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Development of Psychoses in Prison, The

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THE DEVELOPMENT OF PSYCHOSES IN PRISON*

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When undertaking a description and classification of mental disorders occurring in prison, the investigator gets very little assistance from most of the literature available on the subject. Although German studies date back to Delbruch of Halle Prison, in 1852, not a great deal has been written on the topic. Those who have written have differed greatly in their description and classification due, largely, to the different types of prisoners coming under their care. Some have had large numbers of murderers and desperate criminals with long sentences. Others almost exclusively have had short term prisoners, such as come to jails and workhouses.

Adler,[1] alone, of American investigators, has given us a classification and description of prison types which includes those contentious and paranoid prisoners usually referred to as suffering from Prison Psychoses. Other American students have been more interested in other phases of the subject. Glueck[2] dissected and classified the admissions to Sing Sing and pointed out the needs of the state for the proper segregation, custody and treatment of the various types. Fernald[3] defined most clearly the position of the mental defective among criminals. White[4] has given us individual studies of disorders developing under imprisonment before, during and after trial. The emphasis of all these, however, has not been upon the psychosis developing after commitment, as has the work of the German writers.

Because material in the studies available is not comparable, there is little agreement among investigators upon the questions of predisposing causes, exciting factors, course or final outcome of the disorders found among prisoners. The gradual evolution in prison management, with the removal of the more severe forms of punishment, probably has modified the material and influenced more recent classifications.

An historical review of the work done on prison psychoses by the German students Delbruch, Gutsch, Kirn, Reich, Kraepelin, Seifert and others[5] shows a gradual evolution leading to a recognition of one group of psychoses, differing in no way from those occurring

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outside of prison, but differentiated from another group which at least shows definite prison coloring and not a few distinctive symptoms peculiar to, and apparently excited by, the prison milieu. These last have been the occasion of considerable debate. Kirn, whose subjects were inmates of a Freiberg County Jail, recognized the Paranoid character of disorders developing in prison and divided them into "The Paranoia of the Criminal," and, "Prison Paranoia." The first, he characterized as chronic, slow in development, and occurring on a demonstrably defective basis. The second was acute, on an untainted basis. He further divided Prison Paranoia into, "Acute, Hallucinatory Melancholia," and, "Acute, Hallucinatory Paranoia." Seifert grouped all of his cases which were not true psychoses and designated them as degenerative processes. Reich emphasized a clouding of consciousness, hallucinatory, dream-like states and the occurrence of convulsive seizures. Kraepelin added the Dementia Praecox concept and the personality classification adapted and elaborated by Adler in this country. The most recent studies have developed more and more the similarity of psychoses developing in prison to those which might conceivably occur in the same individuals outside of prison. The Praecox syndrome is the most common end-result, recent statistics show, and the manic-depressive cycle is almost never encountered. Adler[6] and Jacoby[7] found this to be true even among army and navy prisoners in disciplinary barracks during the war.

The problem which remains most pronounced is whether the prison milieu is a definite exciting factor or contains within it exciting factors. If it does, what prison experiences leave their impression upon mental health of prisoners and how do they produce deteriorating effect?

I have gathered together for this discussion 103 mental cases observed by me at the Illinois State Penitentiary in Joliet during the last three years. The cases are unselected except that they include only those whose behavior has required isolation from the general group for at least one period, however brief. That there are many others, with one or more of the symptoms encountered, among the cases being used here and who are developing similar disorders, I am aware from my studies. Those who have been isolated were chosen because more complete data was available for study and their psychoses were sufficiently full-blown to be accurately described and classified.

A short, general description of the character of the whole group should be helpful. Three out of every four of the prisoners were white, the other a negro. This is approximately the distribution for our general prison population. Eighty per cent of the white men were native born and 20 per cent foreign born. The foreign born are about five per cent higher than is usual in the general population. With one exception the negroes were native born.

TABLE I

CRIME DISTRIBUTION OF ALL PSYCHOTIC CASES

	White Cases			Black Cases			Total		
Crime	No.	%	Gen. Pop. %*	No.	%	Gen. Pop. %*	No.	%	Gen. Pop. %*
Murder	25	32.1	19.2	5	20	30.9	30	29.1	22.6
Robbery	11	14.1	31.1	8	32	29.7	19	18.4	30.7
Burglary	14	17.9	12.9	3	12	13.2	17	16.5	13
Sex Offense	13	16.7	9	3	12	6.5	16	15.5	8.3
Larceny	8	10.3	18.8	3	12	16.2	11	10.7	18.1
Fraud	2	2.5	7.8	3	12	2.8	5	4.9	6.3
Miscellaneous	5	6.4	1.2	..	....	.7	5	4.9	1
Totals	78	100	100	25	100	100	103	100	100

*General population used in comparison result of survey of population 5-1-27.

The crime distribution corresponds in a general way to the total population at the present time with the exception that sex cases make up 15.5 per cent of our group and only 8.2 per cent of the general population, and murderers constitute 29.1 per cent of our cases and only 22.6 per cent of the general population.

TABLE II

PREVIOUS CRIMINAL RECORD OF ALL PSYCHOTIC CASES

	White Cases		Black Cases		Total		
Criminal Record	No.	%	No.	%	No.	%	Gen. Pop. %*
No Previous Arrest	31	39.7	7	28	38	36.9	37
Arrested Before	4	5.1	..	....	4	3.9	11.4
Jail or Workhouse Sentence	13	16.7	8	32	21	20.4	17.4
Reformatory Sentence	12	15.4	1	4	13	12.6	12
Penitentiary Sentence	18	23.1	9	36	27	26.2	22.2
Totals	78	100	25	100	103	100	100

*General population used in comparison result of survey of population 5-1-27.

A study of the previous criminal record of our 103 cases shows about one-fourth with previous penitentiary records, about one-eighth with reformatory records and about one-fifth who have served time in jails or workhouses. The total is 61 cases or 59 per cent. This is 6.7 per cent higher incidence than will be found in our general population at any one time.

TABLE III

INTELLIGENCE DISTRIBUTION OF ALL PSYCHOTIC CASES

	White Cases		Black Cases		Total		
Classification	No.	%	No.	%	No.	%	Gen. Pop. %*
Superior	7	8.9	..	....	7	6.8	11.9
Average	45	57.8	9	36	54	52.3	67.2
Inferior	26	33.3	16	64	42	40.9	20.9
Totals	78	100	25	100	103	100	100

*General population used in comparison result of survey of (4,000 cases) 1-1-24.

We found 40.9 per cent of mental defectives in the psychotic group as compared with 20.9 per cent in a study of 4,000 inmates. At the other end of the scale we have 6.8 per cent of superior intelligence compared with 11.9 per cent in the larger survey.

In our first general survey of the cases we found they fell readily into a group of those present before and upon admission and a group of those which developed during the prison sentence served under our observation. Those which developed outside of prison were of the usual types; Cerebro-spinal Syphilis, Dementia Praecox, Senile disorders and those due to Alcoholism, Drug Addiction, Epilepsy and Encephalitis. We found one in four of our cases developed before admission to prison.

We found those psychoses which developed after admission to prison to be divided into three groups: (1) The usual psychoses which might be considered as developing coincidentally with imprisonment; (2) psychoses occurring in the course of acute or chronic somatic disease, and (3) a large group of acute and chronic disorders with signs and symptoms indicating prison influence as exciting factors and determinants of their course and termination.

The first group, namely those developing before admission, contained 28 cases which were divided as follows: Cerebro-spinal Syphilis, six cases; Epilepsy, eight cases; Dementia Praecox, seven cases; Senile Dementia, two cases; Alcoholic Deterioration, three cases; Drug Addiction with Psychoses, two cases.

These cases remained uncolored and, for the most part, uninfluenced by their prison stay. The Paretics did show a tendency to rapid deterioration because of the lack of proper treatment, however. One Alcoholic, isolated with a Korsakow's syndrome, committed suicide. Another Alcoholic and one of the Epileptics attempted suicide during the first weeks of their stay. The Epileptics have been inclined to sudden outbursts of a violent character and one stabbed

another inmate to death in an argument over a newspaper. The Praecox were sometimes in difficulty because of their insistence on medical treatment for ailments which the Prison Physician recognized as somatic delusions. The Drug Addicts suffered most from hallucinatory experiences and depression growing out of abstinence.

There were 75 cases in the group which developed within the prison. Here, also, there were a number of the well recognized disorders. They must be eliminated before we reach the group under special scrutiny in this paper. There were ten cases of true psychoses. Seven were diagnosed as Cerebro-spinal Syphilis and three as Senile Dementias. These developed in men who have been inmates of the prison from two to twelve years before the disorder became apparent. These were absolutely without prison coloring or recognizable influence. One murderer, in the paretic group, made elaborate plans for escape while in an observation cell. He secured saws and then began sawing the bars of his cell in broad daylight and almost under the eyes of the attendant.

There remain, then, 65 cases for our special consideration here. These I have divided into two groups for reasons which I will explain when describing each group. The groups are: Acute Episodic Psychoses of Prisoners, and, Chronic Degenerative Psychoses of Prisoners.

Among the Acute Episodic Psychoses were six cases which developed in the course of, or following, somatic disease. Two developed in the late stages of pulmonary tuberculosis, two in association with goitre and hyperthyroidism, one after encephalitis and one was an acute schizophrenic episode following measles.

These, I included because each showed definite prison influence. The tuberculars suddenly expressed persecutory delusions, refused medication because they feared poisoning, concealed themselves under their beds and otherwise expressed fear of bodily harm coming from their surroundings. They died from their disease. The goitre cases each voluntarily sought refuge in Solitary confinement expressing fear of bodily harm. One, because he swallows frequently to relieve pressure in his throat, said he was being mistaken for a sexual pervert and upon this basis built up an elaborate paranoid delusional structure. The other was refused emergency medical treatment for an acute aphonia and later committed to the Solitary for refusing to work. There he attempted suicide by hanging. He had been recently returned to prison as a parole violator and was facing a long sentence. The post-encephalitic has exhibited great emotional instability for

several years. He has been in frequent difficulty for violation of prison rules. Recently he selected one Keeper, whom he believed to be responsible for his many troubles, and attacked him with a knife. In observation he produced an elaborate delusional formation but soon recovered from the acute episode and is again at work.

The schizophrenic became suddenly and acutely disturbed in the hospital. He first expressed the fear that an inmate attendant was planning a sexual assault upon him. Later he developed the idea that hydro-therapeutic treatment and restraint which was used to combat acute excitement, was part of an ordeal through which he was being put as a test of his qualifications for a position of trust and responsibility in this prison. He was violent, obscene, abusive in his language, destructive and presented a characteristic picture of a Catatonic Praecox episode. He recovered within a month, with little deterioration, and has shown no recurrence of the disorder.

Sixteen out of the 22 Acute Episodic Psychoses are separated for the following reasons: (1) They develop suddenly; (2) Usually occur soon after admission; (3) Run an acute course; (4) Show a great variety of psychotic symptoms, and (5) Show a high percentage of recoveries.

Seven, or nearly half, were found to be definitely feebleminded and in about one-fourth more, it was possible to demonstrate a defective basis in heredity. Five developed depressions and anxiety. Two of these, who were mentally defective, expressed the fear that imprisonment was only the first step toward execution, although their crimes were not serious. One attempted suicide while in the depression. Two other cases conceived the idea of immediate deliverance and became very vindictive towards officers whom they believed were falsely holding them. One delevoped a psychogenic mutism and for a year has shown apprehension and fear, at the approach of officers to his cell.

There was one instance of the mechanism described by Hans Gross,[8] in which criminals apprehended, hurl themselves to the ground, declared vehemently their unworthiness to live and then voluntarily plead guilty to every crime of which they are accused. This man entered the Penitentiary at 51 years of age, to serve a sentence of 75 years for Rape. He had confessed to about one hundred crimes, including a Murder for which another man was already serving time.

When admitted to the prison he was silent, but not sullen. He begged to be left to suffer alone and inflicted unnecessary punishment upon himself. He refused to work in the Quarry and was pun-

ished by a long stay in solitary confinement. His silent and apparently willing acceptance of his punishment baffled officers and he was placed in the Idle Room. The second day there he voluntarily returned to Solitary and requested further punishment. He refused to see friends from the outside and to one who wrote him he replied as follows:

To Friend and Everyone:

I could have been great among free men but failed. Please let me be least among prisoners and mourn in silence the loss of those golden opportunities to do good and be great, which knocked not once but frequently at my door.

After nearly a year of this behavior he accepted a job sweeping the walks in the Prison Yard and has been in no more trouble.

An acute depression which ended in suicide occurred in a murderer who had escaped capital punishment for two slayings. Following his trial he involved his attorney in conspiracy charges. Soon after admission to the Penitentiary he became acutely depressed. He made two confessions detailing his crimes and admitting his sole responsibility. When seen by me his depression was typical of the Manic depressive cycle and this is the only case in which such a diagnosis was made. He asked to be returned and hanged and declared if he was not hanged the penalty should never be invoked again in Illinois. He occasionally expressed the fear that he would be killed by other inmates because of his treatment of his attorney who was a popular defender of criminals. He attempted suicide by hanging in a partially completed cell house but fell and was painfully bruised. He successfully hanged himself three nights later in a cell in the hospital.

The remaining cases in the Acute group were of a less striking character.

In the group of Chronic Deteriorating Psychoses we have segregated 43 cases. They were so placed for the following reasons: (1) They develop slowly; (2) Occur after extended prison residence; (3) Run a chronic course; (4) Show a stereotyped symptomatology, and (5) Show some remissions, but few recoveries.

Taken as a whole, these cases do not differ significantly in race, nativity, or crime. There are, however, 75 per cent of recidivists in this group compared with 59 per cent in the whole group of psychotic cases. Also the ratio of mental defectives is very low.

Turning to the experiences of these men prior to developing the psychoses, we found one out of three had suffered bullet wounds

or other serious physical injuries and one out of five more had experienced serious illnesses, such as typhoid, pneumonia, malaria, and small pox. Syphilis was present in a slightly lower ratio than in the general population.

Within the prison these men have been in repeated conflict with prison discipline. Some made four and five trips to Solitary during a single year and several have had a dozen or more punishments in the course of their imprisonment. Only one, a murderer who committed suicide, was without any punishment, prior to the difficulty which brought about his mental collapse. The difficulty with prison discipline, we believe, is a symptom of the mental disorder and not one of its causes.

Our experience with men coming out of Solitary leads us to believe that this form of punishment is an aggravating factor in the development of the characteristic paranoid trend which these men show. It leads to introspection, autistic day-dreaming and the intellectual deterioration which usually accompanies these forms of mental activity. A study of the effect of Solitary confinement upon prisoners is under way.

Several of the cases came to our attention through their frequent appearance upon the daily sick-line in the prison hospital. Somatic complaints and mental states of anxiety over their physical condition are, as everywhere, frequently an early sign of serious mental deterioration, among prisoners.

Occasionally chronic cases develop with apparent suddenness. Some are reported for neglecting their work or refusing to work at all. Unintelligent handling at such times sometimes precipitates an assault upon the officer and an acute maniacal outburst. Later scrutiny of this episode, however, reveals that it is the expression of long repressed feelings of inferiority, ideas of reference and persecution.

Not infrequently cases came to light first because of an assault, sometimes fatal in its outcome, made by one inmate upon another. This is particularly true where men are working closely confined in a shop.

When isolated for observation these cases of Chronic Degenerative Psychoses show the following general symptoms: Irritability, acute fluctuations of mood, suggestibility, great restlessness accompanied by sleeplessness, uncritical judgment and defective reasoning toward the whole prison situation and very characteristic hallucinations and delusions of a paranoid character. In addition there are

the somatic symptoms of headache, gastric disorder, palpitation of the heart, acute anxiety over physical states and the possible effect of isolation and confinement necessary for observation. Later they show marked mental and physical fatigability. Eventually they show some intellectual deterioration as demonstrated by comparative tests made on sample cases.

Behavior resulting from hallucinatory experiences is sometimes the first thing observed by keepers. One of our cases seized a broom to defend himself against an officer he believed he heard coming upon the gallery to kill him. Another hid under his cot and told of seeing his day keeper armed with a gun and a flash light stealthily creeping upon him after midnight. Hallucinations, however, often do not occur until after isolation.

Hallucinations and delusions are uniformly of a paranoid and persecutory nature. In the periods of acute excitement which occur in most of our cases at some time in their course, the prisoners curse and rail at their persecutors using the vilest epithets. Again, after such futile abuses, several have inflicted physical injury upon themselves even to the point of making abortive attempts at suicide. One prisoner, with an expensive wooden leg; broke it to bits in a Solitary cell, broke a pane of glass from a window and slashed his wrists and throat superficially and then called for aid. At another time he rammed his head against a metal partition with great force causing discoloration over his whole head and face. He is a recidivist who escaped the Honor Farm, served a term in Columbus, Ohio, and recently returned to serve a long sentence. He has a long juvenile record but claims to come of good family.

A study of the delusional structure of individual cases as an expression of the content of thought was made in the search for the exciting factors in prison life causing and influencing chronic disorders. We found the delusions revolving about: (1) Alleged persecution by prison officials and keepers in work assignment or punishment, 16 cases. (2) Alleged persecution or plotting by other inmates to cause loss of position or punishment, 11 cases. (3) Homosexual and other sex experiences, 11 cases, and (4) Alleged discrimination against the inmate by the Parole Board in determining sentence or returning him to prison as a parole violator, five cases.

Among those claiming persecution by keepers was a negro who complained, "The Deputy looks at me, as though I was a bear or a wild lion and never takes his eyes off of me." Another, a white

man, rebelled, claiming additional tasks were heaped upon him because of his willingness and speed in doing his tasks.

Those who believe other inmates are conspiring against them, react aggressively to their delusions and frequently assault their "persecutors." Eight of the 11 men in this group have assaulted other inmates. Two attacks resulted in death and new, life sentences, for the men making the assaults.

Homosexual practices are perhaps no more common than in similar institutions, but these offenders are not isolated except by being compelled to cell alone at night when recognized. The fair skinned and beardless youth, who enters prison, is mostly desired by the "wolves," as the aggressive homosexuals are known in prison parlance. Four of our cases were of this type, and three had submitted to the overtures of the older men, unwillingly. They dwelt much upon fear of future attacks. Others in the sex group were masturbators and alternated between periods of excessive indulgence and periods of self-reproach. One asked that his testicles be removed, "so that I will not give seed" and another said, "A man's privates are a private part of every man but it is necessary sometimes for him to expose them." The last man also believed himself "persecuted by material man," believed he was the "Son of God" and asked that, "Since I am to be killed here, I would prefer not to be smothered, but taken out in the open spaces and shot or my head chopped off, anything as long as it is done quietly and in order." Another of the group was in communication with a Japanese girl, received "visits" from her and was involved with her in espionage.

Those who alleged discrimination in the determination of the length of their punishment showed few remarkable symptoms. One declared, "Millionaires have been getting away with things and there is going to be a revolution in Chicago, unless I am freed to stop it," and claimed Jesus had told him, "You must burn things and even things up." Another developed the delusion that he had been pardoned by God and only the officials on the Parole Board were keeping him, "The Lord says to me 'go around and shake hands with all the boys—you are going out'."

Like other investigators we have found the Praecox syndrome the most frequent end-result. This diagnosis has been made in 36 cases or 55.4 per cent of the 65 acute and chronic psychoses in our study. Fifteen cases, or 23.1 per cent, were diagnosed as Psychoses in Mental Defectives; five cases or 7.7 per cent as Somatopsychoses; two cases, or 3.1 per cent as Senile Psychoses, and one each as a

Manic-depressive Psychosis and Encephalopsychosis. Five or 7.7 per cent have not yet been finally diagnosed.

Summary

Our study of psychoses developing among penitentiary prisoners has shown two general groups of mental disorders. One differs in no way from the psychoses occurring outside of prison. The other at least shows definite prison coloring and not a few distinct symptoms peculiar to and apparently excited by the prison milieu.

After eliminating those common forms of psychoses which developed before or during imprisonment there remains a large group which we have designated as, Acute Episodic Psychoses of Prisoners and Chronic Degenerate Psychoses of Prisoners.

The Acute Episodic Psychoses include a small group of those developing in the course of somatic disease. The Acute group is a small one.

The Chronic Degenerative Psychoses make up a large group of prison disorders. Seventy-five per cent of them occur in recidivists.

These men are repeated offenders against prison discipline, have suffered serious physical injuries and sickness before admission and are, before their mental break-down, contentious and resistant to imprisonment.

Their delusional trend indicates that long sentences, close restraint, continual observation and solitary punishment are exciting factors not only in individual cases, but in groups of cases. In addition homosexual practices and other perversions are prominent factors in another relatively large group.

The delusional trend and hallucinatory experiences are universally paranoid and persecutory in nature.

The majority of these cases terminate in a symptomatic picture of Dementia Praecox.

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