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A study of constitutional psychopathic personalities and their community adjustments from the Metropolitan State Hospital

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A STUDY OF CONSTITUTIONAL PSYCHOPATHIC PERSONALITIES AND THEIR COMMUNITY ADJUSTMENTS FROM THE METROPOLITAN STATE HOSPITAL

A Thesis

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INTRODUCTION

An individual who is a constitutional psychopath presents a great problem in the community because of the lack of knowledge as to what treatment is possible and because of the lack of facilities available for their care. These individuals have been battledored and shuttle-cocked between mental hospitals and reformatories, experts disagreeing as to their treatment. As their constitutional inferiority seems to be a chronic condition, it is apparent that many should be sent to hospitals equipped to treat the underlying causes of their misconduct. This thesis therefore, is an attempt to find some of the underlying social causes and to find out what treatment can be given by a mental hospital. It is an attempt to discover the characteristics in the constitutional psychopathic personality that are contributing factors to problems in adjusting in the community and the reaction of these characteristics to community life when such patients are allowed on visit or are released from a mental hospital.

The scope of the thesis will be rather limited. It discusses patients at the Metropolitan State Hospital in Waltham, Massachusetts who have been diagnosed as psychopathic personalities. It will be limited to chronic patients known from November, 1930, at which time the hospital was built, to the present time. There are twenty six patients who come within this time limit and this thesis will be confined to discussion of these patients only. It will not be concerned with any psychiatric treat-

ment of the patient as this area belongs to the doctor. It will be concerned purely with the social aspects of the problem, therefore; social study, diagnosis, and treatment. It must be kept in mind that any findings and conclusions pertain to these patients at the Metropolitan State Hospital only and not to other hospitals or reformatories where the type of patient may differ, policies and hospital procedure may differ, or where the kind of treatment may vary.

The first chapter will be concerned with formulating a working definition for the purposes of the thesis. The second and fourth chapters will discuss personality characteristics stressing the emotional, sexual, habitual, and intellectual characteristics and problems. The next two chapters will discuss these characteristics and problems in regard to the community adjustment of the patient; the first on returning the patient to the community itself, and the second on employment. Chapter six will be concerned with a discussion of social treatment. The final chapter will contain the conclusions and recommendations that seem warranted from the study.

CHAPTER I

DEFINITION

There probably is no other psychiatric disease group which is the subject of so much discussion and difference of opinion. One of the reasons for this is that it is exceedingly difficult to formulate a definition of a constitutional psychopathic personality for there is no standard recognized definition as such. While the definition is uncertain, it usually embraces the description given in the Statistical Guide of the Department of Mental Hygiene in New York State[1] and also given in the Psychiatric Dictionary[2], namely;

> Psychopathic Personalities are characterized largely by emotional immaturity or childishness with marked defects of judgment and without evidence of learning by experience. They are prone to impulsive reactions without consideration of others and to emotional instability with rapid swings from elation to depression, often apparently for trivial causes. Special features in individual psychopaths are prominent criminal traits, moral deficiency, vagabondage, and sexual perversions. Intelligence as shown by standare intelligence tests may be normal or superior, but on the other hand, not infrequently, a borderline intolligence may be present.

In the chapter on classification and diagnosis in Readings in Abnormal Psychology and Mental Hygiene, it states;

> Under the designation of psychopathic personality is brought together a large group of pathological personalities whose abnormality of make-up is expressed mainly in the character and intensity of their emotional and volitional reactions. The type of

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1 Statistical Guide (N.Y. Department of Mental Hygiene, Eleventh Edition, 1934)

2 Leland E. Hinsie and Jacob Shatzky, Psychiatric Dictionary (London, New York, Toronto: Oxford University Press, 1940), p. 444.

> behavior disorder, the social reactions, the trend of interests, etc., psychopathic personalities may show, give special features to many cases, e.g. criminal traits, moral deficiency, tramp life, sexual perversions and various temperamental peculiarities.[3]

Jessie D. Hodder puts it well when she says;

> A psychopathic person is one whose outbursts are due to disturbance of balance, limitations of development, childish psychic life, infantilism of emotions, rather than to mental inferiority or a definite psychosis.[4]

As this study is confined to patients at the Metropolitan State Hospital, it would be well to observe how a diagnosis is obtained. The diagnosis of psychopathic personality can usually be made after prolonged observation and through study of the past history of the patient. In this hospital special stress is laid on the evidence of social maladaptation, the evidence of anti-social conduct, and the degree of industrial inefficiency. Special attention is also paid to the patient's conduct while under observation, his truthfulness, his amenability to discipline, and his relationship to the other patients. Dr. William Corwin, Assistant Superintendent, looks for;

> A person usually with normal or higher than normal intelligence, who has found difficulty in adapting to the usual restrictions of everyday living because of emotional instability and personality variations. The latter is usually manifested by curious, eccentric, asocial behavior, and is frequently associated with sexual misbehaviors of many types. Outstanding is the lack of adequate emotional content as a result of which the individual behaves on the basis of the desire of the moment with no regard for the consequences of his actions, either to himself or to others. Transitory periods of confusion, panic-like states, which may be accom-

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3 W.S.Taylor, Editor, Readings in Abnormal Psychology and Mental Hygiene, (New York: D. Appleton and Company, 1926) p. 34-35

4 Jessie D. Hodder, "Discipline Measures in the Management of the Psychopathic Delinquent Woman", Mental Hygiene, 611: July, 1920.

panied by hallucinations and delusions are not infrequent.[5]

Dr. Elvin V. Semrad, Senior Physician, brings out the point that these cases

> Show abnormal reactions essentially of an emotional, involuntary nature and have shown this type of maladjustment from very early life and usually come from a stock that is strongly tainted with maladjustment. During the periods in their life when they are considered psychotic, they isolate themselves from their fellows by displaying symptoms which are usually episodic, of irritability, excitement, depression, paranoid episodes and very often periods of confusion.

Dr. Clementine McKeon, Senior Physician, brings out the fact that

> The episodes of emotional disturbance or "panic-like states", occuring in the individual are usually short and have existed from youth or childhood. She feels the psychopathic person is one who indulges in a great deal of fantasy and attempts to dominate his environment in accordance with his fantasy life at the least expense of effort and discomfort to himself and without taking the responsibility thereof; hence he invariably resorts to unfair and surreptitious techniques. He lives according to the pleasure principle exclusively and rearranges all unpleasant facts to give him pleasure and satisfaction; he distorts reality and does not hesitate to make gross perversions of fact. All have a life long history of failure to adjust satisfactorily in their social environment. They all fail to appreciate the fact that they are different or that their behavior is unacceptable to society. They have no desire to change.

Dr. Richard C. Cooke, Assistant Physician, adds that

> Such an individual has difficulty or is unable to adjust and under a stress or circumstance is prone to psychoneurotic symptoms or a psychosis whereas a normally constituted individual would be able to cope with such conditions because of certain 'balancing powers' he has and which the psychopath lacks.

Dr. Joseph B. Furst, Assistant Physician, makes his diagnosis and definition by a process of elimination of the various psychiatric catagories.

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5 All of these opinions of doctors quoted here were given as answers to a questionnaire presented them by the writer.

He stresses the idea that

> There is a lack of anxiety in the psychopath over things done; his conscience does not seem to be developed; he persists in a certain type of asocial act in spite of adequate education and punishment.

To bring these various definitions together in order to form a working definition for this thesis, a constitutional psychopathic personality may be defined as an individual who has shown personality variations from early life in the form of emotional immaturity or emotional instability caused by a lack of the so-called "balancing powers" and a limitation in development, who persists in impulsive reactions based on the desire of the moment with no regard for the consequences of his actions and who does not learn by past experience.

CHAPTER II

PERSONALITY CHARACTERISTICS AND PROBLEMS

(Emotional and Sexual)

There have been many attempts made to classify various types of constitutional psychopathic personalities according to their personality characteristics. Kraeplin gives the different types as follows: the excitable, the unstable, the impulsive, the eccentric, and the pathological liars and swindlers.[1] In his study, Visher, divides them into inadequate-personality type, hobo type, pathological liar and swindler type, drug-addict type, and criminal type.[2] Janet[3] would add the chronic alcoholic type while Kraft-Ebing[4] would add the pathological sexuality type. However, all these authors agree that the various types merge into one another. From the study of patients at the Metropolitan State Hospital, no sharp lines of distinction, no characteristic pathological symptoms were found; all the different individual disturbances were found repeatedly, sometimes more strongly, sometimes more weakly expressed. Therefore there will be no attempt to classify them here and this chapter and the one to follow will be divided into emotional, sexual, habitual,

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1 Kraeplin (translation by Jessie B. Hodder) "Disciplinary Measures in the Management of the Psychopathic Delinquent Woman": Mental Hygiene, 4: 611, July, 1920.

2 John W. Visher, "A Study of Constitutional Psychopathic Inferiority", Mental Hygiene, 6: 736, October, 1922.

3 J.M.F.Janet, "Alcoholism in Relation to Mental Depression", Journal of American Medical Association, 19: 1462, November 5, 1921.

4 Visher, op. cit. 736, quoted from R. von Kraft-Ebing, Sexualis.

and intellectual characteristics for convenience's sake only.

The most outstanding characteristic of the constitutional psychopathic personality is his emotional instability. This emotional instability is manifested in numerous ways based generally on the desire of the moment with no regard for the consequences of his actions either to himself or to others. An outstanding feature of this emotional instability is that the psychopath has strong motives and desires which can generally be traced back into the childhood of the individual, and in most every patient studied this was found to be true. In one patient studied her mother explained that it was necessary for her to hold the whip-hand over her weak-willed husband to maintain family income at an adequate level and to keep conduct of all members of her family beyond reproach by neighbors and police. She realized that in face of these economic and domestic problems, children were just added burdens. Because the patient was born in a family of eight, she was considered just another mouth to feed. With the mother expending most of her energy in supplying the family with life's essentials and checking the outbursts of her husband, little was left in the way of love and individual attention for the patient. Hence the mother made the patient feel quite unimportant and unnecessary and she never understood the importance of making the patient feel secure and wanted. It was this insecurity and unwanted feeling during childhood which may cause the patient to express strong desires to be independent, to be loved, to seek only pleasurable satisfactions, and to seek his own sexual outlets later in life. However, the opposite of this may be true to cause the same expression of these emotions. For example, one of the patients in the study was par-

ticularly high-strung, temperamental, and of very sensitive make-up. In looking into her childhood one finds that she was the baby of the family who was pampered and overindulged by both parents. She was given every luxury in childhood and had two nursemaids to wait upon her. She had an uncontrolable temper and had frequent temper tantrums which she explained was the only method by which she got her own way. Therefore, one can say that too much of a "wanted" feeling or a "protected" feeling may be the basis of strong motives and desires in the patient which are more overtly expressed than in the average individual. These strong motives and desires also may be caused by other factors in childhood. For example, one patient was showing dominating mood swings and extreme emotional instability in the form of an inability to control his sexual desires. When this patient was born there was a particularly difficult birth which resulted in an instrumental delivery. There was a deformity in sexual organs and in both upper and lower extremities. Because he had undeveloped organs, the patient felt inferior in his relations with other children and during his entire life he had always given much thought to his deformity and homosexual practices which started early in his childhood. This was the case of a physical deformity which constantly reminded the patient of his inferiority in relation to other children. This culminated in a repressed sexual desire and created desires for irregular sex activity to cause his present emotional instability.

Because the patient has strong motives and desires, he generally is intolerant of criticism or disapproval and generally very sensitive about this. One patient studied is more outstanding in this characteristic than many of the others. His father was a minister and his mother

was a nurse. His two older sisters were doing exceptionally well in school while his school record was not good. When his father died, while the patient was quite young, his mother became over-ambitious of her children and particularly wanted her son to follow in his father's footsteps into the ministry even though he had no such desire. She continually prodded the patient and nagged him most of the time. He became very irritable and desired to be alone most of the time. Finally when given money, he would stay away from home until it was used up. He continually ran away from home, truanted from school, and expressed a dislike for his family and the regulations and expectations placed upon him. The patient's mother did not realize that the patient could not live up to her expectations and as a result of her continued nagging, criticism, and disapproval of his actions, he expressed asocial behavior to indicate his emotional insecurity. This resentment toward criticism was particularly noted in another patient who did not mix with other people. During childhood she was a particularly shy girl who did not play with other children, and she was rather quiet. When she became older, she was an exceptionally attractive girl and because of her beauty she became noticed by others. However, she remained very unsociable, never making friends and spending most of her time alone. She often complained about being lonesome. When her mother tried to tell her that she should mix with others, she refused to do this. After continued criticism of her attitude about this, the patient began to resent being told anything. She became very upset, and often became hysterical. This patient, even though she recognized her mother's suggestions as trying to be helpful, did not approve of them and because of her sensitive nature would look upon any outside help or sug-

gestion as a criticism of her behavior. In most every patient studied, this intolerance of criticism was found and with it a self-centered, stubborn, independent type of behavior.

Another characteristic of this emotional instability is that the constitutional psychopath almost always acts upon the desire of the moment with no regard for the consequences of his actions, either to himself or to others. Many times these consequences seem to far outweigh the thrill or satisfaction the psychopath possibly could get from his actions. One patient tells how she had an appointment to meet her fiance, and when he arrived an hour later she was very excited, lost control of her temper, and returned her ring to him at that same time. Another patient, the youngest studied, when twelve years old used to set fires in houses for the desire to see the flames. These impulsive actions for the desire for the moment illustrate the fact that the constitutional psychopathic personality does not have a good judgment. Rather than evaluate his behavior or think out the affect this behavior will have upon himself and others, he blindly plunges into whatever will please him at that moment. Because the psychopath has not a sense of judgment he cannot and does not want to accept responsibility or have it placed upon him. One patient tried to force his wife to leave him after the birth of their first son stating that he no longer needed her and that he wanted to go out with another woman. He could not accept the responsibility of being a husband and a father. Another patient who married when she was only seventeen, separated from her husband two months after their marriage. She explained that although she still loves him, she can not accept the responsibility of being a married woman running a home. In employment the constitutional psy-

chopath finds it difficult to accept responsibility. A patient worked at fifteen different places in less than eight years, and the longest time spent at any one of these positions was one year. She stated that she had a constant desire to change employment and that she felt that she could not stay in any one place too long. This impulsiveness or desire for the moment brings the psychopath into continual conflicts with his family, his employers, and his associates. "This maladjustment engenders innumerable internal conflicts and painful repressions. Bitterness, cynicism, and neurotic, psychoneurotic, and psychotic manifestations frequently result".[5]

It is also noted that in this emotional instability there is a striking absence of anxiety when carrying out behavior that is not characteristic of the group in which they live. It appears that the conscience does not seem to be developed. One patient freely told of her sexual relations with men as a business and stated that she was pregnant eight times but never gave birth to a child. When she was twenty-four she had her first pregnancy and had two that year. However, she showed no real anxiety about this explaining that in every case she was able to have an abortion performed. As long as she did not give birth to a child she felt that she was not doing wrong and was not disturbed about her sexual relations not being acceptable socially. Another patient who was very strict in her sexual conduct with the opposite sex and would not associate with men was attacked one night by a man and raped. The interesting fact about this act was that the patient was not disturbed by the attack or showed any anxiety even though it was in contradiction to all her former behavior,

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5 Visher, op.cit., p.731

but rather struck an acquaintance with the man and continued to have relations with him. This lack of anxiety not only applies to the consequences that occur to the psychopath as a result of his actions, but also there is a lack of anxiety as to what happens to others. One patient who was very much in love with his wife beat her many times until she was black and blue. He would frequently throw her out of the house and down the steps to the street. He gave the impression that he was not particularly anxious about hurting her during these attacks. When it was necessary for his wife to have an operation, the patient came to the hospital nine days later, took her out of the hospital against the physician's advice and made her walk home. He explained that he wanted her home and was going to have her there. He expressed little thought or anxiety for her to be feeling well again. Generally the reason for this lack of anxiety in the constitutional psychopathic personality is that the opinion of society has little deterrent effect upon him and hence he commits numerous anti-social acts and feels no remorse.

Finally under emotional instability it is found that the psychopath does not learn by experience. Because he does not profit by past experiences, repeated punitive measures such as sentences to penal institutions have no deterring effect upon him. In the case of the patient who liked to set houses on fire, he was committed to the Brook School for Boys three times for the same offense. Another patient who was sent to a Reformatory for Women because of excessive drinking, while on parole began to drink again and continued to do so even though she was arrested many times. Still another patient had an illegitimate baby and was committed to Stillwater State Farm on delinquent charges. After leaving Stillwater

she remained under state jurisdiction. She then went to a lawyer to see if he could release her from this jurisdiction so she could obtain employment. The lawyer's fee was to be three hundred dollars and although the patient had only twenty-eight dollars, he told her that he would take the case if she were "nice to him". She became pregnant and had her second illegitimate child at Stillwater State Farm, being committed to the same place for the same delinquency. It is these repeated asocial acts in spite of adequate education, experience and punishment that characterize the constitutional psychopathic personality.

> This nonconformity to social and ethical standards is due partly to his defective inhibition, partly to his emotional instability but chiefly to his tendency to follow the course of least resistance and to follow his own inclinations without proper thought of the consequences.[6]

In summarizing the emotional characteristics and problems of the constitutional psychopathic personality it is found that they are very complex and that each patient is different from the next one. However, it has been noted that most every patient studied possessed; A) very strong motives and desires generally established in childhood; B) an intolerance to criticism or disapproval because of his very sensitive disposition; C) a behavior based upon the desire of the moment getting momentary satisfaction from it at the expense of himself and others; D) a lack of anxiety when carrying out behavior that is not tolerated or familiar to society; E) no evidence of learning by experience because he prefers to take the course of least resistance and to follow his own inclinations. These are the most important characteristics noted, but it must be clearly

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6 Ibid, p.731

understood that there are many more emotional characteristics and problems underlying and interacting with these which are too numerous to expound.

The next strongest personality characteristics to the emotional characteristics of the constitutional psychopathic personality are the closely allied sexual manifestations. One should hesitate to include all sexual aberrations as constitutional psychopathic personalities, but it can be stated that the psychopath certainly attempts to get sexual satisfaction by unusual methods since he does not want the responsibility of marriage and family. Although the act itself may be contrary to social standards he fails to appreciate this and assumes no responsibility for his acts. The psychopath finds many asocial methods of gaining sexual satisfaction. One female patient never expressed any interest in men and felt very strongly that she should have no contact with the opposite sex. She would refuse to dance with boys because she resented their putting their arms around her. Her past history states that she began to masturbate at the age of four and was taught by her brother. Later in life she had an operation performed in an attempt to stop her of this habit which was in vain. Through the years that followed with continual masturbation, the patient built up a very strong resentment toward men and satisfied her sexual drives in a homosexual manner. Another patient presents an interesting picture of sexual activity. He was dishonorably discharged from the Army after two months because of homo-sexual activities. In 1937 he went to college and was almost discharged for publicly fondling girls. He then found a job as shipping clerk and was discharged three weeks later for indecent exposure. In an effort to help him overcome his abnormal interest in sex, his parents found a house of prostitution for

him and paid his way for a year until they gave it up because his abnormal interest did not subside. He then developed marked interest in young girls and boys and admitted having one sexual experience with a dog. His sexual experiences became more frequent and his desires more pronounced so that hospitalization was necessary. In this patient's family life there was a decided lack of affection in the patient's early life which may be the cause of such an overseeking of sexual love and pleasure. For the first six years of his life he was rejected by his mother. He then went to live with an oversolicitous grandmother. After a few years he returned to his mother who was very cold and severe with him. His father died and his mother remarried, when he was thirteen years old, to a man whom the patient detested and which caused a great deal of conflict between patient and his step-father. Still another patient tells the story of having been in the submarine service of the Navy during the first World War and when the war was over a year later he desired an outlet for his sexual drives that had been built up in the course of a year at sea. Because a prostitute satisfied this desire he married her. Two years later a divorce was granted upon the grounds of non-compatibility. A few months after he was married he had to serve a prison term for taking a four year old girl into a cellar and abusing her. Each patient studied had unusual methods of gaining sexual satisfaction, but these cases will serve to illustrate that the psychopath does not meet his sexual drives in a manner approved by society.

It is worthy to note that not one patient studied had any sort of sex instruction during his childhood and only one had an instruction at all. This may have some significance in view of the lack of knowledge of the socially approved methods of sexual outlets. A patient who came from

a wealthy family and was very much loved by both parents did not receive any sex instruction at home. She received instruction for the first time when she went to college, and was quite surprised, and at which time she made up her mind that she would never marry. She became very strict with men and would not take them seriously. She became quite cold toward them and would only associate with men because of what they would do to help her. This sexual instruction was given too late to be helpful. Because the patients had no sex instruction they were left to gain sex knowledge in any way they could and generally these methods of learning were by chance, post experiences, observation of other, and many other methods. This lack of proper instruction combined with an emotionally unstable personality which was easily led and subjected to impulsive actions based on the desire of the moment, generally caused the patient to seek sexual outlets in a manner of least resistance which offered the most pleasure for him. In continually seeking sexual pleasure in this manner, the psychopathic personality begins to develop his own ideas of sex which conflict with the socially acceptable standards and because he is a rather independent, head-strong person it becomes increasingly difficult for him to change his ideas so that they may conform to the socially acceptable methods. It is when the psychopaths individual moral standards conflict with these standards acceptable in society that the real problem arises. Although this was true in most every patient studied it was the most marked difficulty in the following patient's instability. This patient had always done about as she pleased because she could not be controlled by her mother. She began to stay out late nights when she was eleven years old. During the summer of 1921 when she was fourteen she

started sex relations with a boy and continued to have sex relations once a week at a girl friend's house where she met the boy. The mother of the girl offered no objections and allowed the meeting to occur. This continued for approximately one year when the patient went to Sammaston as a sex delinquent. She was released two years later. Shortly afterward she began to have relations with three other men and in each case appeared to be genuinely fond of each man. In the summer of 1926 she went to Stoner Beach with two boys and stayed six weeks. Upon her return she was brought to court and returned to Sammaston. In questioning the patient about this sexual behavior she talks very frankly about it. She told about her sex relations with the boy she met at her friend's house every week for about a year. However, she seemed to take the situation very lightly. She explained that she voluntarily suggested going to Sammaston in order to get over these strong sexual drives. According to her own statements she had been without intercourse for a period of two years, but had then felt such a strong desire that she started in again with a man she had known about a year. She admits she was always very readily carried away by men. According to her own standards she did not believe it wrong to have sex relations with those of whom one is genuinely fond. However, she explained that she found difficulty in compromising this standard and the generally accepted one. She feels that she was never willfully promiscuous but was carried away by the situation of the moment. This patient, in spite of her rather long history of delinquency, did not give the impression of being a habitual sexual delinquent with no moral standards, but on the other hand was evidently one who had real difficulty in fitting her own desires and impulsive inclinations in with the generally accepted moral

standards.

Married life for the psychopathic personality is one of continued maladjustment. Of the patients studied about one third have been married and this entire third were either separated or divorced from their spouse. Married life lasted on an average of only two years with the exception of one patient who presents an interesting story. This patient went to college and majored in electrical engineering. He married when 28 years old and about a year later his wife had a child. He stated that he had never gotten along well with his wife although she was very fond of him and would do anything for him. He was never good to her and extremely abusive to her during their twenty-two years of marriage. He carried an affair with another woman for years and tried upon many occasions to make his wife leave him saying he neither needed her nor wanted her. He would never give her money. He was extremely jealous of her when she succeeded in business and in a social way. He never wanted her to have company and never wanted her to go out to entertainments or enjoy herself in any way. When their son was but a baby he threw him across the room so that he struck his head against the stove. During the first World War he kept sugar, flour, and other food under lock and key and would allow his wife only a very little of what he had. On many occasions she would go to the neighbors' homes black and blue when he threw her bodily from the house. Finally a legal separation was made and the patient has not shown any interest in his wife and child since. One of the most important reasons for continued failure in marriage is that the psychopathic personality does not want to assume any responsibility of marriage or of a family. He wants to dominate his environment at the least expense of ef-

fort and discomfort to himself and without taking any of the responsibility thereof. He distorts the reality of marriage and the family because he feels he can gain sexual pleasure without marriage and a family. Because he is usually self-centered, strong-headed, and lives in a fantasy life of his own, it is difficult for him to include a wife or child into his would-be utopia. His abnormal instability, bursts of temper, and sudden moods characterized by violent attacks of passion and then cries of despair for the most trivial and slightest reasons make him a type of person almost impossible with whom to live and certainly not one to direct a family.

In bringing the various sexual characteristics and problems of the psychopathic personality together it is noted that the psychopath attempts to get sexual satisfaction by asocial methods since he does not want or is not capable of the responsibility of marriage and family. He has not had proper sexual instruction but simply allowed to gain knowledge of sex in any manner that he can. Thus being allowed to let his fantasy life come into play so that he operates upon the pleasure principal alone changing any unpleasantness to his own liking and satisfaction of the moment, he soon develops his own moral standard exclusively for himself. He then creates his own methods of receiving sexual satisfaction. Because these sexual relationships please him, he is reluctant to give them up. His independent nature and stubbornness only add to this reluctance. When his moral standard conflicts with the normally accepted standards in society the sexual problem increases as does his emotional instability and he becomes a greater problem in the community.

CHAPTER III

PERSONALITY CHARACTERISTICS AND PROBLEMS

(Habitual and Intellectual)

Under the habitual characteristics and problems will be discussed alcoholic drinking and drug taking. One fourth of the patients studied had an alcoholic history and about one fifth of the patients studied were subject to the taking of drugs. As both occurred in many of the same patients they will be considered together. It is interesting to note that in every patient involved in drinking, there was a history of chronic alcoholism in the family. A patient presents the following history. Her mother was a chronic alcoholic patient at Darson State Hospital. Her father was a heavy drinker. Both parents were in drunken fights with each other frequently. Two cousins were also at Darson State Hospital, both with histories of alcoholism. Early in her childhood her father sent her to buy his liquor and taught her to drink. She left school at the age of fifteen due to a nervous breakdown and was treated at the Home Nervine. She reentered the Home Nervine Hospital on three occasions for treatment of nervousness and taking large doses of bromide and morphine. At the age of nineteen she married a sailor and got along fairly well for approximately two years. She gave birth to a dead baby nine months after pregnancy and this upset her very much. Her husband began to leave her alone for periods of time and she became upset at his inattention. When she found out he was seeing another woman she had him put in jail for six months for nonsupport. Her husband divorced her after he was released from jail. Be-

cause she became very upset about this she started to drink Jamaica ginger heavily on the advice of a neighbor for the relief of nervousness and insomnia. She continued this drug-taking to excess until both her arms and legs became paralyzed and she had to be taken to Mansfred Infirmary.

The patients studied generally resort to alcohol or drugs when their desires come in conflict with their environment. As he operates on the pleasure principle and changes unpleasantness to a method of satisfaction to him, he is overcome when this system is disturbed. When he becomes emotionally disturbed about this and cannot overcome it, he takes the easiest way out and resorts to drink or drugs. A patient who was married when she was seventeen separated from her husband two months later although she claimed she was very much in love with him. She had a particularly hard time before her son was born and did not have the proper or sufficient amount of food. She returned to live with her father who abused her when he was drunk. She then started to drink heavily when her husband left her and was arrested several times for drunkenness. The patient was sentenced to the Reformatory for Women and while on parole continued to drink and spend week-ends away from home. She explained that she started to drink because she still loved her husband and yet could not be with him. The patient born with deformity in both upper and lower extremities previously mentioned, is re-entered here for illustration purposes. This deformed patient began homosexual acts at eleven years of age and had many homosexual actions with the aid of his father. To overcome these urges he had himself castrated when twenty-six years old. Soon the former sexual drives returned and he finally resorted to drugs for relief. He took twenty grains of veronal daily. When this did not relieve his

urges he mixed this drug with alcohol. He continued taking this mixture for a few weeks until he was found unconscious one day and his hospitalization was necessary. Another patient tells the story that his paternal grandfather used alcohol to excess and at the age of fifty was drowned under the influence of liquor. His father used alcohol to excess earlier in his life. In 1917 the patient joined the submarine service in the Navy and it was then that he started to drink. He distilled it from the various substances containing it on the submarine. Soon after he learned that he had tuberculosis and then began to drink to excess. Whenever he became nervous or had a temper tantrum he would resort to alcohol. After the war he was employed by several successive electrical concerns and did about average work. This was impeded by the fact that at that time he was drinking to excess. This drinking continued until he was hospitalized. These three patients illustrate the fact that when the psychopath is controlled by some antagonizing factor in his environment he is lost, as this is contrary to his own desires. He cannot cope with the situation and he becomes extremely upset and fears that his utopia will be taken away from him. He then gets desperate and resorts to drink or drugs. In the first patient, the loss of her husband who provided much love for her frustrated her emotional outlet and she had to accept the substitute of alcohol. In the second patient, alcohol and drugs were resorted to in a final effort to control homosexual urges in a deformed body. In the final patient, being in a submarine where he could not dominate his environment in the manner pleasing to him started him in drinking and this continued to excess in an effort to overcome nervousness and worry about his tuberculosis.

In regard to intellectual characteristics, the psychopath presents interesting findings. As a general rule psychopathic personalities have normal or higher than normal intelligence. Of the patients studied three were rated below 90 in standard I.Q. tests. Of these three, the first patient with an I.Q. of 78 graduated from High School, completed a year of post-graduate work, and at present is doing well in an Art College, the second patient with an I.Q. of 78 was a behavior problem in school, and the third patient with an I.Q. of 85 left grammar school to go to work. About one half completed High School, two took a two year course in Art School after High School, and three were College graduates. These results are slightly higher than Dr. John Visher found in his statistical study of fifty psychopaths[7] or than found by Henry Goddard in his mental testing of psychopathic children.[8] The reason for this may be in the type of patient that comes to this hospital or the difference in age bracket. However, all studies are consistent in their findings, that the psychopath generally is of average or better than average intelligence with an occasional one of border-line intelligence.

It is worthy to note that the psychopathic personality very often possesses in a very high degree the faculties of imagination, of invention, and of expression, that is to say, the gifts of speech, the arts, and poetry. The patient previously mentioned who came from a very wealthy family and had every luxury in childhood, illustrates this point. She stated that her outstanding interest was her love of art. She graduated

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7 Ibid, p. 732

8 Henry H. Goddard "The Problem of the Psychopathic Child", Proceedings of the American Medico-Psychological Association, 27: 614, 1920.

from a two year college course in interior decorating to prepare herself for a life work in it. Although she has made but diffuse efforts at it, she did some interior decorating, painting, and clay modeling. She was very much interested in the theatre, the opera, and art exhibits, and followed them closely. She read extensively on these subjects and also on drama, philosophy, and non-fiction. In the case of the patient that had an I.Q. of 78 and at present is doing well in Art School, and had been a continued failure in one type of work and another until he finally broke away from his family and did what he always wanted, namely, to make art his life's work. While going to the Community Art School at present, he plays a violin in an orchestra to help pay for school expenses. Another patient, college trained with an I.Q. of 113, who had a long history of chronic alcoholism and sex offenses, stated that he was very fond of music and would play either the banjo or violin when upset. These three patients will serve to show how the psychopath may be gifted in speech, art, music, etc., and the use he makes of this gift in helping him in this emotional instability.

Because the psychopathic personality generally is of average or better than average intelligence and possesses certain talents and gifts which gives him a brilliant exterior, he can very easily create a favorable impression and fool the public, which he generally does. A High School teacher described one patient just before his commitment to the hospital as a "fine, nice, interesting boy, who seemed to enjoy and take pride in his mechanical arts and his singing; I thought him an intelligent worker who just didn't like school; he chummed around with nice boys and I believe that he always has." Another patient who worked in fifteen dif-

ferent places before her commitment and who led a life of prostitution for money along with her sister and mother and who was pregnant eight times never giving birth to a baby, created the following impression. Her last employer before her hospitalization described her as being efficient, capable, honest, trustworthy, and very much interested in the firm. A physician who had known the patient for twenty years stated that he always thought of her as quite a brilliant and smart person. James V. May describes this quite vividly when he says;

> The psychopaths are the utopians, the orists, the dreamers, who are enamored with the best things but accomplish nothing. The public which sees only the brilliant exterior looks upon these individuals as artists and superior beings. The medal is reversed, however, to those who are compelled to associate with them and share their existence; they see their defects, their incapacities and evil tendencies of which they are not merely the witnesses, but also the victims.[9]

These intellectual characteristics which tend to make the psychopath create favorable impressions give him the facilities that convince employers to hire him and that convince the public that he is a superior being. When he gets away with it, he begins to actually believe himself to be superior and then becomes emotionally upset when the results of his work do not demonstrate his superiority.

When these intellectual characteristics are brought together in summary they present rather difficult problems because in spite of their often superior qualities, these people are incapable of conducting themselves in a rational manner, of following regularly the duties of a profession that seems well beneath their capacity, of looking after their in-

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9 James V. May, Mental Disease, A Public Health Problem (New York: The Gorham Press, 1922) p. 507

terests or those of their families, of carrying on business prosperously or of directing the education of their children. Their existence, therefore, constantly recommencing, is one of long contradiction between the apparent wealth of means and the poverty of results.

CHAPTER IV

COMMUNITY ADJUSTMENTS

(Placement)

The most difficult task in the treatment of the psychopathic personality is his return to the community from a mental hospital. As brought out in the previous chapters, the psychopath has led a continuous life of emotional instability and asocial conduct. Because of this he is one of the most disruptive elements in society. He does not correspond to the herd type; he has not shown the instinct of fellowship with his fellow men. Such a state leads almost inevitably to fatalism and despair, the reaction to which may be either aggressive or submissive. He regards himself as superior to others, as an outcast, as not understood, as differentiated. He always hopes that he is not so odd and unlike his fellows as he suspects he is. In community life he thinks he bluffs it through; as a patient he knows he does not, and he knows that you know he does not. This gives him a strong desire to return to the community where he can bluff his way through life and this desire is increased when he feels that he has unjustly been committed to the hospital. This chapter will, therefore, be concerned with returning the patient to the community. It will first consider patients that have been allowed on visit from the hospital and who have escaped from such visits, secondly, it will consider patients that have had temporary visits to the community, and finally, it will consider patients who, because of a successful year's visit to the community, were discharged from the hospital.

In discussing patients that have escaped while on visit from the hospital, it must be kept in mind that these patients were allowed on visit under hospital supervision by the decision of the hospital physicians who felt that these patients at that time were sufficiently well to warrant a visit in the community. Of the patients studied at the hospital three escaped while on visit. These three have all returned to the hospital for further treatment. The following patient is typical of the method of escape.

> Barbara E. was born in 1892 in Mass. her parentage being of Irish descent. Her mother was diagnosed as a chronic alcoholic at Darson State Hospital as were two of her cousins. Her father and mother were in continual drunken brawls. Her only brother died at 36 of acute indigestion. Her father used to send her to buy his liquor and taught her to drink at early childhood. She left high school during her second year when she was 18 because of a nervous breakdown which was treated at the Home Nervine. She re-entered this hospital upon three different occasions for treatment of nervousness and taking large doses of bromide and morphine. At age 19 she married a sailor and got along fairly well for two years. She gave birth to a dead baby nine months after pregnancy and became very upset. Her husband began to leave her alone and she became very upset at his inattention. When she found that he was seeing another woman she had him put in jail for six months for non-support. He divorced her when released from jail. She then started to drink heavily on Jamaica ginger which she was advised to do by a neighbor for the relief of nervousness and insomnia. She did continuous drug taking until both arms and legs became paralyzed and she was taken to Mansfred Infirmary. In 1917 she was sent to the Barton State Hospital for eight days and also in 1926. In August 1931 she was committed to Darson State Hospital where she remained until June 1935. She was then transferred to the Metropolitan State Hospital where she has been ever since with the exception of a visit of three months.
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> On March 9, 1936 she was placed in Stoner in the home of a family friend who was considered as a cousin because of the friendly relations which existed between the two families. In the home was Mrs. P., her 25 year old daughter who cared for her, and a son. On March 11 the Social Worker who visited the patient reported a satisfactory adjustment to the family by the patient. On April 8, the patient was reported missing. Barbara went with Mrs. P.'s daughter to Maldorf to buy some clothes as they had done upon occasion previously. She then surrendered a life insurance policy for $75.00, made a few purchases, and started to return to

to the home. When she had gotten a little way she gave the daughter $25.00 to take to her mother, saying she would be back a little later. As Barbara had gone home on other shopping trips alone, this was not unusual. When she did not return, Mrs. P's. daughter went to her room and found her clothes gone. In the meantime, Barbara went to Barton and secured a room. She spent most of her time with a man here and was drinking rather heavily. She became drunk on so many occasions that she was driven out of the room she hired and went to Longfield to live with her father. While in Longfield she was picked up by the police in an intoxicated condition. She urgently requested that the hospital send for her at once. When the Social Worker arrived, Barbara was intoxicated and very talkative. She explained that she left Stoner because Mrs. P. had cancer and she could not stand it any longer in that home. She explained that she originally wanted to go to that home just long enough to cash the $75.00 insurance policy so that she would have money for her escape. A week later on the hospital ward, Barbara was very cooperative, willing to work, neat and clean, and quite sociable. She pleasantly and politely said to the other patients, "I came back, I didn't make good."

This patient illustrates problems typical of the psychopath and which were found to be true in the case of the other patients that escaped while on visit. He feels that he has a sufficient reason for running away from his placement; he feels that there is something in the home which he just can not stand and from which he must escape. Because the psychopath is easily upset and takes the least resistive way out, he runs away. It should be pointed out that the antagonizing force is rarely strong enough to drive the average individual away, but which seems like an insurmountable barrier to the psychopathic personality. One patient, for example, when returned to his parent's home, ran away because he thought they had not changed in their attitude toward him and were still hypercritical toward him. This same patient later gave the reason for escaping from his State Supported Family Care home as that he was forced to go to a party with some girls and felt that he was getting into immoral difficulties generally. These constitutional psychopaths are not con-

cerned about their escape from hospital supervision and after their return to the hospital forgot all about it. There appears to be a lack of anxiety over the problem and they proceed upon their usual course of life as if nothing happened to them.

Patients that make temporary adjustments to community life closely parallel those that escaped from supervision in that both have been capable of adjustment to community life for only short periods of time. Three patients studied were on temporary status; two of whom have been returned to the hospital and the third one remaining on temporary visit. The case of the patient that follows illustrates to what degree a patient is capable of making successful temporary adjustments in the community.

> Mattie B. was born in 1883 in a family that for generations had lived in Massachusetts. Her mother died five days after her birth and her father who was a dentist died when she was 25 years old. She has one sister who is eleven years older than she. Her childhood was very lonely and she spent most of her time studying and drawing. She graduated from High School and also from an Art School. She had never been able to make her own living. Her life for the most part was a depressing one, because both her mother and father died when she was comparatively young and because she had very little social life being wrapped up in her studies and artistic work which served as an outlet for her emotional instability. She had spells of temper, depressions, and nervousness. She changed her mind frequently, was undecided and unstable, was disturbed by sudden arrangements, and could not make new adjustments easily. She was described as refined and unselfish, and a person who showed no initiative in making a living. She has been in mental hospitals continually for twelve years and has been on visits from the Metropolitan State Hospital upon fifteen different occasions, most of them lasting for only two weeks with the exception of one which lasted for five months and eighteen days.
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> On October 1, 1932 Mattie was placed in a boarding home. November 17 - Patient was very cheerful and had no difficulty in mixing with people in the home. She felt better because she was able to help around the home to help pay for her expenses. She spent much time drawing and painting. She explained that she appreciated her freedom very much and that she

was gaining in self-confidence. December 5 - Patient was tired out and showed physical exhaustion as she did upon occasion in the hospital. December 15 - Patient was well rested, alert, vivacious, and had forgotten about the past depression period. She went to the Salvation Army and to the Barton Christmas Fund to give some of her earnings from making Christmas cards. December 29 - Patient was very well and quite humorous. She stated that she received considerable pleasure from the little things that happened to her through the day. January 22 - Patient was not well and cried considerably and stated that she had no friends at the Home. She explained that one of the boarders told her that she would be better off in the hospital and because of this felt that all the boarders were of the same opinion. Mattie stated that little things bothered her and that she got upset when she was drawn into difficult situations or had attention attracted to herself. February 10 - Patient was well, bright, and cheerful. She felt that she had no more difficulties because the woman boarder who disturbed her had left the home. February 24 - Patient had trouble at meal time and stated that something was wrong with her head. She went to bed and then worried because she could not do her work. The director of the Home wanted patient to leave and thought that she would be better off in a private family. Patient had never been able to get along in a private family because she took upon herself too many affairs of the family feeling that they in turn were meddling with her. It was decided to have patient remain in the Home. February 25 - Patient was very upset because someone sent her some clothing and she did not want to have people giving her clothing. She was very emotional, vacillating, and discouraged in her attitude seeming unable to figure out what it was all about and what she should do next to make things right again. March 18 - Patient appeared well and stated that she had gained 18 pounds since she left the hospital. She seemed cheerful and self-controlled and to be getting along well with the others in the Home. March 29 - Patient was very disturbed, noisy, and would not eat. She stayed in her room all the time and wished that people would leave her alone when she was upset. She came back to the hospital willingly and quietly.

At the present time, nine years later, this patient is placed in a private family and is making a much better adjustment in the community. This patient illustrates the typical rapid emotional changes that occur in the constitutional psychopath and would make for difficulty in placement. One day everything is perfect and the patient appears to be very enthusiastic and making a very satisfactory adjustment in her place-

ment home. Then because of some little occurrence that happens the next day, the patient becomes very upset and has considerable difficulty in doing the easiest tasks. As these occurrences increase in intensity, those that are in contact with the patient begin to lose patience until such time that they become exasperated and make it necessary for the patient to be returned to the hospital. This patient also illustrates the fact that the psychopath must have his own way and that all things must be pleasurable to him. If this is not true and the psychopath can not overcome it, he then reverts back to childish emotional behavior and it is this that prevents him from making the normal social adjustments in the community.

Finally, there are some psychopaths who, after a year's successful visit in the community, were released from the hospital. Of the patients studied six were capable of this adjustment to the community, and none of these patients have returned to the hospital for treatment. It must be understood that this does not mean that these six patients were cured, but it can be concluded that they were able to adjust to community life well enough to remain away from the hospital. The following patient illustrates fairly well to what extent they adjust back to community life.

> Metilda A. was born in 1908 to a family of old Bartonian background. Her paternal grandfather was a well-to-do shoe manufacturer. Her paternal grandmother was prominent in social affairs in Barton. Her father, who died when she was 24 years old, was very high-strung, quick-tempered, and very humorous. Her mother, who died when she was 27 years old, was a very happy sort of person who did a great deal for her children and was very much interested in them. Patient had five brothers and sisters, she being the youngest member of the family. During her childhood, the patient was considered the baby of the family and was pampered and overindulged by both parents. She had every luxury which included nurse-maids, dancing school, etc.; she had an uncontrollable temper and frequent temper tantrums, and in this manner she got her own way. When patient became older she became very high-strung, temperamental, and had a sensitive make-

up that responded well when life went on smoothly but easily upset when things were not the way she wanted. She became selfish, self-centered, reveled in luxury and always expected the best, and had refined cultural tastes that were easily offended. She never developed much of a sense of responsibility, showed little initiative, and never worked to support herself. She hated house work and could not cook. When she tried to work she became so excited and nervous that she could not control herself.

Metilda was placed by the Social Worker on August 7, 1938 and was released from visit a year later. She continued to ask for hospital supervision and so was visited regularly up to the present time. She explained that the hospital was a source of protection for her from her family and that this was the chief reason for wanting a hospital contact. Since she left the hospital, Metilda has lived in three different boarding homes; the first for six months which was found by the hospital, the second for two years which she found by herself and was approved by the hospital, the third for one year to the present time which was found by the Social Service Department of the hospital. She has continued to be economically dependent for the most part upon her family, although she has some money of her own. The financial situation is complicated. Patient has a brother-in-law who is her trustee, is a very wealthy person himself, and who has agreed to provide adequately for the patient.

Metilda made her own plans to enter Holworthy University of Practical Arts and Letters in the fall of 1938. She remained at school until December 1940 but carried a very light schedule the last semester. She attended summer school in 1939 but twice failed English and two attempts at psychology failed as these promoted mental symptoms. The school authorities considered that the patient made a much better record during the academic year of 1939-1940 than previously, but due to her failure in Psychology and English the final decision was that she could not receive a diploma from Holworthy University. While patient maintained a B average in art work, school authorities considered that they could not recommend her for any employment because of her personality and inadequate emotional make-up. Metilda seemed to accept quite satisfactorily the fact that she would not be obtaining her degree and felt that she would return to school in the future.

As far as her economic adjustment, the patient maintains that her goal is to become economically self-supporting. She has managed her money well, particularly for one who at one time had a great deal of money spent upon her. For several months in the fall and winter of 1939, she worked as receptionist at the Barton Network Radio Station in Barton and this was the only work she has done for pay since she has been out of the hospital. In the fall of 1940, she worked several months as a volunteer worker at a Barton settlement house but gave it up as she was dissatisfied with the class of children dealt with. Her ambition is to teach art, but actually she has no good under-

standing of what it would mean for her to be self-supporting.

She has continually alienated herself from her family but long time family friends keep in touch with her and inform the family. Metilda has gotten along fairly well with her two sisters if she does not see them more than once a month. She has had nothing to do with her old friends and shows no inclination to make new acquaintances. At the present time she makes superficial contacts with her environment and those around her. Her chief desire is to be left alone and to do things as she pleases.

In this patient one of the first things to note is the fact that she made a complete break from her family and would have nothing to do with any member of her family. When the constitutional psychopath makes a reasonable adjustment to community life, one of the first things he does is to make a complete withdrawal from anything that antagonized him in previous community life. He wants to be left alone; he wants to do as he pleases and generally when he is allowed to do this within reason, he makes a more satisfactory social adjustment. This particular trait is noticed in the above patient when she wanted to break off from her family, when she found her own boarding home, when she made her own plans to enter college, and when she tried to make her own plans for employment. Other patients illustrate this point which was found true in every case where the patient was discharged from the hospital.

Hubert F. was first placed in his parents' home and this visit lasted nine months. He was an obvious behavior problem from the start. He would lose control of himself in a childish way being very saucy and impudent. He did not show any appreciation of what his family had done for him and showed no real gratitude for their kindness toward him. He did not work and expected his family to give him the things he needed. Finally he was arrested for annoying a young girl and was taken to court. He had been staying out and roaming the streets all day long. On many occasions he tried to pick up girls and on this occasion the neighbors called the police. He came back to the hospital willingly. Four months later the patient was again placed out in his parents' home and this time the visit lasted for four and one-half months. The previous behavior reoccurred.

He was arrested for drunkenness and held in jail. When he was released he took up with the same friends and continued drinking. Later he was reported missing. In response to an ad. in the paper he returned to the hospital. Almost a year later he had a position in the Park Department. This position became slack and he then decided to go to sea, to break away from his parents and to do what he wanted to do. He first shipped as a mess boy, and when this voyage was over he shipped as a wiper. His papers stated that he did very well. Between voyages when he contacted the hospital, patient seemed more mature and settled. He next shipped as a fireman and received a wage increase. He joined a Union and continued to advance in position and salary. In his final report to the hospital before he was discharged, he stated that he had a good position with the Liston Transportation Company.

Frances T. after nine and one-half years of hospitalization was placed in her sister's home. She stayed in this home only two weeks, after a careful home investigation and plans were made. She then took a position as a family helper and worked hard at this until she became tired out. After resting, she obtained another job and held it for a week, leaving for the same reason. Frances next took a course in private nursing as she had always wanted to do this type of work. She took nurses' training at a hospital and did exceptionally well at it. The Worker knew of a position caring for a bed-ridden woman at the home of a graduate nurse which would offer an excellent training period for patient. The patient stated that she would take the position, although the next day she called the Worker and explained that she could not take the position because it was too far away from her room. A month later, the patient was working for a young doctor and his wife. She had been saving money to take more training courses. At this time, Frances showed no interest in her husband and daughter and she was using her maiden name. In the winter of the same year, the patient was in the same home and doing very well. She had taken more training as a nurse. Two months later she stated that there was an opening in a training school in Barton and asked for permission to enroll. She had saved enough money to pay her entire way through her training. After she was discharged from the hospital, she reported that she had saved money and was doing well.

Although the constitutional psychopath makes a satisfactory enough adjustment to the community to be discharged from the hospital, he still possesses the same emotional instability and the same personality characteristics. The only difference is that by being allowed to make his

own plans in his own manner to suit his own desires, he has a greater outlet for his emotions with his behavior being less antagonistic to those around him. Because of this, he can get along fairly well. However, if he should carry these desires to the extent that his behavior conflicts with the socially accepted behavior or if he can not change the unpleasant happenings into pleasurable ones, he will quickly revert to his former behavior. Because it is almost impossible to live on this basis or philosophy of life in a group, the constitutional psychopath rarely is able to make a complete adjustment back to community life and will sooner or later need some kind of treatment whether it be to return to a hospital, be put in jail or a house of correction, or to receive care from a number of social agencies.

Before this chapter is concluded, two interesting observations should be noted. The average length of hospitalization for those patients that escaped while on visit was seven years; the longest time in the hospital being approximately eleven years, and the shortest time approximately three and one half years. The average length of hospitalization for those patients that were capable of only temporary placement was also seven years; the longest time in the hospital being about twelve years, and the shortest time about four years. There is little difference in length of time of hospitalization between these two types of temporary adjustments to community life. However, the average length of hospitalization for those patients that were discharged from the hospital after a year's visit was four and one sixth years; the longest time in the hospital being approximately nine and one half years, and the shortest time approximately nine months. Although those discharged probably were better patients this

would indicate that the shorter the hospitalization period, the greater the degree of success for placement in the community. The second observation is that in every case where the patient was discharged from the hospital, the patient was placed in a different environment from the one in which he was prior to his hospitalization. These consisted chiefly of boarding homes, foster homes, college dormitories, vessels on the sea, and other similar settings. In most every case where the patient escaped while on visit or was capable of only a temporary adjustment to the community, the patient was returned to the same environment that he was in prior to his hospitalization. These consisted of parents' homes, relatives' homes, and former boarding homes. This would indicate that a greater degree of success can be gained when the patient is placed in an environment different from the one he was in prior to his hospitalization.

CHAPTER V

COMMUNITY ADJUSTMENTS

(Employment)

In helping the constitutional psychopathic personality towards social adjustment, the Social Worker is frequently confronted with a very difficult problem in finding work that is consistent with his abilities and their personal peculiarities. Not infrequently the psychopaths rehabilitation rests upon intelligent help in his vocation, not alone in the finding of employment, but in the way of encouragement in keeping at it. A patient who had no training for work and who never held a position prior to her hospitalization was particularly gifted in painting. When she was allowed on visit from the hospital, the Social Worker suggested that she use her artistic ability in painting Christmas cards. The patient did this and the Worker encouraged her by helping her sell them to her friends. The income from this was supplemented by private funds and what she could earn from house cleaning so that she became free from financial worry. The enthusiasm of using her artistic ability to help support herself was a great factor in helping the patient to adjust back to community life. This Social Worker was able to find work for the patient that was consistent with her abilities and her peculiarities. Although it was not enough to make her economically independent, it was of value in helping the patient feel that she had a place in society. Another patient who had a particularly difficult childhood, had, of necessity, to go to work early in life. He first tried to sell Fuller brushes and failed

at this in a short time. He then joined the Navy but was discharged in two months because of homosexual practices. He then obtained a position as shipping clerk which lasted for three weeks because the other clerks could not stand his mannerisms. After he was allowed on visit from the hospital he returned home and took private lessons in drawing. This was encouraged by the Social Worker, although the patient's mother wanted him to study music as a career. Finally, the patient took the entrance examinations for Merchants Art School and passed them. In the fall of that year he was admitted to the school against his mother's wishes and made a favorable initial impression. Then, to please his mother, he joined the Community Philharmonic Orchestra and played the violin. His work improved as time went on so that he became a promising student and at the same time getting his mother's approval by playing the violin. The Social Worker, by knowing the patient's desires and encouraging them against the patient's mother's advice, gave the patient enough incentive to do what he desired for his life's work so that the patient was able to make a satisfactory adjustment not only in the community, but also with his mother finally, with whom he had always been antagonistic. Dr. Herman M. Adler after a study of one hundred cases of psychopathic employees reported that

> The treatment of their employment must be guided by a knowledge of their tendencies, so that environment on the one hand, can be suitably influenced or chosen for them, and that the individuals themselves may be trained to counteract their impulses to some extent.[1]

If the constitutional psychopath does not receive intelligent help in his vocation or does not receive any encouragement in keeping at

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1 Adler, Dr. Herman M. "Unemployment and Personality - A Study of Psychopathic Cases", Mental Hygiene, 1: 16-24, January, 1917.

it, he rarely is able to hold a position for any length of time. The following patient's record illustrates this point:

> Margaret C. left school at the age of 14 and went to work as a waitress. She worked as a waitress or housekeeper in fifteen different places in the course of an eight year period, the longest time at one job being one year. She explained that she had a constant desire to change positions and environment. Her former employers stated that she always took up projects with great enthusiasm and wanted to do the job better than anyone else had done it. However, although she showed great energy in starting a position, she would always drop the position a few months later because she was tired of it and wanted a change.
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> When Margaret was placed on visit from the hospital, she went directly to her mother's home and had no help in trying to support herself. Three weeks later she moved to a friend's house. She then got a position as housekeeper for two months which she left because she wanted a change. She then moved to Stanton and received Public Welfare support. At this time there was a question as to whether she was going back to her former life as a prostitute to earn money. The next month she had moved again after an argument with her landlady. During the month to follow, Margaret's parents took her to an employment agency and tried to get work for her although she showed no interest in employment. In the next month's contact with the patient she had moved again and still showed no enthusiasm for work. She acknowledged that she was depriving herself of some things by not working, but declared that she could adjust herself to circumstances. At the time she was discharged from the hospital, she still was unemployed and appeared to be quite content to live on this basis.

When the constitutional psychopath is allowed to leave the hospital and has received vocational training or guidance, his hospitalization is of value to him because he is better qualified to seek and retain employment.

Hospitalization of the psychopathic personality may be rather harmful when it comes to employment because it prolongs his invalidism. The knowledge that he will be taken care of even though he does not work may be an impelling force directly opposed to and greater than the desire to make a genuine attempt at self-rehabilitation. One way in which this

may be diminished is for the psychopath to take part in some sort of work program while he is in the hospital. If this is done, the Social Worker will have more of a chance to give vocational guidance and encouragement to the patient so that he will not be content to be dependent upon others.

CHAPTER VI

SOCIAL TREATMENT

The social treatment of the adult constitutional psychopathic personality is very unsatisfactory. Inadequate personality patterns have been well established, existing from childhood. Because these inadequate patterns originate in a defect in personality very little success can be made to correct them once they have become a part of the way of life of these individuals. Even after careful study, placement, and supervision, as Jessie Hodder points out, it is "only in exceptional cases that one may expect improvement of the anti-social disposition after the twentieth year".[1] Anti-social behavior that has existed during most of the psychopath's life, is exceptionally difficult to change, no matter what the treatment, and this is what is responsible for such unsuccessful treatment of the psychopath. Permanent custodial care is indicated in many cases properly to protect them and society. Others may succeed temporarily or even permanently if under restrictive and wise guidance, especially if placed in conditioned situations to which they can adjust. Still others, who are perhaps less adequate, find for themselves occupations or environments that hold their interests and satisfy their desires. Many psychopaths who are misfits in one environment setting may be eminently successful and socially very valuable in some other situation. The patient dis-

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1 Hodder, Jessie D., "Disciplinary Measures in the Management of the Psychopathic Delinquent Woman", Mental Hygiene, 4: 612, July, 1920.

cussed in the Placement Chapter became very valuable as a seaman after repeated failure in adjustment to the home. The patient discussed in the chapter on employment did very well when allowed to go to Community Art School to study what he had always wanted to do, when previously he could not get along with his mother. The normal individual, on the other hand, is more versatile and can adjust fairly well to all situations.

Social treatment to be successful must be made on the basis of personality defect and not on the conduct manifestations of those defects. Careful study in the hospital of the psychopath's total life's maladjustments will determine this. By analysing these defects in regard to placement situation, the psychopath may be placed in the community with a fair degree of success. As brought out in the chapter on Placement, if the patient is placed in an environment other than the one he was in prior to his hospitalization, a greater degree of success can be had because the patient is not returned to those situations which antagonized him previously. A good deal of tact, sympathy, a tremendous amount of patience, and a thorough understanding of the values of discipline, is of benefit in helping the constitutional psychopath rehabilitate himself to the community.

Theoretically, social treatment of the psychopath consists in choosing a vocation for him. Practically, this has been unsuccessful in most cases because it is very difficult to find just the right vocation that a given psychopath should follow, and still harder to get him to attempt it. Often he has his mind set on something for which he is manifestly unfitted and in which he could not possibly succeed. Margaret Powers feels that progress in treatment can be made:

> only through the education of the public in general, as well as employers and employment managers specifically, in the understanding of human nature from the psychiatric view-point. Such a program must necessarily be slow, since the lack of understanding and prejudice of the public at large are one of the greatest factors in the problem.[2]

At the present time public understanding has not been reached so that this sort of treatment is not practical.

Social treatment, therefore, is a matter of chance. The choosing of a vocation, the establishing of a friendly working relationship by the Social Worker, the stimulating of favorable interest, continued understanding of the patient, and careful supervision are helpful in treating the psychopath so that he may remain in the community as a useful citizen.

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2 Powers, Margaret, "The Industrial Cost of the Psychopathic Employee", Mental Hygiene, 4: 938, October, 1920.

CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

The concept of constitutional psychopathic personality is not clearly expressed. Although there have been many definitions offered, an intensive study of these patients at the Metropolitan State Hospital has led to a working definition that can be applied to this thesis. Many attempts by eminent authorities have been made to classify these patients into various groups. However, this study has revealed that there are no sharp lines of distinction between the various characteristics and no distinct separate characteristic symptoms are known. Therefore, these patients can not be classified into types.

A comparison of case records of patients that were discharged from the hospital after a year of supervision includes evidence that the shorter the hospitalization period, the greater the degree of success for placement in the community. Although this varies according to the type of patient, it held true with each patient studied. A greater degree of success was gained when the patient was placed in an environment different from the one he was in prior to his hospitalization. This was due to the fact that the patient was not returned to those things that were disturbing to him and because this new environment was under a control situation.

Vocational guidance in finding employment and adequate encouragement in keeping at it was helpful and made hospitalization become more valuable to the patient. Without this guidance, hospitalization was of

little value to the patient because he returned to his former psychopathic patterns of behavior.

Treatment of the adult by hospitalization was of little avail. The inadequate personality patterns that existed from childhood are so well established that even after careful study, placement, and supervision, it is in the exceptional case that one may expect improvement of the anti-social behavior.

Social treatment during the early years of maladjustment should be recommended because the outlook in children is much more favorable. The psychiatric out-patient clinic with delinquent and maladjusted children has pointed the way to a partial solution of the problem. But even among children many failures are inevitable. William Healy in his study states that

> With the best that could be done through careful studies, wise selections of foster homes, many conferences between visitors and the clinics, and replacings when necessary there was, in the twenty cases of psychopathic personalities in our series of agency-placed children, about 50% success.[1]

In this same study it was found that

> If tided over the period of adolescence, cases of psychopathic personality are likely to acquire greater stability later - indeed, sometimes enough to enable them to float socially without getting into serious difficulties.[2]

If one can attack at the very beginning of the delinquency before it becomes a habit and teach parents the importance of rational training for their children, he will be striking at the root of the problem.

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1 William Healy, and others, Reconstructing Behavior in Youth, (New York: Alfred A. Knopf, 1938) p. 70

2 Ibid. p. 71

Further vocational guidance and training while the psychopath is in the hospital should be recommended. The patient should be encouraged to participate in the functions of the Occupational Therapy Department in the hospital to keep him from being idle and also to better understand his interests, talents, and desires. These interests and abilities as gained through such activity would be of benefit in placing the psychopath in employment and in his maintaining employment that would be of interest to him.

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