

A Longitudinal Study of Adolescent Murderers

BRUNO M. CORMIER, M.D.* and
BAILA MARKUS, P.S.W.**

Introduction

This paper is part of a project on the adolescent murderer. Briefly, it consists of an inventory of all adolescent murderers in the Greater Montreal area during a quarter of a century, in the period from 1950 to 1974. Although the project has been recently systematically formulated and pursued, it was always part of the McGill Clinic in Forensic Psychiatry's on-going research on homicidal processes.^{1,2,3}

The adolescents investigated had either been followed through most of the 25 years or seen periodically, and others were contacted for the purpose of this research. Some were seen in the penitentiary, where they had been sentenced after being remanded to an adult court. Some were seen at the clinic after release from the penitentiary, and others had been seen within the frame of reference of the juvenile court procedure and disposal. We also had access to legal, medical and institutional documentation, and consulted with lawyers, judges and educators who had known some of the boys.

We will give some statistical data on the group of adolescents studied, but our main concern at this stage will be to describe some longitudinal patterns of evolution of such adolescents as seen in cases published in the literature, and in our own cases.

Literature

In reviewing the literature for this paper, we are mainly interested in studies that tell us what led to the offence and what happened to the offender thereafter. Most of the authors studied the psychodynamics and/or organic factors that led to homicide, and some described specific offences, *i.e.*, matricide and patricide, but there are few follow-up studies of a significant number of subjects where one could have some knowledge of what happened to these youths in their adult life. For the purpose of our paper, we will confine our comments to a few authors from the psychiatric literature and one autobiographer who give a longitudinal dimension to their work.

*Dr. Cormier is Professor, Department of Psychiatry, McGill University; Director, McGill Clinic in Forensic Psychiatry, 509 Pine Avenue West, Montreal, Quebec, Canada H2W 1S4.

**Ms. Markus is in the Department of Social Work, McGill University, and the McGill Clinic in Forensic Psychiatry.

Lauretta Bender

In a paper published in 1959, Lauretta Bender reports on 33 cases that she had known since 1935, all boys and girls under 16 years of age who had caused or were blamed for the death of another person.⁴ The author divides her subjects into two groups, an early and a later one. The first group of sixteen subjects was known to the author between 1935 and 1944; the second group of seventeen subjects was seen in the ten years prior to her publication. The first group presents the advantage of having a longer period of follow-up, but the second group was studied more intensively, some still being under observation in hospital at the time of writing. Detailed follow-up is given only for the first group. At the time of publication in 1959, they were between 20 and 40 years of age: seven were still in prison, two were known to have made a good adjustment, and three were presumed to be doing well. The remaining four were in the community and making only a borderline adjustment at the time of writing. Today, in 1980, these subjects would be between 40 and 60 years old.

Bender makes an important point, namely, that many of the subjects not diagnosed at the time of the commission of the act were later found to suffer from schizophrenia, epilepsy, chronic brain syndrome, etc. In our view, this clinical observation points up the importance of the danger of abstaining from a diagnosis, or the contrary, over-diagnosing, during the adolescent years. As most cases that Bender reported were sent to a penitentiary, she noticed that from there many were later sent to mental hospitals when a proper diagnosis was made after a few years. Another important factor that we find in Bender is that at no time in any of her publications on children or adolescents who kill has she ever referred to a case which recidivated in terms of the homicidal act, although some did indeed become delinquent or social problems. Our view of her findings reinforces one of the conclusions we will put forward, namely, that adolescent murderers should be kept within the juvenile jurisdiction until the age of 21, since the time that elapses between the commission of the act and age 21 allows one to clarify the diagnosis of a reactive adolescent syndrome or other diagnosis.

In the article referred to above, Bender presents mainly statistical and descriptive data but the psychodynamics of some of the same cases are studied at great length in her book.⁵

Muriel Gardiner

In her book, *The Deadly Innocents: Portraits of Children Who Kill*, Muriel Gardiner describes the psychodynamics involved in ten adolescents who committed violent acts.⁶ Five of them were convicted and sentenced for murder. At the time of writing, four of the five subjects had been released from prison after serving ten to twenty years. Her data seem to indicate that all of them made a good social adjustment and in no case is there indication that any psychodynamic or other factors would make

them repeat the act. Gardiner's well-detailed case histories make one wonder why these adolescents were tried in an adult court. We thus raise here the same question we did when we read Laretta Bender's publications.

Donald Hayes Russell's Study of Juvenile Murderers

In a paper published in 1965, Donald Hayes Russell describes fifteen adolescent murderers.⁷ All of the boys, except for one who was over 18 at the time of the offence, were committed to the Youth Service Board of Massachusetts. Some of the subjects in this series were still in custody at the time of Russell's writing, but at least seven had been followed from six to ten years after the commission of the act. They would be between 21 and 28 years old at the time of writing.

The results of the study indicate that six of the subjects made good adjustment, four border-line adjustment, and five were considered unchanged and possibly still had the potential for murderous aggression.

In a paper presented in 1974, Russell described five of 24 cases that he had known for fifteen years.⁸ It may be assumed that the fifteen cases presented in the 1965 paper were contained in his series of 24 mentioned in the 1974 paper. No recidivism was reported in either of these two papers.

Russell points out that under the existing laws in Massachusetts before 1964, juveniles who committed a felony punishable by death or life imprisonment were automatically tried in an adult court. The adolescent murderers then serving life sentences made model prisoners, but upon release to society, presented very serious problems.

Mohr and McKnight

Mohr and McKnight, in their paper, "Violence as a Function of Age and Relationship with Special Reference to Matricide," cite twelve matricide cases of which seven range in age from 15 to 22.⁹ The authors select three of these cases, one aged 15 and the other two aged 17, to illustrate the dynamics involved in matricide, especially in regard to the phenomenon of lockage within the relationship and violence beyond death. All three cases were found not guilty by reason of insanity and sent to the Penetanguishene Mental Health Centre. The authors point out that although the three were initially diagnosed as schizophrenic, they showed no psychotic symptoms while in hospital. At the time they wrote, two of the cases had been released for a number of years and were doing well and the third, who was still in hospital, showed signs of manipulative character disorder which were found to be diminishing.

Duncan and Duncan

In their study of murder in the family, Duncan and Duncan present five cases of homicidal adolescents of whom three actually committed the act.¹⁰ One of the cases involved three brothers, all under 16 years of

age, who killed their father. After a follow-up of ten years, the authors report in their paper that four of the five cases had not committed further offences against property or persons, taking into account that at the time of writing one of the cases was still under supervision and the whereabouts of another was unknown.

The Autobiography of an Adolescent Murderer

In 1958, Nathan Leopold published his autobiography prior to his release on parole after serving 34 years in prison.¹¹ Despite the fact that he clearly stated that he would not reveal the inner motivation that led him and his friend, Richard Loeb, to kill a child, it was a great disappointment for psychiatrists and criminologists that his autobiography was not an autopsychanalysis. However, it well illustrates certain aspects of Leopold's evolution from the time of the commission of his crime, when he was 19 years old, to the time he was liberated, when he was well into his 50's. We will select points from his book that illustrate how his feelings about his crime and about himself changed as time passed by. He spoke of his indifference, lack of concern, regret or remorse at the time of the crime. The autobiography reveals that for him (and other adolescents who kill), the feelings of depression, remorse and suicidal ruminations, usually immediately present after an adult murders, are postponed and appear much later in life.

In the days following the crime, Leopold continued his daily activities. He studied for exams, went to social events, and saw the girl he was in love with at that time. In fact, he spent the afternoon before his arrest with her. Many years later, he states that this was the happiest afternoon of his life. Carrying on as usual, and remembering so vividly the afternoon with his girlfriend, shows how unconcerned he was with the act at the time of commission.

Although Leopold wondered if it was Clarence Darrow's masterful defence speech which gave him "the first tentative nudge along the road to maturity," he in fact recalls having no feelings of remorse until several years after the crime. He stated that remorse did not reach "its full blood for perhaps ten years."

The circumstances in which Leopold started to feel depressed and remorseful about his crime coincided with the death of his father, who had stood by him throughout the years. He grieved and thought of suicide, and a year later, in his 30th year, he described his regret, and for the first time referred to the victim, whose memory now haunted him. He related these feelings of remorse to the death of his father. When he mourned his father, he took the occasion, so to speak, to go through at the same time the grief he should have felt many years before, when he killed. In our view, there was no danger, after this mourning, that any of the psychodynamics that led Leopold to commit the crime would be reactivated, for at last he reached the ability to mourn. Twenty-five years were to elapse before he was released.

Today, more than half a century has passed since the Leopold and Loeb crime. Ever since, textbooks in forensic psychiatry and criminology have ventured different diagnoses. Novels have been written and movies have been made on the crime, but now, even after all these years, people still refer to it as an act of "compulsion," "the perfect crime," and "the crime of the century." If we really examine the facts closely, the most probable diagnosis for Leopold was a transient pathological state within the adolescent period, no matter how complex the psychopathology of these reactions could be.

Medlicott's Study of Two Adolescent Murderers — Original Report and Follow-up

Medlicott studied two adolescent girls, aged 15 and 16, who killed in partnership in 1954.¹² The girls struck up a friendship and became involved in each other's fantasy world. Their relationship ended in the murder of the mother of the older girl. Both girls held ideas of a grandiose delusional nature, completely reversed moral values, and made 'evil' their ideal. This *folie a deux*, unlike the more usual type where one stronger personality influences the weaker, presents a picture of two girls entering adolescence strongly narcissistic, thus predisposed to feeding each other's narcissism until they reached the stage of megalomania.

Following the act, they showed no remorse, and within a short time exulted in their murder. During the trial they showed no concern about the outcome, nor were they disturbed by unpleasant details brought forward. In psychiatric interviews, they were arrogant, hostile and abusive. Both reported extreme mood swings, from ecstasy to suicidal ruminations. What Medlicott found outstanding about their mood, however, was the definite and persistent exaltation, especially manifested in religio-philosophical themes.

From a paper written in 1961, and from recent correspondence with the author, we obtained a follow-up on the two girls. They were sentenced to prison, and from accounts presented no serious problems. Once separated, they were no longer able to act on each other. Medlicott suggested that with increasing age the adolescent megalomania loses its grossly psychotic nature. In less than five years after their trial, the girls were released. It was last reported that one became a school-teacher in New Zealand, and the other an air hostess in England. Today they would be entering middle age.

In his follow-up paper, Medlicott speaks of a transient megalomania in adolescence and cites as an example of this syndrome the case of the two adolescent girls he had described and that of Leopole and Loeb.¹³ These cases occur rarely, but the follow-up, so well-documented, illustrates how short-lived are some adolescent homicidal processes. Many of our own cases illustrate the same thing, namely, that adolescents have a great potential for acute, spectacular pathology, but they also have a great recuperative potential, especially in the case of murder, if

not interfered with by adult judicial processes and long penitentiary sentences. Medlicott's follow-up is very instructive on this recuperative process as it is suggested by the original diagnosis of paranoia, modified later by the formulation of the syndrome mentioned above, *i.e.*, transient megalomania of the adolescent.

McGill Clinic's Ongoing Study of Adolescent Murderers

As part of the McGill Clinic's ongoing study of adolescent murderers, an inventory was made of all juveniles (under 18) who appeared in the youth court of the district of Montreal between 1950 and 1974 charged with an offence involving loss of life. There were 41 boys between 14 and 17 years old charged with murder or manslaughter. Twenty-five of the boys were kept within the jurisdiction of the youth court until the age of 21 and were either placed in a special ward of the prison, in training schools, or hospitals. One was placed in the custody of a relative.

Of the sixteen adolescents remanded to the adult court, one was acquitted, nine were sentenced to life imprisonment, one was sentenced to 30 years, one was sentenced to two years, one received a ten-year suspended sentence, two were found not guilty by reason of insanity, and one was found unfit to stand trial and deported to his country of origin. Our present interest is in the 29 subjects who were retained either in the juvenile or adult corrections system. Fourteen of the 29 were those kept in the juvenile system and fifteen were among those remanded to the adult court. (Table 1) Three boys were 14 years old at the time of the murder, two were 15, twelve were 16 and twelve were 17. Their present ages would range from 42 to 22, from the oldest subject to the youngest. (Table 2) There was a total of 24 victims, 17 males and 7 females. One of the subjects killed two people in the same criminal episode. Nineteen of the victims were adults and five were peers. (Table 4) Of the 29 boys, 12 committed the murder alone; 17 had partners. (Table 3) Seven of the victims were shot to death, eight were stabbed, seven were hit with a heavy object, one died as a result of a bomb explosion, and one was strangled. (Table 5) In eleven of the 29 cases, the adolescent knew the victim in a specific relationship, *i.e.*, there were strong psychological ties between the doer and the victim and conflict was the import determinant in the commission of the act. The relationship to the victim of the other 18 boys was non-specific in that there was no personal conflictual relationship between the doer and the victim, and the act was committed during the commission of another crime. (Table 6)

Of the 41 incidences of homicide in our inventory, there were thirteen cases from 1950 to 1965 and 28 cases from 1966 to 1974. In the first period, from 1950 to 1965, all adolescent murder suspects were systematically remanded to the adult courts, except one who was tried and acquitted in the youth court. Four of the thirteen cases in this period were dismissed. In the second period, from 1966 to 1974, the

trend changes and the majority of cases was dealt with by the youth court. Of the 28 cases in this latter period, fourteen were retained in the youth court; six were dismissed, and eight of the boys were remanded. (Table 7)

During these 25 years, in studying the 41 cases, one trend becomes noticeable, *i.e.*, the number of cases remanded and not remanded and the incidence of remand in the early period and the later period of our study.

TABLE 1
41 ADOLESCENTS (UNDER 18) CHARGED WITH HOMICIDE
BEFORE THE JUVENILE COURT IN THE DISTRICT OF MONTREAL
1950-1974

Deferred	16	Non-deferred	25
Acquitted	1	Acquitted	3
		Charge dismissed	4
		Charge withdrawn	2
		Adjourned <i>sine die</i>	2
Total	1	Total	11
Life sentence	9	Hospital	4
30-year sentence	1	Hospital and special ward of prison	1
10-year suspended sentence	1	Custody of a relative	1
2-year sentence	1	Training school	8
Not guilty by reason of insanity	2		
Unfit to stand trial	1	Total	14
Total	15		

TABLE 2
29 SUBJECTS RETAINED IN THE JUVENILE AND ADULT CORRECTIONAL SYSTEM

Age at Crime	Number of Subjects	Present Age Range (1978)
14	3	25 to 40
15	2	21 to 25
16	12	20 to 42
17	12	21 to 37

TABLE 3
PARTNERSHIP

	Partner	No Partner
Number of subjects	17	12

TABLE 4
VICTIMS

Male	Female	Peers	Adults
17	7	5	19
Total — 24 victims			

TABLE 5
MEANS OF DEATH

Shooting	7
Stabbing	8
Hitting with a heavy object	7
Placing a bomb	1
Strangulation	1

TABLE 6
TYPE OF RELATIONSHIP BETWEEN THE DOER AND THE VICTIM

Specific	Cases	Non-specific	Cases
Patricide	5	Taxi driver	3
Matricide	1	Policeman	1
Homosexual	2	Gangland revenge	3
Friend	2	During purse snatching	4
Client	1	During break and entry	1
		During holdup	4
		During harassment by a stranger	1
		During terrorist act	1
	Total		Total
	11		18

TABLE 7
YEARS: 1950 - 1965 and 1966 - 1974

Years	Cleared in Juvenile Court	Deferred	Non-deferred	Total
1950 - 1965	5	8	—	13
1966 - 1974	6	8	14	28

Homicidal Recidivism and Suicide

One of the major preoccupations in dealing with adolescent murderers is their assumed dangerousness, here defined as the likelihood of repetition. It is only recently that the interests of the child are being seriously considered and that the courts are acknowledging that the seriousness of an offence does not necessarily mean danger of recidivism. The trend to keep adolescent murderers within the juvenile court system has been described. We would like now to comment on the rate of recidivism in the 29 cases mentioned above.

In this series of 29 adolescent murderers, one recidivated, *i.e.*, committed a second murder in adulthood, this followed by suicide. If all these cases had occurred within one year, one case in 29 would amount to a recidivism rate of 3.4 per cent. However, as these 29 cases took place over a period of 25 years, and considering the fact that in twelve of

those years there were no cases of adolescent murderers, it is difficult to obtain a significant recidivism rate, but these findings point out that the rate of homicidal recidivism in adolescent murderers is low, possibly lower than in homicidal acts committed by adults. To add further information, the population of Greater Montreal, the area from which the study sample was obtained, rose from 1,320,232 in 1951 to 2,768,700 in 1974.¹⁴

As one case of homicidal recidivism in our series does not allow us to describe trends or examine in what sort of cases one could expect recidivism, we will draw on our knowledge of four cases of adolescent murderers outside this series who were involved in homicidal acts during that period and recidivated. Our comments will thus be on five cases, including the one in our series.

In the first case there was no delinquency and a good social adjustment was made between the first murder, committed in adolescence, and the second one in his late 30's. The subject killed his foster brother in a crisis situation where he felt jealous of the affection received by the latter. The feeling that he had toward the victim contained much of the homosexual conflict found in adolescents in search of their identity. The second murder was part of a rape, committed when the subject was approaching the middle years and was struggling with ill-defined heterosexuality.

In the second case, the first murder was committed as part of an acquisitive crime in adolescence and the second murder was committed in the middle years, the victim being his concubine, killed in the context of an alcoholic brawl.

The third case was an adolescent from a deprived background, who killed within the dynamics of fear of rejection and pressing sadistic impulses. It is within a similar context that the sexually motivated second crime was committed some five years later, when he was 22. At this time the sadistic deviant sexuality of his adolescence was intensifying and in a quarrel within a triangular relationship, where provocation was a factor, he killed his concubine and her friend.

The fourth case is one of an adolescent, age 16, who first was involved in the killing of an adolescent girl, which remained an unsolved crime until he repeated the act eleven months later and was arrested. The two murders were part of a very disturbed adolescent sexual crisis with marked sadistic traits.

The fifth case is the one that is part of our series of 29 cases. In both murders, the motivation was part of an acquisitive crime. From the time he entered the penitentiary as an adolescent he entertained the plan of escaping and committing suicide rather than going back to the penitentiary, which he in fact did after the second homicide (during an armed robbery) nine years later.

Certain patterns seem to emerge from these five cases. In the first two cases, potential for criminality was reawakened in the middle years, thus

suggesting a well-known pattern, namely, that unresolved emotional difficulties in adolescence may reappear in the middle years, within the context of new life cycles. In the third and fourth cases, recidivism took place in the early 20's and in adolescence. The clinical investigation of these two cases indicated that the homicidal act was part of a sadistic structure. However, when murders are committed within a crisis where sadistic features are dominant, we should not assume that the prognosis is necessarily poor, as the sadistic features can be part of an acute turmoil in adolescence which can resolve itself within this stage of life. Nevertheless, once these features are found there is reason to be more aware of the therapeutic measures to be taken and more vigilant in making decisions.

The cases briefly outlined above only supply material for thought and suggest that further research in homicidal recidivism is needed. These remarks are made in the perspective that recidivism is, fortunately, low, and unfortunately, difficult if not impossible to predict.

Case 5 described above brings the dimension of the incidence of suicide of adolescent murderers. Apart from this case, there was another one in our series who committed suicide in the penitentiary nine years after his homicidal act. We knew this case well and could identify that the homicidal act was already part of a schizophrenic process that followed its course while he was in the penitentiary and eventually resulted in suicide.

During the period, but outside of our series of 29 cases, we know of one case who committed suicide ten years after the offence. In the years following his release from a training school he was known to have made a good adjustment, was married, and sired a child. Prior to his death, he was in a depressive state and it was assumed that it could not have been an accident, as it first appeared to be.

We cannot make any definite statements on the incidence of suicide in the adolescent murderers but our 29 cases and the others we know of lead us to believe that the murder/suicide syndrome is less frequent in adolescents than in adults, where it often accompanies homicidal acts committed in conflictual relationships and/or mental illness. The fact that the adolescent tends to suppress and postpone the affect connected with his act in our view protects him to an extent from suicidal ruminations, gestures and acts.

Longitudinal Case Studies

Four cases will be mentioned under this heading and it is to be noted that two of the four are brothers, the emphasis on the dynamics being greater concerning the older brother. Three of the four are among the 29 cases mentioned previously. The fourth is one we have known for as many years as the others, if not more, but as the offence was not committed in the Montreal area, it is not part of the inventory mentioned in this research. We have deliberately selected cases that we

have known very well over many years as we have a good longitudinal observation of their evolution. These cases were also chosen to correspond in length of follow-up to those cases selected from the literature where longitudinal case studies were described.

Three of our four cases have been known to us for 25 years and one for over ten years. All but one had been remanded to the adult court. The one not remanded was placed temporarily in a well-known, progressive re-education school, but, as will be shown in the case history, because of truancy and other behavior difficulties, he was ultimately transferred to the adult court at age 18. From the cases in the literature and our own, our conclusions will consist of formulating some working concepts and preliminary findings.

Case 1

Bernard was born in the mid-1930's and was brought up in a difficult period in a troubled family. He was enuretic until the age of 13 and was considered a problem child. At the age of 15, he killed his foster mother, a friend of the family with whom he had been placed prior to the death of his own mother. When we reconstruct his feelings and behavior prior to the homicidal act, they appear as a manifestation of a child struggling with a situation which was beyond his capacity. Placement had been necessitated by his mother's suffering from a terminal illness of long duration, and a father who could not cope with the situation and ran away from it.

When we first met Bernard, at age 31, the homicidal act he had committed as an adolescent was well recorded in his file, but only as an offence committed in a distant past. Nobody seemed to know who was this intelligent, industrious and quiet adult prisoner who had once been an adolescent murderer. We could establish that as an adolescent Bernard was well-liked and inspired a lot of sympathy and that many people went out of their way to help him, among them the Judge at the Juvenile Court, a well-known pioneer of modern juvenile detention centres. Bernard was kept within the juvenile jurisdiction, but at the age of 18, because of his delinquent behaviour and truancy, he entered the adult penitentiary system, where he served different sentences between the ages of 18 and 31, his criminality being basically against property. Bernard had married and there were two children. Because of his incarcerations, the marriage had serious conflicts, but his wife stood by him and the marriage remained relatively stable.

When we first saw him, Bernard came to us to speak not of his immediate problems, but of the murder of his foster mother, which by now was assumed to be no longer a problem, since the act had been committed some sixteen years previously. A brief summary of the interviews that took place, when he was 31, shows that he could not (or had not the opportunity to) "talk out" what took place during the pre-delictual and post-delictual states. As the interview progressed,

there was an urgent need for him to go back to this tragic moment of his life.

The foster mother had been a person whom he liked and feared at the same time. As the years went by, and acutely when we met him, he was realising that the murderous act was a defence against an incestuous relationship. His like or dislike of the foster mother was locked within these incestuous feelings. She was a good person, of working class, but she was somewhat careless about her way of dressing, stimulating in this way a world of fantasy for this adolescent who was very concerned about his sexual feelings, aware of his pubertal body as well as the female body. In the period when his mother was dying, these preoccupations were reinforced by his depressive state, although the total impact of his feelings about his mother was not fully acknowledged. The sight of his foster mother's body, only partially covered, in her bed was stimulating for him.

During the interview, Bernard's emotional state, despite no overt sign of depression, amounted to a reactivation of a depressive state that could never really be worked through at the time of his mother's death and the murder of his foster mother. He could now well remember, as he never could before, all the libidinal and sexual components between him and his foster mother, and as he narrated this to us, sixteen years after the fact, the old feelings appeared to be present as they never were before. As at the time of the commission of the act, and for some years after, the scene appeared to be blurred. He could now recognise the complexities of the situation, *i.e.*, the sexual attraction to his foster mother and a need to fulfill a sexual gratification with her that he had entertained in his fantasies. During the interviews, these feelings were dramatically narrated and he was literally exhausted, expressing guilt and remorse and the feeling that he did not deserve to live.

In the weeks that followed, one could in a very rapid way see and share with him the delayed mourning reaction that he could at last work through. During this period, many of the conflicts in his marriage were worked through at the same time as they were indirectly related to the homicide committed in his adolescence. Bernard was paroled in 1967.

Now well in his 40's, he is fully integrated in an active community life. No criminality has been recorded since his parole, which has now been terminated for a number of years. Now that some thirty years have passed since the adolescent homicidal act, one can speculate whether it might not have been possible, soon after the commission of the act, to have uncovered the incestuous conflicts and accelerate their resolution and to have helped him to enter into the mourning reaction at that time. Theoretically, it is easy to say that this was feasible and should have been done, but one has to recall how difficult it is for a disturbed adolescent to "speak out." We must also acknowledge how difficult it is, even for knowledgeable, competent adults, to deal with the problems of a homicidal adolescent.

Case 2

In the early 1950's, two brothers, Martin and Paul, 14 and 16 years of age, were charged with the murder of their father and the attempted murder of their mother. They were sentenced to death, the sentence later being commuted to life imprisonment. The father had been absent from the home for the duration of World War II and the boys were left with an over-protective mother who, despite her insecurity, or because of it, acted and was perceived as an aggressive person. When the father returned after the war, he was a changed man in the eyes of his sons. He was bitter and tyrannical, and it was in this atmosphere that the two brothers became partners in adolescent delinquency, which remained mainly undiscovered as they acted at night-time after the parents had retired. They were not members of a gang and their acting out seems to have been more part of a difficult crisis rather than a persistent type of delinquency.

When the murder occurred, the family had reached a difficult psychodynamic equilibrium. Both brothers were of superior intelligence, but very different in personality. Martin, the younger, was withdrawn and schizoid, and ultimately he committed suicide in prison in the seventh year of his sentence. The diagnosis at the time of his death was acute paranoid episode, part of an ongoing schizophrenic process.

Paul, the older brother, was outgoing and creative, with a bright and sparkling mind, but beyond that he showed recurrent depressive moods, sometimes breaking into depressive episodes. The first acute depression occurred at the death of Martin, when he went through an acute mourning reaction with suicidal thoughts and was admitted to the psychiatric hospital. Because of a basically good emotional endowment, however, mourning took its course normally and his hospitalisation was of short duration. However, no matter how important was the mourning reaction over his brother's death, it did not help Paul to resolve the intense hatred he had for his mother and the deep-seated problem of having killed his father.

Paul was paroled in the mid-1960's and the post-prison period consisted of regular, if episodic, contact with the Clinic. Each time he entered into a depression he had to let it reach its lowest point so that it was in a state of fright that he would come back to the Clinic from this depth. After a short period of therapy, he would recuperate rapidly to his normal level, characterised by his bitterness, on the one hand, and his chronic depressive traits of character on the other.

In 1967, during one of these depressions, Paul agreed to enter into formal psychoanalysis, an analysis that was of short duration, terminating in less than three weeks as he could not face the thought of speaking of his hated mother, thoughts that completely invaded the field of his consciousness right from the beginning of this attempt at analysis. After a severe abreaction on the couch, he left the brief psychoanalysis and during the following year he was able to resolve within himself the

problem of his mother. He took responsibility towards her and was able to tolerate his ambivalent feelings, recognising that she was a "bitch," but nevertheless a person in need of help which only he could provide. From then on to today, he has fulfilled his duties and responsibilities to a difficult, now aging, mother.

Once the problem of the hated mother was resolved, Paul resumed an analytical type of therapy and it became possible for him to uncover the real image of the father whom he remembered or fantasized from his early formative years. He was seen regularly for a period of about two years. After many interviews, and then in his 37th year, he spontaneously, for the first time, said, "The day I killed my father . . ." rather than resorting to phrases such as, "The day it happened . . .", "The day of the tragedy . . .", as he had previously done. A few months after pronouncing these words, he used an expression that would have delighted Melanie Klein: "My father was the victim of the fear of him that he put in me." It was then that he truly realised that he had killed an introjected father, whom he could not dissociate from the real external father. It became easier for him to have kind memories of the early father who contributed much to his development. In fact it became evident that the early image of the father, who was considered by the family as a "dreamer and a poet" was in fact the one that had contributed most to his personality.

It was at this stage that Paul established a common-law relationship with a young woman and became a true husband to her and a father to her two children. After two years of psychotherapy, he asked to terminate the relationship with the agreement that he would come back to the Clinic if the need arose.

As our contact with Paul is now nearly 25 years old, we feel free to telephone him from time to time at this stage, the relationship of the psychiatrist to him being seen more as one of concerned friendship, although he sees the psychiatrist more as a distant figure, one for whom he has respect.

Case 3

We first saw Daniel, now in his early 30's, in the summer of 1977, after his release from the penitentiary where he was serving a life sentence for the murder of an 11-year-old boy.

Daniel, the youngest son in a family of ten children, grew up in an atmosphere where there was little communication with the parents and between the parents themselves. The parents were rarely in the same room, each having his own territory in the home. The mother was a cold and distant person, though she looked after her family's physical needs. The father was a wanderer who worked in different places across the country. He would depart without warning, leaving only a brief note of farewell. After lengthy absences, sometimes of more than a year, he would return home unannounced, sit down in his usual chair and read his newspaper as though he had never been away. Not a word would be

exchanged between father and son, but Daniel would have a feeling of pride and joy just to be in his father's presence. When Daniel was 7 years old, most of the older siblings had already left the home, leaving him to be the father's favourite child. He felt different from the rest of the family and he behaved differently, largely due to his special relationship with his father. Idealising his father, and identifying with him, Daniel had the wanderlust from a very early age. His school years were marked with frequent running away. He would go to the train station or to the docks and dream about leaving on long voyages like his father.

When Daniel was 15, the family had him placed in a foster home through the Social Welfare Court because of his increasing truancy. After an unsuccessful first placement, he was placed a second time, where he remained just over a year, until the murder incident. His new foster parents had a 10-year-old son who wore a leg brace because of a bone disease. Daniel felt a great deal of sympathy for the boy and some months later, when the brace was permanently removed, he taught him how to skate, play ball, ride a bicycle, etc. Although there was some sexual play in their relationship, it was an adolescent type of sexuality and not a structured homosexuality. There was some caressing, which was in fact an expression of great affection. If we can characterise this relationship, Daniel took on the role of "father" or "big brother." What he did not receive from his own father, he gave to the boy. As the boy gained confidence, he became independent of Daniel and would go off to play with his peers. Daniel could not tolerate being separated from the boy for more than a few minutes, so the situation became unbearable for him. His feelings of rejection and abandonment were so strong that it became a question of, "If I can't have him, nobody will." Daniel's fear of losing the child represented a double threat, *i.e.*, loss of the image he had of himself as a parental figure and loss of the love object, which in fact constitutes both an emotional and narcissistic loss.

The evening of the murder, Daniel took the boy on their usual walk, told him that he was going to prison, in order to test the boy's love for him. The boy looked sad, but there was no turning back. Daniel stabbed him seven times. After the murder, he went to the railway station and it was there that he was arrested.

In describing his post-delinquency state, Daniel said, "One could say that it was good for me. I felt emptied out. It completely calmed me down. I was relieved, emptied of everything inside of me." While awaiting sentence in the Detention Centre, he was unable to grasp the reality of the situation. He knew that he had killed the boy, but felt at the time as though he had killed a deer. A year later, when he entered the penitentiary, he felt the full impact of his act and thought about suicide. After a struggle against discouragement, he was finally able to tell himself, "I will start a new life." This was the first turning point.

Because of his good I.Q. and basically sound values, and in spite of serious adolescent conflict, a kind of self-analysis enabled him to select

from the penitentiary the best it had to offer while avoiding the worst. In contrast to the emptying out of the post-delictual state, he was now, so to say, filling himself up. He pursued his studies, learned a trade, participated in sports and cultural meetings. The second turning point was the day he received his diploma. His mother and sister visited him that day and accepted him with pride because of his academic success. He was now able to have more spontaneous relations with his family.

In the year that we have been seeing Daniel, and at the time of writing, he has proven to be a productive member of society, industrious and resourceful. There is more concern, however, at the level of social relations. He had two close homosexual relationships in prison, but sees himself as a heterosexual person, although he has never had such relations. At 31, he is now faced with the problem of sexual identity. He wishes to have children in the future, but is unable at present to feel any romantic interest in women. After thirteen years of incarceration, the task now is to help him bridge the gap from adolescence to manhood so that he can be reintegrated into society in a mature way.

Recently, a stressful situation reawakened a pattern from Daniel's childhood and several factors emerged in regard to his behaviour at this time. He had been working long hours for minimal wages and felt harassed by his employer. In addition, he was shortly to appear before the Parole Board and he was as fearful of being granted full parole as of not getting it at all. With this build-up of tension, and final provocation from his employer, Daniel quit his job in a state of rage.

His psychological state at that moment presents similarities to the pre-delictual state of his adolescence. Although in no danger of acting out in a homicidal way, he had strong feelings of rejection and a desire to put an end to his depression, *i.e.*, by running away. It was only when he met a friend that his rage subsided and then, quite significantly, as in his childhood, he walked to the railway station, just as he used to do when his father left, and as he did after the murder.

A few weeks after this incident, Daniel went from progressive to full parole and the problem that he is now facing in psychotherapy is trying to recapture what he would have gained if he had succeeded in solving his adolescent problem that led to the homicidal act.

Trends and Psychodynamics

In a previous study we have described some of our findings and summarised others found in the literature on adolescent homicide.¹⁵ We will here briefly summarise the major trends found in adolescents who kill.

1. The most common trend found among our cases and those described in the literature is the blocking or suppression of affect. This appears to be a protective mechanism against the invasion of guilt, remorse and suicide. This lack of affect manifests itself by an attitude of carrying on the daily routine as if nothing had happened. For example,

the adolescent may steal from the person he has just killed as if the act of killing had not occurred. The blocking of the affect is for the murderous event itself and may be prolonged for a long period after the homicidal act.

2. The lack of guilt and remorse is a source of great concern to those who see these adolescents after the act, a concern which is somewhat understandable, especially in the case of adults who have committed a homicidal act, either in a specific relationship or in the commission of another offence. The adult murderer shows great concern when the person killed was someone known to him. In such cases, depression, remorse and suicidal ruminations are always present and sometimes suicide follows the act. When the homicidal act is committed by an adult during the commission of another offence in the course of a criminal career, if there is no remorse, there is at least regret, regret being defined here as wishing that the event had never happened. When comparing the homicidal acts of adults with those of adolescents, there is a sharp contrast. At this stage we would like only to point out that the blocking of the affect is related to two major dynamics: a) as the act is committed in the turmoil of adolescence, in a period of reorganisation, affect is left aside as the emotional economy has other tasks to achieve, *i.e.*, reorganisation of the ego to enter into maturity; b) the suppression of affect is a major function of controlling the amount of depression and remorse that the adolescent is able to bear, but with the passage of time many of these adolescents are able to acknowledge depression and guilt, although this process may take a long time, sometimes three to five years before the adolescent ego becomes strong enough to do so and work through the mourning process that would normally follow a homicidal act by an adult, but is postponed or prolonged in an adolescent.

3. In the literature and in our cases, we have also found a total denial of the act, even in the face of strong legal proof. It is interesting to note that despite this total denial, which may last for the rest of the individual's life, the impact of the homicidal act is worked through slowly in spite of it, so that eventually, many years after the commission of the act, the denial remains as a mechanism that has lost its function, but is kept as a facade.

4. In our view, the blockage of affect and the postponement of depression, guilt and remorse explains the relative absence of suicidal ruminations and of suicide in the adolescent murderer. On the other hand, knowing that suicidal attempts and actual suicide are common among adolescents in general, one can speculate that a homicidal act may for some of them be a protective mechanism against suicide and indeed the contrary hypothesis is possible, namely, that suicide is a protection against a homicidal act in an adolescent.

5. Authors have mentioned or described what is known as overkill or violence beyond death, but very few have described what is involved in

the overkill. From our observations, we can describe it as a phenomenon that takes place in two stages: in the first stage there is the aggressive act. The doer will remember to have stabbed a person one, two, or three times, following which there is an amnesia and he is surprised to learn afterward that he had in fact stabbed the person many more times (in one of our cases, 75 times). This amount of aggression, *i.e.*, stabbing 75 times or numerous times is what is actually referred to as 'overkill' or 'violence beyond death.' It has been mentioned that overkilling is not "the result of explosive rage, but rather of panic and fear of not having completed the task."⁹ In our view, this fear and panic is explained by the fact that the victim who has been attacked, as in the first stage described above, is suddenly perceived by the adolescent as an omnipotent figure and thus overkilling is a reassurance that this omnipotent figure will not get up and retaliate.

Treatment

Treatment of the adolescent murderer appears to some to be very difficult, especially when we consider the lack of affect, of remorse, of guilt feelings, etc., as mentioned above. However, one should not minimize the great potential for recovery from acute crisis in adolescence. Many of the symptoms mentioned are part of this crisis and so is the homicidal act. When they enter early maturity, these adolescents have changed greatly and usually for the better. One can even speculate that, unlike some homicidal acts committed by adults, the act itself contributes to mobilising healing forces and energies. It is our view that, for those kept in the juvenile system whom we studied, after three to seven years in the juvenile setting, according to their age at the commission of the act, they were able by the age of 21 to reintegrate into society. We would like to comment on one major observation made by some educators who had treated five of our 29 cases in a juvenile institution in Montreal, namely, that during the period they spent in the institution they did not present any major problems and there was a great need for them to achieve and to take every opportunity to learn. In fact, "achievers" was the word used to designate them. This is important to mention as it stresses how much they mobilised themselves in order to come out of their crisis. As to the form of active treatment that a therapist can give, it should be along the lines of helping them to deal with the consequences of the act they committed as their testing of reality improves and as affect, guilt and anxiety appear in their lives.

The same observation applies for those who served long sentences in the penitentiary. We felt that it could have been as safe to liberate most of them after three to seven years. However, as they had been sentenced by the adult court, most of them were given life sentences and had served twelve to fifteen years before release. This greatly complicates their future adjustment as when they come out of the penitentiary they are in fact adults who enter a world as persons equipped only with

institutional experience to bring to a free life. Further complications result from the fact that the adolescent crisis itself could not be resolved normally in an adult penal institution which deprives them of so many important psycho-social and libidinal experiences. Although they are good prisoners and also achievers, many are confronted with great problems of adjustment when they are free, usually on conditional release, as most sentences were for life. We will not elaborate further in this paper on the treatment of these adolescents, but these brief remarks militate in favour of keeping them in the juvenile system.

Working Concepts and Conclusions

1. From a survey of the literature, the longitudinal case studies in the literature and our own cases, we suggest that adolescent homicidal processes should be studied within the crisis of adolescence itself.

2. The adolescent homicidal processes are often characterised by a superficial indifference, lack of depression, lack of guilt, and apparent lack of feeling towards the act committed. However, these emotional structures are only defences that, in our experience, could be dealt with without danger if one is fully acquainted with the psychodynamics of the adolescent syndrome. These processes, contrary to the adult processes, are not followed by suicidal attempts.

3. The apparent lack of affect, guilt and depression are, however, only defences or delaying tactics as the adolescent goes through a period of depression later on in life. In our observation, he could overcome these tactics and defences if actively helped in the juvenile process. Delaying is well illustrated in the cases of Leopold and Medlicott's two adolescent girls. In the case of Leopold, it seems to have taken some ten years to mobilise the mourning process that should have followed the crime. In Medlicott's cases, the original diagnosis was paranoia and later described as a transient phase of megalomania in adolescence which found rapid resolution within the period of adolescence itself.

4. No matter what is the pathological process at the moment of the crime, it is our view that in the past the capacity for an adolescent to resolve even the most acute adolescent crisis within adolescence itself has not been sufficiently considered in the study of adolescence, especially in the formulation of a diagnosis or prognosis.

5. Looking at the cases that were sent to penitentiaries reinforces our view that although the adolescent tends to suppress all the painful affect that could and should accompany the homicidal act, this process is further delayed by long sentences, mostly life. Lengthy court procedures before sentencing, which may take from one to two years, prevent the adolescent from even thinking of the crime and just delay dealing with the facts. It takes two or three years to overcome the shock of these procedures and, for those remanded, another two to five years to adjust to the penal world. Consequently, in the remanded cases, the delayed reaction to the homicidal process becomes a secondary reaction,

although there is a strong tendency for the adolescent himself to delay this reaction.

6. Mention was made of a trend during the past ten years to keep these adolescents, at least in the Montreal area, within the juvenile court system. All who were kept under juvenile jurisdiction until the age of 21 were treated either in progressive institutions or psychiatric hospitals, or in the community on parole. It is our impression that keeping these boys within the juvenile system had succeeded to mobilise the psychological strength to face the act they had committed so that by age 21 the process was sufficiently advanced for them to be released to society.

7. In view of the low rate of recidivism, the tendency to keep these adolescents in juvenile court rather than sending them to adult courts is now more and more becoming the policy that should guide society in dealing with adolescent murderers. We will later study the cases in both these categories more closely for comparison, but our preliminary impression, if confirmed, may well conclude that the adolescent murderer kept within the juvenile process favours a better outcome for him and the adult he will become. These cases have the advantage over the adolescents remanded of not having to pass through the painful adult judicial process and the long sentences that follow, of not being forced to adapt to prison life and consequently being deprived of their adolescence and normal experiences and gratifications of young men entering full adult life.

8. When those who were remanded leave the penitentiary ten, fifteen or twenty years after the offence, the problem of the crime itself may have been resolved but the fact that they lost two important periods in their life, adolescence and early manhood, remains a very serious problem, as the shock of entry into a world without bars is painful. In our experience with some of these subjects, although there is no danger of recidivism in terms of the homicidal act, they will commit other offences where returning to the only place they belong was one important factor.

9. The present law, in dealing with adolescent murderers within the juvenile court, provides for their custody within the juvenile jurisdiction up to the age of 21. There is question that the time that elapses between the commission of the act and age 21 is not long enough in the minds of either clinicians or judges of the juvenile court to assure that when the adolescent reaches that age he will be secure for himself and society. Although in our view our material does not justify this fear, we should acknowledge that it is there. It is our feeling that much could be done to alleviate that fear if the juvenile court had the right to extend its supervision for a year, or a maximum two years more, if they felt it would be clinically justified. Such a practice exists in Massachusetts.

10. When we look at the law as it stands for cases of murder, we suggest that it is imperative that adolescent murderers be kept within the juvenile system. If remanded, the alternative awaiting them, failing a

verdict of not guilty or not guilty by reason of insanity, is most likely to be a life sentence with parole only after 25 years, or in the case of second degree murder, parole possibly after serving fifteen years.

11. In considering the work that can be done for these adolescents during the three to seven years after the commission of the homicidal act, it is our impression that on both legal and psychological grounds, the statistically evaluated results and clinical findings such as the extremely low chance of repeating the homicidal act all militate in favour non-remand.

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