

I23 A Case Study of Amok Syndrome and Intermittent Pathological Impulsiveness

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Learning Overview: The goal of this presentation is to keep attendees updated on the concept of Amok Syndrome with a practical case. After attending this presentation, attendees will know how to distinguish between Amok Syndrome and the rest of the modalities of multiple deaths.

Impact on the Forensic Science Community: This presentation will impact the forensic science community in terms of understanding the *modus operandi* of a subject (practical case) who perpetrates the murder of four victims from the harmful influence of an Amok Syndrome.

Introduction: Amok Syndrome is characterized by an acute episode of violent and uncontrolled behavior that the person does not remember later.¹ Unlike Intermittent Explosive Disorder, Amok presents as a single episode rather than a pattern of aggressive behavior and is often associated with prominent dissociative traits. Likewise, although it is traditionally observed in Southeast Asian countries, Amok cases have also been reported in Canada and the United States.

The episode is triggered by the perception of a lack of respect or an insult and seems to be prevalent among men. The episode is frequently accompanied by paranoid ideas, automatism, amnesia, exhaustion, and a return to the premorbid state after the episode. On some occasions, Amok can appear during the presentation of a brief psychotic episode or constitute the beginning or an exacerbation of a chronic psychotic process. Also, the form of presentation is abrupt and without a prodromal period.

In this sense, in Amok Syndrome, aggressive behavior can appear in the absence of a mental disorder. Behavior is distinguished from intermittent explosive disorder by the existence of incentives and gains from the aggressive act. In the forensic context, people can simulate an intermittent explosive disorder to avoid responsibility for their behavior.

The present case involves a 58-year-old male, a native of a municipality in the province of Girona, Spain, with a single marital status. He is the oldest of three brothers, has a basic academic level, and has been a bricklayer for about 30 years. The accused was visited as a preventive inmate in a nearby penitentiary in the aforementioned province while waiting to be tried for a consummate crime of four murders.

The *Iter Criminis* of the reported was as follows: two murders in a bar in a municipality in the province of Girona. The victims were father and son and were shot and killed by shotguns and two murders perpetrated with a shotgun, 15 minutes after the first murders, in a savings bank in a nearby municipality. The victims were workers at the bank branch.

Methods: (1) Directed clinical-expert interview (anamnesis); (2) updated administration of psychological tests in order to evaluate their psychopathological state; and (3) analysis of the clinical and legal documentation provided.

Results: The results obtained suggest that the aggressor was compatible with an Intermittent Explosive Disorder with a subclinical modality of pathological impulsivity of Amok Syndrome at the precise moments and instance of the perpetration of the events that occurred and that they were the subject of legal-legal debate.

Discussion/Conclusions: The aggressor presented compatibility of psychic dysfunction of pathological impulsivity, originally badly channeled by the anger he presented when he did not tolerate the frustration of not being properly paid professionally. Likewise, and after about 15 minutes of perpetrating the first criminally impulsive act, the perpetrator did not tolerate his frustration when claiming an amount in debt from the savings bank and he perpetrated his second criminal act, killing two more people on the spot with a firearm (shotgun). The criminal-criminological behavior was the product of a set of psychopathological factors: (1) pathological impulsivity (understood as Impulsive Control Disorder, submodality of Intermittent Explosive Disorder); (2) Mixed Personality Disorder; and (3) neurocognitive impairment due to age and a low academic level.

Reference(s):

1. American Psychiatric Association (1995). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*. Washington. Versión española de la cuarta edición de la obra original en lengua inglesa. 1995. MASSON, S.A. Barcelona (España).

Pathological Impulsivity, Intermittent Explosive Disorder, Amok Syndrome