

**EXPLORATIONS IN  
CRIMINAL PSYCHOPATHOLOGY**

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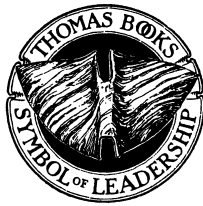
Second Edition

# EXPLORATIONS IN CRIMINAL PSYCHOPATHOLOGY

Clinical Syndromes With Forensic  
Implications

*Edited by*

LOUIS B. SCHLESINGER, PH.D.



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*This book is dedicated to my son Gene.*



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## FOREWORD

For over two decades, I have examined cases involving some of the cruelest and most inhumane actions perpetrated upon human beings. These cases have included adolescents as actors, as well as victims; women who kill, as well as women killed in apparently senseless ways; individuals diagnosed as suffering from mental illness, as well as those with no history of mental illness; law enforcement officers as victims and officers using their positions to target objects of their pathology. In each of these cases, I was presented with the same question: “Why did they do it?”

Many cases of violence fall neatly into various categories such as instrumental and expressive violence. Some cases of violence appear very well organized . . . and others less organized. In examining many of these cases, strange and complex as they are, our explanations are satisfying, even if only intuitively so.

But there are other cases that defy explanation or easy categorization. Cases of anthropophagy and vampirism; situations where mere children brutally murder playmates or other young children; sexual behaviors inextricably bound with aggression. These cases, gratefully infrequent, challenge most categories of criminal behavior and human development. They stretch even our categories of psychopathology and abnormality. Cases which appear very similar on the surface turn out to have quite different explanations as to why the perpetrators behaved as they did.

Psychoanalytic theory, once the staple of psychiatry and psychology, maintains a relatively small following today. Biological explanations, psychological theories, and environment are currently all offered as internal and external causes of crime. But to those of us who maintain a psychoanalytic perspective, biology, the psyche, and one’s environment have always played a significant role in explaining why

one acts . . . normally or pathologically. As a neurologist, Dr. Freud himself long understood the influence of biology on behavior. He clearly saw the relationship between environment, particularly that of early environment, and one's behavior. And it is precisely how a particular individual processes these experiences within a specific environment that results in action or lack of action. Current understanding and explanation of human behavior cannot ignore any of these factors: biology, psychology, and environment. All three play a vital and interactive role in human behavior.

Dr. Schlesinger's compilation of chapters addresses this complex approach to understanding a very specific and important aspect of human behavior: criminal psychopathology. Updated and expanded articles in this second edition approach these complexities largely from a psychodynamic perspective that also addresses biological, psychological and environmental aspects of behavior. Sections on Disorders of Behavior, Disorders of Thought and Borderline and Psychotic Disorders bring together chapters written by experienced practitioners and scientists that examine the dark and macabre expressions of human conduct in ways that give meaning and understanding to these behaviors.

Although these kinds of criminal activities do not occur with great frequency in our society, when they do, they create loathing and fear. Explanations for these actions that speak to motivation of an individual can assist in the investigation, the interviewing of subjects, and, importantly, in society's sense of well-being by beginning to understand why people behave this way. As with each of us individually, the more a society can understand WHY someone acts, however bizarrely, the easier it becomes to deal with these experiences.

We will never have a full or comprehensive understanding of why some people commit the acts they do. However, with the continued work and assistance of authors such as these, we come closer each day.

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## INTRODUCTION

When *Explorations in Criminal Psychopathology: Clinical Syndromes with Forensic Implications* was first published in 1996, the purpose was, in part, to correct an imbalance in the field, specifically with regard to the coverage of the important topic of psychopathology and its relationship to crime. The emphasis of forensic practitioners was—and to a large extent continues to be—on various legal tests and legal standards. And when criminal psychopathology was mentioned, the reference, typically, was to traditional mental disorders and how each of these conditions relates to various legal issues such as criminal responsibility and competency. Although knowledge of legal standards and traditional mental disorders is obviously necessary in conducting forensic assessments and engaging in forensic practice, it is not sufficient. Practitioners also need to have expertise in a wide range of clinical conditions—beyond those covered in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*—that relate to various forms of criminal conduct.

The *DSM-IV-TR* (2000) does a very good job delineating criteria for various mental disorders common in clinical settings (hospitals, out-patient clinics, private practice), but it does not do a satisfactory job with clinical disorders that have forensic implications. For example, under the general diagnostic category of impulse-control disorders, the *DSM-IV-TR* lists—in addition to intermittent explosive disorder—kleptomania, pyromania, pathological gambling, trichotillomania, and impulse-control disorder, *nos* (not otherwise specified). However, kleptomania is not an impulse-control disorder; rather, it is a result of an internal drive with a compulsion to steal objects not needed for personal use or monetary gain. Pyromania (repetitive fire-setting) is often engaged in for psychosexual gratification and is also a result of an internal drive to act rather than of an external event or circumstance. Pathological gambling is generally thought of as an addiction rather than as an impulse-control disorder; in fact, the treatment of choice for pathological gambling is an addiction model. Trichotil-

lomania (repetitive hair pulling) is considered a symptom of an obsessive-compulsive disorder rather than of an impulse-control disorder. And finally the *DSM-IV-TR* diagnosis of impulse-control disorder, *nos*, with skin picking provided as an example, also seems incorrectly categorized; rather than being an impulse-control disorder, repetitive skin picking is connected to trichotillomania and obsessive-compulsive symptoms. Accordingly, the *DSM-IV-TR*'s placement of these disorders under impulse-control disorders is unhelpful, confusing, and incorrect.

Although the field of forensic psychology and psychiatry has come a long way since the 1970s, its lack of emphasis on the connection between criminal behavior and psychopathology is noteworthy. In the second edition of *Explorations in Criminal Psychopathology*, chapters covering a number of psychopathological conditions that have direct forensic implications have been updated. A conscious attempt has been made to exclude psychopathy and antisocial personality disorder because this topic has been covered adequately elsewhere.

The current book is divided into three sections primarily for organizational purposes. Part I includes five different types of psychopathology that lead to distinct overt types of behavior. Part II provides discussions of various disorders of thought resulting in criminal conduct, but not disordered thinking indicative of a formal thought disorder per se. And the last section concerns borderline and psychotic-like conditions as well as malingering and deception, important topics in forensic practice. All the authors, experts in their respective areas, have spent considerable time thinking about, researching, and studying their topics, and their updated chapters present the most current information available.

The need for forensic practitioners to understand psychopathology and the psychodynamics of crime cannot be overemphasized. I hope that this book will continue to inform forensic clinicians concerned not only with the practicalities of forensic work—such as techniques in testifying or recent court rulings regarding various mental health laws—but also with gaining a deeper understanding of the psychopathology and psychodynamics of the criminal defendants upon whom their ultimate opinions are based.

LOUIS B. SCHLESINGER  
*Maplewood, New Jersey*  
*April 2006*

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**T**his is the tenth book that I have published, including second editions. The same people who have been helpful previously—colleagues, students, family, and friends—have been helpful once again. So without listing a series of names and running the risk of leaving somebody out, my sincere thanks, appreciation and respect, once again, to you all.





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**EXPLORATIONS IN  
CRIMINAL PSYCHOPATHOLOGY**



**SECTION I**  
**DISORDERS OF BEHAVIOR**



## INTRODUCTION TO SECTION I

Section One is comprised of five chapters that present different clinical syndromes, with distinct behavioral manifestations, all of which have important forensic implications. In Chapter 1, Louis B. Schlesinger describes the catathymic process, a disorder that has a long history in forensic practice. Catathymic process is an extreme violent reaction triggered when an underlying emotionally charged conflict erupts and overwhelms psychic integration. Both the acute and chronic forms of the syndrome are presented along with specific symptoms and characteristics that differentiate each. Dr. Schlesinger reviews the development and various uses of the term *catathymic* since the beginning of the century and illustrates the various forms of catathymic process with rich clinical material. Issues of differential diagnosis are dealt with in-depth, as well as a discussion of some forensic issues associated with catathymic process and its relationship with extreme interpersonal violence.

In Chapter 2, Richard J. Rosenthal and Henry R. Lesieur explore the problem of pathological gambling and its relationship to criminal behavior. The authors discuss the history of gambling, the nature and course of pathological gambling, the various clinical phases of the disorder, and the relationship between gamblers and various forms of criminal activity. Issues including the investigation of the finances of gamblers, the use of pathological gambling as a defense in criminal cases, prison and pathological gamblers, as well as diagnostic screening instruments and treatment approaches are all discussed in this very important chapter. The authors discuss the need to reach out to problem gamblers and intervene prior to the development of severe difficulties.

Robert Pandina explores the problem of pathological intoxication in Chapter 3. Pathological intoxication, an idiosyncratic reaction to

small amounts of alcohol, is often manifested by extreme violent behavior. The disorder has been recognized for almost a hundred years, but recently its existence as a true independent entity has been questioned. The author provides an in-depth review of the literature on pathological intoxication including the major issues that have emerged in the past fifteen years. Dr. Pandina concludes that pathological intoxication, possibly present in some very unusual cases, does not seem to have the general acceptance among most senior scientists at this point in our stage of understanding. Notwithstanding, pathological intoxication has been used as a criminal defense and continues to be used in some forensic cases.

Organic brain dysfunctions and criminality are reviewed and examined by Daniel A. Martell in Chapter 4. The author considers the neurobehavioral components of violent criminality which are important to the forensic practitioner. Dr. Martell reports clinical experience and clinical opinion on one end, and contrasts this with solid empirical evidence, specifically the relationships between brain dysfunction, violence, crime, and the criminal law. The author reviews and discusses the research evidence on brain-behavior relationships in forensic populations, as well as specific neurological problems. Dr. Martell describes a model for clinical forensic evaluation and research regarding the role of brain impairment and violent criminal behavior.

In the last chapter of Section I, Nathaniel J. Pallone discusses sadistic criminal aggression from the perspectives of psychology, criminology, and neuroscience. Dr. Pallone begins with the varying definitions of sadism, changes in the psychiatric perception of sadism, the incidence of sadistic criminal aggression, as well as psychometric markers for this type of behavior and conduct. The relationship between sadism and psychopathy, the etiology of sadism, and theoretical models that help to explain such behavior are all reviewed within the context of relevant research. The author, throughout the chapter, highlights the role of psychological evaluation, criminological findings, and brain-behavior relationships.



## Chapter 1

# THE CATATHYMIC PROCESS: PSYCHOPATHOLOGY AND PSYCHODYNAMICS OF EXTREME INTERPERSONAL VIOLENCE

LOUIS B. SCHLESINGER

**H**ans W. Maier, a well-known Swiss psychiatrist who succeeded Eugen Bleuler as director of the Zurich Psychiatric Hospital Burghölzli, introduced the concept of catathymia in 1912. The term is derived from the Greek *kata* and *thymos*, best defined as “in accordance with emotions.” Maier conceived of catathymia (*Katathyme*) as a psychological process that is activated by a strong and tenacious emotion attached to underlying complexes of ideas. The emotion, when stimulated, overwhelms the individual’s psychological stability and disrupts thinking. Paranoid delusions, according to Maier, would be catathymic in origin because they are rooted in an underlying complex, but delusions and hallucinations resulting from intoxication would not be considered catathymic, because they stem from a change in brain functioning rather than from psychogenesis.

Since Maier introduced catathymia, this broadly defined concept has been adapted by many different writers to explain various forms of violence. For example, Wertham (1937) used it to explain certain otherwise inexplicable acts of violence perpetrated by an individual who has had a long-term relationship with the victim. Gayral, Millet, Moron, and Turnin (1956) spoke of *crises catathymiques*—nonepileptic emotional paroxysms with secondary neurovegetative reactions last-

ing from minutes to days and then suddenly stopping. Revitch (1964), in his study of a female prison population, borrowed this term to describe a similar condition: nonepileptic, seemingly unprovoked violent explosions, with partial amnesia. Revitch referred to such explosions as “catathymic attacks.”

Cases described by Satten, Menninger, and Mayman (1960) illustrate a kind of catathymic violence that differs from the form discussed by Wertham in that the Satten et al. cases of murder were sudden, without logical motivation, and were activated by an individual whom the perpetrator had just met: “The murderous potential can become activated, especially if some disequilibrium is already present, when the victim-to-be is unconsciously perceived as a key figure in some past traumatic configuration. The behavior, or even the mere presence of this figure adds a stress to the unstable balance of forces which results in a sudden extreme discharge of violence, similar to the explosion that takes place when a percussion cap ignites a charge of dynamite” (p. 52). In reviewing their cases, these authors elucidated single or multiple unconscious meanings the victim may have triggered in the perpetrator; for instance, ambivalent feelings, incestuous feelings, self-hatred, or even deflected suicide. The offenders were “predisposed to gross lapses in reality contact and extreme weakness in impulse control during periods of heightened tension and disorganization. Thus, the victim seems to have had symbolic significance to the offender. At such times, a chance acquaintance or even a stranger was easily able to lose his real meaning and assume an identity in the unconscious traumatic configuration. The old conflict was reactivated and the aggression swiftly mounted to murderous proportions” (p. 52). According to Satten and his associates, this form of catathymic violence is a category of episodic dyscontrol, previously described by Menninger and Mayman (1956).

Revitch (1975, 1977), Revitch and Schlesinger (1978, 1981, 1989), and Schlesinger (2004) were influenced not only by Wertham’s conception of catathymic crisis—involving a long-term relationship with the future victim—but also by Satten and his associates’ conception of sudden violence triggered interpersonally by an individual whom the perpetrator has met for the first time. In the next two sections, catathymic crisis as viewed by Wertham and by Revitch and Schlesinger is discussed in detail.

**WERTHAM'S CATATHYMIC CRISIS**

Fredric Wertham first presented his concept of catathymic crisis at a lecture given at the Johns Hopkins Medical School on the occasion of the twenty-fifth anniversary of the Phipps Psychiatric Clinic and the celebration of psychiatrist Adolf Meyer's seventieth birthday. Wertham's lecture was published in 1937. Influenced greatly by Maier's (1912) concept of catathymia—used as an explanation for the formation of the content of delusions—Wertham defined the concept in this way: [Catathymic crisis is] “the transformation of the stream of thought as the result of certain complexes of ideas that are charged with a strong affect—usually a wish, a fear, or an ambivalent striving. . . . The [future offender] acquires the idea that he must carry out a violent act against others or against himself . . . [the idea] appears as a definite plan [and is] accompanied by a tremendous urge to carry it out. The plan itself meets such resistance in the mind of the [subject] that he is likely to hesitate and delay. The violent act usually has some symbolic significance over and above its obvious meaning. There are no definite projections, although the thinking of the [individual] may have an almost delusional character in its rigidity and inaccessibility to logical reasoning” (p. 974).

Wertham went on to describe the clinical development of catathymic crisis: “A traumatic experience creates an unresolvable inner conflict that, in turn, produces extreme emotional tension. The individual believes that an external situation is responsible for his inner tension, and his thinking becomes more and more egocentric and disturbed. Eventually and suddenly, he decides that a violent act against another or against himself is the only way out” (p. 974). The idea to carry out a violent act—as a solution to an internal conflict—becomes fixed and quasi-delusional. For awhile the individual struggles against and resists the urge to commit violence, but ultimately the act is carried out or attempted. Afterward, the subject experiences a feeling of relief from the emotional tension; and this tension release is followed by a period of superficial normalcy, during which the offender momentarily achieves insight and recovers psychic homeostasis.

The various stages and sequences of events of Wertham's catathymic crisis constitute a clinical entity, diagnosable only by exclusion of all other mental conditions that could be considered. Sometimes catathymic crisis may occur as a syndrome in association with

another mental disorder. Wertham did not limit catathymic crisis to interpersonal violence; he stated that it could also involve such acts as firesetting, self-castration, self-blinding, and suicide. Wertham was struck by a period of superficial normalcy and calm that follows unsuccessful suicides or acts of violence. During this time, an inner adjustment shifts the person's attitude and results in insight and a reestablishment of psychic stability. Wertham believed that the explosion of aggression represents an attempt to safeguard one's personality from a more serious disruption, such as psychosis.

Five stages of the catathymic crisis were outlined by Wertham (1978): (1) initial thinking disorder; (2) crystallization of a plan and increase of emotional tension; (3) emotional tension culminating in violence; (4) superficial calmness and normalcy; and (5) reestablishment of an inner equilibrium. In two of his books, *Dark Legend* (1941) and *The Show of Violence* (1949), Wertham described catathymic crisis and provided rich clinical examples of its characteristics.

### REVITCH AND SCHLESINGER'S CATATHYMIC PROCESS

Revitch and Schlesinger conceived of catathymia not as a clinical entity as such, but rather as a psychological, psychodynamic—or what Meloy (1992) has referred to as a motivational—process with an acute and a chronic form. Similarities between acute and chronic catathymic homicides are the following (Schlesinger, 2004, p. 138):

- Cases primarily involve men killing women.
- Victim is viewed in symbolic terms.
- Victim triggers underlying emotionally charged conflicts.
- Conflicts center on strong feelings of inadequacy, extending to the sexual area.
- Homicide releases emotional tension.
- Following homicide, psychic homeostasis is quickly reestablished.
- Feeling of relief or flattening of emotions (or both) is common after the act.
- Offenders typically do not attempt to elude authorities for long and often tell a friend about the homicide or call the police themselves.
- Mental health professionals do not recognize the ominous significance of the offender's conflicts prior to the act.
- Investigators sometimes miss the underlying sexual motivation because overt manifestations of genitality are often absent.

### **Acute Catathymic Process**

In contrast to situational acts of violence or impulsive assaults committed explosively out of anger, fear, or jealousy—or under the influence of alcohol, drugs, or paranoid states—the acute catathymic process taps deeper levels of emotional tension and is triggered by an overwhelming emotion attached to an underlying conflict. Sometimes the perpetrator can give an explanation for the act, but many times the event is only partially recalled. The acute catathymic process is consistent with several cases described by Satten et al. (1960).

Many other writers have described and discussed sudden explosive murders without apparent motive (e.g., Blackman, Weiss, & Lambert, 1963; Dicke, 1994; Kirschner & Nagel, 1996; Lambert, Blackman, & Weiss, 1958; Weiss, Lambert, & Blackman, 1960). Ruotolo (1968) described five cases of sudden murder triggered by an injury to the pride system, basing his dynamic explanation on the work of Karen Horney. As the relationship to the victim becomes closer, an “insult” leads to aggressive feelings, which culminate in murder. Karpman (1935) believed that unresolved oedipal problems generate such outbursts. And, in most cases, the victim has some symbolic relationship to the underlying conflicts (Schlesinger, 2004). The following cases illustrate acute catathymic violence resulting in murder.

#### **Case 1:**

An 18-year-old part-time gas station attendant (S. T.) strangled a 22-year-old female nightclub entertainer with a rubber hose after she entered the station to make a phone call. S. T. was completing his senior year of high school and planning to go to a junior college in the fall. One evening, while he was working at the station, a nightclub entertainer approached him and asked whether she could make a telephone call. Following the brief call, the woman pulled up her dress and invited S. T. to have sexual relations with her. He stated that “she grabbed me by the waist and pulled me toward her. I pulled my hand away. She continued, saying, ‘Come on, I won’t hurt you.’ Then I went to the panel room to check the switches. I came out of the panel room, and she was still saying it. Then I went to the time clock, and as I grabbed the handle to pull it down, she came behind and started kissing my neck. She unbuttoned my pants; I turned around and looked

at her. I started having sex standing up.”

Apparently S. T. had a premature ejaculation, which prompted the victim to taunt, “Go back to your mother.” At this, S. T. grabbed some rubber tubing, approached the victim from behind, put the tube around her neck, and strangled her: “She scratched my nose and said that her husband was coming back to pick her up. Then I think she stopped moving. I guess I imagined she was dead. I pulled my car up to the front door, opened the trunk, and put her in. I drove to a dirt road where people dump things; I took her out of the trunk and her hand grabbed my pants; it scared me.” S. T. then covered her body with some leaves and left.

S. T. went home that evening, slept adequately, and woke up thinking “I dreamed it.” But while he was at school, fragments of memories of the event began to seep into his consciousness. After midday, he became anxious and checked his trunk because he had a feeling that the event might not have been a dream. When he found the woman’s eyeglasses in the car trunk, he realized that the murder had actually occurred. He drove to the field where he had dumped the body; at that point, the police were there, and he turned himself in.

S. T. was very cooperative during the entire evaluation. He described his family background as working class, and he had not had any prior difficulties with the authorities. He sometimes drank alcohol and occasionally smoked pot. He was able to describe the homicide in a clear manner with great detail. His emotions during the description of the event were flat—a typical defense mechanism used by offenders as a way of separating the intensity of the emotion from the event in order to protect psychological homeostasis.

### **Comment:**

This is a typical case of an acute catathymic homicide. The violent explosion was triggered by the victim’s comment “Go back to your mother,” which tapped a deep underlying sexual conflict that was emotionally charged and, once activated, overwhelmed S. T.’s controls. The incubation phase lasted several seconds, and after the event he displayed emotional flatness, detachment, and initial amnesia. Once the homicide was no longer suppressed, his memory of it was excellent, and he reported it in detail. He described the event as having an unreal, dreamlike quality. Not only did the victim trigger under-