Psychopathological disorders and predisposition to juvenile delinquency and misconduct

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The causation of juvenile delinquency and misconduct is a matter of cardinal importance when studying the phenomenon of criminality. The reason for this is that the etiology of juvenile offences often forms the base for the causation of crime later in life as an adult. The causation of juvenile delinquency and misconduct must also be studied with a view to developing preventive strategies. The study of the causation of crime has led to a distinction between personal and social environmental factors which occur in varying degrees of intensity (Cloete 1990:30). The causation of crime is explained on the basis of the interaction between these sets of factors. This has led to the creation of person-oriented and social environment-oriented models for the explanation of crime.

Conventional psychic factors are emphasized especially in the person- or individual-oriented approaches to the causation of juvenile delinquency and misconduct. For example, attention is given to psychic factors such as intelligence and general personality traits, but little or no attention is paid to the influence of child and juvenile psychopathological disorders. The question arises as to whether child and juvenile psychopathological disorders can have an influence on the causation of juvenile delinquency and misconduct. The nature of such influence on juvenile delinquency and misconduct could also be debated. However, according to certain authors, psychopathological disorders could create a predisposition to juvenile delinquency and misconduct (Halleck 1971:84). In this article an attempt has been made to conduct an exploratory inquiry into the predisposing influence of psychopathological disorders on juvenile delinquency and misconduct.

The concepts ‘predispose’ and ‘psychopathological disorders’

According to Louw, Van Heerden and Smith (1978:65), the concept ‘predispose’ indicates the influence of psychophysical and environmental factors on the individual, which makes him susceptible to, for instance, committing a crime. Psychopathology is defined by Geldenhuys and Du Toit (1982:17) as the theory of illnesses which manifest themselves as illnesses of the soul. English and English (1958:427) describe psychopathology as: ‘the systematic investigation of morbid mental conditions’. In the light of the

Opsomming

Die veroorsaking van jeugmisdaad en -wangedrag word aan die hand van twee stelle faktore bestudeer, te wete persoonlike en sosiale milieufakteure. Dit het aanleiding gegee tot die daarstel van persoonsgerigte en sosiale milieugerigte misdaadverklaringsmodelle. Wat persoonlike faktore betref, word daar veral klem geleg op konvensionele psigiese faktore, terwyl daar in die jeugkriminologie min of geen aandag aan psigopatologiese steurnisse geskenk word nie.

Daar word in hierdie artikel verkennend onderzoek ingestel na die moontlike predisponente invloed van psigopatologiese steurnisse op die veroorsaking van jeugmisdaad en -wangedrag. Die jeugkriminologiessie betekenis van psigopatologiese steurnisse word ook aangespreek. ‘n Seleksie van kinder- en jeugpsigopatologiese steurnisse, wat neuroses, psigoses, psigopatie en ontwrigteringsgedragsverstorens insluit, word bespreek. Daar word gekonkludeer dat psigopatologiese steurnisse wel jeugmisdaad en -wangedrag kan predisoneer.
above, child and juvenile psychopathological disorders (Rech 1988:35) may be defined as personal illnesses or disorders among children and young people which manifest themselves as illnesses of the soul.

**Juvenile criminological meaning of child and juvenile psychopathological disorders**

Juvenile criminology could benefit much by the identification and studying of the influence of child and juvenile psychopathological disorders, and that for the following reasons: Firstly one must point out that it is the task of juvenile criminology to identify and to study all personal factors which could possibly have criminogenic meaning for the young person, with a view to formulating a person-oriented etiology of juvenile delinquency. Child and juvenile psychopathological phenomena also play an important role in the generation of juvenile delinquent behaviour, since both basically are antisocial, and a causal relation is often observable (Bovet 1954:31).

This causal relation, however, does not mean that a direct association necessarily exists between child and juvenile psychopathological disorders and juvenile offences. One must rather proceed from the point of view that such disorders could create a predisposition to juvenile delinquency and misconduct. This means that psychopathological disorders could render a child susceptible to committing crime. Therefore certain mental illnesses could place a young person in the ideal position to commit crime. Personal predisposition to juvenile delinquency and misconduct is, however, always relative (Halleck 1971:85). The most predispositioned potential criminal could be law-abiding under favourable circumstances, while the most predispositioned conformist could react in a criminal manner if his circumstances are suitably unfavourable.

A further significant factor that should be kept in mind is that behavioural disorders in the child and the adolescent often precede adult abnormal forms of behaviour. Juvenile criminologically it means that the foundation for committing crime in later adult life could be laid during one's youth. According to the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (1987:335) there is, for instance, a clear correlation with and continuation of the following personality deviations in children and adolescents, as compared to those of adults:

<table>
<thead>
<tr>
<th>Child or adolescent deviations</th>
<th>Personality deviations</th>
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<tbody>
<tr>
<td>Behavioural deviation</td>
<td>Antisocial deviation</td>
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<tr>
<td>Avoidance deviation</td>
<td>Avoidance deviation</td>
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<tr>
<td>Identity deviation</td>
<td>Marginal deviation</td>
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**Classification of behavioural deviations**

The classification of behavioural deviations has always appeared to be problematic. Several classification systems have been developed in the course of time, a good example being the ICD classification system (International Classification of Diseases), which is used especially in English-speaking parts in Europe. In this article the DSM-III-R classification system, in particular, is used since it is the most commonly applied system in the world (Theron & Louw 1989:27). The DSM-III-R is also particularly comprehensive. Furthermore, a selection was made of the most relevant psychopathological disorders, with the most juvenile criminological significance, and is subsequently given. In this process, other supplementary sources and descriptions were also used, amongst others psychological and criminological sources.

**Child and juvenile psyche-neuroses**

**The concept ‘neurosis’**

The concept ‘neurosis’ is used as a main category in this article since it is an established psychoanalytical concept, and therefore can be aligned with Freud’s significance for criminology – which is still being acknowledged. The DSM-III-R (APA 1987:235) also applies the concepts ‘anxiety disorders’ or ‘anxiety and phobic neuroses’ as synonyms. The DSM-III-R (APA 1987:269) also regards the concepts ‘dissociative disorders’, ‘dissociative type’ and ‘hysterical neuroses’ as alternative terms.

A neurosis may be defined as (free translation): ‘a functional psychic disorder that is mainly characterized by anxiety which finds expression either directly or indirectly. It is distinguished from a psychosis in that one does not find a total disorganization of personality and a break with reality’ (Gouws et al 1979:199).

**Types of anxiety disorders**

The DSM-III-R (APA 1987:58–65) distinguishes between the following types of anxiety disorders in children and young people:

- separation anxiety disorder
- avoidance disorder
- overanxious disorder.

Separation anxiety is a normal phenomenon among small children and indicates the child's fear of being separated from his parents, in particular his mother. This normally disappears as from the 24th to the 30th month, when the child can be separated from his parents for relatively long periods of time without any problems (Theron 1989:425). Should this fear continue after this age, it is considered a separation anxiety disorder. Furthermore, a child suffering from a separation anxiety disorder is characteristically
over-sensitive, unrealistically fearful, self-conscious, and he also experiences chronic anxiety and nightmares.

Avoidance of and fear of strangers is a normal phenomenon among infants of more or less eight months of age. An avoidance disorder can, however, be identified in children who still fear strangers and who display withdrawal behaviour beyond the age of two and a half years (Theron 1989:426). In contrast with the members of his own family, the child with an avoidance disorder shows no affection towards strangers or even towards persons who are not members of the family but whom he sees often. The socialization of such a child consequently proceeds inadequately since he withdraws himself owing to anxiety towards his fellow-men. In this respect, the conditions of the DSM-III-R (APA 1987:62) stipulate that these symptoms must already have manifested themselves six months prior to referral, before a diagnosis can be made.

An overanxious disorder can be present in a child if he constantly displays excessive anxiety or concern for a period of six months (Theron 1989:426). It must also be pointed out that such an excessive anxiety must be essentially unrealistic in order to justify a diagnosis. It is important to note that, unlike a separation anxiety disorder and an avoidance disorder, an overanxious disorder is not linked to a specific situation but to a variety of situations in general. Several psychosomatic complaints in children, such as headaches and stomach aches for which no physical cause can be found, could also be the result of an overanxious disorder (APA 1987:58).

The predisposing influence of child and juvenile psychoneuroses on juvenile delinquency and misconduct

Child and juvenile psychoneuroses could have far-reaching criminogenic significance. A separation anxiety disorder, for instance, causes problems especially at school age because the child suffering from it refuses to go to school. This phenomenon has become so common in such cases that it has been labelled 'school phobia'. Kanner (1957:624) also points out that separation anxiety disorders in school context often give rise to unauthorized absence from school (truancy), which eventually could lead to juvenile delinquency (Mannheim 1979:632).

An avoidance disorder, particularly among adolescents, could reach alarming proportions since adolescence is essentially also a period of withdrawal and inner introspection. The adolescent suffering from an avoidance disorder is very depressed, self-conscious and cannot assert himself (Theron 1989:426). Adolescent suicide or any other form of juvenile misconduct such as drug abuse, could be the result of such a behavioural disorder (Harris & Liebert 1984:477, 488). Thus it appears that child and juvenile psychoneuroses could have criminogenic significance and as such could create a predisposition to juvenile delinquency and misconduct.

Child and juvenile psychoses

The concept 'psychosis'

A psychosis is regarded as (free translation): 'A serious mental illness that penetratingly hampers a person's normal functioning and in which contact with reality is lost in varying degrees' (Gouws et al 1979:249).

Child and juvenile schizophrenia

Although other child and juvenile psychoses can also be identified, attention is only paid to child and juvenile schizophrenia in this article. The reason for this is that child and juvenile schizophrenia most clearly illustrates the possible predisposition to juvenile delinquency and misconduct by a psychosis. Bovet (1954:36) is also of this opinion and points out that juvenile schizophrenia is the only relevant functional psychosis because several others, such as manic-depressive psychoses, only develop beyond the person's young life.

Definition of 'schizophrenia'

According to Grobler and Louw (1989:205) schizophrenia refers to (free translation): 'a group of disorders characterised by serious disintegration of the personality and resultant symptoms such as an inadequate contact with reality, thought disorders, observational and dispositional disorders and disordered psycho-motoric behaviour'. The concept 'schizophrenia' also includes a split personality and involves the total psychic life of the patient (East 1942:215).

Child schizophrenia corresponds with the clinical picture of adult schizophrenics, but does not involve all the complicated abstract expressions thereof since the child is not yet capable of these (Kanner 1957:730). Juvenile schizophrenia corresponds with adult schizophrenia to a greater extent, and the latter often commences during puberty.

Types of schizophrenia

The following types of schizophrenia can be distinguished (APA 1987:196–8):

- catatonic schizophrenia
- disorganized schizophrenia
- paranoid schizophrenia
- residual schizophrenia.

A catatonic schizophrenic is characterised especially by a disorder of the psycho-motoric functions. His mental illness influences his physical mobility to such an extent that he eventually becomes bedridden. The patient also experiences a type of schizophrenic stu-
por, accompanied by a strange catalepsy or claylike pliability of his body. Such a patient will, for instance, stay rigid for hours in an uncomfortable bodily position and will refuse all offers of assistance (Geldenhuys & Du Toit 1987:169–170).

Disorganized schizophrenia is also known as hebephrenic schizophrenia. This psychopathology is characterized especially by a lack of cohesion, detachment from commitments, grossly disorganised behaviour and an inadequate affective life (APA 1987:196–7).

Delusions of persecution and menace are prominent symptoms of paranoid schizophrenia. Without any reason the patient believes that powers are conspiring against him to bring about his destruction (Geldenhuys & Du Toit 1987:170–1). Acoustic hallucinations, all related to one theme, is a further prominent characteristic of paranoid schizophrenics (APA 1987:197).

Undifferentiated schizophrenia implies schizophrenic manifestations that do not belong to any of the previous categories or that satisfy the criteria of more than one category (APA 1987:198). One should, however, bear in mind that a person who is classified in this category possibly finds himself in a preliminary phase to one of the differentiated types of schizophrenias (APA 1987:197).

The residual schizophrenic categorises a person who has experienced at least one episode of schizophrenia, but without the prominent psychotic symptoms such as hallucinations, gross personality disorganisation and deficient cohesion. However, psychopathological symptoms are still evident in this type of disorder and can become chronic or subchronic (APA 1987:198).

The predisposing influence of juvenile schizophrenia on juvenile misconduct

Juvenile schizophrenia can exercise a predisposing influence on juvenile misconduct and as such constitutes a significant psychopathological factor in its person-oriented etiology. Taylor (1982:269) points out that it is an accepted fact that schizophrenics are capable of violent behaviour. The paranoid schizophrenic, for instance, is potentially very dangerous and capable of senselessly murdering innocent people whom he suspects. Even the most passive type, the catatonic schizophrenic, can also, after a stupor, switch to unbridled anger and violence (Geldenhuys & Du Toit 1987:170). Violent behaviour is, however, juridically unacceptable except in certain cases such as self-defence, and is a source of danger in that the juvenile schizophrenic could commit misconduct.

The emotional life of the adolescent schizophrenic is also disturbed in that he easily gives into outbursts of anger or spells of melancholy. Such an outburst or spell could then lead to sudden manslaughter. Juvenile schizophrenics sometimes also experience overpowering sexual urges and, owing to their lack of contact with reality, could commit indecent assault or rape (East 1942:216).

The predisposing influence of juvenile schizophrenia on juvenile misconduct is also indicated by the fact that criminologists acknowledge and categorise it as such. Bartollas (1985:534; 339 & 363), for instance, identifies a psychic disorder deviance as the possible cause of juvenile misconduct and also includes juvenile schizophrenia in his categorisation of male and female emotionally disturbed young people. Taylor (1982:271) also reports various studies that deal with the relationship between schizophrenia and violence.

The most comprehensive of these is the study by Böker and Häfner. They investigated the background documents of all mentally abnormal individuals in West Germany who were sentenced owing to serious acts of violence towards other persons between 1955 and 1964. There was a total of 410 men and 123 women. Schizophrenia was the most common diagnosis and involved 53% of the research group. Therefore, owing to his pathology, the juvenile schizophrenic has a psychic disposition to committing juvenile misconduct.

Child and juvenile psychopathy

The concept ‘psychopathy’

Gouws et al (1979:249) defines the concept ‘psychopathy’ as (free translation): ‘a personality disorder characterised by a lack of emotional depth; an inability as regards intimate interpersonal relationships; a lack of remorse and feelings of guilt; the absence of anxiety; impulsiveness; unbridled aggression; pathological untruthfulness; an excellent ability to manipulate; … (and others)’. Psychopathy is also known as an antisocial personality disorder or sociopathy. However, these three terms may be regarded and used as synonyms (Möller 1989:404).

Types of psychopaths

Roux (Möller 1989:408) distinguishes between the following types of psychopaths:
- the manipulative psychopath
- the aggressive psychopath
- the inadequate psychopath.

The manipulative psychopath is a manipulator of people par excellence. He impresses people, especially with his ready wit, self-confidence and charm. He wins the confidence and interest of others in order to apply it to his own ends (Geldenhuys & Du Toit 1987:230; Möller 1989:408).

Aggressive psychopaths are especially characterised by their being attuned to the immediate satisfaction of their needs. If this does not happen they could become violent owing to a low frustration tolerance.
The aggressive psychopath often is eloquent and uses this ability to verbalise his aggression (Møller 1989:408; May & Baker 1971:26).

The inadequate psychopath achieves his objectives by posing as a harmless, hopeless person in need of sympathy. This type cannot function independently and often leads a parasitic existence on family and friends. Although these patients can also appear to be charming and manipulative, they generally are antisocial (Møller 1989:408; May & Baker 1971:26).

The predisposing influence of juvenile psychopathy on juvenile delinquency and misconduct

Juvenile psychopathy bears relation to especially juvenile delinquency and misconduct since it results in the forming of an antisocial personality in the young person. The antisocial personality that is characteristic of psychopathy manifests itself in the psychopath's absence of a need for interpersonal relationships (Hallbeck 1971:99,106). The DSM-III-R (APA 1987:342) emphasizes the antisocial aspect of psychopathy to such an extent that the term 'antisocial personality disorder' is used.

According to Franks (1968:80) the psychopathic juvenile delinquent also has the following personality traits: he is untruthful, disobedient, destructive, egocentric; he steals and plays truant. Therefore the antisocial personality of the juvenile psychopath strongly attests to misconduct and could lead to crime. The aggressive psychopath is known especially for his acts of violence and he could commit assault, murder and rape (May & Baker 1971:26). In contrast, however, there are certain lesser aggressive psychopaths, such as the manipulative psychopath who is more inclined to commit fraud. Roux (Møller 1989:408) for instance, reports a case in which the person practised as a physician for a period of three months although he only had a Std 8 certificate. Juvenile psychopathy could therefore create an important predisposition to juvenile delinquency and misconduct.

Disruptive child and juvenile behavioural disorders

The category 'disruptive behavioural disorders'

The DSM–III–R (APA 1987:49) uses this category to define behavioural disorders among children and young people who cause social disruption. Disruptive behavioural disorders are termed as such because this type of behaviour disrupts the community in particular, and not necessarily the child or youth himself. Such forms of behaviour are basically antisocial by nature and reprehensible for the community since they are harmful and in one way or the other have a negative effect (Rech 1988:33).

Types of disruptive behavioural disorders

Firstly one must point out that behavioural disorders are of particular importance since the incidence thereof among children is so high. This category of disorders also forms one of the largest groups of psychopathological disorders among children. The Wright investigation, for instance, indicated that the incidence of such disorders may vary between 5% and 30% (Rutter in: Rech 1988:34).

To date behavioural disorders have not been classified in a way that is generally acceptable (Rech 1988:34). However, the DSM–III–R (APA 1987:53) distinguishes between a number of subtypes of behavioural disorders. The so-called 'oppositional–defiant disorder' is selected and discussed in the following paragraph since it well represents disruptive behavioural disorders and has significant implications for juvenile criminology. This behavioural disorder is also known as a recalcitrance disorder (Rech 1988:34) and can predispose persons to juvenile delinquency and misconduct.

Oppositional–defiant disorder

This disorder is characterised by a pattern of negativistic, hostile and defiant behaviour. An oppositional–defiant attitude is often first displayed towards the child or youth’s parents. It is regarded as an disorder if it occurs continually for longer than six months and clashes with normal behaviour expected of a child in a specific phase of development (APA 1987:56).

The oppositional–defiant disorder is also accompanied by an unstable state of mind, a low frustration tolerance and outbursts of temper (Theron 1989:424). These associated characteristics of such a disorder could create a predisposition, with the result that the young person could fall more easily into juvenile delinquency and misconduct. The criminogenic significance of the oppositional–defiant disorder lies especially therein that it is characterised by a pattern of negative behaviour, which once again is ideal for the establishment of a criminal life-style.

Conclusion: psychopathological disorders and predisposition to juvenile delinquency and misconduct

From the preceding argument psychopathological disorders do appear to create a predisposition to juvenile delinquency and misconduct. A direct causal relation is not always observable. However, there is the continual possibility of an indirect causal relation between
psychopathological disorders and juvenile delinquency or misconduct. Psychopathological disorders also render the young person more susceptible to committing offences because he is placed in the ideal position to do so. Moreover, psychopathological disorders are of special juvenile criminological significance and should therefore form an integral part of the study of the etiology of juvenile delinquency and misconduct.

Bibliography


