

Comparative analysis of guardianship recommendations in schizophrenia and delusional disorder: Insights from psychiatric and legal perspectives

Vasi ya da yasal danışman önerilen şizofreni veya hezeyanlı bozukluk tanılı hastalarının adli ve psikiyatrik yönlerinin karşılaştırmalı analizi

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ABSTRACT

Objective: This study aimed to examine and compare the psychiatric and legal characteristics, as well as Rorschach findings, among individuals diagnosed with schizophrenia, delusional disorder and recommended a legal guardian, and those deemed not to require a legal guardian.

Method: Data were gathered retrospectively from the records of individuals who were referred to our institution by the courts for legal guardianship or consultant assessments.

Results: There were 61 patients diagnosed with schizophrenia recommended for a legal guardian or consultant (SGR), 40 patients diagnosed with delusional disorder recommended for a legal guardian (DDGR), and 66 individuals not requiring a legal representative (NLR). Psychiatric symptom dissimulation was observed in 20% of the DDGR group and 34.4% of the SGR group. Analysis indicated significantly higher levels of psychiatric symptoms such as dispersion in associations, loss of daily functioning, and impoverishment of thought content during psychiatric examinations, as well as features like ego weakness, psychotic personality organization, and perseveration in Rorschach findings among the SGR group compared to the other groups. Active delusions were present in the DDGR group, often leading to multiple lawsuits.

Conclusion: Schizophrenia presents a spectrum of psychopathology necessitating guardianship due to difficulties in daily living, persistence of psychotic symptoms, workplace issues, filing multiple lawsuits, undue influence, and impulsivity. Conversely, delusional disorder manifests through ongoing delusions affecting judgment and leading to problems like jealousy delusions-induced divorces and persecution delusions or delusional belief in illegal organizations resulting in multiple lawsuits.

Keywords: Conservatorship, delusions, dissimulation, judgement, multiple lawsuits, Rorschach

ÖZET

Amaç: Bu çalışmada şizofreni veya hezeyanlı bozukluk tanısı ile vasi/yasal danışman önerilen bireyler ile vasi/yasal danışman gerekmediğine karar verilen bireylerin psikiyatrik ve adli özellikleri ile Rorschach bulgularının incelenmesi ve karşılaştırılması amaçlanmıştır.

Yöntem: Vasi tayini ya da yasal danışman gerekip gerekmediğinin değerlendirmesi için mahkemeler tarafından Adli Tıp Kurumu Gözlem İhtisas Dairesine yönlendirilen bireylerin kayıtları retrospektif olarak toplanmıştır.

Bulgular: Çalışmamızda şizofreni tanısı ile vasi veya yasal danışman önerilen 61 hasta (SGR), hezeyanlı bozukluk tanısı ile vasi önerilen 40 hasta (DDGR) ve yasal temsilci gerektirmediğine karar verilen 66 birey vardı. DDGR grubunun %20'sinde ve SGR grubunun %34,4'ünde psikiyatrik belirtilerin dissimülasyonu gözlenmiştir. SGR grubunun psikiyatrik muayenesinde çağrışımarda dağınıklık, işlevsellik kaybı ve düşünce içeriğinin fakirleşmesi gibi psikiyatrik belirtiler anlamlı derecede daha sık; Rorschach bulgularında ego zayıflığı, psikotik kişilik organizasyonu, perseverasyon diğer gruplara kıyasla anlamlı düzeyde daha yüksek bulunmuştur. DDGR grubunda çok sayıda dava açılmasına yol açan aktif hezeyanlar sıklıkla mevcuttu.

Sonuç: Şizofreni hastalarında, kendi başına günlük yaşantıyı idame ettirmede güçlükler, psikotik belirtilerin devam etmesinin yarattığı sorunlar, işyerindeki sorunlar, hastalığından dolayı çok sayıda yersiz dava açma, insanlar tarafından kandırılma ve dürtüsellik gibi çok çeşitli nedenlerle vesayet gerekebilmektedir. Buna karşılık, sanırsal bozuklukta, sınırlı bir alandaki hezeyanlar nedeniyle yargılamayı bozular. Kısırca sanrıların neden olduğu boşanma davaları ve perseküsyon sanrıları veya yasadışı bir örgüt olduğuna dair sanrılar nedeniyle çok fazla dava açılması gibi belirli bir alanda yargılama bozukluğu nedeniyle vasi atanması gerekebilir.

Anahtar Kelimeler: Vesayet, sanrılar, dissimülasyon, yargılama bozukluğu, çok sayıda dava, Rorschach,

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INTRODUCTION

Individuals diagnosed with mental disorders such as schizophrenia and other psychotic disorders often experience challenges related to decision-making capacity, which refers to their ability to effectively utilize information in daily life and align choices with personal values and preferences [1]. Schizophrenia, a severe mental disorder characterized by positive symptoms (e.g., hallucinations, delusions), negative symptoms (e.g., aversion, anhedonia), and cognitive impairments (e.g., attention deficits, working memory issues, executive function deficits), presents varying degrees of severity among affected individuals [2]. Dysfunction within the prefrontal cortex in individuals with schizophrenia has been proposed as a contributing factor to decision-making difficulties [3, 4]. This disorder entails a myriad of challenges, including lack of insight, difficulties adhering to treatment, persistence of positive psychotic symptoms, negative symptoms impairing self-care and maintenance of living conditions, executive function deficits leading to financial losses, and susceptibility to undue influence [3, 5, 6].

In contrast, delusional disorder typically exhibits more limited psychopathology, characterized by the presence of a single systematic delusion that does not significantly disrupt daily functioning. However, research indicates that these delusions tend to be more severe, deeply entrenched, and less responsive to antipsychotic treatment [7]. Persistent delusions and consequent behaviors stemming from these beliefs may present unique challenges [8], such as relationship turmoil, divorce proceedings, requests for paternity testing, and occasionally, violent reactions [9]. Due to symptom dissimulation, rationalization of delusional beliefs, and adaptive behavior, diagnosing delusional disorder can be challenging [8]. In contrast to patients with schizophrenia, patients with delusional disorder do not demonstrate a significant impairment in cognitive function [7].

The criteria for appointing a guardian may vary from country to country. According to the National Association of Guardians, people who become unable to make or communicate safe or sound decisions for themselves or their assets, or who are vulnerable to

fraud or undue influence, need a guardian [10]. In the United States, a determination of incompetency or incapacitation typically requires meeting specific criteria, which vary among states. In more than half of the states, impairment in activities of daily living and/or deficits in communication/decision-making skills are necessary for such a determination [11]. The Turkish Civil Code (TCC) lists the necessary conditions for legal capacity as follows: to be mature, to have the power of discernment and not to be restricted. Under the TCC, "power of discernment," crucial for capacity to act, entails understanding the consequences of actions, rational decision-making, with factors like mental disorders, 'mental weakness', or minority considered as impeding discernment [12]. Individuals with mental disorders, 'mental weaknesses' who need constant assistance or pose a threat to others may be restricted and a guardian may be appointed according to the TCC.

Legal representation in Turkey encompasses two categories: legal guardianship and legal consultant. While legal guardians are mandated to safeguard the interests of minors or individuals under guardianship, overseeing their affairs and representing them legally, legal consultants possess more limited authority. Assessing the need for legal representation requires evaluating several factors, including decision-making capacity, ability to care for oneself, awareness of property and financial affairs, cognitive functioning, and judgment [13]. When assessing individuals for legal representative, it is important to find a delicate balance between safeguarding the interests of vulnerable individuals and preserving their autonomy. It is essential to acknowledge that the decision to appoint a guardian entails complex considerations, as it not only aims to ensure the protection and well-being of the legally restricted person but also raises concerns regarding the potential for abuse and exploitation within the guardianship framework [14]. Notably, capacity assessments should consider the dynamic nature of certain conditions; an individual may lack capacity temporarily due to factors like delirium or psychosis, without necessarily impacting future assessments [14]. Additionally, in some instances, legal representation may be granted for a limited duration.

The primary objective of this study was to investigate both the psychiatric and legal dimensions of individuals diagnosed with schizophrenia and delusional disorder, specifically those who were recommended a legal representative. Our aim was to identify the prevalent thought disorders observed during psychiatric assessments, as well as to examine the wide range of legal, interpersonal, financial, and other challenges encountered by these individuals. This research holds significance in enhancing clinicians' understanding within the guardianship evaluation process and facilitating the interpretation of this multifaceted procedure, characterized by varying approaches not only across different countries but also among clinicians. It was hypothesized that the reasons for applying for a guardianship assessment would differ between the two groups. Furthermore, it was anticipated that thought disorders and ego weakness would be more prevalent in the Rorschach findings of the schizophrenia group.

METHOD

Sample

The study sample comprised men and women aged between 18 and 65 years, who were referred to the Observation Department of Council of Forensic Medicine from 2018 to 2022 for the evaluation of recommendations for legal representative. In cases where a mental disorder or suspicion thereof existed, coupled with an indication or suspicion of the necessity for a legal representative, the court could direct these cases to our institution for up to a three-week inpatient evaluation period, according to the Turkish Civil Code article 436/6. The psychiatric assessments of applicants were conducted by psychiatrists and forensic medicine specialists. Information pertaining to the case, including trial details, statements from relatives, prior medical records, and, when deemed necessary, specialized psychological testing, were collated from the case files. Over the specified timeframe, our institution received a total of 6,234 applications, with the majority pertaining to issues of criminal liability. Among these, 189 applications were submitted for the determination of the necessity for a legal representative. Following the identification of the

most frequently encountered diagnoses leading to guardianship decisions, the cases were categorized into three groups: schizophrenia, delusional disorder, and other diagnoses, with the latter being excluded from further analysis due to their limited numbers. Twenty-two cases out of the initial 189 were excluded from our study as they were recommended a guardian, primarily with diagnoses of bipolar disorder, intellectual disability, and dementia. Additionally, individuals who did not necessitate a guardianship decision were included in a distinct group. Our analysis encompassed cases diagnosed with schizophrenia or delusional disorder, both those assigned a guardian or legal consultant and those deemed not to require such representation, for comparative evaluation within our study.

The study was conducted with the full knowledge and approval of The Council of Forensic Medicine, Turkish Ministry of Justice ethics committee.

Data collection and coding

We conducted a retrospective screening of cases presented to our institution between 2018 and 2022. Forensic psychiatric reports were meticulously examined for demographic details including age and socio-economic status, alongside the circumstances prompting initiation of the legal process, prior psychiatric admissions, illness duration, and identification of thought disorders during psychiatric evaluations conducted at our institution. Additionally, assessments encompassed test outcomes, particularly those from the Rorschach test if administered. Past psychiatric and neurological medical records, documented within the case files, were cataloged utilizing the ICD-10 classification system. The way in which the legal process was initiated was grouped as follows: family request for guardianship, spouse request for guardianship, own objection to guardianship, family objection to guardianship, initiated because of problems in the institution where he/she works, initiated by the hospitals, initiated by the court because of legal problems experienced.

Following a thorough review of petitions, reasons cited therein were further grouped into distinct categories, encompassing claims of inability to perform tasks independently, manifestation of psychiatric symptoms, financial difficulties, workplace-related

challenges, allegations of deception, engagement in multiple lawsuits, impulsivity, or requests for removal of guardianship. Data collection also involved the presence of delusions and thought disorders during examinations conducted at our institution, alongside considerations of dissimulation of psychiatric symptoms and instances of delusions or paranoid thoughts regarding the proposed guardian among those contesting guardianship.

Furthermore, a subset of applicants was referred to our institution by the court due to suspicions of underlying mental disorders, often evidenced by involvement in multiple lawsuits for varied reasons. Consequently, our reports underwent additional scrutiny to identify any indications of multiple lawsuits. Among the cases, 117 underwent the Rorschach test, with subsequent analyses focusing on identifying specific responses or defensive attitudes, psychotic personality traits, perseveration, rigidity of thought, ego weakness, paranoid thoughts, adherence to objective reality, impoverishment of thought, and borderline personality traits.

Rorschach Test: The Rorschach test was developed by Hermann Rorschach in 1921. It is a projective test consisting of 10 cards with ink stains on them. It is a commonly used test to evaluate personality traits. It is a projective test that is often used in forensic psychiatry to assist in the understanding of personality traits and psychopathology.

Data analyses

The data was analyzed using SPSS Version 23.0 (IBM Inc. Armonk, NY, USA). To examine data distribution, the Kolmogorov Smirnov normality test was utilized. Nonparametric to compare non-normalized variables, the Mann-Whitney U test was utilized. To compare categorical variables, the Chi-Square test was utilized. For pairwise Chi-Square comparisons, the Bonferroni correction was applied. Each independent variable was fitted using a univariate model. To evaluate relationships with outcome, the Chi-Square test for categorical variables and the Spearman test for continuous variables were used. A backward method was employed in the multivariable model to incorporate components that indicated a connection with the result. A statistically significant result has a p-value of less than 0.05 (two-tailed).

RESULTS

In our study, we identified 61 patients diagnosed with schizophrenia who were recommended for legal representative (SGR), 40 patients diagnosed with delusional disorder who were recommended for guardianship (DDGR), and 66 individuals deemed not to require legal representation (NLR). Upon analyzing the case groups, it was observed that the mean age of the group recommended for guardianship due to delusional disorder was significantly higher compared to the other groups ($p < 0.001$). Gender distribution did not exhibit statistically significant differences across the three groups. Likewise, there were no significant differences observed among the groups in terms of marital status, number of children, educational attainment, or place of residence. However, a statistically significant difference was noted in employment rates, with the DDGR group demonstrating higher employment rates ($p < 0.001$). A summary of the sociodemographic characteristics of the sample can be found in Table 1.

We found that in the SGR group, the initiation of legal process was usually made by the family or the spouse, whereas in the DDGR group, the process was usually started by an objection to being under guardianship or by the courts themselves ($p < 0.001$). In the SGR group, applications were mostly made due to psychiatric symptoms, whereas in the DDGR group, applications were mostly made for the legal proceedings or for the removal of guardianship ($p < 0.001$). No significant difference was observed between the two groups in terms of the court of application. In the SGR group, legal consultants were appointed for cases in remission, whereas in the DDGR group, guardians were appointed for all cases. When the NLR group's previous medical reports were examined, it was found that there had been previous reports of the need to appoint a guardian. It was found that both the SGR and DDGR groups were under guardianship at similar rates at the time of application to our institution. At the time of their application to our institution, most of the NLR group were not under guardianship. If the SGR and DDGR groups are compared in terms of multiple litigation, it was found that the DDGR group has a statistically significant higher number of litigations than the schizophrenia group ($p < 0.001$). In addition, of the

Table 1. Sociodemographic characteristics of the sample

		Schizophrenia (Guardian Recommended) (SGR)		Delusional Disorder (Guardian Recommended) (DDGR)		No Legal Representative Recommended (NLR)		p
		Mean (\pm SD)	n (%)	Mean (\pm SD)	n (%)	Mean (\pm SD)	n (%)	
Age		47,87 (\pm 10,98)		55,43 (\pm 10,98)		45,17 (\pm 15,30)		<0.001
Sex	Male		25 (41%)		9 (22,5%)		16 (24,2%)	0.075
	Female		36 (59%)		31 (77,5%)		50 (75,8%)	
Marital Status	Married		21 (34%)		23 (58%)		39 (59%)	0.014
	Single		17 (28%)		9 (22%)		18 (27%)	
	Widow		23 (38%)		8 (20%)		9 (14%)	
Number of children	None		29 (47%)		12 (30%)		26 (39%)	0.524
	1		12 (20%)		6 (15%)		11 (17%)	
	2		11 (18%)		11 (27,5%)		16 (24%)	
	>2		9 (15%)		11 (27,5%)		13 (20%)	
Educational Status	Illiterate		2 (3%)		0 (0%)		5 (8%)	0.720
	Primary		21 (34%)		15 (37,5%)		27 (41%)	
	Secondary		9 (15%)		6 (15%)		9 (13%)	
	High-Scholl		15 (25%)		7 (17,5%)		11 (17%)	
	University		14 (23%)		12 (30%)		14 (21%)	
Employment Status	Regularly working		1 (2%)		13 (32.5%)		26 (39%)	<0.001
	Irregularly working		5 (8%)		1 (2.5%)		1 (1%)	
	Not working		40 (66%)		12 (30%)		24 (37%)	
	Retired		15 (24%)		14 (35%)		15 (23%)	
Living with	Alone		5 (8%)		8 (20%)		13 (20%)	0.142
	Family		55 (90%)		32 (80%)		53 (80%)	
	Social Org.		1 (2%)		0 (0%)		0 (0%)	

30 cases referred for assessment because of their own objection to being under guardianship, 14 (46.7%) were found to have paranoid thoughts or delusions about their guardian. More detailed information on legal characteristics is given in Table 2.

Statistically significant differences were observed in the duration of the mental disorder between the SGR and DDGR groups, with the former exhibiting a longer duration ($p < 0.001$). Considering the outpatient clinic applications, it is noteworthy that 55.7% of the SGR group had been diagnosed with schizophrenia in the past, while 62.5% of the DDGR group had been diagnosed with delusional disorder in the past. Additionally, the SGR group had a higher average number of hospital admissions compared to the DDGR group ($p < 0.001$). Rates of alcohol and substance use disorders were similar between the SGR and DDGR groups. There was no statistically significant difference between the two groups regarding paranoid thoughts towards the guardian ($p = 0.198$). However, individuals in the SGR group were more likely to conceal the content of their thoughts ($p = 0.008$). Dissimulation rates did not significantly differ between the two groups. Detailed clinical characteristics of the groups are presented in Table 3.

Upon examination of the three groups in terms of Rorschach test results, it was evident that features such as psychotic personality organization, impoverishment of thought, perseveration, and ego weakness were more prevalent in the SGR group. The SGR and DDGR groups exhibited similar levels in other areas, whereas differing significantly from the NLR group across all domains. Further details regarding the Rorschach findings pertaining to each group are presented in Table 4.

Upon analysis of the psychiatric examination results of patients recommended for guardianship, it was revealed that delusions of jealousy were significantly more prevalent in the DDGR group ($p = 0.002$). Furthermore, it is noteworthy that paranoia regarding claims of rights approached borderline significance in the DGR group ($p = 0.006$). However, the SGR group exhibited significantly higher levels of dispersion in associations, loss of functionality, and impoverishment in thought content. No statistically significant differences were observed between the two groups in terms of delusions related to illegal organizations, being followed, conspiracy, persecution, grandiosity, or reference. A detailed comparison of thought disorders between the SGR and DDGR groups is provided in Table 5.

Table 2. Legal characteristics and diagnoses of the groups

		SGR	DDGR	NLR	p
		n (%)	n (%)	n (%)	
Initiation of legal process	Family Request	11 (18,0%)	1 (2,5%)	25 (37,9%)	<0.001
	Own Request	0 (0%)	0 (0%)	0 (0%)	
	Workplace	4 (6,6%)	2 (5%)	1 (1,5%)	
	Spouse	13 (21,3%)	5 (12,5%)	0 (0%)	
	Own Objection to guard.	15 (24,6%)	15 (37,5%)	7 (10,6%)	
	Family Objection to guard.	6 (9,8%)	3 (7,5%)	5 (7,6%)	
	Hospital	4 (6,6%)	0 (0%)	0 (0%)	
	Courts	8 (13,1%)	14 (35%)	27 (40,9%)	
	Other	0 (0%)	0 (0%)	1 (1,5%)	
Allegation in the Petition	Inability to perform daily tasks	8 (13,1%)	0 (0%)	1 (1,5%)	<0.001
	Symptoms of Psychiatric Disorders	22 (36,1%)	6 (15%)	62 (93,9%)	
	Extravagance	0 (0%)	0 (0%)	2 (3,0%)	
	Problem in Workplace	3 (4,9%)	0 (0%)	0 (0%)	
	Deception	2 (3,3%)	0 (0%)	0 (0%)	
	Filing many Lawsuits	6 (9,8%)	16 (40%)	1 (1,5%)	
	Impulsivity	2 (3,3%)	0 (0%)	0 (0%)	
	In Order to Abolish Guardianship	18 (29,5%)	18 (45%)	0 (0%)	
The Court	Magistrate Civil Court	51 (83,6%)	33 (82,5%)	50 (75,8%)	0.545
	Family Court (Divorce Case)	10 (16,4%)	7 (17,5%)	16 (24,2%)	
Our decision about recommendation of guardian	Guardianship	55 (90,2%)	40 (100%)	0 (0%)	<0.001
	Legal Consultant	6 (9,8%)	0 (0%)	0 (0%)	
	None	0 (0%)	0 (0%)	66 (100%)	
Our diagnosis	Schizophrenia	52 (85,2%)	0 (0%)	0 (0%)	<0.001
	Sch. in a state of remission	9 (14,8%)	0 (0%)	0 (0%)	
	Delusional Disorder	0 (0%)	40 (100%)	0 (0%)	
	Bipolar Disorder	0 (0%)	0 (0%)	2 (50%)	
	Personality Disorder	0 (0%)	0 (0%)	2 (50%)	
Under guardianship at the time of application?	Yes	34 (55,7%)	21 (52,5%)	12 (18,2%)	<0.001
	No	27 (44,3%)	19 (47,5%)	54 (81,8%)	
Are There Many Litigations?	Yes	10 (16,4%)	21 (52,5%)	4 (6,1%)	<0.001
	No	51 (83,6%)	19 (47,5%)	62 (93,9%)	

Table 3. Clinical characteristics of the groups

		SGR		DDDGR		NLR		p
		Mean (\pm SD)	n (%)	Mean (\pm SD)	n (%)	Mean (\pm SD)	n (%)	
Duration of the disorder		12,07 (\pm 8,47)		6,39 (\pm 5,99)		0		<0.001
Number of hospitalizations		1,79 (\pm 1,72)		0,58 (\pm 0,84)		0,98 (\pm 1,17)		<0.001
Alcohol Use Disorder	Yes		8 (13,1%)		4 (10%)		7 (10,6%)	<0.001
	No		53 (86,9%)		36 (90%)		7 (10,6%)	
	Unknown		0 (0%)		0 (0%)		52 (78,8%)	
Substance Use Disorder	Yes		4 (6,6%)		1 (2,5%)		3 (4,5%)	<0.001
	No		57 (93,4%)		39 (97,5%)		5 (7,6%)	
	Unknown		0 (0%)		0 (0%)		58 (87,9%)	
Paranoid Thoughts or Delusions about Guardian	Yes		7 (11,5%)		10 (25%)		0 (0%)	0.198
	No		14 (23%)		9 (22,5%)		0 (0%)	
	Unknown		40 (65,5%)		21 (52,5%)		0 (0%)	
Doesn't Open Thought Content	Yes		17 (27,9%)		3 (7,5%)		0 (0%)	0.008
	No		44 (72,1%)		37 (92,5%)		0 (0%)	
Dissimulation	Yes		21 (34,4%)		8 (20%)		0 (0%)	0.112
	No		40 (65,6%)		32 (80%)		0 (0%)	

Table 4. Rorschach analysis of the groups

		SGR	DDGR	NLR	p
		n (%)	n (%)	n (%)	
Defensive Attitude	Yes	16 (26,2%)	19 (47,5%)	27 (40,9%)	0.002
	No	30 (49,2%)	13 (32,5%)	12 (18,2%)	
	Unapplied	15 (24,6%)	8 (20%)	27 (40,9%)	
Psychotic Personality organization	Yes	32 (52,5%)	3 (7,5%)	10 (15,2%)	<0.001
	No	14 (23%)	29 (72,5%)	21 (31,8%)	
	Unapplied	15 (24,5%)	8 (20%)	35 (53,0%)	
Perseveration	Yes	20 (32,8%)	10 (25%)	9 (13,6%)	0.002
	No	26 (42,6%)	22 (55%)	22 (33,3%)	
	Unapplied	15 (24,6%)	8 (20%)	35 (53%)	
Thought Rigidity	Yes	18 (29,5%)	11 (27,5%)	7 (10,6%)	0.002
	No	28 (45,9%)	21 (52,5%)	24 (36,4%)	
	Unapplied	15 (24,6%)	8 (20%)	35 (53%)	
Ego Weakness	Yes	22 (36,1%)	7 (17,5%)	3 (4,5%)	<0.001
	No	24 (39,3%)	25 (62,5%)	28 (42,4%)	
	Unapplied	15 (24,6%)	8 (20%)	35 (53%)	
Paranoid Thought	Yes	20 (32,8%)	13 (32,5%)	14 (21,2%)	0.004
	No	26 (42,6%)	19 (47,5%)	17 (25,8%)	
	Unapplied	15 (24,6%)	8 (20%)	35 (53%)	
Ability to assess reality	Yes	1 (1,6%)	1 (2,5%)	15 (22,7%)	<0.001
	No	45 (73,8%)	31 (77,5%)	16 (24,2%)	
	Unapplied	15 (24,6%)	8 (20%)	35 (53%)	
Poverty in Thought	Yes	8 (13,1%)	2 (5%)	5 (7,6%)	0.002
	No	38 (62,3%)	30 (75%)	26 (39,4%)	
	Unapplied	15 (24,6%)	8 (20%)	35 (53%)	
Borderline Personality Organization	Yes	0 (0%)	0 (0%)	1 (1,5%)	<0.001
	No	46 (75,4%)	32 (80%)	30 (45,5%)	
	Unapplied	15 (24,6%)	8 (20%)	35 (53%)	

Table 5. Psychiatric Examination of the groups.

		SGR	DDGR	p
		n (%)	n (%)	
Delusion of jealousy	Yes	5 (8,2%)	13 (32,5%)	0.002
	No	56 (91,8%)	27 (67,5%)	
Delusion of Illegal organization	Yes	6 (9,8%)	8 (20%)	0.153
	No	55 (90,2%)	32 (80%)	
Delusion of being followed	Yes	7 (11,5%)	2 (5%)	0.247
	No	54 (88,5%)	38 (95%)	
Delusion of conspiracy	Yes	10 (16,4%)	7 (17,5%)	0.885
	No	51 (83,6%)	33 (82,5%)	
Delusion of persecution	Yes	19 (31,1%)	15 (37,5%)	0.510
	No	42 (68,9%)	25 (62,5%)	
Delusions of grandeur	Yes	2 (3,3%)	2 (5%)	0.668
	No	59 (96,7%)	38 (95%)	
Delusions of Reference	Yes	9 (14,8%)	8 (20%)	0.494
	No	52 (85,2%)	32 (80%)	
Rights Seeking Paranoia	Yes	0 (0%)	4 (10%)	0.006
	No	61 (100%)	36 (90%)	
Dispersion in Associations	Yes	12 (19,7%)	0 (0%)	<0.001
	No	49 (80,3%)	40 (100%)	
Loss of Functionality	Yes	56 (91,8%)	1 (2,5%)	<0.001
	No	5 (8,2%)	39 (97,5%)	
Impoverishment in the Content of Thought	Yes	22 (36,1%)	1 (2,5%)	<0.001
	No	39 (63,9%)	39 (97,5%)	

When the types of delusional disorders are analyzed, it is found that the most common type is persecution type, followed by jealousy type, but erotomantic and somatic type were not found in our study group. The rates of delusional disorder subtypes are shown in Table 6.

Upon analysis of the psychiatric examination findings among the 31 cases characterized by excessive litigation, it was observed that 41.9% exhibited delusions of persecution, while 25.8% manifested delusions about the existence of an illegal

Table 6. Delusion types in DDGR

	Delusional Disorder
	n (%)
Jealousy	12 (30%)
Persecution	24 (60%)
Erotomantic	0 (0%)
Grandiose	2 (5%)
Somatic	0 (0%)
Mixed	2 (5%)

organization, 16.12% had delusions of conspiracy, 16.12% had delusions of reference, 12.9% had rights seeking paranoia, and 3.22% had delusions of jealousy, being followed, and grandiose delusions.

DISCUSSION

Psychotic disorders manifest with varying degrees of severity among individuals and can affect legal capacity by causing problems in multiple domains. Despite the profound significance of determining the necessity for guardianship, there exists a notable scarcity of research within the existing literature on this critical subject. The findings presented in this article hold significant implications for both clinical practice and legal proceedings concerning individuals with schizophrenia and delusional disorder. This study illuminates the multifaceted nature of decision-making capacity in individuals with severe mental disorders by meticulously examining the psychiatric and legal characteristics of patients assessed for the recommendation of a legal guardian. Moreover, the comparative analysis between groups recommended for guardianship and those deemed not to require legal representation provides valuable insights into the specific challenges faced by individuals with different psychiatric diagnoses. Additionally, the exploration of thought disorders and delusional beliefs among individuals involved in excessive litigation underscores the intricate interplay between mental health and legal behaviors. These findings contribute to a deeper understanding of the complexities surrounding guardianship evaluations and highlight the importance of tailored approaches to safeguarding the rights and well-being of individuals with mental disorders within legal frameworks. As predicted by our hypothesis, individuals with schizophrenia exhibited greater prevalence of thought disorders and ego weakness in their Rorschach findings. Additionally, the delusional disorder and schizophrenia groups demonstrated divergent reasons for applying for guardianship.

In our study, notable disparities emerged between the DDGR and SGR groups concerning thought disorders, illness duration, and Rorschach findings. Upon comparing psychiatric examination results, the SGR group exhibited heightened levels of

association disintegration, functional impairment, and thought impoverishment, while the DDGR group demonstrated a higher prevalence of jealousy delusions. As literature suggests, schizophrenia often presents with extensive psychopathology affecting various domains, whereas delusional disorder typically manifests with singular delusional content and related judgment impairments [15]. Notably, Palmer and Jeste (2005) observed a significant correlation between decision-making ability and cognitive and negative symptoms in schizophrenia patients, while positive symptoms, general psychopathology, and insight displayed no such association [16]. However, it's noteworthy that the patients in this study exhibited average positive PANSS scores ranging from 14.9 to 15.6, indicating the absence of significant positive psychotic symptoms, which likely influenced the observed outcomes. Consequently, it can be stated that in our study, the identified psychiatric symptoms and associated challenges significantly influenced the decisions made by the clinicians under investigation.

Delusions that are not treated due to lack of insight or that persist due to resistance to treatment have several negative consequences, one of which is many lawsuits due to severe conviction of their delusional beliefs. In our study, 52.5% of DDGR group, and 16.3% of SGR group filed many lawsuits because of their delusions, causing legal and relational problems. Analysis of the thought disorders precipitating these lawsuits highlighted the predominance of delusions involving perceived persecution of oneself or one's family, followed by beliefs in the existence of illegal organizations. Research indicates that individuals with delusional disorder exhibit heightened conviction in their delusions compared to those with schizophrenia, alongside poorer treatment response [7]. In our study, active delusions were prevalent among the DDGR group during examination, possibly indicative of untreated or undertreated cases attributable to lack of insight or treatment resistance. These untreated delusions compromised their judgment, precipitating workplace issues, divorce proceedings, and the initiation of numerous groundless lawsuits.

In our study, upon scrutinizing the Rorschach test results, we found that indicators of ego weakness, cognitive impoverishment, psychotic personality

organization, and perseveration were significantly more prevalent in the SGR group compared to other groups. Conversely, the group deemed not to require a guardian exhibited a statistically significant higher capacity for reality judgment in their Rorschach results than the other groups [17]. Consistent with our findings, extant literature suggests that individuals on the schizophrenia spectrum often exhibit varying levels of cognitive disorganization, illogicality, and cognitive impoverishment in Rorschach assessments [18]. Notably, there appears to be a paucity of studies employing the Rorschach test in individuals with delusional disorders. Kleiger's work, "Rorschach Assessment of Psychotic Phenomena," suggests that one may anticipate fewer manifestations of cognitive impoverishment and disorganization in patients with delusional disorder compared to those with schizophrenia [18]. Drawing upon the findings of our study, it becomes evident that Rorschach findings play a pivotal role in distinguishing between schizophrenia and delusional disorder within the context of guardianship assessments, as well as in discerning the need for legal representation within the studied population.

When the reasons for initiation of legal process were examined, there were statistically significant differences between the groups. While the most common reason for SGR group was symptoms of psychiatric disorders (36.1%) and removal of guardianship (29.5%), the most frequent application in the DDGR group was the removal of guardianship (45%) and numerous unfounded lawsuits due to their delusions (40%). The prevalence of applications for guardianship removal in both groups may be attributed to factors such as lack of insight into psychiatric disorder and distress associated with the loss of autonomy under guardianship. Notably, 46.7% of cases contesting guardianship on personal grounds exhibited paranoid thoughts or delusions regarding their guardian, underscoring the significance of assessing such factors in psychiatric evaluations. In the group where we did not recommend a legal representative, 93% of the claims in the application were about signs of psychiatric disorders, which was statistically significantly different from the other groups. The psychiatric examination in our institution did not reveal any psychotic findings,

and as a result of the examination of the case file and psychometric tests, it was concluded that a legal representative was not necessary for this group. No diagnosis was given in most of the reports in NLR group. It should be noted that this group had previous psychiatric referrals with various diagnoses and these conditions were in remission at the time of application to our institution. Therefore, it would not be correct to conclude from our study that every person diagnosed with schizophrenia or delusional disorder needs a legal representative. A study in Israel reported that a vast majority (80%) of psychiatric patients assigned guardianship were diagnosed with schizophrenia, with 13% diagnosed with other psychotic disorders. Although reasons for guardianship assignment were largely unspecified, economic factors, inability to self-care, and medical procedures were cited in select cases [19].

Dissimulation of psychiatric symptoms is one of the difficulties in assessing this group of patients, in our study 34% of the SGR group and 20% of the DDGR group were dissimulating psychiatric symptoms. Although it was relatively easier to make a correct diagnosis in the SGR group in cases with dissimulation for reasons such as disintegration of associations, impoverishment of thought content and ego weakness, it was a difficult process in the DDGR group. Thorough examination of case files and garnering information from family members emerged as crucial steps in ensuring accurate assessment within the DDGR cohort. Caruso et al. conducted a comparative analysis of offenders engaging in dissimulation (n=15) and malingering (n=12), highlighting that most dissimulators were diagnosed with 'any psychotic disorder', predominantly schizophrenia [20]. Among dissimulators, concealing delusions was predominant, followed by auditory hallucinations. They categorized dissimulation into intentional and uninformed, with motivations ranging from maintaining military service to avoiding hospitalization and stigma. While our study did not employ such classification, lack of insight into psychiatric disorders and resistance to guardianship may be pivotal factors within this group.

The present study has several limitations. In the study, which we conducted by scanning the files, there was not enough data on the treatment process.

Whether the cases are resistant to treatment and whether there is a refusal of treatment is important in the decision to recommend guardianship. Additionally, a notable limitation lies in the absence of an assessment regarding the severity of negative symptoms and cognitive impairments within the SGR group. It should be noted that the retrospective nature of the study and the fact that clinical assessment scales were not employed may be regarded as potential limitations. In addition, because we reported thought disorders by scanning the files, some thought disorders may appear to be lower in the SGR group. On the other hand, sufficient data on psychiatric examination findings, Rorschach results and legal processes, the reasons for the need for legal representatives can be counted among the strengths of our study.

CONCLUSION

In conclusion, our study underscores the intricate interplay between psychotic disorders and legal capacity, highlighting the critical need for comprehensive assessments in guardianship evaluations. The scarcity of research in this domain highlights the importance of our findings, which offer valuable insights into the complexities faced by individuals with schizophrenia and delusional disorder within legal frameworks. Through meticulous examination of psychiatric and legal characteristics, our study illuminates the multifaceted nature of decision-making capacity in this population, contributing to clinical practices and legal proceedings.

Notable disparities between the DDGR and SGR groups were observed, underscoring distinct thought disorders, illness durations, and Rorschach findings. While schizophrenia presents with broad psychopathology, delusional disorder typically manifests with singular delusional content. The psychiatric examination results revealed significant associations between symptoms and decision-making abilities, emphasizing the pivotal role of psychiatric symptoms in guardianship recommendations.

Untreated or undertreated delusions in the DDGR group precipitated legal issues, exemplifying the

profound consequences of untreated psychotic symptoms. Moreover, Rorschach findings played a crucial role in distinguishing between schizophrenia and delusional disorder, further informing guardianship decisions.

Analysis of the reasons for legal process initiation revealed noteworthy trends, with removal of guardianship and excessive litigation prevalent among both groups. However, the high prevalence of paranoid thoughts among individuals contesting guardianship underscores the importance of thorough psychiatric evaluations.

The assessment for the appointment or removal of a guardian is a complex and challenging process, the lack of insight of the patients, their defensive and dissimulative attitude in the interview, paranoid thoughts/delusions about the guardian/guardianship candidate can be counted among the most prominent of these difficulties.

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