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CRIME AND PUNISHMENT: FROM THE POINT OF VIEW OF THE PSYCHOPATHOLOGIST¹

C. MACFIE CAMPBELL²

Man, in pain and distress, has from time immemorial appealed to outside sources for help, and between him and these outside forces the primitive medicine-man and priest-physician served as intermediary. From them evolved the modern physician. His primary rôle has continued to be the relief of distress, the alleviation of symptoms, but, as the empirical gave way to the scientific, his methods of treatment became associated with a growing body of facts with regard to the causes of symptoms, that is, with regard to disease. The treatment of disease and the prevention of disease superseded the alleviation of symptoms.

The study of mental and nervous disorders has shown that medicine cannot limit itself to the mere study of tissues and of impersonal disease processes. Many people with tissues which are sound for their ordinary purposes are seriously handicapped by various symptoms. The stomach is a sufficiently good chemical laboratory, but the patient has not digested certain experiences and in disgust rejects his food. The heart may be strong enough for running upstairs, but may be the seat of unpleasant symptoms due to certain repressed emotions. The muscular apparatus and the balancing apparatus may seem to have no primary disorder, but the person is unable to stand upright on account of his inability to meet the tests of life. The physician, therefore, has thrust upon him the problems of the instincts, of the emotional life, of the influences of the environment, of the special strain of certain life situations. Whether a patient is suffering from vomiting, paralysis, hallucinations of sight or delusions of persecution, the physician has to review the various simple functions of the body and pay attention to the more complex disturbances of the personality; he has to know something of the past biological history of man, something of the early stages of human culture; he has to review the early infections and other disorders of his patient; he has to know something of his early experiences and of his early environment. Such studies have made more or less intelligible ob-

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scure fears, queer tricks of thought and act, the development of morbid attitudes. The same studies have thrown a flood of light on normal psychology, on the special personal traits of individuals, on their outstanding virtues, on their devotion to honesty and purity, to the æsthetic and the intellectual, their absorption with certain social, political, religious activities. These studies equally throw light on alcoholism, sexual aberrations, vagrancy, stealing, lying, deeds of violence.

In the complex field of human adaptation certain general principles can be outlined; in the individual case precise interpretation may be difficult. The rôle of the physician, too, varies. One individual may come with his personal appeal; another is an object of detached medical research; a third may be coerced into submitting to an examination. The rôle of the physician is to understand the phenomena of life, the reactions of the human individual, and to know something about influences which may make these reactions more satisfactory. He has in general some idea of a norm or of what is healthy, but he does not necessarily seek to impose that norm upon his patient. The patient may prefer a short life if a merry one to a long life which promises to be rather dismal. The patient may be willing to pay the price of an indiscretion of diet; the patient may prefer to live strenuously and take serious responsibilities, even although he knows that thereby his life may be shortened. After all, the quality of life is worth considering as well as the quantity, and in regard to determining the standard of values which a patient accepts the physician has no authority. The rôle of the physician is to state established facts, to give a compass or a chart, to carry out if requested certain procedures, but it is the privilege of the patient to decide as to what he shall do; it is his adventure. The physician does not, as such, presume to determine the comparative values of certain indiscretions and of their penalties; he does not presume to determine as a physician whether certain conduct is good or bad, virtuous or vicious. He has in his rôle of physician nothing to do with crime, although he may have much to do with criminals. He is liable, however, to be asked to study the behavior of criminals and to put before those who have certain statutory responsibilities, information which may help them to deal more adequately with their problem. In such a study the physician considers both the individual and the situation. He considers the individual as an organism which started off with an original endowment which has later been modified by physical diseases, by the moulding influences of home and

school and workshop and by incidental experiences. Behavior studied at any time has to be considered in the light of the bodily machinery at the time. It may be only intelligible in the light of the condition of the central nervous system, of changes in the ductless glands, of various other ailments. Thus indecent behavior may be the expression of a brain abscess; an act of violence may be the late result of a concussion of the brain. In taking up the study of delinquent behavior the physician has exactly the same problem before him as in studying a case of nervous or mental disorder; he has in addition to the above data to consider the rôle played in human conduct not only by conscious motives but by complex subconscious factors.

In summing up the results of his review, the physician does well not to introduce other than medical considerations. He does not need to get into the realm of ethical controversy. An abscessed tooth may or may not be an adequate excuse for speaking crossly to one's wife. The rôle of the physician is to point out that the one may be causally related to the other. A physical deformity which excludes a boy from athletics may not be an adequate excuse for indulging in burglary. The physician may see a very close relation between the two. Repressed difficulties in the sex sphere may or may not excuse theft, but Dr. Healy has demonstrated that theft and unresolved sex problems may have a very close connection.

The attitude of the physician in his work is predominantly therapeutic. His work is heavily weighted by emphasis on the possibility of helping the patient. The patient, however, as mentioned above, may refuse help, and only wish to take from the physician advice which fits in with his own special desires. If the irritable husband with the toothache, or the deformed burglar, or the erotic thief should consult him with the desire to get over the wayward conduct it would be the rôle of the physician to study these patients, review the situation and outline whatever steps he might consider to be helpful. He may like or dislike the patients, he may condemn or exonerate them; as a physician he has to understand them and to offer advice. Here there is a subtle danger; *tout comprendre c'est tout pardonner*. The physician may inevitably be led, perhaps unconsciously, into this attitude of universal pardon, and the lawyer is rather suspicious of the attitude of the physician in this respect. It would be a pity, however, if the lawyer in order to avoid this danger should have to avoid the complete understanding of the situation.

The idea that the physician is folerant and on the side of the unfortunate one is frequently shared by the delinquent. A man who

had killed another, protested against the physician making a statement that he was insane. He said he appreciated the kindness of the physician in being willing to take this step. The physician had to explain that he had no such benevolent motive, that he had merely to express his opinion of the healthy or unhealthy balance of the forces which made up the prisoner's personality, and that there was no intention of shielding him from paying the penalty of any misdemeanor.

The reason why a physician is asked to examine a person accused of a crime is usually to determine whether there are factors in the case which the non-medical man might be apt to overlook and which the legal authorities would require to utilize in disposing of the case. In so far as the whole situation is fairly clear, with no abnormal factors of motivation, no examination may be required. On the other hand, the behavior of the criminal may have been due to or may have been influenced by bodily disorders, by complex subconscious factors. The psychopathologist, asked to discuss crime, reviews his clinical material. He might subdivide this clinical material into potential criminals, in which class most of us would be along with John Bradford,³ and secondly, actual criminals, the latter being divided into the undetected and the detected. The clinical material of potential criminals is very rich and shows how universally beneath the surface of the cultured individual are the crudest tendencies, strong lusts, aggressive urges, violent hates, which only slumber and which may unexpectedly come to the surface, when physical changes disturb the equilibrium or when special critical situations put heavy demands upon one's resources, or under seductive personal influence or in the disturbing atmosphere of the mob. As to actual criminals, the psychopathologist rarely has the chance of studying the undetected criminal, for the undetected murderer or swindler is either a well-balanced individual well adapted to the real world, not oversensitive nor overimaginative, or he hesitates to open up the secrets of his heart completely even in the privacy of the consulting room. The psychopathologist, therefore, is dealing as a rule with the detected criminal, with the professional failures. It is dangerous to assume that conclusions based upon this material can be applied without reservation to the whole group of criminals. Claims have been made with regard to the special physique of the criminal and the general level of intelligence of this heterogeneous, elusive class. As a matter of fact, the idea of a "born criminal," of someone with a

³"There but for the grace of God goes John Bradford."

characteristic physique and characteristic mental traits has been abandoned. The presence of mental defect even in these professional failures, the detected criminals, has been overemphasized. It appears that on the whole the criminal is a quite "intelligent" individual in the usual psychological sense of the word. While criminals convicted of crimes of violence and of sex delinquency may be of rather low intelligence, the forgers and embezzlers are probably a little more intelligent than their neighbors. College graduates are well represented in jails and penitentiaries; in fact, have a slightly larger number than their due quota. As a whole, the detected criminals have had less formal education than the average citizen.

The psychopathologist comes to the study of the criminal as he does to the study of any other problem of behavior. It is a study of the individual life and of the complex factors which determine it, a study of the somatic factors, the efficiency of the physiological systems, especially the central nervous system and the endocrine system, a study of focal infections and general nutrition. The ability of the individual to deal with the environment has also to be estimated in terms of the higher functions, of the intelligence and the other adaptive mechanisms of the personality. The intelligence has to be studied in relation to the original endowment and the acquired training. The other elements in the personality include the balance of the instincts, especially the sex instinct with its many components, the emotional endowment including not only the cruder emotional reactions like anger and fear, but also the finer reactions to one's fellows and to the social values in the atmosphere. One has to consider the way in which the individual has been sensitized to this or that situation in life through the incidents of his destiny, and has gradually assimilated a code of values and come to pattern himself consciously or unconsciously upon parent or comrade or hero of fiction.

In view of all these data the psychopathologist may feel that he understands the criminal act as he sometimes understands the hysterical invalidism, the obsessive rituals, the morbid ideas, the domestic incompatibility, the fanaticism and the prejudices of his patients and fellow potential criminals.

The physician is only on safe ground in presenting his report when he formulates the data in the language of medicine and keeps within the categories of biology. When he is forced to use such equivocal terms as insanity or such metaphysical terms as responsibility he is apt to get into trouble. Some have trouble thrust upon

them and have as best they can to reconcile old-fashioned terms and procedures with their knowledge of the actual forces involved. Some seek trouble and discuss responsibility with the facility of a meta-physician until they are checked by the dexterous cross-examination of the lawyer.

The physician dealing with disease studies in detail the patient and the situation or environment with its demands upon him and with its special dangers; in discussing the problem of disease he thinks of the possibility of prevention, either by improving the situation by sanitation or by increasing the resistance of the patient. In studying a case of typhoid fever he realizes that the patient drank the water, while the municipal authorities failed to keep the water pure. He may not feel it necessary to discuss the ethics of the situation. He is interested in the whole situation, in treating the individual patient and in using his influence to have sanitation improved. Perhaps the patient should not have drunk the water when warned, perhaps he has deliberately refused anti-typhoid vaccination, perhaps the problems of sanitation were beyond the control of the local authorities. In face of crime, the attitude of the physician as a physician would tend to be somewhat similar. The question would be what is to be done with regard to the individual criminal now that the crime has been committed, and secondly, what about the moral sanitation and the possibility of making the atmosphere less infective or deleterious. A complete utilization of the experience would be possible if in one court the individual were being tried in order to dispose of him, while in another court society were being tried in order to see what treatment of the situation is required. In this latter court it might be decided that an individual of poor stock had been carelessly allowed by society to remain under the contaminating influence of defective or unworthy parents, that he had been given an education which had little bearing on the real needs of his nature, that the cultivation of good habits and the formation of values had been entirely neglected, that the community had made no attempt to fit him into the economic system, that in his spare time the only recreations practically available had been of a cheap, vulgar and disturbing nature, and that the total situation which had developed the crime was a serious reflection on the cultural level of the community. The court might then summon citizens of representative family, culture and wealth and ask them to explain the state of affairs and their responsibility for it. Such a procedure could, perhaps, only take place in Erewhon where tuberculosis and heart disease are subject

to court action, while kleptomania and arson are matters for the family physician.

While occasionally we may blame a man for his typhoid fever, this is somewhat rare. In the case of a criminal action the common thing is to blame the criminal; apparently we assume that the opportunity for moral inoculation offered by school and Sunday school, by pulpit, newspaper and lecture platform is so widespread as to leave no excuse for the unvaccinated criminal.

When one comes to a review of the criminals one has known, one finds a great variety of individuals, presenting different degrees of intelligence, different types of emotional constitution, different environmental opportunities, different precipitating situations. The types of behavior defined as crime which one most commonly deals with are: (1) Crimes involving fraud, deceit and attacks on property, (2) acts of violence, (3) sex delinquency. A criminal act may be more or less incidental or due to a special concatenation of circumstances; recurrent crime is largely determined by the personal tendencies and limitations of the individual.

Looking over an unselected group of cases of assault one may mention an irritable man attacking his family in the setting of a domestic row; a young fellow of very special constitution who, after a certain insult, shoots his accuser dead and is prepared to take his punishment; an elderly individual who flares up and strikes his wife dead in a fiery explosion, the explanation of which is found in an earlier attack of sleeping sickness leaving a somewhat damaged brain. One finds here cases of mothers whose nervous systems have been seriously upset by the strain of childbirth and who, under the influence of morbid ideas, feel that it is their duty to do away with their children. One may refer to a youthful murderer of 9 who stripped and drowned a younger child, throwing stones at the floating body, the same delinquent having a few days before tried to cram an infant's mouth full of sand. No single formula fits such cases.

One may take cases of fraud or deceit and find here, too, a great variety of conditions. One may find some weak individuals, with a series of charges against them on this score, who are carrying on in life without either ballast or compass and with society refusing to take them in tow or anchor them somewhere. In some such cases one finds evidence of special forms of nervous instability, in one case definite indications of a hysterical constitution, in another case quite definite epileptic attacks. In some cases the fraudulent act is incidental and due to a somewhat complicated situation, as in the case of

an elderly lady with brain slightly weakened from vascular disease who, in order to disgrace her daughter-in-law, went in for shoplifting. Here, too, obviously no single formula is of much value. It is not possible here to take up in any detail the great variety of sexually delinquent acts and to emphasize the rôle in such cases of a typical endowment, environmental influences in early life, the rôle of intercurrent diseases and of various types of brain disease.

As to punishment, the psychopathologist feels probably less at home than in relation to crime. As a physician he is usually asked to treat the patient whom he examines or at least to outline the treatment, and he is allowed to use his own language in formulating the diagnosis. In regard to the criminal he is not the authority to whom responsibility for dealing with the case is given and he may be asked to give his opinion in language which cramps his thought and distorts his meaning. As treatment should be fitting for the disease, so he feels that it would be well to make the punishment fit the crime. What it is that determines a fit is no easy problem. If the question were merely one of treatment the psychopathologist would have something to say.

As to the effect of punishment, opinions differ and the psychopathologist has no special contribution to make. The psychopathologist may emphasize the variability in the reaction of individuals to the same tests. Corporal punishment may do one child good, another child harm. Leniency and severity are not equally useful in children of different makeup. A punishment which, if brief, may be wholesome may, if protracted too long, be detrimental. Everyone recognizes that from the deterring standpoint the certainty and promptness of punishment are more important than the severity.

As to the vengeance wreaked by an outraged society on the criminal, that takes one into the field of ethics and anthropology.