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ANTISOCIAL BEHAVIOR

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ANTISOCIAL BEHAVIOR

Jonas R. Rappeport

There is a group of individuals in our society whose behavior, at times, defies belief. For many years, they have intrigued judges, lawyers, penologists, and psychiatrists. Most recently, the terms "psychopath," "sociopath," or "antisocial personality," have been used to describe their behavior. However, before we can effectively describe the so-called psychopathic personality, we should attempt to delineate the differences between the "true" antisocial personality and "others" who exhibit behavior of an antisocial nature, i.e., behavior which proves to be, upon closer observation, actually symptomatic of underlying causes connected with economic, cultural, and physical factors, as well as other emotional illnesses.

It would seem appropriate at this point to juxtapose various examples of behavior that cannot be classified as truly psychopathic in terms of a primary diagnosis. All have components of psychopathic behavior but, in fact, do not fulfill the definition of the specific disease entity of the antisocial personality.

Today, there is evidence that "acting out against the environment" has increased as a means of managing inner conflicts, as an expression of

individual and group behavior, and as a form of political action.

For example, a man who seeks out and shoots five fellow workers without apparent cause and then holds off the police until seriously wounded, may be seen as suffering from an emotional illness, such as a paranoid psychosis. On the other hand, the man who shoots a guard while escaping from an attempted robbery may not be seen by society as suffering from a psychiatric illness. He may, in fact, represent an example of the true antisocial personality for whom crime is a way of life and his business.

A teenager who shoplifts may just be rebelling while attempting the resolution of an identity crisis. In contrast to this, the wealthy, middle-aged matron who is caught stealing a screwdriver is behaving entirely out of character and probably is acting out, in order to defend against a severe involutional depression.

Society would certainly tend to take a different view toward a man who steals food to provide a Christmas dinner for his wife and children than toward the professional thief.

And, in the realm of more socially acceptable but nonetheless aggressive acts toward society in general, let us consider the so-called white-collar crimes. It is a fact that well over a billion dollars' worth of office supplies are stolen from employers annually. Individual cheating on personal income tax

and corporate maneuverings in the world of big business are widespread enough to have prompted the government to establish stiff legal penalties to deal with such acts. There are those who feel that such white-collar crimes merely reflect our "sick" society. We could cite the example of the bookie or the football pool operator and their customers, as well as many other forms of petty but illegal gambling, some of which may be considered as acceptable actions within a community or subculture. However, regardless of how severely or benignly society views these various crimes, all are, in effect, aggressive actions directed against the environment, whether the environment be another person, the state, or a bank.

In addition to the above examples of behavior containing antisocial components, but not necessarily fulfilling the conditions for a diagnosis of the true psychopathic personality, we must add the following group. That is, we must distinguish between true psychopathic states and other types of psychiatric disorders that contain antisocial elements. Seen in terms of currently accepted psychiatric disorders, we know that any patient, regardless of his basic diagnosis, may also exhibit symptoms of antisocial behavior. Examples of this would include the patient suffering from a post-partum psychosis who murders her child, the excited catatonic whose violence may be almost indescribable, the manic depressive who buys Cadillacs and writes checks without sufficient funds, the man who commits a murder in a disassociative state.

As for the gambler, bookie, and prostitute mentioned above, DSM II considers them not to have a psychiatric disorder. Their behavior is called dyssocial behavior: “This category is for individuals who are not classifiable as antisocial personalities, but who are predatory and follow more or less criminal pursuits, such as racketeers, dishonest gamblers, prostitutes, and dope peddlers.”

We know that antisocial behavior can be present regardless of whether one is considered to be psychiatrically ill or not. It is my belief that the majority of antisocial behavior (crime) is not simply the result of psychiatric illness, but is, in fact, the result of a complex social, moral, psychologic, and economic milieu beyond the scope of this article. There are some excellent discussions of these factors and their relationship to criminal behavior in articles and texts in the criminologic literature.

In the above examples we have seen how antisocial behavior can result from a complexity of causes and at times represent just the tip of an iceberg of serious psychiatric or sociocultural problems. There is, however, a group whose antisocial behavior does not seem to be symptomatic of something else—a group whose antisocial behavior is not just a component of another problem but the primary expression of the illness. Now we come face to face with the true psychopathic personality. We find ourselves in the presence of a group of antisocial specialists, so to speak. These are individuals who seem to

have no loyalty, no guilt or conscience; who care only for themselves, and do generally as they want. They appear to be of superior intelligence, but are not, and, in fact, get caught easily. They make promises they never keep; they are so brazen that we are regularly taken in by them. As a group, they have defied sharp delineation or definition until relatively recently, despite the recognition of their existence for many years.

History

Over thousands of years, behavior that strays from the usual or ordinary has been labeled the product of the "mad," "bewitched," and "bad," to mention only a few of the attempts to explain it. In 1800, the phrenologist Franz.

Gall explained criminal behavior on the basis of "head bumps," supposedly the external representation of over- or underdeveloped parts of the brain containing centers of love, hate, fear, meanness, etc. Throughout history we see two forces operating. One is an attempt to explain aberrant (antisocial) human behavior via a mental health model, and the other, a sociomoral model.

Pinel tells of a patient who was so "enraged at a woman who had used offensive language to him, he precipitated her into a well." Despite this violent behavior, the patient displayed none of the usual symptoms of psychiatric classification, so Pinel described the case as *"manie sans délire."* Although it is

probable that he included in the group other patients besides the psychopath, this appears to be the first recognition of the specific symptom of the antisocial personality.

In 1835, J. C. Prichard coined the phrase “moral insanity,” in which, however, he still included such disorders as manic-depressive psychosis. In what is considered the first scientific treatise on criminality, published in 1876, Lombroso, an Italian psychiatrist, presented a classification he called “the born criminal.” This classification was later defined by Gouster as those suffering from moral insanity. This label suited most medical men of the late nineteenth century, since an impaired moral sense seemed to explain the behavior of this large group of individuals who broke the law in various ways, despite the fact they knew such behavior was wrong. The concept of moral insanity did, however, upset lawyers and clergymen for fear that we were saying these persons were insane and therefore not responsible. Because of this concern, Koch suggested in 1888 that the name “constitutional psychopathic inferiority” be used. The syndrome was further delineated by Meyer who excluded neurotics, and by Birnbaum who pointed out that psychopaths were not all intellectually defective, nor were all criminals psychopaths.

Glueck, in his famous Sing Sing study of 1918, is considered to be the first to conduct an empirical study of such individuals. He pointed out their

recidivism and early onset of antisocial behavior. The group, however, was still quite broad and included sexual offenders, addicts, alcoholics, etc. The McCords inform us that in 1922 John Visher presented an almost modern picture of the psychopath's character traits: "Extreme impulsivity, lack of concentration, marked egotism, and abnormal projection. The most critical disability of the patients centered around a guiltless, uninhibited social nihilism."

The organic basis of our syndrome received impetus in 1924 with Bolsi's discovery of encephalitis as a contributing cause of psychopathic behavior. Countering this, however, was the psychoanalytic movement which saw such behavior in many patients related to unresolved oedipal conflicts or earlier developmental problems.

Alexander influenced the entire field of criminology in 1930 with his paper on the neurotic character, which described patients as "living out their impulses," acting out in order to solve conflicts, being self-destructive, etc. However, time has led us to consider Alexander's description to apply to the acting-out neurotic who becomes antisocial as a means of attempting to deal with his inner conflicts.

Another group who attempted to explain this behavior were the classifiers such as Kraepelin and Kahn. They divided the psychopathic

personality into many subcategories, most of which included many mixtures of other illnesses.

In 1939, Sir David Henderson stirred much discussion since he included such persons as Lawrence of Arabia and was felt in general to have overextended the concept. Nevertheless, this represented the emergence of a discrete syndrome, which could no longer be challenged as contributing a diagnostic entity. Cleckley more closely defined the concept and argued to change the name to "semantic dementia," which he felt described the syndrome more precisely. In 1941, Karpman drew attention to his idea of two types of antisocial personality—idiopathic and symptomatic. The latter, he said, were actually neurotics, and the former the result of constitutional factors. Lindner disagreed and presented numerous Rorschach protocols and other data indicating a psychological basis for the illness.

Further changes occurred, so that with the publication of DSM I in 1952 the name was changed to the "sociopathic personality disturbance," under which there were several "reactions:" antisocial, dyssocial, sexual deviation, and addiction. In 1956, the McCords set forth, with good evidence, the idea that psychopathy was a clear and discernible clinical entity which could be separated from other diagnostic groupings. At present, there are very few who do not accept the concept of the antisocial personality as an absolute condition, although there is some disagreement about separating off dyssocial

behavior.

Diagnosis

Cleckley's *The Mask of Sanity* is perhaps the clearest and most precise treatise on the subject to date. While many of his thoughts as to causation and treatment have not been fully accepted, his case descriptions are unparalleled for clarity and beauty of prose. He lists the characteristic symptoms as:

1. Superficial charm and good intelligence
2. Absence of delusions and other signs of irrational thinking
3. Absence of "nervousness" or psychoneurotic manifestations
4. Unreliability
5. Untruthfulness and insincerity
6. Lack of remorse or shame
7. Inadequately motivated antisocial behavior
8. Poor judgment and failure to learn by experience
9. Pathologic egocentricity and incapacity for love
10. General poverty in major affective reactions

11. Specific loss of insight

12. Unresponsiveness in general interpersonal relations

13. Fantastic and uninviting behavior with drink and sometimes without

14. Suicide rarely carried out

15. Sex life impersonal, trivial, and poorly integrated

16. Failure to follow any life plan

The McCords stress, "The psychopath's underdeveloped conscience and his inability to identify with others differentiate him from other deviants."

In a survey of psychiatrists in Canada, the following features were considered most significant in diagnosing psychopathy:

1. Does not profit from experience

2. Lacks a sense of responsibility

3. Unable to form meaningful relationships

4. Lacks control over impulses

5. Lacks moral sense

6. Chronically or recurrently antisocial

7. Punishment does not alter behavior

8. Emotionally immature

9. Unable to experience guilt

10. Self-centered

Craft emphasizes the psychopath's inability to love and feel affection, as well as "a liability to act on impulse without forethought." He further speaks of aggression, lack of shame or remorse, an inability to learn from experience, and lack of motivation. In addition, he feels there must be no psychosis or neurosis present, nor should the patient be handicapped by severe intellectual limits.

DSM II says of the antisocial personality:

> This term is reserved for individuals who are basically unsocialized and whose behavior pattern brings them repeatedly into conflict with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment. Frustration tolerance is low. They tend to blame others or offer plausible rationalizations for their behavior. A mere history of repeated legal or social offenses is not sufficient to justify this diagnosis.

The consistency of these criteria or definitions is amazing and lends further support to our seeing these patients as a specific group.

Many clinicians believe that some features of the antisocial personality should be evident in the earlier years. Robins has shown a very high incidence of adult antisocial personalities who as children were referred to a clinic for delinquent behavior. School failures, cheating, truancy, petty larceny, cruelty to animals, etc., should be seen in childhood with similar behavior in adolescence. Guze offers support of this in his study of adult offenders. Those who do not show evidence of antisocial behavior until they are adults probably should be considered symptomatic and not true antisocial personalities.

The psychopathic personality shows no response to being caught or incarcerated. He presents himself well and does not convince us that he is remorseful, despite his statements to the contrary. He has no real loyalty to any individual or group. An aura of superior intelligence surrounds the antisocial personality. At first glance, one has the impression that he is at least a college graduate. However, if observed closely, words are not used correctly and his knowledge is actually quite superficial. (Close observation is, however, not easy, as the psychopath is quite skillful at dodging detection.)

He is egocentric and primarily incapable of loving, that is, he seems only to care for himself. Upon being asked by a judge how he (a psychopathic defendant) could so readily cheat people who trusted him, the defendant replied that it was very difficult to cheat people unless they did trust him.

Although he becomes involved in many relationships, he appears able to disengage himself with impunity for both the hurt feelings of others and any of his incurred responsibilities. He does not really seem to experience guilt. He will admit errors and failures willingly, but seems unable to comprehend the significance of his actions. Hare says of these patients: "He knows the words, but not the music." Equally descriptive is Miller's definition of the psychopath as one who "can walk through snow without leaving footprints."

He may be self-destructive or at least appear to be. Somehow, he always seems to get caught when it is apparent that he has the ability to avoid such detection. It is as if he did not really care.

There is also Greenacre's concept that the psychopath has such an overwhelming superego (guilt) that he repeatedly sets up situations resulting in his punishment. We do know that despite his intelligence and sometimes careful preparation, he seems to leave something undone, so that he is readily apprehended. Alexander speaks of the neurotic who displays antisocial behavior, yet this is qualitatively different from Greenacre's concept of this superego defect. It may seem curious to speak of such seemingly guilt-free persons as guilt-driven, yet clinically one is frequently impressed with such theoretical concepts.

The use of words in a manner apparently different from the rest of us

requires special mention. This is part of a feature Cleckley so aptly named the "semantic psychosis." Although he uses this term to explain his theory of an organic causation, I feel it offers a great deal to our understanding of a particular part of the antisocial personality. These people use words in a way so unreal as to warrant the appellation "semantic psychosis." "I am sorry," seems to mean, "That is what he [the listener] wants to hear and then he will let me go." Or, "I like you, doc. I think you understand me. Of all the psychiatrists I've seen [usually a lot] you understand me better than any of them. If I make probation and get that good job, could I see you regularly?" What the patient, however, is saying is: "I've only known this doctor for five minutes, but I need to butter him up. He'll fall for my line, just like everyone else. . . ."

Cleckley describes one case as follows:

> A man in his twenties, who has been arrested seventy or eighty times, as a child was often truant from school. Occasionally, he stole from his parents some object such as a watch or a piece of table silver. These acts never seemed prompted by a keen desire or ordinary temptation. He often sold for a pittance the object he had stolen. When truant from school, he did not engage in anything that the ordinary boy might regard as high adventure. He wandered about, engaging, apparently without enthusiasm, in petty mischief such as setting fire to a privy at the edge of town or shooting at chickens with an air gun. Often he hung idly about a drugstore and, vaguely bored, read comic books. During his teens he bought many articles for which he had no particular use and, without asking permission, charged them to his father. Neither punishment nor reasoning influenced his conduct.

Always this young man seemed to understand that he had done wrong, and he solemnly agreed never to repeat the errors that were causing his family so much sorrow. His appearance of sincerity at such times was impressive. After being apprehended, he freely discussed the gravity of his misdeeds and the importance of avoiding anything similar in the future. His stated resolutions did not seem perfunctory or sullen but rather reflected good judgment, insight, and the utmost candor. Despite this, his maladjustment continued. In the late teens he several times drove off the automobile of some neighbor or in one he found parked downtown. His father, who had considerable financial means and who was influential in the community, faithfully made restitution for his thefts and other damaging acts. His schoolteachers and the minister joined his parents in efforts to influence him.

Those who dealt with him came, in time, to feel that such a continual pattern of misbehavior must differ profoundly from ordinarily motivated rebellion. After he became old enough to obtain a driver's license, his father, thinking that he might have some strong and specific desire to possess an automobile, bought one for him in the hope that it would influence him favorably. Not long afterward, while out driving, he parked the new car, crossed the street, and took possession of a battered and inferior vehicle which he later abandoned in the country after a minor accident. Subsequently, after driving another stolen car across a state line, he fell into the hands of the federal authorities.

After months of imprisonment he was granted parole. He appeared to have gained real maturity and expressed the most appropriate intentions about his future. For a while he seemed industrious, confident, and happy in work that he had obtained. Then, without warning to his parents (with whom he was living), he disappeared. Approximately a week later his father received a telephone call from a city on the other side of the state, informing him that his son was in jail. Numerous forgeries and swindlings now came to light, as well as an episode of disorderly conduct in a low dance hall. Our subject had there provoked a quarrel and, after a deplorably unpleasant scene in public, had inflicted a minor injury on one of the waitresses who was trying to restore order.

> This habit of casually leaving his parents' home at the behest of any whim persisted over the years. He expressed strong natural affection for both father and mother and was most convincing when he spoke of being willing to do anything to avoid causing them sorrow or distress. Nevertheless, after saying he was going down to the drugstore or perhaps to a moving picture, he would sometimes not return that night or be heard from for many days.
>
> Once a friend of the family, who was thought to be very influential with younger people, set out to counsel him about his problems. The older man was astonished, and also gratified at what appeared to be the frankness and courage with which the younger man faced every issue. So impressed was he with the attitude of our subject that he could not restrain admiration. As plans for the future were discussed, the counselor found himself increasingly influenced by the other's expressed aims and his wise analysis of life and its potential values. In fact, he found himself beginning to give thought to his own status and to possible changes that might enable him to live more meaningfully. After this heartening interview the older man drove the younger to his parent's home. Full of confidence, he departed as his new disciple walked in the front gate. The latter did not, however, enter the house. Strolling casually around it, he went out of the back gate and sent no word to his parents until he was again in the hands of the authorities.

Truman Capote in *In Cold Blood* describes Richard Hickock and Perry Smith, both of whom might be classified as antisocial personalities. Numerous other excellent descriptions have been published.

Various clinicians have delineated the antisocial personality into subgroups, which should make it easier for us to understand and classify individual variations. Unfortunately, none of these have acquired universal or even general acceptance. Karpman speaks of the "aggressive-predatory type"

or the “passive-parasitic type,” as well as other groupings. Arieti speaks of a “simple type,” and a “complex type.” The former tends to act on pure impulse, while the latter may plan his schemes in the manner of the professional bank robber or swindler. We tend to see various types of behavior from our sociopath. Some are violent, dangerous persons who rob, rape, and shoot without a second thought. Others seem to be keen and shrewd confidence men or swindlers who would not use physical force unless absolutely necessary. Rather than separating the antisocial personality into classifications on the basis of his specific behavior, most clinicians tend to view all of these patients simply as antisocial personalities.

Differential Diagnosis

Antisocial Behavior

The difficulties one encounters in correctly diagnosing a patient as an antisocial personality are many and varied. For example, we often come into contact with a person who has made a good adjustment through childhood and adolescence and who appears to have developed meaningful adult relationships, but who then suddenly, begins to cheat and lie, and exhibit other features of antisocial behavior. Such cases are frequently seen in professional people or previously competent businessmen who begin to gamble, embezzle funds, desert their families for showgirls, etc. Such

individuals are not true antisocial personalities, but neurotic or character problems who utilize antisocial behavior to deal with their problems. Unless we make this type of differentiation, our diagnosis becomes useless. A careful diagnosis is important because of the treatment and prognostic implications, as well as the social and legal problems. Kernberg has recently written about prognostic considerations and he points out the significance of the degree and quality of ego weakness, superego pathology, and object relationships, as important factors in evaluating the patient.

I doubt if any true antisocial personality ever graduated from college and practiced a profession, or remained married and reasonably faithful for any length of time. Such determination and loyalty are not characteristic of the antisocial personality. The patient who has accomplished the above and begins to act out is only utilizing antisocial behavior. Beneath such behavior lies a neurosis or some form of character disorder other than the antisocial personality. Some believe that the antisocial personality never becomes an alcoholic or addict because his high degree of narcissism will not allow him to lose control to that degree. Such a statement may sound unusual considering our patient's impulsivity, but in this case the narcissism seems to take precedence over the impulsivity. Antisocial personalities are polymorphous perverse in their sexuality. They have their sex on impulse with little regard as to the propriety of the partner or place, so that many feel that the homosexual does not belong in this group.

Are there female antisocial personalities? They certainly exist, although they are rare and generally not in pure form. (For example, Bonnie of "Bonnie and Clyde" fame.) However, perhaps this is further proof of the different psychologic structure of the female. Guze et al. have produced evidence which indicates that the family that produces an antisocial male will produce a hysteric female.

In my experience, there is another related group of individuals who may not be ill at all but consist of people who adopt many of the features discussed by Cleckley and others as a way of adapting to life. I refer here to individuals who never clearly break the law but who are exceptionally opportunistic and not particularly careful with the truth. They seem to relate to those close to them, but in a minimal way. Examples of this group might be certain politicians and businessmen, like the "used car salesman." We might say that these people evidence some psychopathic-like behavior.

Neurosis and Psychosis

When a patient shows primary features of neurosis or psychosis, his primary diagnosis should not be that of an antisocial personality, regardless of how antisocial his behavior has been. In such cases, the diagnosis should center on the specific neurosis or psychosis involved. One must remember, particularly in forensic work, to be on the alert for the patient who will feign

psychosis or neurosis in order to cover up his basic antisocial personality. We see this more frequently today, with an increased utilization of the insanity plea. To complicate matters further, when placed under sufficient stress (limiting the opportunity to act out), many antisocial personalities appear to regress into a full-blown paranoid psychosis resembling a schizophrenic illness. Upon recovery, they appear antisocial again. This would seem to supply further evidence for a "continuum" theory of mental illness.

Causation

There are almost as many theories as to causation as there are patients, which tells us that no one has a good explanation, and that the causes are really multiple. The major theories of causation of the antisocial personality include genetics, brain damage, and environmental or psychogenic influences.

Genetics

Many studies of twins have pointed to evidence that two-thirds of monozygotic twins observed were concordant for criminal behavior. With reference to genetic implications, Eysenck says:

> Since the evidence is so conclusive and reproduced by so many different investigators in different countries, and since it agrees so much with what might be called the common wisdom of the ages, one might expect that common acceptance had been accorded to it, and that any textbook of criminality would give pride of place to these findings. This is not so,

> however, and it is interesting to consider for a moment why these findings have been largely disregarded. One reason for this may lie in the climate of opinion which prevails, particularly in the United States and in the Soviet Union. In both these countries there is a strong belief in what one might call the technological or manipulative outlook on life. In both countries, there is a widespread belief that almost anything is possible to the person with technical knowledge who is determined to effect certain changes.

Frankenstein also feels there may be congenital factors. On the other hand, McCord and McCord say, "Heredity cannot yet be excluded as a causal factor. . . . Given our current knowledge, however, the extravagant claims of the geneticists must be questioned." Halleck and others strongly support this statement. There has also been some work done by Sheldon with somatotypes, indicating that delinquents are more muscular than non-delinquents. However, this has failed to produce any convincing evidence of a criminal or antisocial body type. Recently, the XYY ("super-male") factor had been noted as occurring as a genetic variant in many mentally deficient prisoners. This suddenly became the antisocial factor. However, more recent articles have tended to question a clear-cut relationship between XYY and antisocial behavior. In fact, one report indicates that there may be the same incidence of antisocial behavior in the XXY, the "female-male," as in the "super-male."

Brain Damage

Many clinicians have been convinced that the antisocial personality

must suffer from some intracranial damage, which would account for their impulsivity, aggressiveness, etc. However, their ability to use language and limited information for a maximum effect suggests very discrete or specific brain damage, if any.

Hare points out, "A large number of studies with various forms of the Wechsler-Bellevue Intelligence Scale strongly supports the clinical impression that psychopaths as a group have at least average global intelligence." There have been claims that the antisocial personality scores higher on the performance scales than on the verbal scales, but results have been inconsistent. Wechsler and Manne support this, while Craddick and Gurvitz do not. Unfortunately, this does not help us to understand the clinical impression these patients give of superior intelligence.

As for EEG findings, Hare says:

> In spite of their limitations, the EEG studies of psychopathy have produced rather consistent results. One finding—the widespread slow-wave activity often found in psychopaths bears a certain resemblance to the EEG patterns usually found in children—has led to a cortical immaturity hypothesis of psychopathy. A second hypothesis, based on the presence of localized EEG abnormalities, is that psychopathy is associated with a defect or malfunction of certain brain mechanisms concerned with emotional activity and the regulation of behavior. Finally, it has been suggested that psychopathy may be related to a lowered state of cortical excitability and to the attenuation of sensory input, particularly input that would ordinarily have disturbing consequences.

On the other hand, a prison study found a higher percentage of abnormal EEG's in conscientious objectors than in psychopaths. However, Kurland et al. found abnormal EEG's in two-thirds of ninety men in the Navy and Marine Corps who had such severe character disorders that they received unsuitability discharges. Thompson felt there was a relationship between EEG signs of psychomotor epilepsy and psychopathy. He also felt that these patients exhibited a lot of "minor" neurologic deviations. There has been an increasing interest in the autonomic nervous system and behavior, both in terms of causation and treatment possibilities. Three studies' have separated a hostile and simple sociopath on the basis of cardiac response to epinephrine, and feel that this may represent some basic physiologic difference of a neuro-hormonal type. Abrahamsen found a high incidence of psychosomatic disorders in his delinquent population.

Eysenck believes, as does Hare, that there are inherited autonomic nervous system differences, and bases treatment suggestions on these theoretical constructs.

Environmental-Psychogenic Influences

While there has been no conclusive statistical evidence that environment plays a controlling role in the development of the sociopathic personality, individual case reports have exemplified such an influence.

Lindner's *Rebel Without a Cause* is a detailed example, as are cases presented by Craft, McCord and McCord, Sturup, and others. A most thorough follow-up study of a child outpatient clinic by Robins has shown that a very high incidence of adult antisocial personalities come from homes in which the father was himself an antisocial personality or alcoholic. Guze has evaluated a large number of criminals and found that their female relatives show a high incidence of hysteria, prompting him to consider hysteria the female equivalent of antisocial behavior. Other theories have dealt with early parental death or separation, severe rejection by the parents, or in some cases, a constant seesawing back and forth between indulgence and rejection. Where there is question as to the specific influence any of these extreme experiences might have on the given individual, most behavioral scientists agree that there is going to be some unfavorable effect. Usdin's statement, "It is better to be wanted by the police than no one at all," may reflect the total feeling of rejection to which some psychopaths have been exposed. Manne presents "a theory of sociopathic behavior based on action-oriented, often nonverbal, communications between the sociopath and the important figures in his life. Attempts to explain the serious ego and superego defect in the psychopath have been numerous and varied. Johnson and Szurek have spoken of the unconscious push by the parents in a vicarious "I can't do it, you do it for me."

Medicolegal Status

Although we speak of the antisocial personality as suffering from a mental illness, he is generally considered responsible in the eyes of the law, regardless of which test of criminal responsibility is used. This may seem unusual when we have said that these patients suffer with severe ego and superego defects, cannot seem to control their impulses, feel no guilt, etc. There are several important factors that must be taken into account. The first is whether or not the antisocial personality is to be considered as a mental illness or merely a personality disorder. This is primary since all tests of criminal responsibility have as their first requirement that the person be suffering from a "mental disorder" (or mental disease or defect). We might answer this by saying that the official diagnostic manuals throughout the world recognize this group of patients as suffering from a mental illness, although there are some variations as to who might be included. Nevertheless, many psychiatrists and legal systems continue to feel that these patients are not mentally ill.

In my opinion, no diagnostic label alone should determine criminal responsibility. For example, there are many severe schizophrenics who are legally responsible for the crimes they commit. The important factor is not the diagnosis alone but the relationship between the illness and the offense. This relationship is what must determine the psychiatrist's medical opinion and is what he must explain to the judge or jury so they may arrive at their

legal decision. In some cases, they will find an antisocial personality not responsible.

The Durham Rule which considers the defendant not responsible if his crime was the product of a mental disease or defect, caused some difficulty, since many psychiatrists felt that the designation of antisocial personality as a mental disease meant that the individual could not be held responsible for his offense. Such a simplistic use of diagnostic labels was not acceptable to Judge Bazelon, the framer of the Durham decision, so that the court in the McDonald case found:

> Our eight-year experience under Durham suggests a judicial definition, however broad and general, of what is included in the terms "disease" and "defect." In Durham, rather than define either term, we simply sought to distinguish disease from defect. Our purpose now is to make it very clear that neither the court nor the jury is bound by ad hoc definitions or conclusions as to what experts state is a disease or defect. What psychiatrists may consider a "mental disease or defect" for clinical purposes, where their concern is treatment, may or may not be the same as mental disease or defect for the jury's purpose in determining criminal responsibility.

When the framers of the Model Penal Code devised their test, they included a third section: "As used in this Section, the term 'mental disorder' does not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct." Thereby, the antisocial personality was excluded. Birnbaum quotes Professor Wechsler of the Columbia Law School:

"The problem is to differentiate between cases which, in the division of function that our society and culture have established, belong exclusively to mental health and those which may be reviewed as cases for correction." Kozol feels the antisocial personality should be found not responsible and should be hospitalized. The opposite point of view, with which I am in agreement, is presented by Birnbaum, a lawyer-physician. He feels that for many practical reasons we must consider the antisocial personality legally responsible. He points out, most convincingly, that such patients may fare no better if placed in mental hospitals, and possibly the public may be less well protected under this system. Certainly, neither our knowledge, understanding, ability to treat, or facilities, are adequate enough for us to suggest that mental health professionals accept full responsibility for these patients, although the courts and the community might like us to do this. On the other hand, we have made sufficient progress in the above items, so that we should be involved in the management of these patients in correctional or special facilities. It is in the latter that we have made some meaningful progress.

Treatment

The search for a treatment for the antisocial personality has not revealed any single treatment for this disease any more than have similar efforts in search of a single treatment for schizophrenia or other mental

illnesses. The treatment prescribed will be obviously dependent upon the theory of causation to which one subscribes. Therefore, Thompson recommended electroshock treatment and Eysenck recommends conditioning by various techniques. McCord and McCord recommend milieu therapy as do others, each with his own variation. One factor that we must constantly keep in mind when speaking of the treatment of this group of patients is whether or not we are speaking of the real antisocial personality or the borderline or neurotic personality who shows antisocial behavior. I have no doubt that many of the various treatments recommended will help those who display antisocial behavior; however, the antisocial personality probably always requires special inpatient facilities.

There are several of these special institutions in the world, all of which have produced astounding results, if we are to accept their cases as true antisocial personalities. The results coming from institutions such as Herstevester, Denmark, the Van der Hooven Clinic in Utrecht, Holland, Balderton Hospital, Newark, England, and Patuxent Institution in Jessup, Maryland, would support the view that one needs a secure institution, long (indeterminate) sentences, a devoted and well-trained staff, and varying mixtures of group and individual therapy. In addition, one must provide a therapeutic and behavioristic milieu, job training, and social reeducation, all based on a scheme of "It's not what you say, but what you do that counts." Many who have worked with antisocial personalities of the most incorrigible

and dangerous type have reported good results under ideal circumstances, but at great expense.

I am personally acquainted with the Patuxent Institution at Jessup, Maryland. Recent data would indicate that recidivism occurred in 81% of the untreated group, 46% of the minimally treated group, 39% with more treatment, and in only 7% of the fully treated group.[1] Similar results have been reported by others. Herstevester is similar to Patuxent in its structure and program while the Van der Hooven Clinic is more open and operated on the principle of a therapeutic community, as originally described by Jones. An approach such as the one used in these institutions would appear to be the current choice. Besides the security and the indeterminate sentence, there is sufficient individualization and flexibility in their programs. Privileges are given on the basis of "ability to accept responsibility," which seems to allow for the development and growth of ego and superego assets. All patients are released slowly and followed up closely in the community.

As a result of these institutional successes, the prognosis for the antisocial personality may not be as bad as previously thought, although some, such as Kernberg, continue to feel that no real psychological insights or changes are made. While the changes may not appear deep, they nevertheless occur. When we consider that these institutions have treated the most serious cases, any good result seems excellent, particularly when we discover that the

average time for successful treatment is three to five years.

Future developments in the treatment of such patients should certainly bring better results, although at the moment no newer ideas have taken hold. Conditioning may have some hope, as Eysenck has proposed, but Hare believes it is of limited value with the antisocial personality. Conditioning experiments have produced results in some antisocial obsessive disorders, such as gambling, and in homosexuality, etc.

There are patients who appear to be seriously antisocial and who have been successfully treated by other methods, such as the milieu therapy at Wiltwych described by McCord and McCord. Milieu therapy has been tried with some of Karpman's patients also, but Karpman felt that no true antisocial personality could be treated. Donnelly describes some of the necessary treatment variations for treating those with antisocial behavior problems in regular psychiatric hospitals. Classical psychoanalytic treatment is rarely considered as a technique useful for these patients in view of their ego and superego structure. Lindner successfully treated a patient in prison with hypnotherapy. Others report successful use of psychoanalytic treatment with delinquent children, however, these seem to be selected cases who might more properly be classified as neurotic patients with antisocial behavior, and not true antisocial personalities.

The patients treated by Schmideberg'' and others represent an interesting challenge for the psychiatrist. These are the neurotic antisocial offenders. They are seen regularly in court and frequently in the consultation room. They want help if you can make them hold still long enough to get it. Most therapists have been tricked and cheated by such patients and then tend to shy away from them. Yet we see more and more of such people who need help. In dealing with such borderline personalities or character disorders, it is obvious that special techniques must be utilized, as described. These techniques include close co-operation between doctor and probation officer, strong reality orientation, support and guidance, allowing the ego and superego to develop, and dealing with the neurosis slowly. Although quite frustrating and challenging as patients, they can add a change to the regular office routine.

It is hoped that the lessons learned at Herstevester and Patuxent, as well as that of Schmideberg and others, can be transferred to our correctional institutions. The application of these lessons, however, will require a greater involvement of psychiatrists in correctional institutions, and a willingness of the community to support such efforts. With crime and violence on the increase all over the world, such efforts are sorely needed.

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Notes

1 Maryland Defective Delinquent Statute: A Progress Report, Patuxent Institution, Jessup, Maryland, 1973.