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TREATMENT OF THE PSYCHOPATHIC OFFENDER IN SOUTH AFRICA

James P. Roux

1. INTRODUCTION

In 1942 the well-known American psychiatrist Harvey Cleckley concluded in his equally well-known book, "The Mask of Sanity", that "... the psychopath could without exaggeration be called the forgotten man of psychiatry".

Roux (1975) concurs with this, when he states: "I want to concur with this and state frankly that the psychopath is not only the forgotten man of psychiatry, but also of all those other sciences which busy themselves with the criminal, e.g. criminology, the law, clinical psychology, sociology and social work. ... To disclaim the existence of a clinical entity has never yet contributed to the disappearance of it. The time has therefore arrived that we as scientists who busy ourselves with studying crime, punishment and the criminal, should take note of this entity and its role in criminality" (p.65).

The general conception among clinicians is that the psychopath is untreatable and that it is a waste of valuable time in any case to attempt to treat him. McCord and McCord (1964) quote a psychologist who states: "... There is no evidence to my knowledge that any psychopath has ever been cured by imprisonment or by anything else" (p.98). On the other hand, there are a limited number of clinicians who are of the opinion that the picture is not as dark as all that and that success can be achieved in the treatment of these persons (Aichhorn, 1951; Jones, 1956 and 1963; McCord and McCord, 1956; Schmideberg, 1958; Boslow, Kohlmeyer and Bromberg, 1963; Craft, 1968 (a)(b); Stürrup, 1968). In this regard Jones (1963) states: "The great difficulty seems to be that the psychopath call for treatment techniques which differ from those which apply to the neuroses. Moreover, relatively little attention has been given to this topic compared with the treatment of neuroses, and all too frequently the problem is bypassed by rationalisations which say, in effect, why bother because these people are untreatable anyway".

All existing treatment methods have been applied to psychopaths in the past with varying success (see Craft 1961, 1965, 1966 and McCord and McCord 1964, for a precis of all the treatment methods already applied). The most important findings in this regard can be summarized as follows:

1.1. Chemotherapeutic Treatment

A variety of chemotherapeutic agents have been used in the treatment of psychopaths, of which the best known are the following: Amphetamines, barbiturates, dilentine, sodium pentatol, fenobarbiton and neulectol. Although there are indications of behaviour improvement in the short-term, there are as yet no proof of the fact that these agents bring about longterm or permanent behaviour and personality changes in psychopaths.

Recently a new agent made its appearance, (leponex) which was experimentally applied to a group of aggressive psychopaths (Robbertze, Roux, Van Leeuwen, 1976) and which contains possibilities for the treatment of aggressive psychopaths.

1.2. Electroconvulsive and surgical treatment

Electroconvulsive treatment was applied to psychopaths with great enthusiasm during the forties - without any lasting effect. The same is true of surgical intervention in the brain (especially pre-frontal leucotomy, as well as full lobotomy). Because of the doubtful results, these two methods are no longer employed today in the treatment of psychopaths.

1.3. Individual psychotherapy

All forms of traditional psychotherapy have been applied without much success. Individual successes have been reported however by Schmideberg (1958) (Psychoanalysis) and Lindner (1944) (Hipnotherapy). The absence of long-term follow-up studies makes the evaluating of this method impossible, however.

As a result of his low conditionability, the psychopath is not a very good candidate for the usual methods of behaviour therapy (desensitizing, aversion therapy, etc.) Eysenck (1957, 1963) found that conditionability in people can be increased by means of certain medicaments, especially amphetamines.

One of the methods, i.e. "operant conditioning", aimed at the reconditioning of behaviour by means of immediate reward for acceptable behaviour, or "punishment" for unacceptable behaviour, does however contain possibilities for the treatment of psychopaths (Colman and Barker, 1969). Here, use is made of the so-called "Behaviour Modification Technique" ("token economy", "graded tier system", etc.).

1.4. Group therapy

It would appear that the various methods of group therapy, namely group psychotherapy, psycho-drama and other methods of role-playing techniques, as well as confrontation groups (especially the so-called "Transactional analysis" and "Synanon" groups), have a better chance of succes in the treatment of the psychopath than individual psychotherapy (Roux 1975).

Group therapeutic methods are generally applied in institutions such as Kar-süddens (Sweden), Herstedvester (Denmark), Henderson Clinic (England), Van der Hoeven kliniek (Netherlands), Patuxent (Maryland), Atascadero State Hospital (California) and the Medical Facility (California) (Roux 1975).

An approach concurring with this and which can be regarded as group therapy in its widest sense, is the so-called "therapeutic milieu" ("therapeutic community") approach.

The father of this approach is Maxwell Jones (1956) and it amounts to the fact that treatment is not the task of only a few specialized persons, but every person in the institution (patients as well as personnel) is involved. The whole atmosphere of such institution is aimed at therapy. All the abovenamed institutions employ this approach to a greater or lesser extent and its application varies from the more indulgent-permissive approach to the more authoritative approach.

According to Roux (1975) this method of approach (complemented by behaviour therapy techniques) offers the possibility of obtaining better results with the treatment of psychopaths, than with the traditional methods of treatment or with the passing of time alone (p. 202-203).

2. TREATMENT OF PSYCHOPATHIC OFFENDERS IN SOUTH AFRICA

2.1. Legal Provision

In the new Mental Health Act, 1973 (Act 18 of 1973) "mental illness" is described as follows: "any disability or disorder of the mind, and includes any mental disease, any arrested or incomplete development of the mind and any psychopathic disorder".

"Psychopathic disorder" is described as: "a persistent disorder or disability of the mind (whether or not subnormality of intelligence is present) which has existed in the patient from an age prior to that of eighteen years and which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient".

Furthermore provision is made in clause 1 (iv) for the erection of special hospital prisons for the detention and treatment of psychopathic prisoners. It is described as: "... a building or any portion of a building, whether part of a prison or not, which has been set aside and equipped by the Department of Prisons as an institution for the detention of prisoners who have been certified as psychopaths".

2.2. Hospital Prisons for Psychopaths

2.2.1. Introduction

In terms of the Mental Health Act, 1973 (Act No.18 of 1973), the first hospital prison for certified psychopathic offenders was placed in operation during May 1976 at Zonderwater Prison. For this purpose a portion of the new prison at Zonderwater, consisting of 38 single cells and 13 communal cells, providing accommodation for approximately 150 prisoners, was equipped. Initially six detainees were housed, but the number increased to 24 on 1 April 1977.

2.2.2. Admission to the Hospital Prison

Admission to the hospital prison can occur via the courts, or from an ordinary prison. In both cases an offender must be certified as a psychopath in terms of the Mental Health Act, 1973 (Act 18 of 1973), by two (2) medical practitioners (one of which must be a psychiatrist) after which a warrant for detention in a hospital prison is issued by the Minister of Prisons on the recommendation of the Secretary for Health.

2.2.3. Personnel

A full-time treatment team consisting of the following personnel are employed in the hospital prison.

- Clinical psychologists
- Social workers
- Educationists
- Spiritual workers
- Psychiatric nurses
- Custodial personnel and
- Artisan staff from the various prison workshops.

A part-time psychiatrist, functioning in a supervisory, consulting and advisory capacity in respect of the treatment programme, visits the institution once a week. This member of the treatment team is employed by the Department of Health.

The Head of the Hospital Prison is a clinical psychologist and is directly responsible to the Commanding Officer for the control of this institution.

In order to ensure that all members of the team should actually function as a unit and as a team, all the personnel members mentioned above, were involved in an intensive training course at the beginning of 1976, to prepare them for their task in this institution.

2.2.4. The Treatment Programme

2.2.4.1. Purposes of the Treatment Programme

Without going too deeply into the matter, the purpose of the whole treatment programme can be summarized into two basic or primary aims, namely:

- (i) The detainee must change, in order that his behaviour can be socially acceptable;
- (ii) he should be assisted to accept responsibility for himself, his behaviour, his fellow-man and everything connected with it.

In order to attain the afore-mentioned goal, the basis of conducting the treatment programme is the creation of a therapeutic community.

2.2.4.2. The Therapeutic Community

The purpose with such a therapeutic community is, as already indicated above, to actually involve the complete institution, i.e. the personnel as well as the detainees, in the treatment programme.

A particular characteristic of this therapeutic community is that the detainees are also held co-responsible for the therapeutic aims and behaviour changes which are expected. This also means that the detainees are actively involved in their own as well as fellow-detainees' treatment programmes. Reimer (1967) gives a striking summary, when he states: "The Correctional Community is a method of social therapy in which staff and inmates make a conscious effort to utilize all the experiences in all areas of their group existence in a therapeutic manner. This programme bridges the communication gap between staff and inmates typically found in correctional institutions, and also utilizes inmate peer influence - the self-help concept - to help inmates gain self-awareness and a more responsible outlook" (p.1).

2.2.4.3. The Token Economy System

In the treatment programme the view is held that antisocial behaviour is, in a certain sense, also acquired behaviour. The latter therefore implies that this acquired behaviour can also be "unlearned" or changed by employing the principles of the learning theory (Behaviorism), in other words old behaviour patterns must change and be amended and, new, more acceptable behaviour patterns, must, if practically possible be acquired (operant conditioning). Consequently emphasis is placed on positive rewarding and strengthening for acceptable behaviour by means of a pre-determined token economy system, in other words, the detainee can, by means of definite acceptable behaviour, gain certain points and with the aid of these points, obtain certain determined privileges. This entails that all positive behaviour actions are immediately rewarded with one or other positive strengthener (points by which privileges can be obtained.). Should a detainee enjoy a certain privilege, he must continue to earn

it by constant positive behaviour. A privilege is therefore not a matter of course, and his behaviour determines whether he retains or loses it. On the loss of a privilege the detainee is made aware of the fact that he himself is responsible for the loss of the specific privilege and that he can regain his privileges by accepting particular responsibilities. The principle of 'punishment' is also applied on this basis (loss of points and therefore privileges) where it follows inevitably after unacceptable behaviour.

Attempts are made to adapt this system of operant conditioning in such a way that it does not necessarily have a negative connotation for the detainee, but that it would rather serve as a positive strengthener for the acceptance of responsibility for his own behaviour. The emphasis in the approach here is to a greater extent on strengthening of positive behaviour, rather than mere "punishment" for negative behaviour, although the latter can also take place. Consequently no uniform set of privileges are applicable to the whole institution, but as will be indicated hereunder, the institution is divided into various units, each with an own particular treatment programme and privilege system.

2.2.4.4. Treatment Units

With a view to the introduction of the most effective treatment programme, a so-called "graded tier system" was introduced after research and visits abroad. According to this the institution is divided into various units, each with its own separate treatment programme and privilege system. The latter varies from the Admission Unit with minimum privileges and freedoms, to the Pre-release Unit with maximum privileges and freedoms. The detainee can advance progressively according to the changes taking place in his behaviour and the attaining of pre-determined therapeutic aims. These therapeutic aims are determined during the observation period which commences immediately after admission to the institution, in other words, depending on the manifestation in every individual case of particular psychopathic behaviour patterns, a programme with certain therapeutic aims is compiled for every case.

There are four treatment units, namely:

- The Admission Unit;
- Progression Unit (A);
- Progression Unit (B); and
- The pre-release Unit.

2.2.4.5. Psychotherapy

Irrespective of the therapeutic community approach being employed and the using of behaviour modification techniques such as operant conditioning and other techniques to which reference has been made, particular emphasis is made of group therapy and then especially the method of confrontation groups. For this purpose all new admissions are involved in a marathon group session shortly after the observation period. The purpose with this session is of two kinds, namely:

- (i) to obtain an initial emotional contact point which can serve as a basis for further therapeutic involvement; and
- (ii) to strip the person, as far as possible, of his psychopathic defence mechanisms and role-playing techniques and to confront him with his true self, in order to obtain an openness in the further treatment programme.

This initial session is followed by regular group therapeutic sessions where the detainees are continually confronted with their own behaviour and especially the responsibility for their own behaviour. In addition these group therapeutic sessions are complemented by role-playing and behaviour modulating techniques.

The basic approach in respect of psychotherapy is eclectic i.e. use is made of all scientific acceptable psychotherapeutic methods.

2.2.4.6. Other Treatment Methods

Sufficient opportunities exist for social group work, as well as educational attention. The detainees are strongly encouraged to study further, for which the necessary study facilities exist.

Provision is made for positive utilization of leisure time through sport and recreation (for instance soccer, snooker, darts, tenniquot, etc. while a well equipped gymnasium is also available), and the indulging in hobbies (for instance canework, woodcarving, pewterwork, etc.).

Labour or work therapy, by means of labour and training is regarded as being of great importance, and a workshop is equipped for this purpose. In conclusion, provision is also made for pastoral care for the detainees.

2.2.4.7. Directed Treatment Programmes

Irrespective of the general treatment programme within the therapeutic community set-up applicable to all detainees, some psychopathic offenders experience particular and individual personality problems, which lead to behaviour abnormalities and to which specific attention must be given. For this purpose a number of directed treatment programmes were compiled, covering the following aspects:

- Control of uncontrolled aggressive behaviour;
- Control of uncontrolled sexual behaviour;
- Promotion of communication;
- Family interaction program;
- Programme for alcoholics;
- Preparation for re-adaptation into the community;
- Acquiring of self assortive behaviour; and
- Interpersonal interaction programme.

Various techniques are once again applied, but especially role-playing and behaviour modulation techniques are applied here.

2.2.4.8. Reports on the Detainees

In order to ensure that detainees are continually and constantly observed in order to note every behaviour change (either positive or negative), regular meetings of the treatment team are held to discuss the progress of detainees. For this purpose, as already stated, a number of therapeutic aims are established on admission, and from time to time the detainees are evaluated by the treatment team by means of a behaviour scale (containing the most typical psychopathic behaviour reactions), in respect of their progress regarding the attainment of these therapeutic aims. In this respect detainees are also actively involved. This evaluation is of particular interest, especially with a view to the eventual release of a detainee.

2.2.4.9. Release of the Detainees

Release of the detainees can occur in various ways. Release before the expiration of a detainee's sentence, can only occur after successful completion of the treatment programme and with the approval of the State President. In cases where the person's sentence has not yet expired, and he has completed the treatment programme, he can be returned to an ordinary prison in the normal way to complete the rest of his sentence and be released in the normal manner. Should a detainee's sentence expire and it is evident that he did not react favourably to the treatment programme, a Judge in Chambers can issue an order in terms of clause 34 of the Mental Health Act, 1973 (Act no 18 of 1973), for his extended detention.

Release of this category of prisoner will always be accompanied by the highest measure of responsibility - especially in respect of the safeguarding of the public. For this reason clause 37 (2) of the Mental Health Act, 1973 (Act no 18 of 1973) demands that in cases where a certified psychopathic prisoner is found guilty of murder, culpable homicide or an offence involving serious violence, his release can only be ordered by the State President, subject to a recommendation by the Attorney-General.

3. CONCLUSION

The new Mental Health Act, 1973 introduced a completely new approach in respect of the handling of psychopathic offenders. The completion of the first hospital prison for psychopaths at Zonderwater is therefore unique in the history of the South African Prison Service.

It is important however, to note that the Department does not claim miracles at this stage in connection with the treatment of psychopathic offenders. In respect of the psychopath and his treatment there are many unanswered questions requiring further intensive research. Furthermore, it is an acknowledged fact that the treatment of this type of abnormality is probably among the most difficult confronting the various treatment professions. There is therefore no magical or wonder solution for the treatment of psychopathic offenders.

It is a new direction and much research will have to be done in this respect to eventually provide an effective treatment programme for such persons. It is furthermore important that the treatment and the eventual rehabilitation of the psychopath, according to Roux (1975, p. 204) should never be judged on a "everything or nothing" basis, in other words, degree of rehabilitation should rather be involved, as this will bring about a more realistic concept of the psychopath's rehabilitability. Even Stürrup (1968), former head of the well-known Herstedvester Institution for psychopaths in Denmark, made the following remark in respect of the treatment of psychopaths:

"I never say that I cure psychopaths; I do claim however, that during their stay in Herstedvester they have been helped to become nicer psychopaths" (p. 2).

Any method of treatment which at this stage aims at the curing of the psychopath, has, in the nature of things, not much hope for success. "It would be much more realistic to have as an aim, the re-socializing of the psychopath, in other words, to return a socialized psychopath to society. There will always be a percentage of primary psychopaths whose prognosis are very bad and for whom the only treatment actually, is extended detention for the protection of society. On the other hand, there is also a percentage who can be helped with a suitable method of approach to socialize in such measure that they can adapt into society and function successfully", states Roux (1975, p. 204).

With the handling of the psychopath in this specialized manner, according to Roux (1975) a dual purpose is attained, namely on the one hand effective protection of society against the misdeeds of the psychopathic offender, and on the other hand, provision of treatment by means of treatment programmes adapted to the particular needs of this type of offender, described by McCord and McCord (1964) as: "... this most dangerous and at the same time most lonely of human beings" (p. 200).

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Z U S A M M E N F A S S U N G

Das neue Gesetz über geistige Gesundheit (Mental Health Act) von 1973 führte eine völlig neue Auffassung ein, was die Handhabung von psychopathischen Straffälligen betrifft. Deshalb ist die Fertigstellung des ersten Spital-Gefängnisses für Psychopathen in Zonderwater einzigartig in der Geschichte des 'South African Prison Service'.

Es ist jedoch wichtig, festzuhalten, daß das Amt bei der Behandlung von psychopathischen Straffälligen in dieser Phase nicht mit Wundern aufwartet. Was den Psychopathen und seine Behandlung betrifft, bleiben viele unbeantwortete Fragen offen, die weiterer intensiver Forschung bedürfen. Es ist im weiteren eine anerkannte Tatsache, daß die Behandlung dieses Typs von Anormalität wahrscheinlich einer der schwierigsten ist, dem die verschiedenen behandelnden Berufe gegenüberstehen. So gibt es denn auch keine Zauber- oder Wunderlösungen für die Behandlung von psychopathischen Straffälligen.

Dies ist eine neue Richtung und es wird diesbezüglich viel geforscht werden müssen, um für solche Personen eventuell ein wirkungsvolles Behandlungsprogramm zur Verfügung stellen zu können. Nach Roux (1975, S. 204) ist es weiterhin wichtig, daß die Behandlung und die allfällige Rehabilitation des Psychopathen niemals nach dem Grundsatz "Alles oder Nichts" beurteilt werden, mit anderen Worten sollten Stufen der Rehabilitation einbezogen werden, da dies einen realistischeren Begriff der Rehabilitation des Psychopathen erlaubt. Sogar Stürrup (1968), früherer Leiter der bekannten Herstedvester Institution für Psychopathen in Dänemark, bemerkte Folgendes betreffend der Behandlung von Psychopathen:

"Ich sage nie, daß ich Psychopathen heile; ich behaupte jedoch, daß ihnen im Verlauf ihres Aufenthalts in Herstedvester dazu verholfen wurde, nettere Psychopathen zu werden." (S. 2)

Jede Behandlungsmethode, die zum gegenwärtigen Zeitpunkt auf die Heilung des Psychopathen abzielt, hat, das liegt in der Natur der Dinge, nicht viel Erfolgsaussicht. "Es wäre sehr viel realistischer, die Resozialisierung des Psychopathen als Ziel vor Augen zu haben, mit anderen Worten, der Gesellschaft einen sozialisierten Psychopathen zurückzugeben. Es wird immer einen Prozentsatz primärer Psychopathen geben, deren Prognose sehr schlecht ist, und für die die Verwahrung auf unbestimmte Zeit, zum Schutz der Gesellschaft, tatsächlich die einzige Behandlung ist. Andererseits gibt es auch einen Prozentsatz solcher, denen mit einer angemessenen Methode von annähernder Sozialisierung in solchem Maß geholfen werden kann, daß sie sich an die Gesellschaft anpassen und erfolgreich tätig sein können, bemerkt Roux (1975, S. 204).

Mit der Handhabung des Psychopathen in dieser spezialisierten Art wird, nach Roux (1975) ein doppelter Zweck erreicht, nämlich einerseits der wirkungsvolle Schutz der Gesellschaft vor den Untaten der psychopathischen Straftäter und andererseits die Bereitstellung von Behandlung durch Behandlungsprogramme, die den besonderen Bedürfnissen dieses Typs Straffälliger angepaßt sind. Dieser wird von McCord und McCord (1964) beschrieben als: "...dieses höchst gefährliche und gleichzeitig höchst einsame menschliche Wesen." (S. 200)

RESUME

La nouvelle loi de la santé mentale (Mental Health Act) de 1973 a introduit une approche complètement nouvelle en ce qui concerne le maniement des délinquants psychopathes. Pour cette raison l'achèvement du premier prison-hôpital pour psychopathes à Zonderwater est unique dans l'histoire du "South African Prison Service".

Il est cependant important à noter que, à l'époque, le département ne réclame pas des miracles en rapport avec le traitement des délinquants psychopathes. En ce qui concerne le psychopathe et son traitement il y a encore beaucoup de questions ouvertes qui demandent plus de recherches intensives. En outre, c'est un fait approuvé que le traitement de ce type d'anormalité est probablement un des plus difficiles confrontant les divers professions de traitement. Pour cette raison il n'y a pas de solution magique ou prodige pour le traitement des délinquants psychopathes.

C'est une nouvelle direction et beaucoup de recherches y seront à faire pour éventuellement pouvoir mettre à la disposition un programme de traitement efficace pour ces personnes. En plus, d'après Roux (p. 204), il est important que le traitement et la réhabilitation éventuelle du psychopathe ne soient jamais jugés sur la base de "tout ou rien", autrement dit, on devrait plutôt inclure des degrés de réhabilitation, ce qui entraînerait un concept plus réaliste de la réhabilitation du psychopathe. Même Stürrup (1968), ancien chef de la bien connue "Herstedvester Institution" pour psychopathes en Danemark, a fait la remarque suivante relatif au traitement des psychopathes: "Je ne dis jamais que je guéris des psychopathes; je prétends cependant que, pendant leur séjour à Herstedvester, ils ont été aidé à devenir des psychopathes plus gentils" (p. 2).

C'est dans la nature des choses qu'il n'y a pas beaucoup d'espoir du succès pour toute méthode visant à la guérison du psychopathe. "Ce serait beaucoup plus réaliste d'avoir comme but la résocialisation du psychopathe; ou autrement dit, retourner un psychopathe socialisé à la société. Il y aura toujours un pourcentage de psychopathes primaires dont le pronostic est très mauvais et pour qui, actuellement, le seul traitement est la détention pour un temps indéterminé pour la protection de la société. De l'autre côté, il y a aussi un pourcentage auquel une méthode convenable d'une socialisation approximative peut aider, à mesure qu'ils peuvent s'adapter à la société et travailler avec succès, dit Roux (1975, p. 204).

Avec le maniement du psychopathe dans cette manière spécialisée, d'après Roux (1975), un double fin est atteint, ce qui est d'un côté la protection effective de la société contre les méfaits du délinquant psychopathe, et de l'autre côté la mise à la disposition d'un traitement par programmes de traitement adaptés aux besoins particuliers de ce type de délinquant, décrit par McCord et McCord (1964) comme:

"... le plus dangereux et en même temps le plus solitaire des êtres humains" (p. 200).

