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PSYCHOPATHIC STATES

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THE interest which has been aroused in the problem of the psychopathic states, their elucidation, clinical differentiation and management, has been both stimulating and encouraging, and I trust that, as a result of the discussion to-day, a still clearer formulation will become possible. In the past psychiatrists were more concerned with the psychoses, the psychoneuroses, the deficiencies, and delinquencies, and in consequence the psychopathic states constituting essentially what we now call the social problem group did not seem to be the particular province of anyone, and were merged in one or other of the above groupings. Probably social service workers were more conscious of the complexities presented by such cases than anyone else, because of the difficulties of satisfactory placement. Indeed when Gillespie, in 1924, opened a discussion on this topic at the Royal Society of Medicine, it is significant that the request for him to do so came from a group of people interested in social welfare. Now there seems little doubt that, in this particular field, the medical man of the future interested in social medicine will have a grand opportunity to study the interplay of personal and environmental factors, not so much in hospitals and clinics but in the homes of the people, the schools, the factories and everywhere where men and women are congregated together. For many years I have been urging the importance of what I call Social Psychiatry, that form of psychiatry which is interested in making the fit fitter. Within the last week or two we have heard the interesting announcement that the Nuffield Trust is instituting a chair of Social Medicine, a development which should have a profound influence on the practice of medicine.

In our particular field of work those suffering from psychopathic states represent a group of struggling humanity, social misfits if you like, who are urgently in need of help. Such cases, with all the associated legal, educational and sociological problems which arise from them, open up the whole fascinating field of preventive medicine, and of that form of preventive medicine which is not so much concerned with the cure of illness or disease, even in its early stages, but lays stress on the birth of healthy children, and the development of all the resources of the community to conserve their continued well-being.

In my Salmon Memorial Lectures on Psychopathic States I attempted to give a broad formulation of their place in psychiatry, their clinical manifestations, and their social significance. In this discussion it will be unnecessary to dwell on the

historical and clinical aspects in detail more than to pay passing tribute to the clinical acumen of Prichard, Koch, Kraepelin, Adolf Meyer, Healy and many others who have made such interesting contributions. I shall, rather, try to pick out certain special features. Prichard was very accurate in his general statement when he said: "There are many people suffering from a form of mental derangement in whom the moral and active principles of the mind are strongly perverted or depraved; the power of self-government is lost or greatly impaired, and the individual is found incapable, not of talking or reasoning upon any subject proposed to him, but of conducting himself with decency and propriety in the business of life." The points worth remembering from the above statement are: (1) That there is a state of mental derangement; (2) that the disorder is one of conduct or action. The reason why I am emphasizing those issues is because the former statement indicates that Prichard, probably, wanted to differentiate such cases from the ordinary prison population popularly supposed to be guided by malice aforethought, reason and free-will, while the latter statement may imply the difficulties which exist regarding the criteria of certifiability either as a psychotic or mentally defective person. We know how seldom either course is practicable. In fact consideration of those cases always reminds me of Macaulay's description of George Fox: "His intellect was in that most unfortunate of all states—too disordered for liberty and not sufficiently disordered for Bedlam." May I suggest, therefore, that while the psychopath may touch the fringe of psychosis, psychoneurosis and intellectual deficiency, yet he remains a considerable distance apart, and shows features peculiar to himself. The reactions of those individuals in the light of their personal make-up, health and environmental circumstances demand our earnest attention. How was the disorder created, what is its extent, why does it prevent him from fitting into society, and how may readjustment be effected are the crucial points. In order to facilitate clinical study and differentiation I suggested that the material might be collected in terms of outstanding traits, (1) predominantly aggressive, (2) predominantly inadequate, (3) predominantly creative. At first glance there may not seem to be much in common between those groups, but the contrasts are no greater than exists between the contrasting phases of a manic-depressive attack or between the various forms of schizophrenia, and yet we have no hesitation in thinking of those forms of disturbance as entities.

The groups which I have postulated are not for a moment considered to be clean-cut, but are merely offered as suggestions for clinical convenience, so as to assist us in unravelling the underlying basis, the personality pattern which is fundamental to the clinical picture. The life-histories of those patients teach us that we are dealing with persons who from a tender age, and out of a variety of causes, have proved a problem to themselves as well as to the world at large, people who psycho-biologically have remained at an immature individualistic, egocentric level, who are determined to get their own way irrespective of the cost, who fail to grow up to any sense of reality, and are so changeable and fickle that they lack persistence of effort, and are unable to profit by experience. Their emotional development and their judgment and forethought have not kept pace with their ideational component. Their conduct throughout their life has been punctuated by disturbing episodes which have given rise to great anxiety. Their higher inhibitory control mechanisms are in abeyance, and they are dominated entirely by their emotional instinct. Without elaborating the descriptive side I can safely leave the matter to your individual experience to recall the various devious ways in which such persons attain their momentary self-glorifications at the expense of their social usefulness.

Such a type of clinical formulation is not vague and meaningless; it has not been erected artificially merely as a convenient dumping-ground for those who have not seemed to fit harmoniously into more generally recognized but not any better defined categories. The psychopathic state is real, something which we can recognize and work with, an illness and character deviation which should be made much more familiar to lawyers, social workers, doctors, and educationists. Furthermore, while it may be specific in itself, yet in addition the psychopathic personality may be a serious complicating factor in determining the prognosis in many other forms of nervous and mental illness, just for instance as a schizoid component may seriously interfere with the prognosis and recovery of a psychoneurosis.

We are still at the stage where we do not know how and why such a conditio

occurs. There is no specific aetiology, but again, as in most other mental states, we deal with a multiplicity of factors of a personal and environmental nature. How to sort out those factors is far from easy, but our methods of investigation are rapidly increasing. The science of genetics, still in its infancy, may contribute much to our knowledge, and we can look forward with confidence to the greater information to be derived from the study of uniovular twins, and to the benefit likely to follow such a positive eugenic step as the adoption of family allowances. Questions in relation to nutrition, housing, the adequate employment of leisure and so on all have a bearing on this important topic. Naturally the help of the electroencephalograph has been enlisted and some suggestive results have been reported. Denis Hill and D. J. Watterson have examined a large series of cases and have reported the following results :

66 predominantly aggressive	65 per cent. abnormal tracings.
38 inadequate	32 " " "
5 delinquents	Normal.
8 sexual perverts	" "
11 epileptics with aggressive tendencies	10 abnormal.

These writers have been impressed by the similarity of their findings to those obtained in young children showing temper response to frustration, and suggest that the abnormality in the E.E.G.'s. points to a failure of development in the central nervous system. "It fits in with our psychiatric, biological and social conceptions of psychopathic personalities." Secunda and Finley by the same method have reported their E.E.G. findings in 143 children presenting behaviour disorders, and have compared them with 76 normal controls. The type of behaviour disorder was stealing, sexual misbehaviour, temper tantrums, truancy. Of those 143 children 51 per cent. had abnormal, 23 per cent. had borderline, and 26 per cent. had normal E.E.G.'s.; of the 76 controls, 15 per cent. had abnormal, 17 per cent. had borderline, and 68 per cent. had normal E.E.G.'s.

As a result of their work they suggest that the E.E.G. may be a measure of the delayed development of the cerebrum, or may point to the presence of some pathologic factor.

From the angle of clinical and pathological correlation Chornyak has commented on the egocentricity of the psychopath, and correlates this with the possibility of damage to the most recently acquired areas in the cerebrum.

The above studies are an indication of the efforts which are being made to understand this difficult type of case-material, and I feel sure that the authors mentioned are only too ready to agree that their results and suggestions must only be regarded as tentative.

From the wider angle of social and economic life I have mentioned a number of issues which are of vast importance, but if I had to pick out a more specific factor I might stress the significance of illegitimacy as a source of personal disintegration leading to the production of the psychopathic state. I have been impressed by the findings in an admittedly very hasty and superficial review of a group of 34 illegitimate persons whom we have had under observation. Approximately 50 per cent., and that is making a conservative estimate, presented the picture of a psychopathic state, because a fair number of those who exhibited depressive and psychoneurotic reactions occurred in psycho-biological immature types. Since then, the above findings have received confirmation from a monograph by Hans Binder entitled *Die Uneheliche Mutterschaft* (illegitimate pregnancy) which has been reviewed by Diethelm. Binder made an analysis of 350 cases of illegitimate pregnancy from material supplied by the municipal social agency of the city of Basle. Of this group one-third were considered normal, one-sixth oligophrenic, and one-half psychopathic. It was noted that one-third of the women were under 20 years; the love factor had often never entered into the matter; and in many instances there was hatred towards the unwanted child. It is easy to understand how under such circumstances discordant family life, lack of parental affection, poor school records, and insecure living conditions might be originated and lead up to conduct disorder of an anti-social type.

Michaels and Goodman in their discussion of the relationship of enuresis to neuro-psychiatric disorders point out that enuresis may be regarded as an indication of an ill-balanced personality. In a series of 1,000 cases by far the highest per-

tages were in the psychiatric behaviour problems, the psychopathic personalities, and the mentally deficient. They quote Hirsch as stating that in 367 delinquent boys 32 per cent. were enuretic, and nearly 95 per cent. who were enuretic persisted beyond 11 years of age.

All the above reports, then, point to something lacking in those qualities, those intangible forces which are essential in forming the being who reasons, judges and has control of his instinctive and emotional feelings. Many of the difficulties may straighten out in the process of ageing; they must not be over-emphasized, but only be utilized as indicators rather than in any more definite way.

Those cases we now call social problems, behaviour difficulties, and so on, were often merged in the population of our industrial schools, Borstals and prisons, and psychiatric interest, if aroused at all, was extremely casual. In fact it was only when psychotic episodes occurred, or when the offence was constantly repeated, that the sanity of the individual was questioned. It is only now when we are approaching all such problems from the point of view of aetiology and psychopathology that a more constructive attitude is being engendered. It is true that many people are afraid that the introduction of the term "psychopathic state" will so affect criminal procedure as to interfere with criminal justice, but that is not my belief provided the diagnosis is made conservatively, and in the light of the entire life-history of the individual. That such cases have made a considerable impression upon the legal mind is evidenced by the ruling of Lord Alness in his summing up in the case of *Rex v. Savage*: "Formerly there were only two classes of prisoner, those who were completely responsible, and those who were completely irresponsible. Our law has now come to recognize in murder cases a third class, those who, while they do not merit the description of being insane, are nevertheless in such a condition as to reduce their act from murder to culpable homicide . . . there must be weakness or aberration of mind; there must be some form of unsoundness; there must be a state of mind bordering on though not amounting to insanity; there must be a mind so affected that responsibility is diminished from full responsibility to partial responsibility: the prisoner in question must only be partially responsible for his action." That statement fits accurately and makes allowance for the mitigating circumstances which, invariably, are present in the life-history of the psychopath charged with serious crime. Although Lord Alness applied his dictum only to murder cases, yet it would seem reasonable enough to extend his broad-minded ruling to cover cases of assault, sexual offences, and other forms of criminal and civil offences. I say this not with the idea that such cases should be treated with more leniency, but rather with greater discrimination, both as regards sentence and discharge.

For instance, recently a brutal murder was committed in Edinburgh by a man whose life-history showed clearly that he had a psychopathic personality. On that account he did not receive a capital sentence, but was sent to penal servitude for life. His counsel appealed against that sentence on the basis that his client had not been wholly responsible for his actions and therefore should be treated with greater leniency. The appeal, rightly, I think, was rejected, because it was held that a man only partially responsible was in reality much more dangerous than the person in fuller possession of his senses.

It is obvious enough that long before psychopathy becomes a public matter it has frequently given parents much anxious thought in relation to the future of their offspring. Furthermore, such cases have a wide prevalence, involve failure in all social classes, and individuals who have had all the advantages of birth, breeding, wealth and social position.

But almost the most specific manner in which the psychopathic state shows itself is in the act of suicide. Wilson has referred to this point in his paper on "Suicidal Compromises." Suicide epitomizes life's failure, a tragic retreat from reality, an indication of something lacking in that sterner stuff which overcomes difficulties, and persists in striving. Suicide and depression have always been closely associated, but more often than not the act of suicide is the sudden impulsive aggressive response of the person lacking in balance, the person who acts on the spur of the moment. The courts are recognizing this; they even sanction the diagnosis of a temporary insanity. Suicide or self-murder and homicide are essentially the same, at least they demonstrate the same principle—they are similar twins—and if this is so we can, with an easy conscience, advocate a more understanding

attitude towards those who attack others. To justify that position, if such justification is needed, I would refer you to an admirable study of the Italian boy, Gino, 17 years old, who murdered his mother, which has been presented in book form—*Dark Legend*—by Wertham. Wertham tells how on meeting the boy he was fascinated by the paradoxical situation—a smiling, friendly young man with no visible signs of a deranged mind, who professed that he was glad that he had committed the terrible crime of matricide, the least frequent of all kinds of homicide. In his discussion of this case Wertham rejects the view that this boy corresponds to any of the better known categories, but advances reasons to prove that Gino's impulse stemmed from a deeply submerged unconscious conflict. He uses the case as an example of katathymic thinking—a condition which he defines as one in which the relationship between logical thought and emotional feeling is disturbed in a special way. In such a condition the thought processes become rigid and canalized tension gradually increases until the crystallization point is reached when the violent act is perpetrated. Following the deed the tension disappears and some time later insight is established. While I admire Wertham's sympathetic analysis of the above case, yet he appears to me to pass over lightly many episodes in the boy's earlier life which were significant, and he described a situation which occurs, not rarely, but repeatedly in persons of the psychopathic type. I am not frightened that the diagnosis of psychopathic state will be overdone. For instance, out of a series of 47 murder cases the psychopathic state could only be advanced in four instances as a mitigating factor. In a series of 27 cases of serious assault, seven only were regarded as psychopathic.

I am satisfied that as a result of the analysis of such material the position is not likely to be over-stressed and more justice will be done, and a clearer conception will be obtained of the psychopathic person.

Sexual offenders, and those cases which constitute the predominantly inadequate and predominantly creative groups, all show that peculiar lop-sidedness of development or blunting of their emotional life which prevents them reaching a mature and completely responsible level. The problems presented by such cases are often most difficult to evaluate, and each group would require a separate discussion by itself, but it serves my purpose in this brief presentation merely to emphasize their social significance, and to indicate the prominent place they occupy in our psychiatric hierarchy. All such cases have, I believe, a much closer relationship to the psychoses and psychoneuroses than has been properly appreciated. I have particularly in mind those cases which I can only describe as exhibiting malignant psycho-neurotic reactions, persons who irrespective of every or any form of treatment—psycho-therapeutic or otherwise—continue to lead selfish, individualistic existences. Usually such malignant reactions have been related to a schizoid component, but in fact they are, I believe, much more closely allied to that psychobiological immaturity which constitutes the psychopathic state; it is the presence of that factor which makes their treatment so difficult, but yet so intriguing.

There are those who hold the view that the psychopath does not possess the stuff on which to build, and that we must content ourselves with compromise adjustments which may enable the individual to live satisfactorily in terms of his limitations. That is true only so far—the stuff is there, the potentialities are very great indeed, and many can be readjusted.

In this brief discussion I trust I have stressed sufficiently the significance of psychopathic states as a medico-social problem, and as one which can only be adequately met by pooling the resources of the community. To carry conviction to the public and to the legal profession we must be united medically in believing that this concept of what constitutes the psychopathic state is real, specific, something which we can uphold in a court of law, and something which we believe differentiates such a person from one who is guided by reason, free-will, forethought and judgment. The constitutional basis of this disorder is as definite as occurs in the intellectually defective, the manic-depressive, schizophrenic, and epileptic reaction types, and on that account it must always be regarded with great gravity, but not with undue pessimism. For in all such disorders much can be accomplished by personal understanding, by training, by careful control and management of the environmental factors, and even by more specialized procedures depending on the physical, biochemical and neurological components. To-day we are being impressed by the astounding results of electric shock therapy in cases which may have been

of long standing, and it may be that by development in technique, by regulation of dosage, and by application at the appropriate time, results can also be obtained in this group of cases. We may also expect much from the developments of biochemistry and pharmacology. At this point I may be allowed to anticipate the remarks of the representatives of the military forces by saying that psychopathic persons are not likely to make good soldiers. Many parents of such cases regarded the war as a godsend: Here at last, they thought, would be a method whereby their difficult sons and daughters would be made to conform, and in any case they would rather have them die in a burst of glory on a foreign field than burden the home front, which otherwise they were almost sure to do. But unfortunately those I have known in civil life who have been enlisted have not done well, and have soon been boarded out of the Service.

To develop real preventive measures we require to go right back to the beginning of life, to give more thought to the birth of healthy children, and to their development under such social and economic conditions as to provide an equal chance with their better-endowed neighbours. To effect this we require a higher sense of social values, a new medical orientation, and a determination to pursue what we now call a positive health policy. To enable us to do this, all of us, whether we be doctors, lawyers, social workers, or intelligent lay people, must be deeply interested in the problem of human betterment, both as it affects the individual, and the preservation of society. Social service, Child Guidance and Child Welfare Centres, Children's Courts, the Probation system, Approved Schools, Borstal Institutions, and not least, medical education are all in a stage where they are susceptible of much greater development, and in the forefront of preventive medicine.

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