SOCIETY AND THE SOCIOPATH [1]

MAXWELL JONES, M.D.[2]

The difficulty of separating moral from strictly medical judgments is one of the most difficult problems we have to face in psychiatry. In the evidence admitted on the behalf of the Institute for the Study of the Treatment of Delinquency to the Wolfenden Committee on homosexual offenses and prostitution, the following statement is found: "To the psychiatrist, the problem of homosexuality raises no question of criminality unless the sexual deviation is associated with acts of violence, assault or seduction of minors"(1). Commenting on this statement, Barbara Wootton states, "Psychiatrists generally, and the particular group of psychiatrists in whose name this evidence was drawn up, are as much entitled to their personal opinion as is anybody else. They may, if they wish, dislike violence or assaults upon minors while raising no objection to homosexual acts between consenting adults or at least deprecating the prohibition of these by the criminal law. But in what sense such views can claim to be medically established is far from clear"(2). The same difficulty applies in the whole field of sociopathy. Freedman says that the psychiatrist "talks the language of the scientific method and has a professional need to consider his social preference as having resulted from scientific observation. He is in danger of replacing the semantics of social morality with that of psychological morality without changing the substance." (3). The fact would seem to be that if psychiatry is to play a useful part in the field of sociopathy, it has to give up purely medical concepts like sickness, and moral judgments like sickness or sin, and concentrate on finding a role in conjunction with the social sciences and penology. Public health was once primarily concerned with the epidemiology of infectious diseases and has now moved much closer to the field of social medicine. In the same way, it would seem that psychiatry has to concern itself with the problems of the sociopath, the alcoholic, the criminal, the work shy and so on but cannot hope to do this adequately unless there is the closest liaison with the other disciplines. Such a transition is, of course, already apparent in many areas and the schools of public health, such as Harvard and Johns Hopkins, have gone a long way to bring about such an interdisciplinary training for psychiatrists.

In Britain, the new Mental Health Bill(4) represents a bold step in the direction of social planning. In it, psychopathic disorder is described as "persistent disorder of personality, whether or not accompanied by subnormality of intelligence, which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient and requires or is susceptible to medical treatment." This description will satisfy no one but is at least an attempt at a working definition. The British plan to establish special centers for the treatment of character disorders and referrals from the psychiatric clinics, from the courts and from the prisons can be made to these centers. By implication they accept the fact that the sociopath requires something in addition to the traditional mental hospital and penal institution. It is anticipated that these treatment centers will have both open and closed wards and will be available to both voluntary and committed patients. In Britain, the new Bill allows for the compulsory detention of a sociopath in a psychiatric hospital provided he be under the age of 21. However admission for observation for a period not exceeding 28 days can be arranged for a patient of any age. Both forms of compulsion require two medical certificates and no legal formality. As yet, very little use is being made of these compulsory procedures. The Royal Commission report(5) pointed out, "If the psychopathic patients are subjected to special forms of compulsion on grounds of abnormality, which is evidenced mainly by their be-

[1] Read at the 118th annual meeting of The American Psychiatric Association, Toronto, Canada, May 7-11, 1962.

[2] Director, Education and Research, Oregon State Hospital, Salem, Ore.

havior, this is almost equivalent to the creation of a special quasicriminal code for them alone."

So far, only the special treatment unit at Henderson Hospital, formerly called the Social Rehabilitation Unit, Belmont Hospital(6), is in being, but several other special centers for the treatment of psychopaths are planned. It will be interesting to see what location will be chosen for these new units. If they are attached to psychiatric hospitals, there would be obvious gains in economy and in sharing specialist medical services. More important is their attachment to an ongoing psychiatric service with its established traditions, its own catchment area, and its contact with the local authorities, general practitioners, and others. Moreover, the psychiatric hospital would be already familiar in the neighborhood and the addition of a psychopathic unit would be less challenging (and anxiety provoking) than a new establishment in a new environment solely for the treatment of sociopaths.

On the negative side, however, the establishment of a unit of this kind in an existing mental hospital could create a difficult minority problem. Psychopathic or sociopathic units tend to be seen as privileged, "different," and dangerous. Moreover, the treatment needs of sociopaths are, according to many psychiatrists, quite different to those of the ordinary psychotic in a mental hospital and call for another kind of social organization. Two separate treatment ideologies within the same hospital tend to create difficulties. The alternative is to have separate psychopathic hospitals which develop their therapeutic cultures unhampered by the established treatment ideology and mores of a parent hospital. Such an arrangement, however, would tend to isolate the sociopathic unit from the general body of psychiatry and create a state of affairs not unlike that which has happened in the case of mental retardation. The important point is that the British have embarked on a course of action which means the bringing together of sociopaths from both psychiatric and legal referral channels and indicating that their requirements call for further research and special centers to meet the particular needs of this type of patient. It remains to be seen what will actually be accomplished.

In the U. S., the picture is even less clear. Various states have their own particular arrangements and in some states, special psychopathic laws allow for the commitment through legal channels of sociopaths to hospitals which are designed for their treatment. Atascadero State Hospital in California is an example of a hospital where the referrals are largely labeled sexual psychopaths. Commitment under the existing laws to this institution represents, in a sense, an indeterminate sentence and it seems that the sociopath would frequently prefer to be sent to prison where he would be given a more definitive sentence. In the main, however, it seems that the severe sociopath in the U. S. has to break the law in order to come under some kind of social system where help may (hopefully) be forthcoming. It is interesting to note that the Final Report of the Joint Commission on Mental Illness and Health(7) makes a strong appeal for improved treatment for the psychotic but makes relatively little of the problem of the character disorder. In the summary of their recommendations for a National Mental Health Program, they state,

> In the absence of more specific and definite scientific evidence of the causes of mental illnesses, psychiatry and the allied mental health professions should adopt and practice a broad, liberal philosophy of what constitutes and who can do treatment within the framework of their hospitals, clinics, or other professional service agencies, particularly in relationship to persons with psychosis or severe personality or character disorders that incapacitate them for work, family life, and everyday activity.

However, at no point does the Report really come to grips with the social problem of the character disorder. In relatively few states has any serious attempt been made to isolate the problem, either in the departments of mental hygiene or in the penal system. One of the most interesting developments is in the Department of Corrections in California where several active attempts are made to treat sociopaths and drug addicts under "living group" condi-

tions. In these living groups, communities of 60 to 80 men are brought together and live in the same quarters, either within the penal institution itself or in a forestry camp. These living groups are run on therapeutic community lines with daily meetings of the entire inmate and staff population. Behavior is talked about freely and free expression of feelings is encouraged. A large degree of responsibility is put in the hands of the inmates and decision-making on matters of considerable import is shared with both the inmates and staff. In one unit, the inmates all work in the laundry, and the problems which develop in the work situation are fed back to the daily community meetings. Another experimental treatment unit involving a forestry camp also has daily meetings of inmates and staff. The forestry personnel, and the correctional and custody staff all participate in the daily meetings where work problems as well as the other emotional difficulties are discussed. The new Narcotics Bill in California will allow any addict to go to any doctor, or to the police, or to the courts and ask to be committed to the new rehabilitation center, which is being built at Chino. Male, female and youth authority drug addicts will all be housed in the same treatment center. In this center, custody and treatment functions will be fused and units of 60 drug addicts will be in the charge of a social worker. It is planned that these units will carry out a form of group therapy on a daily basis and it is probable that there will be mixed groups, with male and female drug addicts coming together in the same group.

The Department of Corrections is developing a treatment which is not slavishly copying the psychiatrist's concept of psychotherapy and which has as its main purpose the modification of antisocial attitudes. They have psychiatric consultants but have tended to blend their skills with those of the social scientists. In addition, a rigorous research program is attempting to assess the comparative merits of individual and group counseling, group treatment, and community treatment with as many as 60 to 80 inmates involved in one meeting. This is, I think, a more extensive study of treatment methods than any going on in mental health at the present time. Moreover, as more than 80% of their inmates are put on parole on leaving their institutions, a very adequate follow-up study is possible.

Extensive statistical research into parole violation rates has resulted in the development of a "base expectancy score" which can predict with considerable accuracy the probable parole outcome of inmates on release from prison. All intakes to the Department of Corrections are now being given this base expectancy score and this can help to indicate the optimal length of stay in an institution, which may in certain cases be shortened if the base expectancy score is high. This amounts to letting the inmate serve part of his sentence in the general community supervised by a parole officer. I wish that in the field of mental health we had something equivalent which would allow us to decide on the prognosis and optimal time for discharge in many of our sociopathic and mental patients.

Douglas Grant, head of research in the Department of Corrections in California, is also working on a social maturity scale(8). This is an interesting attempt to introduce a classification system which promises to be more appropriate for a prison population than any psychiatric classification yet devised. A scale on which maturity judgments are based is derived from a theoretical quantification of the individual's capacity to form relationships with other people. This theory describes 7 maturity, or integration, levels which represent successive stages of growth in the capacity to perceive self and the environment without distortion. This implies an increasing capacity to form social relationships and to integrate more realistically and effectively with one's environment. They are attempting to correlate the inmates' social maturity level with the effectiveness of different forms of treatment and also with the social maturity level of the staff who are carrying out the treatment. This links up with the fascinating and as yet little studied problem of the competence of the average, middle class psychiatrist or social scientist to understand and communicate effectively with patients coming from the lower socio-economic groups.

The Department of Corrections is also

reaching out into the community in various ways. Family groups are being encouraged in some areas and several outpatient services are being developed where inmates can look for further help on discharge. Moreover, the parole officers are in a position to offer continued treatment and, under certain circumstances, recommend return to an institution for further supervision and treatment. At least one halfway house is being planned and the youth authority is attempting a community treatment project in which a group of social workers are given a small caseload of 8 parolees and are carrying out what amounts to very careful, individual casework supervision, working with schools and with families, and at the same time acting as parole agents.

Projects such as these and the work going on at Highfields in New Jersey(9) and Pinehills at Provo(10) in Utah indicate that the major initiative and progress in the field of the treatment of character disorders seems to be going on outside the body of psychiatry. It would seem to me that no one group can possibly tackle this problem effectively without using all the available resources from other disciplines. As things are, the majority of sociopaths under treatment are probably to be found in the state hospitals where little or nothing of a constructive or planned program is available. Our social workers are in short supply and in any case, they appear to have lost their skills in supporting and treating patients in the community and have tended to focus on individual casework in their offices. With the opening up of state hospitals, the increasing number of patients coming for treatment voluntarily and the increasing infiltration of the community, one can hope that the sociopath will be able to get help at an early stage of his career. There would seem to be a very good case for the establishment of some pilot units in state hospitals where cases can be admitted voluntarily or referred for treatment from the courts or from prison. Units of this kind would be expensive and would probably require a more generous staff: patient ratio than would the rest of the hospital. Moreover, the training and social organization in these units would probably be different to the rest of the hospital. It is only by establishing such units under optimal conditions that we can get some awareness of the relative advantages of treating many of these individuals in state hospitals as opposed to a prison. Alternatively, some separate treatment units which are perceived as neither mental hospitals nor correctional penal institutions might be tried and compared with the more orthodox treatment methods. The fact is, of course, that until psychiatrists really feel that this undertaking is worth while, nothing very much will happen. My own experience would lead me to think that the sociopath can be helped, provided one establishes realistic and modest treatment goals. It is my belief that the majority of character disorders can be helped to modify their social attitudes and in some cases real personality change may be effected. With a wide social approach involving families in the treatment program, it seems that a great deal could be hoped for in the field of preventive psychiatry. Certainly, something must be done to try to prevent the vicious cycle of sociopaths drifting into "need fit" marriages and producing sociopathic children.

Conclusion

It would seem that we as psychiatrists have to clarify our thinking on the moral issues involved in sociopathy and come out strongly in favor of treatment for those cases, and I think they represent the overwhelming majority, where such an approach can help. If we take this stand then we must be prepared to carry out such a plan. Psychiatrists must believe in the efficacy of treatment and be prepared to help patients in outpatient clinics, hospitals, prisons, or special units established for this type of case. So far the moralistic attitude of the profession to this type of case has been one of the many factors hindering the development of adequate treatment facilities.

There would also seem to be a need for a multidisciplinary approach as psychiatry is often largely unaware of the developments in other fields such as correctional work and the theoretical and applied approach of the sociologists. But in the last analysis it is society itself which decides how much money and effort is to be ex-

pended on its social casualties, and by implication how much responsibility it is willing to assume in this field.

BIBLIOGRAPHY

1. Institute for the Study and Treatment of Delinquency and the Portman Clinic, 1955.

2. Wootton, Barbara : Social Science and Social Pathology. London : Allen and Unwin, 1959.

3. Freedman, L. Z., Hoch, P. H., and Zubin, J. : Psychiatry and the Law. New York : Grune & Stratton, 1955.

4. Mental Health Bill. London : H. M. Stationery Office, 1959.

5. The Royal Commission on the Law Relating to Mental Illness and Mental Deficiency. London : H. M. Stationery Office, 1957.

6. Jones, Maxwell, *et al.* : Lancet, **1** : 566, 1959.

7. Final Report of the Joint Commission on Mental Illness and Health : Action for Mental Health. New York : Basic Books, 1961.

8. Grant, J. D., and Grant, M. C. : Ann. Am. Acad. Pol. Soc. Sci., **322** : 126, 1959.

9. McCorkle, L. W., Elias, A., and Bixby, F. L. : The Highfields Story. New York : Henry Holt, 1958.

10. Empey, L. T., and Rabow, J. : Am. Soc. Rev., **26** : 679, 1961.