

CASE REPORT

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Language Disorders in Disruptive Behavior Disordered Homicidal Youth

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ABSTRACT: Eight homicidal youths were assessed for language disorders and psychiatric diagnoses using a battery of standardized language tests and the Diagnostic Interview for Children and Adolescents. Both language disorders and *Diagnostic and Statistical Manual III-R* psychiatric diagnoses were present in all subjects.

KEYWORDS: psychiatry, juveniles, homicide, language disorders, violence

Forty years ago Cleckley hypothesized the basic defect in psychopathic personality disorder to be a "semantic disorder": an impairment in the psychopath's ability to experience empathy and to develop deep emotional relationships [1]. He conceptualized this semantic disorder to be a psychological deficit causing extensive and deep loss of understanding of meaningful language and possibly having a neurological substratum. Cleckley further stated that while the actual mechanics of speech are available to the psychopath, he lacks the capacity to experience the true meaning and emotional significance of his language.

King [2] noted the presence of impaired language skills, mastery of language, and use of symbols in juvenile murderers although he did not formally assess these. He suggested that the committal of homicide by youths was a result of their "overreliance on feelings to fathom the world." Because of their difficulty comprehending the language cues of society and impaired cognitive abilities, they relied on an affective interpretation of events which eventually led to violent behavior instead of using rational thought and understanding as a coping mechanism for frustration, interpersonal conflicts, or other emotionally laden experiences.

The purpose of this preliminary study was to determine the prevalence of language disorders in homicidal youths. No studies of this type are reported in either the psychiatric or speech-language pathology literature. Language disorders involve linguistic and metalinguistic competence. Language competence is the processing and production of basic

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language skills: word meanings (semantics), word and sentence structure (morphology and syntax), and recall and retrieval (memory). Metalinguistic competence is the knowledge about and the ability to use language. It is the ability to anticipate, plan, respond, and monitor verbal behavior and to adjust the behavior accordingly (control). Self-analysis or self-reflection is a constituent of metalinguistic competence. Control and self-analysis are mediated in the prefrontal area [3].

Methods

Eight consecutive minors within the investigator's immediate geographical area were evaluated during a 9-month period. Inclusion criteria included homicidal behavior and age less than 18 years. All 8 subjects were male and ranged in age from 7 years, 9 months to 17 years, 8 months. Six of the subjects were evaluated at either juvenile or adult detention centers while awaiting trial. The two youngest subjects were evaluated on an outpatient basis following referral by the juvenile court. Each of the subjects in this study committed murder ($n = 5$) or near-fatal attacks ($n = 3$) on their victims. The three subjects who carried out the nonfatal attacks were included in the study because their actions could easily have resulted in the death of the victim (that is, one victim was shot in the chest at point blank range with a large-caliber pistol; another victim received numerous serious stab wounds resulting in a pneumothorax and myocardial damage; the third victim received multiple skull fractures secondary to being bludgeoned).

IQ scores were not available for four of the subjects. However, none of the eight subjects met *Diagnostic and Statistical Manual of Mental Disorders*, Third Ed.-Revised, (DSM-III-R) criteria for mental retardation or had ever been placed in special education programs for the mentally retarded. Additionally, none met DSM-III-R criteria for psychosis.

The standard language protocol consisted of the *Clinical Evaluation of Language Fundamentals—Revised* (CELF-R) [4], the *Test of Language Competence—Expanded Edition* (TLC-C) [5], a measure of receptive vocabulary, a spontaneous speech sample, and a sample of written language. Additionally, the *Diagnostic Interview for Children and Adolescents* (DICA-R, 1988) was administered to assess for DSM-III-R psychiatric disorders.

The CELF-R assesses basic language skills in the areas of word meaning (semantics), word and sentence structure (morphology and syntax), and recall and retrieval (memory). The TLC-E assesses metalinguistic ability, that is, the ability to use language in problem-solving (interpreting/expressing inferences, ambiguities, and metaphors).

Results

Analysis of the results revealed that all subjects had a language disorder (see Table 1). Impairment ranged from mild to severe. All subjects performed significantly below their chronological age on the *Clinical Evaluation of Language Fundamentals—Revised*. The most significant finding was that all subjects performed poorly on the Formulated Sentences Subtest of the CELF-R. The z-scores for this subtest ranged from -1.33 to -2.33 . Of the eight administered subtests of the CELF-R, six proved difficult for the subjects; that is, the majority of subjects received z-scores at or below -0.67 . These subtests were: oral directions, semantic relationships, formulated sentences, recalling sentences, linguistic concepts, and word associations. On the *Test of Language Competence—Expanded*, five of the seven subjects performed poorly (z-scores at or below -0.67) on all four subtests.

All subjects were found to have disruptive behavior disorders within the conduct disorder spectrum, either conduct disorder itself ($n = 7$, 88%) or oppositional defiant

TABLE 1—Summary of performance on language tests and crime profiles.

| Subject | C.A. ^a | Age Equivalent Scores | | Crime Profile |
|---------|-------------------|-----------------------|--------------------|---------------------------------------|
| | | CELF-R | TLC-E | |
| 1 | 7-09 | 5-11 | . . . ^b | bludgeoning of sibling |
| 2 | 12-06 | 9-06 | . . . ^c | handgun shooting of school peer |
| 3 | 13-09 | 10-05 | 7-0 | knife attack upon a stranger |
| 4 | 14-10 | 11-05 | 8-07 | handgun shooting during armed robbery |
| 5 | 15-08 | 11-10 | 10-04 | rifle shooting of two family members |
| 6 | 16-08 | 10-05 | 7-03 | handgun shooting during armed robbery |
| 7 | 17-06 | 6-08 | 6-06 | battery during strong-armed robbery |
| 8 | 17-08 | 14-01 | 7-11 | manual strangulation during rape |

^aChronological age in “years-months.”

^bAt the time of Subject 1’s evaluation the TLC-E was not available.

^cSubject 2 performed so poorly on the Formulated Sentences subtest of the CELF-R that the Recreating Sentences subtest of the TLC-E was not administered and therefore no age equivalent score could be computed.

disorder (ODD) (*n* = 1, 12%). ODD may well be a mild form of conduct disorder. One subject also had attention-deficit hyperactivity disorder (ADHD) (*n* = 1, 12%). Other diagnoses made included: Past ADHD (*n* = 2, 25%), past major depression disorder (*n* = 1, 12%), adjustment disorder with depressed mood (present prior to murder) (*n* = 1, 12%), polysubstance abuse (*n* = 3, 38%), separation anxiety disorder (SAD) (*n* = 1, 12%), past SAD (*n* = 2, 25%), overanxious disorder (*n* = 1, 12%), simple phobia (*n* = 1, 12%), obsessive compulsive disorder (*n* = 2, 25%), enuresis (*n* = 1, 12%), and past enuresis (*n* = 2, 25%).

Discussion

The clinical significance of language disorders in this population as well as others is succinctly stated by Gualtieri [6]:

No psychiatric diagnosis is appropriate in a severely disturbed child until a thorough developmental assessment is in hand. Language assessment is an essential part of this because the information provided . . . has a profound effect on one’s understanding of behavioral symptoms, the treatment thereof, and the interpretation of the child’s problems.

The fact that all subjects in this study were found to have a language disorder is not surprising. The presence of multiple, serious psychiatric disorders in juvenile murderers has been reported [7], and the association between psychiatric disorders and language disorders has been well documented [8,9]. In Baker and Cantwell’s [8] study of 300 children evaluated at a community speech and language clinic, 95% of those with language disorders had DSM-III diagnoses. The etiology of murderous behavior by juveniles is multifactorial and the extent, if any, that language disorders play in this process remains an intriguing question. Does impairment in the effective use of language as a tool put children with conduct disorder or conduct disorder spectrum diagnoses (ODD) at increased risk for aggressive behavior?

The presence of language disorders in this population of juvenile murderers and near-murderers raises important forensic and legal concerns regarding such areas as their Miranda rights and competency to stand trial. It may be difficult to impossible for lan-

guage-disordered youths to understand the inferences and implications of the Miranda warning. Additionally, their capacity to assist counsel in the preparation of a defense may be impaired as well as their ability to testify relevantly in the courtroom.

Juveniles who have committed homicide are frequently found to have various neuropsychiatric deficits [10]. The finding of language disorders as an additional neuropsychiatric vulnerability in this population has serious implications and may even be a contributory factor in the etiology of aggressive behavior. Such neuropsychiatric vulnerabilities become even more problematic when the older juvenile murderer is waived to adult court and stands trial for homicide—a matter of life and death.

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Erratum

In the article, "The Trial of Louis Riel: a Study in Canadian Psychiatry" (Vol. 37, No. 3, May 1992, p. 852), I erred in stating that Valentine Shortis was found not guilty of homicide, a verdict supported by the cabinet. In actuality, the insanity defense failed and Shortis was sentenced to death. The cabinet was evenly split over a recommendation for clemency. The Governor General, Lord Aberdeen, then commuted Shortis to "imprisonment for life as a *criminal lunatic* (italics mine), or otherwise as may be found fitting." This action exacerbated the discontent of French-Canadians over the Riel case. This decision in the Shortis case may have been a factor in the election of a Liberal, Wilfrid Laurier, who became the first French-Canadian prime minister of Canada in 1986.

Shortis remained incarcerated for 42 years; in the earlier years, he was frequently described as mentally ill. In his later years, he apparently functioned quite well and was released at age 62 in 1937; in 1941 he died suddenly of a heart attack.

Both the Jackson and Shortis cases reflect the fact that Canadian authorities were not adverse to considering the impact of mental illness in deciding the disposition of offenders, a step that was rejected in the Riel case.

I wish to thank Abraham L. Halpern, M.D., for bringing this error to my attention.

Irwin N. Perr, MD, JD

Erratum

The articles that appeared in the May issue of the journal under the Psychiatry and Behavioral Science Section Awards were erroneously labeled Case Reports on the title page.