ПСИХОЛОГИЧЕСКИЕ НАУКИ

EXPERT ASSESSMENT OF A MALE SUFFERING MIXED SENSORY AND MOTOR APHASIA WHEN ENTERING INTO AN AGREEMENT

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SUMMARY:
In order for a legal entity to be able to act, it is necessary to fulfill two psychological criteria: to be able to understand his/her actions and to be able to direct them. The difficulty in forensic psychiatric practice arises when it is concluded by a person who is not under injunction, but in the course of the act he/she was in fact incapacitated. He/She was in a state where he could not understand or direct his actions. Article 31, para. 1 of the Code of Criminal Procedure provides that the agreement concluded by an authorized person, which at the conclusion of the contract did not meet these two requirements, is voidable.

The expert assessment is intended to establish the psychological suitability of a person suffering sensory and motor aphasia who has transferred his ownership right over a real estate by a sale/purchse contract.

A forensic psychiatrist and clinical psychologist are involved in the process of certification.

Key words: capacity, incapacity, entering into agreements, mixed sensory and motor aphasia, expert assessment

Introduction

Legal agreements validity is related to the capacity of the persons who perform them.

Some authors [5, 6, 8, 9, 10, 13, 14] in their research consider that the capacity is weakened if mental disorders limit the ability of entities to understand the meaning of their actions and their consequences, determining the inability as a properly and a rational interpretation of the situations which they are in and the ability to control the behavior. It is also noted the need to use different criteria depending on the nature of the agreements [7, 12]

Assessments in connection with claims for recognition of the invalidity of a legal agreement or contract are often appointed when a property is transferred in exchange for care, purchase or sale of a dwelling, etc., in the case of invalidation of powers of attorney given by elderly patients, entities registered in mental hospitals or having behavior that produces suspicion of mental disorder. The assessment can also be assigned after the death of the person.

The legal capacity of entering into agreement is defined in the Law on Obligations and Contracts in Art. 31: „A contract entered into by a person possessing capacity shall be subject to invalidation provided that upon conclusion of the contract that person could not understand or could not guide his/her acts " [2].

The mentioned legal wording does not contain any medical criteria that can be commented on. However, two psychological criteria are included:

- the ability to understand and
- the ability to guide their actions.

The expert task is to establish the mental fitness of the person „to understand and guide his/her actions " (Art. 31, para.1 the LOC) [2]. Formula for the legal capacity for deals and agreements differs from the relevant legal formulas when placing under interdiction, in wills and in delict liability. There are no explicitly stated medical criteria, ie there are no indications of the reasons that lead to possible unfitness, but the presumption that these reasons may be mental disorders remains valid for an expert. Indeed, the text of Art. 31, para. 1 does not contain medical criteria, but it can be assumed that, by analogy with the general legal writing of incapacity (Art. 5 of the LPF) [3] they should be understood as one of two options: dementia or mental illness. Here, however, mental illness can be understood not only as a long-term, but also as a short-term disorder of consciousness.

The Law on Obligations and Contracts unlike some other legislations, has no separate provisions for the so-called unilateral expressions of will, that rise certain legal consequences. In Bulgaria, the issue is dealt with in the contract section and Art. 44 of the LOC [2] states, that provisions set forth for them shall also apply to unilateral expressions of will. Art. 27 of the LOC constitutes that agreements concluded by persons of legal incapacity, or by their agents without observing the requirements established for such agents by the law shall be subject to invalidation. This means that no agreement can be concluded between a child under 14 and a person placed under full interdiction. They cannot also make unilateral expressions of will which are nor agreement. Their legal representatives - parents or guardians act instead of them. They will have to act in compliance with all the requirements that the laws have created to protect the interests of minors and those placed under guardianship. The invalidation of their

deals, created by law, means that initially they are in force until not attacked in court. In contrast to the nullity which does not create the desired legal consequences, which everyone can always refer to and court of its own motion make the decision, concerning the invalidation if the interested party does not claim it within the legal limits, the legal deal is in force.

Cases of legal action by ineligibles, who are under injunction, do not cause difficulties. In the court proceedings for their placement under injunction, their qualities were assessed and the court ruled on and the decision has entered into force. As long as the regime of placing under injunction established by it is not cancelled by the court, all actions of these persons are also null and void.

Difficulties in forensic psychiatric practice arise in the conclusion of deals by persons who have not been placed under injunction but who, carrying them out were in fact incapacitated, were unable to understand or guide their actions.

Article 31, para. 1 of the LOC stipulates that the agreement concluded by a person who has the capacity, who at the time of conclusion of the agreement was unable to understand or guide his/her actions, shall be subject to invalidation. The criterion for the nullity of the agreement is different from the one for placing under injunction. The presence of a mental illness or dementia, that prevents the subject from taking care of his or her work, is required for placing under injunction, while in this case inability to understand or guide his/her action is needed. The law is not interested what are the reasons which led to such misunderstanding or inability to guide the actions.

Invalidation of the agreements concluded by incapacitated and also by persons who have the capacity but were in a state of factual incapacity may be claimed only by the party in whose interest the law allows such invalidation – Art. 32 of the LOC. And this means he himself/she herself to be incapacitated. The right is limited to a three-year period, which commences on the day the person comes of age, or the interdiction is lifted - Art. 32, para. 2 of the LOC.

The expert task is to establish the mental fitness of the person „to understand and guide his/her actions" (Art. 31, para. 1 of the LOC).

It is not excluded that the idea of the legislator in the text of Art. 31, para. 1 of the LOC is not limited to medical (psychiatric) indications. However, the psychiatrist expert should only intervene when discussing psychiatric causes. The peculiarities of the assessment in such cases are that the fitness can be destroyed both completely and partially.

The expert assessment does not evaluate the prospective fitness but the one which has already been implemented in relation to a particular action in the past. This assessment has similarities with the assessment of sanity and because the mentioned competencies are formulated using two similar criteria: intellectual and volitional.

An expert assessment may also be appointed when the persons during the deal were being placed under interdiction, but their factual incapacity in respect of a particular legal action is disputed. It is also accepted when the person is passed away.

More serious expert problems arise in cases of elderly persons who have sold or transferred their homes and other property in exchange for care. The most commonly discussed in these cases is whether and how deeply the potential atherosclerosis of the brain or dementia impacts the psyche. In this respect, the working conditions of the expert are very similar to those of challenging the legal validity of a testator's will. [4]

Case Description:

Y. V. S. is a 67-year-old man, with no burdens on his family with mental disorders. There is no evidence of his early physical and neuropsychological development. He has secondary education. He served his regular military service. He worked as a sailor for BMF. Retired due to illness since 2002. He has been married four times. He lives in a household with his last wife. On 10.11.14 he transferred to his daughter from his first marriage the right of ownership of his flat under sale/purchase agreement.

In order to clarify the mental state of Y. V. S. at the time of signing the agreement, a forensic psychiatric assessment was appointed. The Psychiatrist Expert, after reading the materials of the civil case and conducting an interview, in order to clarify the status of the person under assessment, required the Court to include a clinical psychologist in the Expert Committee.

Description of the disease course:

In 1999, JS suffered ischemic brain stroke - IS in LMCA. In 2011, he suffered acute myocardial infarction due to coronary artery disease, arterial hypertension and cerebrovascular disease. On 03.11.14, on the occasion of an increased blood pressure - BP-170/80, measured by a team of CSMP, he had a brain accident and therefore was hospitalized in a Nervous Disease Clinic.

Anamnesis at admission to the clinic: „Admitted to the clinic for the first time. On 02.11.2014 around 21:00, the patient suddenly felt loss of strength in his right limbs and could not speak. About 04:00 on 03.11.2014 a telephone conversation was conducted by the wife with a team of CSMP, recommended intake of a Nitroglycerin tablet. (without BP measurement). In the morning on 03.11.2014 a team of CSMP was called because of the persistence and intensification of the complaints, BP-170/80 measured, transported to the hospital in the Emergency Department of the University hospital "St. Marina", where, after examination by a neurologist, admitted to the emergency clinic for diagnosis and treatment.

Past medical history: Condition after IS in LMCA (1999), residual right-sided reflex hemiparesis. HH (hypertensive heart). IHD-AP during efforts. ST-segment elevation myocardial infarction, in chronic stage. Coronary atherosclerosis. Status after RSI of RAC and RIM (month 12.2011). Chronic arterial insufficiency of the limbs. Duodenal ulcers in remission. Dyslipidemia. Nephrolithiasis. Bilateral coxarthrosis. Condition after left subclavian artery stenosis surgery.

Somatic status: The man's visible age is corresponding to the actual. In impaired general condition. Conscious. Non-contact due to aphasia. Normostenic build. Afebrile. RS - vesicular breathing on both sides, without wheezing. CV Sistem - rhythmic heart beatings, BP - 160/80, HR - 70 b / min. Abdomen - above chest level, soft, painless, without organomegaly. Limbs - no swelling in lower legs, stored ripples of peripheral vessels.

Neurological status: No meningoradicular irritation. Cranial nerve - no facial asymmetry, middle tongue. Locomotor Activity - right-sided central hemiparesis - moderate in arm, light in leg. Tendon and Periosteal Reflexes - moderately brisk L> R. Babinski (-) double-sided; Coordination and Sensitivity - not tested reliably; Pelvic Reservoir-controlled; ВКФ Висши корови функции Higher cortical function – СМА спинална мускулна атрофия Spinal Muscular Atrophy. Grade of severity - 16p. on the Glasgow-Liege scale. NIHSS - 8p.

CT scan of the brain: /03.11.2014г./: A hypodense zone of approximate axial dimensions of 79/31 mm is visualized in the left temporoparietal junction having a form of acute IS in LMCA. No compression and dislocation of middle structures. Symmetric undiluted ventricular system. Normal external ventricular drainage. P C F - normal. Intact bone structures. Normal pneumatization in paranasal sinuses. Conclusion: Acute IS in LMCA.

CT carotidography: /06.11.2014г./: Right subclavian artery: with normal flow, no calcium plaques and significant stenoses. Left subclavian artery: separates at 43 mm from the left common carotid artery arch – after subclavian-carotid transposition; without significant stenoses. Right common carotid artery: contrasted lumen of 7.5 mm normal in caliber, without calcium plaques and significant stenoses; in the area of the myelencephalon, several dot-like calcium plaques are found, with no significant stenosis. Right internal carotid artery - proximal segment - calcium plaque and stenosis up to 20%; the remaining segments - no significant stenosis. Left common carotid arteries: no significant stenoses and calcium plaques. Left internal carotid artery: the proximal C1 segment after separation at 7.5mm, a soft plaque and 45% stenosis were detected; other segments - no significant stenoses. Vertebral arteries bilaterally - without significant stenoses. Conclusion: Left internal carotid artery - in the proximal C1 segment after separation at 7.5mm, 45% stenosis was detected.

Disease course: During his hospital stay, stability in haemodynamics and partial reversal of focal neurological symptoms were observed, persisting in right-sided central hemiparesis - mild, full motor and partial sensory aphasia. On the occasion of the duplex sonographic finding, additional CT supporting carotidography on extracranial arteries was performed. The patient was shown for duplex sonographic control after 6 months. Based on the patient's history of an acute cerebrovascular accident in a patient with hypertension, dyslipidemia, research and consultations, and tracked dynamically somatic and neurological status the above diagnosis was adopted after discussion. The patient is discharged with established topical and etiologic diagnosis, stable general condition - set focal neurological and without cerebral symptomatology, lack of acute inflammatory process.

Disease outcome: The patient is discharged with stable vital signs, conscious, elementary contact due to aphasia, afebrile, with stable hemodynamics, persisting right-sided central hemaparesis - mild, full motor and partial sensory aphasia. Verticalized to the degree of sitting in the bed with someone else's help. Grade of severity - 18p. on the Glasgow-Liege scale. NIHSS - 4p.

Patient Discharge Status: Conscious, elementary contact, afebrile, with right-sided central hemaparesis - mild, full motor and partial sensory aphasia. ..."

Y. V. S. was discharged on 07.11.2014 with a final diagnosis: Ischemic stroke - an atherothrombotic infarction within the LMCA. Chronic carotid and vertebrobasilar insufficiency. Grade 3 hypertension moderate cardio-cerebral form. Dyslipidemia – drug - corrected. Right-sided central hemaparesis. Complete motor and partial sensory aphasia.

Description of forensic psychiatric and forensic psychological research and conclusions:

During the psychiatric interview, he says: „Today is 15th", then becomes tense and anxious and begins to look at his wife to help him: „Tell ... Then I watched, I watched today, the year of 2004." Въпрос на вещо лице: „What year were you born? "- Answer: "48. "

Expert's question: "PIN?"- Response after long silence: "48".

Expert's question: "When do you have a birthday?"- Answer: "1914".

Expert's question: "Where do you live, on which street?"- Response after long silence and thinking:"I cannot say."

Expert's question: „Who do you live with?" – Answer: „In Varna, street, ... street ... / begins to get angry / block 4, 3, block of the third entrance, 14, entr. B, ..."

Expert's question: "Education?". Answer: "Secondary."

Expert's question: "Military service?" - Answer: "Vidin, Sofia", after that he starts thinking, "no, not in Bourgas I served, the school before Burgas / again becomes tense /. Burgas, before Burgas cannot remember. "

Expert's question: "Work?" - Answer: "I was travelling ..."

Expert's question: "How many years of experience?" - Answer: "I lost, ... / again after long silence / I cannot ...".

Expert's question: "When did you start forgetting?" - Answer: "When I went into hospital and fell asleep."

Expert's question: „Marriage?" – Answer: „34-35 ... 45-44."

Expert's question: „More precisely?" – Answer: „34."

Expert's question: „Children?" – Answer: „There are and they lied. ... They lied about everything."

Expert's question: „All the children?" – Answer: „Yes,… no, no, only Vanya. She stole everything. She stole documents."

Expert's question: „When?" – Answer: „She came with a lawyer. He said: „He cannot write."

Expert's question: „What did you sign?" – Answer: „I don't know ... . I lie, I don't know, I cannot. He said: „He is not good, he cannot write."

Expert's question: „Did you want to give the flat to Vanya – Answer: „She brought him. I didn't say take it. ..."

Psychological status during FPR: Psychomotorly retarded, depressed, neat appearance. The contact is carried out in torturous, dysarthric speech, by syllables, with many pauses. Slightly anxious, as anxiety increases when he is unable to remember some facts that leads to a spontaneous crying. Oriented for a person, disoriented for a place and time. Does not share and disorders in his perceptual and conceptual activity are not detected. Retarded tempo, with a poor vocabulary, psychotic thought process. With reduced concentration and attention. Emotionally labile and incontinent. Hypobulic. Intellectual and mnestic abilities - severely reduced in a limited type.

Conclusion based on the results of neuropsychological research

Methods used: Bostan naming test, Isaac's Test, Boston Diagnostic Aphasia Examination, Kertest test

Speech is dysarthric speech, argrammatic, can say its name, can execute nonverbal commands, does not understand all commands.

Oral Speech - spoken narrative speech.

Expert's question:„What is your name?" – Answer:„Yonko."

Expert's question:„Where do you live?" – Answer: „At Varna."

Expert's question:„What is your past work experience?" – Answer: „Hm mm and and and and andzzznooo, I don't know, hmm forgot". (Agrammatism)

Independent Utterance

Expert's question:„How old are you?" – Answer: „One, they told me … sixty, sixty-seven, sixty-eight, sixty-seven – seven." (Perseveration)

Expert's question:„Where do you live?" – Answer: „ At, at, at Varna."

Expert's question:„Where did you work?" – Answer:„Where, ... m m m mm at at izzzz I remembered, sometimes I know them and they tell me tomorrow, they remember days, forget and they take me tomorrow".

Expert's question:„How are you today?" – Answer: „I didn't want".

Expert's question:„Tell me your address." - Answer:„The nail doesn't fit".

Automatic Speech

Count from 1 to 10 - „You didn't tell me, I don't know".

Tell me the months of the year - „hm ", when starting naming the first month says "January".

Tell me the days of the week - „I can't, not knowing, they studied a lot, every Friday, they as they as in the hospital, from this last year my wife from this last year was they taught me to know and I'm studying since Tuesday but I don't know the letters".

When starting naming the days of the week says – "Monday, Tuesday, Wednesday, that's all".

Repetition

Repeat after me and he himself replies spontaneously „one", he can repeaepeatt letter "A", cannot – O he pronounces U instead, can r повтори R, cannot SH he pronounces SHT. He can't repeat meaningless combinations AI, AU „YAYU", r-d-z „tere", and „tih", when repeating simple words home "hone", chair "chair", bird "bir bir bir" лъжица „гласита", plumbing „bing", can not pronounce a syllabic sequence ко-шница. Repetition of phrases the dog is barking/dog barks „peg", the child is sleeping „the child is sleeping ", children are lost in the woods „die the child and that's all ".

Instruction

Give me your hand „gihand conveniently ", close your eyes „fasten the child ". Show me your nose, казва „Show your mouth ", clench your hand into a fist „I can't tell that".

Images

He can name objects such as apple Може да назовава предмети ябълка, cock, wardrobe, when giving a nonverbal command to clench his hand into a fist he does it, but says „shoes".

He cannot repeat rhythmic structures.

He cannot recognize mixed parts of animals.

He can recognize crossed out letters.

Poppelreiter figures

He does not recognize the images, he says a bag, a tree, a meter, "and here the things gather", for a crossed out comb says "wire".

Handwritten text - point the number three, he points it correctly, but says "one", he does not recognize the clock, in the second attempt he does it correctly.

He can recognize handwritten and printed letters.

He cannot name a stool as a real object "with P I know it, I know it".

Written speech – He can write his name, he cannot write the word "lamb"

Echo responses

Today the weather is good „today the day is good".

Can not recognize parts of the body says „apple" for the shoulder.

Understanding the meaning of complex relationships Does cork sink in water „something, I can't tell that ", Do two kilograms of flour weigh more than one „I can't tell that ".

When reading a short story and asking questions the examined person cannot answer the questions, but says "one year I drink for ... for ... for".

Verbal fluency

He names animals, but there are intrusions, and paraphasias "luh", shows a decline in verbal fluency.

Reading

He can read three-letter words бор bag, дом rug.

Двор – дор tree -тее, чест – тош chest - tosh.

Figures

He names “a bike” and draws it, draws a diamond, cannot redraw a three-dimensional figure.

Boston Diagnostic Aphasia Examination

Brush says „peg”, dominoes says „three four, five, one”, funnel „t ... t for water” (crossed aphasia), boat „swing”, mask „be, be”, camel „horse”, tree „tree, tree, winter”, harmonica “ I can’t say that”, after starting with harmo, says „how”, how is, is was harmo, after starting again with harmo says „har”, after saying the word without the last syllable says „harmoni, harmoni”, looking at the last pictures says „I can’t say anything, everything”, after saying the beginning of the word P says „Pen” при подаване началото на думата щи казва „Щип” after saying the beginning of the word swing says „water”.

Summary:

At the time of the examination, irregularities in the process of production of verbal communication were observed, the stages of selection and planning of language units, as well as programming and implementation were affected. There was an articulatory apraxia (difficulties in articulation, occurring in all forms of oral spontaneous speech, echo responses, reading aloud, as well as slowed, torturous speech, by syllables, with many pauses, searching for correct articulation position, inadequate use of phonemes i.e. looking for the correct syllable), dysarthria (speech is crushed, sometimes incomprehensible with irregular intonation, stress). Qualitative and quantitative reduction of verbal expression (oral and written). The examined person is aware of his mistakes and tries to correct them, but almost always unsuccessfully. Constructive agramatism is observed (verbal messages consisting isolated words or phrases are observed) both in oral and written speech i.e. the grammatical structure of verbal messages, as well as insensitivity to the grammatical structures of understanding, is broken. There are irregularities in understanding of the spoken speech, he cannot read. Nomination (naming) is also broken.

Conclusion:

During the expert examination, mixed sensory-motor aphasia (global aphasia) was observed. There were severely irregularities in production and understanding of verbal messages, irregularities in spontaneous speech due to language generation disorders and articulatory praxis, the massive deficiency in language production makes the spontaneous writing, eco responces and nomination impossible. There are big difficulties in understanding of oral and written speech. After the examination and the identified deficiencies, ie. not understanding oral speech, irregularities in reading, not understanding written speech, the examined person cannot analyze the requirements of the environment, which leads to a limited resource for coping with difficult life situations due to the fact he cannot make adaptive decisions and understand the necessary information about the requirements of the environment.

Case Analysis:

The assessment began from the diagnosis of a possible mental illness and it was necessary to determine the nature and severity of the symptoms and their effect on the relatively specific set of mental qualities suggested by the law as being able to conclude a legal agreement or contract. From the Case History of the Nervous Diseases Clinic it was evident that the examined person had been discharged with Ischemic Stroke - an atherothrombotic infarction within the LMCA, with right-sided central hemiparesis and full motor and partial sensory aphasia. Left hemispheric strokes more often result in vascular dementia compared to right ones. After a stroke, irreversible changes in brain cells occur that lead to the emergence of neurological and subsequent emotional and intellectual-mnestic disorders. In the case of a stroke in the territory of the left middle cerebral form, partial sensory and motor aphasia occurs at the beginning. Afasia is an irregularity in the langusge coding (production) and language decoding (understanding) of speech messages. In addition to disorders on language (symbolic) level in a case of diagnosed aphasia, disturbances of motor commands to speech muscles (oral and articulatory apraxia), as well as ones of gnosis for verbal sounds (phonemes) and letters (graphemes) are often added, respectively speaking verbal auditory agnosia and verbal visual agnosia. When speech disorders are predominant in production of verbal messages (speech and writing), aphasia is referred to as expressive or motor, and when the understanding of speech (heard or read) is mainly disturbed, aphasia is either receptive or sensory. The most common aphasia is mixed – sensory and motor. In motor aphasia, the spoken speech is disordered while understanding of the someone else’s speech is saved and there are no motor disorders in the muscles involved in speaking. Motor aphasia may be complete and partial. Patients with complete motor aphasia cannot pronounce a word or use verbal emboluses - stereotypical words, frequent swearing or meaningless sounds, different in intonation depending on the experienced. In partial motor aphasia, patients use a certain number of words and expressions. Frequently, literary paraphrases are observed – replacement of separate letters in words with others. In sensory aphasia - when hearing on the tones is saved and normal natural auditory gnosis, patients are unable to understand someone else’s speech (complete sensory aphasia) or they only understand separate words and phrases (partial sensory aphasia). Patients, with pathological excessive wordiness (logorrhea), in combination with verbal paraphasia, frequently speak a lot by mixing words close in meaning. Spontaneous excessive wordiness is sometimes so confused that it imitates an unknown language (jargon aphasia).

Conclusion:

In sensory and motor aphasia, the patient is unable to pronounce words and understand their meaning. The disease of Y. V. S. at the time of signing the power of attorney did not allow him to understand what the notary was reading and the significance of his own legal action. He was not able adequately to take care of his acts and defend his interests to the fullest.

The joint work of a forensic psychiatrist and clinical psychologist is nessessary in clarifying such cases

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ПОНЯТИЕ О СОЦИАЛЬНОЙ ФРУСТРАЦИИ И ЕЕ ПЕРЕЖИВАНИИ

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Аннотация

В настоящей статье освещены основные характеристики и факторы переживания индивидом социальной фрустрации. Рассмотрены ведущие подходы в отечественной и зарубежной литературе по данной проблематике, а также определены основные формы проявления социальной фрустрации. Проанализированы исследования ученых в данной области и сформулированы выводы о необходимости пристального внимания к данной проблематике; определен спектр вопросов, которые требуют решения в отношении понятия о фрустрированности и его последствиях для индивида и общества в целом.

Abstract

This article highlights the main characteristics and factors of the individual experiencing social frustration. The leading approaches in the domestic and foreign literature on this issue are considered, and the main forms of manifestation of social frustration are revealed.

The actual and practical significance of the application of the main aspects of social frustration as a phenomenon is shown. Also in the article it is determined that social frustration is not yet fully researched concept and now there are all the prerequisites for a more in-depth and applied research of this concept in the conditions of modern reality

Ключевые слова: фрустрация, переживание, толерантность, адаптация, индивид.

Key words: frustration, experience, tolerance, adaptation, individuum.

В условиях современной реальности все нарастающая в обществе агрессия и деструкция как довольно крайние формы фрустрационного поведения приводят к негативным последствиям, которые имеют существенную угрозу всему общественному благополучию.

Сейчас в современном обществе наблюдается довольно тревожная тенденция стремительного роста количества проблем, связанных с нарушенным функционированием психической сферы человека и их влиянием на различные социальные аспекты жизнедеятельности.