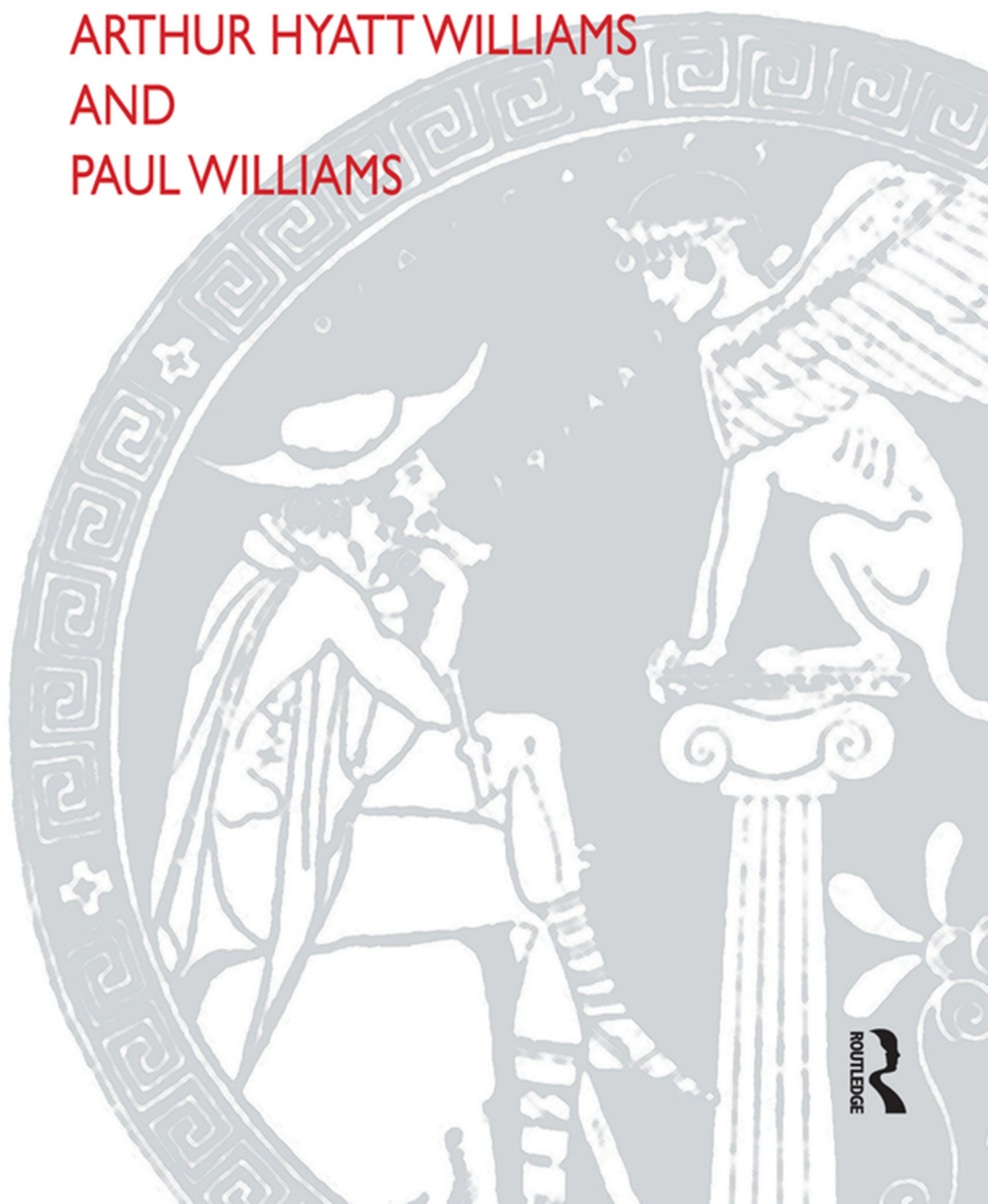


CRUELTY, VIOLENCE AND MURDER

ARTHUR HYATT WILLIAMS
AND
PAUL WILLIAMS



ROUTLEDGE

CRUELTY, VIOLENCE,
AND MURDER



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CRUELTY, VIOLENCE, AND MURDER

Understanding the Criminal Mind

Arthur Hyatt Williams, M.D. FRCPsych., D.P.M.

Edited and with a foreword by
Paul Williams, Ph.D.

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To the memory of Dr W Clifford M Scott,
my first psychoanalytic supervisor

— Arthur Hyatt Williams



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Foreword

Arthur Hyatt-Williams was born in September 1914 in a terraced house in an area of Birkenhead, near Liverpool, England. The house and street have since been demolished. He was an only child whose father had trained in engineering but who then became a dairy man and subsequently a dye works engineer, and later a fruiterer and grocer. He never made much money but, although not suited to business, Arthur's father was intelligent and politically minded, with strong socialist leanings. He was adept at construction of all kinds, which reflected his love of engineering, and he communicated this to his son. Arthur's mother suffered from chronic, mild anorexia which led to the family being somewhat underfed. Arthur's childhood was marred by certain deprivations, but the situation was akin to that of many children during the First World War. A mixture of some poverty, close family ties and simple pleasures characterized life for many working and middle-class English families of the time. For Arthur Hyatt-Williams, a source of continuing pleasure during childhood was a love of the countryside. At the turn of the century, Merseyside (like many other areas of Britain that were to become urban complexes) was still

virtually rural, with accessible woodlands, beaches, and marshes. These lay only a short journey from Victorian terraces, including many slum dwellings, and they offered a host of natural diversions for eager, young town minds. Arthur spent a great deal of his time discovering the fauna and flora of the Wirral peninsula (the area containing Birkenhead which serves primarily as a residential sector for Liverpool). His interest has remained as alive as it was three quarters of a century ago, only now pursued in rural Oxfordshire where he has a country home.

The Hyatt-Williams family moved from Birkenhead to a different area of the Wirral peninsula when Arthur was still a small boy, and he began school in Great Saughall, near Chester. He was sent to stay with his paternal grandmother when it was discovered that his mother needed to be admitted to hospital in Liverpool, ostensibly with nephritis but which Arthur later came to understand was probably also a neuro-psychological illness. Despite these difficulties the family coped well and Arthur remembers the time with his grandmother as being enjoyable, in part because she was a kindly woman but also because the elder of his father's two sisters took to showing him the countryside surrounding Chester. An undimmed memory of the time is described thus: "We often took long, meandering walks in which my aunt would stop and look at the view of the flowers and trees, and say something like, 'Isn't that beautiful.' She had a capacity to appreciate the beauty and form of nature, which influenced me." Arthur worked well as a pupil at primary school and at 9 was sent to Birkenhead Institute, an excellent school near where he had originally lived. This required the family to move closer to the school, and this time they went to live at the house of Arthur's mother's elder sister, who turned out to be a strict woman, apparently concerned mainly with appearances and social manners. Arthur recalls this as an unhappy time. A year or so later his father acquired lodgings in nearby Rock Ferry, where Arthur lived until he was 18. During adolescence, Arthur became particularly friendly with two brothers, sons of a friend of his mother. One was a poetic individual who was outwardly rather beautiful, while his brother was a down-to-earth and somewhat

forbidding character who eventually became an eminent lawyer and judge in Africa. The former played the violin in an orchestra in Liverpool and introduced Arthur to the pleasures of music. He also arranged for him to meet an uncle by the name of Jonty Hanaghan who was then living in Dublin but who originated from Birkenhead and had known Arthur's parents. Jonty Hanaghan was, in fact, the very first person from the North West of England to train to be a psychoanalyst with the British Psycho-Analytical Society in London. He did not complete his training, deciding part-way through that his vocation lay in poetry. He completed his personal analysis, married the daughter of a well-known Quaker family, and subsequently pursued a highly creative life in the arts. On visits to Arthur's house, this small group of boys, together with their admired guest Jonty Hanaghan, would often talk together, sometimes through the night, about almost anything—psychoanalysis, nuclear physics, poetry, art, and biology—with a passion that was to inspire Arthur. It was at this point that Arthur's interest in psychoanalysis was kindled.

One day in November 1927, Arthur made a visit to Liverpool Museum with his mother, who had by now come out of hospital and was well. He became transfixed by a large and impressive collection of butterflies. He recalls an employee of the museum ("a man with a big head and intelligent face") saying to his mother: "Madam, would you mind if I took your son to look at the butterflies we have got behind the scenes here?" She replied that she didn't mind at all, and Arthur was taken into a vast store room filled with exotic species, the beauty and variety of which stunned him. Eventually, when they came out, the man said, "If your son would like to come every Wednesday afternoon, as he is obviously keen, we could give him some unpaid work classifying things." Arthur went to the museum regularly, became absorbed in the work, and eventually decided that he would like to become a zoologist. However, he had no money to pursue such a career, which required several years' study. At the same time, he was about to win a medical scholarship to Liverpool University. After agonizing over what to do, he decided to accept the scholarship and keep

zoology as a hobby. At university he met Lorna, a zoologist. They married in 1939, weeks after the outbreak of the Second World War. A son, Jonathan (named after Jonty Hanaghan), was born in 1940 and a second son, Robert, three years later, by which time Arthur was in India serving as a Field Ambulance Company Commander. A third son, Hugh, was born several years later after Arthur returned from war. Adrian, the fourth son, was born in 1951. All four boys followed their father's footsteps into medicine.

Arthur had applied to train in psychiatry with the British Army and had joined the 26th Indian Regiment as hostilities broke out. He was a member of the Company that re-took Rangoon. Throughout Army psychiatry service he kept detailed field notes that were to become the basis of his M.D. thesis. These notes documented many cases of Indian soldiers who had broken down under the stress of war, and Arthur recorded how they had broken down in different ways. After the wartime fighting ceased, Arthur worked briefly as a hospital psychiatrist in Poona, then returned to England and a job as an area psychiatrist in South East London. A memory recounted from many concerning his war service will remind those who know Arthur Hyatt-Williams of the particular quality of care he brought to his work then and later. During heavy fighting with the Japanese in which there were many casualties, he found himself applying field dressings to wounded soldiers wherever he found them. Later on that day, a Japanese prisoner-of-war soldier asked to see him, and said, "I want to live in England." Somewhat taken aback, Arthur asked him why. The soldier replied, "I saw you look after the men who were shot. It did not matter to you which side they were on. You took the same care with all of them. This is the mark of a civilized country. I want to live there."

Arthur joined the Cassel Hospital as a registrar in 1948, following in the footsteps of a quarter of the membership of the British Psycho-Analytical Society. At the same time he began analysis with Elizabeth Rosenberg (later Zetzel). She returned to live in America a year later, obviously ending the analysis. He saw Clifford Scott for a month and then found Eva Rosenfeld, who had established a practice in London after helping Freud and his family leave

Vienna. Arthur qualified as a psychoanalyst in 1952 and began to work part-time at Wormwood Scrubs Prison, where he first treated ordinary criminals and then life-serving prisoners, always using analytic methods. He found his conceptual and personal resources insufficient to deal with these offenders, particularly those with a violent or murderous history, so he contacted Melanie Klein, who agreed to take him into analysis with her. This continued for two years until Mrs. Klein died. Arthur went to Hanna Segal, with whom he had a further eight years of analysis. In the papers that make up this book, it will be apparent to the reader that, in addition to a life-long interest in what he terms the death constellation, Arthur's main intellectual and clinical concern is with the vicissitudes of mourning and its indispensable role in mental health. The many links he makes between the psyche's need for mourning and its loss of place in criminal thinking are an original contribution. He knows perhaps somewhat more about the subject of mourning than most. In 1971 Lorna, his first wife and mother of his children, died in her forties from cancer of the breast. She had completed her training as a psychoanalyst and had a promising career before her. Eventually, Arthur met Shona, a psychiatrist in her forties who also became a psychoanalyst, and they decided to marry. Shona had two children by a previous marriage, Alison and Clare. In an impossibly tragic coincidence, Shona developed breast cancer and died. Arthur's defenses were, as he put it, knocked for six, and this contributed to his decision to step down from the prestigious post of Director of the London Clinic of Psycho-Analysis (the low-fee clinic attached to the Institute of Psycho-Analysis), a decision that provoked criticism from some colleagues, a reaction which Arthur found hurtful and lacking in understanding. Today, Arthur is married to Gianna Williams (formerly Gianna Henry), a distinguished senior clinician from the Tavistock Clinic.

Arthur worked at Wormwood Scrubs for twenty years from the mid 1950s to the 1970s, in addition to maintaining a private analytic practice and undertaking teaching commitments at the Tavistock Clinic, where he eventually became Chairman of the Adolescent Department. His unwished-for decision to leave

"The Scrubs" followed the escape of the infamous spy George Blake, which led to a massive increase in prison security precautions. It was eventually taking visitors ninety minutes or longer to get in and out of the prison each day, and this left too little time for Arthur to see patients. His unique work with criminals was truly pioneering, and often reminded Arthur of his relationships with soldiers during war in that he found many characterological traits in common. He practiced psychoanalytic psychotherapy with delinquent, violent, and often highly dangerous prisoner-patients, whose numbers had increased following the abolition of the death penalty in Britain, and for whom little treatment of any kind was available. Using the theories and techniques of Melanie Klein, Herbert Rosenfeld, Hanna Segal and, above all, Wilfred Bion, he set out to try to understand the severe paranoid-schizoid crises with which these mainly borderline personalities were struggling, although many were found to be psychotic. His interest focused increasingly on projective and introjective mechanisms that can lead to constellations of undigested fantasies and emotions. Left untreated, these constellations can, in certain individuals, come to dominate psychic functioning. In cruel, violent, and murderous individuals he found that such constellations tended to be associated with death in some form, and were either held in abeyance or else erupted in active form under certain circumstances. The existence of these barely manageable constellations prevented any form of reparation or movement beyond that of extreme persecution. Acting out, often of a criminal nature, seemed to be the only method available to the sufferer to unburden the psyche. This temporary solution could give rise to catastrophic consequences, as many of the following papers show. Arthur Hyatt-Williams attempted, with these individuals, to trace the psychological origins and expressive forms of these undigested states in order to try to facilitate the beginnings of a mourning process and hence the possibility of a durable reduction in death-laden, unconscious fantasies.

Because Arthur's work has taken the form of an ongoing research project—a life work, ultimately—the papers selected for this book are all closely related to each other. They represent a series

of points at which certain insights have come together around an underlying and evolving theme—the role of death in the unconscious. Stylistically, this means that this theme appears, to a greater or lesser extent, in most of the papers, although in different guises and forms. Nevertheless, it is to be hoped that each paper makes its own original contribution to the subject. Unavoidably, a small amount of repetition has been allowed to stand in order to permit the overall thesis contained in the papers to emerge. One advantage of this is that the reader does not need to read the book from the very beginning through to the end in order to acquire a sense of its subject matter. Any paper may be selected profitably. The names, identities, and circumstances of the clinical cases cited have been altered for reasons of confidentiality, without detracting from the nature of the clinical content.

It has been a privilege to play a small part in contributing to the appearance of this volume. I have known Arthur Hyatt-Williams as a colleague and friend for many years, and I may be speaking not only for myself but also for others if I say that the hallmarks of his work—an abiding faith in potential for reparation latent in his patients, absence of dogma and a devotion to psychoanalytic truth—characterize this collection. Such clinical qualities have earned him a worldwide reputation which is richly deserved.

Paul Williams
London
May 1998



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The production of this book owes a great deal to the enthusiasm of Dr. David Scharff and the very great and extremely thoughtful catalysis of the ideas in the book provided by Dr. Paul Williams, whose devotion to the task has been unstinting in quantity and, above all, quality.

A.H.W.
January 1998



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PART I



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Aggression and Death



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Originally, Freud stated that death was unthinkable in the unconscious mind, but was euphemistically felt to have gone away. He was forced to alter this view in light of the curiously lemminglike way in which much of the youth of Europe went to be slaughtered in the impersonal battles of World War I. Dying for their countries seemed to predominate over fighting for their countries, at least in their thoughts and fantasies. When Freud changed his mind about the ideas people have about death, he wrote "Beyond the Pleasure Principle" (1920), in which he set forth his theory of life and death instincts. Later, he seemed to be somewhat doubtful about it all, and at one point said to his followers, "You may accept this theory or not, as you choose" (Hoffer 1952, personal communication).

Melanie Klein took Freud's theory of life and death as one of the cornerstones of her work, both theoretical and clinical. The death instinct and the life instinct, she stated, began from the beginning of extrauterine life (work on prenatal life, particularly in Northern Italy, suggests that these two polarities begin a long time before birth).

Death instinct is manifested actively by destructive and self-destructive behavior, by envy, hatred, and greed, not to mention perversion. Life instinct is associated with construction, love, trust, generosity, and reparation for harm done by the self to others. These two states of being exist in all of us, and in a lifetime there are changes in the balance between the two, an ebbing and flowing of the two opposing tides of life and death. Some people are more grounded and fixed at one end of the scale. In some, "the fierce dispute" between the two is muted, while in others it is fanned into intense conflict by forces from within or outside the self and by interaction between the two. Death instinct escalations are induced by repeated provocation by the subject in a kind of disturbed reality testing. These evoke a reaction from the victim, regarded by the subject as an unjustified attack, further provoking his attacks until a very serious, even murderous, situation is reached. In it, neither the provoker nor the provoked is able to halt the escalation. Similarly, according to Klein, there can be an escalation of positive attitudes associated with good experiences and derived from the life instinct. Klein's basic findings were accepted entirely by Bion. Briefly enumerated, they are:

1. The early *fantasy attacks by the infant* upon the mother's breast and her inside babies are due to experiences of deprivation as well as being generated from within, mainly by envy. Therefore, a fear of reprisal is incubated.
2. *Persecutory and depressive anxiety* derived respectively from the paranoid-schizoid and depressive positions. It was Bion who represented the movement, that is, the transformation between the two positions, with reversible arrows, thus P/S ↔ D.
3. *Splitting*.
4. *Projective identification*, which Bion describes as an omnipotent fantasy in which the infant finds it possible in fantasy to split off temporarily undesired but sometimes valued parts of its personality and put them into another person, primarily mother or her surrogate.
5. The importance of *envy*.
6. *Symbol formation*. In particular, Melanie Klein's concept of an

inside world, in which fantasies and impulses associated with them can be worked upon, is most important as a springboard for Bion's work. There can be a continual process of reality testing, so that it is possible for a mellowing to take place in the inner world, as a consequence of which there may be no need for external action; if action does take place, it is modified toward less violent and more appropriate behavior than the original fantasy-/impulse-driven impulse. The inner world constitutes a relatively safe harbor of the mind in which states of conflict can be worked through toward some degree of resolution. This working through enables and consists of continual reality testing; also, importantly, there is a degree of internal abreaction that usually saves the individual and the victim from the worst effects of that violence. In some criminals, instead of a maturation in cask, so to speak, a worsening, a fermentation, leads to worse violence.

Between a mindless, pessimistic attitude ("Eat, drink, and be merry for tomorrow we die") and a paranoid, suspicious one ("What is this, I don't know, it must be bad—kill it"), the shared component is the demand for immediate relief by evacuation into action or the "disburdening of the self" of accretions of stimuli. There is no evolution of meaning, no understanding, so there can be no learning from the experience of a threatening situation. On the other hand, if the crucial mental decision is the opposite one, a painful state of mind is tolerated long enough for action to be taken to modify the situation in a favorable way, what Freud calls following the reality principle. The outcome is then better in two ways: first, the action taken is likely to be of more durable benefit; second, the ability to sustain a painful situation without rushing to action heightens the ability to put up with psychic pain on subsequent occasions when it becomes necessary or desirable to do so.

Before considering how these concepts relate to attacks upon life, I would like to emphasize that threats, or persecutions that may result in violence, are generated sometimes inside the self of the individual and sometimes from an overreaction to external provocation, either by accident or intention. The internally generated persecutions may be related to physiological or other needs.

The common denominator, however, is the inability of the individual to tolerate frustration, and often an inability to see a means of gratifying a need without seizing it.

Melanie Klein's views about the paranoid-schizoid and depressive positions, the former associated with part objects, the latter with whole objects, are crucial in the understanding of attacks upon life, the self, and others. Bion's development and use of Klein's views, particularly the theory of projective identification, are valuable in understanding murderer/victim interaction. Bion's chapter "On Arrogance," in *Second Thoughts* (1967a) describes projective identification as a primitive and essential form of communication between infant and mother. A mother capable of reverie unconsciously works on the communication of the baby, preparing the infant's raw communication in a process of psychic digestion, such that the relatively healthy child is able to accept it and use it for further development. This transaction is the fundamental developmental interchange in which the baby's developmental difficulties and growth crises are coped with and modified, allowing the infant to introject the mother's capacity to carry out the transaction. Thus, in normally favorable circumstances, the infant gradually develops an internal, personal, "do-it-yourself" capacity. Serious consequences can arise when this does not occur. The difficulties or snags can be on both sides. For example, mother may not be capable of reverie. She may, instead of predigesting the communications, block them and return raw frustration to the baby. She may, if she is schizoid, strip the communication of all meaning so that what the baby gets back from her is a nameless dread. On the other hand, the baby may be so intolerant of waiting that, with "majestic instancy," she or he demands immediate and total relief from unpleasant states, or total gratification of wishful needs. One is reminded of Winnicott's term, a *good enough mother*. Whatever the breakdown of projective identification, the result is a lack of development of the "do-it-yourself" outfit in the baby. Bion's adult clinical cases revealed a triad of symptoms: "arrogance, stupidity and curiosity" (1967a), all of which are widely separated. The importance of the developmental intolerance of psychic pain cannot be

overemphasized because it increases the likelihood of distortion in reality testing and leads inevitably to maladaptation, especially from the viewpoint of attacks upon life. In a worsening situation, which of the life-threatening actions takes place depends on a number of factors that will be considered in detail elsewhere. Freud (1917), in "Mourning and Melancholia," described the intrapsychic impact of the loss of a near person, whether loved, hated, or ambivalently regarded. The survivor is posed with the problem of relinquishing the lost person as a result, and the setup of that person inside him- or herself as an internal object image, distinct from but related to the self. This process takes about nine to twelve months. When it is possible to go through mourning fully, few unresolved residues are left to give trouble later. The essential feature is that the survivor moves toward the depressive position.

If, however, there is an ineffective or arrested mourning process, there is identification with the lost person (Freud 1917), and a pitched intrapsychic battle ensues with the haunting internal image. The mourner able to complete the mourning process ends up enriched in personality, "a sadder and a wiser man" (*Oxford Dictionary of Quotations* 1979, p. 156). This contrasts markedly with the failed mourner, who often becomes psychosomatically ill, hypochondriacal and accident-prone, or, in certain cases, suicidal. Melanie Klein stated that there had to be a thorough working through of the depressive position in the mourning process if there is to be real recovery. What she meant was that if the depressive position can be held on to, that is, sustained, the way is opened up for reparation. In its internal aspect this means restoration of a vital inner world of the subject. In its external aspect, which is evident, there is a turning to good works of various kinds. In manic reparation, the importance of which was stressed by Segal (personal communication 1975), good, external reparative activities can be seen, but not the essential intrapsychic ones. This results in a situation that is glib and unstable intrapsychically. One often sees external reparative activities in criminals; the task of psychotherapy then is to help the individual to sustain the internal work of mourning for damage done to internal and external objects.

Melanie Klein contradicted Freud's view that criminals have a weak or deficient superego, stressing that they have a persecutory *superego* that is often savagely punitive. An aggressive, perhaps destructive child externalizes into dramatic enactments with parents what he or she cannot contain and digest in the way of experiences, provoking parental or other authority figures to treat him or her very severely. These now punishing figures are then internalized and become a further part of the basic personality fabric of the child, worsening a situation that its possessor already cannot contain. In the understanding of this situation, Bion's views of "container and contained" are helpful. Psychoanalysts, beginning with Freud, agree that as a person feels treated by others, so does he tend to treat other people. The rule of talion, that is, the law of retaliation equivalent to an offense, is pervasive. This applies to the inner as well as the outer world. It represents the original paranoid-schizoid position situation before any developmental and maturational advance to the depressive position. An increasing capacity to treat others as one would wish to be treated can occur, but only insofar as the depressive position is achieved. Worse for a person than living by the talion principle is domination by paranoid delusions. In action, this is seen in the way in which, because of their mounting suspicion and fear of an attack, some violent criminals forestall it by attacking first.

Bion, in *Elements of Psychoanalysis* (1963) and *Attention and Interpretation* (1970), states how and why he uses an alimentary model of the mind. It represents the first essential process for life and growth. He then considers the question of food for the mind. This food he regards as the truth. He goes on to show that the protein, fat, and carbohydrate breast may, in states dominated by adverse attitudes, become split off and separated from the breast which is associated with containment, alleviation of fears and anxieties, and the giving of the truth and appreciation of beauty. Separation of physical needs from psychic emotional needs—the satisfaction of the former and the starvation of the latter—is the incubator of brutalized children and therefore, later, of criminals. Bion differentiated between the task to be carried out and the

intrapsychic apparatus to enable it to be carried out. This is stated in his papers on thought disorders and, in particular, in "On Arrogance" (Bion 1967a).

Early in my study of murderers, prior to the work of Klein, I was puzzled by how something inside the mind of a potential killer sometimes remained in limbo for years and then broke loose into murderous violence. Klein later emphasized to me the nature of the splitting involved and how a person can remain for years dominated by one of his or her selves. Eventually he or she can short-circuit, so to speak, and suddenly operate from what seems like a different self. Werthem (1927) described in *The Show of Violence* how, in his view, murderousness was activated into the deed of murder. Before the deed, conscious efforts—sometimes unconscious ones, too—were designed and devoted to keeping the murderous encapsulations from action. Then something took place internally that broke loose the murderousness from its cordoned-off status so that the whole of the energies of the individual became devoted to enacting the murderous deed, after which a precarious restoration of balance usually took place. To this catastrophic event Werthem applied the term *catathymic crisis*.

It is over the understanding of the relationships between inner and outer worlds, the interaction of character with traumatic experiences known or thought to have detonated the catastrophic crisis, that I obtained important help from Kleinian and post-Kleinian sources. As a result, I began to envisage a sort of intrapsychic gang, the activities of which militated toward destruction and death. It was a narcissistic organization, closely associated with power obtained and used irresponsibly. This internal organization became evident externally in individuals when they participated in small and large groups and in organizations. Meltzer and Rosenfeld, followed later by many others, described the intrapsychic narcissistic gang associated also with a negative therapeutic response. The patients they described were usually not indictably criminal, and in this respect were not the same as my criminal patients. After several years, as psychoanalytically oriented psychotherapy went on, various changes were noted in some of the pa-

tients. Depression was expected and occurred, sometimes alarmingly, because of the continuous defensive tendency to act out. Hysterical identification with former victims, hypochondria, and psychosomatic illnesses were frequently encountered. The theoretical framework of Klein, together with the extension by Bion and other close post-Kleinians, provided me with a map and a compass, enabling me to find out more about what was going on in the unknown territory of the criminal mind. In addition, Bion's and, later, Meltzer's views of catastrophic change as a *breakthrough*, not necessarily a *breakdown*, helped to give me confidence to press on with the therapy rather than quell the turbulence and avoid a real working through of the underlying encapsulated or psychotic part of their personalities.

Essential to the analysis of psychotic and borderline patients, as Bion stated, is the use of countertransference. Linked with this is the need for the psychoanalyst or therapist to preserve what Bion describes as the indispensable aloofness necessary for the study and elucidation of the unknown. The therapist acting as a container allows deeper meaning to accrue, thus giving back a fuller understanding to the patient without too much of the therapist's psyche being added to it as a contaminant. The many snags and obstacles in this include idealization of the therapist and using him or her as a container for excitement, thus ensuring that the therapist is entertained.

The Death Constellation (I)



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Introduction to the Problem

For many years I have been endeavoring to disentangle the complicated ingredients that contribute to the relatively uncommon crime of homicide. Although I have collected startling and at times shocking data in great quantities, there appeared to be no precise, underlying formula. Years ago I suggested the possibility of an intrapsychic patterning to which, naively, I gave the name *blueprint for murder*. Although this phrase was too sensational perhaps, it may be useful here. What I used to term a "blueprint" is quite common in people who do not commit discernible attacks on life processes. It also seems to be present in more people who commit crime than is readily recognized. What goes on in the inner worlds of conscious, and especially, unconscious, fantasy in these people requires investigation. Is homicide only one of the possible end points? Attempted suicide is common in the premurderous histories of persons incarcerated for homicide. Also, a large number of murderers attempt to or actually commit suicide after committing homicide. During the course of serious and persistent at-

tempts to give psychotherapy to convicted murderers in one of Great Britain's prisons, I observed that when the responsibility for the crime begins to be recognized and owned, the murderer usually develops hypochondriacal complaints accompanied by an increased incidence of psychosomatic illness ranging from colds to rectal bleeding or even, in one case, a radiologically confirmed peptic ulcer. Another man developed leukemia and died, though cause and effect cannot be proved.

In studying previous records of people convicted of homicide, one notes a high incidence of accidents in which someone else has died, though the responsibility for the actual death is usually not easy to designate. Here we have a situation in which there are attacks upon life. How widespread they are can be inferred from the behavior of human beings, especially men, in settings in which attacks on life receive encouragement and approval by an acknowledged authority, as in war or in guerrilla activities such as those in Northern Ireland and elsewhere. When one looks at the low incidence of homicide in England, only 0.6 per 100,000 of population per annum, and even in Colombia, the world's highest for homicide, the figures are 34.4 per 100,000 (Wolfgang and Ferracuti 1967), one wonders if what one is seeing in homicide itself is merely the visible tip of an iceberg. Perhaps the invisible seven-eighths of this complex psychological condition could be brought into focus by looking at other kinds of attacks upon life processes.

It may well be that some attacks are expressed harmlessly or are even sublimated. I am thinking of the wide appeal of crime reports in the press, and also of the mass readership of crime fiction, especially murder mystery paperbacks. Is there a continuum from thoughts and fantasies about murder to actual attacks on life? Or is there a break in the scale or spectrum at some point so that on one side there is no risk of an attack being carried out and on the other, great risk? The individual may be pushed one way or another by external circumstances, or may gravitate to one end or the other because of what is going on in his inner world of fantasy, thought, feeling, and impulse.

It may be useful to assume that everyone begins life by being

at risk. The difficulty in symbolizing and the tendency to slip from depressive anxiety to paranoid-schizoid anxiety causes the not fully developed capacity to symbolize to revert to concrete thinking (symbolic equation, described by Segal [1981]). At this point there is a tendency to act out concretely. The polarization between life and death instincts normally achieves a better balance; also, as psychic conflict between life and death instincts can be managed less dangerously, the individual is later able to resolve or mitigate attacks on the processes of life. This is important, as individual strength and the ability to carry out such fantasies increase enormously as growth proceeds. Some young children and people who are limited in their capacity or opportunity to carry out dangerously aggressive actions seem to have vividly aggressive and destructive fantasy worlds. One is compelled to wonder whether attacks on life processes in others are brought about by the need to externalize something to do with death, perhaps first internalized forcibly owing to some traumatic external experience. Or it may have arisen from within the individual, or perhaps by a combination of both. Young, weak, and vulnerable individuals, and perhaps powerful, instinct-driven, exceedingly muscular, strong people whose controls do not match their physical prowess, may give us clues about the vicissitudes of this constellation concerning death.

Before trying to relate these ideas to any contemporary psychoanalytic theory, it would be timely to define what is meant by a grave attack upon life processes. Any activity that irresponsibly risks death as far as the individual or other people are concerned constitutes such an attack. The deflection of attacks from human beings onto other creatures is commonplace; for example, the well-known caricature of the English country gentleman who says, on a Sunday afternoon: "It's a lovely day, let us go out and kill something." The tragic spectacle of the bullfight, which always attracts the crowds, is another such externalization.

One murderer, referring to *Moby Dick*, a film he had seen in prison, said to me on my subsequent visit: "I know how Captain Ahab felt about that whale because I felt that way about the child I attacked and killed." I could not understand what he meant until