

" FORENSIC IMPORTANCE OF JEALOUSY "**Lana Mužinić,**

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ABSTRACT

Aim: To define more clearly the specific forensic psychiatric characteristics of persons who committed murder and attempted to murder, in which the jealousy was present. We analysed the nature and the seriousness of the person's psychopathology, the degree of his/her responsibility, the danger for the society, the intensity and nature of aggression that resulted from jealousy, the victimological dimension, the connection between alcohol and jealousy.

Methods: We used retrospective method based on forensic-psychiatric expertises made in the period of 1975 till 1999 concerning 200 examinees – offenders who committed murder and attempted to murder.

Results: The symptom of psychotic jealousy is connected with the highest degree of danger in the diagnostic category of paranoid psychosis and paranoid schizophrenia. The interval from the manifestation of jealousy to the offense committed is the longest in personality disorder and the shortest in schizophrenia. Exogenous provocative situations dominantly determined the offense in diagnostic categories of personality disorders. Alcohol intoxication was particularly significant in the offense committed in jealousy in the diagnostic category of personality disorder.

Conclusion: There are specific forensic-psychiatric characteristics of the offences of homicide and homicide attempts committed because of jealousy. The clear criteria have been formed for forensic psychiatric evaluation of the offenses of homicide and homicide attempts committed in jealousy, which will help in everyday work in forensic psychiatry in the field of expertise and in the field of forensic psychiatric treatment.

Key words: jealousy; forensic psychiatric; homicide; expertise; personality disorders; treatment

SAŽETAK

Cilj: Cilj istraživanja je što jasnije definiranje specifičnih forenzičko psihijatrijskih obilježja počinitelja ubojstva i pokušaja ubojstva kod kojih je bila prisutna ljubomora (priroda i težina psihopatologije počinitelja, stupanj ubojivosti, opasnost za okolinu, intezitet i priroda agresije proizišla iz ljubomore, viktimološka dimenzija, povezanost alkohola i ljubomore). **Metode:** Korištena je retrospektivna metoda na osnovu forenzičko - psihijatrijskih ekspertiza koje su učinjene u periodu od 1975. do 1999.g., a koje se odnose na 200 ispitanika - počinitelja kaznenih djela ubojstva i pokušaja ubojstva. **Rezultati:** Rezultati pokazuju kako je simptom psihotične ljubomore povezan s najvećim stupnjem opasnosti kod dijagnostičke kategorije paranodne psihoze i paranoidine shizofrenije, vremenski je razmak od manifestiranja ljubomore do počinjenja djela najveći kod poremećaja ličnosti a najkraći kod shizofrenije, egzogene provokativne situacije dominantno su određivale počinjenje delikta kod dijagnostičke kategorije poremećaja ličnosti, stanje akutne alkoholiziranosti imalo je posebno značenje kod počinjenja delikta zbog ljubomore kod dijagnostičke kategorije poremećaja ličnosti. **Zaključak:** Postoje specifična forenzičko-psihijatrijska obilježja kaznenih djela ubojstva i pokušaja ubojstva počinjenih zbog ljubomore. Formulirani su jasni kriteriji za forenzičko psihijatrijsku procjenu kaznenih djela ubojstva i pokušaja ubojstva počinjenih zbog ljubomore koji će pomoći u svakodnevnoj praksi forenzičko psihijatrijskog rada, kako na području vještačenja tako i na području forenzičko-psihijatrijskog tretmana.

Ključne riječi: ljubomora; forenzička psihijatrija; ubojstva; vještačenja; poremećaji osobnosti; tretman

INTRODUCTION

Jealousy is the feeling based on insecurity of a person's value and sexual attractiveness for the person's partner, and can be manifested in very wide range of behavior; from »normal jealousy« which most often presents universal human experience to extreme pathological manifestations that can be defined as actual mental illness (1).

Jealousy as a motive is also present in literature. Many authors have written about jealousy. (2). 2000 years ago Euripides told the story of Medea who was deserted by Jason and because of Creusa. In jealous anger she killed her children and her rival in order to revenge for her husband's infidelity. This was the case of excessive jealousy, but the provocation was present. In Shakespeare's "Othello" and "The Winter Story" the irrational elements of jealousy have been described where there has been very little or no provocative circumstances (3).

Jealous person is obsessed with delusions of infidelity, accuses the partner, and looks for the proofs of infidelity. According to DSM IV, delusional jealousy can occur also in schizophrenia, dementia, alcoholism or in other disorders conditioned by psychotropic substances, in obsessive-compulsive disorder, mood disorder, and paranoid personality disorder (4).

There are synonyms for pathological jealousy. Some authors use them to describe delusional jealousy, which is also called morbid, sexual, psychotic, erotic, Othello's syndrome, marital paranoia, and delusion of infidelity. Some authors use the term of pathological jealousy to describe obsessive, neurotic i.e. nondelusional form of jealousy (5, 6). There are opinions that jealousy is pathological even when there are no delusions if the person reacts with abnormal intensity upon the question of his/her partner's infidelity (7, 8).

In rather literature on the subject (9, 10) we can find an of controversial stands regarding : nature and seriousness in psychopathology of jealousy in the offender and the degree of responsibility which is based on that psychopathology; intensity and nature of aggression which results from jealousy and it is influence on seriousness of the crime; estimation of specific emotional, family and other relations between an offender and a victim, important for

the felony committed and for later criminal behavior; estimation of connection between alcohol and jealousy; danger for the society.

The aim of our study was to define more clearly the specific forensic psychiatric characteristics of the persons who murdered or tried to commit murder, in which the jealousy was present. We assessed the nature and the seriousness of the person's psychopathology, degree of his/her responsibility, danger for the society, intensity and nature of aggression that resulted from jealousy, victimological dimension, connection between alcohol and jealousy.

PATIENTS AND METHODS

The retrospective method was used based on forensic-psychiatric expertises written in the period of 1975 to 1999, and concerning 200 examinees – persons who murdered or tried to commit murder in the Center for Forensic Psychiatry of Vrapče.

We chose expertises in which the motive of murder or murder attempts had been analyzed. We divided the examinees expertises in two groups with regard to the existence of the symptom of psychotic and nonpsychotic jealousy.

Basic study instrument was standard questionnaire, modification of the questionnaire conceived in the working group for documentation in forensic psychiatry with residence in psychiatric clinic in München (11), with demographic (gender, age, marital status, education, profession, etc.), criminological (type of the crime, the instrument the crime was committed with, relationship between offender and the victim, etc), and forensic psychiatric data (the diagnosis according to ICD 10, the estimation of responsibility, the estimation of danger, security measures recommendations etc.). The questionnaire was filled with data from forensic psychiatric expertises of the Center for Forensic Psychiatry of Hospital Vrapče.

The data obtained were statistically analyzed by using descriptive statistical and discriminative analysis of the variables given. Data were analyzed in the form of contingency tables with calculation of χ^2 and Pearson's coefficient of correlation. Statistical significance

was established at the 5% level. Statistical analysis was performed by SPSS statistical software.

RESULTS

Crime

The criminal offence of murder due to jealousy was committed in (49.5%) of cases and the attempted murder in (50.5%) of cases. Former delict from jealousy existed in (23%) of cases. There were 146 offenders with nonpsychotic jealousy and 54 offenders with psychotic jealousy. There was no statistically significant correlation between them.

Most often the place of crime (Table 1) was the place where both (the victim and the offender), lived together (50.5%), then the open area (19.5%) The crime was committed most often by cold (44.0%) or fire weapons (30.5%). (Table 2).

Victimology

In most cases, the victim was a spouse (62%) or an unwedded partner (19%). In offenders with nonpsychotic jealousy in (9.5%) of cases it was a partner's lover, which showed statistically significant correlation. In most cases there was not another victim, but in 11 cases another victim was the partner's lover. (Table 3) There is no statistically significant correlation between offenders regarding another victim.

In offenders with psychotic jealousy in most cases there was no provocations by the victim (17.5%) while in offenders with nonpsychotic jealousy there was a fairly large number of active victim's participation in conflict (21.5%) and conscious, deliberate provocation of the offender (20.0%). The statistically significant difference is confirmed (χ^2 73,368, $df = 3$, $p = 0,000$).

According to diagnostic categories the intervals from manifestation of jealousy to the crime committed in persons with diagnosis of alcohol dependence had in most cases been over five

years (9%), and in those with diagnosis of personality disorder the intervals were most often in the category of one year (19%), and then in the category of more than five years (18.5%). In diagnostic category of schizophrenia and paranoid psychosis the interval in the category of one year was most often (8%). This correlation is significant but is less expressed.

Social factors

The largest number of offenders was in the age group of 41-45 (23%), then in the age group of 36-40 (21%). In most cases the offenders were married (70.5%), and then unmarried, but involved in the relationship (11.5%).

There were 11 female offenders and 189 male offenders. There was no statistically significant correlation considering gender and according to the existence of psychotic and nonpsychotic jealousy.

Most numerous offenders were tradesmen (22.5%), then farmers and forest workers (18.5%). Most of them had elementary school (27%) and then secondary (high) school (25.5%). In both groups of subjects there were severe psychosocial situations in the family (frequent severe conflict, poor emotional relationship) and in the offender's childhood or adolescence (aggressiveness, excessive adaptability, development disturbances, educational problems).

Psychiatric case history

In the offenders with psychotic jealousy we have found a larger number of hospitalizations than in offenders with nonpsychotic jealousy. In offenders with psychotic jealousy the most often reason for hospitalization was schizophrenia, and in offenders with nonpsychotic jealousy it was the alcohol dependence and personality disorder / neurosis. Correlation is statistically significant and moderately expressed. ($\chi^2 = 52,304$, $df = 6$, $p = 0,000$).

In the offenders with psychotic jealousy in most cases the diagnosis was schizophrenia (16 offenders) and paranoid psychosis (16 offenders), and then alcohol induced psychosis (9 offenders). In the offenders with nonpsychotic jealousy the diagnostic categories that occurred most often were antisocial (dissocial) personality disorder (45 offenders), then other specific personality disorders (including neurotic) – in 43 offenders, and paranoid personality disorder

(12 offenders). The correlation is statistically significant and very well expressed ($\chi^2 = 158,139$, $df = 24$, $p = 0.000$).

Forensic psychiatric analysis of criminal acts

Larger number of offenders with nonpsychotic jealousy was intoxicated by alcohol in the time of offense committed (43.5%) than the offenders with psychotic jealousy (21.5%). The correlation is statistically significant and well expressed.

There was a special affective situation present with readiness to commit the offense in (67%) of offenders with nonpsychotic jealousy, and it was not present in most cases in offenders with psychotic jealousy.

Mental illness was diagnosed in 41 offenders with psychotic jealousy, and in one with nonpsychotic jealousy, who was diagnosed residual schizophrenia. The correlation is statistically significant and well expressed ($\chi^2 = 129,830$, $df = 1$, $p = 0,000$). Temporary mental illness existed in only 7 offenders, all with psychotic jealousy. Temporary mental disorder existed in 73 offenders with psychotic jealousy and in 4 offenders with nonpsychotic jealousy. The correlation is statistically significant and very well expressed. Mental retardation was present in one offender with psychotic jealousy and in five offenders with nonpsychotic jealousy. There is no statistically significant difference.

Offenders with psychotic jealousy were considered not responsible for their act, while most of offenders with nonpsychotic jealousy were in the state of reduced responsibility (37.5%). Only five offenders with nonpsychotic jealousy were completely responsible for their act. There is statistically significant difference, which is very well expressed. ($\chi^2 = 148,562$, $df = 3$, $p = 0,000$)

Legal criteria and recommendations

There is the risk of repeated offense due to jealousy in most offenders with psychotic jealousy, i.e. in diagnostic categories of paranoid psychosis and schizophrenia, and there is

probably no risk in most offenders with nonpsychotic jealousy, where the largest number of offenders was diagnosed antisocial (dissocial) and other specific personality disorders. The correlation is statistically significant and well expressed. ($\chi^2= 263,097$, $df=72$, $p=0,000$).

The offenders with psychotic jealousy were sentenced in most cases to treatment and guarding in the healthcare institution (21%). Most offenders with nonpsychotic jealousy were not sentenced any security measures, but 26% of offenders with nonpsychotic jealousy have been sentenced to treatment of alcohol dependence in healthcare or penal institution. **(table 4)**

DISCUSSION

There has been reported in literature that men are largely represented among the persons who murdered from jealousy (12). It does not mean that men are more jealous than women. We can say that pathological jealousy is more dangerous condition in men, which may be the reason that psychiatrists give more attention to jealous men. Their behavior is more often homicidal and suicidal (13). There are records that jealous women are represented more often in schizophrenic delusions, while men are more often represented in alcohol-induced psychosis.

It seems that alcohol is more important constellation factor in offenders with nonpsychotic jealousy; it often contributes to the offense (14). The role of alcohol is important in emergence of jealousy. Many authors emphasize the importance of alcohol influence in the emergence of jealousy, especially its pathological form (15, 16). There has been often disregarded the fact that the alcoholic can be led to delinquency not only by chronic, long-term delusional ideas, but also with short-term delusional ideas (17). Identification of the early phase when jealousy is manifested only upon patient's intoxication is very significant for prevention.

In offenders with nonpsychotic jealousy there was in more cases present more permanent conflict between the offender and the victim. The existence of affective situation in most cases in offenders with nonpsychotic jealousy confirms it. In the USA the murder of a spouse provoked by confirmed adultery, infidelity or the like, is considered manslaughter. Law in some states permits this kind of provocation to lead to liberation from charges. Provoking event is a situation when the spouse is seen committing the adultery, or when the knowledge

of adultery cumulates, the intensity of jealousy rises; it can last for weeks, months, even years (18).

It was shown that the offenders were most often in the age groups from 36 to 40 and from 41 to 45 years of age. In the literature it is stated (19) that the age in which a pathologically jealous person seek for medical help range from 20 to 60 years of age, but (73%) is under 50 years of age. Todd (20) states that to be much older from the spouse is one of the factors that predispose a man to develop pathological jealousy.

There are different opinions about what defines jealousy in a partnership (2). Characteristics of the offender and the nature of a relationship between partners and situation in which they are at the moment are important. Personality characteristics that lead to problematic jealousy are low self-respect, feeling of being inadequate, chronic suspicions and neurotic tendencies (21). Previous experiences of being cheated by a partner enlarge the person's vulnerability for the development of jealousy (22).

In the offenders with nonpsychotic jealousy in our study jealousy had no pathological dimensions but by way of expressing itself it presented one of the symptoms of abnormal personality structures (the diagnosis of antisocial (dissocial) and other personality disorders have been most often). At the time when the offenses took place in most cases the behavior of offenders with nonpsychotic jealousy was determined with personality disorder, the intensity of jealousy, highly decreased affective tension and the state of acute alcohol intoxication. Accumulation of these conditions most often led to the state of highly reduced responsibility.

For most offenders with psychotic jealousy it is characteristic that it took at least several weeks (and months) for paranoia to develop and assume clearly psychotic dimensions with dominant ideas of jealousy before the person committed the offense. According to this firmly fixed delusional system the offender is completely uncritical. Persons with pathological jealousy express various forms of animosity toward the partner (23). The aggression can be minimal with mild unfriendly ideation or connected with extreme physical violence during which a partner could be killed (24, 25).

The risk of repeated offense due to jealousy is recorded in most cases in offenders with psychotic jealousy (most often in paranoid psychosis and schizophrenia). For being danger for the society they were sentenced to treatment and guarded in the healthcare institution. The

danger of pathological jealousy is in the possibility that it could happen again. It can occur at the beginning of a new relationship in which the violence can be repeated. Scot said that jealousy is a frequent motive in murders committed by the persons released from prison or hospital, who previously committed murder from jealousy (8).

There is no clear delineation between “normal” and pathological jealousy. We suggest differentiation of jealousy on three basic levels:

1. So called normal jealousy that presents universal human experience and can be understood on the ground of knowing the structure and the dynamics of personality that has not been labeled with a psychiatric diagnosis, and it's interactions with the environment – especially with a lover and sexual partner (or partners).
2. “Abnormal” jealousy with dimensions of psychiatric disorder on the level of genuine personality disorder, psychoorganically conditioned disorders, psychogenic affective reactions, alcohol intoxication or drug intoxication, etc., but which is not the psychotic disorder.
3. Psychotic (pathological, sick) jealousy with clearly delusional dimensions or other qualities that make it equal with delusional.

Correct classification and evaluation of jealousy is important for adequate treatment. In delusional jealousy the neuroleptic therapy is necessary (26). In resistant cases the electrostimulating therapy is recommended (27). In nonpsychotic jealousy most important is an appropriate psychotherapy, and possible treatment of alcohol dependence as well as the family counseling (9, 16, 21, 28). The cognitive behavioral therapy tries to free the patient from the irrationality of his /her wrong believes, looks for the background of the feeling of being less worthy or inadequate, teaches how to control emotions and behavior (29).

We can conclude that there are specific forensic-psychiatric characteristics of the offences of homicide and homicide attempts committed because of jealousy. It was found that the symptom of psychotic jealousy is connected with the highest degree of danger in the diagnostic category of paranoid psychosis and paranoid schizophrenia, that the interval from manifestation of jealousy to the offense committed is the longest in personality disorder and the shortest in schizophrenia, that exogenous provocative situations dominantly determined the offense in diagnostic categories of personality disorders, that

alcohol intoxication was particularly significant in the offense committed because of jealousy in the diagnostic category of personality disorder (30).

The results stated could be of help in everyday work in forensic psychiatry on the field of expertise and in forensic psychiatric treatment.

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