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PSYCHIATRY AS APPLIED TO CRIMINOLOGY IN THE UNITED STATES

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The twenty-five years just past contain a record of tremendous advance in all fields of human knowledge. It is not therefore astonishing to find that psychiatry has taken part in this general advance. This is particularly true when we consider psychiatry in relation to criminology. So far as this country is concerned these twenty-five years tell almost the whole story of that particular aspect of mental science. Twenty-five years ago, that is in 1908, the psychiatrist was still concerned primarily with the concepts of mental disease and he restricted himself almost entirely to caring for insane patients in mental hospitals. His interests in criminology were confined largely to the determination of sanity or insanity. The court "expert," the "alienist," who testified in court was either a prominent State Hospital official or a neurologist who had had institutional experience. The great mass of problems that have since come to the fore in criminologic psychiatry, that is, the psychoneuroses, psychopathic states, mental deficiency in its more subtle manifestations, and personality problems which now bulk so large in this field, were confined to professional discussions among workers who rarely came to public notice in court actions or in any other way.

Not Wholly Concerned With Mental Disease

From being virtually a branch of neurology, psychiatry has come to be an independent specialty and its chief concern is no longer the study of insanity. Instead it has occupied itself increasingly with motivations and deviations of behavior. It is patently impossible to deal with behavior and its motivations without looking beyond the immediate person of the individual. Behavior is an extension or a projection of the personality into the outer world, into society. The psychiatrist then has widened his territory to include major social relationships, and even to attempt an approximate evaluation of the social and other environmental factors concerned. Since psychiatry is interested in the behavior of the individual in society, and in his

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deviations in a behavioristic as well as a pathological way, it is therefore interested in criminal behavior.

The goal of psychiatry, as the goal of medicine, is health, or as one might say in the behavior field, adjustment, stabilization, which in a more colloquial phrase means success and happiness. Psychiatry undertakes to strive for this goal by concerning itself with the obstacles and interferences in the lives of individuals which result in maladaptation, disequilibrium, or failure and unhappiness. There are other scientific disciplines and techniques working toward the same goal and by similar routes, and where they converge their delimitation is not always clear. One thing stands out as the result of the past twenty-five years of work in psychiatry in this country, and that is that the disorders of human behavior, which include criminal behavior, must claim an important share of the interest and responsibility of psychiatry.

Important Steps

Many different factors have contributed to the great development of criminologic psychiatry during these twenty-five years. Many of these causes were historical and fortuitous rather than fundamental or logical. Wherever the interest of some individual or group or some lucky combination of circumstances established a new institution or organization the findings and the publications of the men in that organization afforded a new impetus to the work, now in one direction, now in another, and the new institutions fortunately took in a very wide range of cases.

In 1907 the juvenile courts in Chicago and in Denver were nine years old, but there was as yet no Juvenile Psychopathic Institute in Chicago, and Dr. Healy had not begun his life work on delinquency. The Psychopathic Hospital at Ann Arbor, Michigan, was a few years old; the New York State Psychiatric Institute was a small and struggling organization, although distinguished by an individually famous laboratory group. The Boston Psychopathic Hospital was still a plan in the minds of Doctors Owen Copp, E. E. Southard, and L. Vernon Briggs. Social work was emerging from the field of the charities, but as yet none had thought of the possibility of a psychiatric social worker.

In 1909 the Juvenile Psychopathic Institute was organized in Chicago in connection with the juvenile court of Cook County; the National Committee for Mental Hygiene was organized in New York, and shortly thereafter secured Dr. Thomas W. Salmon as Medical

Director. In 1912 the Boston Psychopathic Hospital was opened and within a few months opened an out-patient department, which was the first out-patient department in a mental hospital in this country. Through the out-patient department and the wards cases of delinquency and criminality were received from time to time for study, diagnosis, and social evaluation. At about the same time Major Edgar King was starting his psychiatric work at Fort Leavenworth, and Dr. Guy Fernald, who had been appointed resident physician at the Reformatory at Concord, Massachusetts, was quietly developing psychiatric work in that institution.

In 1913 the Phipps Psychiatric Clinic was opened at Johns Hopkins. In 1916 Dr. Bernard Glueck left his work with the criminal insane under Dr. William A. White at St. Elizabeth's Hospital in Washington, D. C., to become Director of the Psychiatric Clinic at Sing Sing. In 1913 Dr. Southard induced the judges of the Municipal Court of Boston to appoint a probation officer to do psychological testing, and Dr. V. V. Anderson was appointed. Two years later the Massachusetts Legislature passed an act establishing a mental clinic in connection with the Municipal Court, and Dr. Anderson was appointed Director. In 1915 Dr. Walter Fernald promulgated the idea of the defective delinquent, and interested himself in studies of prostitution and other manifestations of delinquent behavior, thus laying the ground work for much future social legislation.

The work begun by these pioneers has increased in importance and scope until by 1933 we find that every good school system and many universities have psychiatric service, while in many cities there are child guidance clinics which include the youngest children. While the school psychiatrist, naturally is not much concerned with criminology, he does include the early stages of delinquency among his cases. Several of the country's outstanding law schools have included a course in criminology (which in this instance means the psychiatric study of the criminal, not the scientific detection of crime) given by psychiatrists. We find psychiatrists working in all the more advanced penitentiaries, reformatories, and correctional schools. The psychiatrist, or the psychiatric clinic is also attached to all the more important juvenile courts, to many criminal courts and courts of domestic relations, even including the police courts and functions in an advisory capacity for the court.

Writing in 1919, Dr. Thomas W. Salmon said, "Why Supreme Courts and courts of general sessions content themselves with the so-called medico-legal testimony of 'alienists' employed by the dis-

strict attorney and the defense (which is usually neither medical nor legal) remains a mystery. The findings of a psychiatric clinic scientifically 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."²

This situation still persists, particularly in criminal cases whenever the issue of sanity is involved, and receives so much publicity that the actual achievements of psychiatry even now are often overlooked or misunderstood. The "expert" is not entirely responsible for the situation. Various legal postulates render the giving of impartial and scientific testimony very difficult. Recognizing, therefore, that change could come only by the cooperation of the legal and medical professions, in 1927 a committee from the American Psychiatric Association of which Dr. Karl Menninger was chairman, presented eight medicolegal proposals to the American Bar Association.³

The American Bar Association, especially through its section on Criminal Law and Criminology had long since been interested in these problems, and had responded very favorably to the proposals of the psychiatric profession. It was decided to continue the study under closer cooperation between the two associations. Special committees were appointed by the American Bar Association and the American Psychiatric Association to cooperate in further consideration of this field. Later similar committees were appointed by the American Medical Association and the Social Science Research Council to join the first two committees.

This work is too recent to have produced much change in actual practical routine, but it has given a direction to the informed leaders of both professions and has set up standards, which with the modifications that time will bring, at least indicate the possibility of substituting a method more in harmony with modern juridical and psychiatric thought than what in the past has so often been contemptuously called the "battle of the experts."

²*Salmon, Thomas W.* "Some New Problems for Psychiatric Research in Delinquency," *Journal, American Institute of Criminal Law*, 10, 1919-20, p. 378.

³*Menninger, Karl A.* "Medicolegal Proposals of the American Psychiatric Association." *Annual Report of the American Bar Association*, Vol. 52, 1927, pp. 486-496. *See also:* *Annual Report of the American Bar Association*, Vol. 54, 1929, pp. 55, 56. *Ibid.*, p. 527. *Annual Report of the American Bar Association* Vol. 55, 1930, pp. 26-29, and

Overholser, Winfred. "What Immediate Practical Contribution Can Psychiatry Make to Criminal Law Administration?" *Annual Report of the American Bar Association*, Vol. 55, 1930, pp. 594-613.

As has been said, many factors, some by design and others by chance, were responsible for the achievements which have become landmarks on the constantly widening horizon of psychiatry. Fundamentally, however, two brilliant original ideas were the great impelling factors—the conception of the mental test by Binet, and the theory of psychoanalysis by Freud. Curiously enough much of the force of these ideas lay in their astounding effects upon the general public which took them up with the same enthusiasm that it has since given, so amazingly, to Einstein's theories. The Binet tests seemed to offer for the first time an understandable objective method for studying the human mind and a far more interesting phase of the human mind, to the laity, than any which psychology had hitherto explored. Then too, the tests had a certain obvious practicality utterly congenial to the American spirit.

The effect of Freud's theories on the lay public was to revolutionize its former attitude of bated breath, circumlocution, and desperate unwillingness to face the facts of any sort of mental disorder into one of frankness almost to the point of loquacity. With the idea that mental problems could be studied or treated came the desire to get the patient to the doctor early, and the laity, parents, teachers, and social workers, began to bring in their problem cases until by high school age we find the problems betaking themselves to the psychiatrist.

This new attitude of the laity was fostered by the mental hygiene movement which originally had no connection with psychoanalysis, but which became active at about the same time, so that the two reinforced one another in popularizing psychiatry.

As a result of the interest of the public in mental health much new and valuable material was brought to the psychiatrist. He was able to observe not only the earlier stages of insanity, but a continuous series of criminality ranging from the murderer to the youngest nursery school terror.

One other factor gave great impetus to the psychiatric study of crime during this period. This was the work done by the Neuro-psychiatric Division of the Medical Corps during the Great War. Under Dr. Salmon's influence a series of psychiatric surveys of institutions and schools had been undertaken culminating in the survey conducted by Dr. Salmon, Dr. Stewart Paton, and Dr. Pearce Bailey of the American troops on the Rio Grande during the Mexican border activities. Returning from this experience Dr. Salmon found the United States entering the Great War, and on the basis of his

findings obtained from the survey he proposed to Surgeon General Gorgas the creation of the Neuropsychiatric Division of the Medical Corps. The influence of the work of this division on the development of psychiatry and criminology in this country can hardly be exaggerated and its full effect has not yet been reached.

The actual achievements of the Neuropsychiatric Division cannot be more accurately and concisely explained than by quoting from the War Department's Annual Reports, from the report of the Surgeon General's Office, and from one or two histories of the Medical Department.

The general organization of the Division was summed up as follows:

"The social and psychiatric department of the Fort Leavenworth Disciplinary Barracks had shown and was showing the value of psychiatry in relation to delinquency and disciplinary problems, but no special examinations as to the mental fitness of volunteers had been made at recruit depots or recruit depot posts or of applicants for commission in the Regular Army. There was a small number of regular medical officers who were recognized as having a knowledge of psychiatry, obtained for the most part during detail at the Government Hospital for the Insane (St. Elizabeth's Hospital, Washington, D. C.). With the exception of the service at the Letterman General Hospital, however, the special equipment of these officers was utilized as it would have been had their professional leanings been in another direction. The creation of this division, therefore, began a new chapter in the history of the Medical Department. . . .

"In January, 1918, on the recommendation of the Division of Neurology and Psychiatry, the War Department created the position of division psychiatrist, with the rank of major, one for each tactical division. The creation of this office, which was the first recognition in the Army Tables of Organization of the utility of specialists for troops in the field, proved of the utmost importance. These positions were filled as fast as divisions were formed. The official detail of each of these officers was to one of the field hospitals of the division concerned, but they were generally given desks in the office of the division surgeons, from which points they could operate most successfully. Being with a tactical division, and a part of it, they were able to exercise the preventive side of their specialty to the utmost advantage. It was their duty to keep in touch with the mental health of the command and to familiarize medical officers serving with sanitary troops with neurologic and psychiatric methods. During the training period they were available for all special examining boards, and they asked for the assignment of regimental surgeons to assist in neuro-psychiatric examinations of recruits. They supervised the preparation of special reports to the Surgeon General and saw to it that the recommendations of the neuropsychiatric examiners were promptly prepared for forwarding to general disability boards. They visited the regimental infirmaries and held informal conferences, from

time to time, with regimental surgeons and company commanders. They were generally available for consultation and established a satisfactory cooperation with judge advocates, by means of which the mental state of prisoners was established as a factor in their delinquency. Reports of the functioning of these officers overseas indicate that they assisted materially in maintaining the integrity of the commands to which they were attached and expedited the elimination of the unfit. Without them the prompt treatment of functional nervous disorders in the hospitals attached to the fighting armies, which practically eliminated 'shell shock' as a military problem in our troops, would not have been possible."⁴

Psychology also proved to be of great assistance at this time.

"The chief purpose of the psychological assistance originally offered to the Medical Department was the prompt elimination of recruits whose grade of intelligence is too low for satisfactory service. It was believed by psychologists assembled in conference that their profession is better prepared technically and by practical experience to measure intelligence than are members of the medical profession and that psychologists therefore should be able in the military emergency to render invaluable assistance to medical officers by supplying reliable measures of intelligence which might be used as partial basis for rejection or discharge. Thus, it was thought, the efficiency of the service might be considerably increased and the costs materially diminished. As it happens, the purposes of this service as actually developed differ radically from that originally proposed: moreover they serve to identify this work even more closely with the personnel work of the Adjutant General's Office and the General Staff than with anything in the Medical Department of the army aside from neuropsychiatric work."⁵

Both insanity and delinquency in the army fell far below the expected numbers.

"An indication of the extent of the military and economic advantage attained by keeping out of the Government service those who would, with considerable certainty, break down in the service and become a charge on the Government, is furnished by the following: St. Elizabeth's Hospital in Washington is the one Government institution permanently authorized to give custodial care to the insane of the military services. It is, in a way, a barometer of the mental health of the Army. Admissions to it from the various military posts give a fairly accurate idea of the extent of mental instability among the troops. From previous experiences, it has been estimated that the mobilization of a million men would involve the commitment to St. Elizabeth's or to some similar institution, of at least 2,000 soldiers. As a matter of fact, the number of such custodial cases resulting from the first million was 177. Neither were they sent back to State hospitals. The total of admissions (for

⁴*The Medical Department of the United States Army in the World War*, Vol. I. The Surgeon General's Office. 1923, Chap. XIV, pp. 385, 389.

⁵*Yoakum, C. S. and Yerkes, R. M. "Army Mental Tests." Henry Holt & Company, New York, 1920, p. 303.*

the first million) to State hospitals was 300. In other words, there were produced in approximately eight months, from the mobilization of an army of 1,000,000 men, instead of 2,000 to 3,000 only 477 cases. There is little reason to doubt, therefore, that the neuropsychiatric examinations served a double purpose. On the one hand, they have kept out of the Military Establishment men who would have become charges upon the Government without having rendered it material service, and, on the other hand, from the humanitarian standpoint, it seems clear that a smaller number of soldiers became insane, than has been the case in armies when no effort had been made to exclude the unstable. (It is pertinent to remark in this connection that the number of delinquents has fallen much below what was expected.)"⁶

Discipline in the Army

At the outbreak of the War an estimate based on the figures for the Civil War, the Spanish-American War, and the operations on the Mexican border, indicated that an army of 3,000,000 men would require provision for about 50,000 prisoners at the Disciplinary Barracks.⁷ The report of the Judge Advocate General indicates what actually happened:

"The work done in the Office of the Judge Advocate General has of course greatly exceeded both in importance and volume, its ordinary tasks. Its activities in the administration of military justice have been particularly under comment during the past year.

"On April 6, 1917, the total number of prisoners in military prisons was 2,467 and 30 on parole; on the 1st day of November, 1919, the total number was 3,969 in prisons and 67 on parole. This means that although more than 4,000,000 men have been brought into the Army, the processes by which their delinquencies have been adjudicated and the ameliorations of discipline have resulted in a relatively small increase in the total number of prisoners. It remains a cause of lasting pride to the department that throughout the war not a single person was put to death for a purely military offense.

"During the progress of the war, the operation of courts martial led to great unevenness in the matter of penalties, and in some jurisdictions excessively severe sentences were imposed. This seemed at one time a matter of concern to the people of the country, who were not aware of the fact that practically all sentences imposed by military tribunals, whatever their apparent length in years of confinement, are indeterminate, the whole system of penal administration in the Army being built on the theory of restoration to honorable service, restoration taking effect as soon as an amendment of character is sufficiently noticeable to justify confidence in the restoration of the prisoner."⁸

⁶*War Department Annual Reports*, 1918, Vol. I, p. 687.

⁷Adler, H. M. "Disciplinary Problems of the Army." *Mental Hygiene*, 3, 1918, pp. 594-602.

⁸*War Department Annual Reports*, 1919, Vol. I, Part 1. Report of the Secretary of War, p. 35.

Intelligence Level of Criminals

Two aspects of this army work are notable. The findings gave us for the first time a real cross section of the population against which to check the theories we had previously deduced from studies of school children and institution inmates. On the basis of the findings in penitentiaries feeble-mindedness had been considered a very important cause of crime, since the percentage of feeble-mindedness appeared so high in proportion to the percentage of high grade mentality. Checked against this report on 1,700,000 men in the army the level of intelligence in the penitentiaries proved to be the same as that of the general population represented by the army.

Reduction of Delinquency

The other immediate and important effect of the work of the Neuropsychiatric Division was the remarkable demonstration of what psychiatry could actually accomplish when given the necessary authority in reducing delinquency in a population and in caring for delinquents in prison.

The War experience clearly indicates that a somewhat similar procedure would not be impractical, even under present conditions. As a result, however, of the reports of the activities of "experts" in murder cases, many have gained the impression that the psychiatrist is concerned with helping the criminal to escape the justly merited consequences of his act, and that acquittal is largely a matter of having enough money to hire sufficiently potent expert opinion. As a matter of fact the army experience, and that in the courts where psychiatrists have not only served as impartial advisers, but have also been selected on the basis of professional competence, show no support for such fears.

Experience has demonstrated that psychiatry will reenforce existing safeguards rather than weaken them. The psychiatrist's main objective after all is not to entertain himself by studying mental abnormalities, nor does it indicate pathologic tendencies on his part that he specializes in the study of abnormal personalities and deviations. Apart from the general scientific endeavor to understand phenomena which arouse his curiosity, his purpose is to improve the conditions of life, to benefit the community, and to relieve the distress of individuals.

The Psychiatrist's Aims

From this necessarily extremely brief history of psychiatry as applied to criminology it would seem that if the present trend continues, the interest will be divided between, on the one hand, the problem of the treatment and management of the actual criminal, and on the other in a better formulation of criteria for the early recognition of the offender, and the correction, or at least amelioration, of deviations which would, if unchecked lead to criminality. This program will require that psychiatry should continue to concern itself chiefly with the deviations within the individual, and only to a subordinate degree with problems of the environment. Thus, for instance, the criminal will always be more important to the psychiatrist than the processes of the law, except as the law has influence upon the conduct of the individual, and as it is an expression of the interpretation of human behavior.

One of the changes along these lines, although in its beginnings, is now visible in the recognition that the fact-finding as to a prisoner's guilt or innocence is a separate function, at least logically, from the punishment or treatment which is to be applied. It is possible that the development of more accurate technical devices for evaluating motives and behavior mechanisms will enable a separation of these two functions so that the court and the law may continue to safeguard the rights of the community as well as those of the defendant, and concern itself in the main with the determination of what actually happened, leaving the decision as to what is to be done about it in any given case to a separate tribunal.

But just as protecting the community against infectious disease cannot be accomplished unless one deals directly with the small boy who has the measles, or the man who has tuberculosis, so one cannot hope to protect the community against criminality by ignoring the criminal, or by waiting until he has gone through all the successive stages from infantile tantrums and juvenile delinquency to the commission of major crimes. If one considers crime merely as a necessary though no doubt deplorable accompaniment of social life, then indeed psychiatry has little to offer. If, however, crime is to be regarded as an expression of disorders of function, involving mental pathology and personality deviations and their external social complications, then the psychiatrist must have a definite responsibility in connection with criminology.