

Parasomnias and Violence.

Numerous good articles on this topic can be found online, but the following linked-to article was selected for some comment-provoking statements that appear in the last paragraph:

<http://www.sleepeducation.org/sleep-disorders-by-category/parasomnias/rem-sleep-behavior-disorder>

"RBD is a medical problem. It is not a psychiatric disorder"

"People with RBD do not normally have a mental problem"

"People with RBD are not more aggressive or violent than others when awake"

The writer anticipated that some readers would perceive such strange human behavior as psychiatric, thus found it necessary to dissociate REM Behavior Disorder from the stigma attached to both psychiatric illness and violence. It is also notable that the most vocal strain of the mental health community also dissociates psychiatric illness from violence as a means of combatting stigma.

Other sources, to the contrary, unequivocally describe REM Behavior as psychiatric.

<http://serendip.brynmawr.edu/exchange/madina-q/mind-and-body-possessed-schizophrenia-and-rapid-eye-movement-behavioral-disorder>

The central thesis of the About Psychosis page is to drive home the fact that SMIs (such as Schizophrenia, Bipolar, and Major "Depression") are in fact medical disorders, and moreover, neurological, so the "disclaimers" in the article are problematic on some level and irrelevant on another.

Some SMI advocates would like to cease referring to these disorders as 'mental illness' because this terminology fails to inform people about how much afflicted persons experience neurological loss of regulatory control. When people mistakenly believe that Schizophrenia is a psychosocial disorder they may be more likely to find afflicted persons criminally liable for violent or unlawful behaviors. People have gotten caught up in the criminal justice system for parasomnia-related violence, and some have been unjustly convicted just a predominance of cases involving SMI result in unjust conviction and punishment.

It is true that most people with SMI are unlikely to be violent, however, if psychosis is untreated, the electrical-chemical status of the brain can change, exacerbating to the

point that risk for violent behaviors can become acute. Researchers do not fully understand how these abnormal conditions of the brain produce violent behaviors in any of these disorders. People may be more rational in accepting violence as a symptomatic behavior when the disorder is not perceived as psychiatric. The writer attempts to gain access to reasonable-mindedness in the reader by de-stigmatizing the subject medical condition.

Juxtaposing the disclaimer that *people with RBD are not more aggressive or violent than others when awake* (just as people with SMI are not more aggressive or violent than others when treated effectively) with the hypothesis that Schizophrenia (for example) is a disorder of consciousness creates a ripe paradox.

The sleeping brain is a phase of consciousness, within which are other discrete phases. When the phases entering, exiting, or within somnolence become disordered, the abnormal electrical/chemical status of the brain can produce abnormal human behavior. In Schizophrenia, wakefulness may be abnormal in a persistent (rather than episodic, as in RBD or Seizure Disorders) way that can become acute without responsiveness to treatment. It may also be the case that the floridly psychotic brain can episodically, resemble the status of the brain in RBD or ictus, causing paroxysmal type episodes of violence. This type of symptomatic violence may overlap with delusion-driven behavior that is goal-directed and involve higher-order executive functioning. So it may be a mistake for someone to assert that goal-directed violence in psychosis makes someone more responsible for violent behaviors than someone suffering from a parasomnia. Disorder of consciousness may be the unifying aspect of these disorders that is most relevant to criminal responsibility.

The following linked-to article discusses the hypotheses of Schizophrenia as a consciousness disorder.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4423156/>