

PSYCHIATRISTS CANNOT PREDICT, TREAT OR CURE VIOLENT BEHAVIOR

Introduction

By their own admission psychiatrists cannot predict dangerousness and often release violent patients from facilities, claiming that they are not a threat to others, or grant them privileges that lessen security procedures in place for them.

According to the American Psychiatric Association's own *Diagnostic and Statistical Manual of Mental Disorders*, the manual is "not sufficient to establish the existence for legal purposes of a 'mental disorder,' 'mental disability,' 'mental disease,' or 'mental defect,'" in relation to competency, criminal responsibility or disability.¹

Case in point: During the trial of Sirhan Sirhan for the murder of Senator Robert Kennedy, Sirhan admitted to the killing. His own notebooks contained written specific threats against the Senator; he had gone target shooting at gun clubs immediately prior to the crime; had told a man that he was going to kill Kennedy; and on the night of the killing, he had left a firing range with a loaded revolver and gone to the hotel where Kennedy was.

Undaunted by the facts, two defense psychiatrists and six psychologists claimed that Sirhan had been subjected to childhood traumas (bombings during the 1948 Arab-Israeli War), hated his father and was a "paranoid schizophrenic" and, therefore, not responsible for the crime. One of the psychiatrists, Dr. Bernard L. Diamond had, less than a year earlier, decried the "quite worthless" quality of psychiatric testimony given in criminal courts and urged trial judges to "demand continuously better courtroom performances by the doctors."

To refute defense psychiatric testimony, the prosecution introduced a psychiatrist of its own who confused matters still further by claiming that Sirhan was not "sick" enough to be excused for murder but was too "sick" to be executed. The jury passed implicit judgment on the psychiatric testimony by finding Sirhan guilty.²

The trial of Garrett Trapnell, accused of hijacking a jet airliner in 1972, provides another illustration. Trapnell claimed that he had a "split personality" and that it was not he, but the other part of his personality, that hijacked the airplane. Helped by four psychiatrists who testified on his behalf, Trapnell succeeded in getting a hung jury. After the trial, he admitted that he had previously been arrested at least 20 times for

major crimes but had spent little time in jail. On each occasion, he had invoked the “split personality” (which he had long since perfected), had been acquitted on an insanity defense, and sent to a mental hospital from which he escaped. He admitted that his split personality was all a magnificent hoax.³

Cases In Point

Once committed to a psychiatric facility, psychiatrists claim that as a result of psychiatric treatment, the patient is no longer a threat, with devastating consequences.

- Consider the case of Edmund Emil Kemper III who spent five years at Atascadero State Hospital after he shot his grandparents to death. In 1970, on the recommendations of psychiatrists, Kemper was discharged into the custody of his mother. On May 7, 1972, Kemper killed and decapitated two women. On September 14, the same year, he killed a 15-year-old girl and then had sex with the dead body before he dismembered it. Two days later, two court-appointed psychiatrists examined Kemper and pronounced him sane. One stated: “He has made an excellent response to the years of treatment. I see no psychiatric reason to consider him to be of any danger to himself or any other member of society.” Kemper then went on to kill another five women, including his mother.⁴
- Michael Hayes senselessly shot at 9 people, killing 4, including 16-year-old Crystal Cantrell, the first to die. In 1989, he was charged with four counts of murder, five counts of attempted murder. However, claiming insanity at the precise moment of the killing spree, he was found not guilty and was sent for “treatment” in a psychiatric hospital instead of prison. In arguing for his release 10 years later, he said he was no longer insane. Crystal’s father, Joel Cantrell, told *48 Hours* covering the story in 1999, “They hire the psychiatrist, they go in and say what they're supposed to say.”
- During the proceeding to determine his release from the hospital, Karl Knudsen, attorney for Hayes, asked an expert, “How well can you or any other psychiatrist or doctor predict the future conduct of another human being?” The psychiatrist answered: “Poorly. Psychiatry is a very inexact discipline. And the data that we do have about prediction indicates that the long-term prediction of violence is more often wrong than right.”⁵
- One of the psychiatrists involved in the Hayes recommitment case, Dr. Seymour Halleck, Chief Psychiatric Consultant to the Wisconsin Division of Corrections, said the likelihood of psychiatrists agreeing on a definition of mental illness was

“unlikely.” He stated: “In addition to criticisms of the *theoretical basis* of psychiatric testimony and the deficiencies of any legal test of criminal responsibility, it must be noted that many practical inconsistencies and injustices can arise through psychiatric involvement in the courtroom....Effective utilization of the plea of criminal insanity implies that psychiatrists will come to eventual agreement on a workable definition of terms such as psychosis or mental illness. The writer contends that is unlikely.”⁶ [Emphasis added]

- Further, Halleck said: “Medical involvement in issues of criminal responsibility is *without a scientific basis*, is socially impractical, and has probably done harm both to society and to the psychiatric profession.”⁷ [Emphasis added]

The victims bear the brunt of this pseudoscience. As Dan Rather, pointed out in *48 Hours*, “Victims and their families may tell you the insanity defense is strictly a cop-out, a legal loophole that lets killers off the hook.”⁸

Predicting and Understanding Criminal Behavior—“Like flipping pennies”

In 1979, an American Psychiatric Association’s task force admitted in its Brief Amicus Curiae to the U.S. Supreme Court that psychiatrists could not predict dangerousness. It informed the court that “‘dangerousness’ is neither a psychiatric nor a medical diagnosis, but involves issues of legal judgment and definition, as well as issues of social policy. Psychiatric expertise in the prediction of ‘dangerousness’ is not established and clinicians should avoid ‘conclusory judgments in this regard.’”⁹

- In response, the Supreme Court rendered the opinion that “the professional literature uniformly establishes that such predictions are fundamentally of very low reliability, and that psychiatric testimony and expertise are irrelevant to such predictions. In view of these findings, psychiatric testimony on the issue of future criminal behavior only distorts the fact-finding process.”¹⁰
- In a 1976 article in the *Rutgers Law Review*, authors Henry Steadman and Joseph Coccozza had also concluded, “There is no empirical evidence to support the position that psychiatrists have any special expertise in accurately predicting dangerousness.”¹¹
- With 20 more years of research to draw from, Terrence Campbell wrote in a 1994 article in the *Michigan Bar Journal*, “The accuracy with which clinical judgment predicts future events is often little better than random chance. The accumulated

research literature indicates that errors in predicting dangerousness range from 54% to 94%, averaging about 85%.”¹²

- In 2002, Kimio Moriyama, vice president of the Japanese Psychiatrists’ Association, further admitted, “...[I]t is impossible for [psychiatric] science to tell whether someone has a high potential to repeat an offense.”¹³

Consider the following cases:

- From a young age, Japanese student Issei Sagawa had fixated thoughts of cannibalism and, at age 15, sought help from a famous Japanese psychiatrist. His nightmares about cannibalism were not cured and he attacked a foreign English literature student at Toyo’s Wako University. While psychiatrists diagnosed him as “extremely dangerous,” he was not so dangerous as to keep him off the streets. In 1980, when a student in Paris, he shot and killed a 25-year-old girl after she refused to have sex with him, then sexually assaulted her and ate her flesh.¹⁴ Sagawa was charged with murder but psychiatrists said he suffered from a “state of dementia” and French authorities dropped the charges. He was committed to a Paris psychiatric asylum, but in 1984 was transferred to a Tokyo psychiatric facility because French psychiatrists decided he was an “untreatable psychotic.” Several years later Japanese psychiatrists said their French colleagues had blundered, that Sagawa suffered from a “personality disorder,” was “sane and guilty” and released him. He wrote a novel, “Sagawa-kun kara no Tegami” (Letters from Sagawa), then collaborated with psychologist Shu Kishida on another book. Kishida believed that “eating human flesh is the same thing as assimilating yourself to the body you are eating.”¹⁵
- On July 28, 1989, David Peterson of Connecticut stabbed 9-year-old Jessica Short to death at a street fair in front of horrified onlookers. The day of the crime, Peterson was staying at a state psychiatric hospital and had been screaming about pain in his legs and arms that he blamed on the medication he was taking. Yet, he was allowed to go out on hospital grounds unattended, then simply walked away. Peterson told police he killed Miss Short to take revenge on his doctors because they wouldn’t change his medication.¹⁶
- In October 1991, Ghana Frazier, a 32-year-old man with a violent history who had twice escaped from a Bronx mental hospital, stabbed his father to death. Frazier was given permission to walk the grounds of the facility, a bonus for “making good progress” and he escaped. After the murder he turned himself in to the police.

Frazier was originally hospitalized in 1981 for dropping his 18-month-old nephew from a fifth floor window.¹⁷

- In April 1993, Angel Coro disappeared from the Rochester Psychiatric Center after being given permission to make brief trips off the center's grounds, despite a long history of criminal activity. After he escaped he stabbed a 6-year-old girl with a hypodermic needle on a subway train in New York City. He had been sent to the Rochester Psychiatric Center in 1987 after being labeled unfit to stand trial for burglary.¹⁸
- At the 1994 sentencing of a convicted child killer to life in prison, Winnipeg Associate Chief Justice Oliphant quoted a report written long before the crime by the Director of Forensic Psychiatry for the Province of Manitoba. The director had written: "There is nothing to indicate that he is an antisocial individual and he is not prone to expressions of aggression or violence...I do not feel that he represents a physical threat to...the community in general...he is not, in my opinion, a dangerous person." After reading this aloud in his court, Justice Oliphant adjudicated, "My comment, having read this, and viewing what has transpired since, is that psychiatry can certainly *not* be described as *a science*." [Emphasis added]¹⁹
- In January 1995, Rueben Harris was accused of killing a woman by pushing her in front of a subway car in New York City. Harris had escaped from Manhattan Psychiatric Center on Wards Island on December 24th, 1994. Staff had given him the privilege to walk freely to his rehabilitation program unescorted, despite a 20-year history of violence.²⁰
- In April 2003, a Superior Court jury in Santa Clara County, California, ruled that psychiatrist Cecil Bradley was civilly liable for failing to prevent a patient's violent crime after the patient told him repeatedly that he wanted to hurt others with his vehicle. The patient drove his truck up on a sidewalk killing one man and injuring another. Dr. Bradley was ordered to pay \$8.6 million to the surviving victim.²¹

Dr. Margaret Hagen, Boston University lecturer and author of *Whores of the Court, The Fraud of Psychiatric Testimony and the Rape of American Justice*, scoffs at any pretense by court psychologists or psychiatrists that they can reliably predict criminal or dangerous behavior: "Why not just flip pennies or draw cards? Why not put on a blindfold and choose without being able to identify the patients? It could hardly hurt [the diagnostic] accuracy rate that hovers at less than one out of three times correct..." she wrote.²²

No Science, No Cures

Further, the above cases show that in addition to not being able to predict violent behavior, psychiatrists certainly have no cures for it, a fact that even they admit.

- In 1994, psychiatrist Norman Sartorius, later president of the World Psychiatric Association, declared at a meeting of a congress of the Association of European Psychiatrists, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future the mentally ill have to learn to live with their illness.”²³
- In 1995, after more than \$6 billion in taxpayer money had been poured into psychiatric research, psychiatrist Rex Cowdry, Director of the U.S. National Institute of Mental Health, agreed with the WPA chief: “We do not know the causes [of mental illness]. We don’t have the methods of ‘curing’ these illnesses yet.”²⁴
- In a national survey of psychiatrists about their “fantasies” and malpractice, the results of which were published in *Psychiatric Times*, Dr. Sander Breiner, associate clinical professor of psychiatry at Michigan State University, found that psychiatrists’ number one fantasy was “...I will be able to ‘cure’ the patient.” The second ranking fantasy was “The patient wants to know what his or her problem is.”²⁵
- When asked about the cures of psychiatry, those psychiatrists willing to be interviewed at the American Psychiatric Association annual congress in 1995 and 2006, offered nothing but excuses: “A cure is certainly something we look forward to and have no earthly idea how to accomplish,” said one psychiatrist. “How many people have I cured?” said a psychiatric resident from Michigan, “Well, there are [sic] no real cures right now in psychiatry.” As for causes, a Norwegian psychiatrist admitted, “We don’t know what causes mental illness.”²⁶

Lack of Science Creates Problems for Psychiatry

On June 29, 2006, the United States Supreme Court upheld the right of the state of Arizona to make laws that excluded many forms of psychiatric testimony in criminal cases. The court quoted a legal source in support of its decision, stating, “No matter how the test for insanity is phrased, a psychiatrist or psychologist *is no more qualified than any other person to give an opinion* about whether a particular defendant’s mental condition satisfies the legal test for insanity.” [Emphasis added] In other words, any

layperson could just as feasibly give an opinion about “insanity” as a psychiatrist or psychologist.²⁷

This is a long-held view and answers why psychiatrists cannot determine if a person is likely to be a danger to himself or others, or to predict future criminal behavior.

- According to trial judge Ralph Adam Fine in *Escape of the Guilty*, “Although psychiatry clothes itself in the trappings of science and seeks to influence the standards by which we decide criminal responsibility, strict reliability in its diagnoses is rare.”²⁸
- Chief Justice Warren Burger was incensed about the lack of a scientific basis for psychiatric testimony and opinions that were in conflict with each other: “No rule of law can possibly be sound or workable which is dependent upon the terms of another discipline whose members are in profound disagreement about what those terms mean,” he stated.²⁹
- In 1982, Jeffery Harris, Executive Director of the U.S. Attorney General’s Task Force on Violent Crime, observed, “What amazes me is that in any trial I’ve ever heard of, the defense psychiatrist always says the accused is insane, and the prosecuting psychiatrist always says he’s sane. This happened invariably, in 100% of the cases, thus far exceeding the laws of chance. You have to ask yourself, ‘What is going on here?’ The insanity defense is being used as a football...and quite frankly, you’d be better off calling Central Casting to get ‘expert psychiatric testimony’ in a criminal trial.”³⁰

Psychiatric diagnoses are not based on science, but opinion.

- Canadian psychologist Tana Dineen reports, “Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in DSM-IV are terms arrived at through peer consensus” —literally, a vote by APA committee members—and designed largely for billing purposes.³¹
- Paula Caplan, psychologist and staff member of the American Psychological Association, attended a DSM hearing and reported, “Mental disorders are established without scientific basis and procedure. The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. Then it’s typed into the computer. It may reflect on our naiveté, but it was our belief that there would be an attempt to look at the things scientifically.”³²

The determination of these disorders is often influenced by the pharmaceutical industry.

- A study published in the April 2006 edition of *Psychotherapy and Psychosomatics* determined that 56% of the psychiatrists who determined which “mental disorders” were to be included in the fourth edition of DSM were drug-company funded. Lisa Cosgrove, a psychologist from the University of Massachusetts and Sheldon Krimsky, a Tufts University professor, conducted the study, entitled, “Financial Ties between DSM-IV Panel Members and the Pharmaceutical Industry.” It documented how pharmaceutical companies who manufacture drugs for mental disorders funded psychiatrists who defined the disorders for the manual. One hundred percent of the experts on DSM-IV panels overseeing so-called “mood disorders” (which includes “depression”) and “schizophrenia/psychotic disorders” were financially involved with drug companies.³³

Given the financial and political, not scientific influence, it is not surprising that studies show psychiatrists and psychologists are no more accurate at clinical judgments than laypersons (and most likely even worse).³⁴

- A 2004 Texas study that challenged violent behavior predictions determined that expert witnesses called by the state were “wrong 95% of the time in making such forecasts in capital [involving the death sentence] cases....” The Texas Defender Service, a nonprofit organization that represents individuals in capital murder cases, reviewed the records of 155 inmates and found that only eight of the 155 convicted killers later engaged in behavior that resulted in serious injury.³⁵
- Vincent “the Chin” Gigante, the boss of a New York crime family, was convicted of racketeering and murder conspiracy. He was able to feign mental illness for more than 30 years. Whenever he went to trial, the mobster’s defense psychiatrists testified that he was “insane, psychotic, schizophrenic and infantile.” In 2003, Gigante admitted he was a fake and had knowingly – and easily – misled psychiatrists.³⁶

Worse, in some instances, the person whom the psychiatrist testified was dangerous was innocent.

- Randall Dale Adams, whose story was told in the epic documentary *The Thin Blue Line*, was sentenced to death in 1976 for the murder of a Dallas police officer. Dr. James Grigson, a psychiatrist for the prosecutor, testified that there was no doubt that Adams would commit future violent acts, even in prison. Diagnosing him as an

“extreme sociopath,” Grigson asserted: “I would place Mr. Adams at the very extreme, worse or severe end of the scale. You can’t get beyond that.” A life sentence would be inadequate, he said, of the veteran with no prior record.

- On what basis was this diagnosis made? Adams recalls: “Dr. Grigson interviewed me for 15 minutes. He did not ask about the crime, only about my family. The only other thing he wanted to know was my interpretation of: a rolling stone gathers no moss and of a bird in the hand is worth two in the bush. At trial he testified for 2 hours—1½ hours about his background, awards, expertise, etc.; ½ hour about our interview.” After a dozen years in prison, Adams was freed when another man confessed to the murder.³⁷
- The Texas Defender Service study says that Grigson, known as “Dr. Death” and “a small cadre of others like him” have testified in death penalty cases, where at least 121 men have been condemned to die, and many have been executed, based on “evidence that is just as likely to be wrong as it is to be right.”³⁸
- On July 9, 1995, the APA expelled Grigson from its ranks—for arriving at a psychiatric diagnoses without first having examined the individuals in question, and for indicating, while testifying in court, he could predict with 100% certainty that the individuals would engage in future violent acts. However, Grigson’s testimony was far worse than “grossly inadequate,” as the APA contended, it was fraudulent.³⁹ Despite this, Grigson continued to testify for the State of Texas and made approximately \$100,000 per year.⁴⁰

A System That Has Failed

In Oregon, the King County Community and Human Services Mental Health, Chemical Abuse and Dependency Services Division is mandated to analyze treatment and recovery outcomes on an annual basis. The 2001 report is a damning indictment of the failure of psychiatric treatment generally. Patient benefit was measured, in part, in terms of being less dependent upon the mental health system, progress toward recovery, improved self-esteem and enhanced quality of life.” Recovered meant “is engaged in volunteer work, or pursuing educational or vocational activities, or employed full or part-time, or engaged in other culturally appropriate activities, and lives in independent or supported housing.” Note that there is no mention of cure.

Of 9,302 patients serviced, less than 1% recovered, only 25% were less dependent and 75% remained dependent. However, in the “recovery category,” when determined how

many patients “progressed, regressed, or remained unchanged,” less than 1% progressed.⁴¹

Psychiatrists do not have any scientific or medical test to diagnose a person’s condition and rely upon faulty observation and opinion of behavior. They admit to not knowing the cause of a single mental disorder or how to cure them. The error in their opinions is enormous—they condemn the innocent, release the dangerous, induce violence in others through drugs and commit people who are not in need of help or turn those away who may genuinely be in need of it.

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