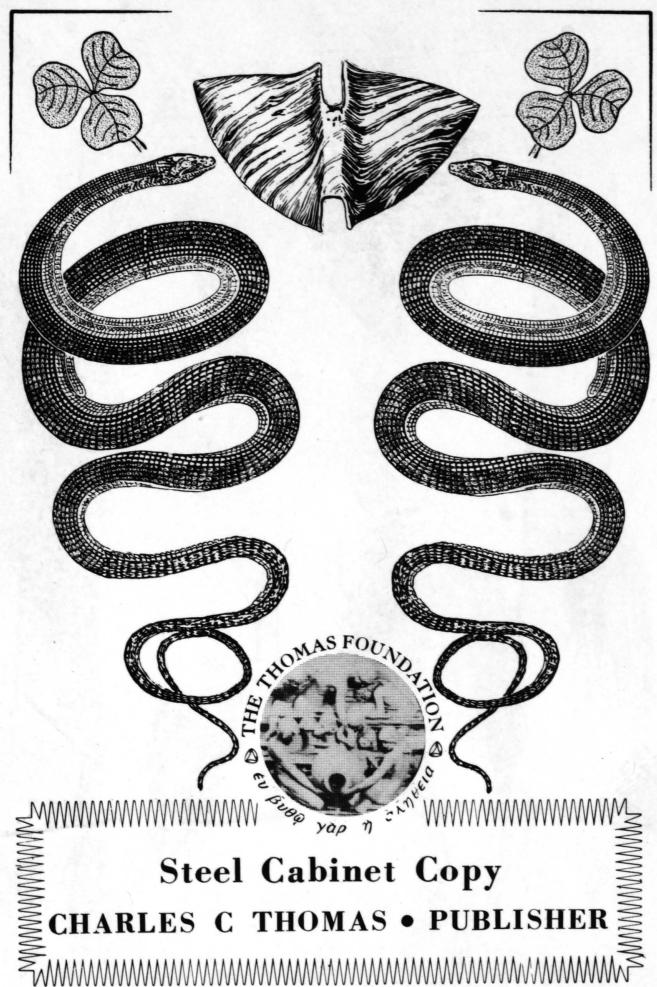

**SEX MURDER
AND SEX AGGRESSION**

**Phenomenology, Psychopathology,
Psychodynamics and Prognosis**

EUGENE REVITCH

LOUIS B. SCHLESINGER



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By

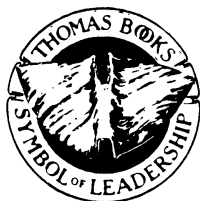
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CIP

To the victims of sex murder and sexual aggression

FOREWORD

IN 1987, the murder rate within the United States was 8 per 100,000 inhabitants. The crime of murder, although declining by 3 percent from 1986 to 1987 (Crime in the United States, 1988), is nonetheless an especially important area of interest for behavioral scientists and law enforcement because it is the ultimate crime.

While primarily written for the mental health community, this text is of importance to other disciplines involved in researching, teaching, or studying the killing of human beings. For too many years, the various disciplines concerned with homicide refused to acknowledge that significant expertise existed outside of their own communities. The prevalent attitude has been "What can I possibly learn from them?" Fortunately, over the past ten years, a greater willingness to share, accept and jointly develop information of multi-disciplinary interest has been observed. This book represents an excellent example of one discipline, mental health, developing and sharing research of importance, with the goal being to prevent, assess, and investigate murder.

The authors have focused their work on sexual aggression which often results in sexual homicide. In doing so, they have demanded the attention of any professional sincerely interested in enhancing their knowledge of these types of crimes. Human sexuality is an area wrought with ignorance and criminal sexuality is even less well understood. Any work which promotes a better understanding of sexually related crimes is a welcome addition.

The authors begin by locating gynocide (anger directed at the mother but displaced toward another female which results in sexual homicide) in the continuum of sexual aggression. They then develop the classifications of catathymic and compulsive gynocide in a logical and practical manner. The classification of sexually aggressive deaths is a task that has been undertaken by many. In doing so, some have relied on media reports while others have depended solely upon the review of case reports.

Classifications of the most value, however, have been derived from the interview of murderers in combination with the experience of being involved in such cases. The latter method is the one utilized by the authors. Case studies reflecting the authors' experience are effectively initialized throughout the book, providing the reader with a better understanding of the nuances of the classifications discussed.

This book provides the clinician with guidelines to assist in differentiating catathymic and compulsive gynocide from similar diagnosis and includes case studies which once again are invaluable to the reader. It concludes with a chapter on factors to be considered prior to making a learned prognosis. A comprehensive reference section, representing the depth of the authors' research, and a most detailed index which greatly facilitates subject location, complete the work.

Sex Murder and Sex Aggression is a significant contribution to the literature on sexual murder and the authors can be justifiably proud of their work.

Robert R. Hazelwood
Federal Bureau of
Investigation
National Center for the
Analysis of Violent Crime

INTRODUCTION

IN THIS VOLUME, we will discuss sexually motivated gynocide (that is, the killing of women), as well as various forms of sexual aggression that may not have resulted in death. Frequently, but not always, unprovoked aggression against females precedes sexually motivated gynocide. The probability of repetition of a sex murder is great. Unfortunately, however, only assaults with distinct manifestations of genitality (such as rape) are reported in the FBI's *Uniform Crime Reports*, whereas definite sex murders without such overt signs are just listed under murder and not categorized as a separate group. Moreover, the covert sexual underpinnings in some cases of burglary, purse snatching, and fire setting are neglected in the statistical reports, so that we really do not know the prevalence of such dynamics in these crimes.

In some cases of sexually motivated gynocide, homicidal violence may spread, and the offender may victimize not only women but also men and children of both sexes. Mistreatment, torture, and murder of cats seem to be quite common, but more rare and bizarre cases — such as the man who killed a swan in order to drink its blood — have been reported in the literature. The body, particularly the genitals, of female victims may be mutilated, and the mutilation occasionally may be accompanied by anthropophagy (eating the flesh of the victim) and vampirism (drinking the victim's blood). Such extreme cases are relatively rare. Sexually motivated murder of males by males is less common than heterosexual homicides or assaults. We know of only two recent press releases concerning the mass murder of exclusively male victims by males, although reports of young boys apparently mutilated, violated, and killed by sexually motivated offenders are somewhat more common. As mentioned, however, we have formed an impression (not statistically validated) that sexual victimization of women occurs far more frequently than sexual victimization of men. Therefore, we direct our attention to cases concerning sexual violence directed at women.

Cases of sexual assault and homicide, to a large extent, escape in-depth scrutiny, because most are referred for evaluation for legal purposes. The expert witnesses involved with the adversary process become entangled in an exchange of legal semantics, mainly revolving around the issue of sanity. The debate typically involves diagnosis rather than causality, prognosis, and prevention. Character witnesses (such as those called in the case of Theodore Bundy, who allegedly murdered a score of women in several states) may be able to give a glowing testimony about a defendant's intelligence, citizenship, and accomplishments; but these people know only the outer, not the inner, man. It is the prospective study, rather than retrospective reports, that will lead us to a more intimate perspective on the inner man. Such a study also will help us understand the dynamics and prognosis of the offense and will provide us with information otherwise unavailable. Members of the prison bureaucracy and at times the attorney interfere with the proper examination of the offender. For instance, they may insist on being present during the examination; or they may instruct the examinee to remain silent; or, as in one case, a condemned man on death row may be told to discontinue visits with the psychiatrist.

We hope that all such cases will eventually be reported through a central agency, where the reports will be scrutinized and classified and the offenders followed up in prison and even when out and off parole. As of now, information on the cases reported in the press or to the police is scattered and unavailable for statistical studies; thus, investigators are deprived of rich material that might increase their understanding of an offender's motivation and sharpen their prognostic skills. We were able to follow up and establish therapeutic relationships with a few of our cases for several years, even following parole. Most of our cases were examined more than once, but later were lost for further scrutiny, except when the name appeared incidentally in the press.

E. R.
L. B. S.

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SEX MURDER AND SEX AGGRESSION

Chapter 1

THE PLACE OF GYNOCIDIE AND SEXUAL AGGRESSION IN THE CLASSIFICATION OF CRIME

THE LEGAL CLASSIFICATION of crime is based mainly on the principle of retribution for wrongdoing, with the degree of punishment corresponding to the severity of the criminal act. Prognostic and preventive issues play a secondary role in practice. Retaliatory measures serve a socially controlling influence; but such measures, no matter how severe and exacting, will never control pathologically motivated crimes. The legal classification and various legal tests of degrees of culpability have little relevance to the dynamics of the criminal act. For example, determinations of a defendant's legal sanity or insanity involve mostly an interchange of semantics, important in legal proceedings but inadequate for understanding the alleged crime or for prognostic considerations. Thus, we have to look for other sources of classification—sources that deal not with legal standards but with the actual dynamics of the criminal act itself.

Clark (1971) divides offenses into: (1) white-collar crime, (2) organized crime, (3) crime in the streets, (4) crimes of passion, (5) violation of regulations, and (6) revolutionary crimes of terrorism. This classification is descriptive, but it neglects the psychodynamics and the common denominator of antisocial activities. Furthermore, it misses the pathological aspects of many criminal acts, so that most of the cases we deal with in this book would have no place in Clark's system. Halleck's (1971) division of crime into adaptive and maladaptive is much closer to our needs, although this classification is too general and encompasses too vast an area. Tanay's (1969) classification of homicide as dissociative, psychotic, and ego syntonic could be applied to crime in general;

however, it was developed particularly for homicide. His dissociative and psychotic crimes could be incorporated into Halleck's maladaptive category, and the ego-syntonic crimes could be incorporated into the adaptive offenses. The diagnosis of a psychosis is, in almost all cases, a necessary but not sufficient component of the legal definition of insanity. But, again, psychosis by itself—no matter what type (unless the criminal act was activated by delusions or hallucinations or by paranoid personality structure)—does not explain the offense.

Groth and Hobson (1983) discuss sexual assaults with emphasis on rape and classify three groups of rapists: (1) anger, (2) power, and (3) sadistic. This classification, in general, may be applied to most cases of sexual violence. Pure forms, however, are probably less common than cases with two or three components, one of which is dominant. In discussing rape, Groth and Hobson emphasize "the sexual expression of aggression" (p. 160): "Clinical work with identified offenders reveals rape to be pseudosexual, complex, and multi-determined, [expressing] hostility (anger) and control (power) more than sexuality" (p. 171).

Bromberg (1961), MacDonald (1975) and Rada (1978) believe that rapists rarely murder their victims and they separate rape murder from lust murder. In lust murder, homicide is a prerequisite and an integral component of the offense. In rape murder, the homicidal act is incidental and not necessary for the sexual satisfaction of the offender. Fear of detection or perhaps anger spurs many rapists to kill for self-protection, although deeper conflicts are also operative in some cases. Groth and Burgess (1977) found that 75 percent of the victims of rape sustain genital and bodily injuries. Such injuries may have been caused by the victim's resistance and very likely were not essential for the rapist's satisfaction. They may be more likely to occur in the group classified by Groth and Birnbaum (1980) as anger rapists. In lust murders, rape may occur prior to killing the victims, but quite often (if it occurs) it may take place when the victim is dead.

The taxonomy elaborated at the Massachusetts Treatment Center (Prentky, Cohen, and Seghorn, 1985) includes both aggression and sexuality as factors in rape. Prentky and his colleagues divide rape into two large groups: instrumental and expressive. In the instrumental group, the offense of rape is an aggressive expression of sexuality (that is, the aggression is perpetrated chiefly for sexual satisfaction). In the expressive group, the sexual assault is more an expression of anger, power, or sadistic needs as conceived by Groth and Hobson. Each of the two large

groups is further divided into offenders with nonimpulsive life-styles and those with impulsive life-styles. Most sex murderers, especially those with sadistic propensities, belong to the expressive division.

In an early publication, Revitch (1957) classified sex murders and sexual assaults in four groups: (1) Murder is the prerequisite for sexual satisfaction. (2) Murder is not a prerequisite for sexual satisfaction but occurs because of frustration, anger, or fear during an attempt at intercourse or rape. (3) The aggressive sexual needs are expressed in knifing, slugging, or choking, with or without ejaculation during the act. (4) The aggressive sexual needs are expressed in fantasy life only.

In search of a common denominator in criminal behavior, we developed the concept of "motivational stimuli" leading to the offense (Revitch, 1975a, 1975b, 1978; Revitch and Schlesinger, 1978, 1981). These stimuli are grouped spectrally, with environmental or sociogenic factors at one end of the scale and endogenous or psychogenic stimuli at the other end. Cases of violence connected with organic and toxic conditions are grouped separately. In such cases, there is an impairment of integrated functions of the mind, with overreaction to stimuli and with little or no involvement of the psyche. We also grouped separately the cases of violence committed by paranoid personalities, who are frequently involved in mass murders (where the aggressive outburst is triggered by some type of narcissistic injury), and by paranoid schizophrenics acting under the influence of delusions or hallucinatory experiences.

Our motivational spectrum is divided into (1) social, (2) situational, (3) impulsive, (4) catathymic, and (5) compulsive offenses. This classification is not intended to be rigid, since borderline cases with characteristics and elements belonging to the adjoining areas are inevitable. The exogenous or sociogenic factors play a lesser role as one approaches the other extreme of the scale, occupied by the compulsive offenses. Most of the cases of sexual aggression belong in the catathymic and compulsive groups. The impulsive group manifests some sexual dynamics but not enough to warrant extensive description in this volume. The sexual violence committed by the other two groups (the social and the situational) has a strong circumstantial element, and is characterized by the randomness of the acts. Repetition of the same crime is rare in the impulsive and catathymic groups and depends to a great extent on external stimuli. In the compulsive group, however, repetitiveness of the crime is common. In some cases of compulsive sexual violence, the offender may struggle against the pressure to commit the act, but eventually the pressure is too strong and he succumbs to the need.

The popular concept of the sex offender as a violent, aggressive, and dangerous rapist and killer is contradicted by research and vast clinical experience. Statistical studies of the sex offenders referred to the former New Jersey State Diagnostic Center under the purview of the (since updated) Sex Offender Law indicate that the majority of sex offenders are passive, inadequate and nonviolent individuals (Brancale, Ellis, and Doorbar, 1952; Brancale, McNeil, and Vuocolo, 1965). Out of the initial 1,206 sex offenders referred to the diagnostic center, only 110 used force. Most of the offenses were noncoital – for example, exhibitionism, voyeurism, impairment of the morals of a minor, and noncoital pedophilic offenses. Sex murders and covert sexual offenses, if referred, were evaluated as cases of murder, assault, burglary, and the like; but there were far fewer such cases than the cases involving nonviolent sexual acts. Sex murders constitute only a small percentage of all homicidal acts, but their repulsiveness and the tragedy they cause make them too serious to be neglected.

Chapter 2

CATATHYMIC GYNOCIDE

THE CONCEPT of catathymia was introduced by the Swiss psychiatrist Hans Maier (1912). The term is derived from Greek and is best translated as “in accordance with the emotions.” According to Maier, catathymia is a psychological process or reaction activated by a strong and tenacious affect connected with a complex of ideas. Many years later, Wertham (1937) introduced the concept of catathymic crisis as a source of certain types of violence: “A catathymic reaction is a 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” (p. 975). In a subsequent publication, Wertham (1978) stated that the conflict results in an unbearable state of tension, which is relieved through the violent act itself. Catathymic crisis also has been defined as a senseless attack “arising out of protracted conflict determined by a relationship with another person (Satten, Menninger, and Mayman, 1960, p. 52). In contrast, impulsive violence is a more superficial reaction to an immediate stimulus and does not involve a conflictual relationship with one person. Table I describes the various uses of the term *catathymic*.

In an attempt to update the concept of catathymic crisis in the light of our experience, we divided it into acute and chronic forms. The acute form is activated by a sudden impression that floods the consciousness with repressed or suppressed conflicts or “complexes” and disrupts logical thinking and controls. The sudden and senseless murders belong to this type. The chronic catathymic form may last from several months to over a year. Wertham (1978) divided what we have called the chronic form of catathymic crisis or process into five stages: (1) initial thinking disorder, (2) crystallization of a plan and increase of emotional tension, (3) emotional tension culminating in violence, (4) superficial calmness

Table 1

DIFFERENT USES OF THE TERM CATATHYMIC: 1912-PRESENT

<i>Author</i>	<i>Date</i>	<i>Definitions</i>
Maier	1912	"Catathymia" is a psychological process or reaction activated by a strong and tenacious affect connected with a complex of ideas which, when stimulated, overwhelms the psychic equilibrium. Paranoid delusions are catathymic since they are rooted in a complex.
Wertham	1937	A 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. "Catathymic crisis" is a clinical entity with the idea that violence must be committed.
Gayral et al.	1956	"Crises catathymitiques" are non-epileptic emotional paroxysms with secondary neurovegetative reactions. The paroxysm may last from minutes to days and stop suddenly.
Satten et al.	1960	A senseless attack arising out of a protracted conflict determined by a relationship with another person.
Revitch	1964	"Catathymic attacks" are emotional outbursts presenting a differential diagnosis with psychomotor epilepsy. Unprovoked explosions of rage, agitation and destructiveness with partial amnesia for the event.
Sedman	1966	"Catathymic" implies a specific psychic vulnerability due to early infantile trauma.
Revitch & Schlesinger	1981	Acute form is activated by a sudden impression that floods consciousness with repressed conflicts and disrupts controls and logical thinking. Chronic has three stages: (1) incubation, (2) violent act, (3) relief.
DMS III	1980	Isolated explosive disorder. A single, violent, externally directed act with catastrophic impact on others.

and normality, and (5) reestablishment of inner equilibrium. For the sake of simplification, we reduced the process to three stages: (1) incubation, (2) violence, and (3) relief (Revitch, 1975a; Revitch and Schlesinger, 1978, 1981). During the incubation phase, the future offender is depressed and obsessively preoccupied with the future victim, and his behavior may be bizarre with schizophreniform features. He then begins to have suicidal thoughts, which are later mixed with homicidal fantasies involving the future victim. The future offender often notifies his

friends, his clergyman, or his therapist, if he is in treatment, but too often his plea for help is disregarded. All this finally ends in homicide, followed by relief and occasionally by suicide. After the homicide, affect remains flat in connection with the event, and the offender displays a strange remoteness in discussing the incident even years later. We have observed this remoteness not only in sexually motivated catathymic homicide but also in catathymic infanticide and in one case of catathymic filicide in the father.

ACUTE CATATHYMIC CRISIS

A good illustration of an acute catathymic homicide is presented by Satten and his colleagues (1960). A petty officer suddenly choked the 9-year-old daughter of his superior while holding her head underwater. All four cases described by these authors had in common a background of family violence, poor impulse control, blurred boundaries between reality and fantasies of violence, and a personal feeling of inferiority and inadequacy. Some of the offenders, as children, had witnessed promiscuous behavior by adults. Other investigators have found a history of a cohesive family with a domineering mother who stressed conformity (Blackman, Weiss, and Lambert, 1963; Weiss, Lambert, and Blackman, 1960; Ruotolo, 1968). Ruotolo (1968), using Karen Horney's concept as a frame of reference, has stressed injury to the offender's "pride system" in the genesis of the homicidal outburst. As the relationship with the victim becomes closer, an insignificant "insult" leads to aggressive feelings, which will culminate in murder. Karpman (1935) found a relationship with oedipal problems in these cases. We also have found such a relationship in murders with sexual underpinnings. The oedipal preoccupations are right on the surface in very disturbed offenders, so that they are obvious without much analytical exploration.

In discussing the prediction of dangerousness, Stone (1985) notes that most violence is situational and interactive, thus implying that situations cannot be predicted. Obviously, catathymic gynocide and other catathymic homicides (without sexual underpinnings) have a strong situational and interactive element in the genesis of the act. The situational and interactive component in assaults and homicides of all kinds should be evaluated qualitatively as well as quantitatively. In catathymic crisis, this component plays a weighty and important role, but the act cannot be explained without an exploration of the offender's personality struc-

ture. The following cases are illustrative of acute catathymic assaults and gynocide.

Case 2-1

Description. A 16-year-old boy was evaluated following a sudden, unprovoked attack on a 19-year-old pregnant woman in plain daylight in a bus station. According to the police report, he grabbed her from behind and tried to lift her skirt and pull down her underwear; he finally threw her to the ground and touched her genitals. He was apprehended after trying to run away.

The youngster, a tall adolescent of asthenic build, was raised in an intact and cohesive working-class family and had no previous record of delinquency or violence. He was the youngest of five children, all of them socially adjusted, although his oldest brother was apparently of borderline intelligence or perhaps even mildly retarded. The patient was described as an introvert, associating only with one or two boys. He did poorly in his studies but caused no disciplinary problems in school.

Following the original evaluation, consisting of two prolonged interviews and an examination under hypnosis, he was treated on a once-a-week basis for another thirteen months. The psychological evaluation at the New Jersey State Diagnostic Center, where he was first seen, yielded a full-scale IQ of 72 (verbal IQ = 85; performance IQ = 63). Later, however, it became obvious (in the psychotherapeutic context) that his intelligence must have been higher than was found with formal tests.

In the original interview, he appeared to be shy and awkward and lacking in spontaneity. His affect was flat, and he frequently smiled inappropriately. He said that he did not like to talk because "I like to be alone." There was no evidence of delusions, hallucinations, or disturbed associations, but there was a sense of emptiness and dullness. He reported that he avoided other boys in school, because "I do not like show-offs." He also said that girls called him "crazy." He revealed no interest in the outside world and said that he had no hobbies. Although he watched TV, he could not recollect any of the shows he had seen. He claimed that he trusted no one except his family.

In a moderately deep hypnotic trance, induced in order to probe the dynamics of the assault, he revealed a dream of fighting a truck driver and "pounding" this person's head in anger. Following the dream, he woke up in an angry mood. On the day of the attack, his mother had

sent him to visit his married sister, who always made him help her with domestic chores and at times left him in charge of her children. He had to take two busses for these visits, and while he was waiting for the second bus, his anger increased and he felt restless. It was in this state that he noticed the victim. Spontaneously, without knowing why, he attacked her as described. While still in a hypnotic trance, he was asked whether a sexual urge had led to the act. He shouted that he was not interested in sex and that "everyone just has sex on their mind."

The patient always arrived on time and did not miss an appointment for the psychotherapeutic sessions. He gradually became more communicative and spontaneous, although for several sessions the communication consisted of writing and drawing instead of spoken words. On one occasion, he said that the goal of therapy was only to "know" him. On another, he drew a house with a sign reading "No Entrance, Private." The original house that he drew for the house-tree-person test was empty, without windows, probably reflecting his inner emptiness. The human figures became less primitive as therapy progressed, but one of the drawings depicted a male running after a female; he had a stick in one hand and seemed about to hit her with it; in the other hand, he carried a sign that read, "I am crazy." On another occasion, he spoke negatively about his parents. When asked whether he hated his mother, he replied, "I do not know, but I dislike her."

Comment. This case clearly supports the view that sexual assaults, or at least most of them, are not an aggressive expression of sex but, rather, a sexual expression of aggression. The patient's father was a fireman; thus, his dream of pounding the head of a truck driver (which he could not recall when he was out of his hypnotic trance) points to the hostility directed at his father (which was detected also on the projective tests but not in the clinical interviews). This patient would have been diagnosed as a case of simple schizophrenia prior to the *DSM-III* system. In the present classification, he would be considered a schizoid personality. What is obvious is that anger caused the aggressive outburst, which he also expressed in the figure of a male trying to hit a woman with a stick (see Figure 1). We do not know what has happened to this boy since we last saw him twenty-eight years ago. Did he commit additional aggressive acts? Did he deteriorate? Was he able to work, or is he completely dependent (as he revealed under hypnosis, where he envisioned himself 30 years of age and living with his parents and playing baseball)?

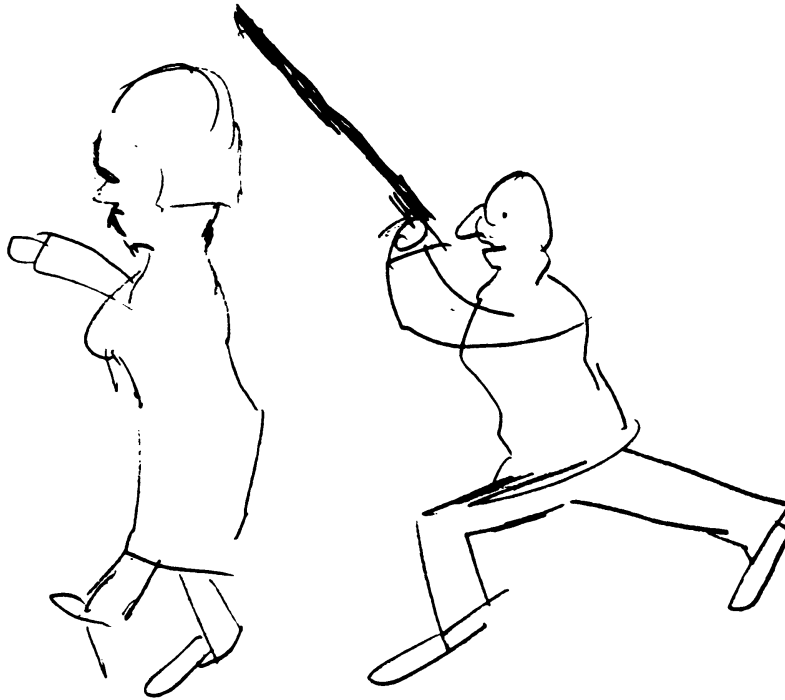


Figure 1. Drawing made by a 16-year-old boy who committed an unprovoked attack on a pregnant woman.

Case 2-2

Description. W. B. was a 15-year-old boy referred for evaluation by the juvenile court because of a sudden unprovoked attack on a 63-year-old woman. He stabbed her six times with a knife he found on a bench while following her to the back of a store in order to help her with depositing soda bottles. The victim survived the injury. She was employed as a saleswoman in a candy store where the boy regularly picked up the newspapers that he delivered as his part-time job. After distributing the newspapers, he returned to the store to get some soda and then suddenly, without forethought, attacked the woman — probably because he noticed the knife when he was alone in the back room with her.

The following background information was obtained: His father, 56 years old, was described as an “intense person” — a carpenter by trade. The social worker who interviewed the family reported that “he [the father] has locked the family in a totalitarian grip.” His mother, 36 years of age, was described as haggard, fearful, and intimidated by her

husband. The family was viewed as tightly knit but seclusive and solitary. The boy's birth was described as "normal," although no details were available. The school reported some disciplinary problems and a tendency toward seclusiveness. There was no record of previous arrests or delinquencies, but the boy used to wander into strange homes and just sit there without causing any damage or taking any objects. He also made obscene telephone calls to a young female in his neighborhood; and, at least on one occasion, he forced a 4-year-old girl into his home and undressed her.

He was admitted as an inpatient for a three-month stay at the New Jersey State Diagnostic Center. During his stay, in addition to social investigation and psychiatric examinations, psychological tests were administered. On the Wechsler Intelligence Scale for Children (WISC), he scored a full-scale IQ of 107 (verbal IQ = 116; performance IQ = 94). Thus, he was functioning at an average level of intelligence. On the Rorschach test, he gave only nine responses—with no human content and no reaction to color. His TAT responses showed a tendency toward explosiveness and some hostility toward females. All tests pointed to poor ego integration, brittle defenses, sexual inadequacies, and a schizoid makeup.

The ward attendants reported difficulty in establishing a relationship with the boy. His reactions and responses were frequently silly, and he often grinned inappropriately. He frequently went to the nurses' office with somatic complaints. The attendants described him as dull, possibly aggressive, and in a "world of his own." His teacher at the Center found him poorly motivated, but he scored near or above his tenth-grade level on testing: 11.6 in reading, 7.6 in spelling, and 9 in arithmetic. Thus, the impression of dullness was based more on his behavior than on his actual intellectual capacity.

In the clinical interview, he appeared of average build and height for his age, quiet, ill at ease, and lacking in spontaneity. He did not impress one as hostile or aggressive. When talking about himself, he gave all information, pertinent or even impertinent, in a general way and without precision. For instance, when asked where he lived, he mentioned only the name of the town, without giving his address. When asked for the street, he mentioned the street but did not give the number. Although on the surface he seemed dull, the interview revealed that he possessed at least an average intelligence, which was consistent with the testing.

The youngster seemed indifferent, with a flat affect, and at times he yawned while talking. When he spoke about the incident that brought him to the Center, there was no change in the affective tone; even while describing the attack, he had an air of indifference. He denied that he had ever harmed animals or thought about harming people. He said that he liked animals, including cats, and took care of them. He admitted, however, that he had set fire to a field when he was a young boy. He gave no reason for this act except to say "I was small." He gave no motive for stabbing the woman but said only, "I saw her and I stabbed her." He added, "I saw a knife on the bench and I decided to stab her. I really was not thinking." When asked whether he wanted to kill her, he answered with complete indifference and flat affect: "I guess so. I just started stabbing her. I really did not think about it. I really did not want to stab anybody. It was just bad luck."

He was committed to a correctional institution for adolescent delinquents and paroled one-and-a-half years later. At the age of 19, after about two years on parole, he was again referred to the New Jersey State Diagnostic Center as an outpatient to determine the degree of threat he presented to the community. Unfortunately, the psychiatrist assigned to review the case gave no details of the youngster's adjustment and provided only this general statement: "Following his release on parole, he had some difficulties because a female clerk became afraid of him." As a consequence, he spent one month in a psychiatric hospital and was treated on an outpatient basis with medication (we do not know what medication) and psychotherapy. Regrettably, the incident of frightening a female clerk was not described and the diagnostic impression not mentioned. At the time of the report, he had been employed as a laborer, but he did pass an examination for a position in the U. S. Post Office.

Comment. There is no doubt in our minds that the attack on the elderly woman was sexually colored. In fact, prior to the stabbing, he had made obscene phone calls to a young woman in the neighborhood and, at least on one occasion, invited a 4-year-old girl to his home and forced her to undress. We also believe that his habit of entering strange homes and "just sitting there" had a sexual connotation (Revitch, 1978, 1983). Some burglaries by adults and adolescents, in which acquisition or material interests play no role, are connected with voyeuristic impulses and frequently with attacks on women at the premises or outside the premises. This boy's attack on the 63-year-old woman probably represented a transfer of emotion from his mother (or perhaps other women

in general) toward this victim. Because of his poor communication, important details were not uncovered. In some cases, in our experience, the details break to the surface only after a prolonged psychotherapeutic relationship.

Case 2-3

Description. C. S., a 14-year-old boy from a middle-class family, was referred by the juvenile court to the New Jersey State Diagnostic Center for choking, beating, and stabbing a 10-year-old girl who came to his house to visit his sister. He was a sickly child, uninterested in sports and somewhat withdrawn. His hobby was nature studies.

He described the incident in the following words: "When I heard her knocking at the door, my stomach was all upset, my mouth was dry, and my head was spinning all around. Then I remember calling her in. Then I took the knife and I attacked her, choked her, and cut her neck. Then I awoke—like from a dream—and let her go. Then I went to my room and I prayed." He expressed a dislike for all girls and complained that some girls in school made fun of him. He knew practically nothing about sex. He had never danced with or kissed a girl. The victim of the offense was a frequent visitor to the house and, according to the boy's sister, she liked the boy. A few hours prior to the incident, he had had an argument with his mother because she inadvertently broke one of his specimens. In an interview under hypnosis, he revealed a preoccupation with his body shape and his inability to perform well in ball games and other masculine activities. He recalled various incidents of avoiding girls, and he revealed fantasies of maternal purity and absence of sexual relations between parents because "It is forbidden." He also said that he would avoid any girls who behaved indecently.

Comment. In this case, a schizoid personality makeup is combined with hostility to females, preoccupation with sexual morality, a fantasy of sexual purity regarding the mother, and a defective self-image as a male. An argument with the mother precipitated the attack. Thus, the anger at his mother was transferred to the victim, who evoked erotic feelings in him. Hearing her enter the house induced a state of anxiety with somatic manifestations. In attacking her, he attacked an image of impurity. He also took revenge on girls for their real or imaginary rejection of him, thus restoring his own feeling of male adequacy. During the attack, he was not in control of his actions; afterward, when he realized what he had done, he went to his room to pray and ask forgiveness.