

Motives for Offending among Violent and Psychotic Men

PAMELA J. TAYLOR

Two hundred and three male remanded prisoners were interviewed with respect to their current offence, mental state, and social and psychiatric histories. All but nine of the sub-group of 121 psychotic men showed active symptoms at the time of committing a criminal offence; 20% of the actively ill psychotics were directly driven to offend by their psychotic symptoms, and a further 26% probably so. If some of the indirect consequences of the psychosis were taken into account, 82% of their offences were probably attributable to the illness. Among the normal and neurotic men, none claimed psychotic motives for offending, but motives suggesting high emotional arousal such as panic or retaliation triggered the greatest violence. Within the psychotic group, those driven to offend by their delusions were most likely to have been seriously violent, and psychotic symptoms probably accounted directly for most of the very violent behaviour.

One of the first questions that the man in the street asks after his neighbour has committed an offence is, 'What made him do it?'. The courts reflect this interest and accept some motives, such as reaction to great provocation, as excuses which mitigate the crime. Insanity of the kind that leaves a person unable to understand the nature or quality of his act relieves that person from all blame for his behaviour, although he must then go to hospital. Less complete mental disruption may be acknowledged, and may relieve a person of some of the responsibility for a killing, or be taken into account with other convictions to modify sentences. In magistrates' courts, guilt can be expunged retrospectively if the individual is sufficiently ill to merit immediate hospital admission under the Mental Health Act.

Schizophrenics who have killed are usually ordered to hospital by the courts, and restrictions placed on their discharge to the community, but other psychotic offenders are rarely committed for treatment (Taylor & Gunn, 1984a). For those admitted to hospital after an offence, the psychiatrist seems to take as much interest in the reason for it as the layman and lawyer, with a reluctance to release the patient until the offence has been 'understood'.

Only a few studies of mentally abnormal offenders have shown this otherwise ubiquitous interest in motives for offending, and it has usually been confined to homicide. Perhaps this has been due to a tendency to consider that lack of apparent motivation is the hallmark of the mentally abnormal offender, in particular the schizophrenic. Wilmanns

(1940) hypothesised that serious motiveless violence was a feature of the prodromal phase of schizophrenia, and that subsequent development of psychosis was common in prisons. However, Hafner & Boker (1973) found motiveless offences unusual among the mentally abnormal: for 533 mentally abnormal (schizophrenia, affective psychosis, or mental deficiency) and very violent offenders, only about 20% of their crimes were rated as motiveless. No particular association was established between this category and any diagnostic sub-group. As this was a retrospective study of case records, even this figure is likely to be an overestimate of the proportion of motiveless offences.

Motives are elusive, subjective, often difficult to define, and thus subject to a sort of *petitio*—i.e. many attempts to fix the motive, as the individual repents and changes his mind, in the course of recreating the picture of his offence. Perhaps this is one reason why scientific investigators have rather fudged the issue themselves. Lanzkron (1963) studied 153 consecutive case records of patients, including psychopaths, committed to a state hospital on murder charges; he judged (on unstated grounds) the homicides to be a result of hallucinations or delusions in 37% of cases. Among 74 schizophrenic violent offenders, Virkkunen (1974) claimed that the same proportion of violent acts had 'taken place under the influence of hallucinations or delusions or the like', but appears to have meant that 37% of his subjects were acutely psychotic at the time of their offence. It does not necessarily follow that they were acting on their symptoms. These two studies imply that in almost two-thirds of

cases, even among psychotic people, motives for offending are unlikely to be directly attributable to the illness, but they are studies of samples identified primarily by their offender status. Among 205 hospitalised male schizophrenics, Planansky & Johnston (1977) found that of 59 who had made homicidal threats or attacks, all had been in an active phase of the illness at the time.

Gibbens (1958) examined the motives of 115 mentally abnormal homicidal delinquents admitted to a State Hospital in the USA some time after their offence, and of 120 sane individuals convicted of murder or manslaughter; data were collected often some years after the offence, and from records only. Among the mentally abnormal, 29 (25%) were considered to have delusional phenomena as their main motivating force, followed by quarrels, revenge, and jealousy. The sane sample do not appear to have claimed psychotic motives, most, like their abnormal peers, acting on strong emotions in quarrels or states of jealousy. In neither group was material gain a numerically important motive. Wolfgang (1958), again only for homicides, reported broadly similar findings.

Hafner & Boker (1973), by contrast, found that it was only those who were violent and mentally ill for whom gain was such an unimportant motive, about 10% of them showing evidence of such a reason for their violence. Among the mental defectives and in a group representing violent crimes in general in Germany, about two-thirds had been acting for gain or concealment of a punishable offence; earlier German work seems to have noted similar findings. In their own sample, the violence of the mentally ill seems to have been intimately related to the illness in many cases, but their judgments about motives were wholly dependent on the documentation of others. They also stressed the complexity of the interactions between offender, symptoms of illness, and external circumstances and stresses just before the offence. No motive could be established in nearly 20% of cases, regardless of gender or diagnosis. Hallucinations were directly implicated in rather fewer instances; although auditory hallucinations had been part of the symptomatology in about two-thirds of their violent schizophrenics, imperative voices were a problem in only about one-quarter of these. For 37 of the 211 schizophrenic men (17.5%) and 11 of the 38 schizophrenic women (23%) for whom the information was available, it appeared that voices may have ordered the crime. Delusional experiences were numerically much more important: the violence was judged to be probably attributable directly to delusions of threat or persecution in

about 16% of cases and to jealousy in about 15%, but motives of revenge, usually based on relationships which had delusional causes or components, accounted for about 40%. Among schizophrenics, almost 70% had a delusional relationship with their victim, 76% of the men and 41% of the women delusionally perceiving the victim as an enemy.

In an earlier phase of the present study (Taylor & Gunn, 1984b), we showed that the association between psychosis, mainly schizophrenia, and violent offending among males may be much higher than one might expect by chance. Over a whole range of both violent and non-violent offending, at least 78% of the schizophrenic offenders and 85% of offenders with affective psychosis were actively symptomatic on admission to the prison and probably at the time of their offence. Like the Hafner & Boker sample, however, this series was evaluated only from retrospective review of their case records. A smaller group of men from the same source, Brixton remand prison, London, was therefore selected for more detailed interview; this included both psychotic and non-psychotic men who had been variously charged with either violent or non-violent offences. One of the areas specifically examined was that of motivation.

Method

The sample

Two hundred and twelve men remanded on violent charges or to the hospital wing of the prison were asked to take part; the characteristics of the population from which they were drawn are described in Taylor & Gunn (1984b). They were informed that the purpose was to examine the relationship, if any, between mental state and offending, and that we were interviewing both allegedly sick and healthy men. The interviewing process and independent data collection were described, and they were assured that any information would be used only for the research. Nine men refused to take any part in the interviewing and were not included; they were all ill, seven of them psychotic. A further 11 men denied their offence or refused to give any account of it, while freely discussing other aspects of their life; independent accounts of the offences were available, and these 11 men were included.

The sampling, which took place over a 20-month period, aimed to generate equal sub-groups of violent normal and violent and non-violent schizophrenics, together with smaller groups of violent and non-violent affective psychotics. Every tenth schizophrenic was included and approximately one in five affective psychotics: sampling of the latter was uneven because of fluctuations in frequency of their presentation. It proved difficult to find completely non-violent schizophrenics: of the total of 90, nearly a third were on remand for non-

violent offences, but over half of these had a past record of violence. A small number of cases selected as schizophrenic or affective psychotic by prison medical officers were finally given a different diagnosis, and many of the 'normals' had to be reclassified into the non-psychotic disturbed group. Of 63 'normal' men only 19 were, by the research criteria described below, without a psychiatric diagnosis.

The assessment

The assessment combined three approaches to data collection: the psychiatrist's direct observations at interview, the man's assessment of himself, and the views and facts documented by previous observers. The areas covered in detail were: the current mental state, the offence with which the man was currently charged, and his history of psychiatric disorder, violence, and offending, as well as simple information about his social history.

Over half the men were seen within three weeks of the offence, and 85% within six weeks; for only 5% had more than 20 weeks elapsed. Most had already been asked to give an account of themselves and their offence to the prison doctors. Apart from this and their preliminary interviews with the police, it was unusual for them to have been seen by other people, e.g. solicitors.

For both mental state and the offence, the men were first asked to volunteer information that they recognised as important, and no attempt was made to guide their account. The PSE (Wing *et al.*, 1974) and CPRS (Asberg *et al.*, 1979) were then used for interviewing and recording the mental state currently and at the time of the offence. Most of the interviews were completed by one trained rater, but some were by three assistants who worked with the trained rater to a point that there was complete agreement between pathological and non-pathological ratings on the mental state scales.

A short structured interview about the offence followed that about the mental state; this enquired about such factors as weapons, alcohol or drug use, and other circumstances of the offence and victim. Finally, the man was asked why he had committed the offence, and his responses were coded into one of 13 categories (Table I) together with the rater's estimate of whether the man was misrepresenting his motives or not. This rating was made at the time of the interview and, like current and recent mental state data but unlike the rest of the criminal and social history, was not modified in the light of subsequent information. An offence was rated as definitely psychotically motivated if both the rater and the man considered that it had been directly driven by the delusions or the hallucinations, although the man often did not recognise his beliefs as delusional. A doubtful rating was given when a man was floridly psychotic and the rater judged the delusions to have influenced the offence, but when the man himself was unable to give a clear account of his motives.

Inter-rater reliability for the recording of motives was checked on 12 random cases, who were all seen by the principal researcher (PJT) with one other rater. Their

diagnoses were seven definite and one possible schizophrenic, one psychotic depressive, and three personality disordered men, of whom two were also alcoholic and one neurotically depressed. The men showed a range of motives. There was complete agreement on the ratings in ten of the cases, and for one schizophrenic, a partial discrepancy. The most serious discrepancy was for the psychotic depressive: probable but not definite delusional motives were agreed, but one rater (PJT) considered the motive for the homicide, followed by a suicide attempt, an extended suicide, and the other that the offence was motiveless. The suicide (rated 'other') motive was used in analysis.

Social, criminal, and psychiatric history schedules were specially developed; the final record, which included violence (see Appendix) and criminal profiles (Gunn & Bonn, 1971; Gunn & Robertson, 1976), was supplemented wherever possible with data from independent sources. These included the GP, previous hospitals, the Mental Health Index, criminal records, police records, and probation and social work records. Occasionally, relatives were interviewed directly. Some independent data were available in every case; only 1% of criminal records and 8% of previous hospital records were missing. Police statements about the offence were available in 53% of cases—for nearly all of the serious offences (homicide, arson and assault), but often not for the minor charges (e.g. criminal damage or theft).

Results

Motives for offending

Table I shows the range of motives rated as definitely relevant to offending within this sample, which included non-violent offending. The categories were not necessarily

TABLE I
The range of motivation for offending in relation to diagnosis

*Nature of motive	Non-psychotic subjects	Psychotic subjects
Delusional	0	18
Hallucinatory	0	5
Thought interference	0	1
Motiveless	6	10
Sexual gratification	4	1
Morbid jealousy (over-valued ideas; non-delusional)	7	1
Material gain	14	16
Panic	12	6
Self defence	12	6
Immediate retaliation to perceived provocation	30	12
Calculated revenge	3	0
Accident	10	9
Other†	23	20

* The categories are not necessarily mutually exclusive

† See Table II

mutually exclusive, e.g. the one case with thought interference as a motivating force had also been driven by his delusions of persecution. On the whole, there was little overlap, but most occurred between panic and self-defence ($r = 0.26$), panic and accident ($r = 0.20$), and self-defence and immediate retaliation ($r = 0.25$).

Two categories proved rather unsatisfactory: the motiveless and the calculated revenge. Men were rated as motiveless if they remained unshakeable in their denial of all understanding of the offence, but had definitely been active in committing an offence and usually appreciated this. Ten of these men were actively psychotic, and it was thought likely that three were driven by delusions; panic was the only other motive thought likely to be of much relevance to the allegedly motiveless group, while two men were definitely thought to be misrepresenting themselves in claiming to be motiveless, and a further three probably so. Six psychotics were motiveless in a different sense, and therefore not rated on this item, but given zero ratings on all motivation categories. Typical was one man who said that he had been 'walking down Westminster and stopped at a bus stop. A police officer wanted me to walk to Scotland Yard and said, 'What would you like to be charged with?' On this occasion, there was no evidence that the man was behaving in a bizarre manner; he was charged with and convicted of suspicious behaviour ('sus') and sentenced to one month's imprisonment. The 11 men who consistently denied their offences and the two men who were subsequently fully acquitted received similar all-zero ratings.

No psychotics were rated as offending on the grounds of 'calculated revenge', but this was sometimes a freak of the offence with which they were actually charged, and many showed a capability for it; e.g. one psychotic man had two counts of malicious wounding, which were probably not premeditated, against his solicitor. He was also, however, found to have set up a complex system of long-bore rifles, aimed and ready to fire at his front door so that he could 'get the next neighbour who came to interfere with my mail'. The latter, in a sense, was calculated revenge, but he did not receive such a rating partly because the primary reason for his activities lay within his delusional system, but also because the actual violence took the form of assaults.

The figures in Table I represent an under-estimate of men with these motives in all categories. Uncertainty affected the psychotics' motive ratings most: for nine men, no firm rating of motivation could be made, and all were severely disturbed: six undoubted schizophrenics, one schizoaffective psychosis, and two atypical paranoid states. Uncertainty of a different kind affected some of the other categories; e.g. the impression of misrepresentation given by two of the men insisting on lack of motive. The psychotic and morbid jealousy categories were the only ones to appear immune to this problem, although rates in other categories were generally low. Two which were unreliable by this criterion were self-defence, for which nearly a third of cases were considered to be misrepresenting, and accident, in which the proportion was almost half.

The nature of motives in relation to diagnosis and activity of illness

Of the men interviewed, 152 (75%) appeared to have been symptomatic at the time of the offence; only nine of the 121 who were diagnosed as having some form of psychosis were considered to be symptom-free then, and to have remained so after remand. Sixteen men (13 psychotic) reported changes in symptoms between the offence and the interview. One man who killed his mother appeared to have lost some of his most distressing psychotic symptoms, but nonetheless at interview was still floridly schizophrenic; three others showed some reduction of psychotic symptoms. All the other changes were in neurotic symptoms; most (11) had gained symptoms in prison, while a few (5) showed some improvement.

Despite this high rate of positive symptoms of psychosis within the sample, only 23 men—20% of the actively psychotic—definitely offended in response to their psychotic symptoms (the man responding to thought interference was also responding to delusions) (Table I). For a further 29, however, a delusional motive was considered probable, a definite rating being precluded by the man's own account of his motives being too muddled or vague. If these are included, the proportion of actively psychotic offenders driven by their delusions or hallucinations was 46% (43% of the total psychotic sample). None of the non-psychotic men claimed voices or strange beliefs as explanations for their offences.

Table I also illustrates the relative importance of the other motives in relation to broad diagnostic categories. Material gain and accident were claimed with approximately equal frequency by psychotic and non-psychotic subjects alike. Panic ($\chi^2 = 3.73$, $DF = 1$ $P < 0.05$), self-defence ($\chi^2 = 4.03$, $DF = 1$ $P < 0.04$) and immediate retaliation ($\chi^2 = 17.5$, $DF = 1$ $P < 0.0001$) were all significantly more likely to be cited as reasons for the offence by the non-psychotic than by the psychotic. Overall, about half of the psychotics (62, 51%) claimed such 'rational' motives for their offences, but some of these superficially rational motives, predominantly among the non-violent offenders, concealed the force of the psychosis.

Non-violent offending

The fact that all the non-violent offenders had some kind of psychiatric diagnosis was predetermined by selection, but the nature of the offending was not (Table II). The sample of non-violent psychotics collected over the entire 20-month period was representative of non-violent psychotic remands to Brixton.

Twenty one ill men (14 psychotic) were judged to have offended with a primary motive of material gain. The nearest to a 'master criminal' was a man with the diagnosis of probable simple schizophrenia and possible depression; following his mother's death, his sister gave him a cheque for £190 for a headstone for their mother's grave, and he changed the figure to £490. The other deceptions were by a manic man who also altered cheques for smaller amounts and a schizophrenic man who ate a meal valued at £1.25 and then walked away without paying. Of the burglaries,

TABLE II
Nature of non-violent offending in relation to diagnosis

Broad offence category	Minor material gain	Trivial material gain with other primary motives	Vagrancy	Other offences
Diagnostic groups	7 Manics 1 Psychotic depressive 6 Schizophrenics 7 Non-psychotics	— — 9 Schizophrenics 1 Non-psychotic (TDA)	— 1 Psychotic depressive (Beg) 9 Schizophrenics	1 Manic 2 SA psychosis 5 Schizophrenics
Total	21	10	10	8
Details of offence	3 Deception 3 Burglary 15 Theft	3 TDA for visiting 3 Theft 'to sleep' 2 Theft—hungry 1 Theft—Xmas in prison 1 Theft for 'security' 1 Theft 'Self-understanding'	3 Begging 4 'SUS' 2 Vagrancy unspecified 1 Threatening behaviour	M: TDA of a bus SA: a) Threatening letter b) 999 calls S: a) Cultivating cannabis b) Insulting behaviour × 3 c) Indecent assault

two were committed by men who were non-psychotic, but were severely disturbed neurotics; the third was by a schizophrenic who was found in an unoccupied house, clutching a tin of ham and a bottle of gin. The thefts were mostly of goods, not usually to be sold for cash, but an exception was a grandiose, superficially euphoric manic who arranged with his girlfriend to steal money from her mother. In the extreme examples of psychotic theft, the motives were no longer primarily the material gain: three men took vehicles to visit or find their relatives, two for places in which to sleep, two took food because they were hungry, and one took a purse as he had on a number of previous occasions as the act relieved his tension and gained him a remand in prison. The remaining two were examples of the 'rational mad'. One said, 'I am here two weeks for a Christmas pudding', his implied meaning was that he had come to the prison to receive it. He denied guilt, but admitted that he had taken a pudding and some lard from a shop. He spent Christmas in prison. The other, who had auditory hallucinations throughout most of his waking hours, stole a book on Jung from a public library; he said, 'With all this going on, I just thought I'd try and analyse myself'. Despite his florid psychotic symptoms, he was clear that the idea to take the book was his own, and not put into his head by some mysterious force.

The other main, albeit much smaller group of non-violent offenders, were vagrants. Some appeared to have done little to attract attention to themselves, but some were behaving in a bizarre manner. One schizo-affective man was arrested while carefully shrouding a motorbike in paper, while another was 'touching car door handles', probably looking for somewhere to sleep. The charges of 'insulting behaviour' in the final category were also in many ways a variant of vagrancy: one man announced that he would plead guilty to 'being scruffily dressed and nothing else', which seemed likely to have been fair. Another touched a fully dressed girl on her leg—indecent assault—and the remaining offences almost speak for themselves. The man making 999 calls thought that he was ill and should go to hospital; which was right, even if the

999 calls were perhaps inappropriate, and the one who took a bus was acting within his delusional system.

Violent offending

The relationships between motives for offending, which were at least superficially rational, and violence within each broad diagnostic category, indicate that panic was a dangerous thing, whether the individual was psychotic or not (Table III). Self-defence was as likely as not to cause serious injury within both groups. The 'motiveless' category is the only one within which the psychotics were more likely than not to have inflicted serious injury, but in many cases, these 'motiveless' offences were in fact probably based on delusions, and when this was true, they also received probable delusional ratings.

Although offences committed for material gain were usually non-violent, the serious violence that did occur in this context was exclusively confined to the non-psychotic

TABLE III
The relationship between violence, 'rational', motivations and diagnosis

Nature of motive	Non-psychotic subjects		Psychotic subjects	
	Low violence (0-2)	High violence (3-4)	Low violence (0-2)	High violence (3-4)
Panic	3	9	1	5
Self-defence	5	7	3	3
Sexual gratification	2	2	1	0
Calculated revenge	1	2	0	0
Motiveless	3	3	4	6
Material gain	10	4	16	0
Morbid jealousy	0	7	1	0
Accident	1	9	5	4
Immediate retaliation	*8	22	6	6

* (χ^2 6.30; $P < 0.01$)

group. Morbid jealousy among the non-psychotics was a very dangerous thing, but the only psychotic in this state managed to avoid serious violence. 'Accidents' among the non-psychotics had very grave consequences, but the raters considered that nearly half these men were misrepresenting their motives and that they may have had something more purposeful in mind. Immediate retaliation accounted for more than twice as much serious violence as any other category. Among the non-psychotics, those acting on this basis were significantly more likely to have inflicted serious violence than those who were not. Among psychotics, retaliation as a basis for violence was comparatively rare, but was as likely as not to lead to serious damage. The most likely reason for serious violence within the psychotic group, however, was probably the psychosis itself.

Offences committed secondary to hallucinations

Among the 23 men whose behaviour could be attributed directly to their psychotic symptoms, five blamed their behaviour on hallucinations; none had committed serious violence against others, although within nine months of being seen, one had killed himself. Two schizophrenics claimed that they were instructed by their voices: one broke a window and one was convicted of carrying an offensive weapon, a knife. The other three, two schizophrenics and a manic-depressive, said that they were trying to escape their voices: one broke a window; one was first charged with threatening behaviour when he was being abusive to the voices and then with assault on police, as they tried to remove him "from the sanctuary of a church". The manic-depressive also abused alcohol. Superficially, his violence was as trivial as that of his schizophrenic peers. He broke a window to get away from the voices, and said that he wanted help, but that the voices tried to prevent him. He had presented at two London Teaching Hospitals first, but they had said he was not an emergency. Six months after leaving prison, he was observed to lay down his crutch on a station platform and then climb on to the track in front of an on-coming train. He was killed.

The influence of delusions on offending

The 18 men who were rated as having definite delusional motives were more likely than not to have made assaults

against the person. If the suicide is included, about three-quarters of the sample had done so.

Only one man had been completely non-violent. He was a 31-year-old schizophrenic of at least six years standing who stole a car, was found sleeping in it and said he could do so, as he was related to the Queen, and she had issued mandates to entitle him to any car. Grandiosity had consistently been one of the most prominent features of his illness. Another schizophrenic was only convicted of taking and driving away a vehicle, but failed to get a non-violent rating because he had driven the bus he stole at a policeman and whom he missed, but smashed two cars. He said that he did the latter on purpose, because the drivers were 'two lefties, so I crunched them on the right wing with the left wing of my bus to show them what buses can do'. One of the men convicted of criminal damage merely burnt a plastic bottle because the plastic was poisoning him, but very soon after his short stay in prison, he threw himself to his death under a tube train. Thus, two men in the psychotically-driven group died violently within a few months. One personal assault was truly trivial; one was probably contained as it occurred in a crowded public place, and several policemen quickly appeared; one had relatively minor consequences because 'the knife bent, I should have taken more trouble'. All the other attacks were serious, one resulting in the death of a person and one in the death of several animals.

Those definitely driven by their delusions were thus significantly more likely to have caused serious injury or death than those who were psychotic but acting without delusional drive or on the more rational motives described above (Table IV). This relationship was even stronger when the group considered likely to have been influenced in their offending by their delusions was combined with those given a definite rating.

Discussion

The system of rating motives for offending was devised for this study. Although it had a number of limitations, it nevertheless provided an effective framework for the majority of both psychotic and non-psychotic offenders. It is sometimes said that offenders may fake madness in relation to their offences. In this series, non-psychotic men never claimed psychotic justification for their offences,

TABLE IV
The effect of delusional drive on violence ratings within the psychotic group

	Definite delusional motivation	Rational motivation	Definite and probable delusional motivation
Low violence ratings (0-2)	9 (50%)	59 (79%)	24 (53%)
High violence ratings (3-4)	9 (50%)	15 (21%)	21 (47%)
		$\chi^2 = 5.18$ $P < 0.02$	$\chi^2 = 8.03$ $P < 0.005$

but half the psychotic men claimed ordinary non-psychotic motives. Immediate retaliation to perceived provocation was the commonest reason for offending, even in the psychotic group, but its numerical importance was at least partly accounted for by the choice of violence as one of the key variables. It was surprising that panic appeared to play such a small role among the psychotic offenders. Compared with the non-psychotic, psychotics had very rarely been provoked in any way ($\chi^2 = 13.34$, $df = 1$, $P < 0.0003$), and this undoubtedly accounted for the low frequency of claims of self-defence or retaliation as reasons for offending in this group. This information about provocation also gave indirect confirmation of one aspect of the validity of these psychotic accounts. Among the non-psychotic, motives implying high emotional arousal, such as panic, self-defence, morbid jealousy, and immediate retaliation were most likely to be associated with serious violence, which would fit with the accounts attributed to American samples, though these dealt exclusively with homicides (Gibbens, 1958; Wolfgang, 1958). Among the psychotic, the symptoms of the illness seemed most implicated in dangerous behaviour.

Almost all the psychotic men were actively ill at the time of their offence, and changed little in the first three to six weeks or so following it; 20% of the actively psychotic were directly driven to offend by their psychotic symptoms, and a further 26% probably so. This study suggests, too, that although the very disturbed psychotic offender may commit his offence in relation to motives that are as rational as those of his normal or neurotic peer, much superficially rational offending is actually a product of the illness. The latter was particularly true of the non-violent offenders, and could raise at least two explanations. First, we may have been dealing with a sample of dishonest and anti-social men, who stole trivial things or intruded so pathetically on the order of the community because their illness rendered them incapable of being more effective or adventurous. Secondly, that out of their chaos and disability, they stole or deceived to maintain their existence and drifted, begged, or were indecent or insulting because they were too disorganised to do anything else. The first explanation may apply in a few cases, but the second is much more plausible. The psychotic sample as a whole was already in a parlous social state at the time of their offences, e.g. 55% were homeless. Things were most disorganised for the psychotic and non-violent sub-group, of which 75% had no fixed address.

If the direct and the indirect consequences of

psychosis are considered together, then over 80% of the offences of the psychotic were probably attributable to their illness.

Auditory hallucinations were very rarely blamed for offending, and instructing voices in only two trivial cases. The only other relevant disorders of perception were olfactory hallucinations, but these were never directly blamed for subsequent behaviour, although they may have been important late warning features of irrational and violent outbursts. They may also have suggested some organic basis for the change, but there was no gross evidence of this. Delusions, in contrast, seemed relatively common as precipitants for offending. No other psychotic symptoms seemed of direct relevance, but their indirect effects, for example in frustrating and distracting the man to the point of lowering his control or tolerance, could not be calculated.

The delusionally motivated men formed an important sub-group because their offending was much more likely to have serious consequences than that of the other psychotics, but not all men with delusions nor all delusionally motivated men were seriously violent. The importance of delusional drive in relation to seriously violent offending may be numerically rather higher than previously thought, from other offender samples. Only Hafner & Boker, who added a more tentative category of offending based on relationships which have delusional components, seem to have emphasised a high association between psychotic symptoms and violence. This is perhaps not surprising, since these and most other previous estimates relied wholly on records made by people other than the investigators. Here, we had the advantage of lengthy interviews with each offender very soon after the offence, and unlike the material on which others (including Hafner & Boker) based their reports, these interviews were of no relevance to the mens' appearances in court. The men seemed to understand that, but some may still have overstated their defences; we were suspicious of one-third of those who claimed they had been acting in self-defence and of half of those who insisted that the offence was accidental. There appeared to be little other dissembling, and no man was keen to rate his behaviour as 'mad'.

Planansky & Johnson (1977) are the only authors who suggest a stronger association between psychotic symptoms and violence, although they were not reporting strictly on motives. Slightly over a quarter of their schizophrenics showed 'homicidal' behaviour, but they were all hospital in-patients. The authors attributed all homicidal inclination of the schizophrenics to their illness, but

by virtue of being in-patients at the time, these subjects had been through a very special form of selection process. Admission to hospital is unlikely unless an illness can be blamed for causing important problems. Hospitalisation may also, as a by-product, reinforce any tendency in patients to blame unwanted behaviour or ideas on their illness. This very high estimate of the association between homicidal behaviour and psychosis may thus have been largely a product of selection and treatment, though the more detailed enquiry that hospitalisation must allow might have revealed a more accurate picture of the intrusiveness of active psychosis on to the behaviour of the sufferers. In any event, by most calculations, it appears that psychotics as a group and schizophrenics in particular tend to offend not in spite of their psychosis, but because of it.

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Appendix

Violence profile for current offence

- 0: Completely non-violent
- 1: Minimal violence
 - a) verbally aggressive, b) carrying a weapon which was not used, c) minimal damage to property when this was accidental
- 2: Moderate violence
 - a) ABH, b) sexual offence under force, c) using an offensive weapon but without causing injury, d) damage to property when this was the main intent
- 3: Moderately serious violence
 - a) GBH, b) damage to property when this was extensive and could have threatened life
- 4: Serious violence
 - a) victim(s) died, c) life actually endangered and victim detained in hospital more than 24 hours

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Pamela J. Taylor, MB, BS, MRCP, MRCPsych, *Senior Lecturer at the Institute of Psychiatry, London SE5. Honorary Consultant Forensic Psychiatrist, Bethlem Royal and Maudsley Hospitals.*

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