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MENTAL DEFICIENCY RELATED TO CRIME

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The present article originated several years ago when Mr. Ferentz was a member of the Seminar in Criminological Theory, in Wayne University under Professor Frank E. Hartung. The author, however, acknowledges full responsibility for his contribution—EDITOR.

We are particularly concerned with intelligence on the human level; that is with the adjustment to one another of the acts of different human individuals within the human social process.—GEORGE HERBERT MEAD

All education is a continuous effort to impose on the child ways of seeing, feeling, and acting which he could not have arrived at spontaneously.—EMILE DURKHEIM

The allegation of a causal relationship between crime and mental deficiency is one particular variety of what Sutherland calls the typological school of criminology.

Since the time of Lombroso, at least, the logic of the typological schools of criminology has remained constant, while the specific trait used as the explanation of criminal behavior has changed from time to time. The first school held that criminals constitute a physical type, either epileptical or degenerate in character; the second, that they are feebleminded; the third and current, holds that criminals are emotionally unstable. All hold that crime can be caused only by a mental pathology of some type.¹

While all such positions have been held objectionable from the point of view of a general theory of crime, in this paper, we shall place our emphasis upon, that aspect of the position which concerns the nature and incidence of mental deficiency.

NATURE OF MENTAL DEFICIENCY

There have been, since the development of the standardized I.Q. test (and to an extent even before this) a vast bulk of studies concerning relationships between mental deficiency and crime. Although an occasional examiner has attempted to demonstrate that little significant connection between the two phenomena exists, the overwhelming majority of such research has attempted to demonstrate that mental deficiency is an etiological factor in criminal development.

The position generally developed in such studies argues that mental deficiency results from hereditary biological inferiority or degeneracy; and that mental deficients and so-called moral imbeciles (psychopaths) constitute a considerable sec-

¹ SUTHERLAND, EDWIN; *The Diffusion of Sexual Psychopath Laws*; AMER. JOUR. SOCIOL., 9-50; p. 147.

RECKLESS, WALTER; *The Etiology of Criminal and Delinquent Behavior*; A Planning Report for Research; N. Y. SSRC; 1943.

SUTHERLAND, EDWIN; *WHITE COLLAR CRIME*; N. Y. Dryden, 1949.

tion of the criminal population with the resultant implication that any solution of the crime problem must be biological in character.

Earlier attempts to study mental deficiency as a prime causative element in the etiology of criminal behavior did not make use of standardized intelligence tests. For this reason, they tended to claim a significantly higher proportion of criminals as feeble-minded than did later studies. Probably the best known of these qualitative (as contrasted with the quantitative I.Q. studies) studies of criminal intelligence, were the various works of Goddard, Goring and the earlier work of William Healy.

Among the earliest of these (leaving aside various pronouncements concerning the unfortunate and much maligned Jukes and Kalikak families) was a study of the "English Convict" by Goring, which appeared in 1913.

Goring did not feel that the problem of mental stigmata was significant, nor that it could be adequately measured.

On the other hand, he stated, the differentiation of the criminal in general mental capacity is a subject which should lead to fruitful results when investigated statistically, being as it is, a matter of the greatest practical importance and one that may prove to be very much at the root of many criminological problems.²

For the purposes of Goring's analysis, physician's reports were accepted as the measure of mental deficiency and it was stated that 10 percent of the convicts examined were mentally deficient. Goring's estimate was substantiated by contemporary authorities. At the same time a "Royal Commission on the Care and Control of the Feeble-minded" set the percentage of mental deficient in the general population at .46 percent; which would indicate a considerably higher percentage of deficiency among the criminal population.

While it is unfair to criticize Goring for failing to make use of technical tools (including standardized intelligence tests) unavailable to him at the time, several critical points are readily apparent:

1. The use of physicians' diagnoses: The average British physician at that time had little technical competence in Psychology. Accustomed as he was to dealing with essentially biopathic disorders, the physician must have tended to conceive of criminals as constitutionally deficient.

2. The classification of inmates of wards, shelters, etc. as convicts: The individual well adjusted to his personal and occupational role, will hardly be expected to eventually take his place in the institutions for the feeble-minded.

3. While this is not necessarily a criticism of Goring's work, the lack of a standardized measure of deficiency sheds suspicion upon his results.

With the introduction of the standardized intelligence test into the field, investigation of the criminals' mental characteristics took on a more objective character. One of the first studies to use a standardized intelligence in the investigation of the relationship between mental deficiency and crime was conducted by the psychologist, Carl Murchison.³ Using the then recently developed Army Alpha Test Murchison compared the I.Q.'s of a sample of Army conscripts with those of a sample of penitentiary inmates. He conceded that both samples were somewhat unrepresent-

² GORING, CHARLES B.; *THE ENGLISH CONVICT: A STATISTICAL STUDY*; London, Darling & Son Ltd.; 1913.

³ MURCHISON, CARL A.; *CRIMINAL INTELLIGENCE*; Clark Univ. Press; 1926.

ative in that they tended to underrate the intelligence of the respective populations from which the samples were drawn. He indicated that the direction of this bias was greater in the case of the criminal sample. Murchison found that the criminal sample tended to make slightly higher scores on the Alpha Test, than did the Army sample. An analysis of his data, however, indicated that this differential could be attributed to differences in mobility, geographical location, ethnic and religious differences, etc. He discovered that recidivists in general received higher scores on the Army Alpha Test than did first offenders. There *was* a difference in distribution of test scores according to types of crime. However, within each category of the criminal group, the distribution of scores tended toward an approximation of the normal probability curve with the bulk of the scores falling within the C or average range.

The majority of the studies following Murchison's tended to indicate a positive correlation between mental deficiency and crime. While these studies have been somewhat uneven in methodological sophistication, there has been a general attempt to find a random sample, to specify a standardized criteria for mental deficiency, and to compare the criminal population with a sample of the general population. As Zeleny⁴ has shown, however, none of these studies has been successful in demonstrating any causal relationship between intelligence and crime.

Sutherland made a series of observations concerning the psychometric examinations of criminals, which retains its significance today.⁵ At that time there had been published approximately 350 American studies of criminal intelligence as measured by psychometric instruments. In the course of these publications it was observed that the percentage of criminals allegedly feeble-minded had declined steadily. The median percentage of alleged feeble-minded in the studies made before 1914 was 51 percent. Between 1925 and 1928 it was 20 percent. The range in the latter period was 2-58 percent as contrasted to 4-96 percent in 1914. One of the primary reasons for this trend has undoubtedly been the wide variation in the use of standards of deficiency. The standard adult mental age originally had been placed at 16 years but was subsequently placed at 14 years. Significantly, the point at which an individual of low intelligence was declared deficient had not been standardized, with the result that some workers used 65, others 70, and still others 75. The mental tests, in addition, were variant among themselves and the operationalistic examiners underestimated the influences of the personality of the examiner upon test scores. Further, the tests were made upon criminals while in prison. This would tend, says Sutherland, to bias the tests in the direction of lower criminal intelligence, as more intelligent criminals would tend to avoid capture, prosecution, conviction and sentencing. In addition, parole boards tend toward differential treatment of deficient criminals. Proportionally fewer deficient are placed upon probation or parole.

In an interesting recent study, Blumberg attempted to refute the causal relation of feeble-mindedness on crime.⁶ He analysed the delinquent careers of 212 mental de-

⁴ Cited in SUTHERLAND, MENTAL DEFICIENCY AND CRIME in K. YOUNG (ed.) SOCIAL ATTITUDES; N. Y. Harry Holt; 1931.

⁵ *Ibid.*

⁶ BLUMBERG, LEONARD; *A Study of the Interrelationship between Mental Deficiency and Juvenile Delinquency*, Unpublished Master's Thesis; Wayne University; 1949.

fectives (persons scoring under 70 on the Detroit Learning Aptitude Test) and of 212 non-defective siblings of these defectives. His hypothesis, verified by the records of the Detroit Juvenile Court, was that:

in the groups sampled, there is no statistically significant difference between male mental defectives and males who became delinquent; and that in the groups sampled, there is no statistically significant difference between male mental defectives and males of normal intelligence with respect to the kinds of offenses committed in each group.

It was stated earlier that in these studies a standardized criterion of mental deficiency was used. This is true, and it represents a considerable progress over the earlier qualitative studies. The criterion of mental deficiency utilized is the score on a standardized intelligence test. These tests represent series of questions graded according to the probability that persons within certain age groups can answer them correctly. The respondents' intelligence quotient is the ratio of his test score to his chronological age. This is supposed to represent his intelligence and to be an index to his social adjustment. Yet for the purposes of the test, intelligence is defined as the score the individual makes on the test. There is no effort made to determine the ability of the individual to function in society, nor to determine the individual's capacity for development. The intelligence quotient is conceived of as something static, permanent and unchanging which sets an upper limit upon the individual's future development. The use of these crudely operationalist mechanisms in the examination of the problem under discussion is to be deplored.

CRITERIA OF MENTAL DEFICIENCY

Further progress in the investigation of these problems demands a more thorough concentration upon the nature of mental deficiency, as the foregoing discussion has tended to show. Two problems in particular have a serious bearing upon the question at issue. These are the problems of the etiology and criterion of mental deficiency. While a fruitful analysis of criteria presupposes a general discussion of etiology, it might be well to list, at least, two alternative criteriological statements prior to a tentative examination of the etiological problem. The first of these is an operationalist I.Q. or S.Q. (Social Quotient) test score. The sophisticated intelligence tester holds that intelligence is defined as what the standardized intelligence test measures. The mental deficient thus becomes any person who receives a score below a certain limit on an intelligence test. Despite its advantages of simplicity and clarity of statement, this position sheds little light upon mental deficiency. The classification of an individual as mentally deficient has very pragmatic consequences for his further development. There is nothing contained in this criteriological formulation to justify institutionalization or any other differential treatment. E. A. Doll attempted a more inclusive formulation of criteria.

If we look to the substantial work in this field prior to the recent abuses of mental tests in the diagnosis of mental deficiency, we observe that six criteria by statement or implication have been generally considered essential to an adequate definition and concept. These are (1) social incompetence, (2) due to mental subnormality, (3) which has been developmentally arrested, (4) which obtains at maturity, (5) is of constitutional origin, and (6) is essentially incurable.

⁷ DOLL, E. A.; *The Essentials of an Inclusive Concept of Mental Deficiency*; AMER. JOUR. OF MENT. DEFICIENCY; 1941 pp. 214-218.

Our first criticism of Doll's criteria is that they are not, strictly speaking, criteria. The function of a criterion is the identification of the members of a class of phenomena for purposes of analysis and/or experimentation. Doll's list does not do this, but rather makes substantive statements concerning the class as a whole. With the exception of point 2, mental subnormality, which is tautological in this context, Doll's points constitute a set of hypotheses about the mentally deficient person. Taken as a set of criteria, they prove an analytic obstacle to meaningful experimentation. If one of the criteria of mental deficiency is taken to be "constitutional origin", then it will be impossible to consider the problem of etiology. If a sample of deficient can be shown to have had a nonsomatic etiology then the implication of the Doll criteria must be that the individuals under question were not deficient to begin with. This poses a serious problem for empirical research making experimental verification of hypotheses concerning the etiology of mental deficiency impossible.

When Schmidt⁸ was able to demonstrate that the intelligence quotients of a large group of mentally deficient children in a remedial educational program in Chicago had shown a tremendous increase due to educational techniques utilized, it was objected that these were not actually mentally deficient children, as mental deficiency is "essentially incurable."

When Muench⁹ made a follow-up study of a group of children who had been diagnosed as feeble-minded during their early adolescence by Adams and Doll, and were found to be not feeble-minded, Doll made the following comment which we take to be characteristic:

Yet the four of these ten individuals appeared to be not feeble-minded. This result did not, we think, prove Muench's conclusion that some feeble-minded individuals can and do make suitable social adjustment, but rather that Adams and Doll could and did make unsuitable clinical diagnosis.¹⁰

Before going further into the problem of criteria, it will be necessary to go further into the question of etiology. The conception of mental deficiency as hereditary biological inadequacy pervades the field of abnormal and clinical psychology. While this position raises many critical problems, it has rarely been attacked even by those workers who have attempted to disprove the causal relation of mental deficiency and crime.

Administratively, all of our state agencies and institutions concerned with the disposition of the mental deficient hold to this position. The clinical classification prepared by the Committee on Statistics of the American Association on Mental Deficiency lists fourteen classifications of mental deficiency, all of which are biological in nature. Many hospitals make considerable use of a category of defective as "familial" or "garden variety." These are cases in which no organic brain or nerve pathology has been demonstrated, but in which a hereditary mental defect is assumed.

⁸ SCHMIDT, BERNADINE G.; *Changes in Personal, Social and Intellectual Behavior of Children Originally Classified as Feeble-minded*, PSYCHOL. MONOGRS.; V. 60, No. 5, Whole No. 281, 1946.

⁹ MUENCH, G. A.; *A Follow-up of Mental Defectives after Eighteen Years*; JOUR. OF ABNOR. AND SOC. PSYCHOL., 1944, pp. 407-418.

¹⁰ DOLL, E. A.; *Is Mental Deficiency Curable?*; AMER. JOUR. OF MENT. DEFICIENCY; 1947; pp. 420-428.

Many such persons are born into families which have had some history of mental deficiency.

Sarason¹¹ states that from 45 to 55 percent of all institutionalized defectives, and from 65 to 75 percent of all non-institutionalized defectives, belong to the garden-variety or familial type. While it would exceed the limits of this discussion to offer a general classificatory scheme for mental deficiency, we wish to stress at this point that the discussion concerns itself with so-called mental deficiency where there is no direct evidence of organic brain, nerve or endocrine pathology. We rather suspect that much we have said and are about to say applies as well to those deficient who give indication of such organic disability; certainly we would be hesitant to assert that in any strict sense, mental deficiency can be objectively regarded as "caused" by such organic pathology. We would prefer, on this point at least, to follow those positions which would stress maladjustment rather than malstructure, although the maladjustment may very well be directed toward the organic condition.¹² Nevertheless, our lack of special knowledge in this field leads us to restrict our discussion to the limited (but large) case of mental deficient in which no organic pathology is indicated.

The kind of thing with which we are in disagreement and to which we ascribe no scientific status is well represented by the following statement:

... although unfavorable environmental surroundings and limited education may accentuate the degree of mental defect as measured by intelligence tests, it is generally agreed that the basic cause of simple feeble-mindedness is heredity . . . a small number of simple aments however come from fairly good homes. In such cases it may be assumed that although the parents possess average or above average intelligence, they are the carriers of defective recessive genes that may occasionally result in one or more of their children being mentally defective.¹³

The fact that a certain proportion of mental defectives suffer organic pathologies is often cited as evidence for this position. Yet the bulk of defectives are classed in the familial or garden variety category in which no organic pathology is demonstrated. The mere assertion of genetic factors operating to produce mental deficiency is insufficient to bear conviction when this position stands in a relationship of contradiction to contemporary conceptions of objective psychology and social psychology. The sociological analysis of personality development is at variance with these biogenetic conceptions of mental deficiency. It views the development of personality in terms of the learning of sets of roles and the expectations associated with these roles. The prevailing tendency in contemporary theoretical psychology is to reject the concept of mind as a survival of theological rather than scientific conceptions.¹⁴ The sociological analysis of the process of role-taking as the foundation for per-

¹¹ SARASON, SEYMOUR; *PSYCHOLOGICAL PROBLEMS IN MENTAL DEFICIENCY*; p. 107; Harper Bros.; 1949.

¹² See: KANTOR, J. R.; *A SURVEY OF THE SCIENCE OF PSYCHOLOGY*; Bloomington, Principia Press, 1933.

¹³ PAGE, JAMES; *ABNORMAL PSYCHOLOGY*; McGraw-Hill; N. Y. 1947.

¹⁴ See: KANTOR, J. R.; *Preface to Interbehavioral Psychology*; *PSYCHOLOGICAL RECORD*; 1942, 5, pp. 171-193.

BORING, E. G.; *A HISTORY OF EXPERIMENTAL PSYCHOLOGY*; (2nd ed.) N. Y. Appleton-Century-Crofts, 1940.

sonality development¹⁵ is not at variance with this development though it may make use of a mental construct. But the social psychological usage of the mental construct is processional, it is regarded as a process engaged in by the entire human form. As Leslie White has said¹⁶ "mind is minding." Personality development merely presupposes a certain level of development of the central nervous system.

The conceptual continuity between objective and social conceptions of personality development and such fields of applied psychology as mental deficiency, would have far reaching implication. If the role or sets of roles which the individual is to fill in life are learned through empathy with the attitudes of others, then we would have to regard the mental deficient as socialized into *his* role as well. We would not see this socialization as a result of any necessarily inherent lack of capacity, for without the sufficient capacity to become socialized, this entire complex process could not take place at all. While we have excluded from our field of immediate concentration those deficient who indicate organic pathologies, we hasten to indicate that much interest might very well attach to the socialization and development of the cerebral-palsied and others with specific (allegedly localized) organic pathologies.

SOCIAL DEVELOPMENT

When we consider the social development of the mental defective, two general categories of persons present themselves: (1) those deficient for whom institutionalization occurs early in life, before the development of the repertoire of social adjustments; and (2), those deficient whose formative years are spent outside of institutions, either in their own families or elsewhere. The majority of those persons institutionalized either at birth or shortly after birth, in institutions for the mentally deficient are classified as feeble-minded on the basis of parental behavior rather than on the basis of their own behavior. Intelligence test scores are rarely considered diagnostically valid for infants. The institutionalized infant may be the child of feeble-minded parents. They may frequently be children born in institutions, prisons or state hospitals. In other cases they are the off-spring of mental deficient in the community and have been placed in the institution along with deficient siblings because of the unsuitability of the home environment. In these cases, the institutional environment produces a deficient response. Sarason¹⁷ states that the socialization process in institutions for the mentally deficient is guaranteed to *create* mental deficiency. It has been demonstrated that children placed in an institution receive significantly lower scores on intelligence tests for each succeeding year of institutionalization. The earlier the age of institutionalization, the more rapid the rate of deterioration as measured by test scores. The children are considered feeble-minded by all adult contacts and they likely assume prevailing social attitudes toward amensia as pertaining to themselves. They must view themselves as deficient and subsequent adjustments are made in terms of this definition. The extent to which institutional treatment determines future patterns of adjustment, including in-

¹⁵ MEAD, G. H.; MIND, SELF, AND SOCIETY; Univ. of Chicago Press.

¹⁶ WHITE, LESLIE; THE SCIENCE OF CULTURE: A STUDY OF CIVILIZATION; N. Y. Farrar Straus, 1949.

¹⁷ SARASON, *op. cit.*

telligence scores, is aptly illustrated in a study of several small children in a state orphanage. While in the orphanage, where the institutional regimen was extremely impersonal and there was relatively little direct person to person socialization of the children, a diagnosis of mental deficiency was made on the basis of I.Q. (imbecile level) and behavioral observation. When the children were removed to the state home for the feeble-minded, where they were the only infants present, the attention, affection, and direct personal care on the part of adult women inmates and personnel, resulted in increase of tested I.Q.'s to normal and superior and in the normal social development of the children. A Control group which remained at the orphanage although originally testing considerably higher than the experimental group showed progressive deterioration of intelligence test score and general social behavior.¹⁸

It should be stressed, however, that the treatment of these children at the State Home for the Feeble-minded was atypical and experimental. It does not represent the general pattern of child rearing practices at such institutions. Sarason has treated a great number of children who had been institutionalized at early ages with very promising results. He has found that in a great many cases intelligence test scores and general social development can be increased considerably with psychotherapeutic treatment, and he traces the apparently feeble-minded behavior of the patients to current institutional practices.

Less is known concerning the socialization of the ament reared outside of the institution. Generally, no competent observer is in contact with the children before initial difficulties occur when the child is in school. It is conceded that it would be considerably more difficult to gather information concerning the rearing of mental deficient through life histories, questionnaires, etc., than is the case with studies concerning the rearing of schizoids.¹⁹ We know of no serious attempt in this direction. Nevertheless, such research should have significant implication for social psychology and as a host of other disciplines.

While admittedly knowledge in this area is limited, the following at least can be said. The mental deficiency of non-institutionalized deficient is as much a function of role taking as is the deficiency of institutionalized deficient. In those cases in which the one or more of the parents are themselves deficient, it would be indeed amazing if the offspring were to be of normal intelligence. A deficient parent would himself lack the adequate socialization necessary for the normal socialization of the child.

The defective mother does not plan to have a child, probably experiences its presence as an unnecessary annoyance . . . is not adequately aware of or set to respond to the child . . . the mother would not be expected spontaneously to fondle, caress, or "play with" her child. . . . The defective mother probably does not take pride in or encourage the child's initial attempts at verbalization or locomotion. . . . Unlike children of normal parents, the off-spring of defective parents do not enjoy the stimulation of toys, picture books, games, etc.²⁰

¹⁸ SKEELS AND DYE: *A Study of the Effects of Differential Stimulation on Mentally Retarded Children*; PROC. AMER. ASS'N. ON MENT. DEFICIENCY; 1939, 44, No. I, pp. 114-136.

¹⁹ See for example: MCKEOWN; *The Behavior of Parents of Schizophrenic, Neurotic and Normal Children*, AMER. JOUR. OF SOCIOLOGY, pp. 175-179.

²⁰ SARASON, *op. cit.* pp. 156-7.

In addition, the defective parent may conceive of himself as less intelligent than the community and may tend to conceive of intimate associates and family members in the same light.

The deficiency of children of normal parents is more difficult to deal with. It could conceivably be the case, where no organic pathology is indicated that infantile behavior resembling that of deficient children may itself result from either the fixation of libidinal drives, infantile schizophrenia or some temporary somatic disorder, resulting in parental designation of the child as feeble-minded and setting the chain of defective socialization in motion.

CONCLUSION

The conclusion which we draw from the above considerations is that no serious allegation of a causal relationship between mental deficiency and criminal behavior can be made before certain problems in the criterion and etiology of mental deficiency are cleared up. Hypotheses regarding such relationships make psychological assumptions concerning mental deficiency which function as hidden premises in the argument. These cannot be verified despite the most rigorous utilization of statistical methods until they are brought out in the open and evaluated in their own terms.

Mental deficiency and criminal behavior have some striking parallels. Both of these phenomena are behavioral processes, socially generated and functioning within a social matrix of behavior systems. Criminal behavior, feeble-minded behavior and all sets of behavioral processes are to be regarded as products of particular socialization.

The many attempts to determine the relationship between mental deficiency and crime have all ignored this. While they have occasionally indicated a methodological sophistication which could well be emulated in regard to crime, this has been noticeably absent with regard to mental deficiency. Because of the failure to give an adequate criterion of mental deficiency, because of methodological problems attendant upon the attempt to give a biological explanation of the social phenomenon of crime, because of assumptions regarding the brain as a directive instrument, these researches have been relatively valueless. The whole history of the study of the causative relation here involved has led attention away from a series of serious and significant problems.

The most meaningful area of study lies not in determining any causal relationship but rather in an examination of the processes of socialization involved in each. While sociologists have done some fruitful work in examining the etiology of criminal behavior, they have so far completely ignored the equally significant field of the etiology of mental deficiency. With the exception of the work of a few psychologists, the entire field of mental deficiency has been seriously neglected by social scientists.

The theoretical and practical psychological problems posed by the concept of "mental deficiency" or "feeble-mindedness" have not been explored in any systematic fashion. Practically all psychologists and psychiatrists, as well as sociologists and social psychologists . . . have simply accepted the concept. Generally in theory and in practice, the statement that a given person is mentally deficient has been a physiological statement; that person is organically deficient. However, in most cases, the test of this proposition has not been physiological but behavioral!²¹

²¹ HARTUNG, F. E.; REVIEW OF SARASON'S PSYCHOLOGICAL PROBLEMS IN MENTAL DEFICIENCY; Soc. Sci.; Spring, 1950.