Crime, Punishment and Treatment

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This is a very difficult field. Perhaps this is because we have no models which can be used to help us clarify the questions. One day when Humphry Osmond and his coworkers have some time they will develop a set of models much as they have done for the mental illnesses. It is important we all know what we are talking about. Definitions are important.

Crime

Crime is defined by society, or by representatives of our society, the lawyers, who legally define it. I suppose if we had no lawyers we would have no crime - at least we would have no legal definitions, but criminal behavior would still be a major burden. A useful definition of crime is any behavior which is harmful or potentially harmful to other people. It may be divided into at least three main categories: (1) Criminal behavior for which we have no adequate explanation. It can be called idiopathic crime. (2) Drug related crime including the common toxic drugs such as alcohol, sugar, other additives to our food, other addicting drugs and more recently tranquilizers which, by removing self control, may increase the probability of crime in some people. (3) Disease related crimes.

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Most crimes can be divided into two main categories: (a) high fear crimes which include murder, rape, robbery and assault; (b) low fear or no fear crimes such as parking infractions or victimless crimes and so on. I am concerned in this review only with the high fear crimes — the activities of people which keep us off the streets in certain cities at certain times of the day or night.

Punishment

I have obtained a few definitions of punishment from Webster's New World Dictionary, the College Edition:

1. To punish, the infliction of some penalty on a wrong doer, generally connotes retribution rather than correction.
2. To discipline. This is intended to control or to establish patterns of self control.
3. To correct. To punish for the purpose of overcoming faults. Perhaps this is why many prisons and jails are called correctional institutes.
4. To chastise. Implies usually corporal punishment and connotes both retribution and correction.
5. To castigate. Implies punishment by severe public criticism or censure. The use of public censure is no longer permitted for young criminals for reasons not clear to me. We have thus deprived ourselves of what could be a forceful form of social control. Our juvenile courts do not allow public disclosure of

the name of the young person charged with a crime.

6. To chasten. This is the infliction of tribulation to make obedient, in a theological sense. Punishment has many meanings and is applied in many different ways for objectives which are usually unclear. In this presentation, the form of punishment which best suits this discussion is definition number three — to correct, to punish for the purpose of overcoming faults but it also implies treatment when a treatable condition is diagnosed to be present.

Epidemiology of Crime

Diseases have an epidemiology. The number of people who become ill over an interval of time, what happens to them, what makes it better or worse, where it occurs — this is all part of the epidemiology. An epidemic exists when enough people are stricken so that the community becomes aroused. A pandemic is a major catastrophe as for example were the black deaths of the Middle Ages or the great 'flu epidemic of the first World War.

Crime can be treated in exactly the same way. There is little doubt that we are in the middle of a crime epidemic which may be waxing or waning although the evidence suggests it is waxing. The public is concerned but has not yet expressed its concern in a major effort to do something about it. We do know something about this crime epidemic. It is useful to summarize what is known so we will not have to repeat the failures of the past.

1. A very high proportion of high fear crimes are repeated by criminals with a prior history of crime. In a study in California, it was found that 75 percent of the people arrested for high fear crimes had committed previous crimes. It is likely this is an underestimate since many crimes are unreported.

2. Most crimes are committed by young men. Perhaps this will correct itself in time as women achieve more equality. The incidence of female crime is rising fairly rapidly.

3. Most men's criminal career is over by age 40. It has been estimated that men over 40 commit only 7 percent of all high fear crimes. Whether this will be also true of women is unknown since their history of criminal activity has not had as much time to develop.

4. The severity of punishment is inversely related to the propensity to engage in criminal behavior. The propensity for crime in men decreases as they approach the age of 40. But the severity of punishment increases each time they are punished. Thus a young man receives a light sentence, a slap ori the wrist. It may be a fine or a suspended sentence. Each time he commits an offence he receives more severe punishment and eventually he may receive a 10- to 20-year (which is in most cases a life sentence) term with time off for good behavior. In other words, when young offenders are most apt to commit crime, they are most apt not to be incarcerated because of lenient bail laws and lenient sentences by sympathetic judges. But when the probability of repeating the offence becomes increasingly rare, the chance he will spend most of his years in prison goes up. We allow the criminal to remain in the community during his most aggressive criminal years and incarcerate him when he is at his least likely probability of remaining a criminal.

5. There is no relationship between the type of prison in which the inmate is housed and the outcome, i.e. in his propensity to repeat the crime. Just about every prison can report a 50 percent' recidivism rate (or a 50 percent cure rate) no matter what kind of program they follow or fail to follow. An accompanying finding is that psychotherapy, whether individual or group or any of its variants, has no appreciable impact upon groups of prisoners. This should not be surprising since this form of treatment has very little impact even on neurotics and psychotics who are highly motivated to receive treatment.

For example, the California correctional system was considered one of the most progressive. Dr. Karl Menninger admired it as one of the best in the world. Dr. Menninger was strongly opposed to punishment, telling us why in his book **The Crime of Punishment.** His views arose from his analytic background which has itself been proven to be irrelevant not only to crime but to most mental illnesses. Menninger equated punishment as a crime perpetrated by the state against the individual. The California program included group therapy, rehabilitation, and other forms of treatment which should have worked. In fact, they did not. Out of 955 discharged prisoners, the recidivism rate was exactly the same as in the control group not given the benefits of this treatment approach.

In a second follow up study in California, 257 released inmates were treated over a four year period with a large number of socially corrective procedures. The outcome was no better than it was over the same period of time for a control group.

In a third study in Boston, criminals were treated with psychotherapy by court clinics. When the offenders were divided into two groups (1) those who committed minor offences (2) those who committed high fear crimes it was found that the first group did better but this group included a number of people found criminal because of possession of marijuana, using this drug and so on.

There is a highly regarded prison hospital in Denmark which has treated about 1500 inmates over the past 25 years. Four hundred remain in custody and about 1200 are in the community apparently not repeating any crimes. Their medical director never claimed better than a 50 percent recovery rate even though this is a good institution run by tough-minded psychiatrists who try to make sure the prisoners they discharge will not be repeaters. The rest may remain there for life. But as I have stated earlier, this is not surprising. Neither psychologists nor psychiatrists have been able to gather a persuasive body of evidence to show psychotherapy will help patients who suffer from tension, anxiety and depression. How could it be expected to work for psychopaths, chronic schizophrenics, addicts and other sick members of society? Dr. B. Rimland has examined the scientific evidence for the efficacy of psychotherapy which has forced him to conclude the results are no better than those produced by no treatment at all.

6. The courts have become more lenient. This may be due to their growing pessimism that prisons can do any good, or it may be due to the fact that the prisons are overcrowded, that our courts are overworked and that it is easier to plea bargain for a smaller sentence to a less serious offence than it is to follow through with the entire judicial process. Perhaps they have also been impressed by the community mental health attitude which teaches that any community is preferable to any institution.
7. Suggested solutions. Those who claim they have a solution for the crime problem fall into two major groups: (1) those who feel punishment must be reduced to be replaced by rehabilitation, social reform and so on; (2) those who. feel punishment must be made more severe.

An Orthomolecular Solution

Any attempt at a solution must take into account both environments, the psychosocial and the biophysical. Dr. H. Newbold (1972), in his book **Programming People** draws a comparison with a computer. A computer consists of hardware, i.e. the machine itself which may be mechanical, electronic and so on. The system devised to instruct the computer is the software. This is the detailed set of instructions fed to the computer which it must obey. Both components are essential - one can consider human behavior in the same

way. The hardware is our body, especially the central nervous system, with the sensory input and the motor (behavioral) output. The software is the experience we have undergone in life while arriving at our present situation. It includes our relationships to our family, friends, our education, the illnesses we have had and how they have responded to treatment. Everyone in this audience came in with a given hardware and software. You are being reprogrammed by my discussion by being exposed to ideas and arguments which are novel to you. You will leave the meeting different from what you were like when you came in.

With two components, there are four possible modes of activity: (1) normal hardware and normal software; (2) normal hardware and abnormal (faulty) software; (3) abnormal hardware and normal software and finally (4) abnormal hardware and abnormal software.

Abnormal Hardware and Software

In this case the human computer, our brain, is not able to function in a normal way due either to some mechanical fault in the sensory apparatus or in the brain (tumor, infection, etc.) or because of one of a number of biochemical defects in the brain. It will be impossible or very difficult to program such a brain because it cannot respond in a normal way. If the abnormal hardware is present for a short time only, there is no irreparable harm to the software. If the error is present a long time, especially if it occurs during a critical period of life, the software will have been deformed by the chronic pathology of the hardware.

Faulty Hardware and Normal Software

In this case, the brain is unable to operate normally due to a variety of reasons including the perceptual diseases caused by vitamin dependencies, the cerebral allergies and so on. The application of normal software to such a system is an exercise in futility. For this reason, a hyperactive intelligent child with a reading disorder cannot be programmed by reading since the blobs he sees on paper or blackboard either have no meaning or are so fluid they are not distinguishable as static symbols. No amount of tinkering with the software can do very much for the defect in the hardware. This is the experience of special education which usually starts out with high-hopes that some good will come from their efforts and winds up content to merely babysit the disturbed youngster. Programming via another sensory route might be useful. Many dyslexic children have been able to learn by hearing and have been able to overcome their dyslexic handicap. I have seen several successful persons who still cannot read but can learn by oral instruction. They were able to hear a lecture once and master it completely. If they had to learn the same material by reading they would fail.

With this group, it is obvious that the hardware must be corrected before one can expect much response to software manipulation.

Normal Hardware and Abnormal Software

This group requires correction of the software. No amount of biochemical tinkering will be of any value and may in fact be harmful especially if stimulants or tranquilizers are used.

Unfortunately, too much emphasis has been placed on software and too little on hardware. We have huge software institutions and an establishment consisting of special schools, special educators, literature and special societies. And when attempts are made to correct hardware, the Orthomolecular approach is neglected and these children are exposed to stimulants and tranquilizers which subdue but do not basically correct the biochemical fault.

The hardware can be influenced for the worse by excessive carbohydrate metabolism. The most dangerous addiction is not to heroin or morphine, it is to ordinary table sugar, sucrose, or any refined sugar. It is the most dangerous because it is the most insidious because it tastes sweet and sweetness is associated with energy and health and because it is used on a vast and in-

creasing scale. The western industrialized annual per capita sugar intake is close to 120 lbs., including babies. Some people consume half their calories as pure sugar. As with any addiction there are serious withdrawal effects to the point many would sooner be obese than wait out the withdrawal period. Cheraskin and Ringsdorf (1974), on the basis of studies on normal professional people and their wives, conclude that the optimal intake of sugar is zero, i.e. any intake of refined sugar is detrimental.

Many have been aware of the deleterious effect of sugar but it has been very difficult to persuade the nutritional and medical **profession**. Thus J. I. Rodale, Founder of Prevention, a very popular widely-read health magazine, wrote a book **Sugar and the Criminal Mind.** He was one of the first to bring attention to the connection between excessive sugar intake and criminal behavior. I have seen a large number of children with behavioral disorders who are addicted to sugar. They are nearly normal when they get no sugar and are nearly impossible to live with after they have eaten candy, pop, bars and so on. One seven yea* old boy was caught at 3:00 a.m. sneaking on his hands and knees to the kitchen to get at the sugar bowl. Some will steal, lie and cheat in order to get money to buy chocolate bars.

Prof. J. Yudkin (1972) suggests that the sale of sugar should be prohibited. Obviously this will never be done but if sugar did disappear from the market there is little doubt there would be a major decrease in crime.

The second major addiction and breeder of crime is alcohol which is a sugar alcohol and metabolized in the body in the same way. Alcoholics are also sugar addicts whose consumption of sugar is not excessive as long as they are consuming alcohol. But when they join AA the intake of sugar becomes enormous. They replace the addiction to alcohol with an addiction to sugar. I suspect most alcoholics start out in their pre-teens as sugar addicts. Out of several hundred alcoholics I have tested, whether in AA or still drinking, I have yet to find one who was normal when tested by the five-hour glucose tolerance test. They all had relative hypoglycemia.

The addictions to narcotics are numerically much less of a problem but may also be based upon the basic addiction to sugar. A withdrawal reaction (cold turkey) is very similar to a prolonged hypoglycemia reaction, made worse by food. In one case. I withdrew one patient from heroin simply by fasting him. He came through with very little difficulty.

A second major group of factors which disturb the hardware are the perceptual disturbances caused by vitamin B dependency and by cerebral allergies. This group comprises a large proportion of our criminal population. They are generally classified as schizophrenics, some of whom have been child schizophrenics who have lost their hallucinations but have retained their thought disorder, but are labeled psychopathic because of their criminal behavior.

A new group invading our society are the chronic patients discharged from mental hospital into the community. The community for some has developed a therapeutic aura and many workers believe that patients who do not respond to treatment in hospitals with psychiatrists, nurses and other skilled workers, will be helped by the magic of the community which lacks these resources.

In some areas the mental hospital has been dispersed into the community and instead of being a central group of institutions, has become a large number of small special care homes plus a few large nursing homes. There is no evidence these patients are better off and a lot of evidence they are not as well treated. Only the use of tranquilizers makes it possible for them to remain in a chronic subdued but ineffectual state. Using the criterion that a normal person pays taxes, it is obvious they are far from normal. One of the consequences of the community mental health program has been a major increase in crime both low fear and high fear. This has been documented in such states as California and New York. One of the results has been a backlash forcing these states to reverse this policy and to pay more

attention to the clinical state of the patient and less to the discharge statistics of the hospital.

Tranquilizers and anti-anxiety drugs may remove one's control over antisocial impulses. I have known a few patients who when they were unhappy, tense and depressed were normal moral people, but under the influence of tranquilizers, lost control over some of their impulses. In a recent issue of the British Medical Journal, several doctors described how these drugs allowed aggressive behavior to appear. In one case, a man assaulted his wife for the first time in 20 years when he was on tranquilizers.

In any consideration of the criminal, we must take into account the victim who may sometimes be the instigator or stimulus to the crime. Herjanic and Meyer (1975) studied 214 homicide victims in St. Louis. Fifteen percent of the victims had a history of previous mental illness, the same as in a series of suicides. They concluded that the homicide victims were young, black males (there is a large black population there). They were killed by a relative, friend or acquaintance, usually with a gun and often during an argument. The victim and murderer were of the same race in 91 percent of the cases, and the same sex 74 percent of the time. There must be cases when people are not wary enough, or do not read the signals too effectively so that they do not take appropriate countermeasures.

Another victim may not be a victim of a crime at all but may be judged to be so because of illness. In his book **Every Second Child,** Dr. A. Kalokerinos (1974), an Australian physician described a case where an aboriginal woman was charged with beating her infant to death. The infant died in hospital with what appeared to be induced bruises. Her mother, a prostitute, was charged. But the doctor realized it was a case of infantile scurvy which was very prevalent among these native people. In some areas every second infant died before reaching the age of two. The native people did not consider any infant a human until it survived until the age of two. As a result of improved nutrition, especially the use of vitamin C the infant mortality rate dropped to 20 per 1,000 in areas where Dr. Kalokerinos worked. As a result of his evidence the infant's mother was found not guilty. I wonder whether some babies in North America might suffer from infantile scurvy and if they died would result in their parents being blamed for battering their infant. If the child were also hyperactive they might easily incite unstable parents to spank them too hard resulting in severe bruising.

Possible Solution

It is unrealistic to expect that a solution can suddenly be achieved. But we can begin to work toward a better way of dealing with the problem. A first step would be to examine carefully every person who commits a high fear crime but it should be an Orthomolecular type of examination. One would look for evidence for brain dysfunction which might be partially responsible. Secondly, we must retain the concept of punishment. One day when mankind has learned how to bring up children with no punishment of any kind, perhaps then we may not require punishment for wrong doing adults. Punishment should be considered a form of negative sanction. But it Ought to be used wisely and humanely or else it will be ineffective. Thirdly, punishment only has little effect. It must be tempered with appropriate treatment. Since the psychosocial treatments have reached the limit of their usefulness, I suggest we ought to turn to Orthomolecular treatment especially since results already obtained by Dr. W. Weathers in reducing recidivism and by Dr. D.Hitchings in dealing with addicts are very encouraging.

However, we must be realistic and recognize that with our present state of knowledge there will be a number of criminals who will not respond to sanctions or to treatment. If they have indicated by their previous behavior and by their lack of response that they still present a high risk to the public, then we ought to consider a quarantine or continuous incarceration until the risk of repeating the crime decreases to that represented by an average healthy per-

son. Dr. Schwartz (1974) suggested that young men who commit high fear crime should be incarcerated until they are 40 years old. This would remove them from society when they are most apt to perpetrate their criminal behavior and would release them when the inclination to crime would be reduced to an acceptable risk. However, some may have to be quarantined until they are 50 or even 60 and it is possible for life.

It is simple to protect oneself against a known Typhoid Mary by taking certain dietary and sanitation precautions. It is not so easy to be secure against an assault by a ferocious criminal who may have the same emotional reaction to murder as he does to a bottle of beer. If such a criminal is found and if it is impossible to guarantee the safety of the guards, then one should consider capital punishment. In any rational system of law enforcement or incarceration, this should be an extremely rare event.

REFERENCES

CHERASKIN. E. and RINGSDORF, W.: How Much Refined Carbohydrate Should We Eat? American Laboratory, 6, 31 -35.1974.

HERJANIC, M. and MEYER, D. A.: Psychiatric Illness in Homicide Victims. A. P. A. Annual Meeting, Anaheim, California, 1975.

HITCHINGS, D.: Treatment of Heroin Addictions. Canadian Schizophrenia Foundation, fourth annual meeting, Calgary, Alberta, 1975.

KALOKERINOS, A.: Every Second Child. Thomas Nelson and Sons, 36 Park Street, London, W1Y 4D .1974.

NEWBOLO, H. L: The Psychiatric Programming of People. Pergamon Press Inc., Elmslord, New York. 1972.

RODALE. J. I.: Natural Health, Sugar and the Criminal Mind. Pyramid Books, New York, 1968.

SCHWARTZ, R. A.: Psychiatry and Crime Control. Personal Communications, 1974.

WEATHERS, W. A.: Brief Communication. **Canadian Schizophrenia Foundation, fourth annual meeting, Calgary, Alberta, 1975.**

YUDKIN, J.: Sweet and Dangerous. Peter H. Wyden Inc., New York, 1972.