unveil such a VAT here, despite its defeat at the 1985 tax summit. Leaders of the Confederation of Australian Industry and the Business Council of Australia have called for company tax to be reduced from 49 cents to 39 cents or lower, and Hawke has declared his support for some reduction.

The threat that Australian industry will relocate in NZ is being used to whip up pressure on Hawke and Keating. The Australian applauded the Lange government’s tax cuts as “leadership rarely shown in politics”, and insisted that “NZ has set the pace and Australia will have to follow”.

What these viewpoints don’t acknowledge is not only the social costs of “Rogernomics”, but also that it is simply not working.

In a country with fewer people than Victoria, there are now 100,000 unemployed, up from 66,000 just two years ago; overseas indebtedness is still three times the per capita level of Australia. The insistence that state instrumentalities should pay their way has resulted in, among other things, 430 post offices being listed for closure in small communities.

The fragility of the hot-house financial atmosphere of Wellington and Auckland was demonstrated when the NZ stock exchange tumbled more sharply than any other last October. Very high interest rates which have lured speculative capital from overseas have propped up the exchange rate, causing crisis for rural exporters (there are few manufacturers left to worry about their exports).

And how are the tax cuts to be paid for? Douglas has made it plain that the logical next step is to deregulate the labour market and further introduce “user pays” practices into state housing, education and health. This, it seems, is the inescapable conclusion to the brave new world of “Rogernomics”.

Peter McPhee

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**Psychokillers?**

There is a growing trend to see violent, destructive acts as the work of a psychiatrically disturbed person. This is often blown up by the media. The Russell Street bombing in Melbourne in 1986 is an example.

A bomb exploded after being placed in a car outside a police station, injuring twenty-two people. On the basis of no evidence at all about who the culprits were, the Chief Commissioner suggested that the bombing could have been the work of a psychopath. There was no forewarning that a bomb might be detonated. Even self-respecting terrorist groups overseas usually provide that concession. This wasn’t done, which leads us to assume that this is more likely the work, therefore, of a psychopath. Given that this was a mere conjecture on the part of the Police Commissioner, it is instructive to see how the media handled it.

The Age did nothing. In fact, it highlighted an alternative theory: “Local gang is prime suspect.” The Sydney Morning Herald reported the Commissioner’s comments but suggested an open mind: “Car Bomb: Who Did It — And Why?” The Geelong Advertiser chose to highlight the Commissioner’s view: “Police Hunt ‘Mad’ Bomber” and presented a slightly strengthened version: “Police believed it was probably the work of a psychopath.” (my emphasis). The Sydney Daily Telegraph followed this trend with an even more definite banner headline: “Psychopath CarBomber” and the Border Morning Mail summed up the situation in one huge word “Psycho”.

In claiming that the criminal is a psychopath, one invalidates the criminal act. It doesn’t emanate from a rational mind. There is a sense in which it was not even intended. This perspective on the action is a way of denying rational motivation. Curiously, a year after the Russell Street bombing it was discovered that the bomb was placed there by five men who had a grudge against the police for putting one of their mothers in a mental asylum — a seemingly rational protest.

While, on the one hand, there are those who want to deny the rationality of any violent, destructive act, there are others, perhaps perpetrators of such acts, who attempt to use irrationality as an excuse. Psychiatric disturbance is sometimes used by accused killers to support a plea of “not guilty by reason of mental illness” (previously called the insanity plea), or to try to get a murder sentence reduced to manslaughter, on the basis of diminished responsibility. If the first plea is successful, then the person is normally detained in strict custody until “the Governor’s pleasure is known”. In the latter case the jail term may be reduced from life. (The shortest sentence imposed thus far in NSW is twelve years’ imprisonment.)

The term “psychopath” although widely used in the media when psychiatric disturbance is implied, has fallen into disuse in psychiatry. The term “anti-social personality disorder” has replaced it. This is defined in the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM-111) as follows: “The essential feature is a Personality Disorder in which there is a history of continuous and chronic anti-social behaviour in which the rights of others are violated, persistence into adult life of a pattern of anti-social behaviour that began before the age of 15, and failure to sustain good job performance over a period of several years.”

If it were the case that a killer suffered from an anti-social personality disorder, would that be grounds for arguing diminished responsibility? It is hard to see why, as this disorder is defined behaviourally. It is because the person behaves in a deviant manner,
violating social norms that he or she is said to be suffering from an antisocial personality disorder; but it is not behaviour that is thought to diminish responsibility but rather some mental incapacity. Killing someone could perhaps indicate an anti-social personality disorder but it would then be circular to claim that the disorder to some extent excused the killing.

Perhaps it could be argued that the criminal whom we want to excuse on psychiatric grounds not only fits into one of these psychiatric categories where psychiatry and criminality merge, but that he or she also suffers from psychiatric disturbance and it is this that excuses the crime. Taking a brief look at some recent murder trials, it appears that a wide range of psychiatric grounds may be used. Jeffrey Upfold, a former medical student, was accused of murdering his girlfriend on a Wollongong beach in 1980, during a fight. At the court hearing, the psychiatric experts were divided as to whether he was suffering from a severe neurotic personality disorder, schizophrenia, anxiety and personality decomposition or a vulnerable personality. The jury, presumably convinced that he was suffering from something, reduced the conviction from murder to manslaughter.

When Stuart Lowe was on trial for murdering his girlfriend who was about to leave him, in 1986, he put in a plea of guilty to murder, but the judge accepted the evidence of a psychologist that Lowe strangled his girlfriend “in a dissociated state of consciousness produced by the prior weeks of psychological torment and ambiguity, the dissociation being facilitated by the effects of alcohol wearing off”, and reduced his sentence from life to twelve years’ non-parole on a prison farm.

More recently, Michael Dumas was sentenced to life imprisonment with a non-parole period of eighteen years after murdering his girlfriend.
with a crossbow. The judge said that the trial had a sense of unreality about it because Dumas repeatedly refused to allow evidence of his insanity even though that evidence was overwhelming. Apparently he had been dropped as a baby and suffered brain damage to which doctors attributed his mental illness.

It is apparent that psychiatric experts use a range of descriptions in criminal cases, but the question as to why the descriptions constitute relevant information is rarely, if ever, faced.

This leads us to the notion of "mental illness" and how mental illness acts to impair responsibility. The law does not help us at all there. Neither the Crimes Act nor the Mental Health Act defines mental illness. The psychiatric diagnostic scheme now in use is not enlightening either, as it shies away from using the term "mental illness" — presumably as a result of the deep conceptual problems with this notion. It uses a notion of mental disorder, but this is broad as to include, for example, problems with reading and arithmetic, with giving up smoking, and mild mood swings — hardly excusing conditions for killing. Perhaps, then, it is certain sorts of mental disorder that are relevant, but which they are and why they are relevant is an open question at the moment.

As I pointed out above, the psychiatric categories that incorporate criminality are behaviourally defined and hence cannot provide a ground for reducing culpability. You can't excuse some behaviour on the basis of other behaviour. And why would it be relevant to point out that an accused person is suffering from a neurotic disorder or even schizophrenia? An easy answer might be to say that their judgment is impaired, but even granting that is so, does that distinguish such people from other killers? It is fairly safe to assume that most of us do not condone killing, so there is a sense in which anyone who kills has impaired judgment. If it was not mental disorder that impaired their judgment then perhaps it was an unhappy childhood, a life of discrimination, or poverty or something else. Consider, for example, this report from the Sydney Morning Herald relating to John Travers, one of the convicted murderers of Anita Cobby:

The story of the Travers family and their eldest son, John, is a suburban nightmare. It is a depressing tale of a broken family living mostly on social security. Of an obese mother who was often unable to control her seven children. Of a father, a drinking man, who left his wife and children.

(Travers') uncle introduced him to marijuana when he was ten and, later, to heroin.

Any child from such a family is likely to have their judgment impaired to some degree. People don't, by an act of will, impair their judgment but rather become molded into certain sorts of human beings by their social context. If you dig deep enough with any killer you will find why their judgment is impaired, so this line of reasoning does not lead us into a rationale for the separate treatment of some killers over others.

Is it something else about mental disorders which gives them an excusing quality? Perhaps it could be argued that with certain disorders one loses control; it is as if some other agency is working through you; and hence you are excused. This isn't satisfactory. It is you who performed the act even though you may not have thought so. You were mistaken, i.e. suffered from impaired judgment. Hence this "lack of control" approach collapses into a variant of impaired judgment.

Nor does there seem to be anything else that could account for the excusing quality of a mental disorder. This conclusion does not rest very easily with the apparently widespread intuition that psychiatric conditions should be allowed to reduce culpability. This suggests that we either need to rethink this intuition or do a lot more hard thinking about diminished responsibility.

Denise Russell