Yes	No
Bearcroft & Donovan	2	8	5	5
Good	2	8	7	3
This study	58	22	75	1

Table 3. Type of Offense Among Manic-Depressive Prisoners.

	Public	Personal	Property	Sexual
Bearcroft & Donovan	3	2	4	1
Good	3	4	1	2
This study	5	52	56	6

Table 4. Subtype of Offense.

	Number	Percent
Personal		
Simple assault	18	56
Menacing	8	25
Assault with weapon (no lasting injury)	2	6
Assault: serious injury	2	6
Negligent homicide (car)	2	3
Kidnaping	1	3
Total	32	100
Property		
Breaking windows	15	31
Forcible entry	10	20
Stolen property	9	18
Stolen cars	6	12
Arson	7	14
"White collar"	2	4
Total	49	100
Sexual		
Sexual abuse	3	50
Rape	2	33
Lewd behavior	1	17
Total	6	100

Charges against the defendants were classified into four categories: public (for example, drunkenness), crimes against the person, property crimes, and sexual crimes.[8,11] The vast majority of charges were for crimes against the person or for property crimes, with approximately equal numbers in these two categories. Table 3 tabulates these results and compares them with other studies. (In Tables 3-6, if defendants were multiply charged, only the most serious charge was tabulated.) Charges were further grouped within each category in an attempt to obtain a more accurate picture of manic offenses (Table 4). The majority of personal crimes consisted of

simple assaults (no lasting injury) or menacing threats. Of property crimes, half were for either breaking windows or forcible intrusion, whereas another third involved stolen property. The sexual charges involved two rapes and three cases of sexual abuse (fondling genitalia).

Regarding the charge levels for each type of crime, Table 5 shows that the great majority of charges consist of misdemeanors or the lowest two categories of felonies.

Table 5. Type of Offense by Severity of Charge.

	Felony Level						Σ ABC	Σ DEM
Offense	A	B	C	D	E	M*		
Personal	2	1	5	13	0	11	8	24
Property	1	4	7	13	4	17	12	34
Public	0	0	0	0	0	5	0	5
Sexual	0	3	1	1	0	2	4	3
N=90	3	8	13	27	4	35	24	66
Percent	3	9	14	30	4	39	27	73

* M=misdemeanor

Relationship Between Mania and Aggression

Regarding the degree of aggression among imprisoned manics, 32 of the 100 defendants in the sample were referred from local prisons to the forensic hospital unit on request of their psychiatrists, rather than by court order. Twenty-one (66 percent) of these prison referrals spontaneously mentioned agitated and assaultive or violent behavior in the referral letters suggesting severe management and treatment difficulties even within mental observation units of referring prisons. Defendants were described frequently as both irritated and assaultive, as well as irritating and provocative to other prisoners. Upon arrival at the forensic unit, several of these patients required temporary restraining and isolation orders.

In mental status examinations, 31 defendants met criteria of a spontaneous psychiatric description of euphoric and grandiose but not threatening or paranoid states. Of this group, 26 (84 percent) either were charged with assaultive crimes or were referred to the forensic unit as the result of documented assaultive, threatening, or destructive behavior. These results tend to suggest that Beigel and Murphy's hypothesis of two subgroups of paranoid aggressive and destructive, versus elated and grandiose, manics may not apply to an imprisoned urban sample.

By way of explanation and emphasis, the aggressive recent histories of the first ten randomly selected euphoric manics will be described: referred to the forensic unit by the police after throwing chairs in the police station; charged with robbery and assault, referred to the forensic unit from prison where he was banging his head against the door in an agitated state; charged with criminal possession of a weapon, he was arrested for breaking down an apartment door while "armed" with a sword, pool cue, and hammer; charged with harassment and menacing, the defendant was alleged to have

intentionally hit a complainant by driving a car at him; charged with assault and burglary, the defendant was accused of pushing a woman down a flight of stairs and kicking the arresting officers; charged with assault, the defendant allegedly struck and kicked the complainant; the defendant was charged with assaulting a police officer who interceded in an argument with a landlady; the defendant was referred from prison where he was "agitated and threatening"; charged with attempted robbery, the defendant had angrily and abusively threatened a stranger.

The relationship between defendants and their victims was examined by categorizing the victims as either relatives, friends, acquaintances, or strangers. Table 6 demonstrates that the majority of victims of personal, property, and public crimes were strangers, whereas most sexual charges involved acquaintances of the defendant.

The diagnosis of mania alone did not determine the defendant's competency to stand trial. As Table 7 demonstrates, about 60 percent of the sample were found competent to stand trial upon evaluation, perhaps after an improvement of their mental status in the weeks prior to the hearing.

Table 6. Relationship with Victim by Type of Offense.

	Family	Friend	Acquaintance	Stranger
Personal	2	0	8	21
Property	7	1	9	30
Public	0	0	1	4
Sexual	0	0	6	1
Total number	9	1	24	56
Total percent	10	1	27	62

Table 7. Competency Determinations.

Legal Determination	N	Disposition
Competent	61	Returned to prison and court
Incompetent Felons	31	Transferred to maximum security hospital. Charges pending.
Incompetent Misdemeanants	8	Charges dropped. Civilly committed.
Total	100	

Discussion

The 2.0 percent ratio of mania in the present sample compares closely with Good's average of 2.2 percent manic depressives in 11 American studies of psychotic, dangerous, or psychiatrically referred criminals. The result adds further support to Good's conclusion that the higher rate of manic depression in comparable European studies (8 percent) is due to broader diagnostic practices regarding affective disorders.

The 2:1 ratio of white to non-white manics is markedly lower than the 9:1 ratio in Good's sample of 10 patients. Although a controlled demographic

study was not performed, the results raise the issue of whether mania is more prevalent among whites, or whether it is underdiagnosed in minority populations. There is controversy in the literature regarding this, although recent studies have suggested the true rate of manic depression among poor urban blacks is higher than the reported rate.[12]

The high percentage of manics living alone (80 percent) indicates a considerable degree of family instability. Although demographic factors may play a role, an additional explanation would be the destructive interpersonal consequences arising from manic episodes, particularly among a sample of manics whose illness is on the more severe and less manageable end of a continuum.

By comparison, the past criminal and psychiatric histories of this sample are considerably more severe than the other samples presented in Table 2. It may be that a higher level of disturbance is required prior to arrest in New York. Also, police are encouraged to refer obviously disturbed patients to psychiatric facilities rather than to arrest them, if such a disposition seems appropriate.

The high percentage of the sample with a previous criminal history is consistent with the studies of Monahan[13] and Rabkin[14] that emphasize mental illness is not itself a predictor of criminal behavior, but that past criminal behavior among both mentally ill and "normal" populations *is* a significant predictor of future criminal behavior.

It is impossible to determine from the present study whether irritability, anger, and aggression are primary features of certain manic states or whether these features emerge as secondary consequences of rejection and interference with the manic's activities.[10] A third possibility, consistent with the high rate of previous convictions among the current sample, is that characterological aggressive features among some manic defendants become disinhibited in manic episodes.

Regardless of whether manic aggression is primary or secondary to the illness, the present study tends to question the applicability of Beigel and Murphy's hypothesis of two distinct subgroups of manics to a prison sample. There would be some support for Carlson and Goodwin's alternative conception of aggression in mania as a common subphase, except that in the present study violence preceded rather than followed a euphoric and grandiose mental status at interview. ofurther research is necessary to test these alternative theories regarding the relationship between mania and violence.

Conclusion

The 100 manic defendants examined in this report constitute the largest such sample studied to date, and provide a psychological description for identification and treatment of this group within a forensic setting. The modal manic defendant in this sample emerges as a white male in his late thirties, with a history of both psychiatric hospitalization and criminal incarceration. Characteristically, he has been arrested for simple assaults or

threats or for minor property damage such as destroying a window in a state of rage. His victims are usually strangers except in sexual cases. Despite a history of violence, he may appear elated and non-threatening on clinical examination. He responds much more favorably to a forensic hospital than to a prison environment.

Although the angry and intrusive manic can be frightening and dangerous enough to require arrest and restraint, his condition corresponds to the dictum "*le maniaque fait generalement plus de bruit que de mal*" (the manic makes more noise than harm).[9] Unfortunately this dictum is not universal, as evidenced by a minority of serious charges involving arson, rape, and life-threatening assaults.

Considering both the lack of severity of most of the criminal charges and the probability of psychosis (if not legal insanity) at the time of the alleged crime, mandatory psychiatric hospitalization and treatment rather than criminal incarceration would be the recommended method of disposition for most manic defendants.

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