



**Who is responsible, who is to blame?
The case of Anthony Smith revisited.**

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Maudsley is describing a moral conflict: a person is torn between committing suicide or homicide or not committing these acts. He simply identifies the option he approves as sane and the other as insane, and then introduces the idea of irresistible impulse, which he claims represents the scientifically correct understanding of the old theological concept of diabolical possession. That the evil temptation and diabolical possession of the theologians has simply been renamed the morbid impulse of the psychiatrist finds support in the fact that each of these terms is applied only disapproved options or acts.

(Thomas Szasz, *Insanity*, 1990, pp. 240-241)

The relationship between patient and physician is typically cooperative: the patient wants to get treatment, and the physician wants to give it. By contrast, the relationship between the mental patient and the psychiatrist is typically antagonistic: the patient wants to engage in certain kinds of behaviour, and the psychiatrist wants to prevent him from doing so. Lest this seems an exaggeration, let me say only that my construction follows inexorably from taking commitment statutes seriously: with monotonous regularity, such status focus – and have always focused – on the patient’s alleged dangerousness to himself and/or others. Clearly, then, the (seriously) ill mental patient is a person who is, or is considered to be, dangerous, and the institutional psychiatrist is a person who tries to cure or control the patient’s dangerousness.

(Thomas Szasz, *Insanity*, 1990, p. 127)

A recent historical-political event merits notice here. In 1964, in the aftermath of the assassination of President Kennedy, there was a momentary revival of the psychiatric myth that epilepsy causes murder. Soon after Lee Harvey Oswald, Kennedy's alleged assassin, was taken into custody, he was assassinated by Jack Ruby. Celebrity lawyer Melvin Belli came to Ruby's defence, claiming that his client was not guilty because he suffered from an epileptic fugue when he shot Oswald. The defence failed, not because it was ridiculous – it was no more ridiculous than other insanity defences that have succeeded – but largely because American neurological profession united in refuting the claim.

(Thomas Szasz, *Cruel Compassion*, 1994, p. 60)

It may be, then, that at least two key terms, Freedom and Responsibility, are needed: the relation between them is not clear, and it may be hoped that the investigation of excuses will contribute towards its clarification.

(J.L. Austin, 1956, *Plea for excuses*)

'Voluntarily' and 'involuntarily', then, are not opposed in the obvious sort of way that they are made to be in philosophy or jurisprudence. The 'opposite', or rather 'opposites', of 'voluntarily' might be 'under constraint' of some sort, duress or obligation or influence: the opposite of 'involuntarily' might be 'deliberately' or 'on purpose' or the like. Such divergences in opposites indicate that 'voluntarily' and 'involuntarily', in spite of their apparent connexion, are fish from very different kettles.

(J.L. Austin, 1956, *Plea for excuses*)

Schizophrenic freed to kill mother and brother

MARTIN WAINWRIGHT

Judge sends man to Rampton and calls for community care inquiry

A PARANOID schizophrenic who discharged himself from hospital and then stabbed his mother and younger half-brother to death was yesterday sent to Rampton secure hospital for an indefinite period.

Anthony Smith, aged 24, denied murder but pleaded guilty to manslaughter by reason of diminished responsibility at Nottingham Crown Court, not far from the Derbyshire village of Sandiacre where the tragedy took place last August.

Mr. Justice Latham asked for a painstaking investigation into the case, in spite of an internal review by Southern Derbyshire mental health NHS Trust which found no evidence of major breakdowns in care.

An independent panel headed by John Wood, former Professor of Law at Sheffield University, is about to start work and will focus on medical treatment and the level of support offered to Smith's worried family before the killings.

The hearing was told that Smith had volunteered to be admitted to hospital after being diagnosed as a paranoid schizophrenic. After a month he discharged himself, with the approval of a consultant, and at home had refused to take medication shortly before using a Bowie knife and an iron bar to kill and mutilate his victims.

(1) Guardian/7/3/1996 (cont.)

His mother, Gwendoline, aged 48, and his father, Peter, an accountant aged 47, had expressed concern at looking after him when his condition appeared to be worsening.

The judge said the case presented "in startling nature the nightmare those who care for people with schizophrenia must fear". He said: "This is a case where the circumstances of this young man's release into the community, and perhaps more importantly, the circumstances of the care he was given in the community, will have to be looked at with great care."

John Warren QC, prosecuting, said that Smith had bickered with his mother on the morning of August 8, and had become increasingly paranoid after she told him that he ought to be undergoing treatment in hospital. He told police that he felt "possessed by demons and voices telling him to kill his mother. He felt she was conspiring against him to make him leave the house. He just went berserk, stabbing his mother and his 11-year-old half-brother, David, who unfortunately came upon the scene when the defendant was attacking his mother," said Mr. Warren.

The court heard Smith then went to the local medical centre, telling the receptionist: "I have killed my mother and my brother."

Peter Joyce, QC, defending, said: "It is quite clear from reports that Anthony was a very sick young man before he went into hospital and a very sick young man when he was discharged."

Mr. Smith said after the hearing that he had known that his son was a 'ticking time bomb'. He and his daughter, Hayley, aged 20, are considering legal action against Derby City general hospital and medical staff.

Andy Clayton, medical director for the trust, said that its review had found no major breakdowns in care, but it had strengthened its risk assessment system and would be "very ready to learn" from the results of the independent inquiry.

(2) Guardian/7/3/1996

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(3) Daily Telegraph/7/3/1996

[...]

On Aug 8 Smith began to argue with his mother and she told him he should still be in hospital.

Mr. Warren said: “He went upstairs and began to feel increasingly paranoid. He heard voices telling him to kill her, to get rid of her.

“He said that he felt she was conspiring against him to make him leave the house, something he didn't want to do because he was afraid he would degenerate into a tramp-like condition and would be tormented forever.

“Then the voices told him what to do. He took a Bowie knife he had downstairs with him and effectively just went berserk, stabbing his mother and then his 12-year-old brother, David, who unfortunately came upon the scene.”

“It is clear he was driven by delusions and hallucinations and the overpowering urging of voices”

(4) Guardian/25/10/1996

Anger at inquiry into sick killer

MARTIN WAINWRIGHT

Martin Wainwright on care-in-the-community deaths

A FATHER is considering legal action following the exoneration of medical staff by an official inquiry into the care-in-the-community treatment of a schizophrenic who murdered his mother and young stepbrother in a frenzied attack with a knife and spiked baseball bat.

(5) Guardian/25/10/1996

Marjorie Wallace, chief executive of the mental health charity Sane, said: “This report is one of the most inadequate I have ever read. In Anthony's case the warning signs were absolutely clear; you couldn't want a more classic picture of a tragedy waiting to happen.”

“How can a patient who believes he is possessed by demons and his soul has been taken away be left to decide if he is fit enough to be discharged?”

(6) Guardian/25/10/1996

The report said Smith had an "unstable relationship" with his mother during adolescence, spent a lot of time in his own room and told his friends he was "troubled by voices".

(7) Guardian/25/10/1996

Smith was apparently driven to a frenzy by the "voices" in his head and his stepfather said he still failed to understand why officials, particularly Dr. Clayton, had failed to react to his warnings.

(8) Report of the inquiry into the care of XXX XXX, p. 4

On the 8th August 1995 xxx xxxx(1), in a deranged episode of violence at home, killed his mother, Mrs xxx and his young half-brother xxx. He later went to the surgery of his General Practitioner, Dr Yyyy, and asked that an ambulance be called and the police informed. He was subsequently arrested at the GP surgery, without further incident. He was detained and on the 6th March 1996 he appeared before the Crown Court in Nottingham and pleaded guilty to manslaughter. He was ordered to be detained, without limit of time, in Rampton Hospital.

(9) Report of the inquiry into the care of XXX XXX, pp. 7-8

A. PRIOR TO ADMISSION TO HOSPITAL

1. Outline summary of events

(i) Early life at home

XX (formerly ZZ) was born in xxx and brought up in xxxx. His father had left his mother before he was born. When he was two, his mother remarried and XX was adopted and took the name of his stepfather - XX. A half-sister was born in 1976 and a half-brother in 1983. He was told of his adoption at about the age of 8 and this appears to have given rise to no change in the family relationships. His period of growing up appears to have been unremarkable and presented no difficulties or unusual signs until he was about 13 when he tended to withdraw from family activities. This was thought to be a relatively normal impact of adolescence. It was not until he was 20 that serious tensions appear, especially between Xx and his mother, and even then there was apparently no violence, although his father did think that he might be making threats to his mother.

(10) Report of the inquiry into the care of XXX XXX, pp. 7-8

[...]

His school record was not particularly good but he did gain some CSEs. He left school at 16 and secured a Youth Training Scheme placement in a warehouse. He did not complete the year, feeling that he had not the ability to become a van driver. There followed a series of short periods in labouring and factory jobs. With hindsight, it now appears that his mental illness was certainly showing some effects by the time he was 20. He appears to have had a number of friends, with whom he, for example, attended football matches. He was telling these friends of his own age of some of his problems, which included an indication that he was being troubled by voices. This information he did not disclose to his family. His friends have reported that he had an adverse attitude to his mother, including some aggressive feelings.

(11) Report of the inquiry into the care of XXX XXX, pp. 7-8

[...]

His period as a member of the T.A. appears to have been reasonably successful and did not give rise to adverse comments on his sociability. However he had a large number of short periods in employment and does not appear to have integrated closely in any of these. He increasingly appears to have spent considerable time in solitary pursuits - walking, running and cycling in the surrounding countryside. In 1994, on one of his excursions, he was violently set upon by a group of young males and this led to him taking a greater interest in collecting weapons 'of defence', and carrying one of them on his excursions 'for protection'. The tendency towards isolation appears to have been reflected at home where he began to spend a large part of his time alone in his own room. The family appear to have felt, not unreasonably, that XX should be encouraged to set himself up in independent accommodation. However he appears to have lacked confidence and made no serious effort to do so. There must have been some tension as a result.

(12) Report of the inquiry into the care of XXX XXX, p. 17

More generally, the lack of communication with XX's family is unfortunate, if possibly explicable. XX appeared to be an adult and self-contained young man; his relatives had not apparently pressed on his admission for an early meeting with the doctors; his illness looked to be relatively easy to control and release from hospital might secure a return to his job. One of the factors that may well have influenced the approach was the current importance given to confidentiality, for it has to be acknowledged that as XX was an adult there may well have been hesitation in involving others without explicit permission.

(13) Report of the inquiry into the care of XXX XXX, p. 21

On the 19th July, FFF visited XX, taking a Depot injection with him. He saw XX by himself. In the conversation they had, XX was relaxed and open, showing some insight but appearing overall very flat. He discussed hearing voices but said that they had lessened since he was taking the Sulpiride. He checked that XX had a supply of tablets which he said he would continue to take and offered the injection which was adamantly rejected. He indicated that his non-compliance, and his previous discarding of tablets was because they did not mix with alcohol. XX also reported that he had "left" his job. He indicated that the nature of the work had changed from that before his admission to hospital, so he had "left that day". He indicated a willingness to see the CSN to talk about his future and a visit in two weeks was arranged. There was an amount of social conversation, on football for instance. The CSN gave XX a telephone number to contact him if he wished to do so.

(14) Report of the inquiry into the care of XXX XXX, p. 21-22

The family were worried about XX not settling at home. His father raised with him the possibility of finding independent accommodation, without any positive response from XX. A quarrel appears to have taken place on 6th August.

[...]

It was on the 8th August that Xx killed his mother and subsequently his half-brother. He left hand-written notes around the bodies indicating that he knew he was mentally very ill. He then went to the doctor's surgery and reported the killings; the police, who had been called, arrived and arrested him. His father was informed and left his work and returned home.

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