Dysmentative Brain Syndromes & Violence

When people read headlines like this about someone said to be “mentally ill”, they may think of the person as a ‘monster’ or evil.

> *Man Kills His Child, Tells Authorities That God Told Him to Do It*
> *Homeless Woman hits stranger on Head with a Hammer*
> *Young Man Kills Mother, Says She Was the Devil*
> *Woman Starts fire Causing Death of Tenants, Says Demons Were in Her Apartment*
> *Man Pushes a Commuter Off Subway Platform, Woman is Killed by Train*

In the vast majority of cases like, the accused is headed toward prosecution, conviction, and imprisonment.

When people are killed in incidents like this, and “mental illness” is involved, there are multiple tragedies involved, and that includes the person with the brain syndrome. Sometimes well-intentioned advocates or others will say things about the system being broken and it’s a shame that the person didn’t get help before a tragedy happened, nonetheless, that “mental illness” is no excuse. The advocacy and ‘mental health’ communities often have a primary concern about fighting off an association between “mental illness” and violence – at the expense of the person with the affliction. Tragedies like this spur the anti-stigma warrior to action, cranking out op-eds, and working their media connections to platform the stigma-busting mantra:

“The mentally ill are more likely to be victims than perpetrators”

The cause of actions described in those horrifying headlines is usually “psychosis” or some kind of abnormal brain functioning. NASNIcares calls it neurogenous dysmentia (not to be confused with dementia), and in particularly dangerous exacerbations, neurogenous dysmentia grausig, in which gruesome acts of violence toward the self or others can occur. Neurogenous refers to the cause being the electro-chemical neural mechanics of brain function. Dysmentia refers to abnormal or pathologic mentation (the neuro-mechanics of thinking) and

grausig is a German word meaning gruesome. Tragically, people who were trapped inside of this neurological status of the brain are targeted by the death penalty.

The reason why NASNIcares uses these terms is due to the deeply troubled history of how the profession of "Psychiatry" came to be and the crisis of lexicon that stems from that split. It is possible that most people don't know the difference between psychologists, therapists, and "psychiatrists". The entertainment medias are partially to blame for this, but ultimately, "Psychiatry" itself, and the general medical establishment that has indulged the troubled discipline of "Psychiatry" for over a century are to blame. Psychology and "Psychiatry" share a common lexicon, which is metaphorical, almost in its entirety.

Using metaphorical terms to describe real, bodily afflictions is a problem. "Psychiatry" – which is a medical specialty, should not be sharing a lexicon with psychology. Because of societal ignorance within the legislative and policymaker class, psychologists have even succeeded in getting the right to prescribe powerful medications that act upon the central nervous and other systems of the human body – which are known as "antipsychotics", (a hideous term like many others in the lexicon of psychiatry, given that the general public uses the adjectival form of this term (psychotic) in a derogatory way, or as synonymous with evil).

This neurology-psychiatry split came about because of numerous influences – from philosophical ideas, from evolving concepts of women's health conditions that drifted toward psychologizing biological illness, the misguided Mental Hygiene Movement, and other historical developments, all of which are complex enough to fill a small library of books.

A cohort of the advocacy community objects to these metaphorical and misleading terms like "mental illness" and moreover, takes issue with the term "mental health" being used to talk about what are truly physical conditions, in that they involve brain function. NASNIcares uses terms that reflect the biogenic (having a biological or hereditary cause rather than a psychogenic cause) nature of dysmentative brain syndromes.

The Problem with the term "Psychosis"

Psychosis is a problematic term, in part because of its Latin and Greek roots together rendering it metaphorical. Psychiatry takes the term for a symptom or behavior and attaches 'pathology' or 'osis' or attached the term 'disorder' - such as psychopathology.

Psyche - The human soul, mind, or spirit.
Osis - Abnormal or diseased condition

"Psychosis" is sometimes defined simply as a loss of contact with reality.
The following is a typical copy/paste definition:

> Psychosis is a condition of the mind or psyche that results in difficulties determining what is real and what is not real. Symptoms may include delusions and hallucinations, among other features. Additional symptoms are disorganized thinking and incoherent speech and behavior that is inappropriate for a given situation.

The definition, loss of touch with reality is manifested by the seeing and/or hearing of things that no one else can see or hear. One of the problems with that definition is that a person can be in solid touch with reality and experience a visual or auditory hallucination. Sometimes, a medication can be the cause. The expanded definition above - that it results in difficulties determining what is real or not is also flawed. Someone that is having difficulty determining if something is real or not suggests that they are questioning whether what they are hearing or seeing is real. That requires insight. So-called psychosis is neurological, not psychological detachment, and in neurological detachment from reality, insight (metacognitive capacity) is lost.

In common parlance we might say that someone, such as a politician that isn't taking a good read of the electorate, proposing a policy or program that the vast majority of people think is disconnected from the reality of their lives, could be said to be out of touch with reality. Here we have the same expression being used to describe someone with good brain health but off track in their sociopolitical

perspective and someone with a potentially catastrophic dysmentative brain syndrome.

“Schizophrenia” (Jacobi Fleming Nasse Syndromes), when untreated medically in certain people can get progressively worse until a person becomes neurologically detached from reality. This is not the same as being psychologically detached – which can happen to any of us. Neurological detachment is a disorder of the state of consciousness. Our state of consciousness has everything to do with thought processes, perceptual experiences, and behaviors. Unfortunately, in medical literature, general medicine is much too narrow in the conceptual scope of its discourse about disorders of consciousness (where the topic is usually conditions such as delirium, coma & vegetative states, for example).

It has been speculated that “Schizophrenia” is an REM Disorder because of the similarity of neurological phenomenon in the disease being so similar to that of the REM phase of sleep.

Anosognosia

Anosognosia is a neurological symptom in which a person loses the neural capacity to self-audit, to reflect upon their own thoughts, to recognize that something is very wrong with their mentation and behaviors – and moreover, that a brain syndrome is the cause. Anosognosia is a devastating and potentially deadly condition.

Confabulation

Confabulation is the production of erroneous memories without the intent to deceive. The false memories of confabulation can produce bizarre articulations and narratives. When someone is confabulating, and others are fully aware that the statements are obviously false, it can appear that that the person is what is referred to in common parlance as a ‘pathological liar’.

When people get swept up into the criminal legal system because their brain syndrome caused them to harm someone, anosognosia can oftentimes manifest through what appears to be incriminating behavior.

For example: The person in the throes of "psychosis" kills someone, then posts about it very openly on social media as if they have no awareness whatsoever, of the mortal danger they are putting themselves in. They might remain at the scene of the killing covered in blood, making no attempt to flee. They might even freely identify themselves as the killer in a bizarrely open way.

So-Called Psychiatric vs Organic, Physical, and Medical

A web search on the neurological phenomenon in the following section will retrieve a bounty of literature in which references are made that contrast "psychiatric" vs organic or biological conditions. Oftentimes it's impossible to figure out exactly what "psychiatric" means to the writer. Clearly, that kind of language is inexplicitly indicating that "psychiatric" conditions are not organic or biological or physical. This is a product of over a hundred years of the education of medical students having been corrupted by the concept of "psychiatric" illness. Note that the heading refers to 'other' – meaning in addition to these physical conditions known as "psychiatric", there are other medical conditions that can also disorder mentation and behavior.

There's another practice of medicine known as **differential diagnosis**. In this potentially life-saving evaluative process, there is often an explicit differentiation between so-called primary psychiatric and organic illness – clearly conveying the notion that "psychiatric" symptoms are not organic or that one is "mimicking" the other.

> *Advances in neuropsychiatry are increasing our understanding of brain-behavior relationships. With this knowledge, the classification of illnesses as psychiatric and neurologic appears increasingly outdated. - jscimedcentral.com*

Other Medical Conditions that Change mentation and behavior

Delirium

Delirium is an encephalopathy. Encephalopathy is defined as: Brain disease, disorder, or damage. The term refers to temporary or permanent conditions that affect the brain's structure or function. The main symptom of encephalopathy is a change in a person's mental state.

Medicine reserves the term encephalopathy to classify an altered mental status due to an underlying medical condition such as a metabolic crisis or organ failure. However, the most basic definition would describe so-called Schizophrenia and types or phases of "Bipolar". In "Schizophrenia", damage can occur due to the abnormal synaptic pruning during adolescence. Competent medical doctors and researchers make it clear, that "Schizophrenia" it is a brain disease and disorder – not a psychological condition caused by adverse life experiences, particularly in childhood (as traumatologists falsely believe).

Delirium often affects people that are critically ill, presenting to an emergency room or hospitalized in intensive care. It used to be called "ICU Psychosis". **Delirium is a change in mental status due to an altered state of consciousness.** Consider that we experience thinking while we are in a certain phase of sleep. This sleep state of consciousness alters thought processes and the content of our thoughts. Our bodies are paralyzed during sleep to prevent us from acting out while dreaming.

Signs and Symptoms of Delirium

Changes in alertness (usually more alert in the morning, less at night)
Changing levels of consciousness
Confusion
Disorganized thinking, talking in a way that doesn't make sense
Disrupted sleep patterns, sleepiness

Emotional changes: anger, agitation, depression, irritability, overexcitement
Hallucinations and delusions, acute paranoia
Memory problems, especially with short-term memory
Trouble concentrating

In some cases, delirium patients can become violent toward treatment providers or can harm themselves. Treatment can involve administration of some of the same pharmaceuticals prescribed for "psychosis" (Neurogenous Dysmentia) in "Schizophrenia" (Jacobi Fleming Nasse Syndromes) and types of or dysmentative phases of Bipolar Disorder. The serious underlying medical conditions that produce delirium, however, are usually physically restraining, so we do not hear of high-profile news reports of delirium patients having harmed someone.

Extract from some literature on Epilepsy-Related Violence

Patients with epilepsy may exhibit violent behavior during preictal, peri-ictal, interictal and postictal periods. These behaviors are rare in ictal and interictal periods...Postictal delirium and postictal psychosis are most frequently associated with violence. Reports of aggression in patients with sequelar epilepsy are rare. Whether seizures are focal or generalized, the risk of violent behavior remains considerable...Late diagnosis and inadequate management can result in serious offenses (such as homicide).

Extract from some literature on Parasomnias

Violent behavior during sleep is a common problem, affecting > 2% of the population > 15 years old as found in two large epidemiologic studies.... There are forensic implications related to the parasomnias, with inadvertent and unintentional assaults, murder, and "pseudo-suicide" resulting from aggressive and violent behaviors arising from sleep with suspended awareness and judgement.

Example of Pseudo-Suicide

(excerpted from this NBC news report: https://www.nbcnews.com/health/body-odd/suicide-while-sleepwalking-real-nightmare-flna1C9386935)

A man jumps out a fifth-story window. A woman marches into oncoming traffic. Another woman loads a gun and shoots herself. All appear to be open-and-shut cases of suicide, but, then again, maybe not. In rare cases, such deaths could be caused by something called parasomnia pseudo-suicide, experts say. In other words: It's possible to kill yourself in your sleep.

> "If you think about sleep, the part of the brain that makes us human is essentially offline,"

"Psychosis" in so-called Mental Illness

The altered mental statuses in the previous paragraphs affecting behavior may make sense to most people because they relate to them as physical conditions. It's a different story when so-called mental illnesses are involved and that is because of what "mental illness" means to most people.

In the criminal legal forum, people tend to view violent behaviors in an intuitive, gut check, common sense sort of way, and this is what informs the criminal legal system even though we should expect that system to have more elevated sensibilities than the lay person. If it appears in the most literal way that the accused "knew what they were doing", then that person will be convicted.

Drs. Mary Baker and Matthew Menken most likely had criminalization in mind as one of the ways in which harm can come to someone labelled "mentally ill". In a 2001 article published in British Medical Journal (BMJ) titled:

"Time to abandon the term mental illness." – They stated:

When we use the term "mental illness", not brain illness, do we put our patients in harm's way?"

The late R.E. Kendell, in an article titled “The distinction between mental and physical illness”, published in the British Journal of Psychiatry, 2001 wrote:

> *“The idea that insanity was fundamentally different from other illnesses, that it was a disease of the mind rather than the body, only developed towards the end of the 18th century.”*

Toward the end of the article, he suggested that if we do use the term “mental illness”, that we prefix it with "so-called” to convey that “mental illness” was a misleading term.

“Schizophrenia” (Jacobi Fleming Nasse Syndromes), Homelessness, and Criminalization

Signs and symptoms are traditionally categorized as positive and negative

Positive

- Delusions – A neurological phenomenon, Beliefs that go against reality
- Hallucinations: Sensory experiences that don't exist (i.e., hearing, seeing, smelling things that aren't there)
- Thought disorder: Disorganized speech and/or thinking
- Disorganized or abnormal behavior, such as involuntary movements, problems coordinating movement, inappropriate posture, agitation

Negative

- Absence of motivation
- No interest in daily activities
- Withdrawing from any social engagement
- Trouble displaying emotions
- Difficulty with typical functioning

These are not psychological issues (or “psychogenic”); they are neurogenic. These impairments can be severe and prevent a person from taking care of their personal needs, resulting in disability and homelessness. A person in this condition can’t just pull themselves together as some proponents of criminalizing homelessness have proposed.

Like the encephalopathies and parasomnias, for example, a person that is neurologically detached from reality can harm themselves or others. This is why so-called psychosis should be considered a medical emergency in some cases and the standard of involuntary evaluation and treatment should not be **the dangerousness standard**. By the time someone is a danger to themselves or others, their state of consciousness may be so impaired that it's too late! Tragedy strikes – in the form of those headlines that this commentary opened with.

Misguided and harmful, although well-intentioned, ideological activism over the last century has corrupted laws and public policies, which is why we have the Dangerousness Standard in most states. In Pennsylvania, activists succeeded in deforming the law so that there must be an act in furtherance of a threat for someone to be involuntarily evaluated and hospitalized. Most people this gravely ill are afflicted with a neurological condition know as anosognosia – which blocks the person from knowing anything is gravely disordered with their mentation and behavior.

We've heard of an unhoused person approaching a stranger on the street and striking them with an object or stabbing them. Inside that person's impaired state of consciousness, that stranger may be a demon, or an alien, or someone seen as a mortal threat. THIS IS REAL TO THEM! They are trying to defend themselves from being killed. The criminal legal system punishes people that, within their disordered status of consciousness or "psychosis", were experiencing a terrifying threat and were attempting to eliminate that threat. **Their metacognitive ability to audit themselves and consider the consequences of their actions as a deterrent– are neurologically unplugged!**

Ipseity Disturbances (Self-Disorders) and Delusional Misidentification Disorders in "Schizophrenia" (Jacobi Fleming Nasse Syndromes).

After reading about these syndromes, try to imagine someone with these neurological conditions being interrogated by law enforcement!

Ipseity Disturbances, also called Self-Disorders – These are neurological phenomenon in which the afflicted person loses the sense of experiences being their own (a first dimension of the self, known as the 'minimal self'). They feel that their internal experiences are actually external; for example, they may experience their own thoughts as coming from outside themselves, such as believing their thoughts do not belong to them or that thoughts are being inserted into their minds.

Delusional Misidentification Syndromes (DMS) in "Schizophrenia" (Jacobi Fleming Nasse Syndromes) that can cause dangerous behaviors.

A patient with a DMS condition consistently misidentifies places, objects, persons, or events. DMS patients are not aware of their dysmentative condition, are resistant to correction.

When someone says they are Jesus, or some other person they are not, this is real to them.

Disorders of identification (not to be confused with "split personality" or multiple personality disorder...which is controversial) are neurological phenomenon.

Capgras delusion – is a neurological syndrome, a delusion in which a person believes that a family member or other person has been replaced by an identical imposter

Fregolis Delusion – A person holds a delusional belief that different people are in fact a single person who changes appearance or is in disguise.

Intermetamorphosis syndrome – A misidentification syndrome related to agnosia. Patients believe that they can see others change into someone else in both external appearance and internal personality.

Syndrome of subjective doubles – A misidentification syndrome in which a person experiences believes that they have a double but usually with different character traits, that is leading a life of its own.

Mirrored-self - A misidentification syndrome in which the a person believes their reflection in the mirror is another person – typically a younger or second version of one's self, a stranger, or a relative.

This delusion can also occur in dementia, right frontal ischemic stroke, and rarely Parkinson's disease[

Command Hallucinations and violence

Auditory hallucinations are the sensory perceptions of hearing noises without an external stimulus. People experiencing this symptom really are hearing something internally due to malfunctioning mechanisms in the brain.

Command Hallucinations are a different form of neurological phenomenon and they are strongly associated with violence, although they can cause any type of disordered behavior - such as urinating or defecating in an inappropriate place, or jumping out of a window or elevation, resulting in injury or death. **How many times have you heard local radio talk show hosts talking about "mentally ill" people defecating in public places as if it's a run-of-the-mill act of criminality.**

In literature on the topic, psychiatry seems to have an odd preoccupation with social, cultural factors related to the content or nature of commands and predictive factors for compliance with internal commands that instruct the afflicted person to harm themselves or others. There's also a substrate of implications on forensic matters of in which there is a troubling tendency to try to parse out how certain "psychosocial" factors account for a disposition toward complying with violent commands.

No such preoccupations are evident in content about violence in delirium or encephalopathy patients. The brain does not compose thoughtscapes out of nothing. Even our most bizarre dreams have content from the reality of our experiences interwoven in them. The brain takes the person's personal and cultural experiences, beliefs, ideas, images, narratives, and concepts it has been exposed to, and produces a derangement of all those inputs as fodder for

delusions, and the various forms of hallucinations. Trying to predict what becomes of these pathologies as it pertains to violence is foolish and pointless.

The blunt reality is that command hallucinations are neurological phenomenon, and actualization of them cannot be predicted. We simply need to be reconciled to the fact that they can be deadly. No one, no "psychiatrist", even those that affix the reprehensible 'forensic" to their credentials, no prosecutor, no jury, no judge can ferret out whether someone had the capacity to ignore a neurological volitional command as powerful as command hallucinations are known to be. The brain's command and control system are malfunctioning in a potentially catastrophic way.

A jail or prison cell is a catastrophic place for someone with a dysmentative and behavioral brain syndrome.

NASNIcares considers so-called mental illnesses that involve "psychosis" to be neurodevelopmental encephalopathies. Most of us have heard media reports about people with "mental illness" or incorrectly referred to as 'mental health', dying in jail or even being physically assaulted by correctional staff.

Some of the neurobehavioral events that have happened during jail detention:

Autoenucleation – Gouging one's eyes out

Scatolia – Smearing feces on oneself or surrounding objects or surfaces

Pseudo Suicide or attempted Pseudo Suicide – The brain's command and volition mechanisms cause a person to try to kill themselves

Screaming or Wailing – A person is locked inside a consciousness disorder and can be experiencing terrifying hallucination and this is acutely distressing in ways you cannot image

These behaviors over which that the afflicted person has no control can anger corrections staff (who do not comprehend the horrifying experience of being trapped inside of "psychosis") and have little to no understanding of these brain

syndromes. Someone with this type of condition should never be held in a jail or prison cell.

Excerpting from the book "A Mind That Found Itself" – Clifford Beers

"My attendants, like most others in such institutions, were incapable of understanding the operations of my mind, and what they could not understand they would seldom tolerate"

…They thought I was stubborn. In the strict sense of the word there is no such thing as a stubborn insane person. The truly stubborn men and women in the world are sane; and the fortunate prevalence of sanity may be approximately estimated by the preponderance of stubbornness in society at large. When one possessed of the power of recognizing his own errors continues to hold an unreasonable belief—that is stubbornness. But for a man bereft of reason to adhere to an idea which to him seems absolutely correct and true because he has been deprived of the means of detecting his error—that is not stubbornness. It is a symptom of his disease, and merits the indulgence of forbearance, if not genuine sympathy. Certainly, the afflicted one deserves no punishment. – A Mind That Found Itself….Clifford Beers

Brain health awareness needs to inform public policies, not "mental health" (which can be called metaphorical health). This is the remodeling that is needed to virtually eliminate the aspect of homelessness involving the so-called mentally ill. This is the remodeling that is needed to tackle the mass incarceration crisis involving the staggering percentage of inmates said to have "mental illness".

"Time to abandon the term mental illness."

When we use the term "mental illness", not brain illness, do we put our patients in harm's way?" - Drs. Mary Baker and Matthew Menken 2001