has been temporarily stopped, and in cases where there are only periodic bouts, psychological analysis is invaluable. Experience has taught me, however, that in the case of some married people such treatment may be useless unless the married partner collaborates in the analysis. I need hardly say that alcoholism due to mental defect cannot be treated in this way. Apart, too, from mental defect I must warn you that many cases of mental conflict are not suitable for analysis. Many are hopeless, at any rate at the advanced stage at which we first see them. Besides, Sir Frederick Mott has rightly impressed on us the importance of estimating the inborn potentialities. It is less necessary to warn such an audience as this that cases requiring analysis should only be taken by those who have themselves been analysed. It is a fact that no one can take anyone else further in analysis than they have gone themselves; an attempt to do so involves great strain, and often ends unsatisfactorily. Psychological analysis is sometimes condemned because of the failures of untrained workers. It is as unfair to do this as it would be to judge surgery by the performance of practitioners who had never been surgical dressers, far less house-surgeons. But those treated must have possibilities in themselves.

As a final word I would say that though no one could attach more importance than I do to the pathological and bacteriological laboratory, and to the value of suitable drugs and endocrine preparations, yet, if we want to understand delinquency and other forms of abnormal conduct, much of our time must be spent, not in the laboratory that deals with death and disease, but in the consulting room, where there is an investigation into life and the mainsprings of action.

The Psychopathic Personality.[1] By M. Hamblin Smith, M.A., M.D., Lecturer in Criminology, Bethlem Royal Hospital, London.

I propose to deal briefly in this paper with a group of cases which is a large one, although ill-defined. The group is of much social and medico-legal importance, and its consideration raises questions of fundamental moment. As generally described, the group is heterogeneous. But I shall try to show that the conditions comprised in it are related to each other, as also to other kinds of mental abnormality. The members of the group are characterized by their inability to make satisfactory social adjustments. But I

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must not be taken as meaning that all social maladjustment is due to this cause.

Various names have been given to the cases comprised in this group. They have been described by German writers as "psychopathic inferiors," by Adolph Meyer (1) under the title of "psychic constitutional inferiors," and by other American authorities as the victims of "constitutional psychopathic states." The latter authorities have introduced a more or less official classification of the group, an attempt of which I shall speak presently. The group has also been discussed under the name of "psychopathic personalities"—a name which I have tentatively adopted for the title of this paper. There are objections to all these names, which are simply attempts to create pigeon-holes for the accommodation of cases. And the name of "psychopathic personality" is, perhaps, the most objectionable of all. For the mind, as I conceive it, is the personality. The mind is not something which *has* psychical experience; it *is* psychical experience. Psychical experience, largely, of course, the result of apperception of the environment, is organized into mind, and forms personality (2). The name "constitutional inferiority" is also open to grave objection. For the expression has a strong connotation of physical defect; our forefathers were wont to speak vaguely of a "weak constitution," veiling their ignorance by words which darken counsel. The supposed connection between these psychological states and bodily disorders is of the utmost practical moment. William Healy (3), following Ziehen (4), states that in the greater number of these cases distinct bodily abnormalities are to be found. And he would limit the diagnosis to those cases which show signs of physical as well as mental inferiority. Now, is this limitation justified? Is there such a preponderance of physical defects to be found in this class of patients? It may be true that physical defects are often found. But I should not be prepared to assert that such physical defects are more frequently found in these cases than in persons whom none would think of placing in this group. And there is a still more important point. To lay stress upon physical defects is to suggest to others, and to make a strong self-suggestion, that the physical abnormalities are the *cause* of these and of other psychical conditions. Perhaps I need hardly say that this view is one which I am not disposed to adopt. We may say, if we please, that certain psychical conditions are sometimes associated with certain cerebral and other physical abnormalities; but this is not to say that the latter conditions are the cause of the former. The necessary training of our profession upon anatomical and physiological lines seems to me to have grave drawbacks as regards psychological medicine.

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For it gives us a tendency to content ourselves with the consideration of the physical ills of our patients and to neglect that which is psychical. Treatment of the physical condition has, of course, its value. Even in the case of a patient suffering from some grave physical ailment we treat minor and concurrent physical ills. But in this latter case we do not forget the main physical ill, with which we are primarily concerned. In the field of psychiatry we do perhaps tend to overlook the main condition, or are, at least, inclined to think that we can do no more when we have dealt with the concurrent physical factors. Actually, the defective physical condition is simply one evil factor in the environment with which the mind has to deal. But I shall return to this question later.

To revert to those who have been classified as psychopathic personalities. Healy (5) describes the general characteristic of these cases as abnormal reaction to some of the ordinary stimuli of life. Such abnormal reactions are almost universal in these persons. They are, he says, "egocentric, selfish, irritable, very suggestible, easily fatigued mentally, and are sometimes possessed by an abnormal feeling of impotence." (I presume that by this latter term he is meaning general psychical impotence, and not merely reproductive impotence.) In other words, these cases are the victims of a strong inferiority complex. I would refer to the cases of Richard Loeb and Nathan Leopold (6), both of whom were classed, by some who examined them, as psychopathic personalities, and both of whom had marked inferiority complexes. Psychopathic personalities are, says Healy, "sometimes slightly defective in intelligence, but often no defect or peculiarity is to be found. Some of them, indeed, are geniuses." Nathan Leopold, just mentioned, is an example of the latter condition. But many definite mental defectives really belong in this class, although they are not usually included therein, because they are dealt with otherwise. I would remark, in passing, that in judging defect of intelligence by the results obtained from the use of mental tests in these cases we have to exercise much caution. Many of them have a certain "shut-in" personality, of which I will speak later. And it is often hard to feel sure that the test-results really represent the best which the patient can do. "Socially," proceeds Healy, "the important points are their weakness of will, and their inability to cope with the demands which society makes as regards self-restraint." I will not quarrel with these expressions, difficult as they are to translate into the language of scientific determinism, for there will be no dispute as to their practical meaning. It will be noticed that Healy's description of these cases is entirely based upon their anti-social characteristics. This was inevitable, for in

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the book from which I am quoting he was describing them as they come under notice in court work. Healy makes no attempt to divide them into classes.

Faced with the necessity for the rejection of many of these persons when they were drafted for the army, the United States Surgeon-General devised a system of classification into seven groups. It may be noted that the primary rejections for this cause numbered 0·55 per 1,000 of all recruits examined, while more cases were detected after they had joined the army. This classification is almost identical with that of Kraepelin (7), and it recognizes (*a*) inadequate personality, (*b*) paranoid personality, (*c*) emotional instability, (*d*) criminalism, (*e*) pathological lying, (*f*) sexual psychopathy, and (*g*) nomadism. It is clear that this classification is of a very diffused character. And we may, at the outset, reject several of the subdivisions. Emotional instability is a characteristic of all the cases with which we are now dealing, and cannot be looked upon as a separate group. Further, it is characteristic of so many and so varied mental abnormalities, that we cannot admit it into a scientific nomenclature. The word "criminalism" begs the whole question. So far as I can understand, it was used in much the same sense as our term "moral imbecile." And some, at least, of the cases of so-called moral imbecility are really instances of these pathological personalities. But the acceptance of moral imbecility, using the term in its ordinary connotation, would seem to imply the conception of a separate "moral sense" and of an "absolute morality." Whereas I take morality to be the result of the pressure of our social relationships. Pathological lying and sexual psychopathy are simply two particular forms of anti-social conduct, although they are both well worthy of study from other points of view. And the term "nomadism" is far too vague. The wandering instinct is found in other conditions, and is, to some extent, present in all of us. We are thus left with the inadequate personality and the paranoid personality. Can we distinguish between these two conditions, so as to regard them as distinct subdivisions? Are we, indeed, entitled to regard them as separate entities at all?

The inadequate personality is described by Rosanoff (8) as a person who "from lack of initiative, ambition, perseverance, or judgment, and often in spite of good educational, social and economic advantages, makes a hopeless failure of all that he undertakes." It is stated that persons of this type often come into contact with the law. But there is no one who cannot recall examples of this condition among his ordinary acquaintances. Are we justified in saying, as some have done, that these cases are

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proportionately more common among offenders than among non-offenders? Assertions of this, and of a similar kind, have often been made with no regard to the importance of control observations. I may instance the diverse and sometimes exaggerated estimates which have been made as to the proportion of mental defectives among offenders. In either case it is a question of the standard of comparison which we elect to adopt. And we have no accurate information as to the standard of mentality in the ordinary population.

The paranoid personality is described by Rosanoff (9) and others as being but a minor degree of paranoia. Rosanoff says: "In both cases conceit and suspicion lie at the root of all the maladjustment; only in the case of the paranoid personality they do not lead so far as to produce a delusional system, as they do in paranoia. One sees, however, the same stubborn adherence to a fixed idea, contempt for the opinions of others, bias of judgment leading to distortion of practical values, argumentativeness, and tendency to develop persecutionary ideas." Rosanoff seems to be describing those persons who have no actual delusional system, but in whom we observe a constant suspiciousness, a constant seeing of personal slights in what would appear to others as quite ordinary events, and a tendency to assert that they are particularly unfortunate and that everything and everyone is against them. Since such patients worry excessively over a very slight trouble, worry to a degree quite out of proportion to the ostensible cause, may we not take it that the abnormal degree of worry is not so much a reaction to an environmental condition as a reaction to something in the patient's unconscious mind?

August Hoch found, in a large proportion of his dementia præcox cases, evidence of a special mental constitution, which he termed the "shut-in personality." This mental condition he describes as follows (10): "Persons who do not have a natural tendency to be open and to get into contact with the environment, who are reticent and seclusive, who cannot adapt themselves to situations, who are hard to influence, often sensitive and stubborn, but the latter more in a passive than in an active way. They show little interest in what goes on, often do not participate in the pleasures, cares and pursuits of those around them; although often sensitive, they do not let others know what their conflicts are; they do not unburden their minds, are shy, and have a tendency to live in a world of fancies." It is in this last statement as to the fantasy world that the clue to the whole problem, in my opinion, lies, and it is this thesis which I hope to elaborate. We can bear in mind that, as Bleuler says (11), "The autistic withdrawing of the patient

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into his fantasies, which makes every influence acting from without an intolerable interruption, is the most important factor in the production of negativism." Hoch further says (12): "What, after all, is the deterioration in dementia præcox, if not the expression of the constitutional tendencies in their most extreme form, a shutting out of the outside world, a deterioration of interest in the environment, a living in a world apart." To me the man with this "shut-in" type of personality always seems to be in the position of an inaccessible patient who is suffering from an abscess. You could relieve him surgically if you could get at him. But he has locked himself into another room.

It seems at least likely that it was these considerations (*inter alia*) which led Meyer to provide, in the official classification system of the New York State Hospitals, the group of cases labelled "allied to dementia præcox." And the original conception of dementia præcox has now been modified in the direction of an extension. Under the term "schizophrenia" there are now included, in the dementia præcox group, paranoid conditions, other kinds of pathological personality, and certain conditions which were formerly placed in the manic-depressive class. Rosanoff remarks (13) that many of these conditions are so slight in their degree of mental abnormality that they are seldom seen in institutions. If by institutions he means mental hospitals, no doubt his statement is quite true. But they are frequently met with in institutions of other kinds. We meet with them in court work, although they are probably quite as common among persons who do not come into contact with the law. This brings to our notice the fascinating problem as to the reason why one man reacts to his environment in a manner quite different to the reaction of another man, of apparently similar physical constitution, and who has had, generally speaking, identical experiences during his life. I would suggest that the solution of this problem is to be found in the fact that, under certain circumstances, some part of the mind which is normally unconscious becomes conscious and dominates the personality.

It is not necessary for me to deal in detail with the gradual development of fantasy life. It suffices to refer to Ferenczi's work on the subject (14). He has shown that the primary unconscious fantasy comes into being on account of the constant triumphs of reality inducing, by means of fantasy, a re-occupation of the interuterine life in which the pleasure principle is supreme. The indulgence of this and of other fantasies is, or so I venture to think, within wide limits, a useful process. And were it not for fantasy our lives would be considerably more unhappy than is actually the case. There are, however, limits to the normal, the useful,

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exercise of fantasy. When these limits are passed we get mental abnormalities of various kinds.

Starting from Ferenczi's primal fantasy, it is possible to trace the gradual growth, development and modification of that fantasy by environmental conditions. The first stage is that of infancy, in which we have the almost unmodified primal fantasy of supremacy. Ferenczi has pointed out that this fantasy is normally unconscious, introducing itself into consciousness by indirect alterations of our conscious actions. Since the infant is absolutely egotistic, and since its desires tend to be satisfied by its mother, or mother-surrogate, the dominant form of sexuality (using the word in its full Freudian sense), and the typical fantasy, at this stage may well be termed incestuous.

The infantile stage gradually fades into that of childhood, a stage characterized by the formation of the "ego-estimate." The dominant fantasy may be described as narcissistic. The child begins to resent the authority exercised by adults. These contests with authority are usually ineffective. The child desires someone who will provide him with the sympathy which he cannot get from adults, he being quite out of harmony with the adult code of conduct. He does not turn to another child for the provision of this desired sympathy, for the other child is himself too egotistic to give adequate sympathy, and is occupied with his own personal difficulties. Our typical child is driven elsewhere. He may select some animal or toy as a confidant for his woes. (It is interesting to note that Richard Loeb, mentioned just now, had a "teddy-bear" fantasy, which he carried into adult life.) Far more often, however, our child creates, by means of fantasy, an "ideal companion," who is always full of unwearying interest and sympathetic understanding. But this ideal companion is, by reason of his possession of these desirable traits, quite under the dominance of his creator. Hence we see that there is a marked element of supremacy in the fantasy of this second stage.

We then get the latency period, occurring before the onset of puberty. I am speaking of psychological and not of physiological puberty. For the two do not necessarily coincide in time, nor can we regard the physiological maturation of the genital glands as the single, or even as the essential factor in the production of psychological puberty. As Freud has shown, puberty is the resultant of the fusion of a number of strands—psychological and physiological. During the latency period the prevailing fantasy is that of the team, and may be regarded as definitely homo-sexual. A boy who could never be an actual leader compensates for this inferiority by joining, either actually or in fantasy, a gang, and projecting himself upon

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the leader; while the actual leader tends to introject himself upon the other members of the gang (15). Here again we see the working of the primal fantasy of supremacy.

Stanley Hall (16) said: "Partly its imitative, and partly its pragmatic nature makes youth dramatic, fond of assuming *rôles* and poses. Excess of normal vitality not only safely can, but must explore the beginnings of many morbidities, both to know the more varied and intense possibilities of human life, and to evoke the sanifying correctives." He also pointed out how Lombroso, with his anatomical view, lacked all appreciation of the real problems of adolescence. The normal development of puberty includes the development of various forces which tend to inhibit anti-social action. But the development of these inhibitory forces may come too late. And the apparent mental incoherence of adolescence, of which Healy (17) speaks, may be due to the patient's preoccupation with thoughts of immense personal importance to him and connected with his fantasies.

In the adolescent stage the whole position is, of course, dominated by sex, although the sexual characteristics of the fantasies of this stage are largely veiled. The ardent adoption of some religious system is a frequent method of expression for the libido—a fact which was well known before the correct explanation was given. If anyone wishes to read a most dramatic description, I would refer him to Compton Mackenzie's novel, *Sinister Street*, in which not only this phase, but the whole mental development of the hero is worked out by a master hand, and with marvellous understanding. Injudicious handling of the adolescent may do enormous harm, as we all know well. The adolescent takes himself very seriously. If those about him do not take him with due gravity, he is very apt to draw into himself, and in extreme cases we get a condition of dementia præcox. I cannot exaggerate the importance of fantasy. If we win our patient's confidence, and learn about his fantasies, we can learn more in that way than in any other, and so are enabled to do more to help him. If, for instance, we investigate the fantasies which always accompany the act of masturbation, we shall find them of a most illuminating character.

Finally, we have the adult stage, when the psycho-physical synthesis is complete. The individual is then ready for mating and parenthood. This, however, in our modern civilized state, is usually delayed. A compromise has to be made. And fantasy plays a most important part in the successful formation of this compromise. And we have not finished with fantasy yet; it takes its part in complete adult life. For example, the sex act is not purely physical, it has many psychical components. And satisfaction

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of these psychical components often has to be obtained by means of fantasy.

I suggest the view that as the stages, which I have briefly hinted at, fade into each other, so the predominant fantasies are not destroyed, but are repressed into the unconscious. Here they continue to act with dynamic force. Indeed, traces, and more than traces, of the predominant fantasies often remain in consciousness, notably the fantasy of supremacy. It is well known that we may get a fixation at any stage of development. So also we may get a regression to any past stage in development. And this seems quite consistent with Meyer's theory of dementia præcox, which he regards as the result of the unchecked development of abnormal types of reaction, replacing by substitution healthy and efficient mental reactions, such as are required to make the constant necessary adjustments to our environment (18). Where we get such regression, mental disease will be the result. In dementia præcox we get a return to simple infantile sexuality; we may have a perfect picture of the Œdipus complex in the delusions from which our patient suffers. In manic-depressive cases the regression has not proceeded so far; it has only gone back to the stage of puberty (19). And minor degrees of regression will produce the types of mental abnormality which have been described under the name of "psychopathic personality." According to the degree and the type of regression, so we may have the inadequate or the paranoid type of personality. But the process is, in either case, identical in all essentials, and this is illustrated in the analysis of cases of this kind. Conflicts which arise in this way are—or so I believe—one great cause of sex perversions. Nor, in this connection, must we forget the constant struggle between the self-assertive and the submissive tendencies, the masculine and feminine tendencies as Adler has called them (20). Adler's theory is quite consistent with the psycho-analytic view that there is a repressed stratum of homo-sexuality in everyone. Fantasy often—far more often than is generally known—takes the form of an imaginary indulgence of this repressed tendency. At any rate, such is the case with men. And I have reason to believe that this applies to women also.

The view which I have endeavoured to enunciate gives us a clue to the explanation of certain perplexing phenomena. It is well known that in some cases of dementia præcox we may get a history of some illness or some cranial injury, which is assigned as a cause of the psychosis. Quite often we get a similar history in cases of psychopathic personality, although in the majority of instances we get no such history. We may be told that before the illness or the injury our patient was quite normal. Now take the case of

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a man who has a strong tendency to regression. He may have held a place in the world, although it may be that he has held it with a considerable degree of effort, and with very partial success. Hidden in his unconscious lies the wish to return to a former stage in his development, to the stage when he was entirely cared for by the mother, when initiative and self-assertion were not required. Let us suppose that this man has an illness, a severe accident, or even a slight accident. After every illness some effort has to be made to regain healthy reaction to the environment, to take up the daily burden again. Such an effort comes easily to the man who is happy in his daily life. But let us assume that such happiness is absent, perhaps through the action of some mental conflict. The case is then quite other. The illness, or the trauma, provides opportunity for the pre-existing unconscious tendencies to express themselves. The man gets the idea that the whole world is against him, that it is useless for him to continue the struggle against the environmental forces over which he has no control. These forces represent the father, against whom he feels antagonism. There is a conflict between his desire to take his place in the world and his desire to return to some former stage in development. If the original conflict has been a severe one, circumstances may prevent him from making the required effort. All kinds of results, among which may be the symptoms of psychopathic personality, may follow. I take it that this is what has occurred in these cases of character changes which we see after cranial injuries (often slight) and after attacks of encephalitis lethargica. And the reason why these character changes are so common in these cases is that there has been a period of unconsciousness, a definite breach (of longer or shorter duration) in the stream of stimuli from the environment. It is not strange that the process so initiated may continue. Some of these cases are able to make readjustments, after a lapse of time, this indicating that the patient has been able to reach a solution of his problem by his own endeavours. When the necessary co-operation of the patient is obtainable, the process of re-adjustment may often be assisted by psycho-analysis.

And so we see that, if the view which I have tried to indicate is correct, these abnormalities of conduct (and it is in conduct that we are interested) arise on a psychogenic basis. And it is in the taking of a psychological view that the hope for the future lies. Adhesion to epiphenomenalism has proved bankrupt. Attempts to improve conduct by means of alterations in the patient's environment provide only too often a task beyond our powers. But comprehension of the psychological method of the production of their mental abnormalities enables us now to assist many of our patients.

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And further knowledge of the mechanism involved will, with the aid of intensive study, enable us to assist still more in the days to come. I venture to stress this point of psychogenesis. For our views on the psycho-physical relation are something far beyond metaphysical subtleties, and must affect not only our thoughts upon technical questions of psychiatry, but also all our practical work. I may put the matter in this way. The question as to whether we are to regard these cases from a psychological or a physiological aspect is no mere matter of theory; it is of the utmost practical importance. If the mental abnormality is due to some unknown physical cause, we cannot even hope to deal with it until such time as this becomes known. And the little which is at present known, as concerns the physical alterations which are associated with mental disorder, does not tend to any hopeful attitude as regards treatment or prevention. But if we look at the problem in psychological terms, we can study these psychological abnormalities in their relation to other psychological abnormalities. This makes any of the abnormal reactions which I have sketched an object of investigation in the same way as the reactions of normal conduct. We may be able to discover the psychological laws which govern the appearance of these abnormal reactions. Having discovered these psychological laws, we may reasonably hope to modify, by psychological methods, the exhibitions of the abnormal psychological tendency.

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Institutional Treatment of Mental Defectives, with Special Reference to Occupation.[1] By A. M. McCUTCHEON, M.B., F.R.F.P.S.Glasg., Resident Medical Superintendent, Monyhull Colony, Birmingham.

THE problem of the treatment of defectives is somewhat different from that met with in regard to the patients in mental hospitals. In the case of mental hospital patients most of them have filled useful positions in the world, and also the percentage of possible recoveries is hopeful, and many of them are able to resume their former occupations. But mental defectives are social misfits, many with anti-social traits, others neglected and ill-treated, and again others of a much lower grade, many of whom are helpless and even cot-cases. None of these have ever taken their proper place in society, and their educational attainments range from only fair to practically *nil*, and in all too many cases they will never be discharged to outside life. A certain number of defectives, it is true, can be trained at day special schools and occupational centres, and even advance to doing some elementary form of work without the necessity for being sent to institutions, and a certain number, after receiving training in institutions, can be discharged and work for a number of years. But it must be borne in mind that these people become old men and women so far as their mind is concerned quite early in life, and the amount of work which may be obtained from them under these conditions is not very great. We are, however, just now concerned more with the institution side of mental deficiency, and institutions for defectives fall under two headings—training and custodial. The latter institutions, of course, take the lowest grades of defectives who are incapable of work, whereas the former take those cases which might be called "improvable." The objects of treatment in such institutions are:

(1) To correct their anti-social conduct.

(2) To develop their self-respect and ensure their happiness.

(3) To teach them various kinds of work for which they are best fitted by reason of their mental and physical condition,

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