

STATE OF MICHIGAN
COURT OF APPEALS

PEOPLE OF THE STATE OF MICHIGAN,

Plaintiff-Appellee,

v

ROBERT JOHN COULIER,

Defendant-Appellant.

UNPUBLISHED

May 27, 2003

No. 236555

Kalamazoo Circuit Court

LC No. 00-000916-FC

Before: Saad, P.J., and Meter and Owens, JJ.

PER CURIAM.

After a bench trial, the trial court found defendant guilty, but mentally ill, of second-degree murder, MCL 750.316. Defendant appeals of right, and we affirm.

Defendant, who had a long history of mental illness, stabbed his estranged wife to death. Immediately after the killing, and again five days later, defendant told police that he stabbed his wife in self-defense. At trial, defendant asserted the defense of insanity, and claimed that he was unable to conform his actions to the requirements of the law at the time of the murder.

On appeal, defendant says his conviction should be reversed because he proved by a preponderance of the evidence that he was legally insane at the time of the murder, and because the trial court's findings of fact and conclusions of law were erroneous. We disagree.

We review de novo questions of law and questions of application of law to the facts. *People v Barrera*, 451 Mich 261, 269 n 7; 547 NW2d 280 (1996); *People v Aldrich*, 246 Mich App 101, 116; 631 NW2d 67 (2001). In doing so, we give due deference to the trial court in determining the weight of the evidence and the credibility of the witnesses. *People v Daniels*, 172 Mich App 374, 378; 431 NW2d 846 (1988). We review a trial court's findings of fact for clear error. MCR 2.613(C). Such findings will be affirmed unless we are left with a definite and firm conviction that a mistake was made. *People v Lewis*, 251 Mich App 58, 67; 649 NW2d 792 (2002).

Having raised the defense of legal insanity, defendant had the burden to prove, by a preponderance of the evidence, that he was insane. MCL 768.21a(3). A person is legally insane if, as a result of mental illness, he lacks substantial capacity either to: 1) appreciate the nature and quality or the wrongfulness of his conduct, or 2) to conform his conduct to the requirements

of the law. MCL 768.21a(1). Our Supreme Court has noted that our “statutory scheme recognizes a continuum of mental functioning”:

A person is mentally ill if suffering from “a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.” MCL 330.1400a; MSA 14.800(400a). A person is insane, however, only if that substantial impairment results in the lack of “substantial capacity either to appreciate the wrongfulness of his conduct or to conform his conduct to the requirements of the law.” MCL 768.21a; MSA 28.1044(1). Under these definitions, one must be mentally ill before he can be found insane, but the converse is not true. As stated by Justice Cavanagh in *People v Fultz*, 111 Mich App 587, 590; 314 NW2d 702 (1981):

Insanity by definition is an extreme of mental illness. When a person’s mental illness reaches that extreme, the law provides that criminal responsibility does not attach. To put it alternatively, the statutes provide that all insane people are mentally ill but not all mentally ill people are insane. [*People v Ramsey*, 422 Mich 500, 513-514; 375 NW2d 297 (1985).]

Here, the trial court found: (1) defendant was mentally ill at the time of the crime, but was not legally insane; (2) defendant was in a manic state during the crime, but was not paranoid, delusional, or acting on compulsions at that time; and (3) defendant was upset that he and his wife had separated. Regarding expert testimony, the court found that only one doctor concluded that defendant was insane at the moment of the crime, and that his opinion was contrary to that of another psychiatrist whose opinion was more credible and consistent with the evidence. The trial court also held that the fact that defendant stabbed himself, after the crime, to make it appear that he had stabbed his wife in self-defense shows defendant understood that his conduct was wrong. Ultimately, the court held that defendant knew his conduct was wrong and he was able to conform his conduct to the requirements of the law.

Though competing evidence was introduced on the central question of insanity, the trial court’s findings are not clearly erroneous. While it is true that several witnesses testified regarding defendant’s bizarre and manic behavior in the days preceding the crime, a police officer testified that only hours after the killing, defendant told him that his wife stabbed him and so, he stabbed her back in self defense. According to the officer, defendant spoke clearly and appeared lucid. There was also testimony that while defendant, indeed, had some stab wounds, they were not self-defense wounds and appeared to be self-inflicted.

On the other hand, Julie Stover, an emergency services clinician for Kalamazoo Community Mental Health, testified that defendant exhibited severe psychiatric symptoms, and recommended involuntary commitment and placement in the Kalamazoo Psychiatric Hospital. Further, defendant’s expert, Dr. Steven Harris, a clinical psychologist, diagnosed defendant with bipolar disorder, type one, manic with psychotic features, and opined that defendant was in an active phase of his psychotic condition at the time of the crime. In Harris’ opinion, defendant met the statutory criteria for legal insanity based upon his inability to conform his behavior to the requirements of the law because of a major psychiatric disorder.

The prosecutor's expert, Dr. Joseph Galdi, a forensic examiner for the Center for Forensic Psychiatry, testified that, in his opinion, defendant was suffering a manic episode at the time of the incident. However, Galdi disagreed with Dr. Harris' testimony that defendant was psychotic, delusional, and had hallucinations before the incident. Galdi noted that Dr. Hibbard, defendant's "personal" doctor, saw him thirty-six hours after the incident, and even he did not think that defendant was psychotic. Galdi noted that defendant gave himself up for arrest after the incident, and that his repeated assertion of self-defense indicated that he clearly understood what it meant to conform his actions to the requirements of the law. In Galdi's opinion, defendant did not meet the statutory criteria for insanity. When the trial court asked if Galdi's opinion concerning insanity would change if defendant's claim of self-defense was false, and it was determined that his wounds were self-inflicted, Galdi stated that such actions would imply premeditation, and the ability to control one's actions. He testified that self-infliction implies the capacity to cover up one's actions, and that an insane person would not be able to go through that kind of thought process, because it would involve too much rational thinking.

Dr. Lois Wightman, a psychologist, opined that in view of defendant's longstanding psychiatric history, defendant was mentally ill at the time the crime was committed. Wightman testified that she did not attempt to formulate any opinion on the question of insanity, because she was only asked to evaluate the issue of diminished capacity. Wightman's report noted that defendant's thinking and actions demonstrated that in spite of mental illness, numerous stressors, and injuries, he engaged in purposeful, controlled, goal-directed behaviors which show that he was capable of forming and carrying out his intentions at the time he committed the crime.

The trial court's determination that defendant did not prove by a preponderance of the evidence that he was legally insane at the time of the crime is clearly supported by the record, and therefore, certainly cannot be considered clear error.

Affirmed.

/s/ Henry William Saad

/s/ Patrick M. Meter

/s/ Donald S. Owens