

## LECTURE TEN: A CASE STUDY - TERRY

For the past few weeks I have described six different models, perspectives or ways of viewing abnormal behavior. It is one thing to read or to hear about these models and it is another thing to try to apply them, to use them, and to understand a particular individual or person. What I would like you to do today is to watch the interview that follows with a young man called Terry. I want you to try and apply each of the perspectives that I have described to Terry. I want you to do three things. I want you first of all to ask, "Does Terry say anything that is particularly relevant to each of the six perspectives?" Second, "How would Terry be viewed in each of the six perspectives? What would they say about the causes of this behavior, and how we might change his behavior?" Third, if you were to take the role of a believer in each of the six perspectives, what questions would you want to ask and what areas would you want to explore?

D: How old were you when you first got in trouble with the police?

T: I got in trouble starting when I was about nine or ten years old; bike thefts and stuff like that. But I was never really detained overnight until I was about 12, 13 years old.

D: What had you done?

T: Started a fire - in a school. From there I was sent to Menlo Park for diagnostic treatment to determine if there was anything wrong psychologically with me. I spent 90 days there. Menlo Park suggested to the court that I not be sent home, but sent to a private school - that was in Philadelphia. I went to Philadelphia to a private school at about 13 years old.

D: When you did these things, like setting fire to the school, were you alone or were you in a group?

T: Yes, I was alone.

D: Did you do most of your behaviors alone? Were you ever in a gang?

T: I was in a gang. I was the younger one of the gang. That's probably why I did a lot of things I did. I was always trying to prove myself to the gang, and they sort of encouraged me to do these crazy types of things, but they never did them themselves. No. It was always me.

D: How long were you in the private school?

T: I was there about six months, and I ran away. I was going with a young girl in Trenton at the time, and we were both 13 years old. She had got locked up for something or another. I don't remember now, and I ran away to go see her. I stole a car. The judge felt that Jamesburg was the best place for me after that. That's when I went to Jamesburg.

D: How long were you there?

T: I did about two years in Jamesburg. I would say, out of those two years, I spent maybe six months in the jail, in Jamesburg itself. The rest of the time I was on the run, running to Trenton. I used to stay out two, three months at a time before I was arrested again.

D: Why did you run away from the institutions?

T: I didn't want to be there. It started like a pattern, I guess, when I was in the school in Philadelphia. This friend I had met there said, "Let's just run!" That was the first time I ran. I liked the freedom, and I just kept it up. It just became a pattern.

D: Was it kind of exciting to be on the run?

T: Yes, it was. Yes. I felt sort of free. Like I could really do what I wanted to do. I would just roam the streets and take clothes off people's clothes lines, stuff like that, when I needed it, and things like that.

D: That does sound as though it would be exciting. What other kinds of offenses did you commit after that?

T: After Jamesburg, after I was sixteen years old, they sent me to Annandale. I was too old for Jamesburg, so they just transferred me to another institution. I didn't know where I was in Annandale. Annandale is up North Jersey, and that's one of the reasons I didn't run away. I stayed in Annandale for 11 months and, when I came out of Annandale, I had a new group. I was about seventeen years old, and I had a new kind of crowd that I was hanging with. I had moved out of the old neighborhood I was in, and I had moved to a different part of Trenton, and I started doing B & E's gas stations, laundromat machines, milk machines and soda machines. Things like that. I was doing these every night for about a year, for the money for the most part. I was very active in B & E's at that time. I got arrested...

D: What's B & E's?

T: Breaking and entering. I got arrested in '1958 and was sentenced to Bordentown for five years. I guess I did about two years of that time in Bordentown. Got out, I was out about six months, got back involved in B & E's and was arrested. In a matter of six months was back in Bordentown. I got in trouble in Bordentown and was sent to prison. Did five years. And then I got out of prison in 1965 and got arrested for the last charge I did, which was my last one - a homicide and armed robbery, and I got ten to fifteen years for that and did about eight years on that. All of these crimes were related to the kind of people I was hanging. I was very easily influenced, very easy to talk into doing all kinds of things, even up to homicide.

D: Well, that last one seems a little more serious than the ones you had done before?

T: Yes. I think that if you look through my records it will show some kind of pattern. But I know in my heart that I'm not a violent person. I never really resorted to violence at all. I never did any muggings or robbed pocketbooks, or anything like that. I was always a sneak-pattern person. It was because of the social pressures that I was under, the group that I was hanging with. They

were all very aggressive physically, and I just had to stay with them, and I was just caught up into it.

D: That later group you were with after you came out of Annandale was a different kind of gang than the other.

T: Right. The group between Annandale and Bordentown - we were 17 and 18 year olds. We used to go out and drink and do B & E's and stuff like that. We were just wild kids. But, when I got to Trenton, I met very different kinds of people - who would think about robberies, and just shooting people to shoot them, to show manhood, and stuff like that. I did five years in Trenton, and it was very dramatic on my personality, on how I thought and did things. I was only out of prison three months and I was busted for homicide.

D: What happened in the armed robbery?

T: It was a fellow whom I had worked for. We stuck him up, and he recognized me, I thought. I knew the guy. He knew my family. I went back with the intention to talk to him and tell him not to press charges. But he was drunk when we got there, and my partner, the guy who did the crime with me - we got fighting, and the guy got stabbed. And then once we went that far we had to, you know, burn the house down. We tried to hide it. But you know, I know that really I wouldn't do that on my own. I wouldn't go out and try to hurt somebody on my own. It's just not me. It's just that you can get involved in those kinds of activities very easily and not really want to.

D: Who actually did the stabbing?

T: My partner did.

D: Your partner?

T: Yes. I don't say that he's guilty, and I'm not because I helped burn the place down. I helped hide the crime. I had the gun on the guy while we fighting and everything. I was right there.

D: Do you think you would have been capable of actually stabbing him?

T: I think, if it came to my life or his life, it would have been more of a reaction type of thing than maliciously trying to hurt him. Yes, I think I could have done it under a reaction type situation, but not with that in mind.

D: Did that offense have more effect on you because it seemed to be more serious than the others.

T: After we were arrested and in the county jail awaiting trial and I realized that the State was asking for a death penalty and that there was a very good case building against us, I realized that I could very easily wind up in the electric chair and I was only 22, 23 years old at the time. And it was then that I started really questioning some to the influences on me and why I was doing

some of the things. It wasn't that I was questioning in terms of not wanting to do them, but I wanted to know why I wanted to do them. I was willing to keep on doing them. But I wanted to know why in my own mind. I wanted to feel at peace with myself and why I was doing these things. And because of that, I started to get closer to my family. I started to ask myself some serious question. I started to grow up and mature. I was in the county jail two years, and I think those two years were very, very meaningful in terms of where I am compared to how as to where I was then.

D: It sounds like, after you had committed the offense, that didn't upset you very much.

T: No, it didn't. It was what the gang did and, therefore, it didn't upset me until much later, years later, two or three years later, when I really realized that that guy is not living now because of me. Before, I was more worried about myself, about what was going to happen to me, about what my friends might do to me. All these kinds of ideas just kept popping into my head. I wasn't concerned at all about the person that died until much later.

D: You never did anything else that was serious?

T: No that was the last thing I've ever done. I never went back.

D: Had you ever carried a gun before?

T: No. Just on that one day.

D: Why did you have a gun that night?

T: Because the crowd that I was in with was into armed robberies and we were going to go at it all the way. We went out and bought shotguns and sawed them off. I used to drive around with two sawed-off shotguns in my car which is really out of character for me. It was all because this is what the people that I was hanging with were doing, and they were the only friends I had. I was really sucked into the criminal code if you know what I mean by that. I lived by that. It was my life. What they thought was much more important to me than what anybody else or myself thought. I would do anything to win their approval.

D: Did you also find it enjoyable?

T: What's that?

D: I mean riding around in the car with a shotgun on the seat. Did that give you a good feeling?

T: I think having a gun in your possession makes you feel bigger - because I'm a small person. I've always known how to take care of myself physically, but I know that I have to really be conscious of my size and get myself in and out of situations depending on my physical capabilities. As I grew up, I learned how to do these kinds of things. How to see a situation developing before it got to a point where it would get physical, and get out of it. So I compensated for that. But carrying a gun alleviated all those anxieties. I knew that I could just

pull a gun out and stop any situation I wanted to stop. So it made me feel a little bit more secure for myself, for a while anyway.

So far, what Terry has said has had special relevance to the social perspective on abnormal behavior. We have some idea now as to how he got into the career of being a delinquent. What were some of the social pressures upon him? Notice next how he talks about committing crimes in order to get back into jail? Jail was an attractive place for him at times. In the next segment Terry also tells us something about his early childhood experiences, and what he says has special relevance for the psychoanalytic and the learning perspectives.

D: Things seemed to become more serious once you found out that you were adopted. Is that right?

T: I think that it more had to do with me getting incarcerated than me finding out I was adopted. As I was saying before that, when I finally was incarcerated, I almost immediately drew a very quick attachment to the guys in jail with me, especially in Jamesburg. I met a lot of guys in Trenton that I had been running the street with who were there also, and we were all losers in one sense. So we just sort of formed a common bond, and because of the acceptance that I experienced in that situation, I realize now, that that's why I kept going back to that situation so quickly. I would go through four or five years that I wanted to get outside. I wanted to do good, I wanted to go back to school, I wanted to lead a normal life, but as soon as I got back outside, in about a month or so, I was right back in the same thing I was doing before. To get back into jail! Because I couldn't handle it out in this world out here for some reason. I wasn't willing to try to handle it. I was happy in jail for a long time. And it's not only me. Because I observed, looking back at it, a lot of people coming back for a third and fourth time in jail, in quarantine, with big smiles on their faces, carrying five and ten years, happy to see you! I think that jail is a haven and helps people to feel happy about themselves because they're with other people that they like. And it's just a rut that is very hard to get out of.

D: You mentioned your mother, your adopted mother, was brutal.

T: Well, she wasn't really brutal. She used to beat me up pretty good though. I used to get the "cat-of-nine tails" as she called it.

D: She used to whip you?

T: Oh yeh! Oh yeh! It got to the point where even though I knew I was going to get a whipping, that she was going to beat me, I used to go and do what I wanted to do anyway, and come home and take the beating. They were very ineffective. But she would just whip me harder and harder. And it would hurt! And I would dread them, but I would still go and do what I wanted to do.

D: How about emotionally? Was she warm, loving?

T: I don't remember any real affection in my home environment at all. I don't remember any warmth at all. She took care of old-age pensioners, and she had about four or five people in the house all the time. I guess too much demand was on her. To take care of these people, and to

make beds, and cook food, and do this and do that. She just didn't have time to give me what I really needed. But I don't hold anything against her for it, because I love her very dearly, for what she did for me. I was very sick when she got a hold of me. But I don't think that she was a strong enough person to give me the kind of things I really needed because I was a weak person myself. We both were weak persons in the same boat, and she didn't give me what I needed. There was no way she could.

D: Did anyone else abuse you as a child?

T: Not really. No. Like I say, very early in life I developed this ability to detect danger, and I learned how to sidestep it very quickly. I became a manipulator. I would be very passive and even prostitute myself a lot of times just to avoid a conflict, where I might get into a situation where I might get beat up. My guardian has a son who used to try to be like a father to me, and I manipulated him very well in terms of getting whippings off him and stuff like that. He got me a few times. But I used to avoid it pretty good.

D: He was much older than you?

T: He is in his fifties now. About 20 years older.

D: Did he beat you up much?

T: I got a few off him, but not many. I got around him pretty good.

D: How would you describe yourself as a kid? What kind of kid were you?

T: Very immature, very easily influenced. I think that I can understand why people thought that there was something psychologically wrong with me. I went to all kind of counselors, like I said. I went to Menlo Park for treatment, and everything, and I can understand, looking back on some things I did, why they thought there was something wrong with me.

D: Do you feel angry?

T: I feel angry toward myself because I cheated myself out of so much of my life, because I didn't get hold of myself until many years went by. I missed a lot of my teenage life, a lot of teenage experiences, a lot of foundational type of things that I'll never be able to gain now.

D: But you didn't feel angry then? Were some of the things you did acts of rebellion?

T: Oh sure they were, all of them were.

D: Who were you angry at?

T: Probably my parents, myself, my guardian. Probably a combination of all of those things. Probably more so myself than anyone else because of the weak character that I was.

We now have a fuller description of Terry's early childhood. His early illnesses, his switch in parents from his natural parents to his guardian in the first year of his life, the way his guardian treated him. You might think how these particular experiences might explain his later behavior. In this final segment of the interview Terry tells us a little more about his conversion, how he switched from being a delinquent into being someone who helps other delinquents. What he has to say has special relevance for the religious perspective.

D: After the armed robbery and murder, you said your attitude towards your life changed, and you wanted to try to understand yourself better. Did you find it easy to use the prison facilities to change?

T: Not at first. First I was looking for something that I couldn't get. I was looking for the institution to give me something, they call it rehabilitation. It took me about a year or so to realize the change had to come from within. It had to be something inside that would say, "Okay, you want to change, Terry. Now you can go out and use the facilities that are there." You just don't go into a program and go through a program and come out the other end cleansed. It takes a lot of desire in your own self, a lot of will, and a gamble to a great extent, to be willing to sacrifice or give up something that you've been living with all your life, to try something new. It's a gamble.

D: Was there peer pressure against it?

T: Yes. There was. Not necessarily for therapy. I never had therapy until I went to Bordentown my last time, and the therapy did help me a lot. There was no peer pressure against that. But I started to go to college, and initially there was a lot of peer pressure, and not only peer pressure. There was a lot of pressure from the guards and the administration in Bordentown. A lot of people thought that the inmates were getting free education, and they really didn't deserve it. I can understand that point of view, but I think that education and the kind of insights I got from education, the kind of things I got from the teachers that taught me, were more valuable than any therapy sessions I ever had. Therapy was good for introspection. To go into yourself and to hear other people talk and say, "Well damn, I feel that way too," or "I've experienced something like that too." But education, getting into social science programs and psychology programs and learning the real dynamics of what makes people think, how they think, problem solving and things like that had great value for me.

D: Were those opportunities always there, and it's just that you decided to make use of them at that point?

T: No. When I was in Bordentown this time, in 1965, there was no college program at all. GED was the highest they had in terms of education, and Burlington County College had just opened up in 1969. So a few of us who had our GEDs already and could go no further educationally inside the institution, put pressure on the administration to let the college come in. They gave in, and the college program developed. But it was primarily because of our desire to do something about getting out of jail and me seeing education as a means of getting out of jail.

D: So there was a small group of you that formed your own group and pushed for these things.

T: Right!

D: That gave you the peer support too.

T: Right. That's when I started to become a leader, when I started pushing for the college, going around recruiting and selling guys on the college program and getting involved in what courses would come in and funding sources, and things like that. I just kept going from there. So the college experience has been a catalyst for all my growth that I have experienced so far.

D: Since you've been out have you found there's much stigma attached to you being an ex-convict.

T: I let people know that I am an ex-offender. It's my livelihood now. I'm very much involved in penal education. I let people know that this is a strong point. I don't see being in jail as a negative factor in my life any more. I see it as a positive factor. I've had experiences, I've gone through certain kinds of things that were very bad for me, but I've gone through them, and I've survived. I think that they were experiences that I can benefit from now. I can relate to people and help society come to grips with the problem of crime. Because it is a problem, and I don't think jail is the answer to crime. I think we have to find some other means of dealing with criminals.

D: So now it's that you're secure and have more self-esteem, what society thinks doesn't really matter to you so much?

T: It really doesn't. I've grown a lot in the last couple of years. I think more maturity is the key word to the whole thing. I'm married now. I have a little baby. I have a fairly decent job. I've been working for two and a half years now, and I'm just a different person.

D: What happened to those needs that you used to have when you were nine or twelve that you used to satisfy by breaking and entering and so on. What happens to those needs now? Do you still have them?

T: Yes. I still have those longings. I remember I was talking about my father when I was in therapy. I admitted that I had a longing to have a father-son relationship, a little boy and a man relationship. But I was 24, 25 years old at the time, and I had to come to grips with that I couldn't have that kind of relationship. I had to settle for an adult relationship with my father, if anything. And those kinds of frustrations I had as a child, I have learned to deal with them in that way. Who I am now. And the only kind of relationship I can have now. And develop those kind of relationships, and not look for something I'm lacking out of my past.

D: What about the excitement?

T: When I came home this time, I did an awful lot of hitchhiking the first month. I went to Trenton and back, to Stockton - did a lot of hitchhiking, I think that was an expression of those feelings coming out. I think I've given up the excitement of running and being loose and free for



the joy of experiencing another person care for you. My child means an awful lot to me. My wife means a lot to me. These are the kinds of relationships I never had in my life before. And they're very important to me because they replace the freedom and the wildness that was in me before. I've substituted them for something else.

D: Do you have any resentment or anger towards, whatever it is, society, institutions?

T: I think I've benefited from it even though I've spent some sixteen years behind bars. I think I came out a much better person than I would have ever been had I just remained in society. Because I was hidden from society for so long, I was allowed to become mature very rapidly, and I was allowed to establish values as an adult, and not have values imposed on me as a child, and develop these values and attitudes as I grow old. I lay dormant for so many years that, when I did start growing, I did it very rapidly. And I think I have a much better grasp on reality than people who lived out here all their lives.

D: How do you think that society, whoever that might be, could have facilitated that?

T: You mean the growth?

D: The growth, or the change-over that made you decide to.

T: I don't think they can at all. I think it has to come from within. The only way they can intervene into a rehabilitative process is to identify the problem at a very early stage and rectify it then. I think that, once a person sets up peripheral type of desires and second order type of desires, you lose track of what the real problem is. You start saying, "Well it's because I want money or it's because I'm frustrated with my girlfriend or it's because of my job," or whatever. You start blaming your actions on things that are not related to what the cause really is and, the further you get away from that, the harder it is to get back. Society can't do anything about it at all. It's you. You have to realize that you're not going out and stealing cars and money because of frustrations with a girl or whatever. You're doing it because of some problem in you that maybe happened when you were five, six years old. I don't think it's really important to find out what the problem is either. I think you just have to come to grips with, "That is the situation," and start building from there.

Although the interview with Terry was relatively short, I think you will see that it is a rich source of hypotheses about the causes of Terry's behavior - the causes from each of the six different perspectives that we have discussed in this lecture series. What I want you to do before the next lecture is to think how each of those perspectives apply to Terry. For example, his early experiences with his natural parents and their comings and goings, the experiences with his guardian and his treatment he received at the hands of his guardian, the illnesses he suffered as a child. All those early experiences, how might they have affected both his wishes, if we focus on the psychoanalytic model, and also his behaviors, if we focus upon the learning model. Think about the social model. What was the effect of the peers upon Terry's behavior, the subculture that he found himself in as a young delinquent. What was the effect of judging him to be a criminal or a delinquent? Could that have affected his behavior and how? In particular, the fact that he changed his behavior, that he was arrested for murder, and now he is out of jail working

with other ex-convicts. Might the religious model might apply in his case? How it might explain his behavior. In the next lecture I will discuss in greater detail how each of the six models would explain Terry's behavior.

## **LECTURE ELEVEN: TERRY CONTINUED**

Last time, you watched an interview with a young man convicted of murder, and I asked you to view him from each of the different perspectives of abnormal behavior. Today, I want to illustrate what you might have done.

### **The Models Compared**

Last time, as you watched that brief interview with Terry, a young man convicted of murder, I asked you to do three things. First of all, think how each of the models of abnormal behavior that I've talked about would view him. How would they categorize him? What would they say about him? Second, if you believed in each of those six models, what questions would you want to ask? What information would you want to find out? Third, did he say anything that was particularly relevant to each model? Let us begin with the Medical Model.

### **The Medical Model**

In the Medical Model, the crucial concepts are, first, that deviant behavior is a mental illness, an illness like any other illness, and second that the causes of mental illness are organic, genetic, biochemical, physiological, or central nervous system functioning. Let us look at the questions we might have asked Terry about this. First of all the crucial question is, how we would diagnose Terry? What illness does he have? Let us take psychosis, Was there any evidence that Terry was psychotic? If you remember, the symptoms of psychosis include things such as illogical thinking, strange gestures and non-verbal behavior, inappropriate emotions, delusions, and hallucinations. Now, obviously, I didn't ask Terry questions relevant to some of those areas, but I think you and I would agree that the showed nothing that would be construed as psychotic behavior.

What about neurotic behavior? What are the symptoms of neurosis? Symptoms such as abnormal fears, obsessions and compulsive thoughts, physiological symptoms such as blindness or paralysis without there being an organic cause, and dissociative states (loss of memory, split personality). Again, I didn't ask Terry about some of those symptoms. But I think there was very little evidence that he had any of those symptoms. That leaves us with the personality disorders. and one strikes us as immediately appropriate, and that is the antisocial personality or the psychopath. Let me read you some of the symptoms of the psychopath. The person has superficial charm and good intelligence, and that seems appropriate for Terry. There is an absence of delusions and other signs of irrational thinking. There is an absence of nervousness and other neurotic symptoms. There is unreliability in the behavior, untruthfulness, insincerity, lack of remorse or shame, antisocial behavior without apparent compunction, loss of insight, suicide rarely carried out, a sex life that is impersonal, trivial and poorly integrated, and so on. Does Terry fit that? We have to think back to what he used to be like, and I think you will see that some of those characteristics fit him. For example, he was unreliable, he probably was untruthful, he did show a pattern of antisocial behavior without remorse or shame, and he still has characteristics like charm and high intelligence. There were lots of areas that I didn't ask. I didn't ask him about his suicidal behavior (had he ever been suicidal) I didn't ask him about his

sex life, and so we cannot be sure what his diagnosis would be, but a good guess would be to label him an antisocial personality. So that's our first task done under the medical model.

What about the organic basis for his behavior? You may have heard that some men have been found with abnormal sex chromosomes. The normal male has an X and a Y chromosome, but some males have one X and two Y chromosomes. It has been argued that these men are more likely to become criminals than other men. To see whether Terry has these abnormal sex chromosomes, we'd have to take him into a laboratory and analyze the genes in his cells under a microscope. It's very unlikely that he would have these abnormal chromosomes, but we need a laboratory to find out. What about central nervous system damage? Again, there would be some specific neurological tests that we could give him. But I might have asked him things such as had he ever been unconscious in his life, did he ever have a car crash or maybe a fever when he was a child so that he lapsed into delirium with fever? Did his mother ever drop him when she was nursing him as a baby? Did he ever have severe headaches? Those kinds of questions would give me some insight as to whether there might have been brain dysfunction. Are there soft, mild signs of brain damage? And for that kind of thing I would ask whether he was hyperactive as a child? Did he run around and was he more motorically active than the normal child? Or perhaps, what was his attention span like? How did he behave in school and was he a good learner? Those kinds of things. I didn't ask those kinds of questions, so we'd have to assume that we can give him a diagnosis of antisocial personality, but that we have no evidence that there is any physiological cause for his behavior. Let's turn to the social model.

### **The Social Model**

In the Social Model, the crucial question is, "What behaviors does the person show that makes society label him as deviant in some way?" Terry obviously broke the laws of society. He broke open coin boxes and coke machines, he set fires, and he eventually robbed a gas station attendant and murdered the gas station owner. He broke the laws of the society, and he is clearly a social deviant. But the social model raises an important issue Would he have been called a social deviant in all cultures? Let's think about that. In the subculture of young men that Terry associated with, his behavior was not deviant. In fact, if he had refused to break open a coke machine or refused to set a fire or refused to join-in the pursuits of the gang, he would have been seen as deviant. "What's the matter with you? Are you chicken? A coward? Get lost!" So that, by the standards of his subculture, he was not deviant. He was conforming. It is only by the standards of other subcultures that he was deviant, and those subcultures happen to have written the laws of the land. It also raises the possibility that, in other countries, maybe in other times, he wouldn't have been considered deviant. A good example here is that there is a small town in Mexico, called Akan, which has a population of 1,500 people, and where there have been 77 murders for political reasons in the last 35 years. This represents the highest homicide rate in the whole of the world. But do the people in that village consider murder reasons justifiable and the appropriate thing? As one man in the community has said, "So we enter politics, we kill, and so forth. What else can you do?" For that subculture, murder is an acceptable, non-deviant behavior.

A second question that the social model might lead us to ask is, "What is it like to be in an institution? What is the effect of the institution on the individual, and might there be a reason

why the individual would want to seek to get admittance to the institution?" Let us see what Terry would have to say about this.

T: Before that, when I finally was incarcerated, I almost immediately drew a very quick attachment to the guys in jail with me, especially in Jamesburg. I met a lot of guys in Trenton that I had been running the street with who were there also, and we were all losers in one sense. So we just sort of formed a common bond and, because of the acceptance that I experienced in that situation, I realize now that that's why I kept going back to that situation so quickly. I would go through four or five years that I wanted to get outside. I wanted to do good, I wanted to go back to school, I wanted to lead a normal life but, as soon as I got back outside, in about a month or so, I was right back in the same thing I was doing before. To get back into jail! Because I couldn't handle it out in this world out here for some reason. I wasn't willing to try to handle it. I was happy in jail for a long time. And it's not only me because I observed, in quarantine, guys with big smiles on their face, carrying five and ten years. They were happy to see you! I think that jail is a haven for, and helps people, like that. It's just a rut that is very hard to get out of.

As you can see, Terry viewed the institution in a very intriguing way. It was not a punishment. It was where his friends were. He was aware that, out of jail, he had freedom. In jail, he lacked freedom. But in jail he had the companionship of his friends and his peers and, when he was out of jail, he would find life unattractive. He didn't want his freedom. He wanted to be back with his buddies. Here we are sending a young man to jail as a punishment whereas, in fact, it is not a punishment. It is not a deterrent. He even commits crimes to get back into the institution.

What other questions might the social model lead us to ask? An important question is, "How did Terry get started in his career of being a delinquent? What were his first delinquent acts?" What is especially crucial is, "How did he react to his acts, and how did his parents, his brothers and sisters, and his peers react? At what point did they label him delinquent? At what point in his life did he say, 'I am a delinquent.' Did he accept the label?" For, once he accepts the label, then he is involved in the career of being a delinquent. Another question would be, "How did he change careers? How did he turn from being delinquent into being ex-delinquent, so that now he works with delinquents, trying to help them? How did his friends react to that? Did they try to oppose his change?" He admits in the interview that they did. How did his relatives react? Did the prison officials encourage him? It is quite often difficult to change a career because, as long as we're in one career, we satisfy the needs of other people around us. The prison officials would be out of a job if everybody was to change from being a criminal to being an ex-criminal. "What were the precipitants, what were the changes, how did he get in and out of his career?"

### **The Religious Model**

Let us turn to the religious model next. In the religious model, the crucial concept is that we commit some sin and, as a result of that sin, we repress the guilt that we feel. This repression of guilt leads to a variety of behaviors, including mental illness. Did Terry commit sins? According to the religious model, each of his delinquent acts was a sin. They were misdeeds. If he felt guilty about them, as he might have done, he apparently repressed those emotions. But we

must be sensitive to the fact that he might have committed other sins, and I didn't ask him about those. Maybe as a child he committed acts that were not necessarily antisocial but which, according to the religious model, would be sins. It is important to find out about those.

If we assume that Terry repressed his guilt after his sins, what would the effect of that be? The effect of that would be to alienate him from society. He wouldn't want to associate with people who follow the laws because they will keep reminding him, by their presence, of the fact that he has broken them. So he is much more likely to associate with fellow individuals who have committed the same kind of acts as he has, He will feel more at ease with them.

Second, he will end up, in our opinion, under-socialized. He needs to be socialized more. He needs to learn the rules of the society. For the religious model, how do you change your behavior? You have to confess your sins, and you have to do penance. In a way, each time that Terry was caught, that was a kind of confession. Each time he was tried in court, that was a kind of confession, "I have committed some act." Being sent to jail would have been penance. But, if we think back to the interview, it didn't seem to change his behavior. He pursued his delinquent career, and he didn't do penance until that final act - until the day that he went into that gas station and he and his friend, his accomplice, murdered the owner of that gas station. Then he felt differently. Again let us hear what he has to say about this.

T: After we were arrested, we were in the county jail awaiting trial, and I realized that the state was asking for a death penalty and that there was a very good case building against us, I realized that I could very easily wind up in the electric chair, and I was only 22, 23 years old at the time. It was then that I started really questioning some of the influences on me. Why was I doing some of the things. It wasn't that I was questioning in terms of not wanting to do them, but I wanted to know why I wanted to do them. I was willing to keep on doing them. I wanted to know why in my own mind. I wanted to feel at peace with myself, and why I was doing these things. Because of that, I started to get closer to my family. I started to ask myself some serious questions. I started to grow up and mature. I was in the county jail two years, and I think those two years were very meaningful in terms of where I am now as to where I was then.

Again, we can see that, after this act, his attitudes changed drastically. For the first time he realized what he had done, and he realized that the changes, if there were going to be any changes, had to come from within himself. In fact, we might view that period in his life as the first time he truly confessed to himself the nature of himself. At that point, jail is no longer a place where he has his friends. It is a punishment, a place where he no longer wants to be. He changes his orientation and embarks upon a change in career. He wants to receive an education, receive some training, and get out of that horrible institution. In fact, since then, he has worked with ex-convicts, helping them, trying to rehabilitate and re-shape their lives, working with people in the institutions and people in the community, trying to educate you and me as to the nature of delinquency and the kinds of people involved. In a way, one can see Terry's change after that murderous act as similar to a religious conversion. If you remember, Saul, in The Acts of the Apostles, who previously had persecuted the Christians, went through an experience which converted him and changed his behavior, and he became a Christian. In the same way, Terry went through an experience that changed him from wanting and liking being a delinquent, to finding that behavior aversive.

### **The Humanistic Model**

Let us move on to the humanistic model. In the humanistic model, the crucial question we have to ask is, “What is going on inside the individual?” Let us forget society. Let us forget categories and pigeon-holes and labels. Can we get a feeling for Terry, what is going on inside of him? To do that, we have to listen to him, talk to him at length, for hours, days, months and years, and get to know him. What is Terry like? If we take a particular humanistic viewpoint, such as that of Carl Rogers, we have to ask questions such as, “How was he treated as a child? Were there conditions of positive regard set for him by his parents?” “We will love you only if you do certain things.” What were those conditions? In what ways might his experiences have differed from those conditions of worth? The strange thing is that when we consider the humanistic model, it doesn’t give us very many guidelines. It gives us few categories, few labels, and few propositions. In the humanistic model, each person is unique, and we have to map out a painting of that person. We have to start from the beginning with each new person that we talk to. It gives us no rules to follow. It is a very difficult model to deal with.

### **The Learning Model**

Let us move on to the learning model next. In the learning model we have to ask, “How did this behavior get learned?” In particular, how did it get learnt through the two processes - classical conditioning and operant conditioning? For example, when you sleep at night you sleep in a particular posture. Can you remember how you learnt that? What stimuli, what rewards and what reinforcers occurred when you were one, two or three years old? Of course not! So it’s often very difficult to reconstruct how we learned a particular behavior or how somebody else learned a particular behavior. But there are a few guidelines. First of all, we might fail to learn something because of something inside us. Hans Eysenck, a British psychologist, speculated that extroverts, through physiological reasons, find it more difficult to learn than introverts. He has argued that delinquents, those who have failed to learn the laws of the society, are extroverts rather than introverts. So, one question we might ask is, “Is Terry an extrovert or is he an introvert?”

A second area of interest is punishment. Punishment is of very little use in training children to learn things, but it has important consequences for them. Let me give you an example from animal research. Richard Solomon tried to teach puppies to eat a particular kind of food - dry dog food instead of tasty, raw meat. He tried it in two ways. For one group of puppies, he waited until they approached the meat and began eating, and then he bopped them on the nose with a rolled-up newspaper, and they would back off. Each time they would begin eating, he bopped them, and eventually they began to eat the dry food. What happened when he left the room? Those puppies showed very low resistance to temptation. As soon as Solomon left the room the puppies began to eat the raw meat. But when he came back into the room they looked very guilty. Their ears drooped, they cowered, and they expected to be hit. They had low resistance to temptation but high guilt.

Another group of puppies of puppies got bopped on the nose as they approached the meat, before they had begun to eat it. Eventually these puppies too, learned to eat the dry food. What happened when Solomon left the room? They showed a high resistance to temptation. They kept eating the dry food, and it took them hours before they dared eat the meat but, when Solomon came back into the room, they showed no guilt. One technique of punishment produced high resistance to temptation but no guilt, while the other produced low resistance to temptation and high guilt. From this analogy, you need ask how Terry was punished. At what points did his parents punish him - before he committed the acts or afterwards? Were they consistent in the punishment? What kind of punishment did they use? Again, these are all areas I didn't get into.

A third question we might ask in the learning model is, "What were the rewards for the behavior?" Clearly, if you break open a coke machine, you get immediate rewards. You get a bottle of coke and you get some money. You also get the reward of approval from your peers. "He's a great guy. He just broke in and got us six dollars out of the coke machine." But we mustn't forget that there could be other rewards too. For example, maybe his parents didn't pay him much attention, and it was only through breaking the law, committing some antisocial act and getting caught, that he got attention and, therefore, a feeling that his parents might have cared for him. That would be reinforcing. True, there would be a punishment, but the attention and the concern might mean to him that his parents loved him. These are the kind of questions we would ask in the learning model, but I would reiterate that it is very difficult to go back and reconstruct that.

### **The Psychoanalytic Model**

Finally, let us move to the Psychoanalytic Model. The psychoanalytic model takes a historical approach and looks for the kind of events that might have been traumatic for the child, frustrated the child, and affected his wishes and his thinking. Terry is very interesting in this respect in that he has a lot of experiences in his childhood that would predispose him. First of all, what happened when he was born? His mother left him with his father and disappeared. Now, when you're born you're probably too young to notice that you have lost a mother. A small child of a day, two days, three days, or a week old would not notice that. But what are the consequences of losing a mother? Instead of having a consistent, caring, loving, nurturing person, you are probably given to a variety of caretakers and babysitters to be looked after. You get an inconsistent mother figure instead of a consistent mother figure. This happened at a very crucial age for Terry - when he was born. Then, at an even more crucial age, when he was about six months old, his father left him and gave him to a guardian, a person whom he began to think of as his mother. What does this mean for the small child of six months? "I've been deserted by somebody who was, at least, consistent. I'm being given to somebody else." The child will find it very difficult to cope with such a trauma.

Another thing you might remember is that he had illnesses - diabetes, rickets and so on. What does this mean for the infant? It means pain. What does pain mean for an infant? "Why am I suffering? What have I done wrong, to deserve this punishment?" The infant does not know that he is ill with a disease. Pain probably is a punishment for him. What does illness mean? It



means separation. It means you might have to be put into the hospital, and small children go through severe anxiety and trauma when separated from their parents.

A fourth thing you might remember is that his guardian, whom he thought was his mother, was brutal to him. She whipped him with a cat-of-nine tails, for example. Now this is not to say physical punishment is bad. To threaten your child with being put in an orphanage or to say that you won't love him anymore also has effects on him. The important issue is what effect will beating a child have on him. It does two things. It teaches him that one way that he can get you to show concern is to misbehave so that you beat him. At least then you attend to him. Secondly, it gives him a model to identify with, to use a psychoanalytic term, identification with the aggressor. You may become aggressive because the important figures in your life have been aggressive. Again, let us listen to how Terry felt about that particular part of his life.

T: Well, she wasn't really brutal. She used to beat-me-up pretty good though. I used to get the "cat-of-nine tails," as she called it.

D: She used to whip you?

T: Oh, yeh! It got to the point where, even though I knew I was going to get a whipping, that she was going to beat me, I used to go and do what I wanted to do anyway, and come home and take the beating. They were very ineffective. But she would just whip me harder and harder. And it would hurt! And I would dread them, but I would still go and do what I wanted to do.

D: Yeah. How about emotionally? Was she warm, loving?

T: I don't remember any real affection in my home environment at all.

And then, when he was twelve, his biological mother returns one day and says, "Hi, I am your biological mother," and then disappears again. What effect will that have on a twelve-year-old? Terry was aware that that incident affected his behavior, that he became more delinquent after that experience. He is not sure that there is an emotional connection between that incident, at the age of twelve and his later career, but he is aware that he began to set fires and to act-out much more after that experience.

Clearly, twenty-five minutes is not enough to get to know someone from a psychoanalytic point of view. But you can see the essence of the model, and I would like to stress something - that psychoanalytic theory gives us a set of terms and a set of rules, and then we can use those terms and rules to describe the person in their own uniqueness. In fact, it is a very humanistic method. A good analogy would be a painting. Psychoanalytic theory gives us the canvas and the paints, but the picture that we paint is up to our creativity and our understanding of the person that we are talking to.

### Comments

Let me comment upon these six different models. We have had six views of Terry, and you might ask, "Do they conflict?" I think that if you will consider them carefully, you'll see that

they don't conflict but, in fact, they complement each other. Each represents a different viewpoint of Terry. They differ, perhaps, in the emphasis that they place on different aspects of his life. That leaves us with the question, "What is the real Terry?" There are six ways of looking at him. Where is Terry? There is no way of getting around the perspective. If you looked at him without a perspective, we would still bring to bear some personal, subjective prejudices, ideas and concepts, and we would perceive him through our own biases. It is impossible to remain unbiased.

Why should we use one model rather than another? Perhaps you feel at ease with one model. Or perhaps a particular model fits the client or the person you're talking to better than another. Or perhaps the person himself that you are talking to prefers the terminology of one model rather than another. But it is quite arbitrary. One tries to fit the model to the person. Perhaps, a good point at which to end this lecture is not with me, but with Terry. Let us find out about Terry by seeing how he views himself.

D: Do you have any resentment or anger towards whatever it is, society, institutions?

T: I think I've benefited from it even though I've spent some sixteen years behind bars. I think I came out a much better person than I would have ever been had I just remained in society. Because I was hidden from society for so long, I was allowed to become mature very rapidly and I was allowed to establish values as an adult, not have values imposed on me as a child, and develop these values and attitudes as I grew older. I lay dormant for so many years that, when I did start growing, I did it very rapidly. And I think I have a much better grasp on reality than people who've been living out here all their lives.

## LECTURE TWELVE: MURDER

When most of us think about murder, we recall the spectacular cases; Jack-the-Ripper, who murdered and dissected five prostitutes in London, in 1888, or Richard Speck, who murdered eight nurses in Chicago in 1966. We think about the mass-murderers and those who torture their victims. These kinds of murders are actually quite rare, and the murders we consider today will be less spectacular, but none-the-less fascinating.

What is the typical murderer like? What is the typical murder that occurs in America? A study by Marvin Wolfgang, in Philadelphia, found that most people who are murdered, are murdered by people that they know - close friends or relatives. In fact, the most likely suspect when a murder is committed is either the child of the victim or the husband or wife. The motives for murder are often very trivial. For example, Wolfgang found that 37% of all murderers were motivated by a trivial argument; about 13% were motivated by domestic quarrels; 11% over jealousy, and 10% over money - fully 71% of all murders committed for some trivial reason or some trivial motive.

Another factor that changes our feeling about murder, is that Wolfgang found that a quarter of all murderers were provoked by their victim into murdering them, that is, the victim started the quarrel, angered a potential murderer and then was killed. Let me give you a couple of examples. A drunken husband was beating his wife in their kitchen, gave her a butcher's knife and dared her to use it on him. She said, "If you strike me one more time, I'll use the knife." Whereupon he slapped her in the face, and she fulfilled the promise he apparently expected by stabbing him. He encouraged, he goaded his wife into killing him and when she said, "If you hit me, I'll kill you," he hit her, and she killed him. To what extent did he want her to kill him? To what extent might his motives have been suicidal? Perhaps, a victim precipitated homicide - a homicide in which the victim provokes the murderer into the killing - indicates that the person has suicidal wishes and is committing suicide by getting killed, by getting someone else to do the work.

You could warn people that, in fact, they might be murdered and a large number of them ignore these warnings absolutely. Let me give you another case. A thirty-five year old alcoholic often threatened to kill his wife, and he frequently beat her and the children. After one such threat and a severed beating, he put her in the car and drove around with the stated intention of looking for a mine-shaft into which he could throw her. Once, when he was beating one of the children, his wife went to load a shotgun but he took the gun away from her and clubbed her with the shotgun. The neighbors used to say that she would turn white when she heard her husband's car in the driveway and the children would scurry around the house clearing it up, in fear of him. One child was partially deaf from all the blows that this father had given to the child. The wife made no effort to seek help and when the grandmother of the family notified the court, the mother opposed all efforts of the court to protect the children and to put the husband in custody. This woman is very likely to get killed by her husband, and her children are very likely to get killed, but she will not do anything about it. It is almost as if, at some unconscious level, she wants to be killed and she wants her children to be killed.

Let's move on and consider some of the causes of homicide. By this I mean not the *motives*, not the *reasons* for which the murderer does the act, but the *causes*. What makes a person commit a homicide?

### Genetics

Let's turn to genetics. Murders are very rare behavior. So that when we want to study genetic input, the heredity aspect of murder, it's very difficult to study. Murder is so rare, that very rarely do brothers and sisters commit murders. Even more rarely do identical twins or non-identical twins commit murders, and so we can't do a study using twins to try and estimate the extent of the genetic input.

However, in recent years, a particular fact came to light that intrigued psychiatrists and psychologists. Some males appear to have an abnormal chromosome pattern, and this seemed to be associated with violence. Let me explain. Most of us have two sex chromosomes. The female pair is called XX, and the male pair is called XY. Some men were discovered who have three chromosomes, instead of two, and they are called XYY males. This chromosome pattern is very rare. If you study normal children, born in a hospital, about one in one thousand children are born with this particular chromosomal abnormality. A lot of research has been done in mental hospitals and in jails to see how many psychiatric patients, how many criminals, have this chromosome pattern, and it is found that about one in two hundred have this pattern. That's more than one in a thousand. You are more likely to find a male with this chromosomal pattern in a psychiatric hospital or a jail. What's intriguing is that if you go to institutions for the criminally insane – people who are both criminals and psychiatrically disturbed – you find an incidence of about one in fifty, which is much higher than the one in a thousand found in the normal population.

How can this work? Why should this happen? Why should being born with this chromosomal pattern lead you to become a criminal? One of the things that has been found about such men that have this abnormal chromosomal pattern is that they're very tall. And some people have speculated that if you commit a crime, let's say a violent crime, the larger you are, the more massive you seem, the more likely a police officer, a judge or a jury is to find you guilty and sentence you to an even longer sentence. You *look* more dangerous just by virtue of your size. It has been speculated that, because this chromosomal pattern may make you taller, so that, if you commit a crime, you are more likely to end up in jail and in jail for a long time – with a long sentence. However, there isn't that much else that we know about the XYY male. It is known, for example, that the XYY male is more likely to have acne and that they have particular kinds of finger prints that differ from normal finger prints, but it is very difficult to see why acne or finger prints would make you more likely to become a criminal or more likely to have you end-up in jail. So, in fact, we have no idea as to why XYY males end-up in jails, in psychiatric hospitals and institutions for the insane more than normal males. A final point here, it is important to remember that not every male who has an XYY chromosome pattern becomes a criminal or a murderer. Most of them lead normal lives.

### Brain Damage

A second possible cause of homicide is brain damage. In the last fifteen or twenty years, psychologists and psychiatrists have identified a particular area of the brain they think is central, or crucial, in causing violence and aggression. If you imagine that we split the head through the center here, (indicates area between the eyes) this particular area of the brain, which is called the limbic system, is that area of the brain that psychologists and psychiatrists think is critical for the causing of aggression. If we have an animal that is very wild and ferocious, and if we were to remove that part of the brain, the limbic system, we often make the animal very docile and tame. Similarly, if we put some little electrodes into that part of the brain and stimulate the animal electrically, it doesn't cause the animal any pain – there are no pain receptors inside your brain – but the animal often becomes violent and aggressive. How might you get brain damage there? You might have a stroke, a cerebral hemorrhage, or a tumor in that part of the brain. You might be in a car crash, and there might be some brain damage that will occur in the limbic system. Psychologists have argued that, if that happens, perhaps that increases the chance that you'll become violent and aggressive and may become a murderer. Another way, perhaps, in which you can become aggressive is if the cortex – the part of the brain that lays over the limbic system – becomes damaged. Then brain is less able to control the impulses coming from the limbic system and so these violent impulses that are generated in that part of the brain become uncontrolled. The cortex can no longer control those impulses and therefore, you act more violent and, aggressive.

Often, when we do studies of the electrical activity in the brain of criminals, we find a high incidence of abnormal brain waves. We can't often locate the sources of this abnormality, but abnormal electrical activity in the brain is very common in murderers and, especially, in habitual criminals and delinquents. Let me give you a case that illustrates this kind of pattern. This is a boy who, when he was about six months old, fell from his high-chair and fractured his skull on the floor. For the next few years he appeared normal. He was weaned and toilet trained normally, but he didn't talk until he was about three years old. Throughout his childhood he complained of headaches, and he used to put cold towels around his head to try and ease the pain. He always complained that his eyes hurt, and he couldn't see clearly. When he was taken to an optometrist, nothing was found abnormal in his vision. He first became seriously aggressive over a very trivial incident. His father asked him to turn the television off. He refused. He began arguing, it developed into a fight, and the son tried to strangle, to choke the father, and the mother had to separate them. Later he would threaten to kill his father with a gun. Eventually he joined the Air Force and was given a dishonorable discharge. After he was discharged, he laid around the house and did nothing – watched television. One day his family went out and when they came back from their trip, he threatened them with a gun. He fired a number of shots. When the police came to arrest him and calm him down, he shot at them and he was arrested for attempted murder. This particular boy didn't kill anybody. He was prevented. But there is a strong suspicion that, maybe, when he fell from his high-chair when he was six months old, he did some damage to his brain that impaired his control over his aggressive impulses.

### **Instigation to Aggression**

Let me turn to a third cause of homicidal behavior in people, the instigation to aggression and the psychological reasons for this instigation. Psychologists think that frustration, any kind of frustration, can have various effects on people, and one of the effects is that of making them

aggressive. Henry and Short, a couple of sociologists, have argued that the initial response to frustration is to be angry outwards, to want to aggress outwardly, and that we have to learn to inhibit this outward-direction aggression. They postulated two things that teach us to inhibit this outward-directed aggression. First of all, the kind of punishment that we receive from our parents. Let us say we have a small child whose mother is the source of love and nurturance, and let's say she also does the punishing in the family. If she uses physical punishment, when the child misbehaves, she hits the child. This will frustrate the child, and the child will be angry. If he says, "Oh, I hate you, Mummy," he's liable to get another slap in the face, but that's not too severe. But what happens if she uses love-oriented punishment? "Mummy won't love you if you do that. If you do that one more time I'm going to put you in an orphanage." That is frustrating, too and, if the child aggresses, he threatens his supply of love. If he says, "Oh, I hate you for what you do to me, for punishing me," that makes it more likely that he will lose her love or that he will end-up in an orphanage, and so he will learn to inhibit that aggression. It is too threatening for him to express it.

Henry and Short argued that love-oriented punishment was more likely to lead to inhibiting aggression; physical punishment would lead you not to inhibit it. They argued that, if the same parent that punishes you is the same as the parent that give you love and takes care of you, then you will also learn to inhibit your aggressive response to the frustration, because to aggress against that person threatens a supply of love. But if the parent that loves you and cares for you and feeds you is different from the parent that punishes you, you will not learn to inhibit that. So, if Mummy loves you and feeds you and takes care of you, and Daddy does the punishing, you can aggress against Daddy for punishing you, you can hit him back, and he'll hit you some more, but it won't threaten the love from Mummy. So Henry and Short said that the murderer will be someone who, first of all, is physically punished, and secondly, was punished by somebody other than the person who supplied the love and care – in most families the mother.

Hans Eysenck has proposed a similar kind of theory. He has said that what we have to learn to inhibit our outward-directed aggression and, therefore, the murderer has failed to learn this. Perhaps his parents never taught him to inhibit that aggression. Maybe when they beat him with a strap or they hit him with their hand, they showed him how to behave. It's okay to be outwardly aggressive. Secondly, Eysenck postulated that some people are born with an innate inability to profit from experience. They have difficulty learning. For Eysenck this kind of individual would be an extravert. The extravert, for Eysenck, has greater difficulty learning the rules of society than the introvert, and he has greater difficulty because of some innate disposition that he is born with.

To be fair, I should mention that some psychologists do not agree with these kinds of views. Some psychologists see that the initial impulse of the person is to aggress inwardly and you may have heard of Sigmund Freud's death instinct – the idea that we have some impulse within us that causes us to want to destroy oneself or die. Freud came to this view after watching the carnage in World War I, where millions of men were slaughtered. For example, at Verdun, in the Battle of Verdun, in 1916, between the French and the Germans, some three quarters of a million men were slaughtered: and not one square mile of territory changed hands. Freud looked at this and said, "My God! Look at what these men are doing. They are killing each other and themselves. There must be a death instinct in man that seeks death." The trouble is you can't

prove or disprove the existence of a death instinct. Some people think it makes sense and some don't. I think what's important to remember is that in the case above, for Freud, the initial impulse is to destroy yourself and you have to learn to aggress outwardly, to deflect the death instinct from you to others. For Henry and Short and for Eysenck, the initial impulse is to aggress outwardly and we have to learn to inhibit that.

### **Subcultures of Violence**

As a final cause of murder let's turn to a notion called the subculture of violence. Marvin Wolfgang is a sociologist who has postulated that sub-cultures exist within our culture which have different norms, different values, and different attitudes from those that the prevailing culture has. For example, if we take a teenage gang, a delinquent gang, in the streets of a big city, there the norm is to be violent. For some reason, the attitudes and the values of that small group of boys or girls is to be violent and, therefore, not to be violent is to be a deviant. "How come you don't aggress back? How come you don't stand up for your rights? What's the matter with you? Are you a coward? Are you a chicken? If violence is the norm, then people will end-up violent, and to deviate from that norm will make you an outcast. Wolfgang feels that for some reason particular subcultures of our society are set-up with violence as the norm. In those subcultures, aggression, homicide, attempted homicide and violent crimes are going to be common just because that is the norm of the society. It isn't anything to do with the genetics of the person or the brain damage or their ability to learn or not learn. It's just that the culture defines those behaviors as the appropriate behaviors.

Before leaving these causes let me just discuss these different causes in terms of the perspectives of abnormal behavior that I talked about earlier in this course. The notion that genetics or brain damage might cause homicidal behavior obviously fits into the medical model. The medical model believes that there is a physiological or organic cause for murder. Henry and Short's idea about learning to express our aggression inwardly instead of outwardly fits into two models. It fits into the psychoanalytic model because of its emphasis on what happens to the child and especially between the child and the parent. And it also fits into the learning model. Somehow the child learns to inhibit the outward expression of aggression. Eysenck's notion is rather intriguing. Not only does it fit the learning model - some people fail to learn the laws of the society - it also fits into the medical model because Eysenck claims that we inherit that ability to learn. So his theory fits into two perspectives - both medical and learning. Finally Wolfgang's notion of the subculture of violence clearly fits into the social model. It is the small element of society, the subculture, the street gang that you belong to, that defines your behavior, your norms and therefore, makes particular behaviors acceptable to your group. Therefore, you will show those behaviors. You can see how these different causes of murder fit into the different perspectives that I've talked about earlier in this course.

### **A Case of Murder**

I thought I'd end this lecture by studying a particular case of murder, and a case with which you are well acquainted. The case I want to talk about is that of Lee Harvey Oswald who most people in America believe assassinated President Kennedy in 1963. Obviously Lee Harvey Oswald is not the typical murderer. The typical murderer does not murder a President. I chose

him as an example today because we've all heard of him and we know something about him. What are some of the possible causes that might have led Oswald to assassinate President Kennedy? Let's think about genetic causes. Psychiatrists and psychologists have thought about this and studied what they know of Oswald, and there's no evidence for any physiological, genetic or organic basis for his behavior. There's no evidence that he had any abnormal chromosomes. There's no evidence of brain damage: that he was dropped on his head, that he had tumors in his brain, amnesia or migraine headaches. Some psychiatrists have speculated that he did have a hearing impairment – and he did have a problem in writing and spelling - and they have wondered whether he might not have minimal brain dysfunction, some kind of mild, organic brain damage. But there really is no good evidence for that. One can have a hearing impairment or one can have difficulty spelling for a variety of reasons that don't involve brain damage. So it doesn't look as though there's any evidence of physiological causes.

What about his childhood? Oswald's father died before Oswald was born, leaving Mrs. Oswald with three children and very little money to support them. There are a couple of features of Oswald's childhood that are of interest. One is inconsistency. His mother was somewhat inconsistent in the way she treated him. For the first two years of his life he lived at home with her, and then his mother went out to work and left him quite a bit. When he became three years old she put him in a home for orphaned children for three years. Now you have to think back and think what it mean to a child who's lived with his mother for three years of his life – consistency - and is suddenly put in a home for unwanted orphan children for three years. This is going to be severely traumatic for the child. School teachers that Oswald had later noted that Mrs. Oswald was somewhat inconsistent in the way she treated him. She gave him some affection when she was able to, when it suited her, although often she was not around when he came home from school. It was affection and caring that Oswald could never rely on. A second feature of his childhood is the lack of the father figure. The happy, healthy child needs two parents, a mother and a father, and Oswald for three years of his life lived alone with his mother and for the next three years in an orphanage. He did not have a male figure around to model himself upon, to show him how males behave. His mother did re-marry, and he had a step-father from the ages of six to nine. Then she divorced her second husband, and Oswald lived alone with his mother from the ages on nine through thirteen. So again, he had no consistent male figure to model himself upon.

We can find lots of early signs that something is going wrong with Oswald. For example, at the age of thirteen, he played truant from school a lot and was called before a court in order that his behavior might be examined. He was interviewed by a psychiatrist who wrote this intriguing report. The psychiatrist said it was apparent that Oswald was an emotionally disturbed, mentally constricted youngster who tended to isolate himself from contacts with others. He was suspicious and defiant in his attitudes toward authority. He was overly sensitive and vengeful in his relationship with peers. He saw himself as being singled out for rejection and frustration. But he hadn't developed the courage to act upon his hostility in an aggressive or destructive fashion. He also appeared to be preoccupied about his sexual identity and his future role as a male – which makes sense, of course, because he never had a male, adult figure upon whom to model himself and from whom he could get a sense of identity. Finally the psychiatrist said this, "A diagnosis of incipient schizophrenia was made. His outlook on life had strongly paranoid overtones." The psychiatrist made an additional diagnosis: potential dangerousness. At the age of



thirteen, a psychiatrist looks at Oswald and says, “This young man is potentially dangerous. We can pick-up the homicidal impulses in him.”

When he was fifteen, Oswald lived in New Orleans. When he was seventeen, he lived with his mother in Fort Worth and again, his peers and his school teachers all caught the same kind of pattern of isolation, alienation, aggression and resentment. He eventually joined the Marines for a couple of years. He was court-martialed twice, once for carrying an unregistered gun and once for challenging an officer to a fight. Again we have signs of difficulties in relating to authority, but there isn't anything too special, yet. He hasn't committed a crime, or he's not a delinquent.

However, from the time of the Marines on, when he was seventeen through twenty-four when he assassinated Kennedy, his life is a pattern of failure and frustration. For example, after leaving the Marines he went to Russia. As a result of defecting to Russia, he was given a dishonorable discharge, which he felt was unfair and unjust and which upset him greatly. When he applied for Russian citizenship, they turned him down. In the year in which Kennedy was assassinated he had been trying to re-apply, to emigrate back to Russia, but they were giving him a hard time. They were saying, “We'll have to think about it. Check back with us in three months.”

In his work he suffered a lot of frustrations. For the last year or two of his life, he held a number of jobs and was fired for incompetence, lateness or lack of motivation. So he was experiencing a great deal of frustration in his work. His interests were frustrating him. He tried to join an anti-Castro group, but they rejected him. He formed a pro-Castro group, but nobody joined it, and he was arrested for distributing leaflets.

He experienced frustration in his marriage. He married a Russian woman when he was in Russia and, when they came back to America she left him on a couple of occasions. She berated him for beating her, for failing to earn a living, and for being sexually inadequate. So, in all these areas of his life, he was experiencing failure and frustration.

Psychologists have speculated about his motives in killing Kennedy. First of all, was he suicidal? He didn't really cover his tracks that well. He acted in such a way as to facilitate his arrest. He may have made some attempts to escape, but they were not very sensible. He left his fingerprints on the gun; he shot a police officer; he ran into a movie theatre where he was caught. Was he suicidal? Secondly, they wondered whether he had a need for recognition? He always seemed most happy when he was recognized, as when he defected to Russia and was interviewed by American reporters. Was he trying to seek recognition by assassinating Kennedy? Was this the thing that would make him famous and give him an identity?

They also speculated on his sexual problems which they see as dating from his childhood when he lacked a father upon whom to model himself. They also noted that he slept with his mother – in his mother's bed - until about the age of eleven, which would create sexual anxiety for the young child. They noted that he was sexually most competent when he was away from America – when he was in Japan in the Marines or in Russia. When he was back in America, he tended to be impotent. Finally, they have asked, “Who was Oswald really angry at? Upon whom

was it focused?" Psychologists have speculated that the critical figure for him was his mother. It was his mother whom he was really angry at because she was inconsistent. She wouldn't love him when he wanted it, but only when she could give it. He was angry, perhaps, for her seductiveness, and they see much of his life as an attempt to shake-off the influence of his mother - going to Russia, marrying a Russian woman, trying to emigrate again in 1963. So why didn't he kill his mother? They argue that to have killed his mother would have meant that he realized where his anger really lay, and that might have been too anxiety-provoking for him. Instead he murdered somebody that is symbolic of his mother, instead of the head of his family, the head of his country, of his motherland – the President of the United States.

Perhaps in conclusion I can mention one kind of different view. Rather than seeing Oswald's act as stemming from failures and frustrations, one can see it as an attempt to be reborn and to grow. His turning to Marxism, his turning to Russia, his seeking for a group to belong to – pro-Castro, anti-Castro - is a search for some identity, a chance to free himself from the bonds of his mother and his childhood and to become a man. But in all of these he failed, and to be frustrated in your attempts to grow and to assume an identity, to be reborn, is perhaps the most severe frustration that we can ever experience. It has been argued that to suffer such a frustration will lead to an act of great, destructive violence, either directed to yourself or to somebody symbolic of yourself, such as the President of the country into which you were born.

## **LECTURE THIRTEEN: SUICIDE**

Not long ago, in Florida, a woman commentator was talking before the television cameras, much as I'm talking to you right now, she pulled out a gun, and she shot herself in view of the audience. Why would someone do such a thing? Today, I'd like to spend some time talking about suicide, and the reasons why people do kill themselves.

Suicide has some special significance for me because it's the topic that I've studied for the last ten years of my life. I've thought about it, I've written about it, and for two years I worked in a suicide prevention center concerned with how to prevent people from killing themselves. So, it's a problem I've been very close to for a large part of my life. In some respects, this makes it very difficult for me to talk about it. I no longer approach it with the same fresh, exciting attitude that I have for a new topic. I know all the answers. I know all the questions. And not only that, in the course of those ten years I've learned to suppress my emotions that are aroused when I talk about suicide. Perhaps I even repress them, and that causes me some difficulty in talking about the topic. What I'd like to do today is forget the six models of abnormal behavior that we've been talking about so far, and just talk about some topics in suicidology that I find of particular interest to me.

The problem of suicide is large. In America, for example, some 30,000 people kill themselves each year, and for each person who kills themselves some eight people attempt suicide – that is 240,000 attempted suicides each year who survive. We estimate there are some two million people living in America today who have attempted suicide at some point in their life. That's a problem of immense scope. And then again the chance that you will die from suicide, rather than some other cause, is about one in a hundred, and if you've already attempted suicide once in your life the chance that you will die from suicide, rather than some other cause, is one in six. Very high!

Suicide is a problem for the very old. The suicide rate increases with age in America. But it's also a problem for the very young because they don't die of much else. They're very healthy, and suicide ranks as the fifth leading killer for young people in America. Whichever way you look at it, the problem of suicide is immense and, yet, I think it's interesting to ask the question at the outset, "Why should we prevent suicide? Don't people have a right to take their own lives?"

### **Prevention**

You might think, "Ah, but when somebody kills themselves other people suffer - the relatives who are left behind." But this is true for many other behaviors. Take divorce. Think how much misery and suffering divorce causes, and yet we don't try and prevent divorce.

I always remember the statement by one bishop who said that he was grateful that he had made at least one woman happy in his life: the woman he didn't marry. We don't prevent lots of things that cause misery and distress, yet we are concerned with preventing suicide.

Think about it. You have to die, and I have to die. And how would *you* like to die? Would you like to die of cancer? Or a heart attack? Or maybe fall down the stairs, and break your neck when you're ninety? Or maybe you would prefer to kill yourself? Some psychologists, including myself, have thought about, "What is an appropriate death? How would you like to die?" and there are various ways of defining it. A colleague of mine, Avery Wiseman, has said that an appropriate death is one in which, when you die, you are calm; you're at peace; and there is no anxiety. Death is consistent with your life at that point, and you anticipate it and meet it willingly. You almost welcome death. And clearly suicide can be appropriate in those circumstances.

Some people say that if you play a role in your own death, it becomes an appropriate death. Ludwig Binswanger, an Austrian existential psychiatrist, described a case, the case of Ellen West, in which all of her life he felt that she had been buffeted by forces - the environment - and only once in her life did she take actions into her own hand - when she killed herself - and in that moment of killing herself she became fully human for Binswanger; because she played a role in that part of her life, even though it was her death.

Some of us think that maybe if your body maintains its integrity - no transplants, no transfusions, no bullets in it - if you die *naturally* - *that* is an appropriate death; but when I think about it, to die of some virus that invades my body is no more natural to me than to die of some bullet that invades my body. What makes a virus natural and a bullet unnatural? That's a concept that I don't agree with.

We can talk about your preferred style of living. Shouldn't your death be consistent with your style of living? Let me give an example here - Ernest Hemingway. If you read Ernest Hemingway's novels and short stories, you get a pretty good idea of what kind of man he was - interested in sports and bullfighting and sex and living. As he got older, he became depressed. He had to be hospitalized in the Mayo Clinic and received electroconvulsive shock for his depression, and he was released. Finally, one day, he was due to be taken back. Before he got into the car he said, "I've got to go up to my room and get one more thing," and he went up to his room and he shot himself, and somehow that makes sense. It fits in with his life-style. To have Hemingway die a chronic patient in a psychiatric hospital does not fit the life that he led. Much better that he took his own life and died as actively as he lived.

Some of us think that there are different kinds of death. We die biologically when our body ceases to function - our heart stops beating. We die psychologically when we cease to think - when we don't know that we exist, let alone who we are. And sometimes we die socially, as perhaps in primitive societies when a hex is put on you, and everybody prepares to bury you as you yourself lay down to die. Or in our society when your children think you're old and senile, and then put you in a nursing home and forget about you - from a social perspective you're dead. Maybe an appropriate death is one where each of these kinds of death - biological, psychological and social - occur at the same point in time.

I think you can see that, by several of these criteria, suicide can be an appropriate death. So then why do we prevent it. I think one of the reasons is that, when somebody else kills himself or herself, it raises an important issue for us: "Why don't I kill myself? Why do I

continue to live, to suffer the pains and the frustrations that I have to suffer? That person took his own life. Shouldn't I do it?" That makes us anxious, and so we try and prevent it. In the past we've outlawed it. We buried suicides at the crossroads with a stake through their heart, and not in the cemetery. We put them in jail or forced them to be hospitalized after an attempt at suicide, and now we try to prevent it more humanely. But maybe it makes us too anxious to let them go on doing it. Another reason we give, when we set up a suicide prevention center, the kind that I worked in, and people call and say, "I'm thinking about killing myself. Can I talk to someone about it?" we say to ourselves, "If they really wanted to kill themselves they wouldn't call us, would they? They would go ahead and kill themselves." The fact that they called me and asked to talk to me about it suggests that they have doubts and, insofar as they have doubts, it makes sense to talk to them and help them work through their doubts.

### **Communication**

I'd like to discuss one myth about suicide. This is the myth that those who talk about it don't kill themselves. You often hear people say, "Oh! If so and so is *talking* about killing themselves, they'll never go ahead and do it." This is a myth. Nearly everybody who commits suicide has communicated the intent in some way. Let me give you an example here. A thirty-seven year old man, a chronic alcoholic, told his six-year old daughter he was going to kill himself. What did he say to his wife? He said, "Mummy, I'm going to have to go away. Mummy, where are you going to bury me? Mummy, I won't be here in the morning: I'm going to die tonight." He called his ex-wife on the telephone. He said, "Come out and see my grave sometime." and he called the mother of his ex-wife on the telephone, and he asked her to burn a candle for him. What do we have? We have an alcoholic who's been threatening suicide for years. Is he really going to do it? One day he went out in the morning and he took a religious medallion with him. He'd never taken it before, and that day he shot himself, and this is generally true! Most people who kill themselves communicate it in some way.

So the question becomes, "Why don't those of us who hear them tell us, why don't we respond?" Perhaps one of the answers is that we want them to go ahead and kill themselves. Perhaps you think that's stupid and that I am making some kind of joke. But let me read you some extracts of dialogues. One mother's first statement after seeing her twenty-four year old son in the hospital after he had attempted suicide was, "Next time pick a higher bridge!" Or a depressed man in his seventies said to his wife, "If I had a gun I would shoot myself." She said, "I'll buy you a gun!" Or a mother said to her twenty-nine year old daughter in front of a psychiatrist, "I will do anything to show my love for you. I'll open the window so you can jump." Those people wanted those relatives to kill themselves. If you confronted them and said, "Do you really want them to die?" they'd say, "No, that's not true!" But in their actions and their behaviors, they seem to want it.

### **Sylvia Plath**

Another thing is that we don't want the responsibility of getting involved. Maybe they've threatened suicide before, and maybe it makes us too anxious to notice it. We just want to remain uninvolved. There's a very good example here that's been written about in recent years, and that is the example of Sylvia Plath, the American poet. Sylvia Plath attempted suicide when she was

about ten and again when she was about twenty. She married another poet and moved to England and had a couple of children. She split up with the poet and she went to live in London - they had been living in the country - and got an apartment. She knew a literary critic called Alvarez, who recently wrote a book called *The Savage God* in which he wrote about Sylvia. From time to time, Sylvia read her poems to Alvarez. Let me read you some excerpts from a poem that she called "Daddy." She says of him:

You stand at the blackboard, daddy,  
 In the picture I have of you,  
 A cleft in your chin instead of your foot  
 But no less a devil for that, no not  
 Any less the black man who  
 Bit my pretty red heart in two.  
 I was ten when they buried you.  
 At twenty I tried to die  
 And get back, back, back to you.  
 I thought even the bones would do.  
 But they pulled me out of the sack,  
 And they stuck me together with glue.

You can feel the hostility there towards her father and yet also the love. She wants to get back to him. Sylvia read Alvarez extracts from a poem called, "Lady Lazarus."

The second time I meant  
 To last it out and not come back at all.  
 I rocked shut  
 As a seashell.  
 They had to call and call  
 And pick the worms off me like sticky pearls.  
 Dying  
 Is an art, like everything else.  
 I do it exceptionally well.

How would you respond if somebody read a poem like that to you? Wouldn't you be impressed by the emotion in that poem? What did Alvarez do? He criticized the rhyme; the choice of a word here, it doesn't scan quite properly there. Why did he do that? Alvarez is aware of why he did it. In his book he writes, "She must have felt I was stupid and insensitive. Which I was. But to have been otherwise would have meant accepting responsibilities I didn't want and couldn't, in my own depression, have coped with." He has his own problem. "Don't tell me your problems, I can't cope with yours too." A few months after that, Sylvia Plath put her head in the gas oven and died with her two children sleeping nearby in the bedroom. What does Alvarez say about her death? He doesn't think she meant to kill herself. He says, "I don't think she meant to, she attempted suicide when she was about ten, and when she was about twenty, and maybe she had to do it every ten years as a kind of catharsis." But why does he say that? Why does he feel that she didn't mean to die? To accept that she meant to die means that he is responsible for letting her die - for responding to the rhyme and to the scanning of her poems rather than to the

emotion that she was telling him. A final note about that. Laura Cunningham, writing in "Cosmopolitan" a few years ago, noted that Sylvia Plath was married to Ted Hughes, and that she was the second Mrs. Hughes to commit suicide, which is an interesting fact. One can speculate about the reasons that lie behind that. Why does one man marry women who seem to be suicidal, and eventually go ahead and kill themselves?

Why do people kill themselves? Let me examine some of the motives involved.

### **Motives**

Karl Menninger has suggested three main motives as to why people kill themselves. The first one is the wish to die - to escape from unbearable physical or psychological pain or suffering. Let me read to you a suicide note written by such a person.

Dear Mary:

You have been the best wife a man could want And I still love you after 15 years. Don't think too badly of me for taking this way out but I can't take much more pain and sickness. Also I may get too much pain or so weak that I can't go this easy way. With all my love

Forever.

Bill

Somebody who is just suffering too much pain and wants out. The motive: to die is to escape.

Let's look at the second motive - what Menninger called "to kill." To kill? What does that mean? To kill means to be angry at somebody else, and to kill yourself in order to express the anger that you feel towards them. Let me read you a brief note to illustrate that motivation.

"Bill. I do hope you'll suffer more than I have done. I wish you'll die in a beer joint."

That wife is feeling anger. And that seems to be the sole motivating factor - to make him suffer for what he's done to her. A very good example here is that of Oedipus. It is argued that sometimes when you're really angry at somebody else, and that anger can't be expressed, you turn the anger inwards upon yourself, and you kill yourself instead. Murder in the 180<sup>th</sup> degree - turned around - directed toward yourself. Oedipus demonstrates that motive very well.

When Oedipus was born, it was predicted that he would kill his father and marry his mother, and his mother and father, who were King and Queen of Thebes, said, "We've got to get rid of this kid." So they sent one of their servants out to kill him. In fact, he's called Oedipus, which means swollen foot. There was a stake put through his foot as part of the attempt to kill him, and it resulted in a permanent injury. But the servant couldn't kill Oedipus and gave him away to somebody else. Oedipus ended up as the adopted son of the King and Queen of Corinth, and, when he found out that he was due to kill his father and marry his mother, he left Corinth. He left whom he thought was his real mother and his real father and went to Thebes. On the way there he met a man, the King of Thebes, and killed him without knowing who he was. He killed his father! And when he got to Thebes he solved a riddle, and was given the Queen in marriage. He married his mother! And eventually, it all comes out. He finds out that, in fact, he fulfilled the

prophecy. He killed his father and he married his mother. How does he react? Let me read. What does he say?

Alas! All out! All known. No more concealment  
 O light! May I never look on you again,  
 Revealed as I am, sinful in my begetting.  
 Sinful in marriage, sinful in shedding of blood!

He's upset! What does he do?

The king broke in with piercing cries, and all  
 Had eyes only for him. This way and that,  
 He strode among us. "A sword, a sword!" he cried;  
 "Where is that wife, no wife of mine - that soil  
 Where I was sown, and whence I reaped my harvest."  
 With wild hallowing cries he hurled himself upon  
 The locked doors, bending my main force  
 The bolts out of their sockets - and stumbled in.

What is he going to do? He's going to take a sword, and break down the door of his mother's bedroom, and he's going to kill her!

Why is he going to kill his mother that he's now married, his wife? Because she's responsible for this. She was his mother. She should have protected him and what did she do? She had a stake driven through his foot, and gave him to a servant to kill, and he ended up with the life that he had. He's fulfilled this horrible prophecy, and he is going to kill this mother who he holds responsible for his life. But what does he find? He finds that his mother has hung herself. She can't face the situation either, and she has killed herself. And he's full of this anger. What does he do with it? He turns it inward. He plucks the brooches from her dress, and he plunges out his own eyes so that he can no longer see, and the blood runs down his face. He turns that aggression that he felt, onto himself. "Ah ha!" you say, "That's not suicide, he only blinded himself," but, for Karl Menninger, that is a form of suicide. He called it focal suicide. You focus the self-destructive impulses on one part of your body - for Oedipus the eyes. In a way, that's adaptive because you spare the rest of your body. You survive. Sometimes people may lose a limb. I remember a case of a father who inadvertently caused the death of his child by accident, and the next year he managed to lose his arm in an accident in the factory where he worked - the arm that he held responsible for the killing of his child. He destroyed a part of himself rather than all of himself. Anger turned inward. The motive behind Oedipus's act was anger, the wish to kill, except that in this case it was a wish that couldn't be gratified because his mother had already killed herself.

The third motive that Menninger talked about was the wish to be killed. When people are depressed they feel worthless. "I'm a lousy individual, I'm ugly. I've never done a good thing. I need to be punished. I'm wicked. I'm evil." The severer the depression gets, the more people think like that. Here is a suicide note written by somebody who killed himself, for that reason, perhaps.



Mary Darling

It's all my fault. I've thought this over a million times and this seems to be the only way I can settle all the trouble I have caused you and others. This is only a sample of how sorry I am. This should cancel all.

Bill.

He feels guilty. He feels that he's to blame. He's worthless. He's wicked, and his suicide will be an atonement. Thus, there are the three main wishes behind most acts of suicide: to die, to kill, and to be killed.

Are all suicides crazy? Are they mentally disturbed? This is an interesting question. It's one that I've thought about a lot myself. When you look at the kinds of answers that psychologists and psychiatrists have given, they're rather biased. Some psychiatrists claim that up to 94% of all suicides are psychiatrically disturbed; others claim only about 5% and that most of them are reasonably sane - psychologically healthy.

What you find is that, if they diagnose the person after the suicidal act, they judge them to be disturbed but, if they diagnose them before the suicidal act, then they judge them to be much healthier. The knowledge that the person has killed himself makes us conclude that he must be crazy otherwise he wouldn't have killed himself. The beliefs of the psychologist affect the answer to his diagnosis.

What kinds of suicidal motives would you accept as rational? What kind of person would kill himself and in, your eyes, remain sane? We commonly think of three reasons why people kill themselves - the sane reasons or rational reasons - and one is out of illness. Percy Bridgman, the Nobel Prize winner, was dying of Pagets Disease, knowing that within a week he would be too paralyzed and too sick to have the strength, the energy, the ability to kill himself. Eighty years old, he had lived a full and fruitful life - a Nobel Prize in Physics, a family - and so he killed himself.

Or the Romeo and Juliet syndrome - thwarted love - the young lovers who can't consummate their love, who can't get married and who kill themselves out of desperation. That is much more common in some countries than in America. In Japan it happens a lot and, perhaps, we can see that as rational. When we see Shakespeare's "Romeo and Juliet," we're often moved greatly by it.

The third kind is the hero or the martyr - Jesus Christ who, in a way facilitated his own death and died on the cross, but for a purpose. Following him, the Christian martyrs, who killed themselves for a purpose - because of their beliefs. Or the kamikaze pilots for Japan who killed themselves because they believed their country was right and who were prepared to die for their country. Or today Quakers who in the past few years have doused themselves with gasoline in America and burned themselves to death, or Czechoslovakians who did it after Russia invaded Czechoslovakia, or Buddhist monks in South Viet-Nam.

Those are the kinds of acts that we might consider rational acts. Except, that we always have this nagging fact - that most people dying of cancer do not kill themselves, that most people whose love is thwarted do not kill themselves, that most of us survive and go on and die from the cancer or from some other cause. We don't take our own lives. Those rational suicides, if they be rational, are statistically deviant and so, from the statistical point of view, they're still abnormal. Can they really be rational? I guess there's no answer to that question. It comes down to a subjective opinion. What is the reason that you would kill yourself? Why would you kill yourself? If you would do it for a particular reason, then you're likely to think that those kinds of reasons are rational. If you would never kill yourself for that reason, you are unlikely ever to accept that the person who killed himself for that reason is rational.

Maybe one final thought to leave you with. We often view suicides as killing themselves when something unpleasant happens - illness, loss, pain, unbearable psychological stress - and yet there is this odd exception. Often when people are stressed severely they don't kill themselves. People went through concentration camps in the Second World War, and endured more than you or I will ever have to endure, and they didn't kill themselves. Why?

We found that, among American prisoners of war in North Viet-Nam, the suicide rate was not that high. Not many killed themselves. What happened when they came back to America? It wasn't very long before the first prisoner of war committed suicide. Why? You're back in America. You're free. You can pick up the life that you had, and now you kill yourself? We find something else very odd. If people are blind from birth, we now can give some their sight back. This should be magnificent - to have been blind all your life and suddenly to be able to see again. Isn't this great? These people go through profound depression, and one of the first people who had his sight restored committed suicide after a year. How come? You're not supposed to kill yourself when nice things happen, only when nasty things happen. I've speculated that, maybe, one of the things that immunizes us against killing ourselves is the fact that sometimes we can blame other people or other things for our misfortunes. "Sure, I'm suffering right now, but I know the cause. It's because I'm blind," or "because I'm in this jail," or, "because you're causing my misery, and if I could just get rid of you and get a better spouse then I'd be happy.

As long as I can blame somebody else, I'll feel a whole lot better." What happens when we lose that other person to blame? Well, then there's no one to blame. We got divorced, and we have a new wife, but we're still miserable and we're still suffering. Then we have to face that, perhaps, the cause of our distress, the cause of our misery lies, within ourselves. We're finally forced to confront the issue that we can no longer blame the world, the environment, or other people for our misery. The seat of our misery is within us, and the only solution is to destroy ourselves.

It's intriguing to see, from the clues that we have, that, when somebody has made the decision to kill himself - "I'm going to kill myself today" - the depression lifts. They become cheerful. They become euphoric sometimes. Having made that decision, having accepted the responsibility, the depression lifts. They can face the last few moments of their life in a happier frame of mind.

## LECTURE FOURTEEN: SEXUAL DEVIANCE

The sexual deviant often arouses more anger, more feelings of outrage and more social ostracism than any other kind of deviant. Even when arrested and placed in jail other convicts look upon the sexual deviant as inferior. Today I'd like to examine sexual deviancy and see if I can place it in a more rational context.

Sexual deviancy is a particularly interesting problem at this point in time. First of all, in many countries of the world and in many states of the United States of America, sexual deviation is a crime. It is an offense against the legal system of the country. But in addition in America, sexual deviancy is *seen* as a psychiatric illness. It is a possible diagnosis that you can receive, and the classification of sexual deviancy is in flux. For example, England, about ten years ago, decriminalized some sexual deviations, in particular, homosexuality between consenting adults. In 1974, the American Psychiatric Association decided that homosexuality was not a psychiatric diagnosis any more and, therefore, not a mental illness. And so our feelings about sexual deviation are undergoing great change at this point in time.

It makes sense at the beginning of this talk to define what we mean by sexual deviancy, so let us turn to the definition of these behaviors.

### Definitions

We can define sexual deviancy in terms of the object of sexual attraction, the mode by which you get sexual gratification, and the intensity of our sexual behavior. Let me show you on this chart.

#### CLASSIFICATION OF SEXUAL DEVIATIONS

OBJECT	MODE	STRENGTH	MISCELLANEOUS
Incest	Exhibitionism	Nymphomania	Transvestism
Homosexuality	Sadism	Satyriasis	Transexualism
Pedophilia	Masochism	Abstinence	
Fetishism	Voyeurism		

When we classify sexual deviations by OBJECT, *incest* involves situations where you choose somebody of your immediate family for your sexual pleasure. In *homosexuality* you choose somebody of the same sex rather than, as is popular in our society, choosing somebody of the opposite sex. In *pedophilia* you choose a child as the object of your sexual interest, and in *fetishism* you choose an inanimate object.

When we look at different MODES of gratifying sexual excitement, we have *exhibitionism* where the person gets sexual gratification from exposing themselves to other people. In *sadism*, the sexual gratification comes from inflicting pain on other people, in *masochism* from having pain inflicted upon yourself, and in *voyeurism* from observing other people while they are engaged in sexual acts.

When we talk about the STRENGTH of sexual behavior, *nymphomania* is used to refer to females who have sexual relations too often. Too often by whose standards? By society's standards, I guess. The same disorder in men is called *satyriasis*. They too engage in too much sexual behavior too often. *Abstinence* is not usually considered a deviation, but rather a virtue. We admire the person who abstains from sexual excitement and sexual arousal. But it is statistically quite deviant and so *should* be placed with the other sexual deviations.

Finally there are a couple of sexual deviations that do not fit into those categories. *Transvestism* is where there is diffuse sexual excitement from wearing the clothes of the opposite sex. The man dresses as a woman, the woman dresses as a man. In *transsexualism*, the defining characteristic is the desire to have the body of the opposite sex. If you are a man you want to resemble, anatomically, a female. If you are a female, you wish to resemble, anatomically, a male. These are the major kinds of sexual deviation that we will be concerned with today.

### Continuity Issue

An important question to ask, and in fact it is a question when we consider any kind of deviance, is that of continuity. Are the sexual deviations, abnormal sexual behaviors, qualitatively different from normal sexual behavior, or are they just matters of degree? Do normal people show similar behaviors but to a lesser degree? When we talk about sexual deviance, the labels we use tend to suggest that deviancy is different in kind - the sex maniac, the sexual deviant, the pervert - the label puts them in a class apart. What I would like to suggest to you today is that, in fact, these sexual deviant behaviors are very similar to behaviors that you and I show. Let me give you an example. In pedophilia, the adult is attracted to a young child rather than an adult, say a 20 year-old of the opposite sex. Let's assume that they are dressed or undressed in the manner that you think sexually arousing. How about if I show you a picture of a 19 year old? Or an 18 year old? Or a 17, 16, 15, right down to 8 year-old? When would you stop being sexually excited? This study has been done in the laboratory, and we did not use a verbal measure of sexual excitement but a physiological measure of sexual arousal. Of course, what you find is that our attraction to people of the opposite sex generalizes to people younger than the legal limit. If you find a 20 year-old woman attractive, you are very likely to find a 13 year-old girl attractive or, if you find a 20 year-old man attractive, a 12 year-old boy. In fact given a preference, a choice between a young girl and young boy most normal men will show, physiologically, more sexual arousal to the picture of the young girl than to that of the young boy. This does not mean of course that they will *choose* a young child as a sexual object, but that their attraction to people of the opposite sex will generalize to young people and, in a way constitute a form of pedophilia.

Take fetishism, being attracted to an inanimate object. Can you think of behaviors that *you* show that are similar to fetishistic behaviors? Consider! Let's say you are a man. What kind of girls do you prefer? Do you have a particular hair color that you like? Remember, gentlemen in America prefer blondes. Or perhaps you like a particular figure, full breasts or buttocks. If you respond to somebody in terms of some characteristic like that - their hair color or shape - you are not responding to them as a person but to some part of their person, and, that in a way, resembles a fetishism. Maybe you are woman, perhaps you prefer men with beards maybe tinged a little red, or with blue eyes perhaps. Again to do that is to be somewhat fetishistic. You like me,

despite my personality, just because I have a beard and blue eyes let's say. To take another example, consider the small child who has an attachment to a doll or a blanket - Linus in the Peanuts cartoon strip, for example - we call that a transitional object. It is not a fetish. The child does not get sexually excited by the blanket, but then children are only a year old, two years old, when they get attached to their blankets. Sexual excitement is different for a child. What happens when a child does not give up its blanket - if it still has its blanket at three? Or four? Or say some doll at five or six, or seventeen or eighteen? When would a transitional object, which we consider normal, become a fetish which we consider deviant? It would be difficult to say.

Finally the attraction of some people for objects, men for their motorcycles perhaps, young girls for their horses, takes on a sexual quality sometimes. In terms of the way the person describes the object, the motorcycle, the way they polish it, the way they are attached to it, it is almost an erotic interest. So perhaps even a fetish is not that different from some of the behaviors that you and I show in our usual lives as we go about our business.

### **Sex Differences In Sexual Deviation**

Let me move on to an interesting topic, that of sex differences in deviance. It is found, on the whole, that men in our society are much more likely to be sexual deviants than women. Most voyeurs, most exhibitionists, most homosexuals are men. For example, there are five times many more male homosexuals as female homosexuals. How would the different models, the different perspectives of deviant behavior that I have talked about, explain this? Let us explore this.

Let us take the *Social Model*. What would the social model say about sex differences in sexual deviation? The Social Model focuses upon the reaction of society to the behavior. How will society react differently to a female than to a male? I have talked to a number of policemen from time to time, and they always admit that if a man stood by an open window and exposed himself, and a woman was passing by in the street, they would arrest the man for exhibitionism. On the other hand, if a woman was undressing in front of a window and a man observed her when passing by in the street, they would arrest him for peeping. They would have a tendency to excuse the female and to blame the male in the situation. Perhaps more men get arrested because of reactions like that, that we have.

Let us take some other behaviors in our society. Things like the clothes that we wear. Take a look at hot-pants, and mini-skirts, and low-cut dresses and string bathing costumes. Women exhibit themselves tremendously in our society. We encourage it. We do not consider it deviant. But do men have such revealing clothes? Four hundred years ago men used to wear cod pieces that highlighted their genitals, but we have not worn those in four-hundred years. Men tend to cover up their genitals, their sexual characteristics. Take two men dancing, what would you think if you saw two men dancing in a nightclub? You would much more likely think it strange than if you saw two women dancing. Or, if you were at a bus terminal and saw two women greet each other and hug and kiss, you would feel differently than if you saw two men do that. Think about the connotations for the words "sissy" and "tomboy." For a girl to be called a tomboy is not as bad in our society as for a boy to be called a sissy. If your boy, if your young son, is called a sissy nowadays you're likely to take him to a psychologist and say, "Help! Treat him." Our society views these behaviors in women with greater tolerance than in men. Not only

that, our society permits more gratification of the sexual impulses of women than of men. For example, mothers are allowed to be more affectionate towards their sons than fathers are towards their daughters. Mothers will go in and help their sons wash, or go into the bathroom when their sons are there, much later into their son's adolescence than fathers would presume to do so with their daughter. Most minor satisfaction of deviant impulses in females goes unrecognized, unreported and ignored in our society.

What would the *Psychoanalytic Model* say about sex differences in deviation? To be mature heterosexually, for the psychoanalyst, the young boy, for example, has to have first of all a close relationship with Mummy, and then as a resolution of his Oedipal conflict has to learn to model himself upon Daddy. So he needs two good parents, a father and a mother, and he has to switch his allegiance from mother to father at the age of three to six. For the young girl to develop healthily, she has to have a good mother to start with, for the first few years of life, and then she has to model herself upon her mother. *One* good parent is needed, a mummy, and the little girl does not have to switch allegiance. The chance of a boy having a difficult transition from infancy to childhood to adolescence is much greater. He needs two good parents, and he has to switch his allegiance. A girl needs only one good parent. I do not mean to say that fathers are not important for young girls. I think that fathers are very important for the self-esteem of young girls, but I don't think they are as important for the development of normal heterosexuality in young girls.

Let us look at this difference from the point of view of the *Learning Model*. What would the learning model say about sex differences in sexual deviancy? Why do men learn to be deviant more easily than women? There are several things we can point to. First of all, young boys engage in much more sex play than young girls, and therefore they have greater opportunities to engage in deviant sexual behavior. This is especially true in puberty. A second factor is that boys fantasize much more in their sex play than girls, and so have a greater chance for fantasy and imagery to get involved in their sexual behavior. Finally, boys are much more easily sexually aroused than young girls. Let me read you from *The Kinsey Report* the situations in which young boys reported having sexual excitement to the point of ejaculation: sitting at their desk, lying still in bed, sliding on a hair, shinning on a bar, wearing tight clothing, vibration of a boat, daydreaming, reading a book, milking a cow, bell ringing, watching an exciting basketball game. Young boys reported being sexually aroused in a greater variety of circumstances and, therefore, they have a greater likelihood of learning some unusual sexual behavior.

Let me read you a case story that describes this. It concerns a boy who used to be very fearful of the dark. And when his mother used to put him to bed he used to call out to her and say, "Mummy, I need you," and she would refuse to come. So how did he deal with his fear and his loneliness at night? Well, he hit upon the idea of taking some of the bangles that his mother used to wear around her wrist to bed with him and, when his mother would not come, at least he had her bangles and could clutch them and remember her. They were symbolic of her. As he grew up, he began to be interested in sex and, when alone in his bedroom at night, he would masturbate. He would usually have the bangles there and by probably a simple process of association learning, classical conditioning, those bangles became associated with sexual arousal. By the time he was an adolescent, those bangles would make him sexually aroused. By the age of 17, he had developed into what we would call a fetishist, and this developed simply because,

originally, the bangles comforted him. They stood for his mother and were symbolic of his mother. Because of their presence he learnt by chance an abnormal sexual behavior, abnormal perhaps from society's point of view. So you can see how these different models give three varying explanations of why men are much more likely to be sexually deviant in our society than women.

Let's turn to another interesting issue. Is sexual deviance associated with mental illness?

### **Sexual Deviation And Mental Illness**

This is a general issue in abnormal behavior. We tend to think that if you are deviant in one respect you are deviant in other respects. It is very common to think that geniuses are crazy, for example. There's absolutely no evidence for these kinds of beliefs, but we tend to persist in them. Are the sexually deviant psychiatrically disturbed too? Are they mentally ill? We have to remember that for some psychiatrists to be sexually deviant in itself constitutes a diagnosis. It is your diagnostic label, so by implication you must be mentally ill. But let us be a little more broad-minded. What about other diagnoses? Some psychiatrists truly believe that if you show deviant sexual behavior, you *must* be disturbed, that if your sexual functioning is disturbed, not heterosexual, let us say, then that must manifest itself in other aspects of your life. So that to show a sexual deviation must mean that you are disturbed emotionally. Some psychoanalysts for example see sexual deviation as the inverse of neurosis. The impulses that the sexual deviant acts out are the very same impulses that the neurotic represses, fights against and pushes into their unconscious. So sexual deviation is an inverse or a negative neurosis for some psychoanalysts. However their view is not shared by everybody. Albert Ellis, for example, believes that to be sexually deviant need not imply anything else about your emotional or psychological health, that it is possible to show some unusual sexual behavior but to be normally healthy from a psychological point of view. As is often the case in the study of human behavior, psychologists disagree greatly over the answer to such a question.

What I would like to do next is turn to one particular deviation, homosexuality, and show you how the different models apply and what they would say about homosexuality.

### **Homosexuality**

Let us first of all take the *Medical Model*. What would the medical model say about homosexuality? It is a clear behavior, and diagnosis is no problem. But is there an organic, physiological cause? It is very surprising to me, for I would never have expected it, but there is good evidence that there is a physiological basis for homosexuality. For example, one study was done by Franz Kallman. He looked at identical twins and non-identical twins, one of whom was a homosexual. He asked the question what would the other twin be like? Now, if the identical twins are both homosexual, it suggests that, since they have the same genes, the genetic factors are playing a part in the determination of that behavior. Non-identical twins, we call them dizygotic twins, do not have identical gene patterns, and so we would not expect, from a genetic point of view, a great degree of resemblance. What did Kallman find? He found that, in every case where one identical twin was homosexual, the other twin was homosexual too, and they had become homosexuals independently. 100% concordance. In the non-identical twins the

concordance rate was 8%. For every non-identical twin who was homosexual, only 8% of their co-twins were also homosexuals. This suggests that the genes really do play an important part. The ideal study is to find identical twins orphaned at birth and raised separately, so that they were raised in different environments but their genetic background was identical. Unfortunately, this has not been done yet for homosexuality. But Kallman's evidence, weak though it is, supports the notion of a genetic basis for homosexuality.

What about physiological differences? In the 1940's, psychiatrists did a lot of studies on the hormone levels of male homosexuals, and they reported that male homosexuals have high levels of female sex hormones and low levels of male sex hormones. They said, "Ah ha! A physiological basis. They differ hormonally from normal males." But everybody said that their techniques of estimation were so crude, who could trust results published in the 1940's? In the the 1970's, the research has been replicated, and a number of investigators report the same finding, that male homosexuals have high levels of female sex hormones and low levels of male sex hormones. Not all the evidence is consistent. Some studies find no differences, but a larger number find differences. This raises the possibility that there are really hormonal differences between male homosexuals and male heterosexuals. So that, tentatively, perhaps, we have to say that there is a possible genetic basis and a possible hormonal basis that maybe causes homosexuality. Surprisingly, the medical model receives some support.

What would the *Psychoanalytic Model* say about homosexuality? For the psychoanalyst the mature person becomes a heterosexual. What goes wrong that they stay a homosexual? One thing that can go wrong is a faulty identification. For the young boy to become a mature heterosexual male, he has to model himself on his father. But what happens if his father is absent, if there is no male figure around? Or perhaps his father is a weak, ineffectual kind of person. Or maybe his father is brutal and sadistic and, rather than wishing to model himself upon his father the young boy fears the father and rejects masculinity and the behaviors that his father shows. In these circumstances he may not identify with his father. He is much more likely to choose his mother as a model and adopt her attitudes, her values, her interests, and her behaviors.

A second possibility from the psychoanalytical model is that the boy may develop an unusual fixation. Perhaps his father seduces him in some way or develops a close erotic relationship with his son and, as a result, the son develops an unusual fixation upon his father. Maybe in his sexual relationships later in life, he is seeking father substitutes or men who are like his father. Perhaps his mother is absent, and so he doesn't get a chance to develop a heterosexual interest in his mother. He only has a male figure around.

A third possibility for the psychoanalytic model is that homosexuality may be a defense. What might you be defending against? Well, perhaps the young boy has a very competitive, masculine father, and the father is always concerned, "Can my son do as well as I can? Can he run as fast? Is he as good in school? Is he as strong and powerful?" That can be very threatening for a young boy who is pretty much incompetent and can never be better than his father at almost anything. The boy may just opt out of the competition. "I don't want to compete with men. I don't want to compete with my father, or even any other man." So he adopts an unmasculine role in life, a more passive role. Maybe he will even model himself upon his mother and choose feminine interests so that he doesn't compete with his father.



A second defense or reason why the boy might defend by becoming homosexual is that he hates his father, or perhaps a brother, but to acknowledge that hate consciously would be too anxiety provoking. So he shows reaction formation. He develops a strong attraction or attachment to male figures. Primarily it is a reaction formation against the hostility he felt as a little boy when confronted by his powerful father. A third possibility that might arouse a defense mechanism and that would lead to homosexuality is if the mother is very seductive to the young boy, but with the father around. The mother maybe washes the boy into a late age, encourages him to sleep with her, praises his masculinity and his manhood, kisses him a lot, but the father is around, and the little boy will be anxious, "What will Daddy say? Maybe Daddy doesn't like this behavior. Maybe Daddy will punish me in some way." So he may decide that it is much safer to repress his heterosexuality. "I don't want the anxiety of how my father will react if he sees me as a rival for Mummy." The boy represses his heterosexuality and ends up, as an adult, as a homosexual. When I read what the psychoanalysts say about developing into a mature heterosexual, it seems to me that so many things can go wrong that it is quite remarkable that most of us end up normal from their perspective.

Let's just consider one or two of the other perspectives in brief. What about the *Social Model*? In the social model it is the label that is critical. If the little boy does not act very masculine, if he acts effeminate, if he is quiet, passive and likes to read, he is likely to be labeled. "What's wrong with you? You're a sissy." That label, sissy, may have an effect. "They called me a sissy. What does that mean? Am I a sissy?" That may inhibit him in his relationships with other friends, especially with male peers. As he gets older the label will no longer be "sissy." "There is something queer about him. He is queer. Is he a homosexual?" "Am I?" That will inhibit him in his dealings with girls. "Maybe they say that I'm homosexual." So the labeling process serves to isolate the young boy from heterosexual relationships, from friendships with fellow males and the normal peer relationships, and he comes to see himself eventually as a homosexual. Homosexuals refer to a period in life called "coming out," the period when you deal with the issue of "What am I?" The act of "coming out" means that you accept that you are homosexual. You accept the label. Many homosexuals report that this is a very traumatic period, a period full of depression, anxiety and confusion, and it is resolved when you finally give in and accept the label.

In the *Humanistic Model*, homosexuality is not seen as a deviant behavior. Everybody's experience is valid. Why should I invalidate this person's experience because they're homosexual? From Abraham Maslow's point of view, to be exclusively anything, for you to be an exclusive heterosexual, is abnormal. Why should you be so rigid? You do not eat the same food every night for your supper! Why should you only have sex with the same kind of individual, in the same manner? For Abraham Maslow, a humanistic psychologist, to be exploratory, to be curious, to be willing to experiment, is to be healthy. It is found frequently that healthy people, as defined by Abraham Maslow, engage in homosexual behavior much more often than less psychologically healthy people. That is a very different perspective.

Finally, we can look at the *Religious Model*. In the religious model homosexuality is not the result of anything. It is the cause! It is the sin that you commit that begins your path towards becoming mentally ill. Homosexuality is a cause, rather than a result of anything.

Therefore, we have these six different ways of looking at homosexual behavior. Perhaps you can take the other sexual deviations and try and apply the same six perspectives so that you can gain an understanding of the other sexual deviations.

## LECTURE FIFTEEN: NEUROSIS

The topic of today's lecture is neurosis, and I will describe the views of three psychologists, Hans Eysenck, David Shapiro, and Andras Angyal. Before I start, it makes some sense to refresh your memory, and mine, about what is exactly is a neurosis. The neuroses are long-term, maladaptive, disturbed behavior patterns that have as their basis a high level of anxiety. This anxiety is manifest in various ways. In the phobic, the anxiety is focused on a particular object. A phobic may fear a cat, open spaces, or closed spaces, and this fear is abnormally intense and irrational. It is not merited by the object that is feared.

The obsessive-compulsive neurotic focuses the anxiety onto the performance of some compulsive act or obsessive thought. For example, George Kisker has described Linda M., a forty year old woman who was referred for treatment because she felt compelled to wash her hands 50 to 60 times a day, although she was unable to give any reason why she did this. During the course of treatment the patient revealed that she was obsessed with the idea that she will reach out and touch somebody else's genital organs although she has never done this and realized that she is very unlikely to do it.

In a conversion reaction, what we used to call a hysterical neurosis, the anxiety is displaced into a somatic symptom, and the person has some sensory loss or some motor paralysis. George Kisker described Fred, a fifty year-old married man, who developed a contracture of his left hand and a partial paralysis of his arm so that he held his arm bent in front of him as if it was in a sling, with his fingers bent towards the palm of his hand. He was unable to raise his arm above the level of his shoulder, and he could move his fingers only slightly. The important thing to remember is that there was no organic or physiological reason for this. It was psychologically caused. These kinds of behaviors that are the neuroses.

Let's begin by discussing the view of Hans Eysenck.

### Hans Eysenck

For Hans Eysenck, there are two major, basic dimensions of personality, and I have to talk about these before I can apply his view to neuroses. The first and critical dimension of personality is what we call emotional stability. People can vary from being emotionally very unstable on the one hand, to being very stable on the other hand. Most of us are somewhere in between. Eysenck called this dimension, neuroticism, and it is very crucial to his ideas about neurosis. But his second personality dimension, one that I've mentioned from time to time in these lectures, is that of extraversion versus introversion.

Let me describe the extremes. The extravert is characterized by two main traits. First of all the extravert is very sociable. The extravert likes parties, has a lot of friends, is very garrulous, talkative and entertaining. But the extravert is also impulsive. The extravert tends not to think through decisions clearly, but to act upon whim, to act impulsively, to follow his own impulses when and wherever they might lead him. The extravert tends to be sexually promiscuous, smokes a lot, wears bright colored clothes, and likes noisy music. At the other extreme, the introvert is shy, quiet, reserved, not outgoing, prefers to be alone to read a book in

the evening rather than go to a party, and to have one or two close friends but not a whole group of friends. Again, it is important to remember that extraversion and introversion are not discrete categories, but a dimension, and most people fall somewhere in between. Maybe we are a little bit extraverted or a little bit introverted. Very few of us fall at the extremes.

Thus, for Eysenck, people can be described in these two dimensions. How neurotic are you? And how extraverted are you? Now this dimension of extraversion/introversion is critical to his notion of neurosis, and let me explore it in more depth. How do extraverts differ from introverts? One way that they differ according to Eysenck is in their ability to learn, to be classically conditioned. In classical conditioning, there is some unconditioned stimulus that produces a response from you. To be injected with apomorphine makes you feel nauseous, and you will vomit. What you do is you prevent some conditioned stimulus prior to the apomorphine, perhaps a picture of a drink or a glass of Scotch; then you are made nauseous and you vomit; and eventually you become nauseous and you vomit to the sight, to the taste, and to the thought of a drink. This is classical conditioning. Eysenck argued that introverts would classically condition faster than extraverts, which means that they will acquire new responses to old stimuli, that is, they will learn faster than extraverts. This is a very important difference between the two.

A second way in which they differ is when you put them in sensory deprivation. What does this mean? Perhaps one example of deprivation is solitary confinement in a jail cell. The amount of stimuli that is coming in from the environment is cut down. This can be exaggerated by putting somebody in a sound-proof room, by putting blinders over their eyes, by suspending them in a bath of warm water and by playing white noise very loudly, so that they hear, see and feel no variation in stimuli. People can tolerate such conditions of sensory deprivation for only a very short period of time, but the introvert can tolerate them for a longer period of time than the extravert.

A third way that they differ is in terms of simple motor tasks. For example, if you get a pencil and tap it on top of the desk as fast as you can, what you find is that the extravert blocks more often than the introvert. The introvert can keep up that task, very quickly, for a very long period of time without showing any block, whereas the extravert will fumble, will stumble and will not be able to keep up the pattern. Thus, extraverts and introverts differ in a wide variety of behaviors, and Eysenck characterized the extravert as having a stimulus hunger. They need stimuli, novelty and variety; whereas the introvert has a stimulus aversion. "I don't want such noisy music, so many friends, I want to be quiet, I can only handle one thing at a time."

In fact, Eysenck saw the underlying cause of the differences between extraversion and introversion as lying in the central nervous system. The extravert, he felt, had an inhibitory central nervous system. It tends to dampen any stimuli that came in. You see something and the brain dampened down the electrical reaction in the brain to that stimulus. Whereas the introvert has a very amplifying nervous system. A stimulus comes in, and it is as if the central nervous system of the introvert builds up and amplifies that stimulus. What has all this got to do with neurosis?

Eysenck postulated that there are two distinct kinds of neuroses. One kind he called dysthymia. The dysthymic neurotic is the obsessive-compulsive and the phobic. These neurotics

for Eysenck are highly neurotic, but introverted. In opposition to the dysthymics (the phobics and the obsessive-compulsives) we have the hysteric neurotic. The hysteric-neurotic, for Eysenck, was a neurotic extravert. There are introverted neurotics and extraverted neurotics, and they are very different. They show very different kinds of behavior patterns.

One interesting relationship here is that between hysterical-neurosis and psychopathic behavior. The hysteric neurotic is neurotic and extraverted, and that is found to be true of the psychopath. Eysenck suggested that these two behaviors, hysterical-neurosis and psychopathic behavior, are related. What we find is that hysterical neuroses are much more common in women and psychopathic behavior is much more common in men. Eysenck sees these behaviors as the same disorder but manifesting itself in one way in women and in a different way in men. Both the psychopath and the hysterical-neurotic are extraverted neurotics. According to Eysenck, they inherit the disposition to be extraverted neurotics, but the behavior disorder that results will be different for men and women.

What kind of perspective of abnormal behavior does Eysenck fit into? Well it is obviously a learning perspective since learning is crucial in the model. But it is also a medical model since Eysenck argues that the disposition to be extraverted and introverted and to be neurotic is inherited. It is in your genes, and it is manifest in the way your brain functions. So what we have is a mixed model.

The ability to learn is inherited. How might this learning be crucial for the neurotic? Let us take the phobic. Let us say we have a small child, and one day a cat jumps on the bed of the child and maybe suffocates the child. What we have is an unconditioned stimulus, suffocation, which in the child would lead to panic and fear and a great deal of trauma. If this is preceded by the cat jumping on the child's face, the child might easily learn to feel fear and panic as a result of the cat which preceded the suffocation. Now introverts classically condition very easily. They learn very quickly so that, for the small child to whom this happened, this may happen only once in its life, but it may result in an abnormally intense fear of the cat. The extravert is a very poor learner and does not condition very easily, and so the extravert will not learn to fear cats as a result. Only the introvert will, and so it is the introvert who will become the phobic, not the extravert.

Let me move on to the views of another psychologist, David Shapiro.

### **David Shapiro**

David Shapiro argued that people are consistent. He said people do not behave in a normal way except for some bizarre symptom that they manifest. All the symptoms fit into a life pattern. Shapiro said, "When I think about neurotics, they seem as if they're this normal person with a phobia, with an obsession, and we know very little else about them." Yet we know that the symptom must fit your life-style, and what Shapiro set out to do is to describe the full personality of the neurotic, to give a really complete picture of him or her, so that, for example, if we think about the obsessive and the compulsive we know what kinds of people would become obsessives and compulsives. If we heard that a bookkeeper was an obsessive we would say, "That makes sense, it fits in with their lifestyle." Or if a scholar became an obsessive, we would

say, "That fits in with their life-style." It is not enough to say an obsessive washes their hands because it is reaction formation against some anal wish they had when he was a three year-old. What about the rest of their lives? We have to explain the rest of their behavior. Shapiro describes the life-style of neurotics.

I would like to start with the obsessive-compulsive neurotic. The first thing that Shapiro noted about the obsessive-compulsive neurotic, was that they are rigid. They are not just rigid in their thinking and their behavior, but in everything about them - in their body posture, for example. They sit rigidly. Their social manner is rigid. Their thinking is rigid. They tend to be very dogmatic and opinionated. They are very resistant to influence. You just cannot influence them. Shapiro gives a very nice example of an obsessive-compulsive discussing a house that a friend of his is going to buy. The friend says, "It seems to be a pretty good house," and the obsessive-compulsive says, "The roof will leak, you've got to watch it!" And the friend says, "But the roof is pretty good. I had it checked." "If it's not the roof, I'm sure the plumbing will be terrible." His friend says, "But the plumbing is pretty good." "Then it's the wiring. I'm telling you, you will never be satisfied with that house." The obsessive-compulsive cannot be deflected from his point of view. *That* house is bad and, whatever you say, he is going to think that it is bad. You can't argue him out of it. You can't influence him.

Another characteristic of the obsessive-compulsive is that their attention is very sharply focused. It's not vague. They notice every detail about a particular situation. They are almost technicians. So that, if the obsessive compulsive is worried about dirt, they will notice every piece of dirt. "There is a little piece there" or "That floor is dirty there." They notice every detail. But what this means is that they concentrate so hard that they miss so much. You know the old expression, "You can't see the forest for the trees." That is true of the obsessive-compulsive. Play a piece of music for the obsessive-compulsive. They may notice the scratches on the record or that the two speakers differ in quality. They may say, "Did you hear that flute come in at the wrong time?" or "That trombone was not quite right there." But what about the piece of music, the whole impression, that grand sound? That they miss. They are focusing on the specific details, the technical details. They hear the sounds but they miss the music.

A third characteristic, is that they're very industrious. The amount of energy, the amount of activity that the obsessive-compulsive does is phenomenal. The only trouble is - it does not have a productive goal. For example, the housewife who cleans, and recleans her house night and day, who gets up at one a.m. in the morning to wash dishes, and who, when you flick your cigarette ash in the ashtray, immediately jumps up and cleans the ashtray out. She is putting in a lot of activity, producing a huge amount of energy, all for no purpose. There is a whole lot of effort involved. The obsessive-compulsive can never do anything with an effortless style. Everything has to be planned or scheduled. The obsessive-compulsive cannot relax. If you say, "Be carefree, relax, be spontaneous," they cannot. They say, "Well how can I be relaxed? I'd better do this" and "I'd better do that" or "I *must* do that if I am going to be relaxed." Their behavior seems driven. The important thing to remember is that they are driving themselves. They are both the driver and the driven. Their whole life is dominated by what must be, rather than what they want.

When they come to making a decision, it is so difficult for them to come to a decision. “What is the correct solution?” They think, they obsess, they worry about it for days, weeks, months, years. They need a rule to follow. In the end they make the decision arbitrarily. They may obsess about it for months and then just say, “I’ll do this!” That sets the rule, and therefore, they can always follow that rule in future. Shapiro gave the example of a lawyer who, every morning rather than decide what clothes to wear and whether this matched this, would get a color wheel and say, “If I’m wearing a blue tie,” and he would set his wheel and say, “That means that I must wear this color shirt.” He had a rule to follow, and it made his life simple. Not, “What do I want to wear?” but “What ought I wear?”

It sometimes seems that the obsessive-compulsive must not be in touch with reality because, after all, their worries are really very absurd. Say that I’m an obsessive, and I really worry that there is dirt here on this table, and I’ve cleaned it. Do I really believe that it is dirty again? If I really did, I’d be psychotic. I’d be delusional. But, if you listen to the obsessive-compulsive, they never say the table *is* dirty. They say it *might* be dirty, because “While I was talking to you, maybe some insect flew down and touched it and dirtied it. Or maybe some dust drifted down and settled on it.” It could be dirty again, not it is. But it could be and, therefore, “I’d better clean it again to make sure.” So they don’t actually believe that the table is dirty, but they can tell you how it might have got dirty.

Now, in contrast with the obsessive-compulsive, let us look at the hysteric neurotic at the other extreme. The hysteric neurotic uses repression a lot. They forget things, they block things out of awareness, and their thinking facilitates this. For example, when they see something, they act very impressionistically. They have very vivid and interesting impressions of things and people. You ask, “What do you think of Joe?” “He is fascinating. He’s big. He’s this, he’s that.” Just a vague impression that can be clever. It can capture some of the essence of Joe. However, the thinking is global and diffuse and, if you say, “Tell me a little bit more in detail about Joe. What color eyes does Joe have?” “That I don’t know.” “What kinds of things does Joe say?” “I don’t really know that.” They have not attended to detail, their perception lacks sharpness, but they have this impression of what is going on.

They find it very difficult to concentrate. They are easily distracted by some stimulus that takes their concentration away from what they were focusing on. They are easily influenced, therefore, and in fact they are very ignorant people. Because they relate to the world in terms of impressions, they accumulate very few facts. The obsessive-compulsive accumulates facts and doesn’t have impressions. The hysteric is the opposite. No information, but an impression about everything. This kind of thinking and perceiving facilitates forgetting. It is easier to forget things that you haven’t noticed the details of. An impression is easier to forget than a fact, sometimes.

A second quality is they are very romantic. They tend to think nostalgically and sentimentally. They tend to idealize everything that they like and to dramatize and exaggerate things that they do not like. They tend to think, “Everything will turn out okay. I don’t have to worry.” They tend to be very optimistic. They tend to be theatrical and to play act, to be histrionic and to exaggerate. But they never seem insincere or manipulative. They do not seem as though there is some ulterior motive behind their behavior, but they really are sincere, child-like people. Shapiro gave a case of a woman whose sister seduced her first husband and, after she had

divorced this first husband and remarried, her sister came to stay with her again. The sister seduced the second husband and, when Shapiro interviewed her, the woman she said, "I just never thought that would happen." The woman had a romantic notion that everything would turn out okay. "I don't have to worry about my sister." She was truly surprised when the same thing happened a second time.

The emotions of the hysteric are impressionistic too. They are very intense, and they are very brief. They are not thought through, articulated, complex, or well developed. The hysteric sometimes feels as though the emotions are something that falls on them from above - that come from the outside of themselves. "Was that really me that felt that?" So their emotions fit into the whole of their lifestyle.

What model does Shapiro fit into? That is very difficult. I am sure you could not guess. What he is doing is describing phenomenologically, almost humanistically, what it is like to be a neurotic, what the neurotic is like. In fact, he is a psychoanalyst, and a lot of his writing and his descriptions of neurotics is couched in psychoanalytic terms. I did not use the terms simply to make his descriptions more understandable to you. He believes in psychoanalytic theory, the notion of unconscious wishes, and so on, but he just feels that the simple psychoanalytic theory needs to be fleshed out, to be made meatier in order to give us a fuller picture of what the neurotic is really like.

The third psychologist I want to talk about today is Andras Angyal.

### **Andras Angyal**

Andras Angyal sees personality as integrated. People are not like apples into which some worm has crawled and made a little part of the apple rotten. People are a whole. They are a gestalt. They are holistic. Angyal has no use for terms like *ids* and *egos*, or introverts and extraverts. He does not talk in these discrete terms. He is interested in a more global position. He sees neurosis as a complete pattern of living, as a complete organization of your personality. The best way I can illustrate what he means is by a kind of perceptual analogy.

If you were to look at this figure here what do you see? Most people, in this figure, initially see a vase, an object to put flowers in. But, if you look at it intently, you will notice it can also be seen as two faces of people looking at each other. Now, as your perception shifts from the vase to the two figures looking at each other, everything in the figure stays the same. The picture didn't shift. It was your organization of those visual elements that shifted. In an analogous way, Angyal sees a neurotic organization as consisting of all of your behavior, all of your wishes and thoughts and actions, but organized, perceived and integrated in a unique way. So one can switch, according to Angyal, from being healthy to being neurotic. Your behaviors might be very similar, but the organization of those behaviors would be very different.

Let me describe the two main patterns of neurotic organization that he described. The first is called the pattern of vicarious living, and this is the pattern that's true of the hysteric. What the hysteric is doing, according to Angyal, is repressing his or her true personality and assuming a substitute personality. They are playing somebody else. This is not multiple



personality. They don't have two personalities. They only have one. They have their true inner self, and then the one that they assume, the role they have to play when they are with other people. The hysteric acts, as it were, as "I ought to." I suppress my true inner self, and I act as I think I ought to act in order to get approval from you. What does this mean for the hysteric? It means that they feel very empty because their behaviors are not rooted to their true inner self. They are often very dissatisfied with the solution, and they escape from these feelings by seeking approval from others for their role. That makes the hysteric very extraverted. They need your approval for their assumed role. What is the cause of doing this? Why should someone adopt this pattern of vicarious living? Angyal argued that it starts when the child is unloved and feels unwanted and worthless. A child who feels unloved by his parents is likely to feel that it is not the parents' fault, but that it is his fault. "I'm unloved because I must be unlovable. Therefore, if I'm unlovable, I must change. I must suppress what I really am and assume some other role so that my parents will love me and so that you and other people will love me." So I suppress my true self and begin to act vicariously - to seek a new role that other people will approve of.

The second pattern of organization for neurosis that Angyal described is called the pattern of non-commitment. In the pattern of non-commitment, you are not sure how to view the world. Is the world hostile, or is it friendly? I find it very difficult to make up my mind. I am very uncertain, do I love you or do I hate you? I don't know. Maybe I think both. So I feel very ambivalent about you and about everybody I know. The symptoms of the obsessive-compulsive neurotic who has this pattern of non-commitment can be seen as a search for ways to dispel this confusion. How should I relate to the world? Is something nice going to happen to me today? Or nasty? Is my boss going to yell at me, or pat me on the back? How can I dispel my anxiety about that? Well, maybe by a ritual or by an obsessive thought. Maybe you remember when you were a child, if you didn't step on the cracks between the paving stones, everything would work out okay that day. It made the day predictable. "It'll be okay but, if I step on a crack, it's going to be such trouble today!" You develop these rituals and these obsessions and compulsions as a way of dealing with your anxiety - your uncertainty about the future.

Why should people develop this behavior? Angyal said that it develops in children who have parents who are inconsistent, and there can be two kinds of inconsistency. It could be that any one parent is predictable. It could be that every day, when your father gets home from work, you say, "I wonder what he is going to be like today? Is he going to scream at me? Is he going to yell at me or is he going to be friendly?" Maybe you won't be able to predict. There is no way you can know what he will be like when he gets home, and you have to sit and wait. You fear, "Is he going to yell or is he going to be friendly?" Or it may be that your two parents are inconsistent, that your mother says one thing and your father contradicts it. And you think, "What is right, what do I really believe? Is the world this way or, is the world that way? Am I really good, or am I really bad? They say different things." A child raised with inconsistency in the parents' behavior towards the child will end up feeling that the world is universally ambiguous. This will lead to symptoms of confusion and fear, and to rituals to dispel that confusion. These rituals will eventually turn into obsessions and compulsions.

So let me summarize the difference for Angyal between the hysteric and the obsessive-compulsive. The hysteric sees the world as depriving. He is unloved and unlovable. His desires remain unfulfilled. He sees himself as unliked and unlikable, and his main goal in life is to get

friends, to get social support and social approval. On the other hand the obsessive-compulsive sees the world as threatening. He fears being attacked, and he feels very defenseless in the face of this attack. His whole aim is to ward off his enemies. "How can I prevent the attack from coming?"

What kind of perspective does Angyal fit into. Which of the perspectives that I've talked about does Angyal fit closest to? Well, first of all he is humanistic, and he is humanistic because his view of mankind is holistic. We don't atomize you. We don't split you up into cells or into *ids* and *egos*. We consider you as a complete, integrated human being, and that holistic view of man is a humanistic viewpoint. Secondly he is phenomenological. What is it like to be the neurotic? Shapiro told us what it is like to look at the neurotic. "They are rigid, they are this, and they are that." But Angyal is saying, "What is it like to be a neurotic? What is a hysteric feeling? What is a hysteric fearing?" When I read Angyal's work I feel I have a better sense of what goes on inside the neurotic than I do when I read other peoples' work. When I read about somebody with a phobia I say, "What is the phobic thinking? What is the phobic scared of? What is a hysteric, who has this paralyzed arm, thinking and experiencing?" It is Angyal who gives me this idea of what's going on inside the hysteric.

If you think back to the views of Carl Rogers, whom I talked about when I talked about the humanistic model, you will recognize that Angyal's views fit with Rogerian views. The crucial thing for the child is to feel unconditional positive regard - that he or she is loved no matter what he does, and that there is consistency and love in the way he is treated.

Maybe one final point in this lecture. I described three points of view about neurosis, and I described six perspectives earlier on in these lectures. What you will notice is that these theories don't fit simply into any one of those perspectives, that any particular theory that we may come across, or that we may talk about, during these lectures will not fit very simply into one perspective. Quite often the theory fits into several perspectives. So perhaps I should end by cautioning you that, although I may talk as if everything is very simple - there are six perspectives and three theories - the study of human behavior is nowhere near as simple as that.

## LECTURE SIXTEEN: SCHIZOPHRENIA

Schizophrenia is the most severe psychological disturbance in our society. The schizophrenic finds it very hard to function, even to exist. There is a one percent chance that you might get schizophrenia, and if you get it the chances for recovery are very, very poor indeed.

Nearly everybody “knows” that schizophrenia means split mind. I always advise people to forget that piece of information because it will make you confuse schizophrenia with multiple personality, which nearly every newspaper writer in America does. Multiple personality, where you have two contrasting personalities that you manifest at different times, is a neurosis, nowadays called a dissociative disorder. Schizophrenia is very different, and the way to remember what schizophrenia is, is to focus on the symptoms involved in schizophrenia. There are six major symptoms.

First, disorientation. “Who am I? Where am I? What day is this? What year is it?” and so on.

Second, delusions, thoughts that are contrary to reality. If I were to say that I was Napoleon or the President of the United States, I would be deluded. Or, maybe, I think there is a thunderbolt in my head; which came into my head one day when the lightning flashed. That is a delusion.

The third kind of symptom is a hallucination; I see, I hear, I feel things that are not really there. “I see somebody standing over there,” but there really is nobody there. “I hear a voice,” but nobody is talking. Those are hallucinations.

There are also emotional disturbances. I cry uncontrollably without there being any reason for me to cry. I giggle inappropriately, or perhaps I swing from one extreme emotion to another extreme emotion without there being any reason to do so.

There may be disturbances in verbal communication. I may use words that nobody has ever heard before. I may make up my own new words. I may talk illogically. It may sound as though I am making associations randomly, and you cannot follow my thought processes.

And finally, there are disturbances in non-verbal communication. I may rock back and forth for hours on end. I avoid making eye contact with you. Perhaps I stay motionless holding a particular position for so long that you would find it painful to do that. Those are the symptoms of schizophrenia.

One of the major problems that we have when we study schizophrenia is, “How many kinds of schizophrenia are there? Are all schizophrenics alike? How can we classify them?” One way, of course, is by the major symptoms that they show. If a schizophrenic primarily has delusions - delusions of persecution or delusions of grandeur - they are likely to be labeled *paranoid schizophrenic*. The label paranoid reflects the major symptoms that they show. If the disturbance is motor, and the person lies on a bed and does not move for hours on end, he will be labeled a *catatonic schizophrenic* since the immobility and the failure to move is the most

striking symptom. If the emotions are inappropriate, the person giggles and is sad inappropriately, and if there is some problem in communicating. They are likely to be labeled a *hebephrenic schizophrenic*.

A second way we can classify schizophrenics is by the course of their disorder and their chances for recovery. The *process schizophrenic* is someone in whom the disorder was apparent at a very early age. There was something odd about the person as a child. They gradually got worse and worse as they got older until, perhaps, as an adult they were no longer able to function or to exist in society by themselves. That is the process schizophrenic. The *reactive schizophrenic* seems to be reacting to some stress. They are going along relatively normally in their existence until some trauma occurs and then they break down completely. They do not simply grieve or get depressed, but completely disintegrate. They are reacting to an external cause. The chances for recovery of the process schizophrenic are very poor indeed. Most likely, they will live in a psychiatric hospital or half-way home most of their lives. The reactive schizophrenic stands a very good chance of recovery.

When one looks at the families of the two types, one finds great differences. The process schizophrenic, the severest form, often has an over-protecting but rejecting mother and a rejecting father, and you often find that the brothers and sisters of such a schizophrenic are also strange people, even disturbed. The reactive schizophrenic has relatively normal behaving parents, protective, but to the right amount, and accepting parents. The brothers and sisters tend to act normally, too. There does not seem to be some family system in which everybody seems to be disturbed.

It is not easy to classify schizophrenics, either by symptom or even into process versus reactive. One really should view a dichotomy like process/reactive as a continuous dimension, and there are a few extreme schizophrenics who are clearly process schizophrenics and a few who are clearly reactive schizophrenics, but most of them fall somewhere in between. I think it is crucial for us, if we are to understand schizophrenia, for psychologists to develop in the next few years, better ways of classifying and labeling them because there are very many kinds of schizophrenics. They are a very heterogeneous group. They share very few causal factors in common, and the only way we will understand them more precisely is to better understand how to classify them.

### **Genetic Causes**

Let me move on to the causes of schizophrenia, and perhaps the most interesting to consider, first of all, are the genetic causes. There is very good evidence that schizophrenia is inherited, and the best evidence of this comes from studies of twins. As you probably know identical twins have identical genes and, if you have an identical twin who is schizophrenic, the chances that you will be schizophrenic too, is 92%, almost certainty. If you have a non-identical twin, somebody who was born at the same time but does not share the same genes, the chances that you will be schizophrenic is only about 15%, much lower than the 92% for identical twins. In fact, if your non-identical twin is schizophrenic, you have no more chance of becoming schizophrenic than if your brother or sister, who is older or younger than you, is schizophrenic. This kind of evidence suggests a strong genetic component to schizophrenia. You might argue that, "Identical twins are treated differently. They are always dressed alike, and everybody

confuses them, Is this Ann or is this Mary? Who is who?” Maybe it is the way they are treated that makes them more similar to each other, and maybe even to become schizophrenic. So the critical study to do is to find identical twins who were orphaned at birth and who later in life became schizophrenic.

So, let us take this hypothetical situation. If you have an identical twin who was separated from you at birth and raised by a different family and who now is schizophrenic, you have a 78% chance of being schizophrenic yourself, even though you were raised in very different families. That is extremely high. That evidence, again, suggests that there is a strong genetic component to schizophrenia. Let me show you a chart that illustrates your chance of becoming schizophrenic from various relatives you might have who are already schizophrenic.

#### The chance of you being schizophrenic if a relative is schizophrenic

Identical twin (reared together with you)	92%
Identical twin (reared apart from you)	78%
Child with both parents schizophrenic	68%
Child with one parent schizophrenic	16%
Non-identical twin	15%
Sibling (brother or sister)	14%
Half-sibling	7%
Nephew/Niece	4%
First cousin	3%
Spouse	2%
Step-sibling	2%
Unrelated and living apart	1%

As I said before, if your identical twin is schizophrenic, the chance that you will become schizophrenic is 92%. If one of your parents is schizophrenic, there is a 16% chance that you'll be schizophrenic; if both parents are schizophrenic, a 68% chance. If your nephew is schizophrenic you have a 4% chance of being schizophrenic. If your first cousin is schizophrenic, there is a 3% chance that you will become schizophrenic. This is the kind of data that psychologists use to support the notion that genetics are very important in the determination of schizophrenia.

### Physiological Causes

Let us move on to physiological causes of schizophrenia. There are a large number of physiological theories of schizophrenia. In fact, there is probably a new one each year. Psychologists study the blood or the urine or the sweat of schizophrenics and say, “It's different from the blood or the urine or the sweat of normal people. There really is something different.” The only trouble is that each year there is a new theory, and so some psychologists tend to be very skeptical of these latest discoveries. However, there is some evidence that there is something abnormal about the physiological functioning of schizophrenics. For example, in one study, the blood of human schizophrenics was collected, and a little bit of it was injected into spiders. Then those spiders were allowed to spin webs. Let me show you some pictures of those webs. (*picture here*) These are the webs of some spiders who were injected with the blood from schizophrenic humans and were then allowed to spin webs. I think you can see that the webs are

very disorganized. They are incomplete, and they do not resemble the kinds of webs spun by the average spider. For a comparison, the blood of normal, non-schizophrenic humans was injected into some spiders, and they were allowed to spin webs. In this following slide you can see that their webs were perfectly normal.

(picture here)

It is not the injection of blood *per se* that makes the spider spin the strange web. It is the blood injected from a human schizophrenic that creates the disturbance. What is in the blood of schizophrenics that is so different that it even affects poor little spiders? Well, that, I'm afraid, we do not know, but we suspect there is something there to be found if we only knew what to look for.

A second approach has been to study the effects of drugs on human behavior. It used to be thought that LSD, when ingested by humans, produced behaviors that were very similar to those shown by schizophrenics. For example, people who take LSD tend to hallucinate; they tend to be somewhat disorganized and disoriented and to behave rather strangely. It was thought that LSD can produce schizophrenia. But, if you examine it more closely, the symptoms and the behaviors that people show under LSD are not really similar to schizophrenia. For example, under LSD most of the hallucinations are visual whereas most of the hallucinations of the schizophrenic are auditory. The person under LSD very rarely has auditory hallucinations, and these are important differences between the symptoms of schizophrenia and the effects of LSD.

But very recently, Solomon Snyder has found that the effects of taking heavy doses of amphetamines are very similar to the symptoms of paranoid-schizophrenia. To take amphetamines leads to auditory hallucination much more often than visual hallucinations, and in that respect it is similar to schizophrenia. To help amphetamine addicts, we use the same medication that you would use for schizophrenics – tranquilizers such as Thorazine and Stelazine and not barbiturates or sedatives. Thirdly, the memory of an amphetamine state, after you are off the amphetamines, is pretty good, just as the memory for a schizophrenic experience.

What symptoms do amphetamines produce? These symptoms are produced *only* if you take amphetamines in *extremely* high doses for a sustained period of time, but you get symptoms such as, at first vague fears and suspicions. “What was that? I thought I heard something. Someone’s trying to get me!” Then the vague suspicions crystallize around a specific fear. “The FBI is after me; the FBI is tapping my phone.” People report that an amphetamine party often starts with everybody very talkative and elated, and it ends with them all staring out the window or looking out the door, waiting for the expected attack from some enemy. Sometimes the person on amphetamines may act out their hallucinations and their delusions. “If somebody is after me, I had better get them before they get me,” and so they may act violently and aggressively and break the laws of society. You do get other symptoms too, such as stereotyped behavior. Snyder reported one person on amphetamines who spent the whole evening counting the number of cornflakes in a cornflake box, then putting them back in the box and counting them again. Another spent the evening rearranging pencils and rearranging and rearranging them - compulsive, stereotyped behaviors just as you sometimes see in schizophrenics. Snyder has tried to identify the particular brain cells and brain pathways that amphetamine affects, and he hopes

that by identifying the particular parts of the brain that are affected by amphetamines he can then postulate that those same pathways are disrupted in the schizophrenic.

### Psychological Theories

First of all lets look at the effects of being a very sensitive child.

#### Childhood Sensitivity

By childhood sensitivity I do not mean sensitive being emotionally responsive. I mean *acutely sensitive* to stimuli. Paul Bergman and Sybille Escalona described some children who had these extreme sensitivities to stimuli. Let me give you an example. They found a little girl, called Stella, who was very sensitive to light. Whenever there was sunlight, she turned her head from it, and she would squint when out in the open air. Whenever she heard a loud voice or someone clapped their hands, she cried. She never banged on the piano keys when she was a little child, but she used to play it very softly. She liked soft musical sounds. She disliked cold air, she disliked hot weather, and even certain tastes made her gag. She was very sensitive to stimuli. She wanted them with very little intensity. If they were too bright, too loud, too noisy, too tasty, she became upset. Bergman and Escalona followed up the children that they found who had these extreme sensitivities in their infancy and found that they all later became schizophrenic. They asked what is it about being acutely sensitive to stimuli that makes you psychotic when you grow up?"

Asenath Petrie has pursued this. She has argued that, when you are born, a horde of stimuli are around you, and it must be very confusing. You do not recognize any of them. You just see sights and you hear sounds, and it is very confusing. If they are very intense, you are being bombarded by so many stimuli that you just cannot cope. What can you do if you are born with this extreme sensitivity to stimuli? You might disintegrate immediately, but one way you can cope is to try and block them out, to become what Petrie calls "a reducer." You try and block out the stimuli, not attend to them, close your brain off to them. She has argued that schizophrenics are born with extreme sensitivity to stimuli which they defend against by reducing the intensity of the perceived stimuli. What kinds of symptoms would this produce? If you cut off the intensity of stimuli that are impinging upon you, you are placing yourself in a type of sensory deprivation, sensory isolation, solitary confinement. We know that, when we place people in those situations, they begin to hallucinate. They are not getting enough stimuli because we are not giving them enough stimuli in the environment, and so they begin to invent their own - they hallucinate.

Petrie has argued that the person who blocks off the intensity of the stimuli from within will also be sensorily deprived, and will, therefore, have to hallucinate to generate their own internal stimuli. Consider the catatonic-schizophrenic, a person who lies in a bed for hours and days without moving. If you or I lay in a bed like that, we would get bedsores and excruciating pain, but the catatonic-schizophrenic does not seem to show the effects of that pain. Perhaps they do not even feel the pain. Again, by being able to reduce the intensity of the stimuli, they will not feel the pain as severely as we do. So there is good evidence that, perhaps, some schizophrenics are born as children with an intense sensitivity to stimuli that creates problems for them in adjusting.

A fourth cause of schizophrenia is seen to lie in the family, so let us turn to the study of the family.

### **The Family**

Despite my emphasis on the genetics and the physiology and the childhood sensitivity, I think that perhaps the family is the most important source of schizophrenic behavior. Your parents are crucial to your development and critical to your behavior. I think that most of the causes of schizophrenia can also be found in the family. Ronald Laing has carried out studies of schizophrenic families, and he sees schizophrenia as a strategy, a strategy that people adopt in order to cope with very difficult life situations. They are presented with stressors that are difficult to deal with, and schizophrenic symptoms are a way of dealing with them in the best way that they can, even though it disables them severely.

Laing presented the case of a girl that he called Sarah. Sarah began to develop her symptoms of schizophrenia when she was about 17. She began to lie in bed a lot; she would hardly get up except that sometimes she would get up at night. She brooded a lot, and her interests and her ability to function got less until she was severely disabled. When she was 21, her behavior worsened considerably. She began to believe that people were tapping her telephone, listening in when she called, and were reading her mail. She became quite agitated about this, and she had to be hospitalized. She was released after a few weeks, and she went to work in her father's office. All went well for a while, and then she began to think that people were opening her mail, were talking about her behind her back and intercepting her letters, and she quarreled with her father. Eventually her behavior became so disturbed again that she had to be hospitalized. On the surface, she appeared to be a simple paranoid-schizophrenic. She had delusions that people were tampering with her phone, opening her letters, and talking about her behind her back - paranoid-schizophrenia.

Laing believes it's important to interview the family, individually and in groups, the patient by themselves, and the patient and the family together. When he did this with Sarah and her brother and her parents, he got a very different picture of Sarah. Let me try and give you some of the things that he discovered. When he interviewed them all together, the mother and father assured Sarah that they wrote to her every day while she was in the hospital, and that they telephoned. However, they did not; they were lying to her. What is Sarah to believe? She either can believe that her parents are writing to her and that somebody is intercepting her mail, probably the head nurse on the ward, or she has to assume that her parents are liars and are lying to her. She chose to take the side of her parents. "My parents must be right, therefore it must be the nurses on the ward who are keeping my letters from me." Thus she makes an accusation. "You are keeping my letters that my parents sent to me; you're not letting me read them," and so she is judged to be paranoid. She has a difficult choice here. Who does she believe?

Laing asked the family, "How do you think Sarah is ill?" What did the family say? They said that she was lazy, stubborn, a slut, impudent to her father, rebellious and obscene. Maybe she was wicked, sinful and ill-behaved, but that does not sound like schizophrenia and it did not sound like schizophrenia to Laing.



One major problem the family had with Sarah was that she was angry towards her father. In the interviews, when Laing interviewed everybody, he found out that the mother and the son were also very angry towards the father, but the family permitted that. The mother and the son were allowed to express their anger towards the father, but Sarah was not! When she expressed her anger she was judged to be psychiatrically disturbed, by her parents, and in need of hospitalization.

Who wanted her hospitalized? Here Laing got into a mass of confusion. When interviewed alone, the mother said, "If Sarah will not give up her hostility to her father then I want her in the hospital permanently." When Laing interviewed the mother, with Sarah in the room, the mother said, "I don't want her in the hospital; it's her father and brother who want her in the hospital." Whenever the brother was interviewed in front of Sarah, he said, "No. I don't want her in the hospital, I think she should be at home." When Laing interviewed the father, the father said, "It's her mother who wants Sarah put in the hospital, but I don't agree. I support her; I take Sarah's side." Except that, when he was interviewed with Sarah, he never did take Sarah's side. What is Sarah to believe in this family? Who wants her in the hospital? Is it her mother, her father, or her brother? In fact, Sarah believed that her mother and her brother loved her, and that it was her father who wanted her hospitalized. That is as reasonable as any other assumption that she could have made. It is a very confusing family.

On a couple of occasions when Laing was interviewing Sarah and the family, Sarah would have to leave the room and immediately she left the room, the family would start talking about her and, when Sarah came into the room she would ask, "Were you talking about me?" They would say, "No, we weren't talking about you," and they would look at Laing and say, "Look how suspicious she is." But, in fact, they *were* talking about her. Sarah picked it up but, when she confronted them with it, they said, "No, that's not true. Why are you so suspicious? Why are you so paranoid?"

When she went to work for her father, the staff who worked for her father knew that she had been hospitalized in a psychiatric hospital, and they did talk about her behind her back. On a couple of occasions, Sarah found some mistakes that they had made in the bookkeeping, and she reported this to her father. That angered the staff, and they said, "Who is this girl? Coming in here, finding out that we are making errors!" They disliked her even more and talked about her even more behind her back. On a couple of occasions they did misplace her mail, so when Sarah said, "People talk about me at your office, Daddy. They talk about me behind my back, and they intercept my mail," actually that was true.

What right do we have to say that Sarah is paranoid? She's actually telling the truth. It is that her father denies that it is true. At home, her father did listen in on her telephone calls, he used to intercept her letters and read them, he used to insist upon his right to enter her bedroom even when she was undressed, or his right to tidy up her room. But when he was confronted with this he either denied it ("No I don't do it") or rationalized it and say, "But I do it out of love for my daughter." So, in fact, her feelings that people listened in on her telephone calls were perfectly valid. People did listen in on her telephone calls.

Why were the parents so upset about Sarah? It was very difficult for Laing to find this out. They were upset that she might get into trouble with young men if she dated them, yet they actively encouraged her to date young men and then they worried about her getting into trouble. They did not like her lying in bed so much, thinking. Her mother once said, "Sitting up all night thinking and not telling anyone what she thought. Not that we particularly want to know what Sarah's thinking or doing, although it's only natural that a mother should be curious." Psychologists call that a double bind. It is a communication which is filled with conflict, "I don't particularly want to know what Sarah's thinking, although it's only natural I should want to know." She's saying, "I don't want to know and I do want to know," all in the same sentence. The family used to give her sleeping pills and tranquilizers to try and stop her thinking because they couldn't tolerate her thinking. They also did not like her reading the Bible. Her father was an orthodox Jew, and you might think that reading a Bible in such a family would be great, and they would encourage that. Oh, no! As the mother said:

Is it normal for a girl to sit up all night and read the Bible? I think it's nice to read. I read. I read a magazine or a book, but I've never read the Bible. I've never heard of it! If I saw another girl read the Bible I would come home and say, "That girls got a kink somewhere." I mean, you know about it, maybe look at it for five minutes, just to glance through it, but you never make a study of the Bible. I could never sit down and read the Bible for two or three solid hours. I don't think she even reads it, I think she just glances at the pages.

They really didn't like her reading the Bible! They were alarmed, concerned and dismayed, and they disparaged the behavior. But, in fact, the only reason she read the Bible was that her life was so confusing. She has this mother, this father and this brother who do not make sense to her, and what she was desperately trying to do was come to terms with her experience and looking for it in a religious sphere. "How can I make sense of my existence, my life?" She turned to it to try and find some solution, some answer, but it just increased the problem that she had to face from her mother, her father and her brother.

Let me give you one final example of this family - about Sarah's lying in bed. They shouted at her to mend her ways, saying that "Now she was grown up, she shouldn't behave like a baby." Their actions, though, were at complete variance with this. Whenever she wanted to get up, her mother would cook her breakfast, whatever the time. When Laing asked, "Why don't you lay fixed times down for your daughter's meals and refuse to let your routine to be disrupted?" the mother said, "If I did that, I would feel so guilty. I'd feel like a bad mother." So that the mother rewarded Sarah when she stayed in bed and got up whenever she wanted, but then she complained about it.

Now, let us consider Sarah. What is going on with this girl? Is she really disturbed? The major problem when you read about Sarah and cases like hers is that she lacks a certain quality – self-confidence and independence. What she needs to do is get free from this family. She needs to say, "Look! I'm not crazy; you're crazy. I'm perfectly sane; you're the ones who are screwing me up." But Sarah doesn't have the *ego strength*, the maturity, to do that. She is critically dependent upon her parents. She needs them, and, in that respect, she is disturbed because she does not have the independence to exert her own autonomy and follow her own wishes. She gives in to them, and the way she gives in to them results in schizophrenic symptoms. She

withdraws from the family, she lays in bed, she broods, she reads the Bible, and she cannot hold a job down. In a way she is ceasing to function adequately in her society, but partly because she does not have the maturity or the strength to face up to these parents. A lot of people read cases of girls like Sarah and say, "It is the family that's crazy." But the family is not crazy and not disturbed. They are functioning well. They are making a scapegoat out of Sarah. They may be putting all their problems onto her, but they're holding down jobs, they are maintaining relationships, and they are married. They are pursuing their interests, and they are functioning well in society. They are not in the least bit disturbed. We call them schizophrenogenic. It is a family that leads their children into becoming schizophrenic but the family itself survives and functions adequately.

Perhaps we might conclude with this thought, that the problem with the schizophrenic, and especially the paranoid schizophrenic is, do we believe them? When they say, "I am being persecuted. People are listening in to my telephone," are they telling the truth or are they not telling the truth? Sometimes we get caught up in deciding whether it is true or not true. Sometimes it is true, like in Sarah's case, the father did listen into the telephone. Sometimes it is not true, and it is a delusion. But on the whole we should, perhaps, avoid getting caught up in this decision, "Is it true or is it not true?" The crucial thing is, under this stress, how does the person cope? I think it is very clear, with someone like Sarah, that, although her suspicions were confirmed and although her father did do these things to her and the family was conspiratorial, she could not cope, The only way she could respond to this was by disintegrating and by behaving in the way that the schizophrenic does - by withdrawing from society, by becoming alienated, and by ceasing to function in the world.