PSYCHOPATHIC PERSONALITY

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A Bristol physician, Prichard, is generally conceded to have been the first to recognize the class of persons for whom the diagnosis of psychopathic personality is now made. In 1835 he described a condition in which 'there is a mental derangement in which the intellectual faculties appear to have sustained little or no injury while the disorder is manifested, principally or alone in the state of the feelings, temper or habits.' He remarked that 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.' Prichard emphasized first that the disorder of behaviour is persistent and lifelong, secondly that it is not dependent upon intellectual disorder, that is mental deficiency, and thirdly that the disorder does not reach the degree of certifiable insanity, except episodically. Since that time a variety of terms have been coined for this condition, each author demonstrating his view of the aetiology. Thus Koch (1891) and Kraepelin (1915) emphasized the innate constitutional factors by their use of the terms 'psychopathic inferiority' and 'constitutional psychopathic states.' On the other hand more modern writers such as Partridge (1930) decline to commit themselves to a predominant aetiology and prefer a descriptive term—'sociopathic personality,' in this instance emphasizing that the disorder lies in the relationship between the patient and the society he lives in. The psychoanalytic school favouring an acquired psychological causation prefer the term 'neurotic character' (Alexander, 1930). In this country the views of D. K. Henderson have been widely accepted. By the use of the term 'psychopathic states,' no emphasis upon either innate or acquired factors is laid.

The Diagnosis

This should not be lightly made, carrying as it does a very poor prognosis for future social ad-

justment and leading to therapeutic nihilism. The diagnosis cannot be reached by a consideration of any one episode of abnormal behaviour but only by a longitudinal study of the life history of the patient. In these patients there is a long history of anti-social or asocial behaviour. The school records show average intellectual achievement marred by intolerance of discipline and authority, persistent childhood misbehaviour, a lack of perseverance in any undertaking, irresponsibility and unreliability, untruthfulness, delinquencies of all kinds and most important of all an apparent persistent inability to profit by experience whether this be success or failure, whether it be praise or punishment. After school days the employment record shows a similar state of affairs. A great number and variety of different jobs is the rule and this alone may be an important symptom of the condition; 30, 40 or more jobs in an adult working life of 10 years is not exceptional. In social relations, in work and in sexual relations the psychopath is found to be unable to adapt. He cannot keep his friends, his jobs or his loves. He shows a lack of responsiveness to the ordinary social demands of honesty and truthfulness. His altruism is never developed. Sometimes possessing a beguiling charm he has been likened to flowers without scent. But he is unable to achieve a strong and lasting relationship with any other human being. While professing to feel love and consideration, he yet repeatedly demonstrates behaviour which hurts the feelings of others.

Certain common factors need emphasis. The patient's behaviour when frustrated suggests that he acts on impulse, without any consideration for others or for the ultimate effects of his behaviour upon himself. He therefore has no prudence. His needs must be met immediately and he is unable, like the mature individual, to postpone their gratification. In this he shows an intense emotional reactivity and intolerance of stress and is liable to episodes of brief explosive behaviour in which he may be impulsively violent and ill-tempered. He may assault those who frustrate him, or become

moody, sullen and make a suicidal attempt. Some of these are half-hearted but occasionally the psychopath succeeds. Not every psychopath is so overtly violent either towards himself or others. More subtle episodic disturbances of behaviour are seen in occasions of pathological hypersexuality or alcoholism. In many patients the intervals between episodes of abnormal behaviour are characterized by an expressed but rather glib appreciation of their difficulties and behaviour and by an apparent firm determination to mend their ways. Particularly is this so when the psychopath is seen in prison or in hospital. These good intentions count for nothing when the patient next meets frustration.

Classification

The term psychopathic personality describes a group of personality disorders, which while they show many of the common factors already described, superficially differ from one another. Most classifications have been made upon descriptive differences of behaviour. The complex and overburdened categories of the early workers were not mutually exclusive. Since the same type of personality disorder may result from brain damage early in life, particularly following head injury, encephalitis and sometimes epilepsy, there is some point in speaking of symptomatic psychopathy or secondary psychopathy for such cases. Compared with the idiopathic variety, these cases are, however, infrequent. The American Psychiatric Association grouped such patients into three classes: Those with pathological sexuality; those with pathological emotionality, e.g. persistent schizoid, cycloid or paranoid persons; and those with asocial or amoral trends, e.g. pathological liars, 'moral defectives.' Unfortunately these classes are again not mutually exclusive, since any of them may be amoral or asocial or show pathological emotionality. Another approach is that which attempts to describe a difference in terms of the direction of the aggressive tendencies. Sir David Henderson proposed the categories of those who (1) are predominantly aggressive towards others or themselves, including drug addicts and alcoholics, (2) those who are predominantly passive or inadequate; their aggressiveness being confined to mild threats, to sulks, minor delinquencies, petty thieving and swindling, and (3) those who are predominantly creative. This last category, the least satisfactory, includes those outstanding personalities whose general adjustment is obviously psychopathic but who possess some special gifts of value by which the world remembers them. Henderson's classification has been generally accepted in Britain (Henderson, 1939).

Psychopathology

Lowrey (1944) has pointed out that normal behaviour is that which is satisfying, healthy and socially acceptable. The behaviour of the patient with a neurosis is unsatisfying but socially acceptable. The behaviour of the patient with a psychosis is both unsatisfying and socially unacceptable. On the other hand the behaviour of the patient with psychopathic personality is *satisfying to him but is socially unacceptable*. In a neurosis the individual self or ego is itself in conflict and while the social behaviour remains acceptable, his symptoms express his conflict and defend him from overt expression and awareness of their forbidden character. In psychopathy on the other hand the ego would appear to act out directly in behaviour the drives which the neurotic manages to control. In these cases there would seem therefore to be a failure of those psychological forces, described by Freud as the super-ego, which exercise an inhibiting influence upon the ego. Most of the writers who have investigated the psychopathology of the psychopath have been impressed both by the essential childishness of much of his behaviour and by the noxious psychological stresses which in the majority of cases have been found to have been present early in life. Outstanding among these is the very frequent occurrence of grossly disturbed parental relationships or the absence of a secure home background. Various authors have reported that about 50 per cent. of illegitimate children become psychopathic. Broken homes are common. Often there is an aggressive alcoholic parent. Such histories are however, by no means invariable. Bowlby (1951) has emphasized the importance for normal development of the age period three to five years of a secure relationship between the child and the mother. In his experience ambivalent behaviour by the mother during this period in which she alternately rejects and deprives the child of love and care and then lavishes these upon him is particularly liable to result later in psychopathic personality.

Psychoanalytic writers emphasize a number of special aspects of the psychopathology. The child who is to become the psychopath as a result of maternal rejection and deprivation, never develops an adequate attachment to or identification with the parents or the substitutes for them. Disappointments lead to hostility, a feeling of worthlessness and a deep distrust of other people's affection. The growing individual seeks then, by fair means or foul, to obtain what he feels has been or is being denied to him or, alternatively, he rages against those he believes have or will frustrate him and such persons will include not only all those

whom he feels exercise a role of authority but also those whom he may wish to love. Having been indulged too much at one stage he never developed inhibitions in his behaviour and when this was followed by excessive severity in handling against which he rebelled, he never developed a sense of identification with the attitudes and feelings of the parent. A sense of having been treated unfairly develops as well as a need for acceptance and a sense of guilt. 'In so far as guilt and the feeling of rejection are aroused they get translated into irresponsible acts, either to obtain what the individual wants or in order to be detected and punished' (Maslow and Mittleman, 1951). It would seem, therefore, that in psychopathological terms the disorder is to be understood as a failure of the individual to obtain mastery over his infantile ways of loving and hating, which then persist into adult life. This failure is due to the lack of development and integration within his personality of socially acceptable ideals and the complex of sentiments and inhibiting attitudes, collectively known as the 'super-ego.' As a result of this the psychopathic individual of later years does not show, nor experience, the guilt feelings which constrain the behaviour of normal persons. The gratification of the individual's needs is consonant with the demands of the super-ego and no conflict can occur. For this reason psychopathic persons have been called 'instinct-ridden characters.'

Constitutional and Physical Factors in Aetiology

The early writers emphasized their almost unanimous opinion that the psychopathic personality was a 'defect state from birth,' analogous in the sphere of emotional development to the state of mental deficiency in the sphere of intellectual development. Genetic factors have often been implicated but it is clear that no known form of morbid inheritance is responsible—no evidence for genetic unity. In a small but famous study of 13 pairs of monozygotic twins by Lange (1931), one twin was a psychopathic criminal in all cases and in ten of the pairs the other twin was so also. The fact that statistical studies tend to show a preponderance of males has suggested that cerebral trauma at birth may be a cause. It is well known moreover that severe head injury early in life, encephalitis and the association of epilepsy in some cases may result in personality disorders indistinguishable from those in which no such factors have been known to occur. Electroencephalographic studies on psychopaths have also shown abnormalities of a type suggesting the persistence into adult life of patterns normal for younger persons (Hill and Watterson, 1942), and have

suggested a failure of cerebral maturation processes in some of these patients, particularly those showing predominantly aggressive hostile behaviour. In 14 out of 18 murderers in whom the murders had appeared inexplicable and inadequately motivated the E.E.G. was abnormal in mild degree (Stafford-Clark and Taylor, 1949). The finding, confirmed by many workers, that the E.E.G.s of persons of psychopathic personality show an excess of slow rhythms for their age, is made of even greater interest by the recent study of Knott *et al.* (1953) that there is a statistically significant tendency for the parents of such individuals to show similar abnormalities of their records. In this study 54 per cent. of the patient group and 30.2 per cent. of the parent group showed abnormal E.E.G.s. A study attempting to relate the E.E.G. patterns of foster-children to those of the foster-parents failed to show any meaningful relationship.

Electroencephalographic data make it clear, however, that there is no specific pattern to be found associated with psychopathic personality that is not found in some incidence throughout the groups of patients suffering from neuropsychiatric disorders and in fact in a proportion (about 10 per cent.) of the normal population. It is certain that other factors, besides the probable constitutional ones evidenced in the E.E.G. of many cases, are necessary to the development of the particular disorder of the patient. In some cases early brain damage must be implicated and in yet others, probably the majority, noxious psychological factors arising out of disturbed parental handling are to blame.

Social Implications

While the figures given by investigators from different countries differ markedly about the incidence of psychopaths among various social problem groups it is clear that such persons constitute a proportion of those who are repeatedly at loggerheads with society. At some time or another in their lives, if not repeatedly, about 50 per cent. of such individuals come in contact with the courts for vagrancy, quarrelling, assaults or threats. Severe chronic alcoholism is often a manifestation of the disorder. About a third of the prostitute population is made up of such persons. Drug addiction, sex perversion and economic instability are also other problems presented by many such persons. Homosexuality should not of itself, however, be regarded as evidence of the disorder, but among chronic sex offenders, exhibitionists, sadists and incendiaries the proportion of psychopaths is large. A careful study at the Massachusetts Reformatory by the Gluecks (1930) indicated that 18 per cent. of the young delinquents

were psychopaths, but the proportion among adult offenders and recidivists is probably much smaller. While at Sing-Sing Prison in 1918, B. Glueck found a 19 per cent. incidence of psychopaths among 608 admissions. Bromberg and Thompson (1937) reporting on nearly 10,000 persons *after* conviction or *after* a plea of guilty, examined at the New York Court of General Sessions, found a 6.9 per cent. incidence of psychopathic personality. No similar figures can be quoted from this country. Probably less than 10 per cent. of murderers in this country should be placed in this category. Suicidal attempts, particularly where there are repeated attempts, are a common manifestation of the disorder.

Episodic Psychopathic Reactions

Curran and Mallinson (1944) draw a useful distinction between the continuous psychopathic personality in which the disorder of social relationships is seen throughout life and the occasions of psychopathic behaviour which are sometimes seen as 'short-circuit' reactions in some persons under great stress whose histories do not reveal the usual evidence of psychopathy. These impulsive episodes of psychopathic behaviour may take the form of suicidal or homicidal attacks, sudden inexplicable delinquencies such as the stealing of articles which are not of themselves needed or of trivial worth, attacks of amnesia, alcoholism or sexual misbehaviour. It is probable that the majority of unsuccessful suicidal attempts are made by persons in this situation. An intolerable external situation involving frustration, loss of or fear of loss of self esteem or security matches an internal neurotic conflict to which the ego defences had previously proved adequate and the whole balance of controlling forces is upset. The patient acts out his needs in a direct or symbolic way (e.g. stealing) without relevance either to the reality of social mores or to the usual demands of his super-ego. Following the episode the patient appears to be relieved of much of the tension which led up to it. This relief of feeling provided by the psychopathic reaction is witnessed in many patients following suicidal attempts, alcoholic orgies, delinquent episodes and not infrequently following a murder. There can be no doubt that from the point of view of the ego of the patient, if only for a short time, the psychopathic reaction provides a way out from an intolerable situation. But deeper motives, such as the need for self-punishment and self-humiliation, are often at work as well in these patients. An example of this type is the middle-aged or menopausal woman in comfortable or well-to-do circumstances who steals from a shop a number of articles of small worth for which she

could easily pay, and manages to have herself arrested as she leaves the shop!

Medico-Legal Aspects

It is clear that persons of psychopathic personality and other persons who have developed a psychopathic reaction frequently appear on charges in the criminal courts. Psychopathic personality is not, however, a defence in law. The diagnosis does not in any way reduce the responsibility of a man for his actions. In fact, of course, the mental health of an accused person is not usually raised by the defence except when the issues are of the most serious nature—usually only in murder cases. The courts in this matter are governed by the famous M'Naghten Rules. A defence of insanity can be supported if it is possible to show that the guilty person did not know what he was doing or, if he did, that he did not know that what he did was wrong. These rules have been much criticized on the grounds that the ideas inherent in them (which were conceived 100 years ago), bear no relation to modern views about mental disorder. It is evident, however, that the diagnosis of psychopathic personality does not reduce the culpability of the accused in murder cases in this country. The recent Royal Commission on Capital Punishment (1953) gave prolonged consideration to the matter of the mentally abnormal, but not certainly insane murderer. In this class psychopathic personalities are a prominent group and the Commission recommended that although not justifying a defence of insanity, the diagnosis 'ought to be given due weight in deciding whether the death penalty should be carried out.' It is anticipated that the building of a special institution for this type of prisoner, in which research and study can be carried out, will be started in the present year. Occasionally in the defence of a severely psychopathic murderer the old concept of 'moral imbecility' or 'moral defect' is raised. This was established in England as a legal concept in the Mental Deficiency Act of 1913, which stated that such persons 'from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment had had little or no deterrent effect.' 'Moral deficiency,' contrasted with intellectual deficiency, has, of course, no scientific meaning, but this Act associated the two and the definition clearly makes mental deficiency, i.e. intellectual defect, a necessary prerequisite to the diagnosis of 'moral defect.' This, therefore, is not the same type of moral defect described by Prichard, nor indeed can one identify the concept with that of psychopathic personality, in which by definition intellectual defect is not a feature. If one examines the concept of 'moral imbecility' as a person who is not sub-

normal or mentally diseased, yet devoid of moral feeling, one can only agree with Healy (1915) that the condition does not exist.

Treatment and Prognosis

Once the diagnosis of psychopathic personality has been made with confidence, the future of the patient is too often viewed with unrelieved misgiving. Most of those who are concerned with the care of delinquent psychopaths in prison frankly believe that nothing can be done for their condition. Yet even among this very difficult group, expert observers such as the Gluecks, have noticed the ameliorating factor of the ageing or maturation process. As the patient gets older there is a reduction in irritability, emotional reactivity and an apparent greater tolerance of frustration. This is probably more important among the predominantly aggressive psychopaths than among the inadequate group. It is of interest that this maturation process can be detected up to the age of 40, a period of life in which the E.E.G. maturation defects, so prominent among any group of adolescent psychopaths, have declined to little more than the expected incidence for the normal population. Some adjustment, some decrease in the intensity and frequency of the antisocial episodes can be expected with the passage of years, but from this expectation should be excluded those who have become addicted to drugs or alcohol. The passive inadequate psychopath constitutes a less serious threat to society but is likely to become an economic liability, either on his parents or on the State. It is probable that the present therapeutic nihilism could be modified if early diagnosis of this condition was more often made. Indeed this may be very difficult. Society has made excellent provision for the physically and intellectually handicapped and their education and care during the years of their development is a responsibility accepted by society. Earlier diagnosis would lead to greater understanding of the meaning of psychopathic personality—of the significance of being emotionally handicapped, and provision for this class of patient might eventuate.

Psychotherapy, even prolonged and intensive psychoanalysis, probably does not justify the effort and cost in this class of patient. Psychotherapeutic support is always helpful and necessary but the psychotherapeutic goal can only be very limited, probably confined to preventing the worst effects of the disorder. Very often the psychopath is at loggerheads with his parents and family; for their sakes, for the stability of the family and for the patient himself, it may be better for him to live away from home. Drugs should only be used reluctantly because of the danger of addiction. Barbiturates have no place in treatment except during

episodes of emotional tension and insomnia. Sedative drugs should not be used for bad temper and irritability. The amphetamine drugs can be tried for this and, in fact, many aggressive psychopathic persons can tolerate high doses of amphetamine sulphate (e.g. 15 to 25 mg. a day) with benefit; temper and irritability may be less and the patient's sense of well-being enhanced. A good therapeutic test is to find out if 5 mg. of the drug keeps the patient awake if given in the evening; if this is so it is unlikely that the patient's temper will benefit. In Denmark and Sweden castration is occasionally carried out for the criminal psychopath who has committed sex offences—but only at his own request. A modification of this method of reducing the motivational needs of the male patient is to exhibit oestrin in large dosage. This produces a great decline in libidinal excitation, some sense of fatigue and lassitude but usually does not result in complete impotence. Tab. stilboestrol has been used by the writer in doses up to 8 to 10 mg. a day for periods up to three months at a time. Painful enlargement of breast tissue in some degree can be expected in the majority of patients. The written consent of the patient and of any responsible relative should be obtained before treatment can be undertaken, the effects and objects of which should be made quite clear. The writer has only advocated this method of 'reversible castration' when the aggressions and savage behaviour of the patient have for a long time produced a desperate social situation. A few months respite for the patient and his family may increase the chances, small though they may be, of a final settlement and adjustment.

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