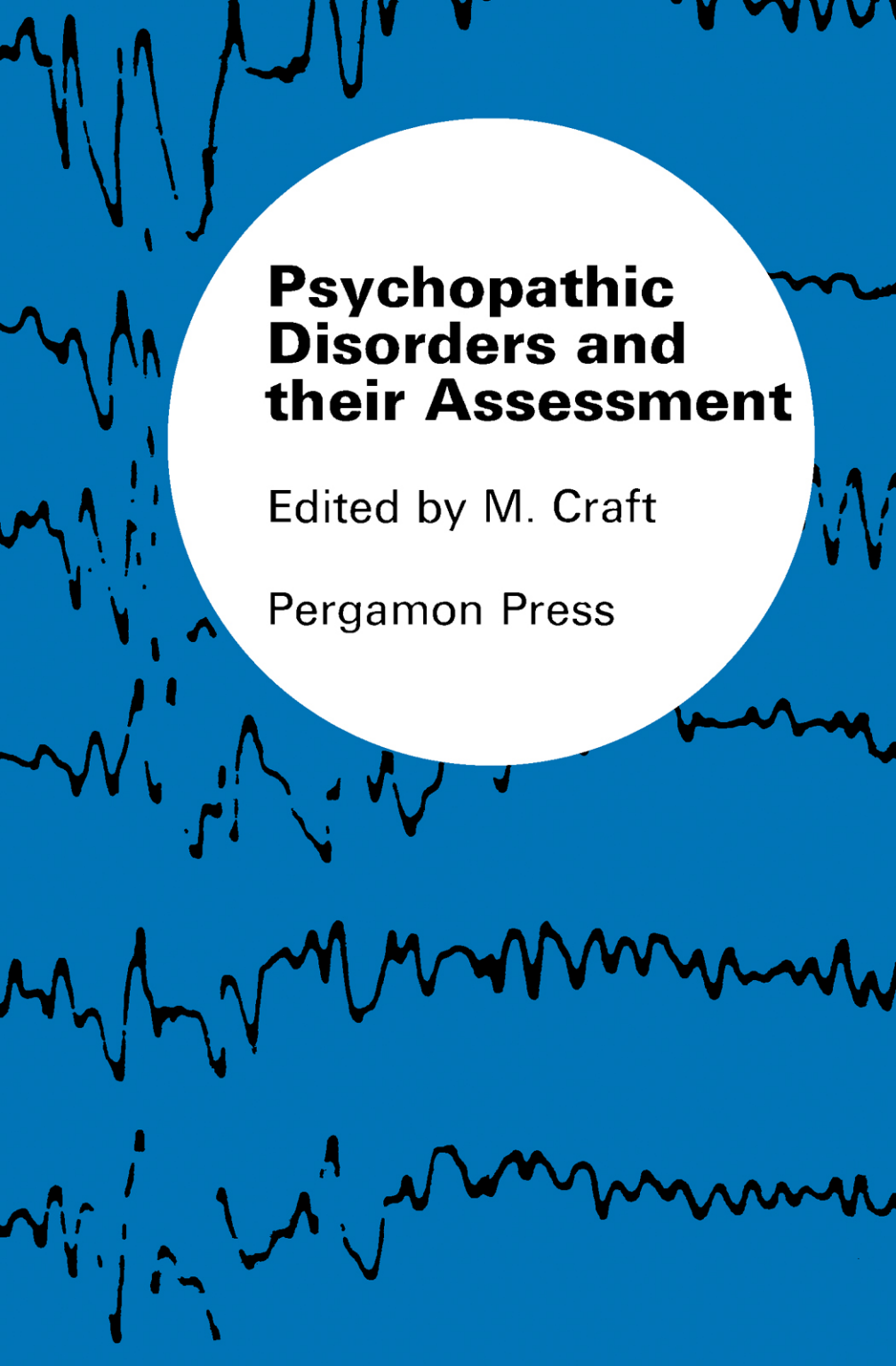

Psychopathic Disorders and their Assessment

Edited by M. Craft

Pergamon Press

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Publisher's Note

This book appears in two editions. The soft cover, cheaper version under the title *Psychopathic Disorders* excludes the appendix on psychological assessment, which is bound into the hard-cover library edition intended for specialist workers. This appendix contains a first attempt to carry out a detailed assessment of the use of psychological tests in the diagnosis of psychopathic disorder, and necessarily contains a good deal of data necessary to clarify the statements made, and for these reasons is likely to appeal mainly to the worker in this field.

Psychopathic Disorders and their Assessment

Edited by

MICHAEL CRAFT, M.D.(Lond.),
F.R.C.P.(Edin.), D.P.M.

Consultant Psychiatrist
Oakwood Park Hospital
Conway

PERGAMON PRESS

OXFORD · LONDON · EDINBURGH · NEW YORK
TORONTO · SYDNEY · PARIS · BRAUNSCHWEIG

Pergamon Press Ltd., Headington Hill Hall, Oxford
4 & 5 Fitzroy Square, London W.1
Pergamon Press (Scotland) Ltd., 2 & 3 Teviot Place, Edinburgh 1
Pergamon Press Inc., 44-01 21st Street, Long Island City, New York 11101
Pergamon of Canada, Ltd., 6 Adelaide Street East, Toronto, Ontario
Pergamon Press (Aust.) Pty. Ltd., 20-22 Margaret Street, Sydney, N.S.W.
Pergamon Press S.A.R.L., 24 rue des Écoles, Paris 5e
Vieweg & Sohn GmbH, Burgplatz 1, Braunschweig

First edition 1966

Library of Congress Catalog Card No. 66-16461

PRINTED IN GREAT BRITAIN BY
THE BAY TREE PRESS, STEVENAGE, HERTS.

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Contents

Notes on the Contributors

D. A. BLACK, M.A.
Principal Psychologist, Broadmoor Hospital. He is particularly concerned with the clinical applications of psychological tests.

M. J. CRAFT, M.D., F.R.C.P.(Edin.), D.P.M.
Medical Superintendent, Oakwood Park Hospital, late Consultant, Balderton Psychopathic Unit. He has been Consultant to several approved schools and has written extensively on subnormality and psychopathy.

W. FABISCH, M.D., M.R.C.P., D.P.M.
Consultant Psychiatrist at Mapperley Hospital, in charge of the Electroencephalographic Department at that hospital.

T. C. N. GIBBENS, M.B.E., M.D., D.P.M.
Reader in Forensic Psychiatry, Institute of Psychiatry, London. Consultant Psychiatrist to the Bethlem Royal and Maudsley Hospitals and Psychiatrist to the L.C.C. remand home for girls. He is the author of numerous articles on delinquency and social deviation, including extended studies of Borstal training and shoplifting.

P. MCGRATH, M.B., Ch.B.(Glas.), D.Psych.(Ed.)
Physician Superintendent and Consultant Psychiatrist, Broadmoor Hospital.

B. A. O'CONNELL, M.B., B.Ch., D.P.M.
Consultant Psychiatrist, Broadmoor Hospital. In 1964 he was awarded a World Health Organization Fellowship to enable him to study a wide range of facilities in the United States whose functions it is to deal with the various kinds of abnormal offender.

RT. HON. KENNETH ROBINSON, M.P.

H. K. SNELL, C.B.E., M.D., D.P.H.
Formerly Director of Medical Services, Prison Commission (now Prison Department, Home Office).

F. H. TAYLOR, O.B.E., M.D., D.P.H., D.P.M.
Late Medical Director, Henderson Hospital. He has also been a member of the Prison Medical Service and Regional Hospital Board staff.

N. WALKER, M.A., Ph.D.
University Reader in Criminology and Fellow of Nuffield College, Oxford. Author of *A Short History of Psychotherapy; Crime and Punishment in Britain; Morale in the Civil Service;* responsible for the Oxford survey of mentally disordered offenders.

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Foreword

WE OWE much to Dr. Craft, the editor, a distinguished psychiatrist, for assembling the work of so many eminent men concerned with psychopathic disorder. We increase our knowledge and understanding of the psychopath; so also do we increase our responsibility for understanding and helping him.

Although each contribution to the symposium stands by itself, one gains much by reading the book as a whole. A descriptive account of the whole field could be written by one person, but the strength of this most interesting book lies in the diversity of authors and the different contexts in which they view the psychopath.

We live in the age of the expert, real or alleged. The vast extension of knowledge, in depth and breadth, in natural science and the social sciences, has separated not only the layman from the specialist but specialist from specialist. The psychopath presents sociological, medical and legal problems which have been assessed individually. In this symposium the problems are brought together; the layman is able to see the range of problems and the specialist the varying approaches to the problems.

The antisocial nature of the psychopath impinges on society as a whole but brings him into closest contact with those concerned with the law and medicine. Diagnosis of psychopathic disorder rests with the psychiatrist, but within the medical profession there does not exist one easily applied definition. There are terminological difficulties and, although psychiatrists are almost always in agreement as to whether a person is to be classified as a psychopath, the degree of seriousness of his condition is sometimes evaluated differently. These factors are aggravated when the assessment has to be communicated to someone who is dealing with the psychopath as a law breaker and estimating culpability.

One cannot leave the problem because our knowledge is incomplete and we are not satisfied with our definition. The psychopath needs treatment, and here the difficulties above are again felt. Is he to be treated within the penal or medical framework or by some means incorporating both? All interested may be agreed in some cases, e.g. that a secure hospital meets the needs of the psychopath and society, but on some occasions his needs may be in conflict with those of society.

We become aware of necessity for more facilities for treatment and for research into methods of treatment if we are to grasp more fully the problem. At this stage we realize that the aetiology of psychopathic behaviour must be studied. The sociologist is brought in and we learn of the environmental factors which develop psychopathic tendencies, for society's part in causing antisocial behaviour concerns us all. This book gives the viewpoints of some of those working in the field and particularly interested in the problems posed.

December 1964. LONGFORD

CHAPTER 1

The Meanings of the Term "Psychopath"

MICHAEL CRAFT

PSYCHOPATHIC disorder is defined in the 1959 Mental Health Act for England and Wales as "a persistent disorder or disability of mind (whether or not including 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". The definition thus notes past associations with intellectual underfunctioning, specifically implicates aggression, if not other antisocial activity, and requires treatment facilities by way of a hospital bed to be available. For better or worse, its management is placed firmly on a medical footing.

The legal definition given above has been criticized as lacking in specificity, for a group of people some of whom could be, and, in fact, are being treated for a period equal to life imprisonment. In practice, appeal tribunals safeguard the individual and discharge some 11 per cent of applicants (Faversham, 1962). Apart from the legal definition, there are psychiatric, social and ethical considerations to the subject of psychopathic disorder and all must be considered. In the field of *psychiatric practice*, few seriously disturbed psychopaths present themselves at university clinics which, in general, lack in-patient facilities for their treatment. They more commonly arrive in prison, special hospitals, some hospitals for the subnormal, or for an excited episode for short-term treatment in a local mental hospital. Many psychiatric hospitals are unwilling to treat for long the severely disturbed psychopath (Kidd, 1962) for they upset other ward patients.

Psychiatric and other evidence to the Royal Commission (1957)

reflected the general feeling in Britain that psychopathic disorder was only the obvious, smallest and extreme fraction of the iceberg of behaviour disorders of which there are many in the community sea. As there are so many synonyms in the field, common terms are represented in Fig. 1.

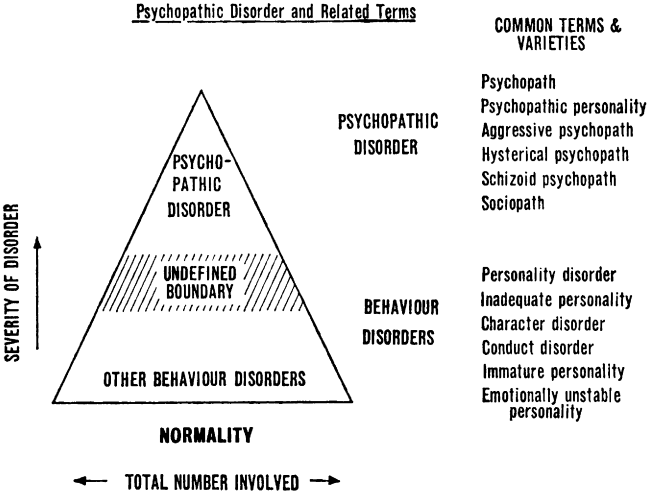

FIG. 1. Psychopathic disorder and related terms.

The evidence to the Royal Commission suggested that the term "psychopathic disorder" is applied to extreme varieties of behaviour disorder, and no clear cut-off point between psychopathy and more common personality abnormalities in the community was offered. Psychopathic disorder has this lack of cut-off points in common with other clinical syndromes such as senile dementia in which there is also no very clear stage at which the incumbent may be sent for, or come for help, although the contrast between his present and past behaviour may be clear enough. If psychopathy is a clinical syndrome or syndromes it should follow that as with other medical entities like diabetes there should be a clinical picture with certain features expected to be present and others absent, so it can be distinguished

from other syndromes; a demonstrable method of causation and a natural history which it is possible to influence by treatment. This assertation is investigated in later chapters and in detail elsewhere (Craft, 1965).

One cut-off point in behaviour disorders is available which is not so in other clinical states, this being the mark of society disapproval of abnormal action shown by conviction. It might be that the more disordered in behaviour is the psychopath, the more likely is he to have convictions, and that among first offenders the number of psychopaths would be least. Fig. 2 illustrates this point.

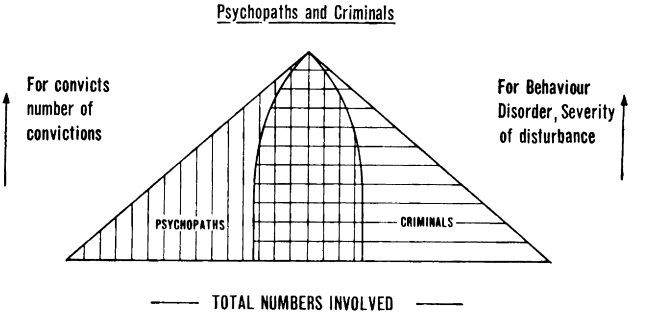

FIG. 2. Psychopaths and criminals.

Just as not all psychopaths are criminals, so all criminals are not psychopathic, but there is a substantial overlap between the two. With the antisocial implications of psychopathic disorder there comes the legal point of diminished responsibility. An analogy can here be made with the diminished responsibility of the child with whom the immature types of psychopath have much in common. Just as different communities choose a different cut-off point at which children are expected to carry criminal responsibility (in Britain up to 1963 aged 8, from 1964 aged 10), so communities vary in the proportion of mentally disordered people able successfully to plead diminished responsibility. Again there is no clear cut-off point.

It seems reasonable at this stage to discuss what is meant by the term "psychopathic disorder". At a 1962 conference near London, groups of prison medical officers and practising hospital psychiatrists were first asked whether the term "psychopath" was a necessary one for penal and psychiatric thought. The reply was similar to that given to the earlier Royal Commission that some term was needed to designate those persons who, although apparently rational and in possession of good intelligence, yet seemed at the mercy of their emotional needs at crucial, often frequent, periods of time. If the term "psychopath" was not used, some other term would be necessary with which to discuss the sociological and treatment needs of this group of people. The doctors were then asked a second question, as to those clinical features they would consider diagnostic of psychopathy in order of importance. Six prison doctors felt that, apart from antisocial behaviour demonstrated by convictions, these were: (1) aggressiveness, (2) a liability to act on impulse, (3) a defect in feeling or affection for other humans with, perhaps, (4) a failure to learn from experience or profit from punishment. These practitioners, as others, recognized that the concept of psychopathy overlapped to some extent with that of criminality. In England, the most severe psychopaths are treated in the special hospitals of Broadmoor, Rampton and Moss Side, for these hospitals afford the highest degree of security in the country. Under the Mental Health Act, prisons are enjoined to forward subjects with psychopathic disorder to hospital, and as the Rt. Hon. Kenneth Robinson, M.P. points out in the next chapter, this means, in practice, to the special hospitals. The superintendents of these hospitals, in their descriptions of clinical features, emphasize more qualities of affectionlessness and impulsivity than aggression as characteristic of psychopathy (see Chapter 8; Mackay, 1948; Craft and McDougall, 1966). At the conference, hospital psychiatrists were more inclined to emphasize the essential personality immaturity (Maxwell Jones), their lack of remorse, and the increasing number and quality of neurotic traits, proportionate to the time and care taken to search for them. At the conference, many participants recalled previous writers on the subject such as Scott, East, Hubert and Henderson, noting the importance of such

negative diagnostic features as the lack of signs of psychosis or gross intellectual deficit. There appears to be some general agreement among the medical experts in the field (and others reviewed, Craft, 1961, 1965) that psychopaths have a combination of the following salient clinical features. It is important to note that *both* primary features must be present.

Positive Features

Primary

(1) A lack of feeling quality to other humans, described by some as affectionlessness and others as lovelessness. In extreme cases he may be quite without feeling sense.

(2) A liability to act on impulse and without forethought. This relates to the old legal phrase "irresistible impulse".

Secondary, deriving from the above

(3) A combination of the previous two, under suitable circumstances, leading to aggression.

(4) A lack of shame or remorse for what has been done.

(5) An inability to profit by, or use experience; which includes a lack of response to punishment. The antisocial quality of their actions may have been recorded in the past by way of conviction.

(6) A lack of drive or motivation, leading to a general inadequacy of conduct, so that the person does not use his apparent abilities.

Additional

(7) With the above the presence of a viciousness, or wish to do damage to things or persons.

Negative Features

(1) Lack of psychoses, such as schizophrenia or depression, which are excluded on psychiatric examination.

(2) Lack of pure intellectual deficit or mental ability less than

half the average man, so that on testing he scores a Standard Binet I.Q. of under 50.

(3) Lack of criminal motivation or of planning of actions in the light of risks at issue.

The subject may be defined at law as a medical entity; a group of medical experts may describe that which they consider to be characteristic of the disorder, and the sociologist may state that he considers it to consist of the most serious group of behaviour disorders, of which there are many lesser variants abroad in the community. Little of this means anything to the average layman until he meets an example. Three such examples are now described, chosen because they are well known, and because they show a mixture of the clinical features noted above. They concern one who also scored somewhat low on intelligence tests (Straffen), one who is said to have scored high (Heath) and two who scored at about average levels (Gifford and Rix). They are extreme examples of the disorder, and chosen for this purpose. It should not be thought that psychopaths are always responsible for murder; mentally ill patients are the largest single group in this category in Britain (*Murder*, H.M.S.O., 1961). After the first three case histories, four further histories are given describing more common and recent subjects.

Straffen is well known in English law as a dullard with psychopathic traits posing a problem in criminal responsibility. Born in 1933 to a soldier, he spent his early years in India, often separated from his father. No separation was recorded from his mother, and there is no record of brain injury or infection. Back in England, he was placed on probation at 8 for stealing a purse, and his probation officer remarked that he had no ordinary understanding of right and wrong. The school reports showed him to be amenable but solitary, and without friends. At 16 he became a machinist, started pilfering, threatened a 13-year-old girl with killing, strangled five hens and was arrested for multiple housebreaking. The Court sent him to hospital as a defective, his I.Q. being stated to be 58 at this time. At 18 he was licensed home, and one evening killed first Brenda Goddard, then Cecily Badstone, unconcernedly attending a film