

# Psychiatric Aspects of Criminal Behavior

---

*Collected Papers of Eugene Revitch*

*Edited by*

**LOUIS B. SCHLESINGER**

**PSYCHIATRIC ASPECTS OF  
CRIMINAL BEHAVIOR**

**Collected Papers of Eugene Revitch**



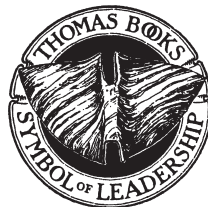
# PSYCHIATRIC ASPECTS OF CRIMINAL BEHAVIOR

Collected Papers of Eugene Revitch

*Edited by*

**LOUIS B. SCHLESINGER, PH.D.**

*Professor of Forensic Psychology  
John Jay College of Criminal Justice  
City University of New York*



**CHARLES C THOMAS • PUBLISHER, LTD**  
*Springfield • Illinois • U.S.A.*

*Published and Distributed Throughout the World by*

CHARLES C THOMAS • PUBLISHER, LTD.  
2600 South First Street  
Springfield, Illinois 62704

This book is protected by copyright. No part of  
it may be reproduced in any manner without written  
permission from the publisher. All rights reserved.

© 2017 by CHARLES C THOMAS • PUBLISHER, LTD.

ISBN 978-0-398-09145-3 (paper)  
ISBN 978-0-398-09146-0 (ebook)

*With THOMAS BOOKS careful attention is given to all details of manufacturing  
and design. It is the Publisher's desire to present books that are satisfactory as to their  
physical qualities and artistic possibilities and appropriate for their particular use.  
THOMAS BOOKS will be true to those laws of quality that assure a good name  
and good will.*

*Printed in the United States of America  
TO-C-1*

**Library of Congress Cataloging-in-Publication Data**

Names: Revitch, Eugene, 1909-1996, author. | Schlesinger, Louis B., editor.  
Title: Psychiatric aspects of criminal behavior : collected papers of Eugene  
Revitch / edited by Louis B. Schlesinger.  
Description: Springfield, Illinois : Charles C. Thomas, Publisher, LTD.,  
[2017] | Includes bibliographical references.  
Identifiers: LCCN 2016044950 (print) | LCCN 2016045384 (ebook) | ISBN  
9780398091453 (paper) | ISBN 9780398091460 (ebook)  
Subjects: | MESH: Criminal Behavior | Sex Offenses--psychology |  
Epilepsy--psychology | Paranoid Disorders--psychology |  
Physician-Patient Relations | Collected Works | Case Reports  
Classification: LCC HV6080 (print) | LCC HV6080 (ebook) | NLM WM  
605 | DDC 364.3--dc23  
LC record available at <https://lccn.loc.gov/2016044950>

## INTRODUCTION

We often hear that scientific knowledge gained today—methods currently in use as well as recent research—is outdated after about 10 years. This is an overstatement and simply incorrect. Although many of Doctor Revitch’s papers were published 50 years ago, they are as relevant today as when they first appeared. I edited this book because I did not want these seminal papers to become lost in the archives, to be only referenced in term papers or literature reviews. When I trained, I read and reread these articles many times, always learning something new. These works were so important to me in learning about various types of criminal behavior that I simply could not allow them to become abandoned and forgotten. It would serve students well including established professionals, to obtain a fundamental understanding of some of the most complex forms of human behavior by studying these important papers which astutely describe various clinical conditions.

I met Doctor Revitch on the first day of my clinical internship in 1973 at the New Jersey State Diagnostic Center. He was the person at the Center in charge of training, and all psychiatry residents and clinical psychology interns attended his bi-weekly staff meetings. His desk was in the center of the office, in front of a large window, and along the remaining three walls were chairs filled with staffers and trainees. While leading a discussion of the case that was presented, Doctor Revitch was also dictating a report, answering a phone call about an “interesting case,” referencing Dostoyevsky’s Raskolnikov and, at the same time, interpreting an EEG. And throughout, he frequently commented on the disintegration of Western society! To say that Doctor Revitch was a multitasker is an understatement. He finally left the meeting abruptly in order to handle a consultation at JFK Hospital about a quarter-mile away, and then to attend to his private patients in the afternoon. Most of the trainees were left sitting there overwhelmed, but I was very impressed.

Notwithstanding the disorganization, I immediately observed a brilliant psychiatrist who explained cases in a substantive way rather than with psychobabble. Up to this point in my training, I had many supervisors who seemed, to me, to really not understand the psychopathology and psychodynamics of a case, but rather just made things up that sounded good. At that

point in my training, I did not know what was correct, but I believed that much of what I had heard was incorrect. I knew if I could tolerate Doctor Revitch's authoritarian style, dogmatic approach, and blunt criticism, I could learn a great deal. I asked him whether I could sit in on his evaluations and I was able to also attend his courtroom testimony in a murder trial. In addition, I also observed several sodium amytal interviews. On one occasion, he demonstrated the "cheap" needles that were being used, by bending one while it was in the defendant's vein—just another indication of the weakening standards and harmful effects of state government bureaucracy!

Doctor Revitch was my teacher and mentor, and later we became colleagues and friends. We wrote several books together in the 1980s—*Psychopathology of Homicide* (1981), *Sexual Dynamics of Anti-Social Behavior* (1983), and *Sex Murder and Sex Aggression* (1989)—as well as several book chapters, and we worked together on many interesting cases. At the end of his career, as he stopped taking on forensic cases, I was simultaneously beginning to establish my own career and getting many fascinating referrals. I spoke to Doctor Revitch weekly until the end of his life to discuss cases—forensic and clinical cases as well—and I learned something from every conversation.

Doctor Revitch has been a part of my professional career from day one. As I now enter the latter stages of my own career, I am still immersed in his work. His ideas have been with me for over forty years, and his papers are still in organized piles on my bookshelf.

In academia, a *Festschrift* is a book honoring a respected person, and is presented to him or her during the honoree's lifetime. A comparable book, presented posthumously, is a *Gedenkschrift*—a memorial publication. This edited *Gedenkschrift* of Doctor Revitch's collected papers is a modest attempt to honor a truly distinguished man.

Louis B. Schlesinger, Ph.D.  
Maplewood, N. J.  
August, 2016

**EUGENE REVITCH, M.D.**  
(1909-1996)



Eugene Revitch was born in Dubulti, Latvia, in 1909. At that time, Nicholas II was still the czar of Russia, Franz Joseph was the emperor of the Austro-Hungarian state, and most European countries, except for France and Switzerland, were still kingdoms and not republics. When Doctor Revitch was about five years old, the Russians—who controlled Latvia at that time—thought his family members were German spies, or would support Germany in a war against Russia, and the family was forced to leave the country. In 1920, they were all able to return to Latvia.



Doctor Revitch was raised in a middle-class family which included his sister and two brothers. His father was self-educated and initially worked as a tutor for wealthy children; he later became a businessman and, with a partner, began an import-export textile business, which eventually included a small factory and a retail store. His mother was a homemaker.

Doctor Revitch's interest in medicine began at an early age. It seems his father was diagnosed as having Meniere's disease, an illness of the inner ear that affected his balance. From his experience observing the doctors evaluate his father's condition and arrive at a diagnosis, as well as an operation he had on his hand a year previously, Doctor Revitch's initial interest in zoology and the wildlife on the African continent changed to an interest in medicine. Doctor Revitch graduated from the gymnasium (the United States equivalent of high school with an academic emphasis) in 1928, at 19 years of age. He decided to study medicine in France because he viewed France as the center of Europe and as more connected with the rest of the world than some other countries with medical schools.

He first attended the University of Montpellier, located in an ancient university town in southern France. The medical school was founded at the end of the twelfth century and was the second medical school established in Europe. At that time, medical school was five years preceded by one year of premedical studies which consisted of physics, chemistry and natural sciences (zoology and botany). College was not a prerequisite for the study of medicine (or law) in Europe, as it was in the United States. After completing his premedical studies, Doctor Revitch attended his first year of medical school at Montpellier, but decided to transfer to the University of Paris for the rest of his medical training. He believed that the cosmopolitan aspect of the French capital, as well as a degree from a school in Paris, would have greater significance abroad. Also, the fact that his friend had transferred to the University of Paris law school, probably played a role in this decision as well.

Doctor Revitch had his neurology training with the renowned George C. Guillain. Professor Guillain—most noted for the Guillain-Barre syndrome—occupied the same chair, in the same hospital, as did Jean-Martin Charcot in the 1800s. Every Tuesday students crowded into the room where Charcot presented his patients. Among his students was Sigmund Freud who studied with Charcot on a fellowship in 1885. During 1934 to 1935, Doctor Revitch worked on his doctoral thesis, a requirement of European medical schools at that time. He initially wanted to study childhood tuberculosis, but switched his topic to the study of the effect of war gases, which he thought might be more relevant to the future. He completed his thesis and his examinations, and graduated with a degree in medicine in 1935.

On his trip home from Paris to Latvia, Doctor Revitch read an article in a medical journal about a newly introduced brain-wave test, the electro-

encephalogram. It fascinated him, and it reinforced his intense interest in neurology. Once back in Latvia, he was drafted into the Latvian army. He was a private in the ski-and-bicycle infantry unit, serving on the Russian border. Following discharge, he realized that there was no future for him in Europe, and he decided to emigrate to the United States in 1938, where he joined relatives who had already settled in Philadelphia.

Once Doctor Revitch arrived in the United States, he had difficulty obtaining an internship, which is a requirement to become a licensed physician. At that time, organized medicine kept tight control on the number of physicians allowed to practice, and the medical establishment was especially questioning of foreign medical graduates. Ostensibly, this skepticism was for quality-control purposes, but it was really primarily for economic reasons—to keep the supply of physicians low so that the demand for services would be high. Before securing an internship, Doctor Revitch worked at a few jobs, including assisting in a tuberculosis research project at the Phipps Institute in Philadelphia. Finally, after mailing about two hundred letters to various hospitals in the United States, he got an internship in 1939 at St. Peter's General Hospital in New Brunswick, New Jersey. This internship lasted about two and a half years; during which he not only learned a great deal about general medicine, but he also realized how little attending physicians knew about, or understood, psychiatric disorders.

Following his internship, Doctor Revitch took a residency in psychiatry at the Institute of Pennsylvania Hospital in Philadelphia. He was always an astute observer of people, and he noticed that many of his fellow residents, as well as practicing psychiatrists, seemed to be enamored with psychoanalysis which, at that time, was the Cadillac of psychiatric practice, especially private practice. However, he found that many of his colleagues had only a superficial connection to psychoanalysis, as they just tried to imitate a stereotypical psychoanalytic role such as remaining silent, being inactive, and not giving any advice or support to patients. He concluded that psychodynamic concepts were useful, but that the inactive approach was unhelpful—and sometimes harmful—to many patients. Instead of pursuing psychoanalysis, he became increasingly interested in neuropsychiatry and forensic psychiatry.

During this time, Doctor Revitch was becoming extremely anxious about the war in Europe, and he decided to join the U. S. Army—his second stint in military service. He had a number of assignments in the military, but the one that seemed to be most significant—and which he spoke about even towards the end of his life—was his time as an army psychiatrist at the disciplinary barracks in Missoula, Montana. Here, he was able to evaluate murderers, rapists, and other offenders. His observation at that time, which proved to be absolutely correct years later, was that those individuals who committed nonhomicidal offenses were more unstable and disturbed than the majority of the

murderers. In fact, many of the most dangerous individuals were polite and seemed normal, on the surface, but they engaged in some very disturbed and violent acts.

Following military service, Doctor Revitch took a job at the Lyons V.A. Hospital in New Jersey, as many military physicians were recruited by the Veteran's Administration following World War II. While a staff psychiatrist at Lyons, he was able to avail himself of the many training opportunities at the V.A. and he participated in a good deal of the training with the neurology residents. He attended neurology lectures at the Neurological Institute in New York, and was in residence for about five months at the National Veteran's Epilepsy Center in Massachusetts, serving as a footing for his intense interest in epileptoid violence and psychiatric aspects of epilepsy.

In 1952, Doctor Revitch joined staff of the newly established New Jersey State Diagnostic Center, in Menlo Park, which was created to evaluate sex offenders as well as to assess all sorts of criminal and complex marital cases. Doctor Revitch used his experience at the disciplinary barracks as a foundation for his work at the Diagnostic Center. While at the Center, he perfected the technique of sodium amytal interviews and became interested in the prison system, and the interface between psychiatry and law. He spent hours working on many interesting cases. Doctor Revitch remarked that, over the years, he developed a low opinion of lawyers, but a high opinion of detectives. He found that detectives were interested in the nature of the crimes they investigated, and his discussions with detectives were a productive exchange of opinions and experiences. In contrast, Doctor Revitch found that his contacts with attorneys almost always resulted in some type of legalistic and semantic argument over topics such as insanity and competency, which just frustrated him.

After about 23 years of service at the Diagnostic Center he left, as the institution closed, and he went into full-time private practice for the remainder of his career. Over the years, in addition to his general psychiatric and neuropsychiatric practice, he was involved in many forensic cases that included courtroom testimony. A retired criminal court judge told me several years after Doctor Revitch's death that he found him an easy witness to cross-examine, because "he was so honest."

Doctor Revitch was also a clinical professor of psychiatry at the Robert Wood Johnson, Medical School in Piscataway and, in 1967, he founded and became the director of the psychiatry department at the John F. Kennedy Medical Center in Edison. He was also a consultant in electroencephalography and psychiatry at Lyons V.A. Hospital, and a consultant at Muhlenberg Hospital as well.

Doctor Revitch made a substantial impact not only on the lives of his many students and patients, but also on the field of neuropsychiatry and forensic psychiatry. He led a fascinating life. He spoke seven languages and was

a true intellectual. All those who knew Doctor Revitch, even casually or briefly, found him to be an unforgettable character.

Sadly, during World War II, Doctor Revitch lost all his immediate family, except for his sister. His parents were executed in Latvia in 1941, and his younger brothers died fighting the Germans as members of the Red Army. His sister survived the Bergen-Belsen concentration camp and was able to come to the United States following the war. Notwithstanding these tragic events, Doctor Revitch was never bitter nor did he ever describe these losses in an angry, astringent, or resentful way. Doctor Revitch retired in 1987 because of severe visual problems and the development of Alzheimer's disease. He died in 1996 after a lifetime of enormous achievement and service.



# CONTENTS

	<i>Page</i>
<i>Introduction</i> . . . . .	v
<i>Eugene Revitch, M.D., Biography</i> . . . . .	vii

## SECTION I. SEX MURDER AND SEX AGGRESSION

<i>Introduction</i> . . . . .	5
1. Sex Murder and Sex Aggression. . . . .	8
2. Extreme Manifestations of Sexual Aggression . . . . .	16
3. Sex Murder and the Potential Sex Murderer . . . . .	26
4. Gynocide and Unprovoked Attacks of Women . . . . .	44
5. Sexually Motivated Burglaries . . . . .	57
6. Burglaries with Sexual Dynamics . . . . .	67

## SECTION II. MENTAL DISORDERS AND CRIME

<i>Introduction</i> . . . . .	89
7. The Concept of Psychopathic Personality . . . . .	93
8. The Pedophilic Offender. . . . .	100
9. Classification of Offenders for Prognostic and Dispositional Evaluation . . . . .	112
10. Patients Who Kill Their Physicians . . . . .	125
11. The Problem of Conjugal Paranoia . . . . .	132
12. The Paranoid Marital Partner: Counselor's Client, Psychiatrist's Problem . . . . .	147
13. Diagnosis and Disposition of the Paranoid Marital Partner . . . . .	168

**SECTION III. PSYCHIATRIC ASPECTS OF EPILEPSY AND  
EPILEPTOID VIOLENCE**

<i>Introduction</i> . . . . .	175
14. Psychiatric Problems in Epilepsy . . . . .	178
15. Epileptic Manifestations Resembling Psychiatric Disorders . . . . .	188
16. Diagnostic Problems in Epilepsy . . . . .	200
17. Psychomotor Paroxysms of Nonepileptic Origin . . . . .	211
18. Paroxysmal Manifestations of Nonepileptic Origin: Catathymic Attacks . . . . .	222
19. Epileptic and Nonepileptic Paroxysms: A Problem of Differential Diagnosis . . . . .	238
20. Social Aspects of Epilepsy . . . . .	246
 <i>Name Index</i> . . . . .	 251
<i>Subject Index</i> . . . . .	255

**PSYCHIATRIC ASPECTS OF  
CRIMINAL BEHAVIOR**

**Collected Papers of Eugene Revitch**





## **Section I**

# **SEX MURDER AND SEX AGGRESSION**



## INTRODUCTION

When Eugene Revitch published *Sex Murder and Sex Aggression* in 1957, little scientific literature existed on the topic, except perhaps for Richard von Krafft-Ebing's (1886) *Psychopathia Sexualis* and Magnus Hirschfeld's (1944) *Sexual Anomalies and Perversions*. Some early work on sex offenders (who did not commit homicide) was available, and Doctor Revitch's colleagues at the New Jersey Diagnostic Center—Albert Ellis and Ralph Brancale—had just published their landmark text (1956), *The Psychology of Sex Offenders*. Sex murder and sex aggression constituted essentially new ground from a psychiatric or psychological perspective, and the general public had hardly any interest in the topic. This situation is dramatically different today, as the media are saturated with both fictional stories and true-crime documentaries about all aspects of sexual and serial sexual murderers.

Doctor Revitch's (1957) paper is truly a seminal work, particularly his classification of the aggressive expression of sexual instincts into four groups: murder as a prerequisite for sexual satisfaction; murder not as a prerequisite for sexual satisfaction but due to frustration, anger, or fear during attempted intercourse or rape; aggressive sexual needs expressed in knifing, slugging, or choking with or without ejaculation; and aggressive sexual needs expressed only in fantasy life. In this paper, Doctor Revitch described the compulsive-repetitive nature of some sexual murders, and he also stated his belief that the prognosis in such cases is difficult to make. He argued for additional clinical research, for the courts to refer such cases for evaluation, and for sexually aggressive acts by children to serve as red flags.

*Extreme Manifestations of Sexual Aggression*, published in 1965, described the sexual nature of some unprovoked assaults on and murders of women by men. In this paper, Doctor Revitch first cited the work of Frederick Wertham (1949) regarding murders associated with a tension release that Wertham had described in his earlier work (1937)