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AMERICAN ACHIEVEMENTS IN CRIMINOLOGY
(1938 to 1950)

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Activities in the field of criminology which involved either psychiatrists or psychiatric measures during the period, 1938-1950, covered a very broad span of approaches, accents and interests. The author does not attempt to cover every psychiatric activity here, but will restrict himself to the main trends which seem to have brought progress to the field or acted as potential indicators for future development.

The psychoanalytically oriented work by Alexander and Staub,1 and Alexander and Healy2 in the previous decade provided the starting point for an increasing number of studies which had as their basic goal an understanding of the unconscious factors in crime. The work of psychiatrists who utilized psychoanalytic concepts in therapeutic and diagnostic efforts cannot be divorced from the work of psychiatrists of a more descriptive persuasion. The coincidence of psychiatric and psychoanalytic interests stemmed from the recognition that the reciprocal psychological reactions of the public and criminals and the unconscious motives for criminal activity are indeed the basis on which an effective psychiatric criminology can be built. The words of Alexander and Staub, speaking of criminal behavior stimulated and crystallized the viewpoint of psychiatry in criminology in the period dealt with here:

Only those motives can be brought to light which appear in the conscious portion of the individual's psychic apparatus. The unconscious motives which not infrequently exert a greater dynamic influence on our actions, remain unknown.

In a general way it can be said that World War II stimulated renewed interest in such neurotic and psychopathic behavior as eventuates in criminal acts. Psychiatrists as neutral social scientists were drawn by their military position into contact with crimes in war. Not only individual criminals, but the concept of "war criminals"3 focused attention on the wider social meaning of aggression. One development was the

interest stimulated in aggression as a personal and mass experience, both directly or displaced symbolically in neurotic illnesses. Two murder cases were particularly productive in furthering analysis of problems of murder psychology and its relation to mental disease. By the end of the war, this psychological awareness of a “psychology” of aggression became linked with practical efforts of legislators and judicial officers and a much more interested public in planning for improvement in laws concerning disposition and treatment of psychopathic criminals, and prevention of their criminal behavior.

The existence of psychiatric clinics in both adult and juvenile courts as an integral aspect of criminal court function has been a not too well known but vital part of American psychiatry. The court clinic movement has not progressed so rapidly as was expected prior to the war. There were, in 1939, seven psychiatric clinics attached to courts in the following cities: New York, Chicago (the Municipal and Criminal Courts), Baltimore, Detroit, Cleveland and Pittsburgh. They are all continuing at present. Their work consists of giving psychiatric opinions of selected cases, and, in one clinic (New York) a routine analysis of every case that comes before the court. Not only do these clinics diagnose and describe criminal offenders in psychological terms, but they rule out psychoses and other clinical states, examine traffic offenders and make recommendations for disposition, probation supervision and psychiatric treatment. Many localities utilize psychiatric help other than derived from court clinics, and there are many psychopathic hospitals attached to universities, for example the Colorado Psychiatric Hospital, Denver, Colorado, and the Bellevue Psychiatric Hospital, New York, which function as aids to the courts.

An example of the use of psychiatry in the court clinics is well illustrated by the report of the Psychiatric Clinic of the Court of General

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Sessions, New York, for 1948. During that year the Clinic examined 2,537 individuals of whom 176 were women. The psychological service of the Clinic examined 451 individuals. It was pointed out also that the offenders handled therapeutically had become a more important part of the Clinic's service although limited by reason of the routine work requested of the Clinic staff. This point is made to indicate the direction of the use of psychiatry in criminal procedure by judicial agents. The report states that there "continues to be a need for active therapy, as reflected by requests from the Courts and the Probation Department."

An over-all picture of the findings of the Clinic in the New York Court of General Sessions as of the year 1948 is shown in the following:

| PSYCHOSIS | 2 |
| PSYCHOPATHIC PERSONALITY | 501 |
| PSYCHONEUROSIS | 13 |
| MENTAL DEFECTIVES | 89 |
| PREDOMINANT PERSONALITY CHARACTERISTICS | 1,932 |

(Not specific psychiatric entities)

It might be interesting further to indicate the classification outlined by this clinic in describing criminal offenders not clinically ill mentally (as defective or psychotic), but possessed of deviated personality make-up. This classification has been followed in a general way in other clinics throughout America, its chief function being to illustrate to the judiciary and social workers (probation officers) the myriad personality constellations found among criminal offenders:

**PREDOMINANT PERSONALITY CHARACTERISTICS**

- Aggressive, anti-social type
- Aggression released by alcohol
- Aggression in Reaction to Inferiority
- Emotionally Unstable type
- Unethical type
- Immature and Maladjusted Adolescent type
- Adult Immature type
- Egocentric type
- Inadequate, shiftless, uninhibited, hedonistic type

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Suggestible, weak, passive type
Nomadic type
Primitive type
Adjusted to low cultural level
Adjusted type
Undiagnosed

The Court Clinic at Pittsburgh, Pennsylvania, for example, uses a similar descriptive approach in aiding the court to understand adequately the personality of criminal offenders, as does the Court Clinic of the Supreme Bench of Baltimore, Maryland and other clinics throughout the country. The Behavior Clinic at Pittsburgh is interested especially in the problem of the sexual psychopath and has made careful studies of the personality developments of such individuals. It is noteworthy that Dr. Mayer directs attention in this regard to the fact that: "The only way sex perverts can be helped is by understanding their basic drives and the manner in which unconscious mechanisms influence their conduct." This recent concern with the study of sexual offenders will be dealt with in later pages.

Penal institutions have been a fruitful area for the development of psychiatric knowledge and research. During the past ten years prison psychiatry has advanced in two directions: (1) the Federal Bureau of Prisons has adopted a comprehensive system of classifying offenders in which psychological analyses are entered into the inmate's record, and treatment programs and work assignments correlated therewith. (2) The Federal Public Health Service at the Federal Penitentiary, Springfield, Missouri, has done accurate work in studying psychopathic offenders within prison confines. In the same direction, Pescor and Wilson have published a book called Prison Psychiatry in which mental problems among incarcerated criminals are discussed in detail.

Clinical investigation of psychopathic personalities within the institution has led to the development of therapeutic methods, mainly those of environmental manipulation. Thus Mangun described a method of "therapeutic seclusion" which he characterized as: "...a modification of the well known Weir Mitchell treatment which has been adapted to the prison situation."

In the institution, as Mangun states, therapeutic seclusion is not to be confused with punitive isolation.

The inmate promptly understands that he is under the care of a physician with the implication that he is mentally ill, and the segregation and control is much more complete than ordinary custodial isolation. In these severe disorders, apparently effective rapport can be obtained in no other way.

The method is believed to be in accord with well recognized psychologic principles. The method of handling psychopaths has been further developed by Hacker and Geleerd,\(^ {18}\) and Bromberg and Rodgers.\(^ {19}\) Hacker and Geleerd stress the point that where disciplinary treatment of severe maladjustment cases fails, younger offenders of the acting out type "... do better in an atmosphere of restrictions than in unlimited freedom."

These authors go on to indicate, as do those who treat older psychopaths in prison, that:

... "strictness" is only relative, and has nothing to do with the sadistic, brutal, and unreasonable handling of boys and girls ...

... excessive need for freedom was actually a neurotic mechanism, and not part of the adolescent's craving for independence and self-assertion ...

Bromberg and Rodgers have advocated a similar technique in approaching the therapy of psychopaths in attempting to minimize the anxiety stimulated in the psychopath in his contact with authority. They suggest the therapist consciously identify himself with authority to allay "... objective anxiety, and satisfy dependency needs ..."

These authors further point out:

The anxiety which arises in the delinquent as the result of his intrapsychic conflicts is only one source of his discomfort. Another is the reality of society's feelings about criminals, a major source of objective anxiety. The treatment of the psychopath or neurotic delinquent requires the furnishing of emotional security through dependence on parent-authority figures in an institutional setting. This reduces the objective anxiety and permits deeper probing into the delinquent's conflicts.

The essential influence of psychiatry has been in training, guidance and in introducing therapeutic interest in the handling of prisoners and in disciplinary problems. Study courses for psychiatrists\(^ {20}\) specializing in criminal problems and for guards handling offenders have been advocated. More intensive classification programs have been developed. In 1949, a psychiatric clinic was set up in New Jersey as a part of the total classification program in the State Institutions.

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Clinics for juvenile defendants have continued to play an important role in therapy of primary behavior disorders and in the prevention of crime. The work in children's wards of psychiatric hospital has been of high caliber, both in terms of research and therapeutic results. The literature in this area is voluminous, and graduates from studies on psychotic children to murderers of children and arsonists. The important fields of psychopathic behavior disorders in children have been intensively studied by Bender et al. She and her associates found that such children suffered from very early “critical breaks in total family identifications during the second, third and fourth years.” Psychopathic behavior resulting from such uneven ego maturation was particularly noted in Goldfarb's work with institutional children. Bender states:

The primary defect is an inability to identify themselves in a relationship with other people, due to the fact that they experienced no continuous identification during the early infantile period from the first weeks through the period when language and social concepts, and psychosexual and personality development, were proceeding.

Juvenile clinics studying this and kindred problems among child delinquents have increased slightly in number. There are now twelve such official clinics attached to courts throughout the country in which juveniles are routinely examined, both psychologically and psychiatrically.

The twin problems of emotional immaturity and psychopathic behavior have attracted a great amount of psychiatric interest following the earlier demonstration by the Gluecks that maturation was one contingent factor in reducing predisposition to crime. Psychiatric studies were focused on those immature-neurotic elements which eventuated in criminal behavior. The present position regarding immaturity and psychopathy has been stated by Bromberg:

In youth, where immaturity is a natural concomitant of inexperience, the social

consequences of immature attitudes range from harmless mischief to antisocial conduct. Among adult psychopaths who have suffered an arrest or deviation in the course of their emotional development, immaturity leads almost inevitably to conflict with society... experience with psychopaths demonstrates the presence in them of marked immature, defensive mechanisms.

Other approaches to the psychology of the recidivist, i.e. the psychopath, have been made by Karpman who divides psychopaths into the symptomatic (neurotic type) and the basic or idiopathic (anethopathic) type.

He has described a special group called anethopaths,

... a specific mental disease, characterized by a special personality organization having in particular a virtual absence of any redeeming social reaction: conscience, guilt, binding and generous emotions, etc., while purely egoistic, uninhibited instinctive trends are predominant. They are as close to the constitutional as can be found.

The problem of the psychopath, always a thorny one, has been attacked from a slightly different angle by Greenacre who has pointed out the derivatives of the apparent lack of conscience in the psychopath in terms of the unconscious effect of family constellations involving narcissistic parents. Greenacre’s formulation is based on analytic studies of thin, narcissistic characters of the group whose criminality does not reach the courts but are nevertheless severe psychopaths.

Perhaps the most detailed study of a psychopath was by Lindner who used the method of hypnotherapy. From this detailed study in which the author hypnotized the offender to reduce resistances during a psychoanalysis, he concluded that “the psychopath is a rebel without a cause... a prolongation of infantile patterns and habits into the stage of physiological adultism.” Psychoanalytic studies of psychopaths have been fruitful in delineating the ego structure of this problem case and particularly set the course for a possible therapy of these deviates. Along the same line were occasional analyses of specific offenders in which elements of neurosis were represented in criminal action. Foxe and developed the important concept of “criminosis” and

32. KARPMAN, BEN: In the Scheme of Human Typathology, J. NERV. PSYCHOPATHY & MENT. DIS. 103, 276, 1946.
published a detailed psychoanalytic study of a sodomist. Wittels, among others, made a careful analyses of specific crime groups. In the same direction were studies by Sanford.

Still another approach to the psychopath has been made by Cleckley who brings out the closeness of psychopathy to a psychosis which he feels features semantic disability. In this disorder Cleckley is impressed that it is: "... a genuine and definite psychiatric disease and one that in its severe expressions incapacitates the subject no less than the well recognized psychoses."

Maugh has written two thorough historical compendia on the psychopath reviewing the extensive literature.

This leads to a consideration of the possible organic factors in the psychopathic personality; in this field a great deal of work has been done on the Electroencephalogram. Silverman found a high proportion of cerebral dysrhythmias in psychopaths. His work, done in the main at the Federal Prison in Springfield, Missouri, opened up a new area in the investigation of criminals and psychopaths. Much conflict in experimental finding concerning electric encephalographic changes for psychopaths has occurred as work progressed. The summary given by Silverman best expresses the present situation:

From the data presented it may be concluded that nearly all the psychopaths in this study were born with or acquired in infancy a defective cerebrum, a physico-chemical abnormality which affects chiefly the frontal or "silent" areas of the brain.

On the one hand Gibbs, et al, found no significant correlation between the diagnosis of criminal psychopaths and abnormal Electroencephalogram findings. On the other hand Silverman reports:

... 80 percent of the 75 patients had abnormal or borderline encephalograms. The most prominent abnormality was a six per second rhythm originating diffusely from the frontal and pre-frontal areas of the brain.

At all events, the findings in electro-encephalography are not completed

and it may well be that future studies will illuminate the subtle bases of psychopathy in the cerebral architecture.

In considering organic changes as the cause of criminality, Wilder\(^47\) has called attention to the influence of hypoglycemic states on criminal behavior. Attention was called by Wilder to a large list of crimes produced by hypoglycemia, either spontaneous or due to insulin. Since this author has made a study of sugar metabolism in relation to crime, he has been able to prove the presence of hypoglycema as responsible for many types of aggressive behavior or criminal activity. In 1940, Wilder compiled a list of crimes due to low blood sugar varying from disorderly conduct to arson and murder. His work has been summarized in\(^48\) an article in which he concludes that:

\[\ldots\] we are probably standing here at a beginning rather than at an end of a new scientific approach to the problem of crime, and that many and careful investigations will be necessary in order to establish the proper place of this problem within the framework of criminology and correctional medicine.

The question of the effect of lobotomy has been recently advanced by Banay\(^49,50\) and others. The shortness of time elapsing after the operations and the paucity of material with which to judge the success of such a procedure, makes a tentative judgment impossible. This also is a field in which work during the next five years will be crucial.

The problem of the sexual psychopath, always a source of lurid sensationalism or professional perplexity in America, was given special prominence during the post-war years in the deliberations of legislators and in public clamor for alleviation. Many states, the first one being Illinois, 1938, have passed statutes dealing with sexual offenders, the essence of which is an examination of such persons by psychiatrists and an attempt to provide treatment of the offender. At the present time thirteen states\(^51\) have introduced bills, or are working on them, with a view to promoting psychiatric study of sex offenders. Up until now legislators and penal authorities have had to depend for guidance on a handful of papers\(^52\) on the sexual psychopath and on the vast amount of material developed clinically and theoretically by the psychoanalysts concerning sexual perversion, if not sexual crime.


\(^{52}\) Psychiatrically Deviated Sex Offenders, Report No. 9, Revised February, 1950. Group for the Advancement of Psychiatry, Topeka, Kansas.
crux of the problem of psychiatric treatment of sex offenders is in amassing knowledge of consistent type concerning such individuals. Another problem is to state clearly the indices of sexual psychopathy in such a way as to coincide with legal criteria. In general the establishment of the sexual offense "as a surface symptom of a more profound psychic disturbance" is the most significant formulation to date that psychiatry has contributed in this field.

Turning to the more tedious method of analyses of sexual and other offenders and study of the historic development of their ego structures, many suggestive ideas have been advanced. As has been noted above, the general conclusion is gradually being accepted that crime is a manifestation of neurosis, i.e. a "criminosis". Bergler in a series of studies of gambling, addiction, and other 'criminal' behavior, concludes that the basic neurosis for criminals is derived from pre-genital (oral) deprivation with its unconscious reflections in the resultant ego structure. Lorand has studied the neurotic criminal (larcenist) psychoanalytically, and Bromberg and Keiser have analyzed the swindler-character in terms of unconscious determinants of the latter's passive make-up inherent in the swindle-relationship.

Murder has been a subject of interest, although opportunities for detailed study of murderers have not been too frequent. One of the recurrent findings in such studies as have been reported has been the identification of the victim in the offender's unconscious. In this case, murder by a disturbed individual is a symbolic suicide. Wertham has employed the notion of catathymic crises to explain murder in cases he has studied. Roche and others have pointed to the importance of the "need for punishment" (Freud) and moral masochism as a basic unconscious factor in the psychology of chronic criminals. In this group of studies must be included Karpman's detailed analyses of psychopaths published in extenso.

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54. LORAND, SANDOR: Compulsive Stealing, J. CRIM. PSYCHOPATHOL. 1: 247-253, 1940.
62. KARPMAN, BEN: The Individual Criminal, NERV. AND MENT. DIS. MONO. Series, No. 59, 1933.
The field of medico-legal problems has been discussed on frequent occasions. A paper by Overholser and Weihofen advanced sound reasons for adoption of the theory of partial responsibility. There has been a fair number of discussions of the inter-impenetrability of medical (psychiatric) thinking and legalistic logic. The Forensic Psychiatry Section of The Group for the Advancement of Psychiatry has attempted to formulate improvements in the concept of criminal responsibility to make it more palatable to psychiatrists on the witness stand.

In spite of the continued “cold war” between psychiatry and the law, there are evidences of a better perception on the part of jurists of the role psychologic influence plays in crime, and a better thinking through by psychiatrists of the nature of the social matrix in which unconscious forces operate within the individual offender.