

Juvenile Homicide, edited by Elissa Benedek and Dewey Cornell (Washington, DC: American Psychiatric Press, 1989), 272 pp., \$24.95.

REVIEWED BY
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This is the seventh book in the American Psychiatric Association's Clinical Practice Series, a series designed to "provide educational reading in a compact format especially written for the mental health clinician-psychiatrist" (p. x). Drs. Benedek and Cornell, well known in forensic psychiatry and psychology, have authored a well-written, concise, and practical addition to this series.

Juvenile Homicide is organized into two sections, clinical issues and forensic-dispositional issues. Dr. Cornell begins with a comprehensive review of juvenile homicide literature, thereby setting the stage for the core of the book: the presentation of findings from the editors' archival study of 72 adolescent murderers evaluated by the Center for Forensic Psychiatry in Ann Arbor between 1977 and 1985. Though many of the data from this study had been published earlier in peer-reviewed journals,¹ they are now presented comprehensively in this book. The most useful aspect of the study is the attempted validation of a typology of juvenile murderers: the *psychotic* group, composed of adolescents with clear psychotic symptoms; the *conflict* group, composed of adolescents who were engaged in interpersonal conflict with the victim; and the *crime* group, composed of adolescents who committed murder in the course of another crime, such as robbery or rape.

Some of the findings by the authors are quite noteworthy. For example, only 7% of their total sample were classified as psychotic. This contradicts much extant literature, which proposes that many juvenile murders are psychotic or neurologically impaired, but it supports my own clinical experi-

ence. The *crime* group of adolescents, it was found, tended to murder strangers and often used a weapon; over half had an accomplice. Seventy-five percent of the crime group perpetrators were intoxicated at the time of the crime, and most fled the crime scene. The *conflict* group of adolescents, it was discovered, most often murdered a family member or an acquaintance, acted alone, and almost always used a weapon. Fewer than 33% were intoxicated.

The crime group, when compared with the conflict group, had a much more consistent history of prior delinquent behavior, school problems, and substance abuse, but a lower frequency of stressful life events before the offense. Conclusions from the psychotic group were difficult to draw because of the small sample; not surprisingly, however, this group had a significantly greater psychiatric history.

It is narcissistically gratifying when one's clinical hypotheses are supported by an empirical study. I have thought for several years that adolescent murderers were psychotic, catathymic,² or psychopathic, with a common denominator of substance abuse and an occasional neurological contribution.³ I feel certain that other clinicians have speculated similarly.

The second section of the book, forensic-dispositional issues, contains very helpful information about such matters as the infancy defense, adolescent competency to stand trial, sanity and responsibility at the time of the offense, and the history and current status of the practice of trying certain juveniles in adult criminal courts. I found these four chapters quite educational, but redundant. More careful editing of these chapters would have eliminated the repetition and strengthened the book.

The final chapter, "Treatment of the Homicidal Adolescent," is a gem. Written by the editors (Drs. Benedek and

Staresina, it is a balanced and comprehensive look at the evaluation and treatment of the juvenile murderer. Treatment planning, treatment options, countertransference reactions, and clinical outcomes are addressed from a practical and objective standpoint. This is a substantive and elegant final chapter.

I found *Juvenile Homicide* quite satisfying and strongly recommend it to all forensic clinicians and judicial officers faced with cases of juvenile homicide. Paradoxically, however, its comprehensiveness and clarity underscore how little we know about the motivation for juvenile homicide. As Donald Scherl, M.D., asks in the foreword, what is the psychological structure that allows a person to murder a fellow human being, and what is the energy that drives it? This penetrating question is not answered in the book, but the typology suggested creates a framework within which careful psychometric studies of adolescent murderers can be done. As Henrik Ibsen wrote in *Peer Gynt*,

The thought perhaps—the wish to kill,
That I can understand, but really
To do the deed. Ah no, that beats me.

- Notes
1. Cornell, D., Benedek, E., and Benedek, D. (1987). Characteristics of adolescents charged with homicide: Review of 72 cases. *Behavioral Sciences and the Law*, 5:11-23; Cornell, D., Benedek, E., and Benedek, D. (1987). Juvenile homicide: Prior adjustment and proposed typology. *American J. Orthopsychiatry*, 57:383-393.
 2. A chronic catathymic crisis refers to violence within the framework of an ego-threatening relationship. It usually follows three stages: incubation, violent act, and relief. See: Wertham, F. (1937). The catathymic crisis: A clinical entity. *Archives of Neurology and Psychiatry*, 37:974-977; Revitch, E. and Schlesinger, L. (1981). *Psychopathology of Homicide*. Springfield: Charles C. Thomas; Meloy, R. (1988). *The Psychopathic Mind: Origins, Dynamics, and Treatment*. Northvale, NJ: Jason Aronson.

3. Dr. Dorothy O. Lewis has been at the forefront of research and conceptual advocacy concerning the predominant role of psychosis and neurological impairment in adolescent violence. See: Lewis, D. O. (1981). *Vulnerabilities to Delinquency*. Jamaica, NY: Spectrum Publications. Her sample selection criteria and methodologies, however, may bias her generalized findings, since many of her subjects are selected from groups at high risk for neuropsychiatric impairment and are not randomly sampled from representative populations of juvenile criminals or murderers.