Valuation of the psychiatric damage. Considerations about two clinical cases

U. PÀSTINA, S. CURCI, C. SARACENI

Istituto di Psichiatria, Università Catholic University of “S. Cuore” - Roma (Italy)

Abstract. – We report a description of two mothers who scrupulously followed clinical controls and tests advised during pregnancy within a hospital environment, and who then gave birth to babies with serious deformation pathologies. In both cases, the seriousness of the psychiatric damage, is obviously useful for the medico-legal assessments. We have studied in both cases their mental make-up, understood as stable relationships between parts of the mind (thought, language, perception...). We have observed that in a fragile make-up a non significant event in many ways can cause an extremely violent reaction, whilst on the contrary, a serious event in “solid” people may not cause damaging consequences. The assessment of the mental make-up, conditions the degree of psychiatric damage, which is useful to the medical examiner, and is of fundamental importance for the individual choice of a therapeutic process.

Key Words: Individual psychotherapy, Couple therapy, Psychotropic drugs.

Introduction

This project was born from recent observations in two clinical cases, which presented, on a factual basis, a resemblance which we can summarise as: two mothers who followed diligently, within a hospital, the clinical controls and tests, foreseen for pregnancy, who then discovered, one case in the seventh month, the other case during birth, that their babies had serious deformation pathologies. The aim of this essay was to document the purely psychiatric reaction suffered by the mothers and the obvious medico-legal and assurance consequences. Medical psychiatric literature is rather lacking regarding case histories of psychological reactions in mothers who have suffered “mistreatment” during pregnancy and the medico-legal aspects relating to these. In law there are sentences which assess the damage suffered by parents relative to the case which interests us.

It’s noted that on 15th October 1990, the Verona Court, Italy, asked to decide on a compensation request, made by the parents of a baby girl born with serious encephalopathy. The court recognised the doctor’s lack of skill and consequently the Hospital Authority’s responsibility. We will show separately the two cases and then make some conclusive observations regarding the facts, together with the factual similarities that there was an evident disparity in the psychological state of the two mothers.

Matherials and Methods

Case 1

A 42 year old woman had one aborted pregnancy, faces a second pregnancy where she is monitored in the hospital for personal internist problems. The gestation period does not show any anomaly regarding the foetus, but at birth the baby girl had a cleft plate, which the doctors, however, stated to be of modest seriousness. In the development stage the parents noticed that the baby showed signs of difficulty in motorial development and had hearing and sight problems. A chromosome investigation showed a deletion of chromosome 18. Today the child is 6 years old, she walks with difficulty, verbally she expresses herself badly, she has thyroid problems and she is taken four times a week to a neuro psychiatric centre. This situation, above all, due to the slowness of medical staff
in recognising the problems, provoked a seri-
ous psychological “stress” in the parental
couple. The mother suffered a series of psy-
chiatric emergencies, various therapies
(chlorpromazine, fluoxetine, haloperidol
and alprazolam), to be taken for the rest peri-
od prescribed had obvious psychopathologi-
cal consequences, all of which has taken the
shape of a depressive condition of notable
importance. Under clinical observation the
patient does not hide crying fits, has sleeping
difficulties, appetite problems (bulimic crisis
where she gained 10 kilos) and sexuality
problems. She had to change job and lives in
a continuous sense of anxiety for her daugh-
ter’s condition, also showing also signs of a
persecuted life. With the aim in documenting
better the case in a medico-legal sense, a se-
ries of tests were undertaken with a summary
of the results that follow. For a better under-
standing of the discord observed we have
provided in advance a table of psychometric
values (I.Q., Internal Variability, Mental
deterioration) of the eleven tests of the
WAIS test, as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal I.Q.</td>
<td>100</td>
</tr>
<tr>
<td>Non Verbal I.Q.</td>
<td>72</td>
</tr>
<tr>
<td>Total I.Q.</td>
<td>90</td>
</tr>
<tr>
<td>Mental Deterioration</td>
<td>19.4%</td>
</tr>
<tr>
<td>Verbal Internal Variability</td>
<td>3.7</td>
</tr>
<tr>
<td>Non Verbal Internal Variability</td>
<td>0.4</td>
</tr>
<tr>
<td>Total Internal Variability</td>
<td>3.3</td>
</tr>
</tbody>
</table>

A comment on this psychometric data can
be organised observing above all the re-
markable difference that exists between the
intelligence theoretic-abstract sector and the
practical-concrete sector. The real discrep-
ancy value – which is over 20 points – is al-
ready on its own an indicator of severe dis-
cord in the intellective cognitive area, but if
we take into consideration the increased
variability in the verbal sector the cognitive
discord worsens, and if to this we add the
mental deterioration value, the picture of a
structurally damaged cognition becomes complete. We should not overlook the no-
table fall in the “numbers memory” – by a
good thirteen points considered inferior to
comprehension and by eleven points inferior
to the vocabulary (table with considered
points), a convincing indicator of anxiety
and depression.

Remarks on the Rorschach protocol (Fig.
1) conducted with the same spirit of structur-
al analysis allows the appreciation of a total
absence of “I energy” (M = 0) which sets it-
self against a vigorous supply of instinctive
energies. Such an affective situation, habitu-
ally indicated as “immaturity” is subject to
severe controls on a behavioural level and
from such a conflict generates a living of de-
pression (object loss) which pervades the
whole mental apparatus. On a deeper level
the Self mental make-up are lived with feel-
ings of fragmentation and breakages, for
which the personality, in all its depth, from
the cognitive surface to the affective areas, to
the depths of the Self which appear fragile,
are vulnerable and all in all is unable to ab-
sorb tensions and traumatic events.

Case 2

A young pregnant woman, regularly took
the control tests which are normally under-
taken, and only in the seventh month of preg-
nancy did she receive the diagnosis of left
monolateral schizoencephaly of the foetus.
The gravity of the diagnosis, previously not
suspected, was confirmed with other tests –
which allowed, among other things, a more
accurate reading of echography examina-
tions which initially were considered “nor-
mal” – and generated rapidly a “marked de-
pressive-anxious syndrome” and consequent-
ly pharmacological therapy. The patient was,
therefore, forced to end the pregnancy, by
giving a caesarean birth to a baby boy which
looked particularly small, which was often
prey to convulsions, which brought on an ap-
nea crisis, and was also unable to swallow.
The baby survived for eight months and died
from a serious form of pneumonia.
Regarding the clinical observation the moth-
er was very angry, especially towards the
medical staff, with mixed strong internal ten-
sion which caused her to break into tears and
sobbing.

The WAIS test showed the following psy-
chometric values:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal I.Q.</td>
<td>114</td>
</tr>
<tr>
<td>Non Verbal I.Q.</td>
<td>91</td>
</tr>
<tr>
<td>Total I.Q.</td>
<td>105</td>
</tr>
<tr>
<td>Mental Deterioration</td>
<td>Absent</td>
</tr>
<tr>
<td>Verbal Internal Variability</td>
<td>1.1</td>
</tr>
</tbody>
</table>
It deals with an intelligence that is at the average level of the Italian population but is characterised by a clear prevalence in the theoretic-abstract tests in relation to practical concrete tests. The cognitive instrument shows to be in harmony, as characterised by an “internal variability” content and well kept mental make-up as Mental Deterioration is absent.

Nevertheless the drop in performance abilities, the visible slowing down in the tests for Figures Completion, Putting Stories in order and Figure Reconstruction are good psychometric indicators of a depressive state.

The Rorschach protocol quantitative exam, allows above all, to appreciate the fullness of the answer provided by the patient. It means that with this, that from M to the Colours there isn’t “a mute area” of the psychogram in a way that the patient is able to use all her own mental resources to think up a reply to the ambiguous and unknown stimulus of the Rorschach test.

That allowed, we can recognise the I energies are a minority in respect to the drive energies and that mental tension impedes a more adequate use of the same energies to solve life’s problems; but there is a great capacity to elaborate anxiety, sensibility, sentimental expression abilities to protect the integrity of the whole mental apparatus. In such a background, depressive nuclei (C elevation) are well visible because they punctually combine with lived tensions (6 m in the additional answers) and they reveal their reactive origin.

Discussion

The two cases presented poses our discussion with two different, if also converging aspects of the problem. On one side there is the medico-legal aspect of the question regarding the assessment of the damage inflicted to people for compensation purposes, on the other hand there is the purely psychiatric aspect of the problem constituted by diagnosis, the course and therapy of the illness.

The converging point of the two problems is in the structural aspects of the psychologi-
cal diagnosis which we have undertaken by using tests which are shown in the previous pages. What do we mean by "mental make-up"? It is those stable relationships between parts of the mind*. It's possible to study the action which such a mental make-up exercises during particularly vital events. Obviously in a "fragile" mental make-up a non significant event in many ways can cause an extremely violent reaction, whilst on the contrary, a serious event in solid people may not cause damaging consequences.

In the cases which we have looked at, the psychopathological phenomenology (anxiety, depression, anger, etc.) was undoubtedly manifest and serious, which made it suitable for medico-legal assessment.

The consideration of the make-up aspects of the mental apparatus is justified above all when it is put in front of the medico-legal service, which in an assessment to quantify the consequences of a traumatic event, it cannot be set aside from the person's integrity which reacted to the same trauma. The work of the psychiatric clinician can immediately be connected to the work of the medico-legal who evaluate in a correct way, beyond the content and functions, also the make-up of the mental apparatus which can give more reliable prognostics and above all prescribe pharmacological and psychotherapeutic treatments.

It's interesting to note, regarding this, on a psychiatric phenomenological level, both cases were treated with antidepressants and tranquilizers (with some variants relative to the prescription of a neuroleptic in the first case and a hypnoinducer in the second) but the first patient, with a more damaged mental make-up, who did not benefit greatly from it, whilst the second, with a healthier mental make-up, refused the treatment. This difference is not negligible and allows us to put forward, ex post that which appears as a simple conjecture formula. In the second case, considering the age, the interior wealth, the ability to live and express anxiety and depression, and after all the integrity of the mental make-up, an immediate individual psychotherapeutic experience should have been proposed, targeted to evaluating the grief, whilst in the first case, more weaker, damaged and less wealthy resource wise, could have benefited from psychotherapeutic support within the couple.

References


*This refers to the stable relationships which connect "thought" to "language", "perception" to "motion", "memory" to "language", "affection" to "values", and so on.