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THE CONTRIBUTION OF PSYCHIATRY TOWARDS THE UNDERSTANDING AND MANAGEMENT OF CRIMINAL BEHAVIOUR

by Dr. H. COOPER

NASIONALE INSTITUUT INSAKE MISDAAD-VOORKOMING EN REHABILITASIE VAN OORTREDERS

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A. Criminal Offender or Psychiatric Patient?

"It is imperative that the psychiatric profession become more actively engaged in helping our society come to grips with its problems. We can no longer sit back with our knowledge of human motivation and behaviour and wait to be asked to help improve our world". Perhaps it will come as a surprise to learn that these sentiments, which seem self-evident enough, were expressed only as recently as 1971. They come from W. Walter Menninger.

This doyen of psychiatry in the United States of America was reporting on his experience as a member of a National Commission appointed to investigate the causes and prevention of violence, instituted by President L.B. Johnson in 1968, following upon the assassination of Robert Kennedy. While it cannot be denied that the psychiatrists themselves have tended to confine their activities to the assessment and treatment of various forms of mental ill-health, it is also true to say that any attempt that they have made to invade the field of criminology has been met with a certain amount of suspicion and distrust. As Dr. Menninger points out, the psychiatrist tends to be seen as permissive and approving and not sufficiently condemning when he offers the psychological foundation for why people do irrational things.

The law, in its concern with the meeting out of justice, cannot associate itself with an approach which involves permissiveness and the "finding of excuses" for anti-social behaviour. But there is no rational foundation in the fear that the psychiatrist is any more desirous of introducing a permissive or excusing attitude towards criminal behaviour. What the psychiatrist does seek is an emphasis in the direction of understanding the dynamics underlying criminal behaviour and an attempt to utilize this understanding towards the ultimate goal, namely, the correction, and also if possible, the prevention of such behaviour.

The man whose task it is to administer the law and the psychiatrist are working on very common ground. They are both dealing with individuals who are basically unable to adjust to the demands of society. They are both dealing with individuals who are experiencing difficulty in their interpersonal relationships, be it on a person to person, or a person to group or society level. Whether the individual becomes a criminal offender or a psychiatric patient will depend only on the form in which his behaviour becomes manifest.

2/.....

Taking this analogy to its extreme stage, one finds a whole group of individuals who, having been regarded up to a certain point in time as mentally ill, psychiatric patients, suddenly become reclassified as criminals. The re-classification may result from either a gross or quite marginal change in behaviour. Many instances to exemplify this state of affairs can be quoted.

A young mother, suffering from a puerperal psychosis following childbirth may in the throes of her overwhelming depression threaten to kill herself and destroy her infant. She will be clearly recognised as a mentally ill person in need of psychiatric treatment. Society will view her with compassion. But if before psychiatric treament is able to intervene, she kills her infant, society's attitude transforms itself overnight from one of compassion to horror, and the unfortunate woman is charged with the most serious of criminal offences.

If a young man suffering from paranoid schizophrenia assaults his mother, the gravity of his mental illness becomes confirmed. But if he assaults the mother of his next-door neighbour, he may find himself in the role of criminal offender charged with assault.

There is one paranoid schizophrenic well-known to all South Africans. For many years, he was undergoing treatment as a psychiatric patient and then, one day in 1966 his delusional thinking resulted in his killing our Prime Minister, Dr. Hendrik Verwoerd. Within the space of seconds, a pitiable, mentally confused vagrant became a hated, dangerous criminal.

The sexual offender falls within the group under discussion. If a sexual deviant's behaviour does not upset the accepted standards of society, he is regarded as no more than an oddity. But it requires only a slight modification of his behaviour to turn him into a criminal towards whom society will seek the most vicious condemnation and vengeance.

These few examples suffice to demonstrate the relationship which can exist between major forms of mental disturbance and criminal behaviour. More important, perhaps, is that these cases serve to draw attention to a fundamental difference between the attitude of the psychiatrist towards the criminal offender as contrasted with the attitude of society, and to a lesser extent, the administrators of justice.

In the course of clinical practice, the psychiatrist encounters patients who display frankly "bad" behaviour towards him. Psychiatric patients may be extremely selfish, demanding, unreasonable, abusive, destructive and very occasionally dangerously violent. Where dangerous violence is threatened, this in itself determines the psychiatrist's response to the

3/.....

patient's behaviour and some form of forcible control, sedation and probably hospitalization will become obligatory.

But in the vast majority of cases, although sometimes in a sense"badly" behaved, psychiatric patients do not constitute a danger in terms of violence. It is his approach towards this bulk of non-violent, disturbed individuals that is so often misunderstood and interpreted as an unduly accepting and permissive attitude on the part of the psychiatrist.

In each of these cases, the psychiatrist must be alert to the fact that he is dealing with a mentally disturbed individual, and that the abnormal behaviour must be viewed within the framework of mental disturbance. Furthermore, the psychiatrist is conscious of his role as therapist and that any action that he might take to combat the undesirable behaviour should be designed towards the establishment of a beneficial therapeutic relationship with the patient.

It is this therapeutic orientation that leads the psychiatrist not only to examine the nature of the behaviour but to focus his attention on the individual who has perpetrated the abnormal behaviour. The psychiatrist's concern becomes involved essentially with the factors motivating the behaviour and with the mental state and personality type of the individual concerned rather than with the nature of the behaviour as such.

In the case of a criminal offence, while the psychiatrist tends to be preoccupied with the offender, the administrators of justice and the general public centre their attention on the offence.

A case in point will serve to illustrate the psychiatric point of view. Some years ago the writer was asked to examine a Coloured man awaiting trial in prison. The accused had abducted a small child and disappeared. A dramatic police search ensued. The daily press devoted a great deal of attention to this drama. When several days had elapsed with the abductor still undiscovered, women living on their own were warned to lock their doors and avoid wandering the streets unescorted. The abductor was a known individual who happened to have a nasty scar running across one cheek. The press could not resist describing him to the public as Scar-face. Imagine the relief when it was eventually announced that the terrifying Scar-face had been arrested and that the child was safe and sound.

It was with considerable suspense that the writer sat in a room in the Roeland Street Prison waiting for Scar-face to be brought in for examination. A young police constable was in attendance. As Scar-face shuffled into the room, the constable stared aghast for a brief moment and then exclaimed in Afrikaans, "Is this man really Scar-Face!"

There was indeed good reason for the constable's astonishment. Scar-face was a wretched, pathetic figure of a frail man in his sixties, he was docile in the extreme, obviously terrified and clearly incapable of anything vaguely resembling violence. There was something about his rather benign facial expression and general demeanour which pointed to his simple mentality. This was subsequently confirmed by his conversation which was limited and childish in its content. He caused much amusement to those of us in the room when, in response to a question concerning the total number of toes he had on both his feet, he slowly bent down to take off his shoes and socks to enable him to count them.

Recognizing this man as a benign mental defective, for whom the child he had abducted represented nothing more than a play-mate, enabled us to view his behaviour in its correct perspective. Without taking into account this man's mental deficiency and simple way of life, his criminal behaviour would be meaningless and beyond fair jurisdiction.

B. The Psychological Motivation of Criminal Behaviour.

Let us now move on to take a look at the motivation of criminal behaviour from an essentially psychological point of view. Later, specific psychiatric states and their relationship to crime will be discussed, but at this stage it is as well to outline certain general considerations.

Crime can be looked upon as a faulty adaptation or response to life stress. Many writers have elaborated on this concept, perhaps none more clearly than Seymour Halleck, an American psychiatrist working in this field. He suggested that at any moment in time, the only way out for an individual faced with stresses may involve behaviour which might violate the criminal code. The fact that the individual chooses at that moment to respond to stress by adapting in this way, rather than some alternative way, will depend on many factors. These factors will include opportunity, the nature of the stress impinging upon him and intrapsychic factors involved in his particular personality structure.

The nature of the stress is obviously all-important and the type of stress which engenders a criminal response is concerned essentially with disturbed interpersonal relationships. This disturbance, as has been pointed out earlier, may involve a person to person situation but more frequently, it involves a disturbance between the individual and society.

Halleck points out that a wish to be free of an oppressive control by others is a dominating force in the lives of many individuals. While the

5/.....

sacrifice of a certain amount of freedom must be accepted to maintain a normal state of equilibrium within a society, modern man experiences most severe stress when others attempt arbitrarily to control, deprive or abuse him.

It is important to distinguish between realistic and unrealistic oppression. Unrealistic feelings of oppression will stem from defects of personality structure, in which case the individual will see the actions of others as oppressive whereas they have in fact been benevolently motivated. Halleck sees the greatest degree of realistic oppression in those who are left poverty stricken and those discriminated against on the basis of race or ethnic origin. This is associated with a subjective hopelessness and a sense of being powerless to influence the environment. Helplessness implies possible annihalation and also want, without hope of gratification, a limitation of autonomy and limitation of freedom. It is this subjective feeling of helplessness, maintains Halleck, that often plays an important role in the genesis of criminal behaviour.

It is of course obvious that life stress will not inevitably culminate in criminal behaviour. Oppression and frustration might alternatively lead to an adaptation of passivity and submissiveness. This too is an unhealthy state of affairs and one which tends to be temporary in nature and based on a hope for an ultimate change in the stress situation.

If an individual faced with stress is provided with opportunity and equipped with adequate internal resources of personality structure, he will find his solution in healthy, sociably acceptable behaviour. If he is not so fortunate, he may adapt, not by transgressing the criminal code, but by developing mental illness of one sort or another. To achieve this means of fundamentally altering his life situation and in a sense reducing his responsibility, he will mobilize unconsciously motivated psychological mechanisms. In some cases, the adaptation will be further complicated in that the mental disturbance will itself result in encroachment on criminal behaviour.

A differentiation has already been made between the oppression whose roots lie in the reality situation and the oppressive feelings which stem from an emotionally disturbed personality structure. Although in many instances there may be a combination of these two components, this distinction becomes particularly important in the rehabilitation of the offender and of course, in measures basically designed towards the prevention of crime. The sources of realistic oppression will call for socio-economic corrective measures and even, in some respects, perhaps political

re-orientation. In the case of unrealistic oppression, the corrective demands will move in the direction of personal psychological attention.

Although it might be true to say that under exceptional stress no person is completely exempt from the possibility of involvement in criminal behaviour, it is equally valid to conceive of a predisposition to criminality. The fact that a child reared under unfavourable socio-economic conditions will thereby be predisposed to criminality in later life is the concern of the sociologist, but the psychiatrist has an equal awareness of psychological factors early in life predisposing towards later criminality.

It has already been suggested that a criminal offender is an individual who is experiencing difficulties in his interpersonal relationships or his relationship with society as a whole. It must be appreciated that an individual's first model of interpersonal relationship is to be found in his family life as a child. There he will face his first stresses and frustration and there he will learn how to deal with them. By virtue of this early emotional experience, he will establish a pattern of behaviour, a way of dealing with people and life itself. These behaviour patterns will be carried through into later life and if at an early stage in the child's life, the personality structure does not build itself on emotionally sound foundations, disordered behaviour in later life can be anticipated.

It does not over-simplify the problem to state that parental influence is the all-important factor in determining a child's personality development. Such factors as parental rejection, abuses, neglect, over-control, extreme permissiveness and complete lack of guidance, will all tend to contribute towards faulty personality development in a child. It is this faulty foundation to personality structure and the consequent inability to cope with interpersonal relationships that predisposes the individual to criminal behaviour in later life, if and when he is exposed to the appropriate environmental stresses.

If one were to consider the very ultimate in the prevention of crime, it seems that one would have to consider a programme involving family therapy in those homes where the seeds of criminal behaviour are sown!

The psychiatric treatment or management of the criminal offender only becomes meaningful on the basis of a clear understanding of what is involved in criminal behaviour from a psychological point of view. Having clarified these aspects of criminal behaviour the question of the psychiatric treatment of the criminal offender can now be examined. It is the writer's intention to outline general principles in this regard, but before doing so, comments

7/.....

will first be made relating to certain specific psychiatric states most commonly encountered in criminal offenders.

C. Some Major Forms of Mental Illness.

If one considers those criminal offenders who are found to be suffering from a major form of mental illness such as to render them certifiable in terms of the Mental Disorders Act, the most common diagnosis made will be schizophrenia. This well-known illness defies precise definition on account of the wide diversity of symptoms with which it presents itself. It is a relatively common disorder and it has been estimated that approximately 1% of individuals will at some time of their lives suffer from this illness. Although it can occur in childhood and during the late decades of life, it most frequently develops during adolescence and early adult life. It is characterized essentially by a gradual withdrawal from reality, a preoccupation with a phantasy life, disrupted thought processes, inappropriate emotional responses, bizarre impulsive behaviour, and not frequently, delusions and auditory hullucinations.

Before the advent of modern psychiatric treatment, the prognosis for the schizophrenic sufferer was very grave, with the anticipation of progressive mental deterioration and permanent institutionalization in a high percentage of cases. Today, it has been estimated that 40 to 50 per cent of patients are discharged from hospital symptom free and 75 to 80 per cent are able to return home to lead reasonably useful lives, albeit that they are not completely free of minor symptoms of schizophrenia.

It will become apparent later in this discussion that psychiatric management generally need not necessarily demand the services of a psychiatrist, but in the case of schizophrenia, specialized psychiatric treatment is obligatory. The modern treatment of schizophrenia often entails hospitalization in the first instance, controlled medication with anti-psychotic drugs, electro-convulsive treatment in selected cases and to a lesser extent, psycho-therapeutic techniques.

Taking into account the nature of this type of mental disorder, it is not surprising to find that the schizophrenic quite often drifts aimlessly and virtually unknowingly across the borders of the criminal code. Most of the crimes he commits are of a petty nature but every now and then his propensity for irrational violence results in murder. In this country, those killers who have been declared mentally disordered at the time of the act, have for the most part been drawn from the ranks of schizophrenic sufferers.

8/.....

Only a very small percentage of schizophrenics are potentially dangerous and it is essentially during the initial, acute phase of the illness that the danger exists. This potentially dangerous type of schizophrenic tends to be uncooperative in respect of undergoing treatment and his committal to a mental hospital becomes necessary. Unfortunately, for a considerable section of the general public, admission to a mental hospital is still associated with an element of stigma and as a result, the hospitalization of these patients is sometimes unreasonably delayed. Enlightenment of the public could contribute considerably towards obviating the danger of senseless killing by the schizophrenic.

Allied to schizophrenia in the sense that they too are constitutionally determined psychotic states, are the manic-depressive group of illnesses. The psychotic states that may occasionally follow child-birth are conveniently included in this group.

Mania, which constitutes a state of acute pathological excitement, can indeed result in dangerous violence. But acute mania seldom presents a forensic problem in that the nature of the disorder is such that prompt hospitalization for active psychiatric treatment is almost inevitably instituted. Lesser degrees of mania do, however, result in over-ambitious, irresponsible transactions, with a conspicuous lack of sound judgment, and such behaviour not infrequently culminates in litigation.

The depressive phase of manic-depressive psychosis, if severe in degree, is characterized by a mood of total hopelessness and despair. The victim of such a state identifies the future with inevitable doom and can find no purpose or joy in living. If left untreated, his state of utter hopelessness may drive him to suicide. In some cases, the individual foresees in the future not only impending disaster to himself but also to those most dear to him. In his mind he sees it as a responsibility to exterminate his wife and children and so spare them the doom and torment of the future. Infanticide is also sometimes accounted for on this basis.

From time to time when one reads of these happenings in the press, the knowledge that this type of illness is dramatically responsive to appropriate psychiatric treatment magnifies the tragedy of it all. The fault obviously lies again in the ignorance of the implications of severe depressive illness and the urgent need of hospitalization and psychiatric treatment in these cases.

Epilepsy is another condition worthy of at least brief mention. In the United States of America, it has been estimated that 1 in 200 of the population suffer from epilepsy and there is no reason to believe that its incidence in this country is fundamentally different.

9/.....

Whenever a criminal offender maintains that he has no recollection of the act for which he has been charged, the possibility of epilepsy has to be considered. While it is correct to state that an individual who commits an act during an epileptic attack has no conscious awareness of what he is doing and therefore no subsequent memory of the act, there is general agreement that serious acts of violence are very rarely committed during an epileptic attack.

Much more controversial is the question of whether epilepsy, quite apart from the actual epileptic attacks, predisposes the individual to violent behaviour. In a recent issue of the British Medical Journal, J.A. Harrington points out that there is a strongly held belief that the epileptic is more likely to become violent than other people. Research has shown that murderers as a group contain a higher proportion of epileptics than the general population. Harrington also draws attention to work that has been done which suggests that violent offenders, particularly where the offences are of the unmotivated type, show more abnormalities of a non-specific type in their electroencephalograms.

More research is required in this field but it is probably tenable to suggest that epilepsy does in fact explain a certain amount of violent crime. Epileptics require a more intensive supervision by the medical profession than at the moment pertains, especially in respect of ensuring that these individuals take more regular advantage of medication designed to control their impulsive behaviour. Seriously uncontrolled behaviour is of course an indication for institutionalization.

No useful purpose would be served by enumerating all the forms of mental disorder with which criminal behaviour might be associated. It will be more useful to devote special attention now to two groups of individuals who are very much the concern of forensic psychiatry, namely the adolescent and the sociopath. The current drug problem particularly has drawn attention towards the adolescent.

D. The Adolescent; and Comments on Dagga.

A comprehensive discourse on adolescence is beyond the scope of this section of our discussion. Here an attempt will simply be made to outline certain concepts of adolescence without which criminality at this age cannot be understood and cannot be reasonably managed when it occurs.

Adolescence must be recognised as a period of extreme psychological stress. The young individual is confronted with a whole series of problems of

adaptation. Biologically, he is faced with a rapid acceleration in growth and strength, and the development of secondary sex characteristics. Sexual drives suddenly become activated. The individual now has to consolidate his identification with his own sex and learn to relate satisfactorily to the opposite sex. Physical development often outstrips emotional development, this tending to create a greater problem in girls than in boys. There is the constant emotional tussle between the desire for maintenance of the comfort and support of the parents and the home, and the realization of the need and desire for independence. The problem of vocational choice must now be faced.

While struggling with these fundamental intrapsychic conflicts, he must at the same time cope with the broader aspects of inter-personal relationship and placement within adult society. He must identify with this society and seek a model for a standard of living within it. In this one sees an unenviable task. In his investigation into modern society he very soon encounters inconsistencies, deceptions, false values, injustice, poverty, racial discrimination and futile wars. He finds his world changing so rapidly that trying to get a foothold in it is comparable to landing safely on a fast-revolving merry-go-round. Perhaps in spite of all, he decides to struggle through and then he pauses to look into the future. Staring at him is the threat of international strife, pollution, over-population, the atomic bomb and the possibility of total destruction. He is left with little incentive and is sorely tempted to adapt in some other way than to integrate into the conforming society which surrounds him.

When the young boy reaches adolescence, he does so equipped with certain internal emotional resources and a personality structure. The potential strength of these emotional resources and the solidity of the personality structure are dependent essentially on what has gone before within the family situation. These factors have already been outlined. Now, during adolescence, he is thrown into the final testing ground before entering adult life and all that adult society will demand of him. His ability to preserve a reasonable homeostosis of personality function will depend upon the balance between his physical resources and the stresses to which he is subjected.

The adolescent of today has a particularly stressful testing ground with which to contend. The oppressive feelings, arising both intraphysically and from the realities of his environment, are over-powering many young people. It seems that the victims are gradually increasing in number.

The aggressive, anti-social behaviour of the adolescent, including all forms of juvenile delinquency, must be seen and understood in terms of a mode of

adaptation, an unsatisfactory solution, if you care to look at it that way, for a host of young people who have been overwhelmed by the stress involved in their integration into society. Amongst them will be those in whom the adolescent testing-ground has precipitated varying degrees of psychological disturbance, while in others the disordered behaviour will represent no more than an enforced adaptation by a society which is itself in need of psychological and socio-economic assistance and reform.

In many cases, the alienation from adult society does not express itself in active aggressive anti-social behaviour but in a process of "dropping out". This category of adaptation need not be regarded necessarily as one of submissiveness and passivity but perhaps one of activism in the sense of the individual taking steps to extricate himself from a situation which he sees as oppressive and annihilating.

What must be regarded as a frequent accompaniment of the drop-out scene, is an involvement with dagga-smoking. There are probably four main reasons why the use of dagga has become so much a part of the lives of this group of young people. Firstly, it happens to be readily available. Secondly, it represents a means of identifying with the peer group. In their defiance towards adult society, they are saying, "You like to use alcohol, we prefer to use dagga". Thirdly, dagga reinforces the amotivational syndrome which is so much a feature of the "drop out" process. Finally, it offers hope of expanding perceptive experience.

The very numerous publications on marijuana (dagga) are not unanimous on the extent to which this drug is harmful. The recent findings of the National Commission on Marijuana and Drug Abuse in the United States cannot be ignored. This Commission found that it is not addictive, that there is thus far insufficient evidence to show that it is in itself either physically or psychologically harmful, that it does not appear to lead to the use of hard drugs such as heroin and that it does not lead to serious crime. The Commission nevertheless opposed its use on the grounds that there is little or no evidence that it has any beneficial aspects.

While there can be no doubt that there has been a general tendency to exaggerate the harmfulness of dagga, the writer believes that there is very good reason to be alarmed about the prolific use of dagga amongst the adolescent section of the community. The extreme emotional vulnerability of these adolescents has been elaborated upon in some detail. The introduction of any drug, be it dagga or one of the many more noxious drugs, to an already emotionally disturbed individual, always constitutes a serious threat.

12/.....

The introduction of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act in 1971 designed to combat drug abuse in this country was most welcome and embraces much that is commendable. Unfortunately an inadequate understanding of the nature of the problem and a failure to recognize the vulnerability of those involved in the usage of dagga, resulted in an essentially punitive rather than a therapeutic approach. Thus far very little has been done towards the establishment of Rehabilitation Centres, and perusal of the Act indicates that the centres contemplated are themselves orientated essentially towards custodial care and punishment, rather than treatment-directed centres which should be under psychiatric, medical and para-medical control.

The management of the adolescent criminal offender calls for the most careful attention and consideration. Faulty handling of this crisis in the youth's life can easily result in entry into a life-long pattern of criminality. Of all criminal offenders, the adolescent most particularly requires attention to psychological and personality factors.

What is required in the attitude towards the adolescent offender is not one of permissiveness but understanding, and in his management, punitive measures should give way to corrective procedures and if necessary, active psychiatric treatment. Except where the offender's freedom would constitute a real danger to society, prison sentences should be assiduously avoided when dealing with all forms of adolescent criminality. Imprisonment at this age can result in seriously mitigating against restoring the young individual to a future life of useful, law-abiding citizenship. To imprison a young man who is already hostile towards adult society and its values must surely be to court disaster. In the case of the young dagga-user particularly, there can be little to justify criminalizing him by incarceration.

E. The Alcoholic.

A brief consideration of the problem of alcoholism follows naturally on the preceding comments on dagga.

There is universal agreement that alcohol is by far the more heinous of the two drugs. Alcohol is highly addictive, is grossly damaging to both physical and mental health, and contributes considerably towards crimes of violence. In this country, a claim is frequently made that in respect of the Coloured section of the community, dagga should be regarded as an important contributory factor towards the high incidence of violence. But in these people it is almost certainly the effect of the combination of dagga and alcohol that precipitates violent behaviour.

13/.....

In Harrington's article on violence, which was quoted earlier on, he makes it clear that a high percentage of violent crimes are associated with alcohol intake. He points out explicitly that "it is not just a question of drinking, but drinking too much at the wrong time, in the wrong place, and in the wrong frame of mind".

An alcoholic can be defined as any individual whose drinking habits prove detrimental to his mental or physical health, his family life, his general social adjustment or his vocational career. In more recent years, alcoholism has come to be accepted as an illness and a considerable percentage of alcoholics have proved to be amenable to treatment. The Cape Provincial Administration is to be congratulated on its inclusion within its hospital services of the William Slater Hospital for the treatment of alcoholics. This hospital has been incorporated into the psychiatric department of Groote Schuur Hospital.

It is not surprising to find that offenders whose crimes are directly related to alcoholism are unresponsive to punitive measures. They require, in the first instance, an opportunity for treatment, and the burdening of the already over-laden courts with alcoholic offenders is certainly to be deprecated.

F. The Sociopath (i.e. Psychopathic Personality.)

Before proceeding with a final section dealing with generalizations on the therapeutic attitude towards the criminal offender, the sociopath requires a place of special consideration. The term sociopath or sociopathic personality has recently tended to replace the previous terminology of psychopath or psychopathic personality. The introduction of the term sociopath seems to have alleviated somewhat the formerly essentially rather despicable attitude towards this type of personality.

The sociopath should not be regarded as suffering from a mental illness but representative of an abnormal personality type. The hallmarks of this type of personality are impulsivity and irresponsible behaviour, a superficiality of affect or feeling, a lack of conscience and consideration for others and an inability to profit by experience. These personality traits are by no means endearing and the sociopath's behaviour tends to be basically anti-social. His misdemeanours can include theft, housebreaking, fraud, physical violence and sexual assault.

The placement of the criminal sociopath continues to pose an unsatisfactory and serious problem. He is indeed a menace to society and he does not belong within the domain of a mental hospital. While he may adjust quite

14/.....

well to the routine of a prison, he fails to profit by the experience of incarceration. There is no doubt that the sociopath accounts to a large extent for the very high current incidence of recidivism.

One ray of hope in respect of the sociopath has emerged during the last decade or so. It has been found that his inability to profit by experience is relative. He has in some instances been found responsive to long-term behavioural correction techniques. For this purpose, in various parts of the world, special institutions have been created and in some instances, therapeutic communities. While not all sexual offenders are necessarily sociopathic, their management is receiving similar attention. Aversion techniques of behaviour therapy have recently yielded hopeful results.

The South African government are currently considering the findings of a special enquiry into the whole question of the sociopathic personality. Psychiatrists have recommended the development of corrective institutions to cater specifically for the sociopathic offender and it is hoped that this very essential advance will achieve fruition in the not too distant future.

G. Society's Attitude.

In attempting to assess society's attitude towards the criminal offender, the psychiatrist is able to draw on his experience with society's attitude towards the mentally disordered person.

Not very long ago, the mentally disordered person was looked upon as an individual to be both feared and scorned. It was considered imperative to remove such individuals who were called lunatics, from the community and asylums were created to shelter them. Then with the progress of medical science it was discovered that mental disorder could be treated. The asylum became a mental hospital and the lunatic was now called a mentally ill person. This advance inevitably resulted in a change in society's attitude towards the mentally disordered person. Whereas his behaviour had been seen as nothing short of demoniacal, he now became an individual deserving of sympathy and understanding.

During the last few decades psychiatric treatment methods have developed, yielding increasingly successful results. The prospect of recovery from mental illness has now imbued society with an active interest in the mentally ill. Gradually society has come to recognize the care of the mentally disturbed individual as one of its most serious and important responsibilities.

This is a vital change that has occurred in society's attitude towards mental illness. When one analyzes the source of the change one finds that it lies in the development of a greater understanding of mental illness and equally, in the realization that mental illness can be treated. It was previously very difficult, after all, to develop a reasonable, helpful attitude towards problems that appeared to have no solution.

The analogy between the mentally disordered individual and the criminal offender is a very close one. Until such time that society can be persuaded to change its attitude towards the offender quite fundamentally, progress in the field of criminology will be impeded. In all fairness, it is not surprising that the more enlightened approach to mental illness has not yet been paralleled in relation to criminality. The criminal offender may be, after all, totally anti-social in his behaviour, destructive, vicious and hurtful to his fellows. His behaviour does not readily engender a sympathetic attitude.

H. The Management of the Criminal Offender.

In considering the question of an improvement in the management of the criminal offender, the writer sees the education of all those directly concerned, as well as the general public, as an essential need. This could be done through the medium of the press, the radio and literary publications. It is hoped that this book will constitute a useful contribution. The National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO) is obviously acutely conscious of its role in this field of education and if account is taken of what the South African National Council for Alcoholism (SANCA) has achieved in its efforts to improve society's attitude towards alcoholism, there is good reason to believe that such an educational programme is assured of achieving beneficial results.

A recent development in the history of psychiatric treatment is relevant. While the conversion from the concept of the shelter of an asylum to the therapeutically orientated mental hospital represented a momentous advance, psychiatrists are now becoming increasingly wary of the hospitalization process. In being hospitalized, the mental patient is withdrawn from the environment in which he has failed to make a satisfactory adjustment. He is placed in an unrealistic situation, divorced from his family and the community as a whole. He is deprived of ordinary social status and there is an interference with his personal dignity.

16/.....

Psychiatrists are now tending towards an avoidance of hospitalization, but there are still those patients who by virtue of their particular mental state, or by virtue of the nature of the treatment which they require, continue to need hospitalization. In these cases the importance of curtailing the hospitalization period to a minimum has also been recognized. Experience has shown that prolonged hospitalization tends to introduce a "Hospitalization syndrome", where the patient finds himself capable of adjusting only to the hospital environment and unable to adjust to living within the community.

Penology must take heed of this development in psychiatry. The disadvantages of hospitalization apply equally, but in a more intensified form, to incarceration. The dehumanizing process involved in imprisonment has damaging psychological consequences and mitigates against the goal of correction and ultimate rehabilitation into the community. Criminology would be wise to follow the lead of psychiatry and endeavour, as far as possible, to deal with the offender within the community in which he is experiencing difficulties of adaptation.

Just as there always will be mental patients who require to be hospitalized, so there always will be criminal offenders who require to be imprisoned. There, again from the experience in psychiatry, the wisdom of excessively prolonged imprisonment should be carefully examined. A certain stage is reached where a prisoner becomes incapable of adjusting to an environment other than that provided in prison life.

In the field of psychiatric treatment, an attempt is now always made towards maintaining the patient within the family unit, within his particular social milieu, and if he is not too seriously disturbed, within his employment situation. This approach has necessitated the development and expansion of treatment centres available to the community.

Psychiatrists in private practice are able to cater for only a small part of the demand. In this country State mental hospitals have developed previously unheard of out-patient departments where they deal with large numbers of patients, and similar departments are provided by the Provincial general hospitals. There are facilities for psychiatric emergencies, such as exist in the psychiatric unit of the casualty department of Groote Schuur Hospital. There are day hospitals, where patients attend for daily intensive treatment and return to their homes at the end of each day. In the larger centres in the Republic there are mental health societies which also provide facilities for psychiatric assessment and treatment.

17/.....

Psychiatrists have been overwhelmed by the tremendous need for psychiatric treatment within the community, and with this has come the acceptance that many individuals other than specialist psychiatrists are able to contribute most fundamentally to psychiatric care. Psychologists, members of the nursing profession and social workers are all receiving special training in the psychiatric field and are now regarded as essential members of any psychiatric treatment programme. The role of the clergy also cannot be ignored.

It is relevant to draw attention to the recent swing in psychiatry towards family therapy. This is applicable particularly when dealing with young patients. The concept of the maladjusted family as opposed to a maladjusted individual within that family has given rise to drawing the entire family into the treatment programme.

This brief review of modern trends in psychiatric treatment, with the emphasis of maintaining the patient in the setting of the community, has been provided with good reason. It is presented as a model on which the psychological management of the criminal offender should be based.

A brief comment concerning prisoners is necessary. At the moment, in the event of a prisoner displaying evidence of a major form of mental disorder, the services of a State psychiatrist is called upon. A psychiatric assessment of the particular case will then be made and appropriate therapeutic measure will be prescribed. While this is in itself a satisfactory state of affairs, the writer has no doubt that there must be many prisoners suffering from less dramatic or troublesome forms of mental disturbance, who are not receiving any psychiatric attention. In this category, depressive states, often severe in degree, come most readily to mind. It is important that these emotionally disturbed individuals should be spared unnecessary suffering while in prison, and equally important, that they should not eventually emerge from their imprisonment experience so emotionally damaged asto make their rehabilitation back into the community an impossible task.

Social workers have thus far proved very helpful in providing these disturbed prisoners with a certain amount of psychotherapeutic support but there is a very real need for a far more adequate provision of psychiatrists and psychologists to devote attention to psychiatric treatment, particularly in the form of psychotherapy, for the vast prison population.

The principle of avoiding prison sentences as far as possible has already been stressed. This is going to entail an extensive utilization of the systems of probation and suspended sentence, and by so doing, permit the

18/.....

offender to continue to function within his particular section of society. But just as sparing mental patients from hospitalization necessitated the development of special treatment facilities for the community, so will sparing criminal offenders from incarceration fail as a project if they are not provided with adequate sources of guidance, supervision and treatment.

In order to ensure the success of a break away from a punitive approach in favour of an essentially corrective one, it will be necessary to establish suitably staffed centres throughout the country to cater for these offenders. Psychologists, probation officers, social workers and suitably equipped and instructed lay individuals must all be incorporated in this scheme. In many instances, the clergy will also become involved.

Bearing in mind that the offender is an individual who is experiencing difficulties in adapting satisfactorily to society, he should be urged to attend the centre regularly. There he will be free to discuss any problems that he may be encountering. His specific needs wil determine which member of the centre will become his particular mentor. The offender's family must always be kept actively involved with the centre and its corrective programme, and a liaison with employment agencies will often prove essential.

In the vast majority of cases, a clinical psychologist will be academically equipped to deal with most offenders who are emotionally disturbed but seriously disturbed individuals should be referred to a psychiatrist.

The various available sources of psychiatric aid were enumerated earlier when reference was made to the treatment of psychiatric patients.

The fact that over 50% of a prison population at any one time is made up of recidivists who have been in prison before points in itself to the dire need for improved rehabilitative measures. It points too, incidentally, to the futility of a punitive approach to criminality. It is not really surprising to find that the offender's problem of faulty adaptation to society which led to his imprisonment is often not resolved by virtue of his prison experience. Once freed he then has to overcome the dehumanizing effects of his imprisonment and contend with society's antagonistic attitude towards the ex-prisoner. He has been let out of prison only to find himself in an essentially threatening environment. In some instances, and this applies particularly to the non-European ex-prisoner, he finds life within the community so threatening that he deliberately transgresses the law again to ensure re-entry into the shelter of the prison.

19/.....

Rehabilitation should be initiated before the offender's ultimate release from prison. The social worker should make contact with the family and ensure adequate preparation for the offender's return into the home environment. Accommodation problems may require attention and assistance with placement in employment is essential. For those cases where there is no home or family to whom to return, the National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO) has already established the first transition hostels.

It is essential that the ex-prisoner, particularly during the first year after his release from prison, should receive the most ardent attention of the type of centre that the writer has already described in relation to offenders under probation and suspended sentence. The ex-prisoner's need for such assistance cannot be over-emphasized.

Psychiatric patients discharged from mental hospitals show a marked tendency to relapse if left to their own resources. In recent years very much more attention has been given to a follow-up system of supervision and treatment, and this has certainly resulted in a considerable reduction in the relapse rate.

There is an obvious analogy between the occurrence of relapse in the ex-mental hospital patient and recidivism in the ex-prisoner. Adequate attention to the ex-prisoner will achieve satisfactory results comparable to those which have been achieved with ex-mental hospital patients.

Society is threatened with an increasing incidence of crime. Advantage should be taken of the experience gained in the field of psychiatry. With a clearer understanding of the nature of crime, and a change of attitude away from a punitive approach towards an essentially corrective orientation, there is much that could be achieved.

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20/.....

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