

## TREATMENT OF PSYCHOPATHS\*

By

**T. C. N. GIBBENS, M.B.E., M.A., M.D., M.R.C.S., L.R.C.P., D.P.M.**

*Lecturer in Forensic Psychiatry, Maudsley Hospital, S.E.5*

DR. SCOTT has outlined the varieties of treatment which have been suggested for psychopaths and some of the varieties which may be suitable for certain methods.

In my own contribution to this discussion I should like to look at the problem from rather a wide angle. We are all painfully aware that there are many varieties of psychopaths. Apart from the various specific forms of treatment—whether drug treatment, individual or group therapy, community treatment, and so on—there are the different broad objectives of treatment to be considered—treatment which aims at being curative, or expectant, or mainly supportive. In relation to psychopaths the general setting of treatment becomes particularly important. It is an entirely different matter to select cases who might be very suitable for some method or special facility, or to have to treat cases which have already been selected and are subject to some special form of detention. Dr. Stürup, the Director of Herstedvester Psychopathic Prison in Denmark, who has an unrivalled experience with adult psychopaths, has often observed that to find yourself in charge of a man who may stay with you for life unless you can evolve some way of helping him, is a great stimulus to invention and may force one, as it does him, to experiment quite freely.

We have all read of the various methods of treatment which have been used. The overriding questions, however, seem to be—Who are they to be applied to? When and where are they to be applied? and even why are they to be applied? The answers to these questions at present may be a more important aspect of treatment than the detailed methods used.

In a difficult question of this kind it seems particularly important to keep to the limits of one's own experience and not to make a selection of other people's experience as if it were one's own. Apart from remand home work with adolescent girls, mine has been largely in making certain research studies, and I should like to confine myself to the relevant parts of those.

If we regard psychopaths as those showing abnormalities sometimes akin to neuroses and sometimes to psychoses, but having in common that there is a marked positive behaviour disorder, then the behaviour disorder tends to fall mainly into four classes; the criminals, those with alcoholism and drug addiction, those with sexual and marital disorders, and those with employment disorders. The Mental Health Act rather warns us off the sexual disorders and the criminal law itself defines them very conservatively, but there are of course varied relationships between these types of presenting disturbance, and a particularly close one between employment disorder and criminal behaviour. Presumably, we are dealing only with criminal psychopaths today. In this we are particularly fortunate because the law defines

\* Contribution to a Symposium on the Treatment of the Psychopath (with Drs. Scott and Roper) at the Quarterly Meeting of the Royal Medico-Psychological Association, on 12 November, 1959.

criminal behaviour very exactly; and, even more important, nearly everyone accepts the necessity and justice of the criminal law; even the psychopath knows that he has got something coming to him. We are able or hope to offer treatment which is an alternative or is related to other forms of social action.

If criminal behaviour is at least one of the criteria of the "abnormally aggressive and seriously irresponsible conduct", then one must ask what relationship there is between crime and psychopathic personality and what are the implications for treatment. On this question I should like to mention a study which has already been published—I must apologize if it is already known to you. In 1948 Dr. Stafford Clark with Drs. Pond and Lovatt Doust examined a group of 77 quite severe adult psychopaths in prison, together with some control prisoners. Since then, the Prison Commission has been supplying me with their subsequent convictions, and is still doing so. We made a search to show that they are still alive and the Board of Control searched to see how many were in mental hospitals and therefore not in circulation. In fact far fewer had entered mental hospitals than one might expect.

The result of the follow-up was that the vast majority of the psychopaths had had serious subsequent convictions, and the controls had had the usual small number of reconversions. The outlook for the aggressive psychopaths was certainly much worse, though many of their subsequent sentences were only fines for drunken assaults upon the police, and so on. The interesting finding, however, was that 24 per cent. of these serious psychopaths had had no subsequent convictions or at most only one minor offence in eight years. Moreover, if you balanced the psychopaths and controls for previous convictions and took only those in both groups who had between 1—4 previous convictions, the subsequent criminal records of the psychopaths did not seem any worse than of the criminals. So far as the evidence went—and of course it needs to be repeated—if you are a young psychopath and not aggressive the outlook for continuing in a life of crime is no worse than if you are normal. There was some suggestion that if an inadequate or non-aggressive psychopath had an abnormal EEG, this was a *favourable* sign. The probability is that an abnormal EEG is sometimes a bad sign but sometimes quite a favourable sign since it offers a hope of some radical change whether spontaneous or therapeutic. It is going to be very important to pick out a group for whom the outlook may be quite favourable with only expectant and protective treatment. Of course, the psychopaths who had not committed any more crimes may still be psychopathic and may have turned their attention to promiscuity or alcoholism.

This brings us face to face with one of the great dilemmas in forensic psychiatry—is a psychopath only diagnosed by being a recidivist; are all recidivists by definition psychopaths? Professor Baan, Director of the Van der Hoeven Institution for psychopathic offenders in Holland, is strongly committed to the view that recidivists may have a crust of pseudonormality but can be shown by psychiatric treatment to be grossly abnormal in the psychiatric sense. And the United Nations Consultative Group for the Prevention of Crime and Treatment of Offenders, which I attended as representative of the World Health Organization, have concluded after two years' study that abnormal offenders are simply habitual offenders. But surely to leave matters like that, and to make social adjustment the criterion of mental health, is to admit to psychiatric bankruptcy. It may be true in practice that habitual offenders are mentally abnormal, but mental healing is often accom-

panied by social re-orientation, not always in the direction of conventionality, and it seems important to differentiate varieties of psychiatric disturbance within this social category. The Mental Health Act, at least, leaves open the criterion of "disorder or disability of mind" and does not say that a person's abnormality is defined by failure to respond to the usual methods of management.

The second study I should like to refer to concerns a carefully randomized series of 200 Borstal boys who have been examined in the last few years. In a sense, Dr. Scott's main concern is with juveniles and Dr. Roper's with adults. I should like to emphasize the importance of this young adult age group of 17—21 which by implication receives a good deal of attention in the Mental Health Act. In the past we have put rather too much emphasis on the juvenile delinquent as the source of recruitment of adult recidivists and chronic offenders. Among 75 preventive detainees in their middle thirties and forties with long criminal careers who were seen recently by an Advisory Board which deals with release, no less than 54 per cent. had no convictions as juveniles (40 per cent. if one excluded those over 16 in 1933 or in institutions, etc. as juveniles) and 24 per cent. did not even have a conviction before 21. The psychiatric syndromes of adult life become more clearly defined at this age; it may also be a time when mental readjustments are made which involve chronic social maladjustment.

These 200 lads, every other lad sentenced to Borstal from Greater London during the relevant period, were examined, somatotyped and given some additional psychological tests. After a year, as many as possible were examined again in their training institutions and their cases were discussed with the housemasters. I should like to say at once that it is very encouraging to see what an improvement there is in general well-being in the course of a year: Borstal training offers a great deal to lads of this age.

Reviewing them from the psychiatric point of view, the more obvious features were, first, that some were more abnormal mentally than others. There were 27 per cent. who had features of psychiatric interest—neurotic or psychopathic features and occasionally possibly pre-psychotic features (Borstal lads are medically examined before sentence, and there was only one actual schizophrenic). This agrees with Dr. Wardrop's estimate of about 35 per cent. of Borstal lads in Scotland who are seriously disturbed. Apart from the schizophrenic, however, there did not seem to be any cases which were really unsuitable for Borstal in the sense of being likely to obtain much more profit from other available forms of treatment. At the other end of the range there were 60 per cent. who had to be regarded as mentally normal although they had just as often suffered serious stresses and showed as many conflicts with outside events. At least they were certainly not cases for psychiatric intervention. In the middle there were 13 per cent. whom one could only call "problem cases" because they presented such an intricate mixture of social and personal maladjustments.

The second feature was that both the abnormal and the normal groups contained those with varying grades of criminal prognosis, so far as one could judge. It seemed important to hold fast to the fact that of two relatively minor offenders with good prognosis, one might be definitely neurotic and the other not, and there were normal cases as well as psychopaths whose prognosis appeared to be exceptionally bad for the immediate future.

When the normal and abnormal groups were contrasted in the objective factors of their social history there were two associations with abnormality

which were very clearly marked. First the mentally abnormal youths had often committed the offences alone and were free from association with groups or other criminal friends. Very often, like children, they stole from home or broke into their own gasmeters, and so on. Secondly, at least a third of them were torn by obvious sexual conflicts very often centring around homosexuality. Crime is in the main a masculine activity, although there is no reason to suppose that girls are less often the subject of severe deprivations or are less often psychopathic; and as Adelaide Johnson has said, girls seem to steal from home in early years as often as boys. But much crime represents the pursuit of an image of excessive masculinity and it is perhaps logical that disturbed lads should have conflicts about sexual identification.

The incidence of abnormalities in the 200 lads was as follows: There were first five cases of relatively minor or even incidental neurosis of a sort which would have been accepted for treatment on probation but might well respond to Borstal training without any specific treatment. There were three excessively timid neurotics whose whole attitude to life is as if they have been cast into a den of lions. They shrink from everything and produce somatic symptoms extremely easily. They are, I think, very difficult cases because they arouse little sympathy and very easily become surly, resentful and self-pitying. This sort of personality is well-represented among preventive detainees.

Five were what might be called serious concealed neurotics who are often accepted as good training prospects. They are quiet, intelligent, very co-operative, from a good background; but detailed examination shows them to have severe conflicts about homosexuality or that their offences were fetishistic, and so on. They are extremely reserved and especially likely to escape attention.

Four were florid hysterical cases of the sort which would often be called hysterical psychopaths, or personalities showing periodic psychopathic reactions, moving from one dramatic crisis to another. Again, they are intelligent and very co-operative and almost too ready to admit that they are grossly unstable, committing pointlessly impulsive thefts or frauds which are bound to be detected, punctuated by suicidal attempts when things go wrong. And there were five very unstable overt homosexuals.

Now these groups, who represent the abnormal with a better prognosis, and whom I have called neurotic—although there is naturally a high degree of acting-out behaviour—seemed in many cases to be suitable for the recognized forms of individual or group psychotherapy, possibly within the Borstal system. Out of the 200 only one lad was kept behind in prison to receive psychiatric treatment—and of course there are few who are likely to profit more from psychotherapy in *prison* than from the wider and more vigorous training in an open Borstal without psychotherapy. Altogether there were 15 cases or seven per cent. who seemed to satisfy the classical criteria for psychotherapy of being intelligent, able to see themselves as problems and quite willing to co-operate in any help offered. The great difficulty is that many of them show a very good response to Borstal training alone. It may be clear that their essential problems have not been touched, but nevertheless they show a great overall improvement in adjustment. It is a question whether this is merely a transitory institutional adjustment or whether it is really sufficient to divert them from further crime.

The remaining abnormal presented a much darker picture of increasing degrees of psychopathy. They are of course much more difficult to categorize

briefly. There were seven cases of severe personality damage from early deprivation which seemed to have led to disintegration rather than distortion of personality, with a completely ambivalent or disorganized attitude to their families, with sometimes a vivid phantasy life which gave rise to quite unpredictable behaviour. Perhaps the main characteristic is that there is more anxiety about the future development of a psychosis than about future crime, although the lads were socially quite incompetent in the brief time when they were at liberty.

Then there were six crude and primitive psychopaths from a background of family violence and the lowest standards who showed much latent aggression and perhaps casual sexual perversion; six borderline defectives with added complications; four cases of persistent wandering and escaping since the earliest years which present so many problems; and some others. Lastly, there were four compulsive thieves who must be included I think among the psychopaths. They tend to assume an almost standard syndrome. Highly intelligent, intensely deprived, very friendly and co-operative; quite unable to prevent themselves stealing from anyone who helps them or establishes some sort of relationship. They have no friends of their own age and certainly no delinquent associations of any kind; their ambitions are to be architects, doctors, commercial artists, etc. They have often been recognized as abnormal all along, and in these actual cases had had psychiatric treatment on and off all their lives until they were 18 or 19, without avail except that it had kept them detached from delinquent groups; they could still view their stealing as a symptom.

It is of course in relation to these more seriously psychopathic groups that the question of alternative treatment arises. And here again the difficulty emerges that some of them make a tolerable adjustment to Borstal training. Many start by being sent to a permissive type of institution where they receive much personal attention, but they fail to live up to the simple responsibilities required and have to be transferred to more closed and heavily supervised institutions. But many are not actively difficult or disruptive, so that from the point of view of the institutions, they do not stand out as necessitating some other form of care.

When these cases were reviewed from the point of view of the Mental Health Act, it was concluded that 5 or 10 per cent. would at least be candidates, if not finally selected, for mental institutional care which would presumably aim at trying to secure an adjustment to subsequent hostel care, and so on, as a form of long-term support. The main criterion was one of incapacity and incompetence. About half of these selected cases were very dull in addition to other deficiencies, and it seemed that quite a number recognized dimly that they were incompetent to manage their own lives, but were prevented from co-operating voluntarily by periods of irritability and resentment which were not necessarily long-lasting. They not only needed long-term support but seemed capable of being helped to understand that it might benefit them.

Nothing has been said about aggressive psychopaths and abnormal aggressiveness as a special feature in diagnosis. Among the 200 there was no case which I thought could be diagnosed as an aggressive psychopath, though there were many incompetent psychopaths. I do not doubt that they exist, and in fact one was found among Borstal lads who were interviewed because they were twins—an extremely dull and unmanageably aggressive lad from a family of aggressive alcoholics and prize-fighters, who had fought

everyone from his earliest years and whose main interest was in razor fights. He had physically attacked almost all those of both sexes who had tried to help him. The diagnosis proved reasonable, for within a month in a closed Borstal he had organized a riot, hit an officer over the head with an iron bar and had his sentence commuted to imprisonment. When interviewed again in prison he was much more contented, said he preferred doing very little and not being badgered and that the strict rules helped him to avoid going too far. He was intensely proud of having a patch on his arm to denote that he was on the escape list and of being forbidden certain entertainments or special association. His twin brother had also been commuted to prison for hitting an officer some months before, and the element of fraternal competition in violence was quite obvious.

The question of abnormal aggressiveness needs very careful consideration. It was very instructive to go round all the Borstal institutions and find that aggressiveness is practically never mentioned as an important or disturbing aspect of behaviour. There was much anxious mention of failure to learn a trade or to be responsible or to show initiative, but it would only be mentioned at the end of the discussion without much interest that of course the lad in question had sometimes been violent. This was accepted and usually regarded as quite a healthy sign; its absence was often mentioned with anxiety. This seemed to me extremely wise and instructive. The second observation was that the aggressive outbursts which *did* appear disturbing were shown by the lads who had been diagnosed (or left undiagnosed) as "problem cases", with poor prognosis; and it seemed to me that the future aggressive psychopaths were possibly coming from this group who showed a severe personal disturbance, together with a severe social disturbance in the form of gang association or acceptance of criminal behaviour. Severe aggressiveness appeared very often to have a social and cultural aspect—that the lad felt aggressive but then found that he could gain a reputation with his friends or establish some self-respect by developing his aggressiveness. It is socially facilitated even in the most serious cases, and not merely in the simple and obvious examples. And while he is prepared to be punished for it as a manly virtue, his resentment might become unmanageable if he found that it was regarded as a mental abnormality. Whatever steps are taken to treat psychopaths, I believe that the proper allocation of the aggressive cases will need quite separate consideration and study.

This paper is published with the consent of the Prison Commission; consent does not imply agreement with the views expressed.