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SOME NEW PROBLEMS FOR PSYCHIATRIC RESEARCH IN DELINQUENCY¹

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It seems no longer necessary to dwell upon the value of careful psychiatric examinations of prisoners and persons accused of crime. Demonstrations made in this country during the last few years go far toward indicating that those disorders of conduct which we call crime and delinquency can be no more successfully managed without investigating the state of the organ of conduct than conduct disorders of other kinds can be treated without understanding the processes responsible for them. First in the children's courts—from which lessons of even wider application may yet come—and later in nearly every kind of criminal court procedure, psychiatric studies have come to be regarded by many judges almost as a routine part of judicial investigation. One has said that he would not continue his work "if he were deprived of the benefit of his psychiatric coadjutor."³ The extension of such work to correctional institutions was in the beginning solely for the purpose of detecting individuals for whom we have more appropriate receptacles than prisons and reformatories, but, notably at Sing Sing Prison and in the United States Disciplinary Barracks at Fort Leavenworth, systems of intra-institutional classification and management have grown up with the psychiatric study of prisoners as their cornerstone.

Merely to give a partial list of well-organized psychiatric clinics dealing with crime and delinquency that were in operation in other places than children's courts when we entered the war will indicate the rapid growth of this new method of studying crime. The clinics of Fort Leavenworth, Sing Sing, the Police Department and the Department of Corrections in New York City, the Municipal Court in Boston, the Bedford Reformatory and the Westchester Department of Charities and Correction represented a field of useful, practical work almost co-extensive with types of our legal and institutional machinery for dealing with anti-social conduct.

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³Quoted by Dr. Pearce Bailey in the "New Republic," 1917.

Our entry into the war led to either the abrupt termination or great curtailment of nearly all these clinics, for most of the psychiatric workers immediately entered the Army or Navy. In the Army, fortunately, they found a fairly definite special service, and those who had been dealing with delinquency in the courts in civil life had opportunities to work along very much the same lines with military offenders. In the Navy, although there was no specific psychiatric division, the services of medical officers with psychiatric training were utilized "at the mast" and in naval prisons.

I hope that I will be pardoned if I leave my subject here for a few minutes to refer to a matter too important to pass over when military delinquency is being considered. The discussion of court-martial procedure has filled many columns in the daily papers and pages in the "Congressional Record," but so far there has been no reference to the adequacy of present methods of determining abnormal mental states in dealing with soldiers accused of crime. Legal procedures that should or should not be employed in trying and punishing men who come into conflict with military law have been discussed from many points of view, but, apparently, it has occurred to none of those interested to inquire whether any relations exist between the terrific experiences these soldiers have gone through and control over conduct and to consider, if there are any such relations, whether present methods of administering military law take them sufficiently into account.

In spite of the examinations in the camps, the A. E. F. contained many men of less than normal intelligence or of unstable make-up and those soldiers, like their comrades, were often exposed to almost unbelievable fatigue, to the effects of being knocked about by shell concussion and to long-continued emotional strain. Ask any company commander who saw service in France if he held his men—or even himself at all times—to the same standards of accountability from impulsive words or acts under such conditions as he did in the cantonment at home. Allowances dictated by common sense were freely made by those who had to deal at first hand with men in these situations, but do our court-martial methods provide adequate safeguards for dealing with less obvious alterations in conduct dependant upon such new factors and for the more remote effects of stress? Like every activity of the Army the administration of military law very properly concerns itself chiefly with conditions that exist during war.

Is it not particularly appropriate then to take account of those extraordinary effects of modern war upon the human nervous system,

which in some of the armies in France were responsible for twenty per cent of all discharges for disability? In England, when the frequency and importance of abnormal mental states among soldiers were brought strikingly to attention during the early days of the war, one of the first thoughts was the possible bearing of this new problem upon responsibility and punishment. The accusation that men with "shell shock" had been executed led to the statement by the government that a mental examination preceded not only execution, but trial in all serious cases. Is it not important that our court-martial methods, not only as laid down in regulations, but as actually applied, should be critically examined in order that any defects which made it impossible to deal with such new situation in war should be corrected?

In a few months most of the civil activities interrupted by the war will be resumed. With the release from the military service of those already experienced in this branch of applied psychiatry and the acquisition of others trained during the war, it will be possible materially to extend such activities. It is highly desirable to make use of the interval thus afforded to review and evaluate what has already been accomplished and to direct attention to new and wider tasks for the future.

Time does not permit an extensive review here of the work of psychiatric clinics in courts and correctional institutions. Fortunately some of the most earnest workers in these clinics are also clear and forceful writers and so we have excellent accounts of their methods and findings in the current literature.⁴ It seems necessary, however, to sketch the general situation that existed when work was interrupted in 1917 before considering certain new fields for research to which I desire especially to invite your attention today. The clinics then existing could be divided, with a few exceptions, into two distinct groups, each performing quite different functions. Those in one of these groups, of which the clinic at Sing Sing Prison was perhaps the best example, had for their chief object rendering aid in dealing with offenders who had been convicted and were undergoing sentences. The question whether such persons should be in a correctional institution or not had already been decided. The only issues that could be affected by the findings of the psychiatrists were the kind of correctional institution in which confinement should be spent, the type of intra-institutional management most likely to be successful, the advantage or disadvantage of parole and, when the needed special institutions existed, the transfer of mentally defective and frankly insane

⁴See bibliography, 1914-1915, at end of article.

prisoners to more appropriate places. Perhaps the most valuable of these services was the aid in the management of individuals presenting special difficulties that the psychiatric clinics were able to render. In many instances, especially among older men, little change in management could result from such examinations even when the existence of definite psycho-pathological conditions were determined. The life histories of such prisoners (who would be called "chronic and unrecoverable" if the terminology of medicine were employed) showed, however, so many opportunities for favorable modification of events had their mental difficulties been known and dealt with earlier in life that a new system of classification based upon psychiatric study came out of their examination. The adoption of this system came from a determination that a similar study of the inmates of our prisons twenty years hence should not show such terrible results of failure to recognize and deal with easily manageable elements in human behavior. The State of New York is now committed to the adoption of a plan whereby the subsequent management of new prisoners received will depend chiefly upon the findings of psychiatric, social and economic studies made in a central reception prison to which they all must be committed.⁵ The same plan determines the future of soldiers committed to the Disciplinary Barracks at Fort Leavenworth, but with extraordinary opportunities for parole and commutation of sentences. The work of institutional psychiatric clinics has also brought out a mass of most useful social information regarding the prisoners merely through the application of the methods of examination employed in the study of psychiatric cases elsewhere. Such clinics are distinctly arms of the correctional service. It is believed that they are indispensable in modern penology and that their wide extension is very certain to occur.

The other group of clinics existing when we entered the war was that attached to courts. Although the children's courts offered the first welcome to psychiatric clinics, municipal courts followed their example and one of the most recent judicial organizations to avail itself of such aid is a court of domestic relations. Why supreme courts and courts of general sessions content themselves with the so-called medico-legal testimony of "alienists" employed by the district attorney and the defense (which is usually neither medical nor legal) remains a mystery. The findings of a psychiatric clinic scientifically

⁵"The Psychiatric Classification of Prisoners," by Hon. Lewis F. Pilcher, Publication of the National Committee on Prisons and Prison Labor.—New York, 1919.

and impartially conducted with the sole purpose of aiding the judges in disposing of the human issues before them has more practical value than all the "expert" testimony that either side could purchase with the proceeds of a Liberty Loan.

It would be entirely logical from a scientific point of view, but doubtless impractical because of the gulf that exists between courts and prisons, to effect some practical kind of liason between psychiatric clinics in classification prisons and reformatories and those in the magistrates' and higher criminal courts. To the medical mind one typifies the hospital and the other the dispensary; and dispensaries are the outposts of hospitals, usually manned by the same physicians and directed by the same authority. Such an arrangement in the case of correctional institutions and courts would render the psychiatric and social investigations made in one available in the other and enable the same methods of treatment to be applied to the delinquent individual at many different steps in his career, much to his advantage and that of society. This being difficult or impossible, the best substitute is the adoption of uniform records and standards in examinations, constant interchange of reports and frequent conferences between the psychiatrists, psychologists and social investigators working in the courts and their colleagues in the correctional institutions. In the work in criminology undertaken by the National Committee for Mental Hygiene with funds provided by the Rockefeller Foundation, an effort has been made to bring about effective integration by such means.

In addition to the clinics attached to courts and those in prisons and reformatories under way in 1917 there was another that occupied a unique place. This was the clinic which the insight of Arthur Woods into the basic factors of crime caused to be established in connection with the New York City Police Department. As an aid to the Police Department this clinic was a most successful enterprise. By talks and conferences as well as by the actual work of the clinic, police officers gained practical knowledge of mental factors in anti-social behavior that was of great value to them. As a result many defective or psychotic persons were put in the way of receiving supervision or treatment without the necessity of bringing them to the attention of the courts. If there is a gulf between the courts and correctional institutions, however, there is an ocean between police departments and courts, and this fact greatly interfered with the usefulness of the Police Department Psychiatric Clinic in New York City.

The activities that I have just enumerated form the material for

the first chapter in the annals of psychiatric work in crime and delinquency in this country. It was natural that the original excursion of psychiatry in these new fields should be in the direction in which lay the most neglected tasks and the hope of most immediate practical returns. Such work must be continued, strengthened and broadened in every way. In planning future work, however, the usefulness of that which has already been undertaken justifies taking up studies from which practical results may not always be so apparent nor likely to follow so closely. It used to be said that research must be done by stealth in a democracy. After the experience of the war, during which research into some most abstruse problems in chemistry, physiology and physics went hand in hand with such eminently practical work as gassing, bombing, shelling and bayoneting our enemies, it is no longer necessary for research to show itself in public only when concealed under academic robes. The young naval officer who has located a German submarine through methods of sound detection discovered in a college laboratory for the study of acoustics and then has hopefully dropped an "ash can" over the stern of his vessel and observed the results is no longer inclined to scoff at research. Without further justification of original psychiatric inquiry in the field of crime, let us consider a few problems for an attack upon which it would now seem that the time is ripe.

One of these problems deals with the study of certain mental mechanisms in relation to criminal behavior. Dr. Bernard Glueck has shown that only a relatively small proportion of all the adults in a community contribute nearly all the criminals, and it is well-known that the same individuals, as recidivists, help to swell the censuses of many different kinds of correctional institutions at different periods in their lives. If we exclude those whose delinquency is secondary to and dependant upon quantitative defects in mental development or mental changes brought about by clearly recognizable disease, the number of persons to form material for such research as I have in mind is seen to be still smaller. We have now, regarding this inner group of delinquents, who come as near as any to representing crime in "pure culture," not a little information dealing with race, heredity, environmental influences, early conflicts with society, reactions to alcohol, sex life and the effects of the different types of management when they first came to the attention of peace officers. But as yet we have only the most meager information regarding the interplay of impulses and inhibitions that makes up for them as it does for us, the unending conflict of mental life, and the part played in anti-social conduct by personal complexes

and rationalizations. We have at our disposal excellent methods of identifying the feeble-minded upon which we rely a good deal in the psychiatric examination of prisoners, but we sometimes forget that feeble-mindedness determines the sphere in which the activities of life will be carried on while quite different factors chiefly control the nature of these activities. Some feeble-minded persons manifest delinquent traits even before the effects of mismanaging their feeble-mindedness have time to show themselves, while others, even under pretty inferior management, exhibit a strong tendency to docility, cheerfulness and industry—the degree of intellectual defect being the same in both instances. Hence, the importance of taking into account other factors than degree of intelligence in the study of criminal conduct. This is true even in the defective group in which there would seem to be the least opportunity for such factors to exert their influence. In those whose intelligence equals, or is above the average level, such factors in the affective field usually outweigh even the powerful influences of environment or early experience and the anti-social trends that culminate in crime often seem to have their roots in difficulties of mental adaptation. Inquiries in this field take us far deeper than detecting mental deficiency, discovering psychotic trends or outlining the main elements in personality. The day of studying human beings by *groups* has passed, but in this work it is not enough even to study the *individual* as a whole. We must go into the life of the prisoner as minutely as the psychiatrist does that of his patient in searching for the mechanism of the neurosis or psychosis and for promising openings for treatment. The work of Dr. William Healy in the study of such specific types of delinquent conduct as lying, making false accusations and stealing, illustrates the difficulty as well as the rewards to be gained in such research. His patient analyses of his cases showed mental conflicts that ordinarily would have been overlooked, exercising almost inexorable control over conduct, and lying quite beyond the reach of methods of management that often prove successful with other delinquent boys and girls. We have only to consider how many of our own most important acts and decisions are determined by our complexes and rationalizations rather than by environmental pressure or logical processes to realize that crime may often have a similar origin.

Recent progress in psychological medicine has provided us with new resources for the understanding of human behavior, not only in the mentally ill, in whom we psychiatrists are chiefly concerned because they are patients and we are physicians, but in “normal” people,

and particularly in those whose conduct differs so much from that approved by society, that they have to be segregated and control of their acts put out of their hands into the hands of others. We must now commence to make full use of these new resources for research in the field of criminology and no longer content ourselves with performing certain immediately practical tasks in this work while we reserve the most highly developed tools in our possession for those whose disorders of conduct the world has somewhat tardily and reluctantly agreed to call illnesses.

The benefits to be expected from extending psychiatric research to the new fields which have been opened in correctional institutions and the courts are many. Enrichment of our knowledge of the springs of human behavior is one of these benefits, but I would like to mention especially benefits likely to come to the delinquents themselves, and, indirectly, to those who have the task of caring for them. Such studies as I have indicated show too often, when made with adult offenders, that the opportunity of modifying anti-social trends has already passed. The genesis in childhood of these trends that make shipwrecks of life is often clearly apparent, but usually it is equally apparent that efforts to unravel the tangled web are certain to be very difficult and likely to be fruitless. This is not always the case, however, even in that large group of persons who are called constitutional psychopaths because they have an undoubtedly constitutional tendency to react toward different situations in a neurotic or psychotic way, or have defects in volition or emotional control which make adaptations that are very simple for others very difficult for them. There has been little opportunity in correctional institutions for the very careful study of individuals in this group, but all delinquents are not in prisons or reformatories. Wealth, social position, favorable environment and wise relatives often prevent constitutionally psychopathic persons with very delinquent tendencies from being dealt with by the criminal law. Like all psychiatrists I have had a certain number of such cases brought to my attention. Some have been in private institutions during periods when their temporary seclusion seemed desirable, some were spending most of their lives in travel with highly paid, but rapidly ageing attendants, and others were having their activities directed, with more or less success, to poultry-raising or sheep-growing in quiet and usually remote neighborhoods. Such resources help a few to evade situations too difficult for them. There have been several instances, however, in which I have seen most satisfactory results follow careful psychiatric study of the problem presented by such persons and skillful, well-

directed efforts to aid them in finding a better solution for their personal difficulties than that which they had found for themselves, with help only when there were consequences to be averted.

In such cases one finds sometimes the most difficult therapeutic problem is the habit of delinquency rather than the underlying causes for anti-social conduct. Being a delinquent person is nearly as bad for a constitutionally psychopathic individual as having the inadequate make-up that leads to delinquency. This points strongly, of course, to the importance of dealing with such individuals early in life when, even if it has been impossible to intervene in time to prevent the first departures from acceptable conduct, there is yet time to prevent such reactions from becoming habitual and to find out what the real difficulties are and to try to devise a solution for them. Thus far the children's court is the outpost in the psychiatric study of delinquency, but this winter a study is to be undertaken in a resident school for truants. It is intended to approach the problem presented by children whose very earliest contact with organized society have resulted in disaster from the point of view of research, at the same time making use of any openings for treatment that appear. The number of individuals thus studied will not be impressive, but the problem presented by each one will be examined by the methods used in the most painstaking clinical and social work. Without halting in the least in the pursuit of the psychiatric work that was being commenced under such good auspices in courts and correctional institutions before the war and is now being resumed with new energy, it seems essential that a few centers like the Judge Baker Foundation in this city should be provided, where research can be undertaken in such directions as the one which I have very briefly outlined. We must not content ourselves with cataloguing and classifying the delinquents with whom we are permitted to work, and, above all, we must especially guard against the danger of permitting ourselves to be influenced too much by the use of terms that suggest hopelessness in management. Often the therapeutic picture is dark enough, but a little more knowledge brightens dark pictures in criminology as it so often does in clinical medicine. Names with a fatal or hopeless significance have a tendency to stick long after advances in science have rendered them inappropriate. We must remember that the application of psychiatric knowledge to crime and delinquency is now in about the same stage, chronically, as medicine in the days of Hippocrates.

The results of work under way will be increasingly valuable as it spreads and becomes better organized, co-ordinated and, in some

respects, standardized. I believe that existing systems of dealing with prisoners, especially first offenders, will soon be greatly altered by the findings of these clinics. It is, however, important not to stop there, but to organize in a few selected centers psychiatric research into crime and delinquency not only as an aid to courts and prisons, but as part of the general advance in psychiatry. Such research should be undertaken to prove no thesis. It should be directed by those who have no propaganda to spread, not even that for prison reform however much the management of prisoners may ultimately be modified by results. It should be animated by the spirit of original investigation that approaches new ground with clear vision and an impartial mind but is ever awake to the possibility of utilizing its findings for the betterment of mankind. Knowledge that was learned at the bedsides of the insane has been usefully applied to practical tasks in criminology. I venture to predict that new knowledge gained in the study of abnormal human conduct in prisons will extend the frontiers of psychological medicine and some day, perhaps, repay the debt which the medical criminologist owes to the clinical psychiatrist.