PSYCHIATRIC EVALUATION
OF
EGYPTIAN FEMALE MENTALLY DISEASED CRIMINALS

THESIS
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BY

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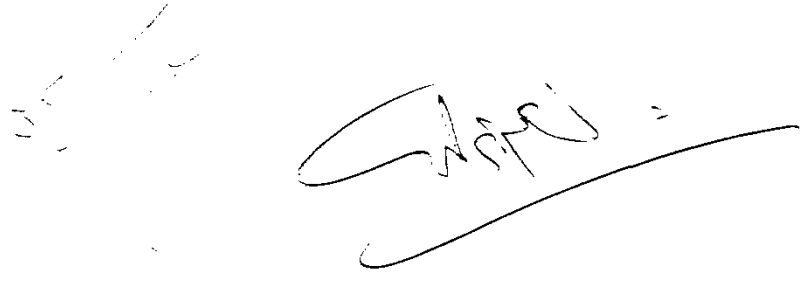

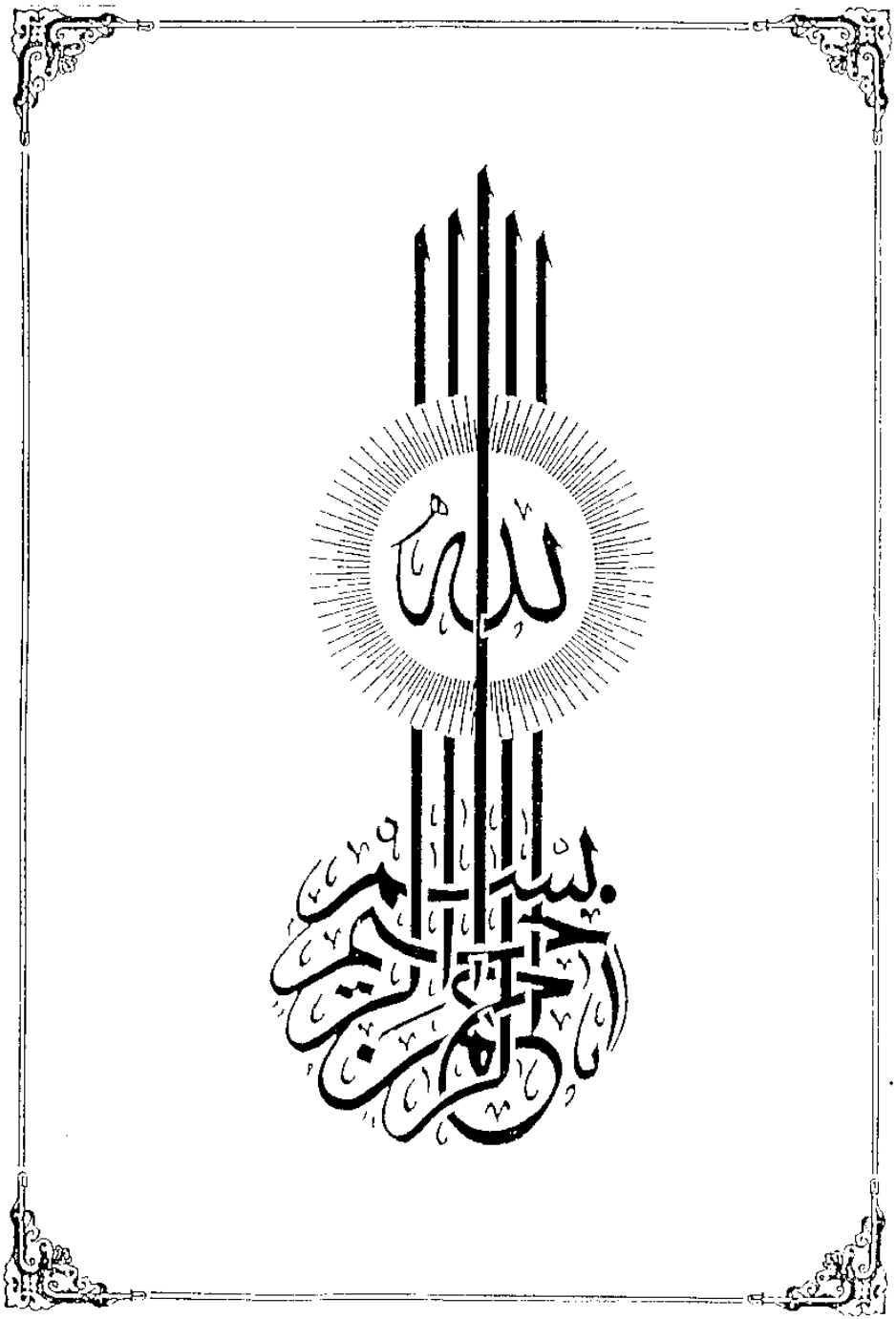

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INTRODUCTION.

"Nobody in the world can be the judge of the criminal before he has realized that he himself is as much a criminal as the one who confronts him" Dostovesky : " The Brothers Karamazov" .

INTRODUCTION.

This work will attempts to find the relatioship between crime and various mental disorders, by a review of literature and practical survey of some criminals and controls.

First of all it is necessary to clarify what is meant by the word crime. Crime may be defined as any form of social injury which has been made punishable by law (Oxford Universal Dictionary).

Some courts are ruling that mentally ill offenders should be committed and released according to procedures similar to those utilized for all other mental patients. However, curing the "Mad" does not necessarly remove the "Bad" or alter the social prognosis (Loran, 1982). Post-hospital follow-up have shown that recidivism and the rehospitalization in criminal patients can be predicted by two variables : the offender's age upon release (the younger the offender, the greater the danger) and the extensiveness of his previous criminal record (Quinsey, 1975).

Crime of violence committed by the mentally ill (schizophrenics and affective disorders) and mentally retarded are quantitatively proportional to the number of violent crimes committed by the total population (Wafner and Baker, 1973). Still, courts are more likely to find serious offenders, such as those convicted of

violence, sexual offenders and criminal damage to mental hospitals than other types of offenders (Gunn, 1977).

We will focus our interest to study female criminals owing to the rarity of such studies, especially in Egypt, The central focus is on violent crimes since the recent increase in the number of homicides in urban areas has attracted a great deal of public attention to such crimes (Benjamin, 1976). The stereotypes for the criminal women are masculine, menopausal, maladjusted or mentally ill (Carlen, 1985). The majority of female offenders are being sent to prison, not because of the seriousness of their crimes, but because of the persistence of their nuisance (Carlen, 1983 - Farrington,and Morris, 1983).

We will attempt to study some psycho-social and psychiatric variables of some "Mad" , "Bad" females, The following questions will be addressed :

1) Are psychiatrically ill criminals more mentally disordered than psychiatrically ill patients with no criminal records ?
2) Are psychiatrically ill criminals more criminals than psychiatrically free criminals ?
3) Is it possible to return these criminals back to their communities after they have undergone suitable management and rehabilitation ?

I - Review of Literature.

(1) History of Forensic Psychiatry.

(2) Mental Disorders and Relation to Crime.

(3) Aggressive Behavior.

1- History of Forensic Psychiatry.

1- HISTORY OF FORENSIC PSYCHIATRY

A) A Brief History of the Development of Forensic Psychiatry

Perhaps the most fundamental issue is what role, if any, mental health professionals should have in the legal system (Ennis, 1972). Because it is well known that, on occasion, mental disorders produce aberrant behaviour which in turn, can create conflict with the law (Gunn, 1977).

One of the first places where the relationship between psychiatry and the law was acknowledged, was in the sacred writings of the Jews. These writings instructed the priest as to the treatment of the mad and the sinful , as well as the sick (Freedman, 1975).

The Koran, as a new religious code, led the Muslims to restrict the responsibility for crimes to criminals who are sane and mature and who act voluntarily. According to [illegible] regulations, there is no responsibility for the crime if the criminal is psychotic, asleep, comatose, drunk or a child (Kasha, 1965).

Johannes Weger, in the sixteenth century, was one of the first physicians to try to influence the legal process. Weger sought to bring a halt to the persecution of "witches" by clinically observing that their peculiar reflected the natural processes of disease, rather than supernatural intervention of devilish forces (Freedman, 1975).

At the end of the seventeenth century in England,

and to this very day, a criminal is considered responsible even if he has endogenous depression, as long as he has the understanding of a fourteen years old (Okasha, 1985).

Philippe Pinel (1745 - 1826), was one of the greatest pioneers in forensic psychiatry. His work, which was based in Paris, struggled with lingering superstitions about supernatural origins of strange and bizarre behavior and with the lack of objective, laboratory-based proof of mental illness. Pinel reformed the entire system of treatment for the mentally ill when he became head physician of the Bicêtre in 1798. He removed the patient's chains, allowed them freedom of movement within the hospital and gave them nourishing food. He ordered that the patients be treated humanely and with dignity rather than cruelly and with contempt. He referred to this new method of patient care as "moral treatment". He believed that the moral education of the insane could only take place in the isolated, closed mental hospital (Curran, 1982).

In 1810, Benjamin Rush gave lectures at the university of Pennsylvania in the United States on "Medical jurisprudence". These lectures placed an erphasis on forensic psychiatry (Curran, 1982).

Jean Esquirol (1772 - 1840), was the modern founder of legal psychiatry. He was one of the great pioneers in the nosology of psychiatry, having provided the first descriptions of what he called hallucinations and delusions

and having clearly distinguished mental deficiency (idiocy) from mental derangement (Alexander, 1966).

Esquirol's textbook, Des maladies mentales considérées sous les rapports médicales,hygiéniques et médico-legals. was addressed very heavily to the medico-legal field,stressing the medical, public health and forensic aspects of the subject (Curran, 1982).

Esquirol was one of the first psychiatrists to take an interest in criminal conduct attributed to the insane. He felt that such conduct was caused mainly by different forms of manomania and advocated treatment rather than punishment for the criminally insane. His classic text , published in 1838 , was the bible of French psychiatry for over half a century (Alexander, 1966).

In England, Prichard (1835), was influenced by the Esquirol's concept of " mania sans délire". Prichard described the psychopathic personality as an amoral man who behaved impulsively and sometimes criminally, who had failed to learn from experience, who could not postpone the immediate gratification of his desires and who, in order to fulfill his immediate needs, was willing to take risks and expose himself to dangers (Freedman, 1975).

Francis Leuret (1797 - 1851), established the medico-legal speciality of forensic, or legal psychiatry. Leuret was the first medical witness to testify in the courts concerning the defendant's irresistible impulse or

psychological drive to commit a particular crime. This theory was derived from Esquirol's emphasis on monomania as a causal link between the person's insanity and the commission of repeated criminal acts (Curran, 1982).

McNaughten in England (1843), has influenced the concept of legal responsibility in the United States and Great Britain up to the present (West and Walk, 1968).

Lombroso (1836 - 1909), seemed to have proven that criminals could be distinguished from non criminals by specific physical characteristics of their face and head as well as by their personalities and criminal acts. His explanation for criminal behavior was anthropological and was based on Darwin's theory. Lombroso believed that the criminals he studied had not progressed beyond an early stage in human evolution or had regressed genetically to a more primitive state. The "typical criminal" was described as having a small brain and braincase, a sloping forehead, a broad nose and mouth, and a strong jaw. Lombroso's ideas remained strong in Europe and America into the early decades of the twentieth century (Friedman, 1975).

Ferri argued that the primary goal of the law was to abolish the social ills which give rise to crime, rather than to assign for specific criminals acts or to affix moral guilt (Friedman, 19).

In 1843, D.L.D. Heard, started a national campaign in the United States for the civil rights of mental patients

(Curran, 1982).

Emile Kraeplin (1856 - 1926), classified the severe psychiatric syndromes which he called dementia praecox and manic-depressive psychoses. These syndromes became equated with legal irresponsibility.

Sigmund Freud (1856 - 1939), hypothesized that, in some cases, the sense of guilt preceded rather than followed the commission of a crime. For such men, the prospect of punishment predisposed, rather than deterred, the legal behavior. This theory aided a fourth dimension to the three traditional legal rationales for punishment : the triumvirate of deterrence, retaliation and rehabilitation (Freedman, 1982).

In Europ, forensic psychiatry became associated with other fields of medico-legal work in the university departments of legal medicine. In later years, many of the chairs in legal medicine were occupied by professors whose main interest was in psychiatry (Curran, 1982).

B) Forensic psychiatry in Egypt.

The responsibility of criminal was first defined according to the "Koran" when Islam became the new religion in Egypt (Okasha, 1985).

In 1883 Egyptian law , point 63, defined the insane (المجنون) as irresponsible. This was adapted from French law

(Rashed, 1953).

In 1904 Egyptian law, point 62 : (لاعقاب على من يكون فاقد الشعور او الاختيار في عمله وقت ارتكاب الفعل لجنون او عاهة في العقل) was also adopted from the French law (Rashed, 1953).

In 1944, Egyptian law No. 141 was adopted for the admission of mentally diseased patients. It is devided into six chapters and thirty-nine points, but it is still unsatisfactory and lacking in certain ways. The Arabic expression (جنون), which defined mental illness to be due to ginns (spirits), is still used even though the causes of mental diseases are now better known. The Arabic term (عاهة في العقل) which means mental defect, is also used even though it is very indefinite.

In recent decades, there have been numerous attempts to change some points in the laws of forensic psychiatry in order to better define what the laws govern as well as to keep the laws up-to-date with the advances in psychiatry and the changes in the society itself.

The last of these attempts were the recommendations by the "First International Egyptian Psychiatric Congress " The Psychiatry and Law Symposium " Cairo - March, 1986 (WHO/EMRO, 1986).

W.H.O. Appendix "E" : Egyptian Law 141 (1944).