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Patterns of Anxiety in Criminal Schizophrenic Patients

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ABSTRACT

Twenty-five schizophrenic patients were randomly chosen for the assessment of the presence of anxiety. Judging from the Khanka Mental Hospital files, twenty of these presented manifestations of anxiety at one time of their history. The twenty patients were clinically and psychometrically assessed for the presence of anxiety. The various manifestations of anxiety, the patterns, and the relation to particular situations were studied. Discussion of the results shows ambiguity in the use of the term, and the viscissitudes of anxiety in a psychotic population.

INTRODUCTION :

A special form of profound anxiety has been frequently inferred to account for the psychopathological development in both schizophrenia and criminality. As regards schizophrenia, Sullivan (1962). Shullman (1968), and Arieti (1974), among others, have considered the disruption of the ego in schizophrenia to be the outcome of intolerable anxiety over a precarious self image. Melanie Klein (1952) postulated the revival of paranoid anxiety as the main pathogenic factor.

Conduct disturbance in general and criminality in particular could similarly be viewed as the outcome of the inability to tolerate the anxiety and depression related to the frustration of infantile dependent wishes. Arieti (1976) describes this mechanism of acting out in terms of short - circuited anxiety.

Despite the general conception of anxiety as the outcome of psychic conflict that precedes expression of behaviour in symptom language, little attention has been devoted to the formal study of anxiety as a clinical syndrome in psychotics and mentally abnormal offenders. This is the actual state of affairs even though it has been

stated that " there is no mental disorder from which anxiety is absent " (Tyrer, 1979). The DSM III lists anxiety as one of the dysphoric moods to which a person with schizophrenia is subjected in the overall inclusive pattern of bizarrness. As Tyrer (1979) states, anxiety is listed as a secondary symptom in most paychiatric disorders. This is apparent in the discussion of schizophrenia in most textbooks. Lehmann (1967) describes anxiety in schizophrenia as secondary to feelings of impending world catastrophe. Bemporad and Pinsker (1974) however, describe anxiety and perplexity as the predominant affects in early schizophrenia and relate the apparent apathy of the later phases to a defence against existing anxiety rather than the outcome of its disappearance.

Many schizophrenic symptoms could be explained on the basis of the common theme so far restricted to the neuroses; that is to say schizophrenic symptoms could be " manifestations of anxiety or defences against anxiety ". To quote a few

1. the pacing, rocking and motor agitation in general.
2. the unexplainable panic or fear episodes.
3. the mute hypervigilance of the catatonic and its transformation to excitement.
4. impulsiveness and acting out behaviour including crime.

This paper does not aim at a detailed understanding of the psychodynamic significance of anxiety in schizophrenic patients. It tries to follow anxiety in a sample of criminal schizophrenic patients. Whether or not psychopathological anxiety is accompanied by clinical anxiety will be studied, and what inferences could be made, taking for granted that the former form is invariably present. Criminality enters in our conception as an intensifying variable, supposedly on the side of aiding better detection of anxiety. Whether clinical anxiety would be found to a greater or lesser extent; its association with criminal behaviour at one time, would help in drawing conclusions.

MATERIAL AND METHOD :

The sample for this work was chosen on the basis of the observational report made immediately after conviction and admission to Khanka State Mental Hospital. The selection was based upon the

presence of a recorded statement referring to anxiety in the symptomatic formulation in their papers. Twenty such patients were chosen on the historical fact that they have committed murder. Anxiety was assessed in these patients through :

(a) A structured interview where the interviewer used a symptom checklist.

(b) Patient self-reports on anxiety and the related emotions of fear and suspiciousness.

(c) The Anxiety-Depression scale.*

The structured interview was planned to reveal the presence of current manifestations of anxiety. Special emphasis was laid upon the presence of the anxious mood, which is the cardinal feature of anxiety. Emphasis was also laid upon specific situations to which anxiety might be linked.

RESULTS :

The Structured Clinical Interview : (Table I)

Out of the 20 patients with the diagnosis of schizophrenia, and who were originally evaluated as having anxiety manifestations in the Khanka Mental Hospital files, 12 were found to experience anxiety in one or more forms. 10 patients have experienced the classical anxious mood of apprehensive expectation (DSM - III), and 8 patients exhibited manifestations in more than one domain (e.g. anxious mood and autonomic arousal) - 9 patients showed autonomic arousal, 7 patients showed motor manifestations, and phobic behaviour appeared in only one patient.

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* The Anxiety-Depression Scale as devised by Shaheen and Rakhawy is based upon data derived from Taylor's (1953) " Personality scale of manifest anxiety ", the depression dimension in the Minnesota Multiphasic Personality Inventory, and common symptoms of anxiety, depression and withdrawal; all expressed in Egyptian colloquial language.

TABLE I

Distribution of Anxiety Symptoms Through the Structured Interview

Patient No	Anticipation and fear	phobic behaviour	Motor symptoms	Autonomic arousal	correlation with scale
1.	—	—	—	+	*
2.	+	+	+	+	—
3.	—	—	—	—	—
4.	—	—	—	—	—
5.	+	—	—	—	—
6.	—	—	—	—	—
7.	—	—	—	—	—
8.	+	—	+ +	—	—
9.	—	—	—	—	*
10.	+	—	—	+	*
11.	+	—	—	—	*
12.	+	—	+	—	—
13.	+ +	—	+ +	+ +	**
14.	+	—	+	—	—
15.	—	—	—	—	*
16.	—	—	—	—	*
17.	—	—	+	+	*
18.	+	—	+	+ +	—
19.	+	—	—	—	*
20.	—	—	—	—	*
Total	10	1	7	9	10

Patients' Self - Reports : (Table II)

Anxiety, fear, and suspiciousness were directly enquired upon. Both, the self reports and the results of the structured interview were compared. 14 patients reported the presence of one of these three affects. The majority experienced anxiety, fear accompanied anxiety in 4 cases and was present alone in 2 cases (total 6). suspiciousness accompanied anxiety in 4 cases (total 4).

Self - reports were identical with the structured interview in 10 cases who have reported anxiety, while 4 cases were not evaluated as anxious through the structured interview. 2 cases were evaluated as anxious while they gave no account of it. The two measures correlated positively in 14 patients out of the 20 (70 %).

TABLE II

Distribution of Self-Reports of Anxiety and Related Emotions

Patient No.	Anxiety	Fear	Supiciousness	Correlation with Interview
1.	+	—	—	✻
2.	+	—	—	✻
3.	—	+	—	—
4.	+	—	—	—
5.	+	—	—	✻
6.	—	—	—	✻
7.	—	—	—	✻
8.	+	—	—	✻
9.	+	—	—	—
10.	+	—	+	✻
11.	+	+	—	✻
12.	—	+	—	✻
13.	+	+	+	✻
14.	+	+	+	✻
15.	—	—	—	✻
16.	—	—	—	✻
17.	—	—	—	—
18.	+	+	+	✻
19.	—	—	—	—
20.	+	—	—	—
Total	12	6	4	14

The Anxiety-Depression Scale : (Table III)

Out of the 20 patients, 8 exhibited anxiety detected on the anxiety dimension of the anxiety-depression scale, 5 showed additional

withdrawal, and 3 showed additional depression. 5 correlated positively with the results of the structured interview, while the remaining three were judged not anxious. Of these 3, 2 patients did not report anxiety, fear, or suspiciousness.

Overall the anxiety - depression scale correlated positively with the structured interview in 10 cases (50 %).

Agreement between all three measures of assessment appears in only 7 cases out of 20 (35 %). Positive correlation between the three measures upon the presence of anxiety appears in 4 patients (20 %).

TABLE III

Anxiety-Depression Scale

Patient No.	Anxiety	Depression	Withdrawal	Total	Correlation of all measures
1.	20	13	22	55	*
2.	13	10	4	27	—
3.	29	26	27	82	—
4.	16	7	3	26	—
5.	1	0	0	1	—
6.	7	7	10	24	*
7.	21	12	16	49	—
8.	6	13	8	27	—
9.	0	2	1	33	—
10.	25	16	13	54	*
11.	15	10	13	38	*
12.	12	24	24	60	—
13	20	25	23	68	*
14.	8	6	23	37	—
15.	5	4	11	20	*
16.	10	7	10	27	*
17.	5	4	7	16	—
18.	10	11	1	22	—
19.	21	6	18	45	—
20.	0	2	2	4	—
Total	8	4	. 7		General = 7 Anxious = 4

DISCUSSION

It may be worthwhile to summarize our results before proceeding to a discussion of their implications. Out of 20 schizophrenic patients with a history of homicide, all of whom were labelled anxious in their admission records, 14 (70 ٪) reported the existence of anxiety, 12 (60 ٪) were evaluated to have one or another manifestation of anxiety in the structured interview, and 8 (40 ٪) were found to have anxiety from the anxiety - depression scale. Only 4 patients (20٪) were agreed upon by all measures, to have anxiety.

The discrepancy between file reports of anxiety (20) and the actual number of anxious patients could be related to two variables :

(a) Misevaluation of anxiety at the time of the initial symptomatic formulation. This could be due to the fact that it is mainly derived from observational data given by junior residents and the nursing staff who admittedly have a more global common sense conception of the term. Their description of anxiety manifestations is thus liable to overinclusion. Second, at this time, anxiety could have been accentuated by situational factors related to the anticipation of conviction, committment, and detention all related to the destruction of hopes for the future. These variables could have caused the over rating of anxiety.

(b) Anxiety present at the initial formulation but has disappeared or diminished in intensity due to :

— the effect of treatment
— the evolution of the disease process (the disorganization and regression).
— the effects of hospitalization which gives a rather sheltered environment devoid of stress to psychic integrity (a form of regressive adaptation).

The discrepancy between self - reports, clinical assessment and psychometric study reflects the age - long problem of psychiatry, namely the ambiguity and ill - defined boundaries of psychiatric symptomatology among which anxiety is but one representative. Moreover, it seems that the term anxiety in a psychotic population conveys different meanings at different times. Such a finding may be related to the nature

of defences in schizophrenia and the accompanying thought disorder. The degree of rapport, so difficult to establish with a schizophrenic patient, might be responsible for different degrees of withdrawal that account for variability in response, and affect the rater's judgement.

Inspite of the small size of the sample, which does not permit safe generalizations, it is tempting to observe that even in the final filtration of cases the incidence of clinical anxiety is relatively high. This finding contradicts the general opinion that regards schizophrenia as a process of flattened or incongruous affect.

Of the four patients agreed upon to have anxiety, the anxious mood was the symptom present in all four. The anxious mood in these patients was related to two fields; first anxiety concerning their future and second was the anxiety related to disturbing auditory hallucinations. Martin (1973) has stated that cognitive factors might be major determinants of emotional states. His statement and our observations call forth the question whether clinical anxiety in schizophrenia is primary or secondary.

CONCLUSIONS

1. The assessment of anxiety in the presence of schizophrenia requires specially devised tools to avoid the possible fallacy and discrepancy in subjective data.
2. Anxiety as a prominent symptom compared to other symptoms of schizophrenia is relatively less frequent in institutionalized schizophrenia patients. However, in contrast with general opinion, it is more frequent than expected in the absolute sense.
3. Detectable anxiety as differentiated from psychopathological anxiety is more related to the cognitive derangement of the schizophrenic patient.

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الموجـــــز

انماط القلق فى الفصاميين الذين تم ارتكابهم لاحد الجرائم

تم فى هذه الدراسة اختيار خمسة وعشرين مريضا فصامياً ــ اختيارا عشوائيا ــ لتقييم وجود القلق عندهم ، وتبعا لملفات مستشفى الخـــانكة للأمراض العقلية ، فان عشرين منهم اظهروا أعراضا للقلق فى وقت ما من تاريخهم المرضى ، وقد تم تقييم هؤلاء العشرين مريضـــا كلينيكيا ، وكذلك بالقياس النفسى من حيث وجود القلق . ودرست الأعراض المتعددة للقلق ، وأنماطه ، والعلاقة بينه وبين مواقف معينة . وتوضح مناقشة النتـــائج الالتباس فى استخدام مصطلح القلق ، وكذلك طرق التعبير عن القـــلق فى جمـــاعة الذهـــانيين .

ABSTRAIT

Les Formes de L'Anxiété chez les

Malades Schizophrenes Criminels.

Vingt-cinq patients schizophrenesont été choisis au hasard pour l'evaluation de la présence de l'anxiété. En jugeant d'aprés les dossiers de l'hôpital d'El Khanka, vingt malades parmi les vingt-cinq ontprésenté d'après l'examen clinique et psychométrique des manifestations d'anxiété à un moment de leur histoire.Les vingt malades ont été examinés des points de vue clinique et psychometrique pour la présence de l'anxiété. Les différentes manifestations de l'anxiété leur formes et leur relations avec des situations particulières ont eté étudiées.

La discussion des résultats a montré l'ambiguité de ce terme et les viscissitudes de l'anxiété dans un groupe psychotique.