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# THE PATTERN OF MURDER IN INSANITY

## A Criterion of the Murderer's Abnormality

Louis H. Cohen, M.D. and Thomas E. Coffin, Ph.D.

This article was written for the police officer, medical examiner, coroner, or state's attorney, who is confronted by the question of murder. Psychiatrists make no pretense of being "crime doctors," but nevertheless on the basis of examinations of insane murderers can present observations which seem to them of probable value to investigators of cases of murder.

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In nearly every murder trial, the issue arises sooner or later: Is there any question as to the sanity of the defendant? Should the defendant be examined psychiatrically? If there were available some criterion which might aid in the decision of this question, it would be of considerable value in clarifying the thinking of the Court and its attorneys.

We feel that it is possible to evolve such a criterion. It is the purpose of this paper to offer, in language as free as possible from the forbidding terminology of technical psychiatry, a line of evidence *apart* from actual psychiatric examination which may help to define the mental condition of the murderer at the time of his crime. A close review of the records of a number of insane murderers has suggested that *the nature of the crime itself* may cast light on the mental status of the criminal. There seems to be a "pattern of circumstances," a grouping of certain frequently-appearing features, characteristic of murders committed by the insane. To the extent that this is true, such characteristic features offer themselves as criteria.<sup>1</sup>

It is our suggestion, therefore, that in the pattern of the crime, its circumstances and manner of execution, and the behavior before and after of the perpetrator, may be read signs of his mental condition. Just as in his way of speaking, thinking, and behaving, the patient reveals the symptoms of his insanity, so does he in his way of committing murder. Our purpose is to describe these features in such a fashion that the lawyer may utilize them in evaluating, in a particular case, the desirability of requesting formal psychiatric examination. This line of evidence, obviously, is rather a *supplement* to such examination than a *substitute* for it; the application of these criteria does not constitute psychiatric examination, but merely

<sup>1</sup> In so far as our conclusions are based on eighteen cases only, they must be considered as somewhat tentative. Continuing study of this problem, however, being carried on by the authors, indicates corroboration of the conclusions reached in this paper.

points to the need of it. If, then, the results of formal examination substantiate the criterial implications, the convergence of these two lines of evidence increases the confidence with which the conclusion is established.

Our suggestion of a difference in pattern between the insane and the criminal (*i.e.*, non-insane) murderer is not without precedent. After we had approximately formulated our criteria, we discovered that Isaac Ray, pioneer American psychiatrist, had come to very similar conclusions over a century ago. Ray's *Medical Jurisprudence of Insanity*, published in 1839, was the first systematic treatise devoted to this subject in any language and remains a classic in the field. In it he discusses at some length the "homicidal monomaniac." He concludes with a differentiation of the "homicidal monomaniac" (the insane murderer) from the criminal (non-insane) murderer. His vision was so clear and his comments so pertinent, at even that early date in psychiatry, that it is worth-while to quote his observations:

... The circumstances under which the homicidal act is perpetrated furnish strong ground for believing that they depend on mental alienation in some form or other; so different are these circumstances from those which attend the commission of crime. In homicidal insanity, murder is committed without any motive whatever strictly deserving the name; or at most, with one totally inadequate to produce the act in a sane mind. On the contrary, murder is never criminally committed without some motive adequate to the purpose in the mind that is actuated by it and with an obvious reference to the ill-fated victim. Thus, the motive may be theft, or the advancement of any personal interest, in which case it will be found that the victim had or was supposed to have property, or was an obstacle to the designs or expectations of another. Or it may be revenge, and then the injury real or imaginary will be found to have been received by the murderer from the object of his wrath. In short, with the criminal, murder is always a means for accomplishing some selfish object, and is frequently accompanied by some other crime; whereas, with the homicidal monomaniac, murder is the only object in view, and is never accompanied by any other improper act.

The homicidal monomaniac, after gratifying his bloody desires, testifies neither remorse, nor repentance, nor satisfaction, and if judicially condemned, perhaps acknowledges the justice of the sentence. The criminal either denies or confesses his guilt; if the latter, he either humbly sues for mercy, or glories in his crimes, and leaves the world cursing his judges and with his last breath exclaiming against the injustice of his fate.

The criminal never sheds more blood than is necessary for the attainment of his object; the homicidal monomaniac often sacrifices all within his reach to the cravings of his murderous propensity.

The criminal lays plans for the execution of his designs; time, place, and weapons are all suited to his purpose; and when successful, he either flies from the scene of his enormities, or makes every effort to avoid discovery. The homicidal monomaniac, on the contrary, for the most part, consults none of the usual conveniences of crime; he falls upon the object of his fury, oftentimes without the most proper

means for accomplishing his purpose; and perhaps in the presence of a multitude, as if expressly to court observation; and then voluntarily surrenders himself to the constituted authorities. When, as is sometimes the case, he does prepare the means, and calmly and deliberately executes his project, his subsequent conduct is still the same as in the former instance.

The criminal often has accomplices and always vicious associates; the homicidal monomaniac has neither.

The acts of homicidal insanity are generally, perhaps always, preceded by some striking peculiarities in the conduct or character of the individual, strongly contrasting with his natural manifestations; while those of the criminal are in correspondence with the tenor of his past history or character.

In homicidal insanity, a man murders his wife, children or others to whom he is tenderly attached; this the criminal never does, unless to gratify some evil passion, or gain some other selfish end, too obvious to be overlooked in the slightest investigation.

A stronger contrast than is presented, in every respect, between the homicidal act of the real criminal and that of the monomaniac, can hardly be imagined; and yet we are obliged to acknowledge that men of learning and intelligence have often refused to acknowledge it. . . .<sup>2</sup>

#### CASES

Our cases consist of eighteen murderers who have been examined psychiatrically, adjudged insane, and committed to a state mental hospital.<sup>3</sup> Upon careful study of their records, our first finding was that the cases appear to divide themselves into two groups: a "primary" group, in whom the murder was the *direct outgrowth* of insanity; and a "secondary" group, in whom the factor of insanity seems to have played only an *indirect, contributory* role in the murder. The "primary" group contains chiefly those cases who are actually psychotic;<sup>4</sup> the distinctive feature of these cases is that the insanity seems to have been directly responsible for the murder: the murder was based on the distorted thoughts and emotions of a psychotic. In this sense the insanity is "primary" in the causation of the murder.

The "secondary" group contains cases who are legally insane and irresponsible, but who are not necessarily psychotic (*i.e.*, not mentally ill). It consists chiefly of mental defectives (feeble-minded), psychopaths (moral defectives), and simple schizophrenics. Here the distinctive feature is that the murder grew, not out of delusional motives, but out of defective

<sup>2</sup> Ray Isaac, *A Treatise on the Medical Jurisprudence of Insanity*, London, G. Henderson, 1839.

<sup>3</sup> These cases are described in greater detail in the author's forthcoming book, *The Insane Murderer*.

<sup>4</sup> The distinction between "psychosis" and "insanity," briefly put, is as follows: "Psychosis," a medical term, denotes mental illness, a distortion in personality due to a disease process with physical or psychological causes. "Insanity," a legal term, denotes lack of responsibility; this is a broader concept and includes not only mental illness but mental and moral deficiency (involving *lack* of development rather than distortion).

judgment and lack of control. In the first group, the insane delusions (false beliefs) "caused" the murder to take place; in the second group, the insanity merely contributed defective judgment and control which "allowed" the murder to occur. In this sense the insanity (the defect) is "secondary," playing a contributive rather than a causative role in the murder.

The pattern of murder in these two groups is different. The secondary group, in which insanity plays only an indirect role in the crime, more nearly approaches the "normal" or "expected" in the circumstances of their murders. It is the primary group, in which murder is a direct outgrowth of insanity, with which we are here concerned. In this group we have eighteen cases, including two which are described elsewhere in the literature.<sup>5</sup> It is on these cases that our analysis of the pattern of murder will be based.

### *The Pattern*

The outstanding characteristic of the murder-pattern in insanity is its irrational, "queer" character. The crime as a whole gives the impression that it must have been committed by a "crazed person." No one "in his right mind" would go about the business of committing a murder in such a senseless fashion. The irrational character of the whole procedure is expressed in almost every detail of the crime. As Ray aptly says, "The circumstances under which the homicidal act is perpetrated furnish strong ground for believing that they depend on mental alienation."<sup>6</sup>

#### *1. The Victim*

Normally, one would expect the victim of a murder to be someone who stands in the murderer's way: an enemy, one who has injured him, an obstacle to his plans or desires, someone who has something that the murderer wants, one whose "removal" is in some way advantageous to the murderer. But the insane murderer rarely chooses a victim in these "negative" categories. His victim usually falls in a "positive" category, someone near or dear: a friend or relative, wife or sweetheart (fourteen of our eighteen cases).

The victims of our murderers were the wife (most often), the husband, the sweetheart, the children, the father, the

<sup>5</sup> Cf. Hinsie, L. E., "A Contribution to the Psychopathology of Murder—Study of a Case," *Jour. Crim. Psychopathol.*, 2, 1940, 1-20. Wertham, Frederic, *Dark Legend—A Study in Murder*, New York, Duell, Sloan and Pearce, 1941. These two cases were chosen because they contain the adequate description of the circumstances of the crime and the murderer's behavior before and after, which is necessary to our analysis.

<sup>6</sup> The murders of the secondary group, on the other hand, suggest "stupidity" rather than "craziness." The murders are stupid and unintelligent, but their pattern does not have the distorted, "abnormal" features which betray the insanity behind the crime; they betray simply lack of judgment and control.

mother, the employer, the friend. The exceptions to this rule were the cases of paranoid murderers (suffering from delusions of persecution) who had fixed on some unlucky outsider as the source of their persecution. Even the paranoids, however, will often select as the object of their delusions someone within the family circle (rather frequently, for example, the alcoholic husband may develop delusions of infidelity and persecution on the part of the wife). Due in part to the frequent selection of the wife as victim, the victim tends to be of opposite sex to the murderer (12 of our cases).

Thus the insane murder begins to reveal itself at the very outset, in the character of the person murdered. In the language of the press, the person murdered is usually an "innocent victim." However, since a large number of non-insane murders involve "innocent victims" or friends and members of the family, this feature alone is obviously not diagnostic, but must be considered in relation to the other aspects of the crime. The motivation is one of the most significant of these aspects.

## 2. *The Motive*

Usually, one would expect a "normal" murder to be committed with some realizable end in view. There should be a definable motive, usually involving gain, personal advancement or advantage, or the satisfaction of some injury or wrong done the murderer by his victim. But in no case in our group was gain or personal advancement a primary motive for the murder. The insane murderer's motives are not mercenary or self-advancing. He may kill (according to his thinking) to save the victim from pain, to spare him the torments of life, to defend himself from persecution. But not for gain — it apparently requires some sanity to murder for profit.

Neither does hate nor enmity, in the usual sense, often serve as motive. True, it is probable that strong unconscious attitudes of hostility must underlie many of these aggressive acts. But the reasons accessible to consciousness, the thoughts uppermost in the murderer's mind, are more often of love and pity, or (in the case of the paranoid) fear.<sup>7</sup> In the occasional cases in which a clearly hateful motive appears rather close to the surface of consciousness the hate is not expressed in a deliberate, premeditated "removal" of the hated object, but usually in a violent, explosive outburst followed by amnesia for the act itself. Likewise, while it is true that love or pity may serve as motives in non-insane murders, the insane cases are distinguished by the unrealistic (delusional) character of the motive and the incongruity between motive and method of execution. There is a clear difference between over-dosing with

<sup>7</sup> Cf. Footnote 8, p. 12.

sleeping tablets a parent dying of cancer, and beating the wife's head in with a hammer because of an unfounded fear of eventual poverty.

The closest we can come to "normality" in motives for insane murder is the paranoid's turning on his persecutors, which may approximate our concept of revenge or self-defense as a reasonable motive. The distinguishing factor here, however, is the delusional quality of the beliefs and the fixity with which they are held. In many cases, even in advance of investigation into the facts, the implausibility of the motivating delusions will be evident. A boy shoots his younger brother, for fear that when he grows up "he might beat up on me." An old hermit shoots a chance visitor to his lonely shack on the suspicion that he might be a member of the "Saw Mill Gang" come to kill him. An immigrant laborer beats a rooming-house acquaintance to death with a poker because for five years he has been broadcasting lies about him over the radio and printing them in the newspapers. It is usually clear, in the paranoid, that the basis for his "revenge" or "self-defense" is fanciful and unrealistic.

Correlative with the finding that gain is no motive is the point that insane murder is rarely accompanied by any other crime, such as robbery. In only one of our cases did robbery accompany the murder, and here the taking of five dollars was clearly an afterthought. In insane murder the crime is not a means to a realizable end; the perpetrator stands to gain nothing of value; the crime is not an accompaniment of some other crime — in the usual scale of values, it is purposeless and pointless.

To say that a gainful or realizable motive is lacking is not to say that there is *no* motive. On the contrary, by questioning the insane murderer one is usually able to get his "reasons" for his act. And at just this point the irrational character of the action is again exposed — the "motive" itself does not "make sense," it is inadequate and inappropriate:

A depressed and agitated woman feared her father might have a stroke and suffer. To spare him the suffering, she crushed in his head with twenty blows of an axe.

The boy felt that his girl friend was "growing cooler in her love for me. The only solution was that one of us had to die." She stopped him from committing suicide, "so the only thing to do was kill her."

A man "felt himself going crazy" and was afraid that his children "would grow up to be crazy too," so he shot them.

An escaped patient found that his wife had gone off all day and left the children alone, so he stabbed her.

A recently paroled schizophrenic strangled two women in order to build up enough "internal pressure" to make himself immortal and master of the universe.

Often the motive or precipitating incident is so trivial as to be bizarre:

The husband was trying to restrain his wife from spanking their child, so she snatched up a bread knife and stabbed him.

The man's wife was sick in bed. His son's 18-year-old chum, coming to visit, brought her a bag of fruit. The man immediately shot his wife and the chum.

Another man wanted his wife to drink with him at a party. She was not feeling well, and refused. He picked up a carving-knife and stabbed her.

In attempting to park his car, a man rammed into another nearby car. This made him suspicious that the driver of the other car might be there to rob him, so he shot the man.

At times the motive is so tenuous as to be almost non-existent. In two of our cases the act seems to have been committed on the basis of an impulse for which the murderer can offer no explanation:

A man who had for some months been depressed and agitated suddenly rushed out and, in the presence of several other people, stabbed and slashed his wife many times before he could be torn away from her. He could later give no explanation at all for this outburst.

A boy and his employer were building a chicken coop. The man's back was turned and the boy had an impulse to hit him; he picked up a hammer and hit the man in the head several times, then stabbed him repeatedly with a hunting knife. All that he could say afterward was, "I just felt like doing it."

These are not the sorts of causes for which it would be reasonable to do murder.<sup>8</sup> Granting that murder is seldom if ever a truly "reasonable" act, nevertheless, in the criminal or non-insane murder one can usually comprehend the "reason," one can see "why"; a meaningful connection is apparent between the motive and the murder, which is lacking in the case of insane murder. In the latter there is a fundamental *incongruity* between the murder and its motive: such a motive would, normally, be *inadequate* to account for such an act; and such an act would, normally, be *inappropriate* as a response to such a motive. Therein lies the insanity in the motive.

Hackfield employs the apt description "crimes of unintelligible motivation," and makes the point that such crimes are very often symptomatic of a schizophrenic or preschizophrenic condition. "Unintelligible" here is a translation of "*Uneinfuehlbar*," which conveys the sense that one is unable to "feel-

<sup>8</sup> Obviously we are not proposing that these "reasons" represent the truly basic causes of the murders. The fundamental causes probably lie deep within the murderer's personality. However, our object here is not to undertake a "depth analysis" of murder, but to characterize the facts which are accessible by observation and straightforward questioning to the lawyer, the judge, the non-psychiatric observer. Our point is that when one asks the insane murderer, "Why did you do it?" the reason that he gives for his act is obviously *un-reasonable* and *incommensurate* with the gravity of his act.

Readers who are interested in the "deeper" causes of murder are referred for an example to Wertham's book (*op. cit.*), which analyzes at some length the motives of a boy who killed his mother.



into," to emphasize with, the motivation of the crime. He emphasizes that ". . . every unintelligible crime must arouse the suspicion of the existence of some form of mental aberration in the perpetrator. In the absence of obvious psychotic manifestations we must think of an incipient schizophrenia, especially in all instances where the crime is manslaughter or homicide."<sup>9</sup> We are not limiting ourselves to a consideration of schizophrenics only, nor are we so much concerned with nosological problems, but we are in agreement that "every unintelligible crime must arouse the suspicion of the existence of some form of mental aberration in the perpetrator."

The question of *previous intention* or *premeditation* is less diagnostic *per se*. Decision as to the existence of premeditation is admittedly difficult, but it seems fairly clear that in about seven of our cases the murderer had formed a definite intention to kill at a time (ranging from minutes to months) before the act. In eight of our cases it seems about equally clear that no previous intention had been formed. In the three remaining cases we feel unable to judge the presence of premeditation; the technical judgment here would probably hinge on points of the law which we do not feel competent to interpret.

Perhaps the clearest case of premeditation is that of the boy whose sweetheart was "growing colder." He tried to kill himself, but she stopped him; he then decided that "the only way out" was to kill her instead. He made a blackjack and kept it in his car for two weeks, looking for an opportunity to kill her. But she was always too happy — he couldn't bear to do it. Finally a night came when she was sad, and he killed her.

Another example of probable premeditation is the case of the man who was unable to face the (unfounded) thought of his wife's "going down into abject poverty." Arranging the chair so that her back would be toward him, he asked her to make a telephone call for him. As she was putting the call through, he smashed in the back of her head with a hammer.

Cases where the murder occurs impulsively during a moment of uncontrolled rage seem rather clearly to be unpremeditated. A case in point is that of the wife who suddenly picked up a butcher knife and plunged it into her husband when he restrained her from spanking their child. Also apparently unpremeditated are some of the paranoid murders, in which the paranoid finally becomes unable to endure his "persecution" any longer and turns on his persecutors in sudden desperation.

Less clear, however, is the case where the paranoid appears to have foreseen this eventuality and provided himself with a

<sup>9</sup> Hackfield, A. W., Crimes of Unintelligible Motivation as Representing an Initial Symptom of Insidiously Developing Schizophrenia, *Amer. J. Psychiatry*, 91, 1934, 639-668. Page 642.

weapon (usually a gun). What, for example, of the instance in which, during an alcoholic bout, a man became convinced that his neighbors were out to kill him. After sitting up all night with a shot-gun across his knees he finally ran down and barricaded himself in the cellar, and shot the first person who came down. Does this constitute "lying in wait?" What of the man who was for years intensely paranoid against his wife and had made numerous threats and even violent attacks upon her; some minutes after a quarrel at a party he stabbed her in the presence of all the guests. Was this deliberate and premeditated, or was it impulsive? Another man who for weeks had been having difficulties with his wife came one morning to her mother's house, where she was staying, and after some minutes of argument stabbed her with a chisel which he had brought with him. He is now (apparently genuinely) amnesic for this event, and he has a long history of violent outbursts with subsequent amnesia.

These last cases appear to us to represent an intertwining of intention and impulsivity in which we do not feel competent to judge the extent of premeditation. Insane murderers as a group, however, seem about equally divided as to the presence or absence of previous intention or premeditation. Consequently this feature of the crime has uncertain diagnostic significance and can be evaluated only in the light of the remainder of the pattern.

### 3. *The Method*

Characteristically, the details of the method and setting of the crime bear the same stamp of incongruity and irrationality as does its motivation. One might expect that normally some thought would be devoted by the murderer to the method of his crime: to the choice of a proper weapon, to the manner of attack, the time and place of its execution, to the provision of secrecy and concealment, to evading suspicion, eluding capture and avoiding punishment. But rarely is this true in insane murders. The general impression conveyed by the details of the crime is that of an impromptu and unplanned attack. Even in those cases in which the *commission* of the act seems to have been premeditated, the actual *execution* of its details appears unplanned and impulsive. We have in mind here a distinction between *planning to commit* the act and *planning how to commit* the act. The former may or may not be present; the latter is usually lacking or at best of a very low order, betraying the lack of foresight and judgment, the pathological emotions and warped thinking of the perpetrator. The method, like the motive, is "queer," suggesting the insanity of the murderer.

The choice of a weapon? Usually the weapon is not chosen for its suitability but is simply the first thing that happens to come to hand. This lack of planning and selectivity may be the factor which results in the relatively frequent usage of a "blunt instrument" as a weapon: hammers, clubs, rocks, an axe, a poker. Guns and knives, if ready at hand, are freely used. In our group of cases, the choice of weapon is about evenly divided among blunt instruments, guns, and knives — with multiple weapons used in four instances. Interestingly enough, none of our murderers used poison. Perhaps the use of poison is too subtle and deliberate a method to fit the mental processes of the insane.<sup>10</sup>

The choice of time and place? The insane murderer rarely shows any forethought, "cunning" or judgment in his choice of time and place. Commonly, he commits his murder when and where the impulse strikes him. This is often true even of those in whom there is evidence of premeditation. The premeditation is more often concerned with "whether" to do the act than "how" to do it, and once the decision is made it tends to be acted on at once. The only clear-cut case we have of deliberate selection of time and place is that of the boy who waited until his sweetheart was feeling sad before killing her. Even here, the reasoning used is somewhat bizarre, and the objective in his choice of time had little to do with insuring secrecy. Another case — the boy who feared his younger brother would beat him when he grew up — showed sufficient judgment to commit the murder when the boys were crossing a vacant lot at night. In the remaining cases the decision was acted upon almost as soon as it was made, with slight pause for choice or planning.

This resulted in the murder's being done, in many cases, when others were either actually present or nearby. In our group there were five cases in which the murder was done in the presence of witnesses, three others in which it was done in the presence of the children of the family, and five in which other people were present in the same house. Since the victim is in so many cases a relative, the home is often the scene of the crime (eleven cases), but no attempt is made to select a time when other members of the family are absent. In respect to the hour of day, our cases are about evenly divided between the daylight hours and the night-time.

<sup>10</sup> Since this was written we have found one case—a woman—in which, though the final attack was made with a hammer, there is some evidence of a previous attempt at poisoning. The evidence for poisoning is not conclusive, however. At the same time, the mental status of the murderess is in question; it is not at all clear that she is psychotic, and she has not been adjudged insane. Consequently she has not been included in our group. The most probable diagnosis in her case appears to be "hysterical psychopath."

Accomplices, associates? The insane murderer acts alone. The motive, being idiosyncratic and delusional, is not likely to attract the interest or sympathy of a collaborator; there is no gain in view which might tempt an associate; and the murderer has no plan in mind that might require an accomplice. Moreover, to enlist associates in crime would be foreign to the familiar tendency of psychotics to live each in his own world and rarely to act in concert. In none of our cases was any accomplice involved, nor is there any evidence that our murderers had even contemplated such.

The method of attack? Characteristically, unplanned and impromptu. Rarely is any subtle or devious attack employed — the attack is crude and direct. The emphasis is on violence, not cunning. And, perhaps significantly, the violence is often overdone (ten of our cases). There is seldom economy of effort or efficiency of execution. The insane murder is often unnecessarily violent: a dozen axe or hammer blows are inflicted, where one or two would have been sufficient; the victim is stabbed over and over again; the victim is beaten with a club, then with a rock, then strangled, then drowned. Due to the frequency of unnecessary violence, the insane murder is often what the newspapers love to call a "brutal slaying."

The violence and ferocity of the attack often betrays the emotional imbalance and impulsiveness of the insanity behind it. The irrationality of the murderer is at times revealed again in the inconsistency between motive and method. The daughter who wishes to spare her father the suffering of old age does so by inflicting on his head twenty blows with the blunt end of an axe. The husband spares his wife from poverty with sixteen blows of a hammer. The boy who clubs his sweetheart pauses between blows to revive her, hold her in his arms and beg her forgiveness; then he clubs her again, once more revives her, then strangles her.

#### 4. *Attitude Toward Consequences*

The behavior of the insane murderer shows little evidence of any intention or effort to "get away with" his crime. He seldom tries to avoid the consequences of his act.

Attempts to avoid detection? Rarely, either before, during, or after the murder. As we have already noted, there is seldom any attempt at secrecy during the commission of the crime, which in many cases is actually committed in the presence of witnesses. Similarly, there is rarely any attempt to keep the identity of the murderer hidden — no effort to avoid or destroy clues, no effort to keep others from seeing, hearing, or finding out who has done it. The insane murderer seldom appears to concern himself with evading suspicion or avoiding detection.

We have only three, possibly four, cases in which there could

be said to be some effort made to avoid detection. The boy who murdered his employer put the body in a ditch and covered it with boards; he then hid himself in a barn — and the next day surrendered voluntarily. Another boy after killing his sweetheart, sank her body in a nearby stream; then he went to a priest, confessed, and called the police. He had previously intended to escape, but changed his mind during the course of the murder. A third boy, after killing his brother, dragged the body off the path and covered it with rocks; it was not until ten years later that he gave himself up. The man who hoped to become immortal probably made some effort at secrecy, for he remained undetected for some time. These are the only cases who tried to avoid detection; it is evident that even these efforts were inclined to be half-hearted and ineffectual. In the other fourteen cases not even this much was attempted.

Attempting escape? Again, the insane murderer is seldom concerned with efforts to get away, to evade capture. In many cases, actually, he comes voluntarily to the police and gives himself up, or notifies them of the crime and waits for the police to arrive (seven of our cases). In other cases, where other people are at or near the scene of the crime, he rarely tries to run away or put up much of a battle, but tends to subside and give in passively to capture. Only three of our cases made any real effort to evade capture, such that a formal search by police was required. Two of these later turned themselves in voluntarily; in the third case it was clear that he "did not fear apprehension" (Hinsie) — he had simply been unable to murder his intended victim, and wished to remain free to do so. In at least two other cases the murderer left the scene of the crime, but for reasons obviously not associated with an attempt to escape. One simply went home, the other calmly took a stroll around the block and came back.

Attempts to deny guilt? Here too there is little effort to evade responsibility for the crime. In many cases, already indicated, the murderer on his own initiative informs the police of his act. In those cases where the murderer does not actually give himself up voluntarily, he usually talks freely and confesses the crime rather readily. The murderer is often quite helpful to the police in their endeavor to discover the details of the crime. He is usually rather free in telling why he did it, just what was done and how, even to going over the ground with them to help make things clear. All but three or four of our cases talked freely to the police and the psychiatrists, making no attempt to deny their guilt.

Three of these cases were amnesic for the crime; they were unable to remember committing it. In each of these amnesic cases, interestingly, the murder took the form of a sudden, im-

pulsive attack on the wife or husband under considerable emotional stress, and in the presence of witnesses. In two of these cases the amnesia appears to be genuine. Both of these, moreover, were quite willing to admit that they must have done the murder, though they could not themselves recall the action.<sup>11</sup> Thus we are left with only one case in which there is a real attempt to deny guilt, and it is in this case that the genuineness of the amnesia is open to question.

Finally, the characteristic attitudes toward the crime also carry over into the attitude of the insane person toward punishment, toward possible imprisonment or execution. He shows little concern for these consequences of his act. He is indifferent to his fate, "feels nothing," or passively accepts the prospect of imprisonment or execution. In jail after the crime, one was "very jovial," another "seems to have no emotions whatsoever," another was "confused and bewildered"; a fourth, having attained immortality by the murder, was disdainful of punishment and treated his trial as a joke. Three wanted to die and welcomed the prospect of execution, hoping it would be soon. Eight of our cases made suicidal attempts, either immediately after the murder or while they were in jail (in some cases this was the feature which raised the question of insanity). Of our cases, thirteen accepted or were indifferent to punishment, while only two showed a clear desire to avoid it; in the remaining three cases adequate information is lacking.

All this sums up to a general antithesis to what we would expect of a "normal," rational murderer who is committing a murder with criminal intent. Not only is the choice of a victim "unnatural" and the motive for his murder irrational, but the very method and manner of the murder point to the murderer's insanity.<sup>12</sup> Where is the *mens rea* in an act so patently unplanned and impromptu, so unthinkingly carried out?

<sup>11</sup> The function of the amnesia in the cases seems to be that of preserving the self-respect and integrity of the murderer by shutting out of consciousness his memory for a deed which is unacceptable to him. He cannot tolerate the thought of having done such a horrible thing; to have to acknowledge the fact would be too great a blow to his self-esteem and self-regard. Therefore, by subconscious processes, he shuts it out of his mind. This process is only partially complete, and the murderer is able and willing to agree with the evidence pointing to the fact that he "must have done it." But this agreement remains merely academic and "theoretical" in character; the realization of his deed is only present on the "surface" of his mind, it does not strike home with force—he could not stand it if it did.

This was convincingly demonstrated in one of these amnesic cases. Some months after the murder she was in rather good condition mentally. At this point, under extensive psychiatric interviewing, she recovered her memory for the murder. Her realization of what she had done, with clear recollection of the details, proved too much for her to handle, and she was precipitated into a full-fledged psychotic depression.

<sup>12</sup> The overall picture is so obviously irrational and out of line with normality as to arouse even in the non-psychiatrist the feeling that "this man must be crazy"—a comment frequently heard in connection with these cases.

Where is the guilty mind in the makeshift weapon, the haphazard time and place, the over-violent inefficiency of execution, the disregard of concealment and detection, the indifference to escape, the ready, even spontaneous, admission of guilt and acceptance of punishment? Where is his "understanding of the consequences of his act?" His failure to appreciate the consequences shows in his failure to attempt evasion of the consequences to himself. The entire pattern fails to fit with any picture of a man committing a crime for some guilty purpose and attempting to "get away with it." "Getting away with murder" is the last thing the insane murderer is trying to do; not *mens rea*, but madness, is in his method.

As a result of this method, it might also be noted, the insane murder is rarely a "detective problem." There is seldom much difficulty in discovering who has done it. Contrary to fiction, the insane murderer is not cunning or sly and it rarely requires the ingenuity of a Sherlock to run him down. Similarly, the problem in court is seldom that of determining the defendant's innocence or guilt, but of judging the extent of his responsibility. Not the identity but the sanity of the murderer is typically the question.

### 5. Before the Murder

Whereas the actions of the criminal murderer before the crime are relatively "normal," the insane murderer almost always shows evidence of his abnormality before the crime. If the behavior of the criminal (*i.e.*, not insane) is suspicious, it is suspicious of criminality or criminal intent; the behavior of the insane man is suspicious of abnormality or insanity. The duration of this abnormal behavior is usually appreciable, ranging from a few weeks to months or years. Rarely or never is the murderous attack an unforeshadowed outbreak; in retrospect, the existence of previous abnormality is clearly seen. This does not mean, of course, that the specific (*i.e.* homicidal) nature of the outbreak could necessarily have been foretold. Rather we mean that a previous change of personality is clear. Usually it is sufficiently clear that others — family, friends, and neighbors — have noticed and remarked on it. Examination of these sources usually reveals that the person "had been acting funny," was "queer," "peculiar," "not himself." This is true of every one of our cases.

In what ways does he show his insanity before the crime, how is he "queer"? The form his abnormality will take depends, of course, on the nature of his insanity. These, however, are the most common evidences of abnormality before the crime:

a) Depression — feelings of dejection, despondence, despair; loss of energy and initiative; self-accusatory ideas; frequent

causeless bodily complaints; feelings of worthlessness and guilt (when these are expanded to include other people, the stage is set for their murder, "to put them out of their misery").

b) Suicidal ideas or attempts — these frequently accompany depression, but may exist without it; when suicidal attempts are blocked, the person may turn to murder, often with the idea of following it by suicide. (This, of course, does not imply that all persons who have made suicidal attempts will subsequently attempt murder.)

c) Apathy and indifference — withdrawal of interest from the world around him; deterioration of emotional responsiveness and warmth; increasing preoccupation and asociality; irrelevance and scattering of speech and thought; deterioration in appearance.

d) Suspiciousness, ideas of persecution — suspiciousness and distrust of others; readiness to misinterpret acts and motives; feelings of being watched and talked about, bothered or otherwise persecuted; frequent changing of jobs or residence because of mistrust or suspicion; frequent complaints to police, public officials, and other authorities; warnings and threats to his persecutors. Commonly this has been going on increasingly for years and represents the developing paranoid behavior.

e) Other bizarre behavior — seizures, convulsions or "absences"; alcoholism; sudden excitements; talking to self; periods of rigidity, posturing or mutism. These are not so frequent as precursors of murder since their bizarre character dramatizes the need for hospitalization, and this is usually accomplished before murder is done. However, relatively sudden flare-ups of this sort of behavior may occur, accompanied by homicidal attacks.

In five of our cases the pre-existing abnormality was so obvious that the person had already been committed to a mental hospital (at the time of the crime, four had improved sufficiently to be out of the hospital on parole; the fifth escaped and killed his wife the next day). In six other cases the illness was sufficiently apparent that either the relatives or a doctor had previously advised commitment, but nothing had been done. In seven cases suicide had been contemplated or actual suicidal attempts made before the murder.

We have devoted some thought to the question of whether, on the basis of the symptomatology existing at the time, these homicidal outbreaks could have been foreseen, and thereby possibly forestalled. In retrospect, it is true, the warning signs are usually clear enough and one can see how the outbreak came about. We would be happy if on the basis of these signs we could define the conditions under which patients might be expected to show homicidal outbursts — but we feel unable to



do so. The most we can do is to point to danger signals, of which psychiatrists are already well aware: delusions of persecution and infidelity, depressive delusions concerning the future, preoccupation with thoughts of death, thwarted suicidal attempts, a history of previous threats or outbursts.

But all these are psychiatric commonplaces; not all paranoids, or depressed patients, or those with outbursts of temper can be kept hospitalized indefinitely. And for every homicidal patient with these features there are hundreds who show such symptoms *without* a murderous outbreak. In perhaps seven of our cases a more direct warning signal was present, in the form of some verbal expression of hostility or aggression against the eventual victim; but in only three of these cases are we sure that actual threats had been made. Even definite threats, however, are non-specific signs; how many threats must be uttered for every homicide finally consummated?

Another item worth noting in the backgrounds of our insane murderers is the infrequency of previous criminal records. Only two cases had criminal records: one for assault, the other for manslaughter — both indicative of violent tendencies. The relative absence of criminality may not be of great diagnostic significance, since many "sane" murderers carry no criminal record. But it is true that if the murderer does not have a "record," he is more likely to be psychotic than criminal.

In those cases with a psychotic diagnosis previous to the crime, of course, the insanity of the murderer is usually clear. However, since this is true of less than a third of the cases, it should not be presumed that absence of a diagnosis or hospitalization means freedom from psychosis. Many factors beside the existence and severity of the psychosis influence hospitalization; e.g., the "nuisance value" of the patient's symptoms, the "nuisance tolerance" of family and neighbors, economic pressures, local attitudes toward doctors and hospitals. The result is that many persons who are severely psychotic never come before a doctor or see the inside of a hospital.

Also to be inquired after, of course, is a history of mental illness in the family. This is found in about half the cases (nine, possibly ten) and when found perhaps increases the likelihood of insanity in the murderer.

#### 6. *After the Murder*

Finally, what of the murderer's behavior after the murder? We have already noted the features characterizing his behavior in the period immediately following the act: the infrequency of efforts to escape or to avoid detection, the ready confession of guilt. Now we turn to the succeeding period, in which the murderer is presumably in jail awaiting trial, or has perhaps

been sent to the mental hospital. Since he is under close supervision, the opportunity is good for observing his behavior at this time. This situation should be put to advantage and instructions given for careful observations to be made. Jailers, though untrained psychiatrically, have often been the first to notice and bring to the attention of the authorities "queerness" and peculiarities in the behavior of prisoners who were found later to be mentally ill.

Broadly speaking, the same sort of abnormality noticed by friends and relatives before the crime is likely to characterize the murderer's behavior afterward. If he was depressed before, he is likely to be depressed after; if delusions of persecution were evident before, they are likely to continue to manifest themselves after. Naturally, the variety of abnormalities may be as wide as the range of the usual psychiatric symptoms. We will describe briefly, in terms meaningful to the non-psychiatric observer, some of the types of peculiar and inappropriate behavior likely to be seen:<sup>13</sup>

a) Depression is common; or worry, anxiety, and agitation (half our cases). Often no adequate reason can be given by the man for his depression, or the depression appears too profound to be merely a reaction to the murder and his present situation. Often, too, the reason given by him for his depression is inappropriate, or irrelevant to the justifiable reasons for a depression (*i.e.*, his crime and impending punishment). One case, for example, was more worried by the "shame his insanity had brought on the family" than by the possibility that he might be executed for killing them. He was depressed (which might have been appropriate) but over irrelevant things (which was inappropriate). Another, after murdering his wife, was "sad because his home was broken up."

b) Suicidal attempts are rather frequent, either immediately following the murder or later, in jail (eight cases). Such attempts may occur not only in cases of depression, but also in a setting of fearfulness and apprehension over fancied persecutions and dangers, or in a prisoner who appears outwardly apathetic and indifferent. Similarly, the prisoner may lack the normal "will to live" and to fight for his life. Sometimes, as we have previously indicated, a *desire* for punishment may be expressed. He *wants* the state to execute him. He may refuse to call or see a lawyer, refuse to put up a defense, not want to

<sup>13</sup> When evidence of any of these symptoms is observed in jail or subsequent to the crime, it is wise to question friends and relatives, or examine the statements regarding the prisoner's previous behavior, to ascertain whether similar symptoms were in evidence prior to the crime. The prisoner's behavior in jail may show abnormalities which on investigation can be traced back to the pre-homicidal period as well. Such findings are of obvious importance in establishing the existence of mental illness prior to the murder.

bother with a trial, but just "want to get it over with as soon as possible."

c) Apathy and indifference are fairly common — the prisoner shows a lack of interest in his own case and how it is progressing, a lack of interest in visitors, in his appearance, in his forthcoming trial and what is to happen to him. Or he is preoccupied with his own thoughts and ruminations and pays little attention to what is going on around him, seems "out of contact" with his environment, withdraws, becomes seclusive and asocial.

d) Inappropriate feelings and attitudes are important to note. The prisoner's feelings toward his imprisonment and future may not be consistent with the gravity of his situation. There may be an inappropriate balance of interests, more interest being shown in irrelevant concerns than in life-and-death matters. One boy, for example, was apathetic and indifferent in discussing the progress of his own case, but became quite animated and alert when he began talking about boxing. Or the prisoner may show an inappropriate balance of feelings, *e.g.*, being more childishly pleased with his notoriety than dismayed by his serious position. Another case was boastful and grandiose, looked on the entire proceedings as a joke and told of how he planned to vanish from the witness chair and reappear in Texas. In two other cases, contrary to the general rule, there was a marked change in the prisoner's attitude before and after the crime. Both had been preoccupied and rather depressed before the crime; after, they were bright and cheerful. One was "very jovial and willing," the other was spontaneous, friendly and smiling, and seemed "very relieved."

e) Hallucinations (false sensations) and delusions (false ideas) may be detectable under close observation. If the prisoner is seen talking to himself, or smiling and laughing in a silly fashion or for no apparent reason, it suggests that he may be hearing voices. So may "listening" postures, attitudes and expressions. On questioning he may admit hearing voices or seeing visions. Or he may complain of strange sensations in his head, his skin or his "insides," for which no adequate cause can be found. One man, for instance, was bothered by "sheets of vapor" which someone was shooting in under the door of his cell. Another saw his murdered daughter and spoke to her as he was preparing to hang himself; it made him very happy.

f) The prisoner's speech may reveal delusions of almost any kind. Often these may consist of unrealistic beliefs about himself and others' attitudes toward him: ideas of grandeur, of reference, of persecution, etc. One man was sure that the building next door was "hell" and that he was to be taken there and tortured the next day. Others are convinced that someone is

influencing their actions with some sort of machine or ray, or that their food is being poisoned. (This idea often causes the prisoner to refuse to eat, an action that should always be looked into.)

g) Disturbances of thinking often reveal themselves in the prisoner's speech as irrelevance, disconnection, incoherence, blocking, retardation, rambling, and scattering. Of one man, the warden made the significant comment that, "When you ask him questions about trivial matters he will answer rationally, but when you try to hold a real conversation with him he doesn't seem to know what he's talking about." He may appear confused, dazed, or disoriented (not knowing where he is, what day it is, or who the people are about him). As one guard put it, "His mind seems to be in a sort of fog."

h) Excessive suspiciousness and ideas of persecution are significant. If a paranoid system (delusions of persecution) was present before the murder, it will probably carry over. The paranoid attitude of evasiveness, suspiciousness, hostility, and misinterpretation of others' actions may be shown. Gradually the jail, the police and legal authorities may come to be included in the persecutory system, and resentment, hostility, and ideas of injustice may develop. The presence of hostility and aggression, or fearfulness and anxiety, should raise the question of paranoid ideas on the part of the prisoner. Often the same "gang" against which he was defending himself by the murder "follows" him to prison and torments him there. These torments at times form the basis of violent outbursts, with shouting, screaming, and perhaps sudden attacks on officers or other prisoners. In the same or other cases, the inescapable tortures become the basis for suicidal attempts.

No one man, naturally, will show all the forms of abnormality we have described above. His manifestations will be more restricted and will usually be consistent with the type of behavior shown before the crime. But these are in general the sorts of "queerness" shown by insane murderers after their crimes, and all may be evidences of psychosis. They should be watched for and their occurrence reported and investigated.

A word should be said about the possibility of *malingering*. Could not a perfectly "normal" man commit murder and then attempt to get away with it by "faking" such symptoms as we have described? It is possible — but not likely. In the first place, the characteristic manner in which the insane murderer goes about committing his crime goes against the tendencies of a "normal" murderer; his actions directly contravene the usual efforts to escape the consequences. It would require unusual courage to inhibit the normal self-defensive tendencies and voluntarily give himself up and confess, on the chance that he

would be able successfully to simulate insanity and "go free." In the second place, it requires not only courage, but (a) accurate knowledge of, and (b) considerable skill in mimicking the behavior of a psychotic. Few people possess either; most have grossly inaccurate and misconceived ideas as to how "the insane" look and act, and few would be able consistently and for extended periods to put the correct ideas into effect. Malingerers characteristically over-play their parts and "slip up" on their symptoms, so that the effect is distorted and suspicious. A sustained, convincing performance would be a very difficult task for anyone not near-psychotic to begin with.

Thirdly, even if he is successful, the malingeringer stands to lose rather than to gain: the insane murderer is likely to stay longer in the mental hospital than the criminal murderer stays in prison. Hospitals are very cautious in the matter of releasing and returning to the community homicidal patients, even those who apparently improve. The malingeringer would have an easier task earning "good time" in the prison than he would have, after successfully convincing the doctors of his insanity, of turning about and convincing them of his recovery. Contrary to popular opinion, the insane murderer does not "go free"; he stays in the hospital for many, many years — often for life.

In any case, however, the responsibility for decision as to the presence of malingering should be the psychiatrist's, not the layman's. The psychiatrist has more exacting methods for its detection than we have attempted to describe here. Our interest here has been to indicate that the danger of "getting away with murder" by malingering exists more in the minds of the public than in actuality.

In this paper our attention is concentrated on what we earlier distinguished as the "primary group" of insane murderers, the cases in which the insanity (psychosis) was a primary factor in the causation of the murder. As we pointed out, there is a "secondary group" of murderers who, chiefly because of mental or moral deficiency, are not responsible before the law. In this group, where the insanity or deficiency plays only a secondary, contributory role in the murder, the murder-pattern more closely approaches the "normal" or "expected." To complete our distinction, we may characterize it briefly.

The murders in this secondary group show a more "usual" motivation, often being committed in the heat of a fight or during the commission of another crime such as robbery. The victim is less likely to be a relative or friend, more likely to be an opponent or obstacle, one who stands in the murderer's way. The method of attack, while often direct and sometimes "brutal," is usually consistent with the circumstances and motiva-

tion. The murderer is often intoxicated at the time of the crime, and subsequent to it he usually takes a more direct and "appropriate" interest in means for escaping the consequences and avoiding punishment. His behavior, if it differs from the ordinary, is likely to be indicative of mental deficiency rather than psychosis. All in all, the crime is likely to be stupid and unintelligent, but not bizarre or unintelligible; it bespeaks lack of judgment and control, but not "mental alienation," on the part of the perpetrator.

#### THE PATTERN OF MURDER AS A CRITERION OF THE MURDERER'S ABNORMALITY

Recalling our original problem: in nearly all murder trials the question eventually arises, "Is the defendant insane, should he be examined psychiatrically?" The findings of the present study suggest that one basis on which the Court and its attorneys may evaluate this issue is in terms of the nature of the crime itself. In cases of insane murder the details of the crime, its circumstances and manner of execution reveal the insanity of its perpetrator. The pattern of the murder thereby offers itself as a criterion of the murderer's abnormality. When question arises as to the sanity of a defendant, the application of this criterion may afford the lawyer or non-psychiatric investigator an opportunity of evaluating the issue on grounds somewhat more substantial than guess or intuition.

Indeed, if such an evaluation were made a routine procedure in the investigation of every murder case, it might contribute to the efficiency and clarity of court procedure in such cases. Just as the Army found that the routine application of brief "screening tests" increased its efficiency in identifying mental cases among inductees, so in court might the routine application of the pattern-criterion as a screening device increase the court's effectiveness in identifying cases of possible abnormality.

To show at a glance the picture of the behavior and characteristics of the insane murderer, as compared with what might be expected in the same situation from the "normal" or criminal murderer, we have drawn up Figure 1. Tracing through the pattern item by item, the figure contrasts (on the left side) the approach expected of the "normal" murderer with (on the right side) the queer, irrational approach significant of abnormality. The distribution of our own cases is shown by the number of faces appearing on either side of the center line. Each face stands for one of our insane murderers; a blank face indicates that the murderer "partly" or "proba-



bly" falls in the indicated category.<sup>14</sup> To keep the figure simple, we have presented only the major points, omitting some of the details taken up in the text. The distribution shown here is based on a relatively small number of cases and is not in any exact sense reliable; other groups could be expected to vary from this in some degree. Nevertheless, we feel that the general trends and tendencies indicated are fairly representative of the body of psychotic murderers as a whole.<sup>15</sup>

It should be pointed out that no single insane murderer is likely to show *all* the features of his class. Some insane murderers are more abnormal, some are less abnormal; some reveal their abnormality in many areas, in some the abnormality finds more restricted expression. Consequently no one murderer is likely to "score abnormal" on all counts, and no one characteristic is necessarily found in all who are insane. Taking the items listed in Figure 1 as major reference points, our psychotics show on the average about eleven or twelve of the sixteen "abnormal" characteristics listed.<sup>16</sup>

Likewise, it is evident that no single feature is sufficient as a criterion; the pattern as a whole must be considered in evaluating the status of an individual. While it is true that there are one or two features on which none of our cases score normal, examples could doubtless be found of other cases equally insane who would score normal on these. Moreover, not all features are of equal significance. Some are more ominous, more indicative of abnormality (*e.g.*, a delusional motive, a psychotic record or history of abnormality prior to the crime); others are less ominous, raising less suspicion of psychosis (*e.g.*, a friend or relative as victim, lack of an accompanying crime). A case showing a few of these more ominous signs may be more suspect than another case showing a greater number of signs, but signs of a less ominous character.

As we have previously indicated, not only are some of the "abnormal" signs likely to be absent in an insane murderer,

<sup>14</sup> We have used this tentative method of specification in cases where (a) there is incomplete information; (b) the feature was manifested to only a partial extent—*e.g.*, where hospitalization prior to the crime had been considered but not finally instituted, or where others were near but not actually present at the murder; or (c) where the decision involves considerable "judgment" on our part and might be open to some difference of opinion—*e.g.*, whether the motive was inadequate or the method impromptu. In case of doubt, we have tried to keep our judgments on the conservative side.

<sup>15</sup> As we have stressed, our descriptions refer chiefly to the "primary group" of insane (psychotic) murderers. Murders committed by the "secondary group" show a different pattern, more nearly "normal" in character (see p. 35); hence, this group is not readily identified by the pattern we have outlined. Fortunately, at least a goodly proportion of the secondary group (*i.e.*, the mental defectives) can be identified rather easily by the psychologist's intelligence tests).

<sup>16</sup> For the purposes of averaging, a blank face was counted as a half-point. The average "score" for our murderers is 11.6, with a range from 8 to 14.5. Two-thirds of the cases fall between 10 and 12.5, inclusive.



but also some of them are likely to be present in sane murderers. Many sane murderers undoubtedly share some of these characteristics — what of this? Just as the Army's screening tests make occasional mistakes, so will this. We are not proposing this schema as a "mechanical diagnoser" capable of declaring automatically the sanity or insanity of the murderer. This is suggested as a supplement, not a substitute, for expert psychiatric examination, and as a guide to help clarify the attorney's thinking and provide a framework for marshalling the facts and gauging their significance. As such, it should be used with intelligence and discretion. Thus employed, screening devices or criteria such as ours are not required to be infallible in order to be useful.<sup>17</sup>

Bearing in mind the admittedly approximate nature of these criteria, it would seem reasonable to examine carefully the supposed "normality" of any murderer whose behavior and crime correspond closely to the characteristics found typical of insane murderers. If he has followed the steps we have outlined, his actions certainly should raise the question of insanity. A recent textbook of criminology makes the point that "the average murderer is an ordinary citizen without any previous notion of committing a crime until confronted with a situation that seemed too much for him to solve in any rational manner."<sup>18</sup> Cases in which an apparently normal person under stress of strong emotion gives way to homicidal impulses at least raise a question as to the emotional stability and the adequacy of emotional control of the murderer. The possible emotional imbalance and instability may or may not be of pathological degree, may or may not be associated with other evidences of insanity or mental abnormality. The distinction in such cases may be difficult to make.<sup>19</sup> This very fact, however, suggests the desirability of calling upon an expert to make it. Thus even here the application of the criteria brings to attention a group of cases which, while not necessarily psychotic, are nevertheless deserving of expert psychiatric examination.

The closer the correspondence of the crime to the insane

<sup>17</sup> There is indeed a faint possibility that such a schema might aid, too, in providing something of a framework for the psychiatrist himself when he comes to court. Such a frame of reference as this could conceivably be of value in helping to systematize and clarify the testimony of the expert witness, perhaps affording grounds upon which opposing experts might more often be able to find themselves in agreement, and by furnishing their hearers with a frame on which to hang successive facts of testimony, relieve in some degree the confusion so often produced in the minds of those who are required to assimilate and evaluate a mass of conflicting testimony.

<sup>18</sup> Barnes, Harry Elmer and Teeters, Negley G., *New Horizons in Criminology*, New York, 1943, Prentice-Hall. Page 962.

<sup>19</sup> Although in many cases the "adequacy" of the precipitating crisis may be sufficient to indicate the normality of such an "ordinary citizen."

pattern, the more careful should the examination be. If he shows half of the "abnormal" signs, it is probably suspicious; if he shows three-fourths of the signs, he is showing as many abnormal features as the average insane murderer; this should be clearly suspicious. It is possible that a "normal" murderer may share many of the characteristics of insane murderers; but insofar as he does, his "normality" is called into question.

#### SUMMARY

In cases of murder committed by the insane (psychotic) the nature of the crime itself is symptomatic of the mental condition of the perpetrator. We have suggested that this finding may be put to advantage in answering the question which so frequently arises in murder trials, "Is the defendant insane?" Murders committed by the insane typically show a pattern in which an essentially innocent victim is murdered in a crude, ill-planned fashion for pointless, irrational and unintelligible motives; the murderer shows little concern for evading the consequences of his act and his behavior both before and after the crime is queer and inappropriate. A comparison of the details of the murder in question with those known to be characteristic of insane murders affords a criterion for evaluating the sanity of the defendant and establishing the desirability of calling for expert psychiatric examination.

In summary of the pattern, and as a convenient reference or checklist:

1. The Victim
  - "Innocent"; no realistic basis for considering him an enemy or obstacle.
  - Often a friend or relative.
  - Seldom one whose "removal" is profitable or advantageous.
2. The Motive
  - "Unintelligible"; murder is incongruous with motive.
  - Motive is delusional or unrealistic.
  - Motive is inadequate to the gravity of the act.
  - Murder is inappropriate to the nature of the motive.
  - Gain or personal advantage is not a motive.
  - Murder is not a means to a realizable end.
  - Seldom any accompanying crime.
  - May or may not be premeditated.
  - Even if premeditated, seldom carefully planned.
3. The Method
  - Ill-planned, impromptu.
  - Makeshift weapon, often a handy knife or "blunt instrument."
  - Haphazard time and place.

Crude, direct attack (rarely poison).  
Often unnecessarily violent, "inefficient."  
No accomplices.

4. Attitude toward Consequences

No attempt at secrecy or concealment.  
Others often present or nearby.  
No attempt to avoid detection or hide identity.  
No attempt to escape or to avoid capture.  
Often gives self up; submits easily.  
No attempt to deny guilt.  
Usually confesses readily.  
Occasionally shows amnesia, but this rarely employed to deny guilt.  
Little concern to evade punishment,  
Punishment usually accepted, sometimes welcomed.  
Consequently, seldom any "detective problem."

5. Before the Murder

"Queer" behavior, evidence of abnormality.  
Preexistent for a considerable period.  
Noticed by family and friends.  
Common are: depression; suicidal ideas and attempts; apathy, indifference, withdrawal; suspiciousness, ideas of persecution; bizarre behaviors.  
Sometimes psychotic record, hospitalization previously recommended or instituted.  
Rarely a criminal record.  
Sometimes mental illness in the family.

6. After the Murder

Queer and inappropriate behavior.  
Observable while in jail awaiting trial.  
Usually consistent with pre-homicidal picture.  
Depression — often over inappropriate reasons; suicidal attempts, or says he *wants* to be executed; apathy and indifference, to surroundings, himself, his fate; inappropriate feelings, attitudes, and interests; hallucinations and delusions; disturbances of thinking and speech, irrelevance and disconnection; suspiciousness, hostility, ideas of persecution — possibly leading to violence or suicidal attempts.

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