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O. S. Balogun

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THE NEXUS BETWEEN BIPOLAR DISORDER AND CRIME COMMISSION

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Abstract

This paper established connections between mental illness (bipolar disorder) to crime commission. Bipolar disorder is a medical condition which needs to be addressed, even at that it has been neglected in the past. Instead of finding a long-term cure for bipolar disorder patients, most patients were restricted to temporary treatment like administering sedatives to calm them during the period of attack. Government, medical practitioners should come up with new ideas of treating bipolar disorder patients as previous treatment has been yet to achieve desired results. The paper begins with an overview of mental illness, a conceptual explanation of crime and bipolar disorder (BD) delves further into the relationship between bipolar disorder to the crime commission, and the consequences of bipolar disorder (BD). This paper concludes that bipolar disorder as a mental illness is believed to be a major motivation for criminality. Mentally derailed individuals were disposed to violence and crime. This shows a connection between crime and mental illness with specific reference to bipolar disorder. The paper recommends that government at all levels should ensure better treatment for bipolar disorder patients by providing drugs which will have a long-term cure for bipolar disorder patients.

Keyword: Bipolar Disorder, Mental Illness, Crime.

1. Introduction

Mental illness is a social problem cutting across nations in the world. As a result of its implication and consequences on growing population, various strategies are mapped out with an objective eradicating it with the establishment of mental hospitals by the government to cater for mentally handicapped patients and the availability of medical experts specialized in such areas shows an intention by government to successfully tackle the menace. Moreover, mental illness as a concept has been defined by different scholars. For example, according to Vogel (2014:21), "mental illness is typically used to describe persons who have a diagnosis on axis I or II those who exhibit symptoms that would likely lead to such diagnosis", while Elvis et al (2013:33), opine that "mental illness is a health problem that significantly affects how a person feels, thinks, behaves and interacts with other people". Furthermore, Bartol and Bartol (2005), defines mental illness as a disorder of the mind which has been described by experts as a complete interference of an individual inability to successfully cope with life on a daily basis. In another word, mental illness also means a psychiatric disorder which has the potentials of causing on untypical behavior. (Bonta, Law and Hanson, 1998). In line with the above, Bartol and Bartol (2005), asserted that:

Mental illness is a manifested behavior that deviates notably from normal conduct. However, the word illness encourages us to look for etiology, symptoms, and cures and to rely heavily on the medical profession both to diagnose and to treat it also encourages us to excuse the persons plagued with sickness. The term mental disorder, however, need not imply that a person is sick, to be pitied or even necessarily less responsible for his or her actions. Therefore, although mental illness is still used in psychological, psychiatric and legal literature, as well as in both civil and criminal law, we prefer the less restrictive mental disorder..... (Bartol and Bartol, 2005 p 212).

Tantamount to the above, Vogel (2014), opines that some disorders are temporary, which develops as a result of a response to some stressful life events which may also disappear after a while. Moreover, events like stress, social isolation, and persistent threat or violence can lead to the development of mental illness (Schnitcker et al, 2012, Walker et al, 1991). Thus, disorders such as bipolar disorder is seen to be episodic, which suggest that symptoms emerge, dissipate and later reemerge (Vogel, 2014).

Moreover, Bartol and Bartol (2005), above quotation, reveals that individuals may indulge an act which he or she may not be responsible for his or her own action. This may be due to the individual inability to have a true reflection of what an ideal situation suggests. It is in this direction that another term like mental retardation is used by professional called developmental disability. This disability is a deficiency which can be measured with IQ test and in most cases cannot be cured (Monalon, 1981). This is why Bartol and Bartol (2005), suggested that sometimes mentally retarded persons may be charged with offences which may be minor, which leads to apprehension, detention in prison or serving a jail term. Moreover, Day and Berney (2011), observed that concurrent diagnosis of mental retardation and even substance abuse is believed to be a significant number of individuals. Furthermore, mental disorder generates as a result of varieties of behaviors, starting from dangerous severity, acts that are considered harmful, conducts which are believed to be innocuous (Soderstom, 2001).

Mores (1978), suggested the term "crazy behavior" which was characterized by him as a behavior is seen as strange, unusual and it's logical explanation is quite difficult. Like in Nigeria, certain actions may be tagged as crazy behaviour some include, a refusal to conform to lay down rules and regulation, traditional views, antisocial behaviour. Thus, this behavior becomes strange to another individual which may be seen as crazy.

Similarly, mental disorder as a concept implies behaviour that is seen as harmful, dramatic, mildly unusual behavior whose classification is enshrined in the diagnostic and statistical manual of mental disorder. (DSM). According to Corner (2004), mental disorder current version is about 400. Corner (2004) further assert that almost half of the individual in the United States can be eligible for a DSM diagnosis at a point in their lifetime. Thus, a current edition of DSM- iv, (1994), P.xxi suggest a mental disorder.

Is a conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occur in an individual and that it is associated with present distress (e.g. A painful syndrome) or disability (i.e. Impairment in one or more important areas of functioning) or with a significantly increased risk of suffering, death, pain, disability or an important loss of freedom. In addition, this syndrome or pattern most not be merely an expectable and culturally sanctioned response to a particular event. For example, the death of a loved one. Whatever, its original cause it most currently be considered a manifestation of a behavioral, psychological dysfunction in the individual.

Tangential to the above definition, Wakafeld (1992), suggested that two basic principles help in guiding DSM-iv definition of mental disorder. According to Wakafeld (1992), the first mental condition must have negative consequences for the individual. This suggests that the individual must experience some pain, disability, stress, and discomfort. While in the second mental condition suggest that a mental disorder is a dysfunction of some internal process in an individual which may be due to some reasons, indicating that something is wrong. Thus, the principles discussed above, "differentiates the disorder from the normal or expected internal processes that results from a trauma or tragedy of daily living, such as the loss of a loved one" (Bartol and Bartol, 2005)

2. Conceptual explanation of bipolar disorder and crime

"It has been speculated that societies create crimes and other unwanted behavior by establishing laws, rules and regulations" (Maikano, 2011:16). However, the societal reaction to certain actions becomes a determinant in the acceptance or otherwise of an attitude. Harjen (1979), opines that crime occurs due to the formulation of the law. Thus, a criminal act is punishable by law. Crime as a concept has been defined by some scholars. For example, Tappan (1947), defines crime as an 'intentional act in violation of the criminal law committed without defense or excuse and penalized by the state' (pg.100). While Hogan (2006:92), opines that crime is any behavior that violates the criminal law. Thus, a crime is an act which violates the criminal law which punishment is seen to be prescribed the individual who has perpetrated the act must have deliberately done so and normally perpetrated without any legally acceptable defense or justification (Walsh, 2008). Similarly, Reid (1997), observes that crime is a deliberate commission of an act which is seen as socially harmful that is specifically defined, normally prohibited and found punishable under criminal law

Moreover, Tappan's conceptualization is seen to be a legal one, which affirms that the state and only the state has the discretion to define crime. A society can successfully curtail or eradicate crime if it will engage in rescinding all of its criminal statutes. In some situations, these may not eliminate behavior which are specialized by-laws, in other words, the behavior would doubtless increase, which may be as a result of a situation referred to as "crime keeps moving around, and because it does some criminologist have declared impossible to generalize about what is and is not real" (Hawkins, 1995, p. 41). In line with the above, Walsh (2008:17), opines that:

When all is said and done, crime is a sub-category of all harmful acts that range from simple acts like smoking to very serious acts like murder. Harmful acts, such as smoking tobacco and drinking to excess, are not considered anyone's business other than the actors if they take in private or even in public if the person creates no annoyance.

The above quotation suggests that some acts are seen as harmful which requires regulations, but it does not contradict the criminal law or violate any established law of the state. Bipolar disorder is among one of the most severe and disabling mental disorder influencing parent, relatives and societies (Thorup et al, 1999). Some literature has suggested that bipolar as a mental disorder is hardly seen among the general population thereby making a study of the population to have an increased profile risk. In the same direction, literature suggests that individuals who develop bipolar disorder show tendencies of illness even before they attain adulthood. However, the peak age of onset of some mental illness diagnosis is in young adulthood, such as bipolar disorder or completion data on mental health and is related problems may not be seen until post-adolescence (Kessler, 1994). Furthermore, Thorup et al. (2015), opines that:

Children born to parents with bipolar disorder also have an increased risk of developing other mental disorder specifically early-onset bipolar spectrum. Most adults with bipolar experience their first mood symptoms before the age of 21 years, whereas most children, whereas most children at high genetic risk who develop bipolar disorder in life show manifest symptoms of the disorder much earlier, often before the age of 12 years.

In view of the above, Strober (1992), affirms that about 25% or more of those attended with bipolar disorder experience their first attack as adolescents. Bipolar disorder is believed to be characterized by profound despondency, thereby leading to an abrupt reduction in mental and physical activity which include altering sleep and appetite and likewise confused ruminative thinking (Knoll, 2006). Depression on members of the society is seen as a major public health problem, and May often co-morbid with particular mental problems which can also include bipolar disorder (Gellerman et al. 2001, National Institute of mental health, 2006). A study conducted by the National Institute of Mental Health in 2007 reveals that 40 fold increase in bipolar disorder among youth over the past 10 years. According to Kerner (2015), bipolar disorder is believed to be a complex and severe psychiatric, despite that incidence has suggested that some people likely know a friend, a colleague or word or even a family member is affected by the disease (Bipolar disorder) Empirical literature on bipolar disorder opines that its symptoms include episodes of abnormally elevated, expansive, and likewise irritable mood which is normally accompanied by an inflated self-esteem. Furthermore, Kerner (2015), affirms that certain symptoms occur or presents itself, which are decreased the need for sleep, increased talkativeness and lastly flight of ideas.

Moreover, bipolar as a mental disorder may lead to behavioral issues which can also lead to interpersonal difficulty, including abrasive communication, distrust, anger, paranoia and disrupted family, social and health care (PCP) relationships (Culpepper, 2015). Furthermore, bipolar disorder is believed to be characterized to vulnerability, depression, and episodic mania (bipolar I) or hypomania (i.e loss, severe mania, bipolar II) in some scenario, rapid cycling between states (Miklowitz et al 2007). Similarly, bipolar disorder (BD) is seen to be a common disorder which is normally associated with functional and cognitive impairment, negative health outcomes and increased risk of suicide among its victims (Lemonte et al 2015). Moreover, bipolar disorder is believed to be characterized by fluctuations between depression or mania (Huxley et al, 2001). In this direction, Lurigio et al. (2004) opine that bipolar disorder presents several significant diagnostic and management challenges. It may go unrecognized and diagnosed. However, some symptoms of mania may be more conspicuous, but patient with bipolar spend more time with depressive symptoms (Adaudo et al, 2015). For example, I long-term study of patients with bipolar I disorder reveals that depressive symptoms accounted for approximately two-thirds of time spent with symptoms. (Simonoau, et al. 1995). Furthermore, patients with bipolar disorder may present comorbid condition which may be seen as a reason to further complicate diagnosis and treatment, with the majority of its patients exhibiting at least I co- morbid psychiatric or general medical conditions which may include substance use disorders, anxiety, cardiovascular disease and obesity (Diane et al, 2015).

Similarly, in distinguishing bipolar disorder from major depressive disorder (MDM) may be challenging, which may be due to its overlapping diagnostic criteria between the disorders (Silver et al, 2005). The diagnostic and statistical manual of mental disorders (2014) major depressive episodes one seen to be a feature of both major depressive disorder (MDM) and bipolar disorder (BD).

3. Nexus between bipolar disorder and crime commission

Several opinions have attempted to establish a connection between bipolar disorder and occurrence of crime with most emphasis laid on violent crime. According to Surett (1999), mental illness is believed to be a major motivation for criminality with most crimes on media like television and other entertainment media. In another word, John Monahan (1992), cites a survey by Gerbner, Gross, Morgen, and Signorrielli, (1981) reveal that on prime-time American television, 73% of all persons that were characterized as mental disorder were involved in some violent behavior. Furthermore, an analysis by Shain and Philips (1999), also reveals that 86% of virtually all print stories that dealt with previous mentally derailed patients focused on the violence of patients, mostly if the topic was related to a serial or mass murder. Thus, the "tendency to make the connection between crime and mental disorder is not new, nor is it limited to the media" (Bartol and Bartol, 2005). Moreover, Monahan and Geis (1976), suggest that mentally ill were more inclined to violence and should be confined, if it becomes important, this will help to protect the society from harm and consequences that may be unleashed by the mentally ill. Moreover, mental disorder is often used to refer to a rather heterogeneous population, individuals with various permutations of mental illness experience different symptoms, different levels of functional impairment, and importantly for the task at hand, exhibit different behavioral manifestations of these symptoms (Vogel, 2014).

However, Swanson et al(1990), Swanson (1994), were of the view that serious mental illness such as bipolar disorder and schizophrenia were seen to be more likely to involve in violent assaults than those without such disorders. According to Brodsky, (1973), Henn, Herganic, and Vanderpear, (1967), Monahan, (1981), Rabkin, (1979), were of the opinion that persons who were mentally ill, likewise the ones that were severely mentally ill were more likely to indulge in serious crimes against others than members of the general population. Furthermore, Bartol and Bartol (2005), observe that mentally ill or disordered patient had cases of violent incidents in the past had a higher possibility of being violent after a short period of release from the hospital. Thus, Schizophrenia, bipolar disorder and other mental illness are seen to be connected to violence (Blackburn, 1993).

Moreover, some clinicians were the view that several violent offenses were perpetrated by mentally disordered patient, with specific reference to persons suffering from bipolar disorder (Cleckley, 1976). Consequently, other researchers have since replicated these findings, demonstration that mentally ill with specific reference to bipolar disorder is indeed a risk factor for violent behavior (Silver and Teasdale, 2005- Sirotich, 2008). Similarly, the presence of certain personality disorders, such as anti-social personality disorder and psychopathy, has shown to increase the risk of violence among mental health patients diagnosed with axis I disorders Crocker et al, (2005), Harris et al, (1993), Link et al, (1999). However, Monachan et al, (2001) stated that "the propensity for violence is the result of the accumulation of risk factors, no one of which is either necessary or sufficient for a person to behave aggressively toward others" (p:142). It is in this direction that Bonta, Law and Hanson (1998), observe that persons with mental illness are its present or previous is seen as a major predictor of criminal conduct and violence by the offender.

In relation to empirical literature and academic findings reveal that mentally ill individuals were involved in violent behavior far above individuals that were not mentally ill or had a history of mental illness (Swanson and Holzer 1999- Holzer, Ganju and Jono 1990). Another empirical literature suggests that some causes of the high recidivism rate were due to inadequate treatment of patients (Adams and Ferrandino, 2008- and co-occurring disorders (Knoll, 2006). Vogel (2014), came up with an evidence of the link between mental illness and criminal behavior. Thus, mental disorders and crime, including homicide, may be related because doctors do not, or cannot, provide adequate services" (Hanson, 1998) Similarly, both violent and none- violent behavior is seen in more common in offenders with psychosis and depression, including persons who have experienced hopelessness, hallucinations, and paranoia (Felson, Silver and Ramster, 2012). In line with the above, Lamb et al (2014), observe that as a result of an examination of mentally ill patients' criminal histories, he concluded that:

Thus we were able to observe that a series of nonserious offence committed by many persons with severe mental illness often resulted in a lengthy criminal history with no narrative included in the electronic records as to what really happened. These individuals may have appeared as habitual criminals when they came to the attention of law enforcement and their criminal histories were accessed. In reality, they were persons with serious mental illness who were not recovering adequate treatment, and they acted in an inappropriate and often aggressive manner when stressed.... Thus, this person with severe mental illness continues to be criminalized (p. 785).

Conclusively, Eric (2009) called upon researchers to better incorporate criminological and sociological variables into the study of mental illness and crime.

4. Consequences of Bipolar Disorder

Bipolar disorder as a mental illness has several consequences on a growing population. The glitches persist because this illness has been neglected in the past and very few are even aware of such an ailment (bipolar disorder). Empirical literature were to identify some consequences of bipolar disorder on a growing population. For example, according to Nicholson, Biebel, Hinden, Henry and Steir (2001), men and women that have mental illness (bipolar disorder) may be at least as likely as those who were without psychiatric disorders becoming parents, and in most cases if not more likely. Wheelock, Beardslee 1994, Lapalms, Hodgkin, and Laroche, (1997) concluded that some problems were experienced by children that had a mentally ill parent. Weissman, Warner, Wickramatne, Moreau, and Olfson (1997), were of the view that offspring of parents who are depressed were seen to have lower scores on social adjustments which include their (work, marital status, family) Rutter and Quinton (1984), were of the view that an association that transpires between parental and child disorder is believed to be environmentally mediated as against genetic determinant.

Moreover, bipolar disorder is seen to be linked to severe functional impairments which some include marital problems, higher rates of a family (Coryell et al, 1993- Simoneou, Miktowity and Saleem, 1998). The above situation is present within families of bipolar patients that arise which may be due to several consequences of illness episodes, but should be known that it bears a prognostic relationship to future re-occurrences (Miklowitz, 2004- Mottzi, 1993). Another consequence of bipolar is that it aides high recidivism rate, which was due to inadequate treatment (Adams and Ferrendino, 2008- and co-occurring disorders (Knoll, 2006). However, with re-occurring disorders not attained to in terms of treatment, treating mental illness (bipolar disorder) may not yield a positive result, thus rendering it ineffective (Brendt, 2012). The situation of an untreated disorder may lead to recidivism. Similarly, Silver and Teasdale (2005), argues that the association between mental illness and violence may be attributed to a common set of factors they proposed that stressful life events, such as violent victimization increase the risk that an individual will experience a major mental disorder that further asserted that:

The relationship between mental illness and criminal behavior may be mitigated or exacerbated between mental illness and criminal behavior, mental illness and criminal behavior (Jeusdale, 2005, P: 41)

Conclusively, patients with mental illness "make society uncomfortable" (Brandt, 2012). This may be as a result of a shortage of resources which some may include finance, time, and space, treatment administered on mentally ill is narrowed down to the administration of drugs (Adams and Ferrandine, 2014).

5. Conclusion and Recommendations

Bipolar disorder as a mental illness is believed to be a major motivation for criminality. Furthermore, mentally derailed individuals were disposed to violence and crime. This shows a connection between crime and mental illness with specific reference to bipolar disorder. This view is upheld by the idea of Blackburn (1993) who reveals that bipolar disorder and other forms of mental illness are seen to be connected to violence. Conclusively, mental illness is connected to crime and violence. In order to ensure effective management of bipolar disorder, the following recommendations are proffered:

1. The government at all levels should ensure better treatment for bipolar disorder patients by providing drugs which will have a long-term cure for bipolar disorder patients.
2. There is a need for agencies responsible to adequately equip hospitals with efficient facilities to treat bipolar disorder patients.
3. There is a need for government to intensify its effort in treating bipolar disorder which may be achieved with a good collaboration with non-governmental organization, foreign organizations like the World Health Organization (WHO), developed countries. This may lead availability of drugs for treatment
4. The government should encourage more of its citizen specialize in psychiatry as the area is not well occupied.
5. There is a need for government to inject more funds for sponsorship and re-training for medical practitioners

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