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DISCUSSION

ON THE "PSYCHIATRIC STUDY OF WILLIAM HEIRENS"

Robert M. Allen

Dr. Allen has been a clinical psychologist in active practice since 1934. He has taught at New York University, Rutgers University and is at present Professor of Psychology at The University of Miami. He has published extensively in this JOURNAL and in other professional periodicals in the field of clinical psychology. He is a Fellow of the American Psychological Association, Fellow of the Division of Clinical and Abnormal Psychology of the American Psychological Association, Member of the Metropolitan New York Association for Applied Psychology and of the Organization Committee of the Florida Psychological Association. He has taken time out from his research in problems of encephalopathy to comment on the Heirens Case.—EDITOR.

A recent issue of this Journal presents portions of the psychiatric interviews along with other pertinent data in the case of William Heirens.¹ The final findings are given early in the article. The question is: Does the material presented in this report justify the diagnosis?

The three men of medicine—an outstanding neurologist and two highly respected psychiatrists—concurred in finding that, "This patient, in our opinion, is not suffering from any psychosis, nor is he mentally retarded; he has average intelligence * * * He has a deep sexual perversion and is emotionally insensitive and unstable * * * " (1, p. 312).

The impression of average intelligence can readily be granted on the basis of the achieved intelligence quotient, 110. But beyond this point there seems to be some difficulty in understanding the rationale for the remainder of the diagnostic statement.

The Social History (1, pp. 312-315) discloses that Heirens "was a solitary child and youth, sensitive and difficult to know. He never had any real friends and preferred to be alone." This is reiterated in the characterization of Heirens as "quiet and serious, definitely an introvert, and would often be found away from campus completely alone. He had few friends and preferred to be by himself." This social history points up the seclusive, perhaps latent schizophrenic nature of the basic personality structure.

The Psychiatric Examination, as much of it as is reported (*and it must be assumed that the verbatim portions appearing in this article have been selected on the basis of their significance for the ultimate diagnostic conclusions of the psychiatrists*) does not seem to make a strong case for the opinion that Heirens "is not suffering from any psychosis."

One wonders whether the particular question-and-answer technique cited in the report can be considered valid psychiatric interviewing for the express purpose of personality evaluation. In terms of the sheer number of words it appears that the psychiatrists had more to say than Heirens. For example, in the first dialogue reported on pages 317 to 319 the psychiatrist(s) resorted to 476 words in his (their) queries and elicited only 152 words in Heirens' total responses. One question contained 90 words and drew a three-word answer! An

¹F. Kennedy, H. R. Hoffman, and W. H. Haines, Psychiatric Study of William Heirens. This JOURNAL, XXXVIII, 4, 311-341, 1947.

analysis of the contents of this 90-word question gives the effect of a hard-boiled session between a police officer and a convicted prisoner rather than a diagnostic interview between a psychiatrist and a patient. Heirens, in this part of the interview, is attempting to describe his feelings during the commission of his acts:

“Q. What you had taken out of the houses would not give you any pleasure afterwards?

A. No, it gave me a sense of depression.

Q. It wasn't exactly depression when you went further and killed?

A. I had no feeling of having done it. Things were so vague.

Q. *I object to your general statement that 'things were so vague.' You are not using the right term. Maybe they were 'different' but not 'vague' . . .* (italics ours).

A reading of this portion of the verbatim report hardly evokes a picture of the psychiatrist attempting to understand the reactions and feelings of another person in an abnormal situation. Is it the place of the psychiatrist to “object” to a verbal description of an admittedly subjective feeling? And can it be considered good psychiatric technique to follow through, seemingly impatiently, with a description of the psychiatrist's own choosing? This sort of interviewing cannot help but lend credence to the popular story of the psychiatrist who met a colleague on the street and asked, “You're fine, how am I?”

In a later portion of the report the psychiatrists state their belief that Heirens “subjectively * * * felt sex was worse than murder * * * ” (1, p. 322). A study of the questions, answers and remarks in the article strengthens the impression that the published report should have contained the specific steps that led these three eminent men to their conclusions on the basis of the data.

The paper does indicate the need for reporting this type of case either to its fullest extent or not at all. The present writer would have been interested in the psychological findings which indicated “a definite emotional insensitivity and instability severe enough to be considered abnormal, as well as a blunting of moral concepts”. (1, p. 335) From the significant portions of the total report that are quoted in the article the present author cannot follow clearly, much less accept, a conclusion that omits the possibility of either an incipient or full-blown psychotic process somewhere in the personality picture.

To the Editor of the JOURNAL OF CRIMINAL LAW AND CRIMINOLOGY:

FROM WILLIAM H. HAINES, M.D.

*Director of the Behavior Clinic of the
Criminal Court of Cook County*

In reference to the evaluation of the Heirens report by Dr. Allen, I wish to state that I certainly agree with him that Heirens is a potential schizophrenic, and may later show psychotic manifestations. After he was sentenced to Stateville he suffered a reactive depression for some time but at the present time is making a good institutional adjustment. We were to answer the legal test which, before trial, is as follows:

“He is not considered a lunatic or insane if he is capable of understanding the nature and object of the proceedings against him, and if he rightly comprehends his own condition in reference to such proceedings and has sufficient mind to conduct his defense in a rational or reasonable manner, although upon some other subjects his mind may be deranged or unsound.”

I am sure that Dr. Allen will agree that Heirens knew the nature of the charge and was able to cooperate with his counsel at the time of going to trial.

FROM FOSTER KENNEDY, M.D.

*410 East 57th Street
New York 22, N. Y.*

I am interested in the comments of Robert M. Allen, Ph.D., but have little comment to make. I can only quote from an early sentence of his criticism: “This social history points up the seclusive, perhaps latent schizophrenic nature of the basic personality structure.” On this basis of estimate of human personality, Wordsworth and Thomas Gray would both be called schizophrenic, which has become so flippantly used, especially by people who are not trained in medicine, as to be merely a term of abuse.

Robert M. Allen, Ph.D., also fails to take into consideration the frame of the law which, however much Doctor Allen may complain, still governs the country.
