

A Diary of my Days with some
Really Disgusting People

Cast of crooks
(in order of appearance)

B1 abused, homosexual, retarded, antisocial. Firstindiv. tx pt.
L1 " " " " . Second....."
A1 " " " " . Third "
A2 schiz, hostile, " . Fourth"
A3 depressed arsonist, ICSTFifth"
D1 organic, retarded, violence-prone.....Sixth....."
C1 schiz, alcoholic, NGRI for robbery. 7th indiv. tx, then 10am grp member
L2 " , ICST for assault & escape. 1st testimony, 8th indiv. tx pt.
C2 manic 3-time rapist, bright9th indiv tx pt.
H1 schiz, antisocial, maybe a rapist.....10am grp.
D2 " " , depressed"
J1 " , overly religious....."
N1 " , antisocial, likes to steal cars"
T1 antisocial, likes stealing stereos....." briefly
G1 ICST, murder. 4-8. Abused, distrustful.Mur. Grp
J2 " " , many questions....."
W1 " , murder of family. Likes glue....."
K1 NGRI, rape/murder. Quiet"
B2 " , grandma murder. Texas bound"
S1 " , readmission. Murder of wife. Vet....."
W2 " , double murder. Good quote....." briefly
K2 ICST, recent murder of brother"
G1 " , wife murder. Old, very old....."
S2 " , maybe of stranger..... Gloria's pt.
M2 retarded double murderer. No tx
N2 cop, murderer, pvt.....Mur. Grp
S3 suicide10am grp, briefly
W3 child molester, murderer, rustler, drunk, ICST, Mur. Grp
C3 malingering, ICST.....Fri. grp.
B3 child molester, ICST....."
F1 mother-stabber, ICST"
J3 " " " , " , decapitationMur. Grp.
G3 wife-batterer, ICST.....Fri. grp.
K3 paranoid personality
C4 father-stabber.....Mur. Grp
N3 arsonist, crook.....Fri. grp
Jose killer, drunk, cattle-rustler, lawyer
Maude " , teacher, abused, asthmatic
Troy " , rapist, condemned to die

A Few Notes From My Day: A Diary

Chapter 1

2/17/85

I am now working at the Isaac Ray Unit (IRU), a maximum security forensic unit at a state hospital in a midwestern state. IRU patients include people deemed Incompetent to Stand Trial (ICST) or who have been committed to the State Dept. of Mental Health after being found Not Guilty By Reason of Insanity (NGRI). We also accept patients other units can't handle (civilly committed patients). We have some scary cases, and others that are just pitiful. All are men, as there are too few women for the state to justify opening another unit.

"Paper-hangers are no match for me; give me murderers!"

"Which is scarier; a murderer threatening you with bodily harm, or a three-time rapist who's telling you everything you want to hear?"

"What do I do? I spend my day consorting with killers, rapists, lawyers, & thieves".

I'm writing this journal for several purposes, the foremost being to record the many stories I find myself collecting. These stories seem too good, too bizarre to merely commit to memory. The people I treat are too important to the rest of us to consign them to memory's backwaters. The lessons we have to learn from them are too important. The labels we have given them all too often allow us to simply assign them to the category "monster." Some of them are pretty monsterish by the time their environments are finished with them; others become much less monsterish once their story is known.

Mostly, though, I'm writing this journal so the people who care can get an extended glimpse of my work here. This manuscript will mostly (but not necessarily solely) concern the progress & stories of the 20 or so patients I do individual or group therapy with, and of the 50 or so patients I'll evaluate during the year.

I'm the unit's Psychologist. I've taken this position because I want to testify. I've discovered that I like testifying, a taste that marks me as a very odd person. Testifying fills me with elation, spurs me to articulate heights, and sharpens my wits. I'm hoping to do it a lot.

As the unit's psychologist, I do many things during my week. I go to several meetings, do individual & group therapy, perform at least one assessment a week, and occasionally give lectures. Rarely, I get to testify in court. (I am disappointed that I don't do this more often). I also supervise & consult with other professionals -- social workers, rehab therapists, Master's level psychologists (called Behavioral Clinicians), &, of course, the ever-present psychiatrist.

Wednesdays, I have an Executive Committee meeting. I try not to fall asleep during this one. My major role in this meeting is to articulate rationales for what we want to do anyway. Sometimes, we decide, on the spot, whether we will refer a patient to a "less restrictive environment", such as an open ward. These decisions are rare.

Tuesday, Wednesday, & Thursday afternoons I go to Treatment Plan Meetings, usually called staffings. My role at these meetings is to convince the other team members to write down what they're doing already. Sometimes, important decisions are made, but not often.

Fridays I spend two hours talking to other psychologists. This can be amusing, or it can be deadly dull. It usually has little to do with anything patient oriented.

Mondays I go to Move Meeting. IRU is a rough behavior modification system, with three (originally four) steps. Step I is very limited, with one large dayroom, a bathroom that's unlocked hourly, and dorm rooms that are locked during the day. Step II is more relaxed, with an open bathroom. It has a pool table. Step IV (III is not used) has a pool table, unlocked bathroom, and unlocked dorm rooms. Progression through this system (not always an easy task) is dependent on the patient's behavior. The Move Meeting determines the patient's fate for the week. It also gives us a chance to develop a group consensus on the direction of our treatment of a given patient. I get one vote as Psychology -- the Social Worker also gets one vote. The Rehab Dept. gets one vote, and must decide among the four of them how to vote. Likewise Nursing. The psychiatrist also gets one vote, but, like the pigs in Animal Farm, he is the most equal of all of us; he writes the order to move the patient through the system. Sometimes he plays 500 lb. gorilla and moves the patient without consulting the rest of us. This makes us unhappy. 500 lb. gorillas need not worry about anything except the zookeeper and the five 100 lb. gorillas lurking in the background.

Much of the patient's attention is devoted to being moved, since this is an outward sign of grace. Getting off Step I is easy -- just have no misbehavior charted or restraint incidents for 2 weeks. Getting off Step II is harder, and requires more attention to the public-image problem. Most ICST's get there quickly, though, as does anyone perceived as even remotely normal. As a result, Steps I & II are noisy, chaotic, and dangerous.

Move Meeting group dynamics ebb and flow. Alliances, loyalties, personal feelings, gut feelings, & crystal balling all compete with rationality, good judgment, & unanimous decisions. I see this meeting as the most important one I attend.

Chapter 2

I started doing individual therapy soon after coming on board. B1 was one of the first to ask me if I would see him. After stopping me in the hallway of Step 1 (2 large men in white instantly took notice), he announced that he was going to drop the sexual harassment suit against an attendant. He explained that he was just mad, & besides, he had done far worse than the attendant, including raping a 7 year old boy. Of this latter, he said, "It felt good".

I called CPS, but nobody is particularly concerned with finding the now 14 year old boy who was raped, despite his obvious need for therapy.

B1 made an easy therapeutic alliance. He told me of 60 burglaries, one of which landed him in prison. Naturally, he had been raped there. When released, he was committed to the hospital's unit for the retarded. While there, he fell in love with one of the "pretty white boys" also inhabiting his ward. When this resident left, B1 went on a rampage of bullying and fighting. He ended up in IRU.

Later on, B1 told me of being beaten by his parents. At age 9 or so, his father sodomized him (without Vaseline, yet). His father, B1 says, encouraged him to "go & do likewise". He did. B1 also told me of coming home after a stay in Boy's School at age 12. His mother apparently needed some money. She therefore rented B1 for the weekend to an adult male who "used me like a woman" at a local motel. I'm not sure how much B1 enjoyed it, but he wasn't (& still isn't) happy with his mother.

Where will B1 go when released? Lately, he's realizing that he doesn't want to go home, since his brother & family will exploit him. Where to go? Back to the retard unit? to a psychiatric unit already overcrowded? Family care? B1 isn't happy about his future.

L1 also asked to see me early. He's heard voices since age 3, when he was hit over the head by his father (who used a guitar for the act; a sister once described his father as "brutal"). L1 left home after his sister invited him into her bed. He spent time beating up people for fun, being a pimp, a male prostitute, a petty thief, and a drug pusher. He's been in various hospitals for the last 5 years, & is unlikely to get out soon. He still has trouble not hitting people, has no family, & no resources. He's also mildly retarded. I have trouble keeping his history separate from B1.

A1 was once held in a pail of water, arms bound, head down. He nearly drowned. When not drowning his son, A1's father stripped insulation off electrical cords, & beat his 3 year old son's legs to a bloody pulp. A1 was taken out of the house, & his father arrested. A1 is just now beginning to access the pre-verbal rage inside him. It scares him. It scares me. It scares my supervisors. A1 is not likely to leave anytime soon.

I don't know if A1 is schizophrenic or not. I think he's just a Borderline Personality Disorder. He's not sure if he wants to keep on working with me. My supervisors remind me that A1 was admitted to IRU after strangling a nurse. They don't know about the neighbor kid A1 hit with a brick because the kid walked on the grass. They do know about the other women A1 has attacked.

"Doc, when you gonna get me out of here?"

"When we find a place you haven't strangled someone at".

A1 is presently at the lowest level of phenothiazines he's been at for years. He's only recently begun to accept himself as "irritable". He doesn't remember the homicidal threats he made when angry. A1 was recently bashed in the head by another patient using a pool cue for a weapon. This patient (M1) is currently up on charges of attacking an attendant with an ashtray. Nobody brought charges for A1 -- the prosecutor is reluctant to get involved. M1 says A1 was agitating him with continual homosexual advances. He's probably right. (There are few closets in IRU.) A1 doesn't remember much of that incident or of similar ones. A1 has a mouth -- a primary goal of therapy is to redirect the hostility coming out of that mouth. Or at least to control it. I have no idea of my chances.

A2 was with me only for a while. He wasn't abused or anything, he's merely schizophrenic with serious fantasies of killing somebody. He was transferred to the "less restrictive environment" of Men's Treatment (MT). I make sure the MT's unit Behavioral Clinician (Bruce) got him into therapy. Bruce tells me that A2 has livened up his group.

A3 was also with me for a short while. One night, he & his wife were arguing. She left for her mother's, determined to get a divorce. He burned his house to the ground. When charged with arson, he became suicidally depressed. The judge decided he was ICST, & sent him to IRU. Dr. K, the unit psychiatrist, placed him on Pamelor. When I got to A3, he was in the midst of an agitated depression. I checked the PDR, & discovered that Pamelor makes such depressions worse. A3 felt better with another antidepressant.

What is abuse? What is neglect? Does going to war help? No.

A3 grew up on a farm. He learned to keep quiet. His parents took him & his sister with them to a bar in town. The two of them were expected to sit in a back booth for hours, while their parents drank themselves into oblivion. I decided that A3 had developed a terrific ability to shut himself off. When the rage got too great, A3's dissociative ability kicked in, & enabled him to do something dramatic (for once). He doesn't remember setting the fire. He had a hard time getting in touch with his anger during the therapy. In any case, his depression lifted enough for us to send him back to court, & he didn't come back.

Many of my Murderer's Group members are like this -- loners who get into a dependent, romantic relationship that forces them to interact with other people. For various reasons, the interactions irritate him, & bring more & more pressure on his impulse control. If the pressure blows suddenly, he doesn't remember much of the resultant arson, brutal rape, or murder. More on this as it develops, with film at 11.

Actually, I develop these ideas as I go along, each new book or patient adding a new piece to the puzzle. The Ah ha! experience is as important to me in reducing my anxiety as it is for the paranoiac. Ah ha! he thinks, I know why I feel bad! The FBI has their thought-stealing radar on me. Whew.

D1 was a short-timer. I had only begun to lengthen his time between restraint incidences (i.e., the times when the large men in white coats deemed it wise to strap heavy leather straps on a person's arms, & the straps thereupon to an extremely well-made metal bed, thereby rendering said person unable to hurt himself--or others) to 9 days when his family came to get him. He'll spend a while at home,

then they'll banish him to the Minnesota State Hospital. His brain has been cut 3 times in attempts to reduce his violent episodes.

C1 is really rather boring -- I tell of him only for completeness. One day, he swallowed a liter of vodka. He wandered down to the local gas station & waved his knife about, demanding money, cigarettes, & the teller's body. She was displeased. He then wandered down the street to a fast-food place, again demanding money. The clerks, safe behind bullet-proof glass, encouraged the police to take C1 away. He was found NGRI due to his having a psychiatric history. He came to us & promptly proved himself a major nuisance; loud, demanding, pushy, vaguely threatening. I started to work with him shortly after he attacked the record player & tried to insert a work table through a window. Once enough medication got into him, I could confront him with the rages that brought relief. He gradually calmed down, & worked his way back to Step IV. He's now in my 10:00 group. He may be released in May since he can now tell me what I want to hear.

What do I want to hear? I want to hear insight, some concept of how the rest of us see him. I want to hear some display of understanding of how his impulses have ruled him, and of how he plans to regain control. "Whoops! Scuzi!" won't do it.

L2, by his account, spent 5 years in an uncontrolled psychosis. Wandering about the county in a van, working as a migrant worker, he developed the idea that he would be a (not the) messiah, a chosen one. He was destined, he realized, to use his Power to lead his tribe to a Safe Area before the Holocaust. His plan was disrupted when 2 state troopers found him sleeping in a van filled with drying marijuana. They roused him & his girlfriend. They handcuffed L2, & told his friend to tie up the dogs. She replied by opening fire with a small handgun. In the ensuing melee, the two miscreants (i.e., my patient & his girlfriend) ran. They found themselves in a cornfield at daybreak, chased down by dogs & helicopters. Their jailors became concerned with L2's psychosis & dehydration. IRU got L2, the admissions unit (AT) got his girlfriend.

L2 began a slow recovery. I testified at his competency hearing, convinced the judge L2 was competent, & should stay at IRU until his trial. A plea bargain was then offered. However, L2 was opposed to the idea of spending much time in prison. Time went on. I finally convinced the IRU administrator to get a date set. She did. The plea bargaining increased. L2 gradually became uncomfortable with his psychotic ideas, & realized the his girlfriend had been trying to save her messiah. He has recently accepted a plea bargain of 2 years in jail, & refused to testify against his girlfriend.

L2 was also beaten as a child. He's beaten his child & his ex-wife. He kept his behavior vaguely appropriate largely with the use of marijuana. He feared his temper tantrums, one of which ended up with a man's shoulder bitten off. L2 gives nonconformists a bad name.

Chapter 3

Which brings me to my groups. Ann (the unit administrator) wanted me to start a group quickly, so I found a time: 10:00 am Friday morning. John the Social Worker was selected as a co-leader. Together, we reviewed the people we thought would benefit from a therapy group. A reasonable IQ (i.e., over 79) & a lack of current charges were necessary. Some patients agreed, others didn't.

C2 readily agreed. He's probably the highest-functioning patient in the entire hospital. Why is he still here, after all these years? (1) he's only become a reasonable person within the last 2 years. (2) he's a three-time rapist. As a result, we're a bit reluctant to let him go. However, the judge has decided C2 could go to the State Hospital near his home town. There are no beds in said hospital, of course, so C2 stays.

C2 lived a middle-class life. His philandering father ignored him at age 4, while C2 cried in the hall. For years, Daddy just walked by, pretending C2 wasn't there, as Daddy went to the mistress living just down the hall. Finally, Daddy left, leaving C2 to a feminine trio of mother, grandmother, & aunt. He learned to put up a good front & to achieve. He was an excellent salesman, & worked long hours. Gradually, he explored a wild life of bars & clubs. He manipulated money from his parents. He raped & was found NGRI. He's a charming fellow. (No, really.)

H1 is also in the 10 am group. He has been in prison for burglary & hospitals for schizophrenia. He managed OK in various community settings, except for the various nearly-psychotic women accusing him of rape. H1 doesn't know if he can resist misdeeds when released, but is at least open about it. He's been referred to the civil side of this hospital.

D2 was in the midst of a paranoid psychosis when his family sent the police for him. They broke in the door; D2 ran to the kitchen, & confronted the police with a large butcher knife. Their efforts to dissuade him from using the knife resulted in the police emptying their guns into him. He survived.

D2 was placed on bail on a charge of assault. He split for NYC. He was caught shoplifting, & did some time on Riker's Island. He returned home, shoplifted again, was tried on the assault charge, & was found NGRI. IRU followed. His psychosis is well controlled, but he is very depressed (wouldn't you be?). We can't release him until his depression resolves, since he'll discontinue his medication. He did last time, when he ended up being shot.

J1 is a Jehovah's Witness. He is very large. He wants to go house-to-house, giving out tracts. How would you feel if a large (very large) black man came up to your door, trying to spread The Faith? Would it comfort you to know that he's recently been released from a mental hospital? That his drug use is under control? That his pontificating is almost understandable, & much better than it used to be? I don't think so. J1 came to us after starting a riot on the civil side.

N1 tried the group once, then quit. Recently, I seized upon his announced desire to leave the hospital, & encouraged (read twisted his arm) him to rejoin the group. His first session gave some history. 10 years ago, he walked into a bank & convinced the teller to give him some money. He went across the street to another bank, & tried to get them to give him a car loan (he noted he hadn't the least intention of repaying). The police found him there.

N1 has been in hospitals ever since. A few months ago, he slipped out of the locked unit he was on. Angry that he didn't have ground privileges, he stole a laundry truck. He raced toward home. The state police set up a road block, & N1 smashed into it going 60 mph (& still in 2nd gear). He was admitted to IRU, naturally.

J1 asked N1 if his mother approved of such illegal & immoral goings on. N1 replied that she had nothing to say about it. He was a man, not a child! Her job was just to clean, wash, cook, & support him. Her opinions about his behavior were irrelevant. Besides who cared that he stole the laundry truck? The state could afford it.

N1 is unrepentant. He is unlikely to be released from the hospital in the near future.

T1 was with us for a while. He was B1's lover for a while, one of B1's "pretty white boys". In the group, T1 told us of the minor stereo thefts that got him into the hospital. He noted, smirking, that his mother was still driving a car with one of his stolen stereos in it.

M1 was also with us briefly. He finished a prison term marked by frequent self-mutilations. The Department of Corrections, not unreasonably, figured the guy still needed help. They arranged for M1's commitment to the hospital as a danger to self (as opposed to others). Shortly after M1 arrived on AT, he stuck a paper clip into an old scar on his belly. AT staff freaked, and sent him to IRU.

At first, M1 behaved himself. He said that AT staff didn't listen, and nobody wanted to help. IRU staff, he was sure, would be different.

Not different enough, I guess. M1 started the poking routine fairly quickly. However, our security made it difficult to get anything sharp enough to really make anyone concerned. Scratches just make us more skeptical, & M1 was rapidly showing himself to be a first-class manipulator.

For example: M1 asks to see me late one Monday afternoon. In a burst of sudden cooperativeness, he agrees to take an MMPI I had earlier offered. He also tells me of another patient who has convinced an attendant to bring in amphetamines. I am, naturally, concerned. I am less than impressed, however, when he then asks me to tell him whether the earlier Move Mtg. voted to move him to Step IV. I gave you info, he says, now you give me some. I don't. As I expected, the attendant doesn't have anything, & M1 never does finish the MMPI. I finally get one finished much later, & only after much wheeling-dealing. M1 is constitutionally incapable of manipulation-free interaction.

M1 gets grumpy. A1 starts jawing at him. M1 responds with a well-placed blow to A1's head, utilizing the pool cue M1 has in his hands. Which one of these two men has the poorest judgment?

M1 decides to get serious. He begins telling us that he hurts himself in order to get serious doses of pain-killing drugs. This makes sense to me, especially since I can't trust anything else M1 tells me. M1 tells us he's trying to kick the habit, & not to fall for the trick of giving him pain pills when he hurts himself. We take him at his word (I'm not sure why). His self-injuries slowly mount in seriousness & frequency. While I get a completed MMPI out of him (it says he's depressed), he won't talk to me. I do manage to get him on a different antidepressant, though.

Four days after the MMPI, M1 uses an ashtray to strike a blow for his self respect. The recipient of this head blow is an attendant. M1 strikes the blow from behind, without provocation, without prior agitation. M1 calmly explains that the attendant had laughed at him while M1 was being put into restraints 2 weeks earlier.

Since when does a depressed, self-mutilating junkie start using ashtrays for revenge? The attendant brings charges. The local police investigate. M1 confesses, wants to plead guilty. He also announces that he killed an elderly couple in Kentucky several years ago. The police are interested. I'm asked if M1 is competent & responsible. Yup. We hear nothing for several weeks.

In the meantime, M1 escalates his injuries. He breaks his little finger. We bandage it. He picks at it, rebreaks it, & finally resorts to sticking the wound into his own excrement. His little finger is amputated. M1 seems satisfied.

He goes to a hearing, gets a lawyer. A trial date is set, and M1 wants to plead guilty. Says it's easier to get drugs in prison than in the hospital. He's been quiet lately, & is now awaiting the result of plea bargaining negotiations. His lawyer is befuddled, apparently.

If M1 is found guilty, he'll return to prison & the drugs. If he lives to be 35, he'll straighten up then. If M1 remains in the hospital -- what? Will he return to group? Return to self-injury? I can only hope that the antidepressant has been responsible for his lack of troublesome activity. He & A1 are even playing pool together.

Chapter 4

After the 10 A.M. group was going, I began thinking about another group. One night, I realized that I couldn't do individual therapy with everyone that needed support. Many of the most obvious & dramatic cases were those patients on trial for murder. Trouble is, the state licensing law for psychologists does not grant me the ability to offer confidentiality in therapy cases involving charges of murder.

Why not be bold? Have a group without confidentiality! A group of murderers, told upfront that I couldn't offer silence. Who needed therapy most, if not men on trial for their lives? Who could offer such people the most support, if not other men who have already been on trial for their lives? Where else could they get such peer group support? And, I thought, who better to lead such a unique, dramatic group? So what if I had no idea where such a group would go -- no one else does either. A quick look through the literature finds precious little, & none of my colleagues have any exposure to such a group. So, why not? I'll put together a therapy group of men who are either NGRI or ICST for murder. Pat the Rehab Therapist can co-lead. It'll be at 8:30 on Friday mornings, just before the 10 am group. A Murderer's Group!!

Several prospective members are skeptical. I began to realize that most of these guys are basically withdrawn. Sometimes they're withdrawn physically as well as psychically. The ones not withdrawn physically are Antisocial, & their interaction is the narcissistic hyperactivity characteristic of people with an Antisocial Personality Disorder. None of these guys have any real connection to the rest of the world. I hypothesize that breaking the most absolute taboo of all -- murder -- requires a massive, efficient psychic isolation. "I don't trust nobody!" says one.

It isn't surprising, then, that these alienated people want nothing to do with a therapy group. I began to feel that I was onto something, & started to push. Could I, for example, (gasp!) require group therapy attendance? Several staff members were opposed ideologically. I argued that this group was different than the 10 am group. The Murderer's Group, I proposed, had a much larger supportive element, & much less requirement for self-disclosure. If only one or two self-disclosed, I reasoned, the others could benefit. We could talk about the stresses they all faced (like murder trials, media attention, or recalcitrant judges).

One murderer flatly refused. However, he agreed to start individual therapy with John the social worker. Another murderer went back to court to stand trial (he got two life sentences). Several others agreed quickly, if guardedly. We talked another one into joining. Only two were left, both NGRI patients who were hoping for referral to a civil unit.

Dr. K., whose signature goes on the referral, observed that he was disturbed by these last two refusals. After all, he pointed out, there is very little therapy going on in IRU. Anyone who refused to take advantage of what little was available had to be crazy. (A bit facile, I thought, but what the hell.) He wasn't going to refer any crazy murderers anywhere. John mused that both patients were basing their pleas for release on plans to seek therapy elsewhere. If they weren't going here, how could we be confident they'd go to therapy when released? (Good point, I thought.)

We prepared to twist some arms. Both patients apparently got the word beforehand, & agreed to join the group before we got a chance to bare the steel beneath the velvet. Hmmph.

So, we started the group. Issues of confidentiality were followed closely by issues of trust. Then came the "what are we doing here?" issues. All quite predictable, & most groups go through the same steps. I'm astounded that these guys spent as little time on them as they did.

Zero to working group in 3 sessions! It's amazing. Perhaps it's a function of their need?

G1 is a sparkplug. An older black man, G1 was ICST on a charge of killing a deputy sheriff. I saw him for testing as part of his evaluation. He wasn't much interested in cooperating, he said. Why should he? There wasn't anything wrong with him, he said. He shot the deputy in self-defense. (I shot the sheriff...) Who had the right (he always pounded the table when he referred to a body's right) to send him to the hospital?!?

G1 continued with his story. He came home one day to find himself being evicted. It was cold outside, & his girlfriend was pregnant. G1 was displeased. One of the men evicting him was contentious, & the two argued. The man went to his car. G1 followed. G1 explained (& who can contradict him?) that the man reached for a gun. G1 shot him first. Who knew the man was a deputy sheriff, on an eviction detail? Would it have made a difference? G1 says yes, of course it would.

Not a bad defense, I think. Trouble is, when G1 gets mad & insulted, he refused to cooperate with the court proceedings. His attorney wonders if G1 is crazy. The judge says sure, send him to IRU as ICST (cha-cha-cha).

G1 won't take any tests, but he is willing to talk about his past. The man is a walking advertisement for child abuse laws. His family burned him with hot wire hangers, put his hand on the stove, scalded him with hot grease, tried to break his ribs, & almost raped him. One of his babysitters waited until all were gone, "then she'd play with my body a whole lot. I don't hate her, but I don't like her much". G1 doesn't trust authorities much, it seems. Why should he?

G1 won't take any tests, but he will talk to me for two hours. I write a 4-page report finding him competent. G1 won't talk to Dr. K., so Dr. K. writes a one page report finding him incompetent. We ask Dr. D to see G1. G1 won't talk to him either.

The treatment team lays it on the line to G1. If you want to tell your side, your story, you have to demonstrate your ability to cooperate, we say. We spend an hour saying it. He finally agrees. He'll take an MMPI, go to group, & see Dr. D. Terrific! His MMPI comes out 4-8, the pattern of angry, alienated people prone to sudden, unprovoked assaults.. He sees Dr. D., who finds him competent. We send off both Dr. D.'s one page report & my 6 page report.

Weeks go by. G1 starts with the group, & demonstrates just how articulate he can be. Then the court sends for him. They subpoena Dr. D. Not me, not Dr. K. I am frustrated. I want more testimony experience!

Dr. D. blows it. The ask him a reasonable question: why do you and Dr. K disagree? The answer is on page 5 of my report -- because the team worked

damn hard to enlist G1's cooperation. Dr. D. just says, well, he has his opinion, I have mine. (groan) The court sends G1 to 2 more shrinks. One says yes, he's competent. The other says no, he's not.

The court wants to send G1 back as ICST. Could they get some testing, maybe? We send another copy of my 6-page report to the court. Oh, they say, that's "helpful". The court pronounces G1 schizophrenic, & sends him back. Act III will begin when I get to review the reports. I am already cynical -- Dr. K will retire before G1 can get back to court, & Dr. D will blow it again. Hmmph again.

But, I digress. G1 is in the group for a while. He's reluctant to say much, he says. "I don't trust nobody." (a common refrain). We get past global distrust, maybe he'll talk a little bit. The group moves on to judgment, criticism, & being zapped by something a patient says. No confidentiality, remember? G1 sums it up! "Ye shall know a tree by its roots". His explanation of this proverb is halting. I restate it: we are here to understand, not judge. We understand trust is hard. We also understand isolation is harder. Let us at least try to understand. The group accepts this interpretative intervention. I'm amazed again.

(Woody Allen in Play It Again, Sam. "She bought it!")

Chapter 5

3/9/85

Developments continue. G1 is back, & angry as ever. We think his lawyer is stalling for time while he negotiates a plea bargain. G1 stands a chance of being hospitalized for many years. I hope to get a full battery on him.

M1 pled guilty to assault. He'll serve 3 1/2 months, & be back to IRU by July. He's happy.

There are more members of the Murderer's Group, & one new one. More about the charter members first:

We don't know much about J2. Did he really shoot his wife & her lover after they molested his daughter? Why has he allowed himself to go 10 years without a trial? Why does his judge insist that J2 can't be competent so long as J2 is on medication? Why doesn't he get a new lawyer? Will he ever manage to get off medication long enough to stand trial without becoming psychotic, mean, & nasty? What does he say when asked? "I'm pretty confused by it all." Oy.

J2 explains more in the group. He says it took 3 years & lots of therapy to get over losing his wife. He says he's better now, which is why he returned after 2 1/2 years of freedom obtained after escaping. Mysteries abound.

W1 walked into his sister's trailer one day with a 9mm handgun. He shot his sister, his brother-in-law, & his nephew. He remembers little except for blood gurgling out of his brother-in-law's forehead. W1 then drove home, walked into a bedroom & shot his father & brother at close range. He met his mother in the hall, & almost shot her. For some reason unclear to me, he didn't; instead, the two of them drove to town. W1 dropped his mother off at a motel & went looking for his boss. The police found him first.

W1 was tried & rapidly convicted. He was sent to jail for a long time. One day (his life is full of such days), he refused to leave his prison cell. The captain of the guards shot in tear gas cannisters that burned W1's eyes. W1 is now virtually blind.

W1 was serving time for the murder of his family. He was blind. One day, the U.S. Supreme Court overrules his conviction, & orders a new trial. W1 is incompetent, the result of much glue he has obtained in prison. He comes to IRU for an evaluation & nearly gets his eyes clawed out in a fight. He calms down after three months & is sent back to court. The court finds him competent, & sends him back to prison pending his new trial.

W1 gets stoned on glue within 2 days. Voila! He's ICST again. He comes back to IRU where I get to evaluate him. He tells me he was stoned on whiskey & glue that fateful day his family died. His MMPI (remember, he can't take a Rorschach because he's blind) says he overdramatizes! his psychiatric!! condition!!!. Previous testing done after the murder says he was not psychotic.

Where's the line between a psychosis & a character disorder? "To the eyes of reason, every murderer is a madman." If a man gets drunk & attacks his mother, is he by definition crazy? What if he can be demonstrated to have a psychosis? Should that reduce his penalty? If a man gets drunk & robs a bank, is he responsible? Of

course he is. If he gets very, very angry & starts shooting at people for no apparent reason, is he responsible? What if the shooting is complicated by substance abuse? By bringing in the glue, W1's attorney hopes to get the jury to consider mitigating factors, and thus reduce the penalty. He would also like me to say that W1 is schizophrenic. He isn't.

In the group & in his evaluation, W1 tells me that he was an obnoxious, unhappy, violent bully. He was mercilessly picked on at home. He sought out gangs as a teenager & fought mercilessly. He worked for a local trucking company & drove mercilessly, aided by the speed provided him by a local MD who has since been indicted for drug dealing. He complained that other drivers made him mad, & though he tried to get out of the job, his boss (remember his boss?) wouldn't give him an off-the-road job. (mercilessly).

Into this miserable, angry, loner's life comes a hooker. The hooker befriends him & tries to get him off the glue. One day, they fight over his glue use. He drives his brother-in-law (remember his brother-in-law?) back to the trailer. And shoots, mercilessly. Mercy, mercy.

W1 has been morose lately. It's his 6th anniversary of that day. W1 hasn't had the 3 years of therapy J2 had. W1 likes to go "Woof!" as I walk by. He notes that all he has to do is bark as people go by. His trial is this summer. He won't fry, but he'll get 60 years. I'm looking forward to testifying.

Remember A3? The arsonist that was irritated by his life? Revitch (1981) describes a pattern of murder he labels "catathymic". Unhappy, angry loners get caught in a relationship. The relationship bugs & irritates them. The pressure builds. One day, the loner blows. He doesn't remember much, but the law often does. Mercilessly.

Was G1 a catathymic murderer? Yup. J2? Maybe. W1? A classic. Are there others in the group? Sure.

K1 wasn't happy. His girlfriend fought with him. He went out to a lonely stretch of highway & picked up a hitchhiker. He took her to the river. He raped her. Put her in a bag. While throwing her into the river, he fell in. He survived. She didn't. "It just wasn't my day", he says. See why your mother tells you not to hitchhike?

K1 didn't want to join the group. I twisted his arm. He's been quiet. He's given some history, including his attack on one of our housekeepers. She's forgiven him, but he hasn't forgiven himself. K1 has been depressed for many years, & may be using the group to work through his distress.

If Hitler were put in a hospital, would you work to relieve his distress? What if he might one day get out? If he's still unhappy, he might kill again. Would it be worthwhile to explore his unhappiness, perchance to transmute it? What if he changed sufficiently for you to recommend his release? Would you blame the judge if he were a bit reluctant? Would you be surprised if the patient became unhappy again, depressed that he'd never see freedom? What do you do then? What else to do, but ask questions?

B2 is the son of a lawyer. Both are serious, competitive pool players. B2 got a little strange. Asked his grandmother for some money. She refused. He killed her.

He cried at his trial. He was found NGRI. I don't know much more, because B2 doesn't want to ruin his chances for release to a hospital in Texas. The judge doesn't want to let him go, so his father is trying to find another judge. I wonder what will happen if anyone asks for my opinion. Y'see, I think he's superficial, oily, & still as unhappy & alienated as he ever was. I don't think he'll ever really engage in therapy, & the group may one day point this out. I must be patient.

S1 did pretty well through his high school years. He avoided the draft by enlisting. He ended up in 'Nam, beating up POWs for information. He thought the war was wrong, and was mindful of his father's experience as a WWII POW. He also felt guilty that he didn't beat harder to get more information.

When S1 came home, he had trouble relating to other people. He found a job that kept him away from others. He was not however, immune to the pull of his gonads.

S1 married. He depended much, definitely too much. She left. He became suicidally, psychotically depressed. On medication, he recovered. He remarried. (see how easily a man's life flows?) He became depressed. He was put on medication. He killed his second wife with a rifle. He argued that the medication made him crazy (remember A3, the arsonist?). The jury agreed: he was found NGRI.

After a while, S1 recovered from the trauma & medication screwups (the VA MD settled out of court), & was released. He didn't get along with his therapist because the shrink took off his shoes during the session. (Gettin' folksy, I guess.) When the VA MD settled, S1 drank to celebrate, & just kept on celebratin'. Since mixing alcohol & medication is dangerous, S1 stopped taking his medication. Naturally, he became depressed again. His parents recommitted him when he bought a rifle.

S1 joined the group, & says he hasn't really faced his grief. My testing suggest that he hasn't faced much of anything, including 'Nam. He can do that someplace else, though. We hope to get him out before he loses his visitation rights. He'll stabilize quickly enough on medication.

W2 has been happy to join the group. He likes to reminisce about his prison days when he was a primary troublemaker. He's mellowed some since then.

W2 spent much time in prison. He was released, & committed to a State Hospital. His life continued in antisocial ways. W2 asked the group why people thought he was dangerous. After all, he said, the .44 the staff found was a present for his uncle. The staff never found the .38 or the pump shotgun he kept under his bed. What made them think he was dangerous?

W2 wants to be a deputy sheriff. He has trouble understanding that his NGRI verdict on a charge of double murder makes a career in law enforcement highly unlikely. W2 closed his graphic description of smashing a man's skull with the immortal insight, "I just wasn't thinking. I wasn't using my head." He gives good quote.

K2 is a recent addition to the group. When I first saw him, he was stiff, waxy, catatonic. Don't see many of those anymore. Turns out he was allergic to the Thorazine he was given.

After a while on Prolixin, K2's blood pressure dropped back down, & he could start reviewing his story. His brother & sister-in-law were visiting one night, talking about the grief K2's ex-wife was giving the 3 of them. K2's brother asked K2 to show the sister-in-law how to use a shotgun. (Doesn't everybody?) K2 brought his gun in, & demonstrated how to pump it (doesn't everybody?). He forgot that there were shells in the magazine. One shell was put in the chamber. How cum nobody listens to the gun safety people?

Did K2 shoot his brother? Or was it the sister-in-law? Who pulled the trigger that fatal night? Why didn't they call the police? Why did they clean the body up & put it in bed (so the 2 children wouldn't see it the next morning, of course. "Don't go in the front room dear, Uncle George is a bloody mess this morning.")?

The next morning, K2 went to work, & his sister-in-law called the police. K2 was arrested, but later evidence makes the various stories unbelievable. K2 will return to court soon. He has a variety of defenses, & is leaning toward blaming his sister-in-law.

Chapter 6

3/30/85

K2 returns to court next week. He's in excellent shape. J2 is considering accepting a plea bargain that gets him released soon. He's also in excellent shape. S1 was discharged, & told not to buy any more rifles.

C2 has announced that he doesn't want to go to a less restrictive environment. He's scared. He doesn't think he's ready. Who am I to argue?

He wants out of group, & I agree. He's working hard in individual therapy, answering some very hard questions. I'm backing his desire not to leave yet. I doubt anyone will care to second-guess me.

C2 tells me of a long, anger-filled life. He embraces Nazism in high school. He lies in grade school. He doesn't hurt anybody, though.

Then, he begins to have rape fantasies. Rape/torture/murder fantasies. He bullies his wife, has many affairs. (He denies hitting anyone.) One of his affairs has a jealous boyfriend who beats, kidnaps, & rapes her. C2 sees it, calls the police. Within the week, C2 is in jail on kidnap/rape charges. He is very glad that the urge to kill left him at the moment of climax.

C2 is still having rape fantasies, about 1-2 a week. I want to know much more before he leaves.

4/3/85

W2 went back to court yesterday for a review of his commitment. He has a variety of obstacles in his path towards release, one of which is me. Dr. K. doesn't really care, though, and he's the one taking the case to court.

Dr. K. doesn't care much for Hicks vs. U.S. It's his testimony, he says, & he'll color it any way he wants to. Apparently, he did, since he would have had to leave out much of the treatment team's misgivings to get the judge to rule as he did.

W2 was told last week that Dr. K. wouldn't fight a family placement. W2 promptly began having nightmares. He told the group that he has regular flashbacks of the murder (Dr. K. says it was only one murder, not two), particularly when in a tense authority-filled situation. He gave one example: if, for instance, a boss should hassle him with too many orders, W2 says he wouldn't get mad, have flashbacks, & go off on the guy. No, he says, he'd just take the boss off to the side & relate some of his history. Wouldn't that calm you down?

Crucial to W2's proposed release is his family. W2 says his family can get him a janitorial job (W2 has an IQ of 67), and an apartment. But they hafta be there for him, show some enthusiasm & support for his release. W2 was told in no uncertain terms to make sure his family was at the hearing.

They weren't.

W2 was given several chances to provide a family to release him to. He couldn't. So, the story goes, W2 was put on a short-term commitment that can be

lengthened if he can't come up with a decent release plan. His chances don't look good. W2 has been hospitalized since he was 10 or so. He's 35 now. The group may focus on him a lot when he can stand going.

We have a new member to the Murderer's Group! G2 wandered the country for most of his 75 years. Prospector, factory worker, beach bum (played beach volleyball with Johnny Weissmuller), fruit picker, who knows what else. Worked in a uranium mine. Saw his family occasionally, embarrassed the hell out of them. Finally, at the age of 70, he stayed for a while on his brother's farm.

One night, some folks came 'round his house 'coon huntin' (doesn't everybody? Wait, it ends happily). These guys told G2 about their grandmother. She also lived in the area, had a buck or two, & was lonely. Why not meet her?

He goes over, has dinner, meets the family. G2 & g'ma hit it off, & decide to get married. (He now says there was a lotta pressure, but I think it was love at first sight. Why should I think there's anything financial in it?) They settle in her house on her farm. See, I said it ends happily.

April Fool! She's 80 & has serious health problems. After a couple of years, he's the primary health provider. He's a bit old to be a nurse's aide, but he tends to her needs. The two families both figure the other family is helping, & G2 gets no help. Three years go by. The farm gets tied up in legalities. Then G2's brother dies.

After the funeral, the families notice that no one has seen G2's wife lately. People get suspicious when G2 packs up his car; looks like a long trip. The details aren't too clear, but the police ask some pointed questions. G2 gives pointing answers, & Mrs. G2 is found, buried (in various places) in his garden. Arms, legs, torso, all in different holes. Mystery solved.

The newspapers & TV love it. I read it and think, I wonder if he's one of mine? G2 goes to jail & decompensates. Sings "She'll be Comin' Round the Mountain" as he's led away in court. Not surprisingly, he's found ICST, sent to IRU, & winds up in the Murderer's Group.

I do some testing. Not organic, MMPI is 4-9-6. No schiz, no alienation, no depression, no confusion. Some paranoia & anger, but maybe iatrogenic (he is in legal difficulties after all). More alcoholic or antisocial, but history denies it.

So, what? "Adult Antisocial Behavior, No Mental Disorder" strains the credulity. Schiz? Organic? Testing says no. What?

More testing is ordered. Personally, I think he got tired of his burden & wanted to leave. Y'know, pack the car, do the dishes, turn off the electricity, kill your wife. G2 says all he had to do was hold her nose & mouth & "put her to sleep." She was too heavy to move, so he cut her up into smaller pieces before he buried her. Smaller holes that way. If she had been skinnier, she might have been buried in one piece.

I think the projectives will show Avoidant Personality Disorder. More later.

It's time for L1 to leave. He gets sentenced on his plea bargain on the 8th. He's in great shape, for a paranoid schiz. Still wants to be the messiah. He told me more about being beaten & harassed by his father who wanted him to be "ready". So his

father would punch & pummel him unpredictably. L1's ma is joining a religious cult. His girlfriend is gonna do 6 years.

4/4/85

More info on K1 from digging in his chart. K1 got his rapee from a Laundromat. Threatened her with a knife. Knives bring power. He doesn't want to leave yet, feels depressed. I kin dig it.

B2 was confronted, finally. He still insists that he's dealt with his crime. Hmpf. He noted that his grandmother (the one he killed) always taught him that honesty was the best policy. So, when the police asked him what happened, he naturally told them. He says he bitterly resented their audacity in using his confession against him. All of which allowed me to ask (incredulously) "What did you expect them to do?!?!" A modicum of resentment may have bit the dust.

G1 has finished cooling off. He's ready to take some tests & join the group. Still reluctant, though.

W2 today tells me that he only hasta wait 90 days even if his family doesn't show. I sure hope he's crazy, otherwise he might be right (know thy source!). He also tells me he wants out of the group. He says he doesn't like W1. I am unimpressed by his argument -- "But working out things like that are what group's about". (I too give good quote). W2, in his turn, is unimpressed. Impasse. I have time on my side.

Actually, I'm rather ambivalent. W2's IQ is 67, & his articulation is terrible. We can only believe a small portion of what he says. The group seems to go better when he's not there. I am conflicted. I wonder what Dr. K.'s reaction to this development will be?

J2 has been found competent, again. This time he'll accept an old plea bargain, the terms of which ensures very little time. J2 is willing to admit, publicly, that he killed his wife. I'm hoping to get details, but he says he doesn't remember much. There isn't a whole lot of leverage anyone has over him.

I'm still doing individual with C2. Ideally, one starts therapy after a complete review of the chart, with all of the outlines of the patient's life clearly in mind. This rarely happens. More often, I blithely begin, getting the patient to give me as much history as he can bear. This has proven problematic on occasion, such as the time one patient completely confabulated (made-up) his biography. He even got his birthday wrong -- by four years. (What the hell. Nobody's perfect, right?).

Anyway, today C2 contradicts the chart. After the first rape, he says, he was hospitalized pending trial. As soon as they released him (that same day, in fact), he raped again. More time in the hospital. He finally gets out again -- 6 years after the first rape. And plea bargains his way to time served. C2 was therefore convicted of the 2 rapes, & found NGRI (by jury) for the 3rd one only. There is much I don't understand.

For example, howcum so many women had affairs with him? Why didn't his first wife throw him out of the house long before the rape? Why did his POSSLQ move in with him after he had been convicted? Why didn't she throw him out early in the relationship? Why did she start to leave with him after the third rape? Why

didn't she listen to his mother's warnings about the signs of his going over the edge? Did he, in fact, go over the edge?

I have no idea, really, where C2's therapy is going. I've read Groth's book on rapists, but it's only an introduction. I just keep trying to keep C2 from going in circles. I can only hope that he doesn't turn off like he has so often in the past.

At the moment, I know that he's chronically angry for no apparent reason. He hasn't been abused, deprived, or persecuted. I also know that he's addicted to power games. He raped as an expression of power. He's reluctant to leave, I think, because he doesn't want to desert his power base on Step IV. Big fish, very little pond. He may even enjoy recounting his misdeeds. Or maybe he's in love with his roommate, B2, the g'mother killer? See how quickly I regress to supposition?

I'm a lot clearer about B1. As a Borderline Personality Disorder with Antisocial features, the organization (or lack of it) of his personality is well discussed by the literature. Lately, his Identity Disorder is central. His lousy impulse control seems related to whoever he's identifying with at the moment. He's never had the chance to identify with someone who wasn't antisocial in some way. He's slowly figuring out that the trouble he gets into (i.e., hitting other patients., waving a florescent tube around as a knife) has all been attempts to impress his heroes. And his heroes have all been crooks, people that abuse substances & people.

He also has trouble with the "pretty white boys" he falls in love with. Most of these guys take advantage of him, exploit him for the cigarettes, candy, & coffee he provides. He'd do much better if he had a crush on somebody stable, but such people are in short supply among the patients. I sometimes wonder why he hasn't a crush on me.

"I don't know who I am." "I'm so mixed up." None of this explains why he sliced up his arm with a broken lens or why he took a florescent light tube & used it to fend off attendants, or why he regularly fears suicide. It doesn't help that all his heroes are racist blacks that hate his "pretty white boys".

4/5/85

We may have a new candidate for the Murderer's Group. According to one account, S2 put a gun to a stranger's head & killed him. According to S2, the stranger was a person that was harassing his cousin. He still hasn't quite been able to explain why he shot the guy. His MMPI came out 4-8. S2 is not a nice person.

He's been reluctant to join the group so far. He got kinda pressured when I tried to correct his misperception that he only had to spend 90 days with us. First, he had to persuade several people that he's competent. If he doesn't want to persuade me, he may also have trouble persuading the psychiatrist, his lawyer, the DA, & the judge. He was not happy when I pointed out that other ICST patients had spent very long periods of time as ICST (I think 14 years is IRU's record). When a 4-8 becomes acutely unhappy, they also become angry, pressured, & scary. There were several brawny young men keeping a close watch on me during this conversation.

Also watching the conversation was another double murderer, M2. He's been getting more frustrated lately as he awaits his recommitment hearing. When M2 gets frustrated, he starts banging on walls, windows, screens, & sometimes people. He

also gets mad, & starts threatening to kill "like I did those other 2 guys". This sort of statement usually gets results of one sort or another. M2 is in neither individual nor group because he has an IQ of 44. M2 got pretty angry, asked to see me. He talked some about being in the hospital. He hasn't admitted to the killings very often.

After digging in his chart, I discovered that M2 had been in a home for the retarded. One day, his two roommates were found smothered. M2 didn't admit it, but the deaths were clearly his responsibility. No charges were apparently filed, presumably because M2 will never be competent to stand trial. M2 won't get out of any hospital for a very long time. Unfortunately, keeping him in maximum security until he's 93 isn't reasonable. We're trying to get him to the hospital unit for people with such IQs.

Chapter 7

4/14/85

I'm writing this in celebration. I've spent the weekend putting the finishing touches on a journal article, & will mail it tomorrow. Submitted at last!

Publishing is an esoteric joy. Yesterday, while doing a last minute literature search (Psych Info via Knowledge Index via Vic 20), my name floated up on the screen! I'm in the database! My dissertation was in DAI, V45, 1-B. Psych Abstracts then listed the abstract, & Psych Info (the computerized version of PA) then entered it into the database.

Remember when they taught you to write, & put your productions on the bulletin board? They didn't tell you about databases, did they?

And when they taught you to type (many years later), they didn't tell you about the vagaries of printers, did they? Sneaks.

I'll mail the article tomorrow. I will. It'll be my first article submitted. Looks good on the resumé. It's been 2 years comin'.

Back to the ranch. As I write this, I have no idea what I'll write next week. You're lucky -- you can just skip the pages.

What, for instance, will happen to W2's bid for freedom? He says his mother will visit the judge Tuesday. Knowing his history, do you believe him? Would your mother be that supportive?

When will K2 be picked up? Will he plead Not Guilty or NGRI? If NGRI, will we get him? If Not Guilty, will the jury agree? If he gets off, will he get his job back? Will his two daughters ever recover? Would you like to be their foster family?

It's been a week of surprises. I got back from a long weekend to various unanticipated events. For instance, I got a subpoena on Tuesday for a hearing the previous Monday. Darn. L2 got 2 years, & the judge recommended minimum security. L2's gun moll will be tried soon.

Oh, yes, -- C2 tried to cut his balls off. (Surprise!) I think he wanted to remind himself (& me) that he was very sick. What's (dare I say it?) funny is that I think he did it in a fit of pique. A snit. Got his ass in a sling, he did. Literally.

Anyway, the story so far:

Last Thursday, C2 clearly had a secret. I even asked him point blank what he wasn't telling me. He changed the subject.

So, I go away. 2 days later, C2 tells an orderly that he's not feeling well. It seems that he spent 2 hours in pain & nausea with a plastic bag tied tight around his testicles. Says he learned it from one of our farm boy murderers. He took it off, though, 'cause he couldn't stand the pain.

He tells the attendant that his therapist (me) has been telling him (C2) that he (C2) is nothing but a crook, doesn't need to be in a hospital, & there's no hope for him. C2 therefore decided to castrate himself to prevent more sex crimes.

They move him downstairs to Step I, & watch him closely. The psychiatrist, Dr. K., sees him. C2 again tells him how terrible I am for pursuing this crook business. Dr. K., naturally, wants to consult with me. I point out how often this scenario has played itself out. C2 gets an idea, taunts a responsible agent, then does it. If he has a therapist, he makes sure the therapist looks bad. He makes sure people know about it, too. I also predict that it'll happen again.

In any case, Dr. K. starts C2 on lithium, which is one reason C2 got weird in the first place. Dr. K. & I talk, & agree that we would find out why C2 didn't bother telling me his unusual concept of treatment. We also wonder what the term "crook" means to C2. Reasonable questions, all.

The notes say C2 is "jubilant" after his session with Dr. K. How quickly he changes -- from a depressed self-mutilation to jubilation. Does the magic pill of Lithium really mean so much? Or is it just the capstone of a manipulation? Did he really try to cut off his balls, or is that just a story?

So, I wait 'til Friday to see C2. He starts the session angrily. Y'see, not only do I call him a crook, I also questioned his mother's sanity! He was, I think, shocked that I was going to be able to see him at all. Hadn't he told Dr. K how horrible I was?

We talk. I use my counter-transference. I cajole. I chastise. I deadpan. I mimic. I'm good. He tries, but he ends up mellowing. He agrees to continue working, says he has trust & faith in me.

Fury to trust in 20 minutes. We have much more to talk about. My notes refer to C2's repetition compulsion (Berne would call it a game), intrapsychic conflicts about sexuality, power, & excitement. The notes also suggest a bit of resistance is operative. How better to avoid working than to create a dramatic diversion? Won't work, though -- I've seen it too many times. B1, for instance, likes to cut up his arms. M1 had his finger amputated. People tend to get excited over stuff like that.

I finish out the week with B1 & the Murderer's Group. B1 is feeling real stable, he says. Gonna behave himself for a while. I allow myself some cautious optimism.

G1 rejoins the group. He refuses to say much at first. K2 talks a bit about his plea, & I remind him of the indeterminate nature of the commitment process. That gets G1 going! He delivers a long harangue about the subjective nature of psychiatry. He gets no argument from this buncha guys, so he goes on, getting angrier. Tells us of the corrupt, hypocritical nature of society's power.

This is too much for J2. Normally, he plays mediator, a calmer of waters. He gently tries to remind G1 that there are rules to society, necessary ones. No! shouts G1, thereby raising the eyebrow of the brawny young man in white who is sitting behind the window, watching for my safety. No, G1 says! There are no "civilized" laws, period!!

I step in, at this stage. I have two points. One is that it's time to stop, the session is over, & G2 needs to take a deep breath. The other point is that, because I'm the leader, I get the final say. And I say I know of one rule every society has, civilized

or not. And that rule is the one (must choose my words carefully here) dealing with taking another person's life.

4/18/85

Well, it's been another busy week, & a profitable one too. Monday, I decided G2 was a Schizoid Personality Disorder. For once in his life, he was maneuvered into marrying someone (apparently not because of money). Then, she got sick, & he had to cope with serious stress. This resulted in an Adjustment Disorder with a mixed disturbance of emotions & conduct. That is to say, he got upset, angry, resentful, foggy, & went over the edge. The edge just happened to be his wife.

Then, of course, the police began asking very difficult questions, & he began having trouble answering them. G2 gets very anxious about many things, especially hard questions. When he gets anxious, he blocks. His blocking makes him ICST. His anxiety makes him an Atypical Anxiety Disorder.

I also get a call from another psychologist. He wants to refer a forensic case to me! Says the going rate is \$75 an hour, plus travel time. The attorney calls, says he has a guy with a problem. Could I see him soon? Sure, why not?

Tuesday, I drive for 3 hours (at \$75 an hour). The guy isn't well at all -- acutely suicidal, in fact. We talk for 2 hours. I drive another 3 hours back. I'm exhausted, but I'll charge for \$600. I like this kind of work. I'll tell you more later.

Today, the medical director tells me to be a statistical consultant to the Quality Assurance director. I give her Baby Statistics 101, & tell her to find computer time. I suspect I will end up on more than one research committee. I then walk over to talk to the Nursing director. We devise several studies. I like thinking up studies.

In the afternoon, I see B1. His verbal insight is remarkable. He still wants to hit everybody in sight, but now he's thinking about it more.

I come home. The guy 3 hours away still hasn't been taken care of by his attorney. I hope the guy is still alive. I also call the referring agent, thanking him for the referral. I'm glad his schedule was full, & can hardly wait until mine is too.

5/18/85

It's been a pushy month.

I went to Chicago for a workshop on Violent Patients. Some of it was useful, all of it was tiring. One presenter observed that "We have to have a high tolerance for not knowing what the hell we're doing." Sounds familiar.

Part of one presentation was on battered wives. One abusive husband was taught that successful marriages were based on control. Total control was established through physical terror. He found himself telling his wife "I'd rather kill you than have you destroy this marriage."

I'm also being published. JCP has accepted a condensation of my dissertation. My first publication!

I also had my first business dinner. N2 has come on board. N2 is the guy I drove 3 hours to see. N2 was a deputy sheriff. He patrolled the countryside alone. He began getting burned out. No one noticed. N2 hurt his back while on a call one day, but the department refused to support him. N2 began getting depressed. His physician (a GP) was prescribing Valiums, steroids, testosterone, 3 kinds of pain pills, & 2 kinds of sleeping pills, but no antidepressants. N2 was in pain, seriously depressed, had no job, many financial problems, & (naturally) marital problems to boot. He was also taking far too many of the prescribed pills.

What happened next is still unclear. Apparently, his wife became quite worried. N2 is a gun nut, & had many loaded, sophisticated weapons about the house. He was spending a great deal of time cleaning them. She was leaving him, but was worried he might do some harm. N2 became aware that the department was coming to commit him. However, he didn't hear commit as "take you to a safe hospital," he heard it as "putting you away." N2 had seen such arrests; the last one he saw resulted in the subject being killed.

N2 was in fear for his life. He was seriously doped on multiple prescriptions. His GP came to see him, & told him to take 2 sleeping pills. He did. An hour later, his wife came back from her errands, bringing her brother-in-law with her. She was getting some clothes so she could live elsewhere. N2 seems to be unaware of this. N2 was scared, paranoid. He was in fear of his life. He had many guns about. His brother-in-law is a State Trooper. Guns were flashed, & shooting broke out. Both men were wounded. N2 staggered into his patrol car, & drove dazedly off to the hospital. When he walked in, he brought his rifle with him. A male nurse died in the ensuing confusion. N2 was hospitalized with 2 leg wounds, & charged with Murder & Attempted Murder. When patched up, he was transferred to jail. His family got a lawyer, who went to see him. The lawyer realizes all is not well, & he calls around for a psychologist. I see N2 the next day.

I tell the lawyer to put N2 on suicide precautions & get him out of jail. Eventually, N2 ends up on IRU. The MD takes him off the Valium he's still getting! When his brain clears sufficiently, he joins the Murderer's Group.

Can you imagine coming out of a horrible nightmare, only to discover it's all real? N2 says he's coming out of a fog. While in the fog, he was numbed, somehow apart from the nightmare. Now he's clear, & beginning to face the incredible reality of his charges. He says he prefers the clarity to the confusion.

Meanwhile, I'm still consulting with the lawyer. I go to Indy to lay it out for him, & he buys me a terrific dinner. I like this kind of work.

So. Is N2 guilty of murder? Voluntary Manslaughter (20-80 yrs.)? Involuntary Manslaughter (5-10 yrs.)? Or Not Guilty By Reason of Insanity? N2 killed a man, that much is known. But why? The nurse was a friend, no ill feelings there. N2 was a good cop, not an outlaw. He was injured, but capable of driving. He was depressed, but not homicidal.

I explain to the lawyer. N2 had a terrible combination of chemicals flowing through his bloodstream. It'll be easy to show that N2 was out of his head. The problem, I explain, is why he had all the chemicals in his head.

If a man gets drunk, swallows a bunch of pills, & then shoots somebody for no good reason, he'll get Voluntary Manslaughter, unless the prosecution can show intent. The community can accept that, & the prosecutor can offer it as a plea bargain.

Now, suppose that a man is given a pill by an MD. The pill has an unexpected side effect of a toxic psychosis. During the psychosis, the man kills. No responsibility can be ascribed to him, & he's NGRI.

But what if the man takes the whole bottle? The toxicity is due to the amount, not the single pill the MD prescribed. The man retains responsibility.

But if the man took the extra pills only after being befuddled by the first one, does he lose responsibility? Technically, perhaps. But juries don't like NGRI defenses. After all, N2 was able to drive.

The scenario becomes clear. The prosecution goes for Murder, knowing full well it won't work. The defense presents an insanity defense with the novel twist that N2 will be proven perfectly sane now. We'll argue that he's not a person who abused pills, that he's a responsible citizen that was the victim of a grossly negligent GP. The jury will weigh its dislike of insanity defenses against its support of burned out cops (Jos. Wambaugh has already been called), & settle on Involuntary Manslaughter. The community (& justice) will be satisfied.

I'll get interviews with the wife, the brother-in-law, & the GP. I'm waiting for videotapes of the bullet-ridden house. N2 is worried about how this will affect his 9 year old daughter. She'll be confused, upset, & unhappy, I tell him. Wouldn't anybody?

Chapter 8

I'm beginning to suspect that G1's attorney didn't subpoena me because he knew that he'd lose. G1 was found competent by me, & incompetent by Dr. K. We persuaded G1 to talk to another psychiatrist, Dr. D., who finds G1 competent. We send G1 back to court, end of first admission. I write 6 pages, Dr. D. writes 1. Dr. D. is called, I'm not. What gives?

Dr. D. blows it. G1 is seen by 2 more shrinks, one of whom finds him incompetent. G1 comes back, mad as hell. He's beginning to settle down, & getting close to another hearing. He tells the group that Dr. D. couldn't answer any of the questions put to him by the attorneys. The court loses all respect, & that's why G1 saw the other 2 shrinks. I'm suspecting that Dr. D. really blew it. I'm gonna get the transcripts & see. Dr. D. may be a spectacularly incompetent forensic psychiatrist.

C2 is on lithium, & likes it a lot. He's lost the sensation of being more than one person and is delighted. We'll see how long his stability lasts.

B1 is also pretty stable. He has his own values now, & his identity crisis is easing. He's facing more of his chaotic background. For instance, his brother's threats against him are difficult for him to live with. It seems that B1 lied in court about how his nephew got shot, & tried to make his brother into a murderer. B1 was mad because his brother had pointed too many guns at his head. B1 talked for an hour before he understood why his brother was mad at him.

B1 is improving. He's moving from being an Antisocial & Borderline Personality Disorder to being merely an Antisocial Personality Disorder. We look for small victories. B1 hasn't hit anyone for a while.

A1 has been told 3 things he must do to get out of IRU. (1.) He must be much less touchy. (2.) He must give up aggravating other patients, and (3.) He must stop becoming homicidally angry. He says he'll work on it. I'm gonna get him lithium, I think.

C1 went home. We're hoping he'll do OK.

J2 is still in jail, fate unknown. The court may accept the plea bargain.

W2 is still with us. His family was unaccepting of the placement. Surprise!

K2 left -- trial coming up.

G2 is still ICST. Too many tangential answers. He's being referred to the Old Folk's Unit, where he will stay the rest of his days as ICST. He'll join the 5 other old men in the unit that also killed their wives. (Later note: the social worker on the tells me that G2 is doing just fine, & seems quite content.)

S2 will stay with us. He still refuses to join the group. He will soon, I think.

I'm planning another group, this one for all the other ICST's. Maybe in June. I'm also hoping for a Behavioral Clinician, a Master's Level Psychologist to supervise. Maybe in June.

Also in June are my licensing orals & a presentation on child abuse. June will be busy!

6/10/85

Well, June is here, and it's pretty pushy. I'm studying for the orals, preparing for the presentation, and waiting for N2's trial to proceed. We're waiting for interviews and records to come in.

B1 got an idea. He's been referred back to the civil side, and isn't really a threat anymore. He sees another patient go home for a 2 week pass. He'll go too!

Not so fast, I caution. Maybe a weekend, not 2 weeks. There's still a lot of familial tension to resolve. A brother that wants to kill him, for instance. A mother that sells little boys. A racist family that might object to an Oreo. A few issues need to be discussed, I thought.

B1 calls his mother. She vetoes, says she can't control him. (At least she didn't lie.) B1 doesn't have a home to go to.

B1 handled it pretty well, & returned to his room. His friends (other Borderlines) console him. Then, the team outvotes me and sends B1's best friend down to Step II. Two object losses in one week are too much for B1, & he starts getting histrionic. Nursing moves him down to Step I. He gets more histrionic, and threatens suicide.

Bad move. Up to this point he might have gotten back fairly easily. Trouble is, IRU has just had its first suicide, a hanging. The staff is in no mood to tolerate suicidal gestures. B1 is now cooling his emotional heels on Step I.

Y'see, S3 hung himself last week. He was not a nice man. He hit, bullied, drank, smoked, dropped, stole, agitated, did all he could to make life difficult for those around him. He found his way into prison, and was a nuisance even there. When his time was up, he was committed. AT couldn't handle him, so IRU got him. S3 was heavily into power, so society took his away.

S3 behaved himself most of the time at IRU. A bit pushy, but better behaved, perhaps the result of having more steel doors and large men in white uniforms around him. Also patients his own size.. I had him in the 10 am group for one session. He couldn't sit still, and tried to dominate the group. No insight whatsoever.

Tuesday night, his mother visited. We don't know what was said, but that night, he propped his bed up, tied a knot in the sheet, and hung himself. His roommate never woke up. Nobody noticed, despite the supposed 1/2 hour checks the aides were supposedly doing. When he was found 4 hours later, his roommate was extremely surprised. So were the staff. 1/2 hour checks are more closely supervised now.

The groups are being moved. The Murderer's Group is now on Wed. afternoons, the 10 am group (all civilly committed patients.) is on Thurs., and a third group is being started on Fri.

The 10 am group (now on Thurs.) has rapidly lost members. C2 dropped out for individual. C1 went home. H1 was transferred to the civil side (Hooray!). D2 & J1

should leave soon. N1 refuses to continue (good riddance). A few people have replaced them, all fairly uninteresting. It's becoming a group of recovering alcoholic paranoid schizophrenics.

The Murderer's Group (now on Weds.) has been getting lackadaisical. I had to rap their knuckles last week by shutting up. Bion pioneered that tactic, said groups get pretty nervous without the leader actively leading, setting the agenda for each session. Institutionalized groups don't always work that way, so I was pretty nervous myself. They limped along for an hour, cautiously making contact between (not among) themselves. I'm gonna have to stay quiet, apparently.

The new group (on Fridays) will consist entirely of men who are ICST on various charges. The Murderer's Group has taught me how to manage the confidentiality issues, and this class of patients was the largest group of people not being treated. It'll start this week.

7/14/85

A new joke -- "The only breather I've had all week was an obscene phone call."

Another pushy month. The orals went well; I passed. The interview for another job also went well, starting with the question, "So, what do you know about wine"? The presentation went quite well, and a good time was had by all. It's been a relief to get back to work!

Some updates: L2 got the farm, a minimum security placement. He sent C2 a letter, said I should prescribe Jesus more often. (I would, if I knew what the efficacy rate was.) C2 is still on Lithium, and is getting grumpy. He doesn't know why, and neither do I. D2 was transferred to the open unit, much to everyone's amazement.

I had a small hand in that. IRU had referred D2 to R&R, the open unit. R&R doesn't like taking IRU patients, since it means taking a patient from the highest security unit to the lowest security unit. Not overly reasonable in a perfect world.

It is not a perfect world. D2 had done so well for so long that he was well suited to R&R. The Medical Director overruled R&R's protests. However, R&R dragged its feet. D2 continued to stay on IRU.

One day, we had a treatment plan meeting for D2. I asked why he was still on IRU. No one knew. So, I got up, and called my colleague on R&R. He checked with R&R's director. R&R's director had neatly pigeonholed the transfer, and the sudden inquiry by his own staff forced his hand. D2 was moved the next day. D2 is doing quite well, it seems.

One addition to the saga of D2 -- he was surprised to hear that he, too, was an abused child. It explains much. It explains his violence, his depression from an early age. He has considerable rage being controlled by all that medication. He knew about abused kids, but never dreamed that the whippings, beatings, and emotional chaos he grew up in constituted abuse. Everyone's childhood is normal, it seems.

H1 & J1 also got transferred, and are doing well. All three -- D2, H1, & J1 had waited months, and are almost ready for release.

G1 dropped out of group. There just wasn't any point to forcing the issue, so I've gotten Gloria, the new Behavioral Clinician (an MA level psychologist) to take him in individual therapy. She's black, so perhaps he'll find her easier to trust. The goal remains to get him back into group.

G1 also had a treatment plan meeting. We told him about the individual therapy (which he had already agreed to), and he responded with a tirade, as is his wont. (No smiling seraphically, he). Bad move for him. I had already half-convinced the psychiatrist to force medicate G1, but there are substantial legal questions involved in forced medication (civil liberties. Remember civil liberties? Good thing, civil liberties). However, the nearly incoherent, pressured tirade made up the psychiatrist's mind.

This weekend, G1 will be held down by several large men in white, and a hypodermic will enter his gluteus maximus. The nurse will thereby inject a mind-altering drug (the famous Thorazine) into G1's system. G1 will not be happy.

We've tried everything. Persuasion, therapy, sports -- we even tried sending him back to court. G1 remained obstinate, unable to converse for long without a pressured tirade. The medication will hopefully quell the rage long enough for him to deal with the legal realities of his situation. First, though, we'll hafta quell his rage at being force medicated.

We still haven't heard about J2. I suspect he's being mistreated, again, and will end up psychotic. The court system seems dedicated to the idea.

W2 is now in individual with Pat the Rehab Therapist. He disrupted the group too much, and wasn't there much of the time. S2 will start individual with Gloria. His dynamics and racism are similar to G1. N2's trial should be sometime in October.

Much has been happening with K1. The psychiatrist changed his medication. As a result, long dead emotions began getting some room to express themselves. In group, he described these emotions as an "emotional tornado." Tight, whistling, and deadly. Sexual confusion, power, and rage all circle around a vacuum of reason. One woman died of it, resulting in the state's only "duty to protect" legislation. A small consolation to her soul, I suspect.

As we listened to his surprised recounting of his brief resurgence of emotional life, I began to realize that he had been badly abused as a child. This facet of his life had never been documented, and he had never told us about any of his childhood.

So, I asked. Oh, he said -- his father beat his mother fairly regularly. Yeah, he felt pretty powerless as a child. He was into power as an adult, though -- used to race his car a lot down country roads for the powerful feeling. I suspect that his tornado is the confused, powerless rage of a 4 year old watching his father beat up his mother.

K1 may leave IRU within the foreseeable future. His lawyer found a new judge, so perhaps less community pressure will enter the judicial process. K1 has been unable to go to a less restrictive environment for many years, since his judge has refused to allow him to leave IRU.

I explained to his attorney that K1 is still committable. There are forces within him (the tornado) that make him dangerous. The only obstacles keeping those forces in check are his medication and the structured environment the hospital affords.

Remove those obstacles, and the forces reassert themselves, with perhaps fatal results. K1 is no behavior problem, and not only can be managed in a less secure environment, but may actually be released rather quickly -- if the hospital goes only by behavior. If released, one of the obstacles goes -- and the second will not be far behind.

The only ameliorative agent for the forces is psychotherapy. My concern, then, is whether or not K1 can get therapy elsewhere. I actually incurred some wrath from the social worker by my heretical suggestion that K1 might not be able to get the therapy he needs from another state hospital. I was surprised that anybody would be surprised by this notion. Of concern is K1's recent tendency to walk around naked.

Chapter 9

We have a new member of the Murderer's Group. W3 visited his ex-wife one evening. W3, his ex-wife, and her ex-husband chatted for awhile, and then he shot them both. She survived, but her ex-husband had 3 bullets in him. Therefore, he did not.

W3 left the trailer his ex-wife owned, and drove to the local jail, where he told the staff of what he had done. An ambulance was dispatched, and she survived. W3 was promptly dispatched to IRU, with the suspicion that he was not well, not well at all.

I don't yet know much about W3's childhood. I do know that he was convicted of cattle rustling as an adult, and spent many hours drunk. He was once caught with his hands in his step-daughter's pants (no conviction, though). In fact, he's been married 4 times, each time to a woman with a cute 11 year old blond girl.

One day, W3 was lounging about in a bar. A woman gave him much attention, and even bought him drinks. They stayed together, and she spent much money on him. After a while, he discovered that she was rather histrionic, and often mistreated her daughter. W3 didn't like that.

But, he stayed with her, presumably because he liked the money and the pleasure of running her farm (W3 speaks lovingly of his cows). The group agreed that he should have left much earlier, none of this group being attracted to histrionic women.

They married. Within a year she wanted out. He was distressed at that, since he liked the farm so much. Besides, she showed a distressing tendency to neglect her daughter while she partied. Nevertheless, a divorce was negotiated with the help of a therapist.

She started up again with her ex-husband, and still occasionally dallied with W3. Neither man apparently was overwrought by her indecision. However, W3 was unhappy with the number of times he was asked to get his now ex-stepdaughter from the babysitters. The sheriff, W3 says, was unresponsive.

So, W3 went over to the trailer one night. He rang the bell, and noticed her ex-husband pulling his pants back on and wiping the sweat off his brow. When both parties within were clothed, they let W3 in. He wanted to talk, he said, about the little girl.

While they talked, W3 got the pistol he had bought her from the cupboard. He had decided to end it all. He explained to the group that he had figured that a suicide in her trailer would spark a child abuse investigation. The group had trouble following that logic.

While they talked, W3 heard a voice from over his shoulder -- "Thou shalt not kill." So, he decided not to commit suicide. Then, he heard another voice: "For what will happen here tonight, you will be forgiven." With that, he began to realize that they, not he, were responsible for the misery he was experiencing.

W3 explained that his wife stood over him, and said "Well, I'm going to bed. What are you going to do"? W3 replied, "I'm gonna shoot you ." Whereupon he stretched out his arm, and pointed the gun between her eyes. He pulled the trigger.

The gun misfired. This W3 attributed to a guardian angel.

W3 then pulled the trigger again, seriously injuring his ex-wife. Her ex-husband jumped up, and started toward W3. W3 fired three more times, then left.

Once jailed, W3's lawyer looked at the boozing, the child-molesting, the therapy, et al, and figured he could get a killing-in-heat-of-passion charge. The defense attorney told W3 that he figured a sentence of 7 years was probable. W3 said no, he figured to get a suspended sentence! The attorney, surprised at W3's naivete, promptly had W3 declared ICST, and sent to IRU.

The Group discussed this plea bargain with W3. He continued to figure about 5 years, suspended. I decided to play a judgment game. I asked W3 to play judge. How many years would he give a bank robber? A rapist? A bank robber who wounds? A killer?

W3 explained that the wounding bank robber got 14 years, about right, in his estimation. That's assuming, of course, that the felon wasn't contrite. With remorse and plans to change, the robber's sentence could easily be suspended.

The rapist got 40 years, if not life. W3 doesn't like rapists.

Suppose, I said, a man beats his wife to within an inch of her life. How many years? Oh, he said, 5 years. Suppose, I went on, a neighbor came in, saw the beating, and tried to interfere. The man stabs the neighbor to death. How many years now?

Oh, W3 says. 5 years, concurrent, on both counts. If contrite, suspended.

We didn't understand. The rapist gets life, the killer only 5 years. Well, W3 explains, the rapist left a woman with pain to live with. The dead victim has gone on to his just reward. Besides, the victim made his choice. And, W3 noted, he, W3, was the victim in his case!

Near the end of group, I observed that W3's position was idiosyncratic. Yes, W3 noted, he supposed so. I doubt if he's learned much.

Chapter 10

7/15/85

G1 was talked into taking his medicine. He's not thrilled, but he's not mad. Maybe it'll help.

A month ago, I started a new group, one for the ICST's who aren't charged with murder. A few of them are interesting.

C3 first showed up at the Center I worked at previously. He avoided the consequences of his alcohol use by checking into the inpatient unit. I got his MMPI, and pointed out that C3 was malingering. His MMPI screamed Fake! Fake! A while later, C3 forged a \$150 check, and continued to avoid the law by checking into various hospitals.

He finally found himself in the county jail. He promptly tried a bizarre suicide, and was declared ICST. There wasn't any room on the Admissions unit, so IRU got him. Again, his MMPI screamed Fake!

C3 would walk up to me, smiling, and announce that he was suicidally depressed. Then he'd describe horrific visual hallucinations of blood and devils. And then walk away and play cards. I was not impressed by his act.

So, what does a court do with an 18 year old raging queen who's just passed a bad check? Simple -- declare him ICST, stick him in the hospital, and leave him there until he's served enough time. Which they did, much to C3's distress. He finally got out, and promptly sent his lover, B1, the centerfold from Playgirl. The attendants thought it amusing.

Let's not forget F1, who was distressed by his mother's insistence that he find his 30 year old schizophrenic self another place to stay. He went looking one wintery day, and soon retreated to a neighborhood bar. The bar served him the several vodkas he requested. Thus fortified, he returned home to meet his mother's nagging stare.

Happily, his mother had a butcher knife available. F1 used the knife to good advantage, finding that it served well to silence a mother's stare. She briefly regained consciousness, she told the social worker, to hear her son getting another knife from the kitchen. She lost consciousness again while he was calling the police to tell them he had killed her. Fortunately, the police arrived in time to prevent F1 from being a member of my Murderer's Group.

7/23/85

The police did not arrive in time for J3's mother. According to J3, he spent an hour or so after work reading the Bible. He went upstairs to say hello to his mother. She was angry and possessed of the Devil. She attacked him, and he defended himself with a meat cleaver. After a brief struggle, he called the police. When they arrived, they found J3 sitting on the porch, covered in blood, a headless corpse nearby. J3's mother's head was in the hallway. J3 says his memory of the events is still a little blurry.

Naturally, the case was noted by the newspapers, and IRU was aware that J3 was coming. I like knowing a new member of my Murderer's Group is coming.

Turns out that J3 is a nice guy, and will probably be found NGRI. No previous trouble, church going, no recent drugs, polite, open, middle-class. Well-documented case of an until-recently-well-handled schizophrenic. He looks right, sounds right. One of the very few that deserve an NGRI. Compare, for instance, F1's lack of delusions, his boozing, his previous attacks. Identical situation, the only difference is the delusional system in J3's case and the vodka in F1's.

J3 will start the Murderer's Group tomorrow.

B3 had a little trouble with the law, and served some time in prison. He was released, and went to stay with his brother. He was there for a day or so, had a beer or two, and suddenly discovered the feminine charms of his niece.

Trouble is, she was only 6, and not quite up to the sexual gymnastics he had in mind. His family was not amused. Neither was the prosecutor. Neither was the judge.

So, B3 again found himself on his way back to prison. Fortunately, a clumsy sheriff left a balloon of drugs (mostly marijuana) lying about. A quick gulp and the bag was his!

Trouble is, the drugs made B3 a little crazy. Crazy enough to land him in IRU. And my group.

When I tested him, I got some history. B3 was molested 4 times at the age of 11. At 12, he found his brother in the midst of a seizure. Later, he found the same brother exploring the sexual charms of the family dog. By 14, he was running away and stealing everything in sight. By 16, he was in the youth reformatory. When released, he tried the Navy, only to find the joys of substance abuse. When he recovered from the resulting psychosis, he returned to civilian life and the joys of thievery. Thence to prison, with its uncivilized embrace.

Given parole, he stayed with his mother. She was, he discovered, restricting. So he stayed with his sister. She found him to restrict her romantic style. So he stayed with his brother, who helped him stay on parole by making much intoxicants available.

B3's brother's ex-wife had custody of B3's niece. The girl was sent to her father's house for a weekend visit. The girl returned with a distressing story, and the family has not been happy since.

B3 is, I think, an Antisocial Personality, and will spend many more years in prison. I suspect this is for the best.

B2 is off medication. He's continued to be superficial and well behaved. He may never engage in therapy. So, on to the next step. I tested him, and found him to be still quite dangerous. I reviewed his chart, and found an argument for taking him off medication. I think he's never learned to handle emotions, and killed his grandmother in a fit of pique. Since then, he's been heavily medicated.

He'll never learn to handle his emotions if he never has any because he's medicated. So, I told the team, take him off, put up with his pique, and cure him. We figure it will take a month for the medication to leave his body. It's been 3 weeks and all is well.

G1 had two shots, developed side effects, and hasn't been given any more. Gloria the BC will be convincing him to change.

Gloria the BC has started picking up some responsibilities. I'm hoping she'll take the Thurs. group, she and John, leaving me to do all the other things I need to do. It's one of the few groups the patients are discharged from.

L1 has deteriorated. He's wandering confused around Step I after a record breaking 2 months on Step II. The M.D. messed with his meds.

Did I tell you A2 was given grounds privileges? I met him on the campus. He'll go home soon.

D2 is doing quite well. Mike the BC says he's changed the group considerably, all for the better. It seems that D2 is the only one that will confront the other patients, a position I encouraged when he was in my group.

The Murderer's Group has repeatedly used "I don't want to be here" as a defense. Mistrust is much more often a theme than in the other groups. I've beaten it down several times in various forms.

W1 was grumpy. He didn't want to talk about his mother, his depression, or even his grumpiness. W3 felt attacked by last session. It rapidly became clear that no one wanted to be there. I observed this. W1 didn't know why we bothered. W3 was sullen. B2 didn't want to be there, as he's made clear. K1 wants to be in individual. G1 is out of it. N2 was someplace else, being evaluated. I observed that none of them wanted to be there, but were because of my extraordinary arm-twisting. I was glad that I was that powerful, but they should be aware that neither Pat nor I wanted to be there either. Why, then, did we bother? This tactic is a version of Bion's "abdication of leadership."

It worked. W3 opened up, so did W1. We spent an hour with them. At the end, I observed that we had covered much ground, despite their distrust. I was glad they were there. W3 observed, "where else can we go"? "You speak truth," I observed. I like having the last word.

7/29/85

This could be my last entry before my IRU anniversary of 1 year. It'll be a busy month.

B2 has now been off medication for a month. No change whatsoever. No great emotional chaos, no blowups, no delusions. Nada. He might just have a good argument for release. Even if a person is very dangerous, the law can't commit him unless he's mentally ill. Otherwise, it's "preventive detention", a concept all revolutionaries detest. So, B2 argues, the State can't hold me; no meds, no clinical signs, no test data -- no signs of mental illness. If I kill my grandmother again, I'll be responsible. Until then, release me! I don't think the judge will have much of a choice.

N2 has been a bit of a problem. He is, like many cops, a fairly rigid personality. He is capable of holding much tension inside. Consequently, he looks relatively well adjusted. Trouble is, his commitment hearing is soon, but N2 doesn't look

committable. If we send him back to jail, he'll fall apart, and we'll get him back in a basket. Few people have ever signed themselves into IRU voluntarily. N2, his attorney, the judge, and the jail captain all want him in the hospital. How to keep him at IRU if he isn't suicidally depressed?

The M.D. stews. He's caught in a bind. He interviews N2, who tells him of some depressed, suicidal ideas still running around. Ah ha! N2 is ordered back to Step I, and put on suicide precautions. The M.D.'s case for commitment is clear, with a witness to N2's mental disorder. Trouble is, N2 doesn't want to go back to the loony bin that is Step I. He sees it as a punishment, a humiliation. N2 has had enough of power plays to last him a lifetime. N2 balks. He cries, threatens to fight anyone trying to move him. He demands to see me. I get out of group and go. We talk. N2 blusters, rages, cries, shakes. He's had it, he says. They've taken it all from me, my freedom, my family, my dignity. Now this!

It's called ventilation. Let him talk, reflect, restate, sympathize, empathize, keep him talking. Try to forget that I'm alone with an angry, agitated, threatening killer who knows many choke holds.

When he threatens to fight, I remind him that he's not that sort of person. He doesn't like people like that (gesturing towards a whole ward of people who would -- and have -- fought), and would feel terrible afterwards, if not during. Gimme a break, I chided.

He bought it! N2 settled down, and allowed himself to be surrounded by the army of large men in white that had appeared to move him from Step IV to Step I. He looked a bit lost.

I went downstairs to my office, curious if I had correctly guessed the M.D.'s game. I had. N2 is dismayed that he'll have to endure the noisiness of Step I, unaware that we're only intending a few days there. And I can't tell him. Mamas, don't raise your sons to be killers,...

8/12/85

It's been a pushy month. N2 sat on Step I for a few days before the M.D. moved him back to Step IV. I was gone on a family holiday.

When I returned, I was in for a few shocks. B1 had been doing quite well. I had talked JE unit into accepting him, and he had other possible ways out. He was still having occasional emotional storms, but handled them ok.

While I was gone, B1 had dinner with two of his friends. These "friends" teased B1. When the attendants intervened, B1 got mad. He asked for a shot (prn). The nurse was not impressed, thought B1 could handle it. The nurse refused. B1 threatened suicide.

So, B1 went back down to Step I. He continued to ask for a prn. The nurse continued to refuse, saying B1 wasn't really agitated. So, B1 demonstrated his agitation by grabbing a florescent tube out of the overhead. The aides came running, and one of them got the bulb in his mouth.

B1 laughed. The aide was unamused. B1 was charged with assault, a Class A misdemeanor. B1 is competent. Responsibility is another matter, since irresistible

impulse isn't recognized in this state. Blowing up, being near-psychotic, isn't acceptable anymore. I may get called to testify on this one.

I testified by phone on another case the day I got back. L1's commitment hearing was that day, & I got called as his therapist. Since L1 was still on Step I, I could hardly recommend a transfer to the civil side. I felt bad about it, since he had been doing so well.

So, I saw L1 first thing the next day. We talked. He said he was scared, and the voices got worse when he was scared. The voices weren't threatening, and he didn't feel like hurting anyone. We talked for 15 minutes. As we got up, he remarked that he had been committed for 45 days. There is not a 45 day commitment in this state, only 90 days and a year. I pointed this out to L1.

In reply, he knocked off my glasses. I fell back. When I began sitting up, L1 punched me in the face.

I yelled. Brawny young men came and tied L1 up. I went into the nurses station, glad I hadn't been tagged harder.

I cleaned up, and began the arduous task of writing notes and incident reports while fighting the adrenaline rush and conflicting emotions. The nurse and M.D. came in to check on me. The nurse began giving me a hard time, the sort of caustic, angry crap she's been giving me the last year. I told her to fuck off. When she continued, I told her to fuck off, bitch. When she still continued, I despaired of getting through, and told her just to go away. The M.D. shushed us both, and she backed off. I got the notes done, reported to the administrator, and left for the day. I was in no mood to see people.

I went back today, and finished seeing my patients. Quote from today's group: "I got no problems," said the mother-stabber.

Quote of last month: "I often worried about my mother," said the man who had decapitated same.

On a more positive note, A1 and C2 are doing just fine.

9/11/85

I haven't been around much lately. I went to the APA convention and a vacation, then returned for Labor Day vacation. I'm way behind.

J2 has returned, once again incompetent. It seems that the prosecutor wanted him to do more than just time served. 4 years, in fact. So, J2 decided, he'd rather do the time in a hospital than in a prison. Voilà, he's incompetent. A masterful job, I must say. He'll be with us for about 6 years, with occasional vacations in jail.

B1 has had his first hearing. \$5000 or 6-12 mos. is the bargain he's been offered. 4 years is the regular price. His attorney is exploring incompetency and insanity defenses.

10/10/85

B1's attorney finally got B1 moved to MT, but only his behavior can keep him there. The aide dropped the charges in an effort to get B1 out of the unit. We still don't know how long MT can put up with him.

C2's father died. C2 may be feeling guilt for the first time in his life. He's recognizing what a terrible time he put his parents through, and now he can never say he's sorry to his father. C2 keeps saying that he now has a part of his brain available that wasn't there before. I'm not sure if he's referring to his reduced repressions or a finally completed myelinization of the frontal lobes.

B2 has finally told the group some history. He Had A Dream. He wanted to go to California. Doesn't everybody? He asked his grandmother for the money. Doesn't everybody? She refused, feeling that his 19 year-old dream of making it in showbiz wasn't reasonable. B2 then threatened to shove her down the stairs.

She didn't like that, and called his father. His father put him into a hospital. B2 didn't like that, and escaped. His father put him back. This went on for 9 months.

Finally, B2 got out long enough to catch a bus back to grandma's. She wasn't real pleased, but let him stay. That, it seems (hindsight is 20/20), was a mistake.

B2 waited for her to cash a \$200 check. When she returned from the bank, he threw her down the stairs. Wouldn't anybody?

B2 saw that she was still alive. At 72, she wasn't going to last long, he reasoned. B2 explained that he now had a difficult choice; should he call the ambulance, when she'd die anyway? He'd serve time, and never get to California! But, he figured, he couldn't just leave her there, suffering!

So, swiftly, he took stock of his choices and resources. Deftly, he decided on a humane course. He went to the kitchen, found a butcher knife, and cut the old lady's throat. Wouldn't you?

Chapter 11

We've gotten some new admissions and some different things are happening.

I finally decided to start G3 in group. G3 has a problem with women and kids. His 25 year old son wants to go out at night to play. His wife won't make his son mind. When an argument developed, he started hitting his wife. The son settled the matter by shooting G3. The wife filed charges for the hitting (not the shooting), and G3 was found ICST.

I tested him, and decided he was demented. A dementia is a global intellectual impairment caused by a neurological dysfunction. G3's brain doesn't work right.

As a result, he can't remember things, gets mad easily, and does things impulsively. He's mellowed considerably in the last few months, so I started him in group as an experiment. He's now in the Mon. ICST group.

G3 tells us a few things. We've never figured out why the guy's brain stopped working at age 53. So, I check into his work life. G3 explains that he was a hard worker for most of his life. He spent 9 years at one place, sometimes working 16 hour days, 7 days a week.

G3's job was to brush glue onto cardboard slabs, then make them into packages for the vinyl slabs the company made. I checked with the Industrial Safety people. They said the glue he used was pretty toxic. The solvent the factory used to clean the vinyl slabs was very neurotoxic (remember "mad as a hatter"? Neurotoxic glue ate up hatter's brains, making them at risk for an occupationally-induced dementia). We're beginning to understand why G3's brain doesn't work, which is why he beats his wife, who brought charges. What can we do? I dunno yet, stay tuned!

I'm also beginning to understand the dynamics of a Paranoid Personality. I have three of them now. All three were abused by their vicious fathers. All three have years of poor functioning, followed by hospitalization. All three are prone to sudden assaults. All three are convinced the authorities have conspired to keep them confined, and can't understand why we can't let them go after they were arrested. G1 is one, A1 is another. I have a new one now (I'll tell you about him later), K3.

I've finally realized that A1 likes being in the hospital, and I suspect G1 and K3 like it too. Fighting with the authorities is their *raison d'être*, the focus for the integration of their ego. By fighting with the authorities, they wish to relive and master the old Oedipal drama. By overcoming the authorities they can gain vengeance on their abusive fathers. Frustrating him, shaming him, showing the world how deserving a victim they are, trying to get the world to admit that they, the victim, are blameless. Paranoid personalities never get around to noticing that the world is often just reacting to the times they spend pretending to be their father, who would also have shot, choked, and kidnapped. I'm having some luck with this approach in therapy.

11/4/85

I never thought I'd be at IRU this long. It's depressing. I truly hope I won't be able to write a whole IRU year in this journal.

N2 and J3 left to return to court. I wish them well. Both think they're ready. J3 isn't too sure he wants to plead NGRI, citing the uncertain future that would give him. N2

feels he must plead NGRI, for he wishes society to excuse him, to find him not responsible, to admit him back into the fold. W1 agrees. Few others in the Murderer's Group care about society. Most of them only care about how to do the least time. Wouldn't you?

A new admission joining the ICST group (not the Murderer's Group) is C4. C4 is a rather simple soul. He was nothing much until he started threatening his family. Oh, he was beaten (and perhaps sexually abused) by his father, but aren't we all? He was hospitalized, then released.

C4 and his father were out chopping wood. C4 suddenly became uncomfortable with his father's concentrated stare at C4's crotch. To avoid another rape (and hickey), C4 chopped his father rather than the wood. His simplicity encouraged the examiners to find him ICST. His crime encouraged me to start him in group.

N3 has been in and out of institutions for many years. He's a crook, a ne'er-do-well. A minor carbuncle on the ass of society. When released, he'd go into restaurants and not pay. The last time he spent time in the local hospital, he beat up his roommate, who died 3 mos. later. After many more years, he finally found his way to a county jail. Wanting to return to the hospital, he set several fires in the jail.

The authorities weren't too happy. They charged him with arson, and then found him ICST. N3 is surprised he was sent to IRU. Poor guy -- he has a crush on G the BC, who has trouble with object relations. He's now in group.

K3 is, of course, is a victim of what we all fear. Are you afraid of people who might throw you into a nut house, never to be free? Shrinks, corrupt judges, conspiring politicians, all can decide you belong in a loony bin, only to serve their own nefarious ends! K3 considers me a pawn in this cosmic societal game of politics and commitment.

K3 was a businessman. He bought this bit of land and tried to make money on it. The company he asked to cooperate with him double-crossed him. So, he did the only thing he could; he took a senior executive hostage, put a gun to his head, and paraded him in front of TV cameras for several days. Wouldn't you?

Of course you wouldn't. In fact, neither would K3. Testimony showed that K3, while not exactly insane, wasn't too well put together, either. The prosecution was faced with the task of proving, beyond the proverbial shadow of a doubt, that K3 was, like Hinkley, quite sane and therefore deserving of the harsh penalties the law required (how's that for a sentence?).

The jury was forced to find K3 NGRI. He was then referred for commitment proceedings. He was committed, of course. Within a short time, K3 was arguing that he should have been released right after the trial. When he wasn't, he cited quotes proving (to his satisfaction, at any rate) that the Governor had conspired to keep K3 incarcerated. He also refused to cooperate with any examiners.

The judge was distressed by K3's lack of interest in cooperating with the conspiracy. Therefore, he (the judge) cited K3 with contempt. K3 spent the next three years in prison, each year refusing to see any examiners.

This last year, the local newspaper tried to raise its circulation by highlighting K3's dilemma. The local Supreme Court demanded that the judge cease his persecution,

and give K3 another chance. K3 was then remanded to IRU, and we were commanded to examine, diagnose, and prepare a treatment plan. I did that fairly quickly, but the M.D.s are taking their time. Fortunately for them, they invited me to participate in their deliberations. K3, it seems, is not quite the reasonable soul he professes to be.

11/22/85

This will be my last IRU entry. Two weeks ago, I flew to Calif., had a 4-hour interview, and got offered a job. I accepted. So, here I sit, waiting for my last 2 reports to be typed. Groups have been terminated, reports dictated, replacements briefed.

Most of my time lately has been spent on K3. I finally got old reports from when he was still cooperating, and have written a memo outlining the problem. The psychiatrists are still dithering.

Back in the '60s, a bunch of courts got fed up with the terrible conditions at various mental hospitals. The courts demanded that the patients be released, despite the psychiatrists' claims that the patients were all dangerous and couldn't be trusted. Several studies were done to follow the released patients to see if, in fact, the patients were dangerous.

Few were. Most got along just fine, surprising the M.D.s. The psychologists keeping track of the patients started writing articles showing that, although MSWs, Ph.D.s, & M.D.s all saw the patients as dangerous, very few of the patients actually did anything.

In 1974, the American Psychiatric Association issued a pronouncement that psychiatrists weren't very good at predicting dangerousness. Many psychiatrists took this pronouncement to heart, and tried to avoid making such judgments. The courts were not amused, pointing out that they still had to make such decisions, and the shrinks weren't gonna get out of helping them. The courts were particularly unimpressed when M.D.s used the argument to get out of malpractice or wrongful death suits.

So, in 1980, psychiatrists were being really careful, particularly with litigious people. K3 was pretty litigious.

The M.D.s are still being pretty careful. They're trying to cover all their bases, and K3 is still refusing. Now, however, he's dealing with me.

I've finally gotten the M.D.s off their arses by doing some reading (always a dangerous sort of thing to do). It seems that the literature does allow dangerousness decisions, but only when there's a past history of violence. If the pattern of violence is generalized (like in crooks), then dangerousness judgments are easy and straightforward, if not necessarily accurate. Similarly, substance abuse (alcohol, drugs) can make prediction easier. If, for instance, a drunk comes to a shrink, the shrink can be reasonably sure that the drunk will drink again. If he's a nasty drunk, the courts ask that the shrink be reasonably prudent in deciding whether the drunk will be nasty to others.

11/26/85

If there's no history of substance abuse, the similarity of past to present becomes more difficult. If a crazy man threatens his mother, does a reasonable person allow the man to return home? Or would some clear change in the situation be necessary?

The questions can become simplified to: Will this person being judged return to the same emotional context as the last time the person was deemed to be dangerous? If a man hits his mother, isn't he likely to hit her again if he remains angry? The statistics say no, he isn't likely, but the statistics seem cold and uninteresting in dire situations.

Suppose a man attacks a total stranger. He will always have total strangers around, and can't be kept locked up forever. (Civil liberties -- you remember civil liberties? Good things, civil liberties.) The next question is then, why did he attack the stranger? Was he drunk? Acutely psychotic? Angry at his boss? What was the emotional context that engendered the violence? Does the patient still have a vulnerability to the situation, however defined?

The literature argues that the patient can be released only when he has demonstrated an ability to control or avoid the vulnerability. For most patients., that means an acceptance of medication, or a forswearing of substances. The problem for American jurisprudence arises in considering the people whose emotions are strong and troubled, and whose misbehavior would exist even absent intoxicating substances. These people can be helped with psychotherapy, but only with their cooperation. The insanity laws allow for such people to be placed in hospitals for the several years that such therapy usually takes.

So, K3 is emotionally troubled; he has a severe personality disorder. That makes him mentally ill. Not as severely as many NGRI's, but severely enough for at least one judge to rule in favor of his commitment. But is he dangerous?

Yes. K3 (I've argued) has a demonstrated vulnerability to emotionally charged business deals and family situations. He is prone to a Paranoid disorder that makes him shoot holes in cars, hold people hostage, start fist fights (or finish them, anyway), and litigate the hell out of everybody in sight.

His ability to control or avoid these difficult situations is zippo. Nil. Squat. Zero insight. A reasonably prudent professional would be justified in applying the label of "dangerous" to K3. It is now up to the judge to decide whether or not K3's level of illness and dangerousness is sufficient to warrant depriving K3 of his liberty.

I think the judge will commit K3. Y'see, there is no good defense to the "worst case" scenario: Suppose the judge releases K3. Suppose K3 writes a book about his experiences. A major publishing house accepts it, and a famous editor is assigned.

However, publication delays ensue. Negotiations become difficult. K3 decides that the editor is double-crossing him, and is forced to take drastic action. He therefore takes Jackie Kennedy Onassis (his famous editor) hostage, and parades her in front of the network news. What will the judge say when Barbara Walters asks him, "Why did you let K3 go?"

"Oh, I dunno, it seemed like a good idea at the time."

Chapter 12

8/21/86

The next 2 weeks were rather hectic. Having gotten another position in Oakland, California, I and my wife moved, found a condo, and settled in.

I went from working with the scum of the earth (murderers, rapists, lawyers, & thieves) to the salt of the earth (truck drivers, bookkeepers, field workers, & paralegals). I'm now doing a great deal of work with Workers' Compensation cases, which implies that my patients have a work history. Some of the cases I have assessed have done time, but nobody is even close to the seriousness of IRU's clientele. Perhaps I'll tell you of the ex-Hell's Angels Mama that is now a principle party to a \$2 million sex discrimination suit. She's living with her boyfriend-attorney (who has recently separated, but not divorced, from his 7 mos. pregnant wife) while suing her previous attorney and union. She's doing very well in therapy, and currently thinks I'm wonderful. (A later note: she has had a bouncing baby boy by this attorney-- who went back to his wife.)

I have had three murder cases I've worked closely on. Compare these to my Murderer's Group!

Jose is a bright Hispanic of Mexican descent. He had done well in school, and was encouraged to go to college. He did well there too, even became a lawyer.

(How do you know when a lawyer's lying? His lips are moving.

What's brown & black & looks good on a lawyer? A Doberman pinscher.

A rabbi, a Pope, & a lawyer all got to Heaven at the same time. St. Peter met them, saying "Welcome, we've been expecting you. If you'll come with me, I'll show you your quarters." St. Peter takes them to the Pope's quarters first; it's a Motel 6 room. You know, clean, but with a b & w tv set, nothing fancy. Then, St. P takes the lawyer & rabbi to the lawyer's quarters. It's a palace! Color tv, dancing girls, California wines. Then St. P says, "Come, rabbi, to your place in Heaven." "Wait a minute," says the rabbi. "I got a question. That was the Pope; you gave him a Motel 6 room. That was a lawyer, and you gave him a palace! What gives?????" "Oh," says St. P, "that was the 52nd Pope. We only got one lawyer."

Some people are drifting in a lifeboat at sea. They're dying, then they start drifting near an island. When they start drifting away, the Captain notes, "No problem, I'll just take this rope & tow us to shore." He starts swimming, but sharks come and eat him up. The boat starts drifting away again. The Minister stands up, prays "Dear God, save us, your children, in their time of need." He grabs the rope, starts towing, and the sharks come and eat him up. They start drifting again. Then a man stands up, says "I'll just hafta do it." He grabs the rope, starts towing. The sharks part for him! The boat gets to shore. The people ask the man, "How did you do that? The sharks just parted for you!!" "Simple," says the man. "I'm a lawyer. Professional courtesy."

St. Peter and Satan are arguing about the state of the fence between Heaven & Hell. St. P says, "The contract clearly says it's your turn to fix the fence!" "So?" says Satan. "I'm not fixing it." "I'll sue!" says St. P. "Ha!" says Satan. "Where are you gonna find a lawyer?!?"

What's the definition of a tragedy? A bus full of lawyers going over a cliff with one seat empty.

What do you call a bus full of lawyers at the bottom of a lake? A start.)

Jose did well at being a lawyer. He was well known in his small community, and often defended drug cases. He had a motorcycle he loved, and nearly died in an accident he had on it.

After the accident, Jose's life began falling apart. His finances, his cases, his marriage began disintegrating. No one was quite clear on the dimensions of the decline.

One day, Jose explained, he and a friend had gone up to his ranch to try out a new pistol. While driving back, the two men found a recently shot steer on the ranch. (Jose wasn't too clear on how the steer got there, whose it was, or who had shot it.) The two men loaded the steer into the truck, and returned to town.

They went to a second friend's house, and asked a neighbor to help in butchering the steer. The four men worked for several hours cutting up the steer, and finally sat back to finish their beers.

As they relaxed, Jose nervously fondled his new pistol; he explained that he worried about someone trying to steal it.

Something odd then happened. Jose says that the neighbor challenged him with his eyes in a Mexican macho exchange. The neighbor came up off his stool with a knife in his hands. Jose defended himself quickly and effectively by shooting the neighbor twice, at close range. He then jumped into the truck, and drove off at high speed. He missed the highway turnoff, and was arrested when his truck careened off the entrance ramp.

His blood alcohol level was .32.

While awaiting trial, Jose was released on bail (he was a pillar of the community, after all). A few weeks later, he was arrested (and ultimately convicted) for machine-gunning a fellow drug dealer. His life had turned very messy (the investigator thought there might be a third body as yet undiscovered).

After his conviction on the second murder, Jose's trial for the first killing began. He got a change of venue, and started planning his legal strategy. He and his attorney had trouble agreeing on a defense, and I was called in rather belatedly.

I spent all day with Jose and the investigator. As Jose & I sat in a small, cramped room, I found myself yet again waiting patiently while a murderer figured out some intellectual puzzle. I thought of W3, a man no one thought of as a nice person. W3, if you will recall, is/was a drunkard, pervert, killer, & cattle-rustler. As I tested Jose, I realized Jose also had some troublesome labels, those of drunkard, killer, cattle-rustler, and lawyer.

Jose also had frontal lobe damage, the residual effect of his motorcycle accident. I offered to testify to that and outlined a rather interesting approach to the defense, one that included calling the DA to the stand. The DA could testify that, prior to the accident, Jose was a wonderful person, but changed afterward.

The claim of brain damage might have ensured a conviction of manslaughter rather than 1° murder. However, NGRI was not supportable. Jose and his attorney decided not to use me, because of an oddity in the sentencing laws. With his prior 1° conviction, judge had the choice of concurrent or consecutive sentences with a 2° conviction. A manslaughter conviction, though, required a consecutive sentence.

The jury agreed on a 2° murder conviction. The investigator worries about the third body.

The second case was my first woman murderer, Maude. She was head of a learning disabilities program, and had once been considered as a candidate for school superintendent. A bright, educated, middle-class Jewish teacher.

Her daughter wasn't so stable. Her daughter had gotten married to a man who abused her. This troubled Maude, so the daughter and son-in-law moved away, suddenly. After the daughter became tired of the abuse and the drugs, she escaped, and went to her grandmother's. A therapist warned the family to help the daughter separate from the abusive "Svengali".

Maude returned from a spa she had entered to recover from her asthmatic treatment. She returned to discover the son-in-law back in town! Furious, she called the police, who told her to take steps to protect herself from the son-in-law. She showed her gun to two policemen, who checked it for safety. Maude felt terrible, and told a neighbor of how her previous husband had abused her, and joked that she would use a temporary insanity defense if the son-in-law came around. Maude allowed as how the s-i-l's testicles were in jeopardy.

According to eyewitnesses, Maude appeared at the door of the house the son-in-law was visiting. She barged in, and confronted the hated s-i-l, saying, "I'm not going to kill you, I'm just going to maim you." She used the gun to accomplish the purpose. She missed. Instead of south, the bullet landed north, killing her son-in-law in front of his son (by a previous wife). She then calmly walked out, got into the truck, and sped off. Arrested a few blocks away, she was still quite calm. Once booked, she fell apart, and entered a hospital.

Maude and her attorney are desperate for a defense. How can they explain her motivations to a jury? Can they find some basis for a sympathetic jury to allow an NGRI or manslaughter conviction? They turned to our firm.

Maude's abused-woman-by-proxy status provides a glimmer of hope. More interesting to me and my computer, though, is her long history of treatment with Prednisone. Remember N2? Remember the steroids he was taking? Remember the irrational crime he committed? Some 5% of Prednisone users have steroid psychoses, and at least one case has been reported in the literature of an irrational crime. If the treatment of a condition results in a confused state of mind, is that state a reasonable defense for an irrational crime? I dunno yet -- but I suspect it might.

The third case is on public record. Troy Ashmus is an unpleasant person. He was a "child tyrant", identified as a problem while still in grade school. People tried to help, but to no avail.

One day, 24 year old Troy lounged in a park (a park lizard, perhaps). He saw a cute, blonde, 7 year old girl playing. He grabbed her, and took her off in the bushes, where he raped and sodomized the girl. To keep her silent, he forced plastic bags down her throat. She suffocated.

Troy and his attorney focussed their energies on keeping him out of the chair (Rose Bird notwithstanding). Troy pleaded guilty to 1° murder so the jury would not hear all the facts of the murder. The case therefore went straight to the death-penalty phase,

wherein the jury is asked to consider all mitigating circumstances in deciding whether or not the now-convicted murderer should be executed.

Troy spent many hours with a psychiatrist and was evaluated by a psychologist. The psychiatrist tried to "humanize" Troy, trying to find something, some reason the jury could cite if they decided not to award the death penalty. Perhaps a reason for appeal could be created.

The psychologist did a complete exam. Troy is not a nice person, and the personality tests confirm this. The WAIS-R had a V-P split of 30 points, so the psychologist suspected brain damage. He did a Luria, a CAT scan, and an EEG. All were negative.

Nevertheless, the psychologist needed to say something. I suspect the attorney pressured him into testifying despite the wealth of negative findings. So, the psychologist said, the differences of 30 points between the Verbal IQ and the Performance IQ on the WAIS-R was "most probably" explained by brain damage.

The DA would have none of it. He had another psychiatrist listen carefully to the defense psychiatrist's testimony, and wanted the second psychiatrist to rebut. First, however, there was this balderdash of brain damage to deal with. He got ahold of the psychologist reports, and called our firm. Would we be ready to testify in 2 days?

I was delighted to be on the right side for a change. Those of you who have been outraged by the NGRI defenses I have suggested can take comfort -- not everyone is suitable. Troy, for instance.

In 2 days, I had reviewed 4 reports, including the results of the Luria-Nebraska, a comprehensive neuropsychological battery. I had also done a computer search of the validity of the brain damage interpretation of the V/P split, and found a recent refutation of it. I drove down, testified, turned aside the vitriolic attacks of the defense, and remained firm in my opinion that Troy did not have brain damage. The jury agreed, and recommended the chair. The judge had no problem with the recommendation.

So, I've finally begun testifying. I still like it, and I think I may have a talent. I think it's important for a person to use a talent.

I'm also now a full-fledged forensic clinical psychologist. It would seem that a forensic psychologist deals with a fairly wide variety of folks; while I've gone from scum to salt, both meet up with the law. I've done custody evaluations of normal couples having a hard time maintaining perspective, disability evals of good working folks, and will soon return to competency evals. Anybody can meet me; pray that you don't.

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