

The Psychiatric Approach to Behaviour

From Subconscious Drives to Forensic Reality

A STRUCTURAL ANALYSIS OF THE FRACTURED MIND,
CLINICAL INTERVENTION, AND THE LAW.

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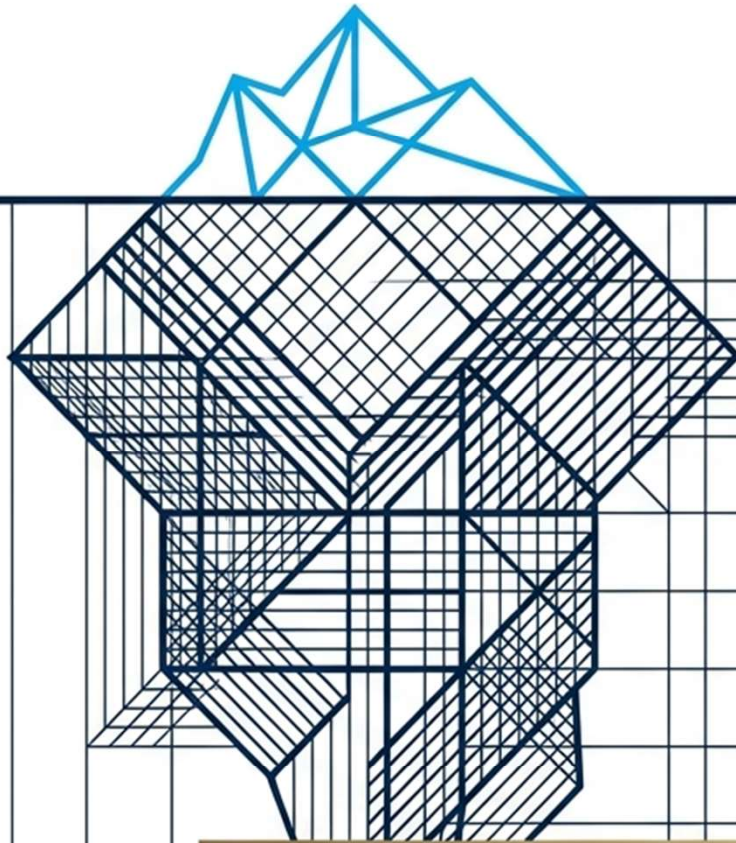
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The Conscious (The Measurable 10%)

Observable actions, defined behavioural disturbances, voluntary compliance.



The Subconscious (The Hidden 90%)

Disturbances of mood, repressed phenomena, genetic predispositions, inadequate social control of emotions, and the ongoing series of life experiences beginning prenatally.

Psychiatrists contend that conscious mental processes and behaviour represent only the tip of the iceberg.

The conscious mediator.
Harmonises the biological urges of
the Id with the moralistic rigidity of the
Superego against external reality.

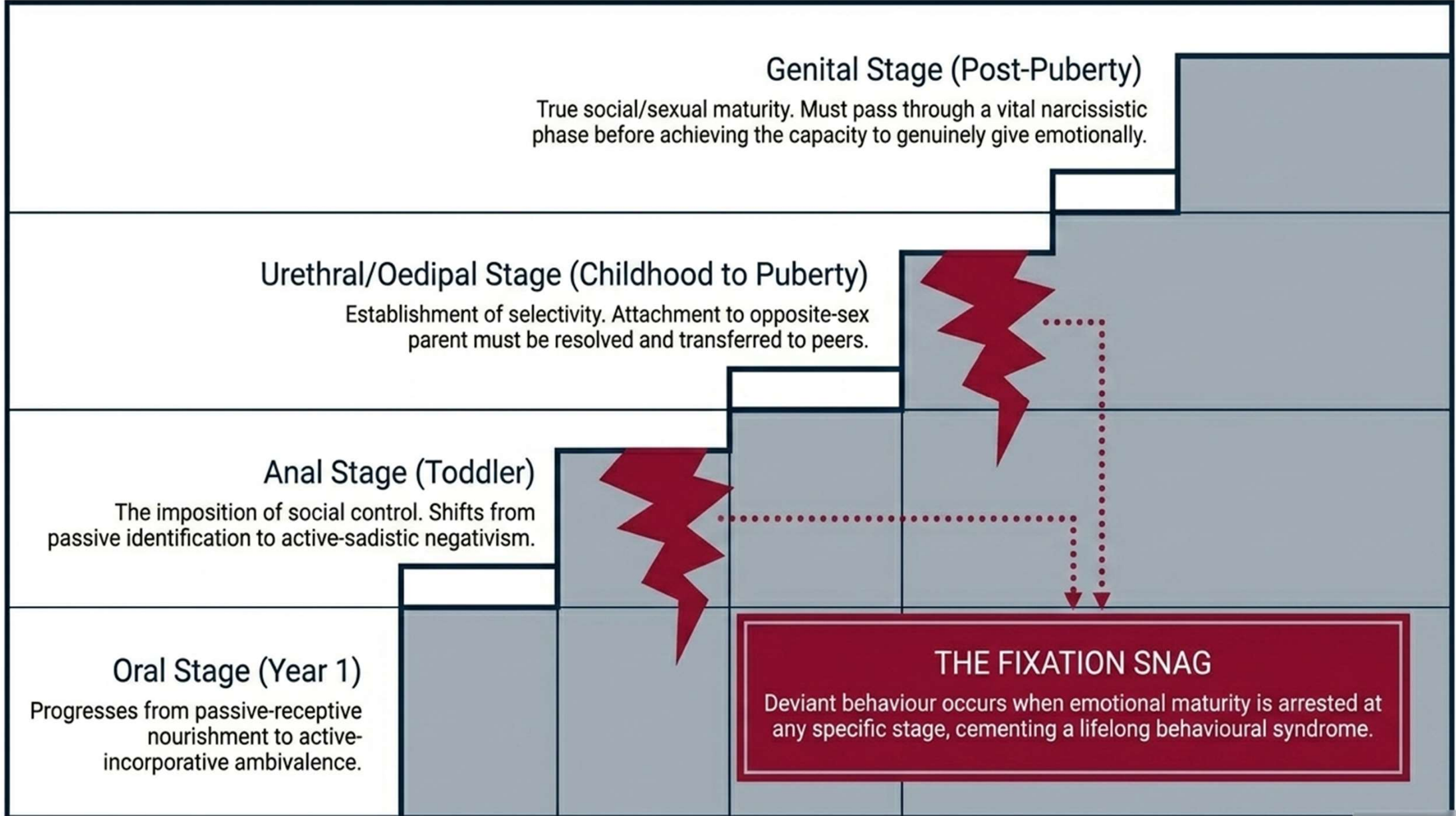


The basic reservoir of biological drives.
Source of sexuality, aggression, and the
libido. Present at birth.

The internalised value system (conscience).
Acquired post-birth via socialisation.
Formulates guilt, critical self-observation,
and demands reparation.

CLINICAL INSIGHT

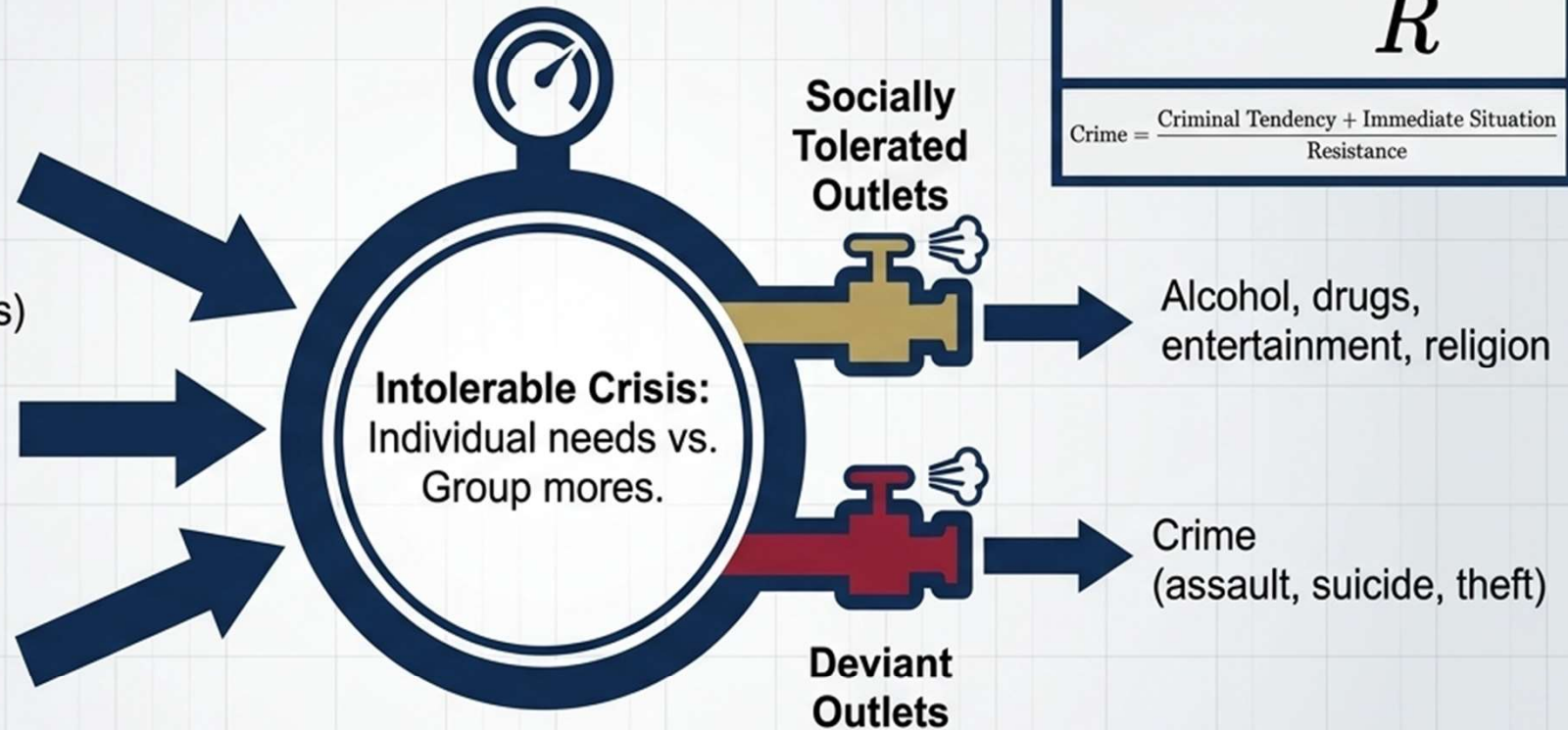
Without a strong
Superego, individuals
encroach aggressively
on others. With too
too rigid a Superego,
guilt and conflict impair
social adjustment.



THE ANATOMY OF ANXIETY

The Stressors

- Guilt feelings (unacceptable desires)
- Ego involvement (inability to compete, jealousy)
- Separation anxiety



$$C = \frac{T + S}{R}$$

$$\text{Crime} = \frac{\text{Criminal Tendency} + \text{Immediate Situation}}{\text{Resistance}}$$

Core Insight: Crime is fundamentally an anxiety-reduction agent for an individual perceiving themselves to be in an intolerable crisis.

THE FRACTURE MATRIX

Psychoses	Neuroses	Antisocial Personality Disorder
Ego Overwhelmed	Ego Overly Rigid	Ego Unrestrained
Defences shatter, alienating the individual from society. Characterised by hallucinations and delusions. Example: Schizophrenia.	Defences artificially rigidified by anxiety. Characterised by compulsive rituals and repressed hostility. Examples: Obsessive-compulsive, Hysteria.	Diagnostic Code 301.70. The largest clinical group in prisons. Characterised by a total lack of guilt, inability to profit from experience, and inability to postpone gratification.
Typical Offences: Violence, bizarre sexual perversions, and crimes of deterioration (vagrancy).	Typical Offences: Compulsive auto theft, forgery, and the irresistible impulse.	Typical Offences: Broad spectrum recidivism; lacks emotional empathy.

INTERPERSONAL MATURITY (I-LEVEL THEORY)

LEVEL 4: THE NEUROTIC / IDENTIFIER


Worldview: Filtered by internal guilt. Possess internalised standards but act out to avoid conscious anxiety or to align with deviant peer values.

LEVEL 3: THE MANIPULATOR

- Worldview: A system to be controlled. Unaware that their own behaviour influences outcomes.
- Subtypes: Immature Conformist, Cultural Conformist, Manipulator (usurping authority).

LEVEL 2: THE ASOCIAL

- Worldview: Givers vs. Withholders. Interpersonal understanding stops at being taken care of.
- Subtypes: Aggressive (demanding/hostile) or Passive (complaining/withdrawing).

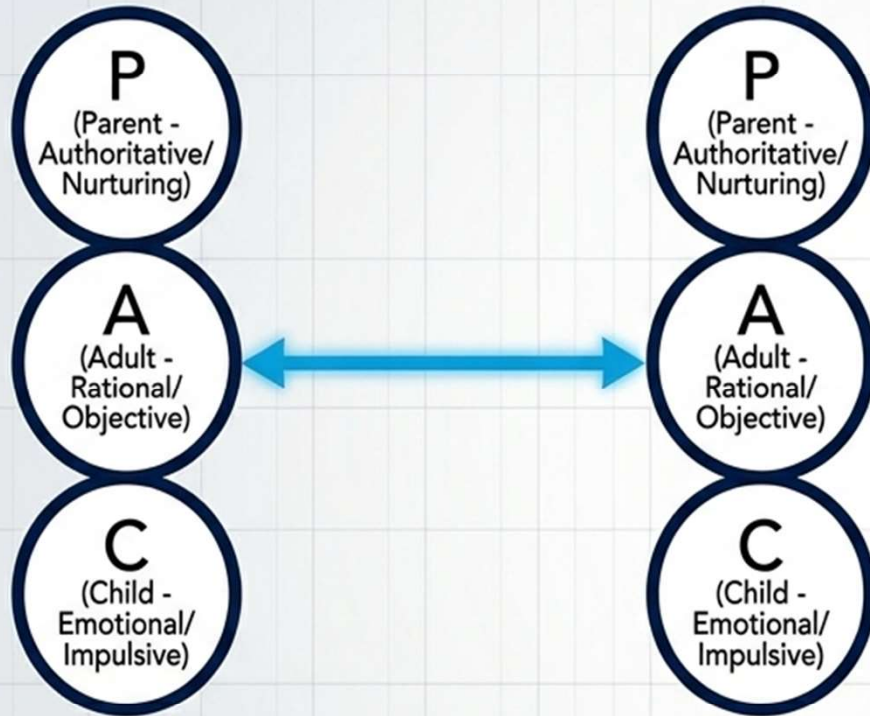


Diagnostic Warning:
Treatment fails when a Level 4 intervention is applied to a Level 2 cognitive architecture.

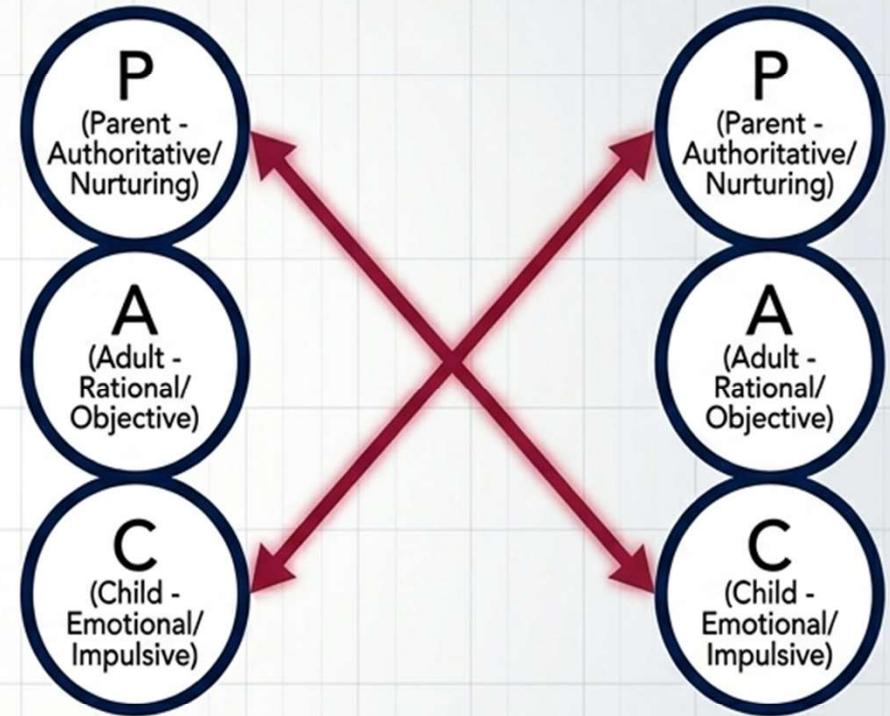
THE THERAPEUTIC TRIAD

Psychoanalysis (Freud/Linder)	Transactional Analysis (Berne)	Reality Therapy (Glasser)
Focus: The Subconscious Past	Focus: Interpersonal Roles	Focus: The Conscious Here-and-Now
Method: Free association and uncovering repressed infant psychosexual traumas.	Method: Identifying daily games and ego states to decode current social friction.	Method: Facing consequences, demanding responsibility, rejecting unhappiness as an excuse.
Correctional Reality: Highly expensive, rare in justice settings.	Correctional Reality: Popular, easily verbalised in group settings.	Correctional Reality: Highly controversial among psychiatrists, widely favoured by correctional staff for its absolute accountability.

Transactional Analysis Cross-Hairs



Parallel Transaction: Communication proceeds smoothly indefinitely.



Crossed Transaction: "Why do you always blame me?"
Breakdown resulting in confusion and immediate antagonism.

Core Insight: TA trains individuals to consciously identify and shift their active node to avoid conflict escalation in high-stress environments.

THE PARADOX OF PRISON THERAPY

The Clinical Requirement

The therapist must allow the expression of forbidden/destructive impulses without condemnation to convert them to acceptable needs.

The Carceral Reality

Imprisonment enforces dehumanisation, automaton conformity, and strict routinisation, directly opposing the mechanics of mental recovery.

"If the therapist condemns the offender, he cannot treat him; but if he condones his offense, he cannot change him."
— Melitta Schmideberg



The Sturup Compromise

Integrating maximum psychological normalcy within the compound while maintaining an uncompromising perimeter of public security.

Clinical Reality
(The Psychiatrist)

Legal Status
(The Court)

Focused on aetiology,
subconscious
motivation, and treating
an ill patient.

Psychosis is a
measurable medical
condition.



**The
Friction**

Focused on protecting
society, determining
competency, and
assigning moral blame.

Insanity is a legal fiction
assigned by a jury,
incongruent with clinical
diagnoses.

“As Halleck notes, the psychiatrist in court is often an uncomfortable pawn, used merely to lend ‘scientific authenticity to a social ritual’.”

EVOLUTION OF THE INSANITY DEFENCE



1843:
The McNaghten Rule

The Baseline:
A defect of reason from
a disease of the mind;
the inability to know
right from wrong.



Late 19th Century:
Irresistible Impulse

Supplementing
McNaghten to account
for compulsive neuroses.



1954:
The Durham Rule

The Product Test:
A crime is the direct
offspring of a mental
disease.
(Largely abandoned).



1975-Present:
Guilty But Mentally Ill
(GBMI)

Post-Hinckley
Compromise: Ensures
legal accountability
while mandating
psychiatric treatment.

Profiling Dangerousness (Kozol's Criteria)

The Dangerous Offender

- Harbours intense anger and resentment.
- Enjoys inflicting suffering; lacks altruism.
- Perceives themselves as the victim.
- Totally intolerant of frustration or delayed satisfaction.

The Safe Individual

- Has developed compassionate concern for others.
- Divested of hostilities.
- Possesses clear insight into their own psychological structure.
- Recognises that freedom requires reciprocal responsibility.

Core Insight: Dangerousness is defined by a profound distortion of reality matched with an inability to conceptualise the humanity of a victim.

The 'Criminal Mind' Debate

Root Causes (Sociological)

Crime is caused by poor neighbourhoods, socioeconomic disadvantage, and traumatic family backgrounds. The offender is a product (and victim) of their environment.



Thinking Errors (Internal/Cognitive)

Yochelson & Samenow (1976) argue for the existence of the 'Criminal Personality', identifying 50 specific thinking errors including perpetual lying, power orientation, and superoptimism.

The Tension

Positing that external disadvantages cause crime removes individual responsibility. The 'Criminal Mind' theory reinstates absolute moral accountability, thrilling jurists but alienating social scientists.

Synthesis: The Dual Mandate

The Societal Reality (The Law)

Civilisation cannot survive without absolute perimeters of safety and accountability.
The physical safety of the public above the surface is paramount.

The criminal justice system must operate exactly at the waterline—relentlessly protecting the public above the surface, while deploying clinical insight to repair the fractured minds hidden below.

The Clinical Reality (Psychiatry)

Human behaviour, no matter how deviant, is rarely random. It is the predictable product of biological drives, arrested psychological development, and overwhelming anxiety.