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PSYCHOPATHIC PERSONALITY

Some Social and Psychiatric Aspects

Alex J. Arieff and David B. Rotman

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Dr. Rotman has been Director of the Psychiatric Institute in the Municipal Court of Chicago from 1933 until his recent death. During several years also he had been Clinical Professor of Psychiatry in the University of Illinois. Earlier he had been Senior Physician in the Chicago State Hospital, and Associate Professor of Psychiatry in Rush Medical School. During World War I he was a member of the Neuropsychiatric Division of the United States Army.—EDITOR.

There is no category in the entire array of psychiatric classifications that is being misused more than is the term "psychopathic personality." It has indeed become the waste basket of psychiatry, displacing even dementia praecox from its position of primacy. The fact that the name psychopathic personality has so many aliases is proof positive of the ambiguity that surrounds it. In Forensic psychiatry, it functions even more as a waste basket and as a blanket cover-all for persons who indulge in anti-social conduct and are found to be neither psychotic nor feebleminded. Witness the fact that in some penal institutions it is stated that as many as 35 per cent of the population fall into this category.¹ Even in the most conservative estimates of penal populations, such as the Illinois State Penitentiary, Dr. Roy Barrick,² State Criminologist, reports that 25 per cent of the inmates fall into this category.

The draft leading to our National Army of World War II is a good cross section of our population. It is, therefore, very interesting to peruse the data offered by both our draft board and our military department. In the Boston, Massachusetts, Induction Center, (Solomon & Yakovlev)³ out of 1,931 rejections,

¹ R. S. Banay; *Contemporary Criminal Hygiene*, Oakwood Press, Baltimore, 1946, pp. 45.

² Personal Communication.

From: Psychiatric Institute, The Municipal Court of Chicago
Department of Mental and Nervous Diseases, Northwestern University
Medical School
Read at the First Medicolegal Congress, St. Louis, Missouri, January
20, 1948.

³ H. C. Solomon and P. I. Yakovlev: *Military Neuropsychiatry*, W. B. Saunders Co., Philadelphia, 1944.

603 or 31 per cent were psychopathic personalities, including chronic alcoholics. Even psychoneurosis with 26 per cent came in second best. In the armed forces, Stearns and Schwab,⁴ reporting on 500 neuropsychiatric casualties in the Navy, found psychopathic personality was second, and followed only the neurotic.

Not infrequently, this diagnosis is arrived at in a negative and arbitrary manner. Since the person is not psychotic, is not feeble-minded and continues to be recidivistic, he must be a psychopathic personality. As time goes on we are learning more about the psychopathic personality, and as psychiatrists are more able to make the diagnosis on the basis of positive rather than negative findings. As our scientific knowledge progresses, we are certain that there will be an appreciable shrinkage in the number of maladjusted individuals finally and definitely labeled as psychopathic personalities. Already there is some evidence that the electroencephalograph will enable us to keep this diagnosis down. Workers in this field are beginning to delineate for us some actual patterns of brain pathology discernable by this method. Silverman⁵ found E.E.G., or brain wave deviations, in 80% of his studies. Banay⁶ reporting on the Sing Sing prison population reports that one-third of the aggressive psychopaths show an abnormal brain wave pattern. Gibbs,⁷ on the other hand, in a small group with more intensive study feels that in the true psychopath, there is no E.E.G. deviation. However, the E.E.G. findings discussed by the previous authors may perhaps help us differentiate the symptomatic from the essential types of psychopathic personality.

Under the term *idiopathic psychopath* (*Antethopathy*), Karpman⁸ includes only those psychopaths in which the most careful search fails to reveal any trace of psychogenic factors, in contradistinction to the symptomatic psychopathy which includes all reactions, and which bear close resemblance on the surface to what we call psychopathic behavior, except that in these cases it is not difficult to elicit psychogenesis behind the psychopathic indulgence. Likewise, we find the same concept put forth by his disciple Kavka,⁹ who makes an interesting study of one case to arrive at a diagnosis of symptomatic rather than idiopathic psychopathic personality. Their efforts should give further impetus

4 A. W. Stearns and R. S. Schwaab: *Journal Maine*, M.A. 34; 81-89, May, 1943.

5 D. Silverman: *Archives of Neurology and Psychiatry*, 50, 18, July, 1943.

6 R. S. Banay: *Op. cit.*

7 F. and E. A. Gibbs: Personal Communication.

8 Benjamin Karpman: *Jour. of Crim. Psychopathol.* 3:112, 1941.

9 J. Kavka: *Jour. Nerv. and Ment. Diseases*; 106, 19, July, 1947.

to future investigations along the lines similar to those which have broken down the term epilepsy into idiopathic and symptomatic types, resulting in a shrinkage of the percentage of idiopathic epileptics, thereby very effectively altering our understanding, treatment and our prognosis of epilepsy.

Heretofore, too much energy has been consumed in so-called diagnostic refinements dealing with classifications of subgroups. Almost every investigator into the subject seemed impelled to enrich our literature with highly personalized classifications and not always because of a sense of altruism.¹⁰ The authors of this paper are much impressed with the fact that a good deal that has been written about the psychopathic personality has been of an *excathedra* nature and not always by persons who have had sufficient experience over a lengthy period with large numbers of psychopaths to make their contribution valid if not authoritative.¹¹ With this thought in mind, we have undertaken the study of a breakdown of the large group of psychopathic personalities who have passed through our hands at the Psychiatric Institute of the Municipal Court of Chicago over a period of time extending from 1931 to the present date, 1947. Another value of our study comes from the fact that eight psychiatrists contributed to the diagnosis of psychopathic personality. This fact eliminates the bias of one investigator, of one diagnostician, and represents the diagnoses of a considerably varied group, drawn from all of the psychiatric schools, ranging from the precise organicist to the avowed and trained psychoanalysts.

We wish to call attention to Figure I which is a study of our case load from 1941 through 1947. The dotted curve cases, the number of patients examined yearly, shows a gradual increase from 1941 through 1947. Curve "x" relates to the percentage of those diagnosed as a psychopath and indicates a drop from 1943 through 1936. This drop is to be expected for two reasons, namely, many of the persons of the age range involved were in

¹⁰ D. B. Rotman, M.D.: *Journal American Medical Association*, 127; 564, March 10, 1945.

¹¹ Benjamin Karpman, *op. cit.*

E. Kahn: *Psychopathic Personalities*, translated by H. F. Dunbar, Yale University Press, New Haven, 1931.

W. Bromberg: *This JOURNAL*, 28: 70, 1937.

H. M. Cleckley: *The Mask of Sanity*, C. V. Mosby Co., St. Louis, 1941.

E. A. Strecker and F. G. Ebaugh: *Practical Psychiatry*, P. Blakestone, Son & Company, Philadelphia, 1925.

W. A. White: *Outlines of Psychiatry*, Nervous and Mental Diseases Publishing Co., Washington, 1929.

B. Glueck: *Studies in Forensic Psychiatry*, Little, Brown & Company, Boston, 1916.

the army during this period and others were riding on the crest of an economic wave. There was a precipitous rise during 1947. This may be attributed to the post-war let-down and also to the drives against sexual offenders which naturally brought a rise in the psychopathic group. The curve connecting "o" is the

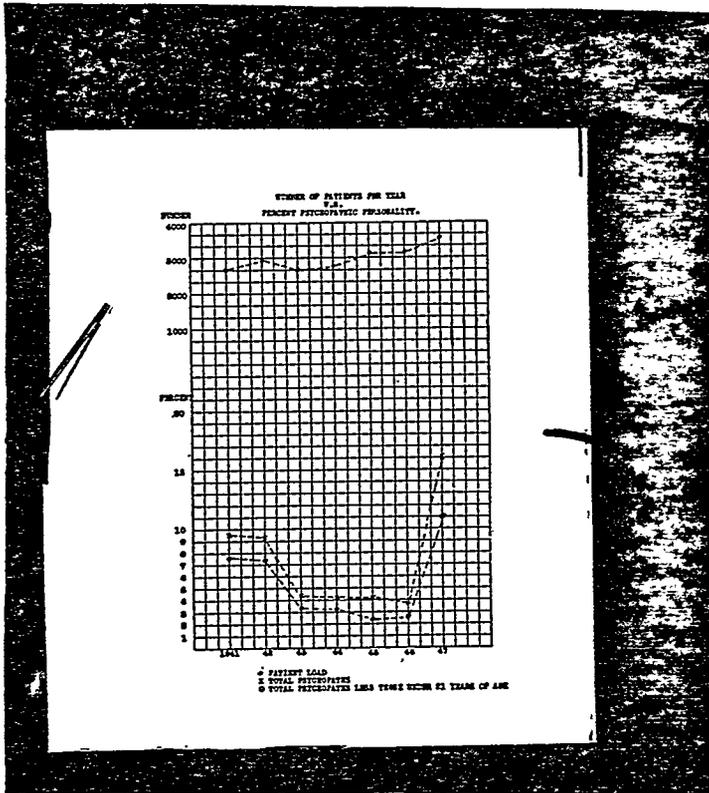


Figure I—Case Load

same as curve "x," but from which the youthful offenders, (those less than 21 years of age) who may be unstable merely because of adolescent maladjustment have been deleted. However, it can be seen that the parallelism between these curves indicates that we are not misjudging even our psychopaths of below the age of 21.

Analysis of Education

Constitutional psychopathy is not synonymous with mental deficiency. It is not incompatible with attainment in formal education. Out of 25 unselected cases, it is ascertained that there was an average of 2.4 years in the high school period of educa-

tion and of that number, three were of college level. Only two of the group lacked a formal education.

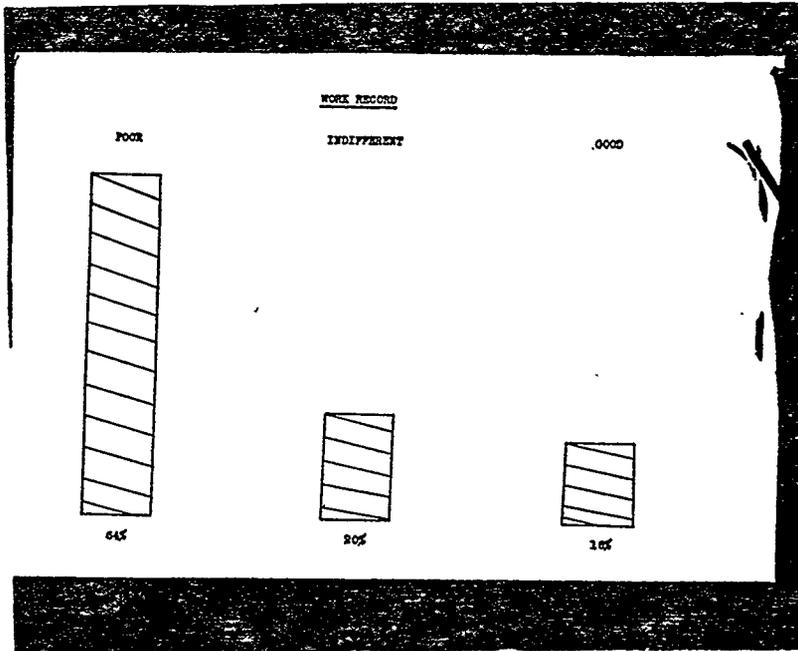


Figure II—Work Record

Age Incidence at Time of Examination Here

An interesting fact brought out by our study is that the average age at the time of the first psychiatric examination at this Institute was 33 years, whereas further study of the case histories of these individuals discloses that their average age at the time of their first anti-social act was 18. This can be assumed to indicate that psychiatric examinations were regrettably not made at the earliest level of detection so that available treatments might be instituted.

Sibling Relationship

An attempt was made to study our material from the standpoint of sibling relationship in the family setting. The most noteworthy fact was that of the 25 cases there was only one "only child". To us this appears to be a very significant finding and definitely places our group in the non-neurotic category, in that previous studies indicate that in the neurotic groups there is a high incidence of an "only child situation". Our psychopaths were in family groups in which there were an aver-

age of 3.8 children which approximates the ideal size of families as set-up by mental hygienists. It is estimated that the average number of siblings in the American home is 4.2. These figures would indicate that the sociologic factor, namely, the size of the family is not pertinent to the psychopathic personality picture.

Cause of Arrest, Present and Previous

Of the present cause of arrest, 12, or almost half were of a benign character, which may be interpreted as meaning that the innocuousness of an offense does not preclude this serious diagnosis. However, on previous offenses, 13 had been in conflict with the law because of serious findings, whereas 11 had previously been arrested only on minor charges. Combining past and present findings, we found that 68 per cent were at one time guilty of serious offenses and therefore could be considered capable of future serious antisocial acts. The number of offenses ranged from one to 20 with an average of four.

TABLE I
SEVERITY OF OFFENSES

	Benign	Serious Antisocial
Present	48%	52%
Previous	44%	52%
All	28%	68%

Previous offenses range from (1-20) average of 4.

Previous Therapy and Recommendations

In the main, this group showed a tendency to be institutionalized. Of the 25 cases, seven had been placed in psychiatric establishments and 11 in penal institutions. In other words, 18 out of 25 or 72 per cent of cases had been previously institutionalized. This, of course, corroborates that which we all acknowledge, namely, the inefficiency of established treatment facilities now available.

Concerning the matter of treatability of this group, only six or 24 per cent were considered safe for ambulatory psychiatric treatment, and another six were considered so refractory as to warrant the recommendation of protracted correctional institutional care. The recommendation of psychotherapy should not be misconstrued as envisaging a favorable prognosis.

Family Attitude

As a rule, the majority of families are too often defensive toward their relatives, which prevents the carrying out of rec-

ommendations. In this group only 28 per cent were defensive, 20 per cent felt hopeless and 20 per cent understood the situation well.

Work Record

One of the most constant features of the maladjustment of this group is the work record. Of the 25, 16 or 64 per cent definitely had a poor work record; 5 or 20 per cent had indifferent records. In only 4, or 16 per cent of the cases could the work record be considered good. This is a significant symptom.

Incidence of Venereal Infection

Contrary to the general impression, that there is a high incidence of venereal disease in this group, our figures indicate that only one had had a luetic infection and only three had had a Neiserian infection.

Marital State

A study of the marital status leads us to the following findings: 19 or 76 per cent of the group ventured into marriage. Only six or 25 per cent remained single. Of the married group, seven apparently did not run into marital discord. Twelve, or 48 per cent, definitely had marital difficulties, and eight or 32 per cent, ventured into multiple marriages. Apparently the psychopath does not have a too good an understanding of the duty and obligations of the marital state and has difficulty in continuing in such a situation without either changing partners or meeting the marital situation with discord.

Sexual Adjustment

In the sexual adjustment, we considered two groups, those who have made a relatively good sexual adjustment and those who have made poor ones. In the poor sexual adjustment, we have placed those who are excessively promiscuous; those who were of homosexual tendencies and those who exhibited tendencies toward the commission of acts of sexual aggressiveness. Of this group, 15 or 60 per cent gave definite evidence of a poor sexual adjustment. In eight, or 32 per cent, the adjustment was good and in two of questionable level.

Alcoholism

There has been much written about the relationship of alcoholism to the psychopathic state. All Forensic psychiatrists have been confronted with the difficulty of deciding whether a given

case is basically psychopathic with alcoholism as a prominent symptom in the picture, or the reverse with alcoholism playing the primary role and the psychopathy the secondary one. In our case load, nine, or 36 per cent, gave a history of alcoholism. This is somewhat higher than the 29.95 per cent of alcoholic diagnoses, in our entire case load made in this laboratory from 1941 to the present time. (David B. Rotman.¹⁰) It is certainly not the answer to the vexing problem of the interrelationship of alcoholism and the psychopathic personality.

Summary

The diagnosis of psychopathic personality enters into all court clinics as a major concern. In 1947, 15 per cent of the cases of the Psychiatric Institute of the Municipal Court of Chicago were so diagnosed. In penal populations the percentage may run as high as 35 per cent.

It is important to differentiate the true from the symptomatic psychopathic personality. The E.E.G. may be of assistance here.

The average educational level of this group was 2.4 high school grades, eliminating lowered intelligence as an important factor.

The siblings' average was 3.8 approximating the average ideal of 4.2 children per family. This would seem to divorce the problem from sociological dominance.

The offense was benign in about half the patients. However, of all the offenses, present and past, 68 per cent were of a serious nature.

In only six per cent was ambulatory psychotherapy recommended. On the other hand, protracted correctional institutional care was recommended in an additional six per cent.

A poor work record was found in 64 per cent of the patients. This looms up as a very important item.

Although 76 per cent married, 48 per cent had marital discord. Likewise in 60 per cent of the group there was a poor sexual adjustment.

In 36 per cent, alcoholism contributed to maladjustment.

The family attitude was defensive in only 28 per cent of the cases, in contrast to the families reaction to other types of personality disorder in which case they proved to be highly defensive.

Conclusion

1. The problem of psychopathic personality is a complex one and scientific efforts should be made to clarify the subject matter by more careful use of the term based upon positive findings.

2. Efforts to seek aid of laboratory methods should be encouraged even though our present day information, garnered from the E.E.G., is still not concrete.

3. The failure of our efforts to find sociological factors as strongly pertinent to the etiology of this disorder, leaves us with no alternative than to return to the rather hackneyed concept of the constitutionality of this disease. It should encourage us also to intensively explore the constitutional basis of this disorder, thus furthering the differentiation of the symptomatic from the essential types of psychopathic personality.