

Skafté: A "Symptom-Free" Murderer

PART 1

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ABSTRACT

The case of Stephen Skafté is being published in the Journal of Orthomolecular Psychiatry in two parts. The case is interesting not only from a psychiatric point of view but from a legal point of view. C. E. Noble, QC, defense counsel, North Battleford, made legal history in Canada when he entered Stephen's medical records as evidence during his trial. Legal history was again made when government psychiatrists during the trial were closely questioned, by the defense attorney and the presiding judge, on their definition of schizophrenia and their diagnosis of Stephen Skafté. To our knowledge, this had not been done before. Again legal history was made in 1972 when John Pearson launched an action for damages against the Saskatchewan government for failing to provide proper treatment and care for Skafté after his release from Regina jail. To our knowledge, this is the first time anyone has attempted to force the Saskatchewan government to take responsibility for the consequences of its psychiatric program.

2716 Sinton Avenue, Regina, Saskatchewan, Canada S4S 1K1. This report is based on medical and other court records and a personal interview with G. E. Noble, QC, defense counsel, North Battleford, Saskatchewan.

The Crime

January 30, 1970, started like any ordinary winter day at the farm home of John Pearson of Bapaume, in northwestern Saskatchewan.

The family rose early, and the 14-year-old twins, Gordon and Grant, helped Stephen Skafté, the hired hand, with the morning chores before going to school.

When they left Stephen continued working steadily around the barn and yard with the pigs and cattle and repaired a fence. The Pearsons had company for dinner, and Mr. Pearson took time out from his work to help Mrs. Pearson cut meat for canning.

Now it was late afternoon, and Mr. Pearson was working at the last load of feed at the feed mill, the engine running. He got some grain at the bin and stopped at the barn to see how Stephen and Grant were doing. They said they were doing fine and that they were nearly finished. Grant asked if he should start milking, and his father said he might as well. Then he went down to the bale stack to finish his load of feed.

While he was working, something hit him. The tractor was running, and the feed mill was turning, and Mr. Pearson thought that something, the governor perhaps, had flown

off the machine. Then something hit him again, and he fell towards the back wheel of the tractor. He got up and fell again under the front axle of the tractor. He looked up and saw Stephen standing about five feet away, pumping and firing bullets at him.

Trying to make himself heard above the noise of the tractor, Mr. Pearson asked Stephen what he thought he was doing, but Stephen just kept firing at him until the gun was empty, loading and firing as fast as he could. Mr. Pearson was hit at least three times.

When the gun was empty, Stephen turned and ran. Mr. Pearson jumped up and ran after him, and as he ran he asked him what he thought he was doing, what had gone wrong with him? Stephen was on his way to the house, but he stopped running, and Mr. Pearson, still following him, asked where Grant was. Stephen said Grant was dead, he had shot him, and he wouldn't be able to explain to him what he had done.

Mr. Pearson told him to go and shut the tractor off. Later he told the court, "And he — right away his line of thought — whatever he was thinking changed, and he turned and just stayed clear of me, and went to shut the tractor off."

Mr. Pearson went into the house and wrote a note that Stephen had shot Grant and that he was going to a neighbor's house. He didn't remember if he had mentioned that he had been shot.

The Accused and His Family

G. E. Noble, QC,* of North Battleford, began preparing to defend Stephen on a charge of non-capital murder. On February 4, 1970, he wrote Dr. A. Hoffer, private psychiatrist, Saskatoon, "The doctor who examined him in the Provincial Hospital (at the time he shot his sister) could find no symptoms of mental instability although it seemed to the writer at the time that it was

*Sallows, Osborn, Noble, Wilhelm and Wolcsyn, North Battleford, Sask. such a senseless act that there must be something behind it. Very much the

same situation appears to exist in this instance.

"He certainly shows strange behavioral patterns and your assistance would be greatly appreciated if it can be arranged."

June 1, 1970, Mr. Noble wrote Dr. Hoffer again.

"The preliminary inquiry is now over and the Crown have an excellent case against this young man, unless there is something in his physical or mental makeup which has gone undiscovered. It is difficult for me to understand his irrational behavior. There appears to be absolutely no motive for his killing of this young man at Bapaume or the shooting of the young man's father which, but for the miracle of medicine, would have resulted in another death.

"Back in 1967, I acted for this young man when he shot at his sister, fortunately he did not kill her and while he was only 17 years old at the time he did two years on a guilty plea to a charge of shooting with an intent to wound. This was, of course, a deal made between the writer and the Crown to avoid an attempted murder charge. This was the first occasion when he showed this irrational behavior.

"From talking to his teachers and others, I find that his behavior throughout his school life was of a precipitous nature in that he would do things without any apparent motive and without any warning that his irrational acts were about to happen. This seems to have carried on to the point that his violence is very much irrational and unexplainable from the circumstances that surrounded him."

Stephen's medical records from previous examining psychiatrists convinced Dr. Hoffer that Stephen was schizophrenic. August 4, 1970, he wrote Mr. Noble, "You can imagine my amazement at reading all this material to realize how the evidence that this man was schizophrenic was completely overlooked by the many psychiatrists who saw him and that

this in my opinion has resulted in the present charge and tragedy."

Dr. Hoffer interviewed Stephen two days later. Stephen told him that for two years preceding the crime he had frequently suffered episodes where he would flare up or spin out and go berserk. During these episodes he would light fires, attack someone else, or attack himself.

These rages could last up to one hour after which his mind cleared, but he then stayed depressed for two or three days. At the end of this period, he tended to become dizzy and the vessels pounded in his head, but he did not have any headache. He would then develop nausea and vomiting and might develop another rage or commit another irrational act.

During these episodes he had pounded his head against a wall and attacked a prison guard, all without any reason.

After that he could feel well two to seven days, but if he stopped his medication he tended to go wild again. He kept reiterating that he had these flare-ups without any reason at all. After they were over he could remember many things he had done. After the shooting, for example, he realized what he had done and turned himself in to the police.

He set fires, he said, not because he wanted just to set the fences on fire, but because he tried to burn down the whole crop, hoping this would burn down the whole world.

He was often depressed, often had thoughts of suicide, was very nervous, was tired most of the time, and occasionally cried. He admitted that if he had to go to jail he would commit suicide.

While telling his story, he showed a peculiar indifferent or blasé attitude about everything that happened. He had a peculiar way of speaking and an unusual way of using words. His emotions tended to be inappropriate since throughout his account he tended to have a superficial smile. His memory and concentration were poor. People around him often told him he was

crazy and he thought so, too, he said, because he had no reason for doing the things he did.

On the HOD (Hoffer-Osmond Diagnostic) test, Stephen scored extremely high for schizophrenia. His total score was 128 compared with a cut-off point of 30. His perceptual score was 27, paranoid, 12, depression, 17, and SF, 11. The normal score ranges for these are total, 0-30, and all others, 0-3.

Dr. Hoffer had never seen a patient score so high on the Experiential World Inventory Test.

Stephen felt people watched him all the time. Objects pulsed when he looked at them, and pictures appeared to be alive and to breathe. Sometimes he had visions of animals or scenes. He heard voices talking about him or to him. Often he felt there was another voice in his head. He heard voices talking about him on radio, television, or tape recorders. He sometimes felt his stomach was dead. He sometimes had sensations of crawling things under his skin. He sometimes felt strange vibrations shivering through him.

He thought some people were trying to harm him and that there was a plot against him. He was easily confused and now much more forgetful.

Dr. Hoffer diagnosed him as having chronic paranoid schizophrenia and prescribed proper chemotherapy plus ECT. But this obviously was impossible at this time, he noted, as Stephen was a prisoner.

The story of Stephen Skafte is that of a sick boy who reacted violently to the symptoms of his illness and of a succession of professionals who tried to fit the symptoms to their diagnoses and to the patient's circumstances of the moment.

Stephen was born prematurely on August 29, 1950, to a farm couple named Mr. and Mrs. H. Skafte, of Speers. He spent a month in an incubator, and on the way home from hospital was in a car accident in which his father broke his back and Stephen suffered a

head injury and a broken nose.

He came from a family with a long history of mental illness on his mother's side. His grandfather, first diagnosed psychopathic personality without psychosis and then schizophrenic, died in the Saskatchewan Hospital at North Battleford, where he had been a patient for 20 years. He had serious physical conditions, was depressed, hallucinated, and had suicidal thought. His judgment and insight were defective.

Stephen's father was born and raised in Sweden in a well-educated family and came to Canada as a young man. He was a graduate of a four-year course in an agricultural college but farmed by choice. Mrs. Skafta was born in Canada of Ukrainian origin. Stephen is the fifth of their seven children.

Stephen sat at the age of 18 months, walked by two years, and began speaking by three. Speech came on very slowly. He started school at the age of seven but developed severe behavioral changes.

His mother did not notice anything wrong with him except that he appeared less responsible and more disobedient than other children his age. He did not learn as easily as they did and had to repeat two grades. His mother said that, like most boys, he did not like to wash and had to be prompted to do his chores, such as carrying in kindling and water. He seemed happy at school. Although he quarreled with other children in the family, he spent a lot of time with his mother as she worked around the home and farmyard.

Once Stephen had been out playing all afternoon, and the family wondered where he was. When he came home about seven, one of the girls opened the door and said, "Here is Steve now." At that, he turned and ran away across the fields. The neighbors saw him running and called to him, whereupon he ran into the bush and did not return until about 4 a.m. This happened again a few weeks later, and he was spanked. The next time he

ran away he did not return voluntarily. Once he remained away four days after being severely beaten by an older brother. On two occasions police-organized searches were necessary. He also set fire to fences and crops.

In July, 1960, Stephen was referred to the MacNeill Clinic in Saskatoon for speech therapy. His nose and the side of his face occasionally got swollen, and at such times he had speech difficulty. The father believed that this was the result of the accident he had as a baby but the doctor did not agree. Stephen thought his schoolmates made fun of him because of this affliction, which recurred every three or four weeks. He got into many fights and had some trouble at school.

That summer he had run away twice. His father had spanked him the first time, and taken him to a doctor the next, after he had taken off on a cold wet night and gone through a slough.

In spite of these incidents, the clinic doctor could find nothing wrong with him. The father, however, was convinced something was seriously wrong and believed that the doctor had made this mistake because he had seen Stephen on one of the boy's good days. If Stephen were seen regularly, maintained the father, it would be apparent that something was wrong.

The psychologist reported that Stephen had an IQ of 85 and his motor, speech, and coordination were poor. The "mechanics of English" were poor, but since his father had some difficulty with the English language this was not considered surprising.

The psychologist's description of Stephen contained the first hints of schizophrenia:

"Stephen seemed quite withdrawn and was really afraid to say he didn't know an answer. Even when asked whether he knew the response, he would just barely shake his head. He needed a lot of encouragement, particularly on the verbal part of the test. In-tratest scatter indicates the probability of a considerable amount of free-floating anxiety."

The psychologist went on to speculate that Stephen's potentially normal intelligence level was possibly suppressed by his environment and other factors.

It was decided by the speech therapist that the home could not be used to assist Stephen with his speech problems because of the language difficulty of the father and the illiteracy of the mother. The alternative was to enlist the assistance of the school in a program of "about ten minutes daily work with Stephen."

His prognosis was "more or less hopeless unless school or teacher is in a position to help."

In 1961 an older brother was admitted to the psychiatric ward, University Hospital, Saskatoon, from the recovery room, where he was treated following an attempt at suicide by taking too many barbiturates. He was unconscious five or six days. This suicide attempt followed an unsuccessful attempt to hang himself.

On admission he was apathetic, slow in responding, and talked a great deal. He had hallucinations which he realized were not real. His thoughts seemed coherent and relevant, and he was well-oriented. He was described as not being a good mixer and as liking to be by himself. He did not communicate with his parents.

The diagnosis was adolescent turmoil, and he was treated by psychotherapy only. This was the start of a series of problems and frantic searching by psychiatric staff for solutions in the environment. Because of the youth's continuing hostility, suicidal thoughts, behavior deterioration, and inability to "learn" from his stay in University Hospital, his prognosis was considered poor. The staff finally decided, "with many misgivings," to return him to his home and the Mental Health Clinic at North Battleford.

A sister had also been in a mental hospital.

His Psychiatric History

In September, 1961, Stephen was seen in the North Battleford Mental Health Clinic to which he

had been referred because of a speech difficulty and borderline intelligence but mainly because he had been running away from home and setting fires. He had been found hiding in the bush, in a tree top, and in a truck in a neighbor's yard.

The family had been able to extinguish the fires, and once Stephen's big brother made him help fight the fire and then spanked him.

The social worker at the clinic dwelled largely on the roles of the father and mother in the family, and recommended that both parents be seen at the clinic, as well as Stephen.

Stephen was seen twice that month by a psychiatrist in North Battleford. Dr. N. Oktem reported that Stephen "grew up with lack of a proper identification figure, and little ego strength, lacking control. His brother had attempted suicide, which to me seems an indication of a severe emotional disturbance which needed more attention and investigation. I gained the impression that the mother and this older brother are quite close to each other emotionally and this seems to cause anxiety in Stephen. Stephen had to handle this by running away or setting fires. This child also expresses himself by destructive tendencies, getting a lot of pleasure by breaking windows, chairs, etc. His symptoms point more towards a severely disturbed child, preferably child schizophrenia, rather than a brain-damaged child."

Prophetically he added, "I have a feeling that the boy could be considered potentially dangerous for the community and needs immediate treatment in an out-patient clinic or hospitalization."

In November the parents were seen separately at the clinic. The mother reported that Stephen had shown significant improvement since last seen at the clinic. As suggested at the MacNeill Clinic the year before, he was now given more jobs to do, together with more discipline, and she felt it worked.

In December, 1961, a clinical psychologist at North Battleford found no signs of

psychosis. Rather, he saw Stephen as engaging in acting-out to elicit a parental response. Since the response was usually punitive rather than reassuring, further such efforts could be expected from Stephen, he reported.

In 1963 Stephen was again seen in the Saskatoon mental health clinic. His speech was said to have improved but his emotional difficulties had not. He was now subject to periodic vomiting.

In 1967, when he was 17, Stephen began having several fights in school. The principal warned that, if he did not improve, he would be expelled. His sister complained about this, stating that this would make it more difficult for her in school. Stephen had an argument with her and later went into a temper tantrum. He grabbed a gun, went outside the house, and shot her in the back while she was helping her mother with the supper dishes. She had to be hospitalized. The Royal Canadian Mounted Police brought Stephen to the North Battleford hospital October 30, 1967, for observation and necessary treatment under Section 17 (2) of the Mental Health Act. He was initially charged with attempted murder.

Dr. L. Prasad, a hospital psychiatrist, reported that Stephen's memory was intact, he was well-oriented, and he talked coherently and relevantly. There was no evidence of fearfulness, apprehension, or anxiety. The psychiatrist found no sign of psychotic symptoms although, by his own description, Stephen appeared emotionally flat. When talking about the shooting incident "he impressed the examiner with his complete lack of concern;" he showed no remorse or guilt for what he had done; he also seemed unconcerned about his conviction and the outcome. "He shows no overt anxiety or eagerness to leave the hospital." His social handicap was severe.

Diagnosis: Immature Personality,
Aggressiveness.

Psychiatric State: Symptom free.

The parents stated all their children had hot tempers.

On November 16, 1967, Kent Silzer tested Stephen at the hospital. One of the tests used was the Minnesota Multiphasic Personality Inventory test.

On the MMPI, "a majority of psychiatric patients showing this profile are frankly schizophrenic," stated the psychologist. "The presenting pattern usually includes paranoid delusions. Depression, apathy, irritability, and social withdrawal are also frequently associated with this profile. Conduct and behavior problems are encountered in this group, but difficulties tend not to be the classic scrapes of the amoral and asocial sociopathic groups. Thought disorders appear to be present and many delusions are reported."

This was ignored. No grossly abnormal findings showed up on the skull x-rays, and the EEG did not show any significant irregularities, awake or asleep.

No treatment was suggested, and again a solution was sought in the environment. The doctor speculated that Stephen might do well "attending a school where he does not have to compete with children of a much higher intelligence."

"According to his psychological testing," wrote Dr. Prasad, November 21, 1967, "some of his personality traits point to a profile found in a schizophrenic ... No specific therapy has been administered to this boy. His ward behavior has remained the same from the beginning until now."

Then, like psychiatrists after him, Dr. Prasad showed a penchant for describing the obvious.

"It appears from the family background history that his basic problem has been temper tantrums and lack of proper control. He apparently loses control over himself when he is overpowered with transient temper tantrums. It is quite obvious now that he also possesses the capability of causing violence of severe magnitude whenever he is frustrated or angered."

Dr. Prasad also wrote Judge J. M. Policha, QC, Judge of the Magistrate's Court, North Battleford, that he had found Stephen free of any grossly psychotic or neurotic symptomatology, adding that Stephen "apparently has the capability of causing serious injuries to his targets." It was his opinion that Stephen was not suffering from "any defect of reason from diseases of the mind at the time the offence was committed and that he was capable of appreciating the nature and quality of the act of which he was accused, and knowing right from wrong."

The end of November Stephen was discharged to Prince Albert jail. Medication, said Dr. Prasad, was not needed. The boy was considered competent.

Stephen was sentenced on December 4, 1967, to a provincial jail for two years less one day on a charge of causing bodily harm. During this time he made a number of suicidal attempts.

While in the Provincial Correctional Institute in Regina, he began to hear voices. These would come on when he concentrated on some object, and often at that time he would burst out laughing. He would then hear a voice, which was an ordinary voice, call his name over and over, and this could continue for a long time. In addition, he had many nightmares which were usually scenes of murder in which he would be murdering something or else he would be attacked by a group of men and would fight them off. If he felt that he was going to be overwhelmed by them, he would wake up screaming. He said that he told the nurse in jail about these voices. Nowhere do these appear in his medical records at the Munroe Wing, a psychiatric unit in Regina.

Often while in jail he would go into one of his rages and later would find himself in seclusion. At that time, the voices would come back again. As long as he took the medication prescribed for him he did not hear these voices, but when he got off the pills the voices tended to come back.

During his stay in prison he was beaten up

several times, and once had his nose broken. He was pressured into homosexual behavior and required protective custody much of the time. These incidents made planning for him extremely difficult in the prison, and he was largely restricted to menial work, such as cleaning. However, he managed to take several correspondence classes under the direction of the Institution Education Officer.

March 11, 1968, Stephen was examined by Dr. J. A. Chapman, director of the Munroe Wing. Dr. Chapman found him depressed, and suffering from insomnia and violent nightmares when he dreamed of killing someone. He complained of impulses and ideas that he must hurt someone or himself and was "very unstable."

Where before other psychiatrists hinted that the home environment was to blame for Stephen's problems, Dr. Chapman now attributed Stephen's "mild reactive depression" to the fact that he was put in jail for the first time. "He says that he has always been easily irritated and, while in jail if provoked by other inmates, he feels he would go completely berserk and do something serious. These temper tantrums, which he describes, appear to be as a result of provocation and not spontaneous or episodic. He gives no history of any physical symptoms such as dizzy spells or blackouts."

Dr. Chapman's treatment consisted of placing Stephen on medication and giving him advice "about the futility of thinking about suicide." In spite of his past history, Stephen, said the psychiatrist, was not at all dangerous to others. "There is no evidence of any serious mental disorder."

Stephen felt much better until May, 1968. When medication was discontinued, he promptly relapsed. July 26, 1968, he tried to kill himself by swallowing cleaning bleach and acid used for cleaning purposes. He was transferred to the Munroe Wing from the Regina General Hospital on July 30, and remained there until August 27, 1968.

According to Dr. Chapman, Stephen did quite well until the drugs were discontinued.

"After that he became more emotionally disturbed after about two weeks, he was picked upon by other inmates and this occurred on the Friday of his admission to the General Hospital."

When seen by Dr. Chapman, he was acutely depressed and still suicidal. Again Dr. Chapman blamed Stephen's predicament on his "incarceration in a Correction, Centre," and his previous offence. "This boy will never do well in prison. He will always be subject to suicidal depressions while in such a state, and it would be highly inadvisable for him to return to the Correctional Centre." In Dr. Chapman's view, he was an emotionally unstable immature youth.

"There is no indication that he should be detained at the present time at Munroe Wing or for his transfer to a mental hospital."

Nor, said the psychiatrist, should he be returned to the family environment, "since he still ruminates over the incident concerning shooting his sister in the back. He gets on alright with his parents, but he gets disturbed by the quarrels between the other children and he feels his sister would bear him a grudge, and he might do something to her again, or if not, to himself."

The solution, he felt, was to arrange a training program for Stephen in Regina. He prescribed tranquilizers, psychotherapy by a social worker, and contact with the John Howard Society. Stephen, he said, had for some time wanted to be a Nursing Assistant. Dr. Chapman conjectured that "this is probably not a very good decision," not because he believed the boy was sick and dangerous, but because he would find difficulty getting employment in this capacity.

On the IQ test Stephen scored 94. The testing psychologist noted briefly that Stephen was very unhappy about the whole affair.

On August 26 the Wing was informed that Stephen's application for parole had been turned down.

September 17, 1968, Stephen swallowed

bleach but was not admitted.

November 5, 1968, Stephen swallowed several pieces of glass, part of a needle, a compass point, a nail, two parts of nail cutters, and one or two other pieces of metal. He was taken to the emergency ward of the Regina General Hospital but not admitted and then returned to jail. Dr. Chapman saw Stephen at the jail and decided to readmit him for more adequate supervision of his physical condition because of the danger of internal hemorrhage. Stephen was placed on a high-residue diet, and the objects passed through without any physical complication. His last x-ray showed no abnormality of the abdomen.

Dr. Chapman still saw Stephen only as an emotionally unstable youth who from time to time became reactively depressed while in jail. His depression, argued the doctor, cleared up in the Munroe Wing. Meanwhile Dr. Chapman noted Stephen had one year left at the jail, "and there is always a possibility of further incidents of this nature." Unconcerned about this possibility, the staff discharged him November 15.

April, 1969, Stephen swallowed glass but was not admitted.

May 27, 1969, Stephen was released from prison and was freed from the environment which, according to Dr. Chapman, had brought about the depression and suicidal attempts.

May 31 he tried to kill himself by cutting his wrists.

Dr. Chapman was not unduly concerned; it was only a very minor superficial cut. This was not a serious suicidal attempt, he said, and there were still no signs of mental disorder. "He is still an immature youth." Any reactive depression which he suffered in prison had abated. "He is still a little emotionally unstable but there is no reason for continuing inpatient treatment and no indication for any medication."

He would not be seeing Stephen again as an out-patient, but he was pleased to give the

John Howard Society advice on Stephen's management.

Dr. Chapman conceded that there might be further attempts at suicide, but this time found a new factor — Stephen's desire to return to the Munroe Wing. "This is understandable in this young man's case because the Munroe Wing is the only place he has ever had contact with, apart from the Correctional Centre, away from his home and the only place where he got any sympathy or understanding."

Dr. Chapman was confident that he had everything under control. He had discussed Stephen's attempts to return to the Wing with Stephen/who was persuaded to try and take more responsibility for himself and his future, "and achieve independence, which is virtually all he requires."

August 13, 1969, Stephen swallowed a large amount of methyl hydrate and was returned to the Wing for his fourth and last admission.

Dr. Chapman continued to maintain that he was still immature and "labile in his emotions. There is no evidence of psychosis. He is not depressed at this time. There is no specific evidence of schizophrenic illness despite vague suggestions on previous MMPI testing."

Stephen was discharged August 27, 1969, as mentally normal.

Return Home

At home Stephen heard the voices only when he was very tense, for example, if his parents nagged him about his behavior. Often he left to visit his neighbor because there he was more relaxed and did not hear voices.

When he heard the voices he felt that someone was calling him, but when he came out of these spells he realized that the voices came from his head. When they came they were very real and he often answered them, replying, "What?" as if in fact he had been called. He never considered that they came from God or the devil, and they never

gave him messages.

He was convinced people were watching him, and when he left Regina he felt the police were keeping him under constant surveillance even when he was alone on the farm. In the previous year or two, when he concentrated, he could often see the things he was thinking about. He described a kind of dizzy spell where everything seemed to spin around. He heard his thoughts, especially when he concentrated, and during these episodes he felt very unreal.

He was convinced that people were talking about him, whispering about him, and making fun of him. He was convinced that his cell mates in Regina were plotting against him, especially those whose homosexual advances he had rejected. He said his memory and concentration were poor. He believed people could read his mind although he could not read theirs.

In November, Stephen was admitted to the Hafford hospital for treatment of abdominal pains and nausea and remained there about four days. He thought he had had either appendicitis or the 'flu. Before that he was drinking excessively. Drinking, he said later, brought on spells of rage more quickly, when he developed even greater muscular power.

On December 10, 1969, Stephen was engaged as a farm hand through Canada Manpower, a government employment agency, by John Pearson of Bapaume, who knew nothing of his history of psychiatric illness.

At the Pearsons

The day after Christmas, Stephen had a fight with Mr. Pearson's 14-year-old twin sons, Gordon and Grant, and then with Mr. Pearson. He wanted to leave, but after talking it over he agreed to stay. After that he and the twins stopped doing the chores together, Stephen said later.

Toward the end of January, Stephen did not feel well and wanted to see a doctor. He asked Mr. Pearson several times to help him get to a doctor, but Mr. Pearson failed to do

so. Later he had an attack of nausea and vomiting and felt extremely anxious and tense.

On the morning of Friday, January 30, 1970, Stephen wasn't feeling well. He hadn't slept well, and it was time to get up. He didn't really feel like getting up. He felt like killing himself or someone else. He had a loaded gun hidden in the barn. He had taken the .22 rifle and some shells from the house two days before, he told police, because "I wasn't feeling the right way on and off and stuff and I was sick on and off there for awhile and then I was ready to commit suicide myself."*

Mrs. Pearson called him and the twins to get up and do the chores. Stephen got up, dressed, and went to the barn. Cordon came in, and Stephen felt like killing him then and there. But he was nervous and felt "kind of funny."

Grant came out, and he and Stephen had an argument "which made me to go through with it. But I really didn't go through." Gordon went to milk the cows, and Grant and Stephen started cleaning pig pens and crates where the sows were. Then he and Grant bedded them and ran the manure out.

Gordon finished milking and the two brothers returned to the house to get ready for school. Stephen continued feeding the sows with Mr. Pearson's help.

"John was looking over the feeding I did when I was going to kill him," Stephen related. "I went back and got the gun and took it outside behind the barn because John was coming and something was telling me not to do it yet. Next thing the chores were all finished in the barn except feeding the milk cows their hay. John, Mr. Pearson, said to me let's go in and have breakfast. This was about 8.30 to 8.45 slow time. It was when we had breakfast and after breakfast I went out and fed chickens and picked eggs and took eggs to the house. John was helping Mrs. Pearson cut meat she was canning. Then I left house and fed milk cows and cows behind the barn

* Stephen's account to the RCMP, later admitted

as evidence.

their hay. Then I went into barn and was going to commit suicide.

"So I went behind the barn and got the gun back in. But something was saying not to kill, wait, and kill the rest when they got home."

Stephen hid the gun behind the plywood in the separator room, where the water pressure tank was, then continued his chores, hauling the manure out of four pens by wheelbarrows. After dinner he worked on the fence beside the barn. He saw the school bus come and started on other chores. He got hay in for the milk cows and started cleaning out the pig pens. He was bedding when Grant came into the barn. Grant started to help Stephen watering and feeding the pigs when an argument began how much to feed them.

"Grant did see me, I was going to do something so he left the barn and went to the house," Stephen told the police. "I got the gun out and was waiting for Grant to come back. About five to 10 minutes Grant came back. I was waiting, Grant came into the barn and shut the door. I was waiting. He started coming closer, finally, step out with the gun. He seen me and dropped milk pail with water in it down and started to run to the door. I shot him. He finally got the door open and started to scream. I shot him again, Grant. He got outside and started running for father where he was making feed. I shot him and he drop to the ground. Then I was really nervous and restless and went running to where his father was. I shot him to fall to the ground. Mr. Pearson. He was fallen by the tractor wheel. I went around and shot again and shot again, and until the gun run out of ammunition. Then John got up and with all my force I knocked him over the head with the gun and the gun broke. Mr. John Pearson started to talk and called me by my name and he sounded like a seven-year-old pleading for his life. John was pleading to me — I was walking away. And finally I realize I did something wrong and try to make out what and happy. John was just about in front of me and he told me Mr. Pearson to go and shut the tractor off. I dropped the gun."

Stephen unhitched the tractor from the feed mill and drove away on it for help. A neighbor took him to Spiritwood to the R.C.M.P. detachment office. There he was asked what had happened, and he said, "There was a murder at Mr. John Pearson."

"I keep on getting these dizzy spells. They come and they go," said Stephen later. "Sometimes they last for a long time, and other times they come and go. But I should have quit working up there as soon as the first fight we had" (the day or so after Christmas.) "Grant fell down and I was all nervous, and stuff, I was kind of berserk, and went running over to where Johnnie was making feed."

February 2, 1970, Stephen was admitted to Saskatchewan Hospital in North Battleford for psychiatric examination.

There he told Dr. N. B. Nair, examining psychiatrist, that he had shot the boy and his father because a man's voice had told him to. Yet the doctor wrote, "His thinking was clear and there was no evidence of psychosis ... The patient has fairly good insight regarding his problems. His judgment seemed to be good in most areas except he was impulsive and was having difficulty controlling himself."

Dr. John Cray, a hospital psychologist, did not really believe Stephen heard voices.

"In a brief interview he related the incidents surrounding the charge against him," reported Dr. Cray. "His account was coherent and he showed a certain shallowness of affect in relating the incidents. No suggestions of delusional thinking could be elicited. However, he spontaneously talked about a 'voice' which started to call his name three days before the incident. He looked for the person calling his name but could not find anyone. He felt the urge to get the gun and this voice would say to him 'wait' and at the time of the incident, the voice said, 'go ahead.' He made it clear that this voice was not just his conscience but was an external stimulus. It is, of course, possible that the report of a voice is a fabrication. However, he reports that he started to hear this voice while

in jail in Regina, and if this is so, it seems likely that he would have reported it to the psychiatrist treating him at that time. A number of times during the interview, he said he felt like smashing something because he did not care what happened to him."

Another MMPI test was done in the hospital which yielded results very similar to the previous test, but it was considered invalid because of certain high items even though the same items had not invalidated the previous test results.

He was diagnosed personality disorder of explosive type.

Prognosis: Guarded because of his previous history and low frustration tolerance and impulsivity.

In a remarkable flash of insight, Dr. Nair noted that Stephen could be dangerous to himself or others in the future.

"He might grow out of this when he is somewhat older."

Just a passing phase.

Psychiatric state: Symptom free.

March 3 he was discharged to the RCMP as competent. It was recommended that he was not suffering from disease of the mind at the time of the alleged offence and that he was capable of appreciating the nature and quality of the act of which he was accused and of knowing right from wrong. No medication was prescribed.

He was returned to jail where he smashed a window with his fist and cut his wrist.

Stephen again spoke about his voices which he had first begun to hear while in jail in Regina. Often on hearing the voices he had gone looking for the source but had found no one. He had heard these voices for three days before he shot the Pearsons, ordering him to kill.

In April, 1970, he was very depressed and tried to kill himself by strangulation. He pulled out a fingernail but did not feel pain. Dr. Nair had meanwhile recommended to the court that Stephen was fit to stand trial.

His preliminary trial was due to start April 13. The day before, Stephen became very upset. He had become nervous and was found hitting his head against the wall.

"The officers were nice to him and tried to talk to him but he was not able to control himself and would not listen," Dr. Nair reported.

An R.C.M.P. officer phoned the hospital to ask if he could be given some medication. Dr. Nair was very kind and comforting. He tried to reassure Stephen and to give him some hope. "If he could control himself, most probably all the officers in the jail will try to help him as far as they could." He prescribed Valium.

June 11, 1970, it was reported Stephen was behaving peculiarly in the ceH, and when the attendants went in to take away a razor blade from his cell they felt that he was going to attack them.

The Defense

Mr. Noble meanwhile was considering the possibility of Stephen having suffered brain damage and of his being examined by a neurologist. He hoped to have all these examinations done while Stephen was in Saskatoon.

It was at this point that the lawyer encountered certain difficulties in preparing his defense. The Crown had made known to Mr. Noble their objection to Dr. Hoffer's appearance as a defense witness. It wasn't an open objection.

"I felt at the time that there was an undercurrent there," Mr. Noble said later. "Serge Kujawa, Crown Prosecutor, said, 'You don't need him, I can probably get a psychiatrist to say Skafte is not crazy.'"

Mr. Noble advised Mr. Kujawa that he did not like being told how to conduct his defense.

"Do you agree with Dr. Hoffer's theories?" asked Mr. Kujawa.

"Actually I do," said Mr. Noble; "from what

little I know about it, but that's not the point. But whether the government psychiatrists say one thing and Dr. Hoffer another is for the jury to decide, not you or I, we're just two lawyers. The question is, what does the jury believe?"

"What concerns them (the Crown)," Mr. Noble told the author later, "is that Dr. Hoffer is such a good witness. They objected to Hoffer because they said others don't agree with his theories, and I took the position that it is certainly not up to us to decide."

Because of the question of fees, the Crown forced Mr. Noble into a position where he had to tell Dr. Hoffer a month ahead of time what day he was going to call him as a witness.

"I had to determine how long it was going to take the Crown to get the case in, how much evidence I was going to call before I called him, and this put me in a very awkward position. Supposing there had been a day's delay, if the judge was sick or something. Other things could happen. But we only had to adjourn for an hour and he came after dinner. I only missed by one hour."

Mr. Noble, at Dr. Hoffer's request, sent him all the medical reports which have been summarized here and which he later entered as evidence in Stephen's trial, making legal history.

To Mr. Noble's knowledge, "this is the first time that the entire medical record of an accused person has been laid before the court in its written form. The usual procedure is to call various doctors and hospital officials into court with the documents. However, a recent amendment to the Canada Evidence Act has permitted us to submit the medical records where it can be shown it would be virtually impossible to get the necessary witnesses in to identify the documents and relate them to the accused. In this particular case I had the father of the boy read over the entire medical records and then when he was in the witness box I had him identify the person that was being described in the various medical records and in that way relate them to the

accused. I mention this because it is a rather interesting point from a lawyer's point of view as to how this kind of evidence can be used in the defense of someone who is mentally ill."*

Dr. Hoffer advised Mr. Noble that he would not get very far trying to establish brain damage since the accident happened a long time ago, and even if it were predisposing, he did not think it was a very major factor. Dr. Hoffer was also interested in the presence of mental illness in other members of Stephen's family. "This, of course, is the natural history of schizophrenia and might be important to develop in your defense."

Stephen's own account of the incident, and the account of Mr. Pearson at the preliminary hearing, confirmed Dr. Hoffer's diagnosis of schizophrenia.

For example, when Mr. Pearson shouted at Stephen over the noise of the tractor, Stephen did not respond but kept on shooting at him. Later, when Mr. Pearson asked him to turn off the tractor, his line of thought changed and he did as he was told. Still later Mr. Pearson observed that, except for the fight on Boxing Day, this was the first time Stephen had shown any signs of irrational behavior and that he had not known about his background.

Stephen had told the police that he had dizzy spells.

"Often schizophrenics use this term to describe perceptual changes because they feel that they are in such an unreal world," Dr. Hoffer said.

Stephen stated, "He (Grant) figured I was going to do something," suggesting thought disorder of a paranoid nature because Grant did not know that he had a rifle hidden and probably did not guess that he was going to do anything.

Other revealing comments were, "I was going to commit suicide," "I was kind of berserk," and "I realized I did wrong." "I felt like killing myself or killing someone else and something was telling me not to do it yet;" "I

*Letter to author from Mr. Noble, July 27, 1971.

went into the barn and was going to commit suicide;" "but something was saying not to kill, wait and kill the rest when they get home." Finally, when talking about John Pearson's pleading, he stated, "He sounded like a seven-year-old pleading for his life, that's when it struck me I did something wrong."

"This information is all quite consistent with what he told me, with my diagnosis," Dr. Hoffer wrote Mr. Noble, "and with the general supposition that this is a chronic schizophrenic boy who at times went into a frenzy of impulsivity and that during these frenzied moments he was really out of control and not in any real sense responsible for his actions. It was only when some time had elapsed, and I would guess that when his rage had subsided he realized that what he had done was wrong."

(To Be Continued)

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Errata

In Volume 2, Numbers 1 and 2 of 1973, "The Genetic Basis for Schizophrenia," by James Shields and Irving I. Gottesman, Ph.D., page 4, the footnote, "The figures in Table 2 include schizophrenic-like psychoses and information obtained on follow up" should have appeared on page 8, bottom, first column.

On page 6, the third row of Table 5 should have read:

Borderline schizophrenia?	2	2
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