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Dangerous Lunatics

Trauma, Criminality, and Forensic Psychotherapy

KARNAC
firing the mind

"There have been at all times, and will be, hordes of predatory parasites who infest and infect the community. They hover on the outskirts and prey on the fears and helplessness of the more exposed and feeble members; or they penetrate into the vitals, and twine like the taenia in the very track and trail of nutrition and strength; or they insinuate themselves, like the cysticercus, into the very brain. They live upon the life of others."

(Anonymous, "Dangerous Classes", *The Medical Critic and Psychological Journal*, 1863, Volume *III*, p. 137)

"Wenn du einen Menschen tötest, hast du die Welt getötet, wenn du einen Menschen erhälst, erhälst du die Welt …"
[If you kill a man, you have killed the world; when you support a man, you support the world …][1]

(Talmudic saying, from the Sanhedrin tractate, devoted to civil and criminal proceedings. Quoted in Belke, 1978, p. 79)

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INTRODUCTION
The Man Who Shot His Mother And Father In The Face

Nihil Ammiano praeter aridam reſtem
Moriens reliquit ultimis pater ceris.

(Marcus Valerius Martialis [Martial], "De Ammiano ad Maronillum", *Epigrammata*, c. 86 CE – 103 CE, Liber Quartus, LX [*sic*])

[When Ammianus' father breathed
His last, his son, hovering in hope,
Found that the final will bequeathed
Him nothing but a length of rope.]

(Martialis, 1773, p. 83; Martial [Martialis], 1973, p. 81)

Nearly forty years ago, I first set foot on the back wards of a battered, bedraggled psychiatric hospital, tucked away on the outskirts of a tiny village in the remote English countryside. As a very young and extremely inexperienced psychology trainee, my knees literally trembled with fear as I walked through the locked doors of the psychogeriatric unit which housed hundreds of chronic,

severely mentally ill patients, most of whom had received a diagnosis of schizophrenia. Within seconds, I became nauseous from the horrific odour of the urine-stained and faeces-smeared carpets, not to mention the morbid stench of the omnipresent cigarette butts spattered all about. Unsurprisingly, I began to retch.

The long-serving and somewhat jaded Consultant Psychiatrist – immune to the ghastliness of the physical surroundings – welcomed me warmly into this hellish environment and suggested that I should begin my apprenticeship with a tour of this nineteenth-century institution. Naively, I assumed that my new boss would escort me round personally; instead, he explained that my tour would actually be conducted by none other than "Fred", one of the oldest patients on the ward, who knew the layout of the hospital better than any of the members of staff.

Within moments, Fred appeared, as if by magic, and shook my hand most graciously. He smiled with tremendous enthusiasm: "So, you're the new psychologist. It's a pleasure to meet you." Fred chatted breezily and did not seem to be schizophrenic at all – quite the opposite, in fact. Only 5' 1" in height, he struck me as somewhat childlike, especially as he spoke in rather a

high-pitched voice. Certainly, from a physical point of view, this patient did not seem frightening in the least.

Fred then marched me through the dank rooms of the cavernous hospital and, afterwards, escorted me into the surprisingly well-maintained gardens. He chirped, "To your left, Brett, well, that's the infirmary, for patients who need medical treatment. And just beyond, to your right, that's the hairdresser's hut, where some of the old ladies go for their curlers. And over there, beyond that tree, that's the gardening shed." Fred spoke clearly and calmly and with great attention to detail. After an hour, we returned to the ward, whereupon Fred kindly offered me a cup of tea.

Although I had visited psychiatric institutions previously, as part of my training, I had never met a patient as sweet as Fred. He appeared to be incredibly sane and chipper, so much so that I actually wondered whether someone had made a dreadful mistake by having incarcerated him under the Mental Health Act 1959 all those many years ago.

At this point, the Consultant Psychiatrist reappeared and took me into his tiny office, strewn with stacks of dusty files, and asked me whether I had enjoyed my special tour. I told him that I had found Fred to be

rather informative and, also, quite charming to boot. The psychiatrist seemed unsurprised by my description. And then, he quizzed me: "So, Brett, if Fred is such a lovely man, why do *you* think he has been a long-stay patient at this hospital?"

Nervously, I spluttered a grossly inadequate reply and expressed my deep uncertainty as to the reason for Fred's incarceration.

The consultant grilled me further: "Is he, in your estimation, a classic schizophrenic?"

"Well," I replied, "I failed to observe any obvious signs of either hallucinations or delusions or, indeed, of disordered thought."

"You are correct," he replied, "Fred is not *obviously* schizophrenic."

"But if he does not meet the diagnostic criteria for schizophrenia," I queried, "what has brought him here as a patient?"

The Consultant Psychiatrist beamed with a certain arrogance, knowing that I would never guess the real reason for Fred's incarceration. He smirked and then explained, "Many years ago, Fred took a handgun and shot his father in the face at close range, and then he shot his mother in the face, also at close range. Would

you ever have suspected that such a small and seemingly unthreatening man could have committed the ultimate double murder?"

My jaw dropped in utter astonishment. Although I had spent only a brief time with Fred and had enjoyed his walking tour, I had not detected any sense of danger or madness. Fred seemed like a kindly old man. I would never have supposed him capable of either patricide or matricide.

Clearly, my education in psychology had only just begun. And before long, I came to realise that one cannot always identify a murderer on the basis of physical appearance alone or, indeed, as a result of merely one hour of conversation. Although some killers *do* look completely deranged, with fire in their eyes and spittle drooling from their mouths, others, by contrast, appear quite placid and even gentle. I would have much to learn about the field of forensic mental health, namely, that branch of modern psychology devoted to the study of psychopathologically troubled individuals who perpetrate violence.

Mad people have committed offences – often grotesquely sadistic crimes – since the very dawn of time. Nowadays, we refer to a perpetrator such as Fred

as a "forensic patient" – a mentally ill individual who commits an act, or acts, of deep cruelty. But, back in the nineteenth century, physicians would describe such a patient, somewhat more poetically, as a "dangerous lunatic" (Clarke, 1886, p. 88; cf. Theobald, 1924; Prior, 2003; Shepherd, 2016).

Now, within the very first hour of my very first day of employment, I had met my very first dangerous lunatic. And, as the years unfolded, I would, in due time, come to meet many more: murderers, paedophiles, arsonists, rapists, and thieves.

Given that most of us manage to navigate our entire lives without ever shooting another human being in the face, or raping a child, or burning down a building, or breaking into someone else's home in the middle of the night, why on earth should these dangerous lunatics do so? Perhaps these individuals suffer from some sort of brain disease or, perhaps, they might simply be rotten eggs, cursed by the Devil. What aetiological factors actually contribute to the development of such terrifying forensic illnesses?

And how should we deal with these people once the police have apprehended them? Should they be sentenced to a lifetime in a maximum-security pris-

on? Should they be incarcerated in perpetuity in a special psychiatric hospital? And for those who do become institutionalised, should we simply let them rot in their cells or on the wards, or might we dare to offer some sort of humane psychological treatment in the hope of improving their quality of life and thus contribute to the reduction of the possibility of reoffending in future?

What, if anything, can we learn about the causes and treatments of dangerous lunacy from the work of our historical predecessors and, also, from our more contemporary colleagues within the field of forensic mental health?

Let us consider the case of a nineteenth-century lunatic, "William B.", from Swansea, in Wales, who had committed many acts of viciousness during his lifetime. This Welshman embarked upon his criminal career by torturing and killing animals: fowls, doves, cats, and dogs. In fact, on one occasion, he actually cut the throat of a horse. In time, William B. began to harm human beings as well; indeed, he even stripped a younger sibling of his clothing and then beat and scratched the boy's body, threatening death. In due time, this dangerous man progressed

to acts of sexual violence as well as strangulation of a baby (Tuke, 1885). He even attempted to castrate an imbecilic inmate. In 1886, after William B.'s incarceration in the Asylum for the Insane in Kingston, Ontario, Dr. Charles Kirk Clarke (1886, p. 85), the Medical Superintendent, reported, "he can not recollect the time he was free from the desire to torture and kill." Unsurprisingly, such acts of viciousness forced Dr. Clarke (1886, p. 88) to diagnose William B. as a "dangerous lunatic".

According to traditional psychiatric theory, not every perpetrator of violence fulfils the diagnostic criteria for mental illness. For instance, when, in 1945, the crew of the American aircraft *Enola Gay* dropped atomic bombs on Hiroshima and Nagasaki, murdering more than 100,000 people and irradiating countless others, no one had ever suggested that those airmen should be institutionalised as dangerous lunatics. But many criminals do, unquestionably, suffer from dangerous lunacy, broadly defined. Indeed, in the mid-nineteenth century, Dr. John Purdue Gray (1857, p. 119) of Utica, New York, a physician who had studied nearly 5,000 cases of homicide over a period of fourteen years, concluded that, "A disposition to violence is a common

characteristic of mental disease." Certainly, we know that madness and criminality often coexist rather intimately, as many overtly or covertly mad people will perpetrate violence and many perpetrators of violence will often be quite mad.

This short book concerns "dangerous lunatics": men and women, and even children, who commit crimes, invariably under the influence of extreme psychological distress. In the pages which follow, we shall begin by exploring how our predecessors mistreated dangerous lunatics across the ages, often subjecting these individuals to the most shockingly violent forms of punishment. We shall then consider how, for many years, most health care professionals dismissed criminality as little more than the consequence of degenerative brain disease. Thereafter, we will investigate the radically pioneering contributions of Sigmund Freud and his fellow psychoanalysts who dared to research the childhood histories of offender patients, often revealing that these individuals had suffered profound early traumata.

Having thus examined the field of forensic psychology in historical perspective, we shall then study two types of gross offending behaviour in particular, namely, paedophilia and, also, murder, through a psy-

chotherapeutic lens, considering what we have come to learn about the deeper, unconscious origins of these extreme forms of sadism. We will conclude this study with an examination of the current state of forensic psychotherapy, exploring how those of us who work in the field of mental health might develop a more humane stance towards the treatment of perpetrators in years to come.

1

Torture and execution: ancient remedies for perpetrators

And where th' offence is, let the great
Axe fall.

("Claudius King of Denmarke", in William Shakespeare, *The Tragedie of Hamlet, Prince of Denmarke*, c. 1599 – 1602, Act IV, Scene v, line 244)

Throughout the course of human history, men and women have committed grotesque acts of deep criminality. One need but glance at some of the foundational biblical texts – whether the Jewish Old Testament or the Christian New Testament – to be reminded of our treacherous roots. According to the Book of Genesis, Abraham, the first Jew, took his son, Isaac,

to the mountainous region of Moriah, bound him to an altar and then began to wield a knife above his body as a sacrifice to God, until an angel prevented him from doing so. And Jesus, the man who inspired Christianity, died at the hands of a group of murderers who hauled him outside the walls of Jerusalem to Golgotha and then, as described in the Gospel According to Matthew, crucified him, prior to his death from, perhaps, hypovolemic shock or exhaustion asphyxia, resulting in cardiorespiratory failure (Edwards, Gabel, and Hosmer, 1986; Maslen and Mitchell, 2006; cf. Stroud, 1847). Had Abraham lived today, someone would undoubtedly have telephoned social services or the police and would have interrogated him as a potential perpetrator of filicide. In similar vein, the soldiers who crucified Jesus might well have ended up in prison or in a psychiatric institution.

Our ancestors did not hesitate to treat criminals in the cruellest of manners (Du Boys, 1845; Bowen-Rowlands, 1924). Indeed, across the ancient Hebrew, Egyptian, Greek, Roman, and Asian cultures, our predecessors would often inflict sadistic retaliatory punishments upon perpetrators of crime, whether lunatic or not.