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A study of ten psychotic patients charged with criminal offenses and known to a veterans administration hospital between September 1950 and September 1951

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A STUDY OF TEN PSYCHOTIC PATIENTS CHARGED WITH CRIMINAL OFFENSES AND KNOWN TO A VETERANS ADMINISTRATION HOSPITAL BETWEEN SEPTEMBER 1950 AND SEPTEMBER 1951

A THESIS SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
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CHAPTER I

Significance of the Study

The question of why many mentally ill individuals are permitted to remain a potential threat to society and become involved in legal offenses before their commitment to a mental institution, is one of vital social importance. It has been said that some member in one out of every five families in the United States has to be admitted to a mental hospital.\(^1\) In addition, there are uncounted numbers of borderline cases and of seriously deranged persons who should be in mental institutions but are not. Yet, it seems that when mental illness strikes in any form, there is much unnecessary suffering for both the patient and his relatives because they are unprepared and bewildered when one of the loved ones behaves abnormally. They are usually ignorant of the available psychiatric resources to help people in similar situations.

It seems to be a common occurrence among most people to consider hospitalization for the mentally ill with morbid dread. They are unaware of the relative comforts and the various therapeutic methods used in some modern day mental institutions, particularly in federal psychiatric hospitals, to restore patients to mental health. A number of relatives, friends and

acquaintances of mentally ill persons experience confusion, bewilderment and anguish out of all proportion to the realities of the situation, and needlessly increase their own and the patient's suffering through fear, ignorance, delay in treatment and mishandling during the pre-hospital period when serious behavior deviations are obvious and pronounced.

There is grave need for more general instructions to combat common fallacies about mental illness, its care, and practical advice on the family's relationship with a patient and the hospital. If more relatives realized that mental illness is impartial and that it should be considered as any other illness, the patient's chances of recovery and the peace of mind of those persons concerned would be considerably enhanced. The simple fact that the patient is another sick person and that his perverse and unreasonable actions are symptomatic of illness, would prevent much humiliation and unnecessary suffering might be avoided. If it were more generally understood that such conditions are not a family stigma or disgrace, more patients would receive the necessary treatment before their behavior becomes hazardous. The sheer facts of the disorder are painful enough and should not be complicated and magnified for all concerned by coloring them with ideas that date from the days when insanity was believed to be caused by demons and evil spirits or by delaying to call on help because of shame. As a result of this unconfirmed belief, the full cooperation of the relatives concerning the patient's illness is more difficult
Many relatives evade the reality situation by maintaining that "there is really nothing wrong with John, he is just acting up." During this interim, the patient might well manifest more and more disorganization and, consequently, become more and more dangerous to himself and others. In addition, there seems to be a generally accepted fact among psychiatrists that the sooner therapeutic measures begin for a patient, the greater are the chances for a favorable response to them; and misfortune can be prevented from becoming a tragedy by a realistic acceptance of abnormal behavior for exactly what it is, namely, a disease like any other to which some individuals are subject and to which present day medical science has found many answers. Considering the advantages which might be realized from a study of this condition, and since the promotion of maximum social harmony for individuals and their families is the essential goal of social work, the writer became interested in this study.

Purpose of the Study

The purposes of this study are to indicate the nature and some of the psycho-social factors contributing to the asocial behavior of ten schizophrenic patients; to show that these patients might have been helped prior to their illegal acts; and to ascertain why relatives were reluctant to seek professional psychiatric services for them.

Ibid., p. 5.
Method of Procedure

The material used in this study was obtained from social service records, military records, clinical folders, and previous hospital records of the patients studied. These data were supplemented by conferences with the respective doctors and social workers who were familiar with the cases. Pertinent literature, published and unpublished, was used as a framework of interpretation. The cases were selected by referral from the respective doctors on the basis of the available case information which could be used for analytical purposes and which contained the most complete histories about the particular subject studied. As a result, ten cases were selected as suitable for purposes of this study.

Scope

The study was confined to ten psychotic patients charged with criminal offenses, irrespective of race, age, or type of illegal behavior. It was limited to cases known to a Veterans Administration Hospital between September 1, 1949 and September 1, 1951.
CHAPTER II

SOCIO-PSYCHOLOGICAL COMPONENTS
IN MISDEMEANOR CHARGES

Maladaptive behavior is very costly and destructive in its effect both upon the individual and upon society.\(^1\) The factors found in criminal behavior are as varied as the individuals concerned; because inadequate mental and social intelligence, hereditary instability, economic dependence, and unwholesome environmental factors, including negative home conditions, all have their importance in the evaluation. It is only through a knowledge of the individual's physical, mental, and emotional characteristics and his reactions to his environment and the pressure of life that the results, namely, the behavior, can be understood. It seems to be a psychological truism that habits, either positive or negative, formed in childhood are influential in later criminal reactions.

Crimes or legal maladjustments are classified as treasons, felonies, or misdemeanors.\(^2\) Treason, the most serious crime, pertains to subversive acts against the government. A felony is usually held to be an offense which may be punished by death

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or confinement in a state prison. Misdemeanors, however, include all crimes which are less than felonies and are punishable by a fine or jail sentence.

Larceny Offenses

Larceny is the obtaining of personal property from the possession of another with the intent to deprive him of ownership. Stealing is frequently present in individuals who have a strong repressed dependency need, an infantile wish to be supported by others, and a denial of a wish to be given to. Independence becomes inhibited and the tendency to return to a pre-oedipal, infantile, passive dependence gains the upper hand. Stealing is an attempt to regain the lost self-esteem by an air of pseudo-masculinity.

In this study of ten patients, five psychotic ones were committed to the Veterans Administration Hospital, adjudged misdemeanors, as a result of charges which were considered larceny. Mr. "A", a twenty-six year old, single, Negro veteran, was convicted of larceny and sentenced to a state penitentiary for one year. While there, he was psychiatrically observed in a mental institution because of his extremely nervous, impulsive and unstable reactions. He also manifested paranoid delusions and, subsequently, was diagnosed as "paranoid psychosis with a psychopathic personality." As a result, he was committed to a medical institution.

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3Ibid., p. 362.
state institution. One year later, Mr. "A" received another twelve months sentence in a state penitentiary for larceny; and one month following his release, he was found guilty of stealing suitcases from a railroad station. While serving this sentence, his hostility and aggression involved him in numerous fights with other prisoners. This time, after an examination by a prison psychiatrist, he was diagnosed as "psychopathic personality, post psychotic state." Although Mr. "A" suffered from vertigo and severe headaches, he arbitrarily refused psychiatric consultation or treatment until ten months later, he had to be committed to a mental institution.

Mr. "A" was the fifth oldest in a sibship of ten. His three sisters and one brother, who were older than he, were successful professional persons; and his younger siblings were college students. There were indications that his mother maintained rather high educational ambitions for her children and that she was proud of them in proportion to their scholastic attainments.

His father, who had separated from his family when Mr. "A" was nine years old, was employed in a distant state. He was described as a hard working man, fond of his children, who supported them adequately prior to the separation. He seemed, however, to have felt that his children should obtain employment following high school graduation in order to help their parents economically. Mr. "A's" mother, who seemed extremely domineering, obtained employment in an effort to provide him and his siblings with educational opportunities of which she had been deprived.
Shortly afterwards, she and her ten children moved to New York where the younger children lived with her aunt while the older ones lived at the "Y". The mother and the older children obtained employment and, after a few months, pooled their resources and purchased a home.

There were no indications that Mr. "A" experienced an unusual birth which might have contributed to his deviant behavior in adult life. He was a healthy baby, ate and slept well and grew rapidly, without signs of developmental difficulty. He entered kindergarten at the age of four, liked school and made a favorable adjustment to all aspects of his educational pursuits. He was a member of his high school basketball and baseball teams and was generally fond of sports. His friends were few because his mother prohibited him from associating with children of parents whom she did not consider as "all right." Mr. "A" had a high school girl friend and became angry with his family members who teased him about her.

After discontinuing high school in the tenth grade, Mr. "A" obtained employment as a shipping clerk and seemed to have liked his work. He contributed a portion of his wages to the upkeep of the home. Mr. "A" seemed to have accepted his induction into the army favorably, but became ill overseas and wrote his mother that he was "shell-shocked."

Following his honorable discharge, there was a marked change in his occupational and social adjustments. He would become confused and irritated while working which prevented him from holding a job for more than a few days. He had fewer
friends, grew more seclusive, unsociable and irritable; he would wander away from home for days at a time, finally became grandiose, and fantasied that he owned an elaborate home with servants. Crying in the presence of family members, he implied that he was not as good as they and finally moved from the home referring to himself as the "black sheep." He accused his family of being ashamed of him and of desiring to send him to a mental hospital to get rid of him.

Because of Mr. "A's" attitude, his mother, who had been hyper-dominating, became over-kind in an effort to please him. She would give him spending money and permitted him to do as he pleased as long as it made him happy. She was hesitant to advise him to consult medical help for fear of aggravating his condition. Consequently, Mr. "A's" deviant behavior increased until his arrest.

Mr. "A" experienced unwholesome family relationships and early developmental conditions which influenced his subsequent psychopathic personality. He was in frequent conflict with laws of society because of his uncontrollable impulses to satisfy cravings in the present, an inability to profit by experience, and a lack of foresight as illustrated in his numerous stealing episodes.5

Mr. "A" was exposed to a great deal of competition for parental love, attention, and security in the home and, perhaps,

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had to test himself against others in the family. His siblings, with whom he competed for parental approval, were more successful in their responses to the rigid requirements of his mother. Failure to compete with them in this area might have represented a general failure to Mr. "A" and lead to an arrested ego development which was manifested in severe feelings of guilt, hostility, and frustration.

There were frequent conflicts in his home between his parents. It is possible that these emotional frictions, along with the low economic element, prevented either parent from meeting the innate needs of Mr. "A." Also, his mother was extremely dominating and aggressive; her educational standards for her children were rigid and high. When the family situation became too intense, it caused anxiety and strain which precluded the achievement of Mr. "A's" personal satisfactions. These emotional disturbances, in later life, prevented him from obtaining the degree of independence, security, and satisfactions which were necessary for his adjustment in relation to extra-family competition and conformity to the demands of society. Mr. "A's" stealing episodes and assaulted behavior stemmed from his strong but repressed need for dependence and his infantile wish to be supported by others. Stealing, for him, was a denial of a wish to be given things. His first expressions of masculinity and competition were blocked and associated with fear and guilt, his development in the direction of independence

became inhibited, and his infantile passive dependency gained the upper hand. His criminal behavior seemed to have been an attempt to gain self-esteem by an air of pseudo-masculinity.\footnote{Gladys McDermaid, \textit{op. cit.}, p. 122.}

Mr. "A's" arrested ego development predisposed him to acting out his impulses under the dominance of the pleasure-pain principle.\footnote{Kate Friedlander, "Latent Delinquency and Ego Development," \textit{Searchlights on Delinquency}, ed. K. R. Eissler \textit{et al} (New York, 1949), p. 205.} He resorted to a world of fantasy in an effort to escape his reality situation; in doing this, a vicious circle was involved. Mr. "A's" emotional insecurities produced feelings of immaturity, weakness, inadequacy and inferiority which exposed him to critical comparison, competition, and envy for others. His hostility was accompanied by fear, guilt, and anxiety which culminated in his regression to strong childish, passive dependency desires to the extent of psychotic reactions.\footnote{Leon J. Saul, \textit{op. cit.}, pp. 74-75.}

In the case of Mr. "B", a thirty-two year old, single, veteran, he was arrested and convicted on larceny charges of automobile theft. The stolen auto was wrecked by Mr. "B", and two of the five riders with him were seriously injured. As a result of these injuries, the father of Mr. "B" paid civil damages amounting to $1600 in an effort to protect Mr. "B" from a penitentiary sentence. During the trial, Mr. "B" manifested emotional disturbances and confusion which lead to a psychiatric
examination which revealed that he was psychiatrically disorganized. He was, as a result, committed to a psychiatric hospital.

Mr. "B" had a normal birth and was described as a good baby who responded favorably to his early developmental adjustments. He attended elementary school from ages six to fourteen at which time he graduated with highest honors. He maintained a high scholastic average throughout high school where he participated on the basketball and hand ball teams. He had a pleasant personality which attracted people, however, due to his introvertive tendencies, he had few close friends. His adolescent ambition to become a lawyer was thwarted by the low economic situation of his family which he described as "destitute." The family of Mr. "B" lived on public assistance during the depression years up to World War II.

Following his high school graduation, Mr. "B" worked on an ice delivery route for his father. Although there were no overt complaints, he apparently resented his task a great deal and continued to project his feelings upon his father for the substandard economic status of the family. He also resented being forced to support himself and to contribute a portion of his earnings toward the family maintenance.

Mr. "B" was among the first of his friends to be drafted. It seemed that he made a somewhat satisfactory military adjustment which eventually advanced him to the rank of staff sergeant. He was reluctant to accept his promotions on the grounds that the responsibilities incurred were too heavy for him. He also
feared the possibility that his rank would entail his shooting of enemy prisoners.

While under a prolonged strain of combat duty, Mr. "B" developed mild psychotic symptoms which culminated in his hospitalization. He experienced difficulty in remembering instructions and in expressing himself. His incoherent conversation and deviant manner necessitated psychiatric observation and treatment in an army general hospital. He complained of becoming detached and unable to function as previously. He had silly ideas and when questioned in reference to them, would shrug his shoulders and smile inappropriately. He seemed moderately depressed and preoccupied and was, subsequently, transferred to a psychiatric hospital with a diagnosis of "psychosis, schizophrenia, unclassified type," precipitated by combat strain. In the hospital, he was antagonistic, belligerent, easily irritated and considerably disturbed. He evidenced marked guilt feelings concerning supposedly wrongful acts committed while overseas. In the hospital, his diagnosis was changed to "schizophrenia, simple type."

Disregarding the veteran's unpredictable behavior, suicidal ideas, and despondency, Mr. "B's" brother signed him out of the hospital against medical advice. Following his discharge, Mr. "B" again worked for his father on the ice route which he soon discontinued on the complaint that his father was cheating the customers. He then obtained employment with the Department of Sanitation as a garbage collector. After one month, he walked off this job with no explanation to his employer or his
family.

Mr. "B's" father was born in Italy and migrated to America where he met and married the mother of Mr. "B". The father remained in the ice business until he became a wholesale apple dealer just prior to Mr. "B's" commitment. His father was described as a strict, domineering disciplinarian who exercised severe punishment to his family for minor infractions of rules. The mother of Mr. "B" was a quiet, recessive person who dared not intercede for her children although she disapproved of the father's brutality to Mr. "B" and his siblings.

Mr. "B" was the second oldest in a sibship of six. There appeared to have been no unusual jealousy toward his siblings, but Mr. "B" was closest to his next younger brother in whom he confided most, however, he manifested severe hostility toward his father whom he labeled "the old man." He was especially close to his mother who was very affectionate toward him.

Immediately prior to the stolen automobile incident causing his arrest, Mr. "B's" behavior became more bizarre. He refused to eat at times on the basis that he was imposing upon his family. Notwithstanding this type of behavior, his relatives made no direct attempts to secure psychiatric services for him until the court committed him to government psychiatric care.

Exaggerated hostility can, in general, be taken as a sign of external or internal irritation, normal response to an environmental threat, or an exaggerated reaction caused by the experiences of unresolved conflicts in childhood.\textsuperscript{10} Mr. "B's"

\textsuperscript{10}Ibid., p. 109.
conflict originated from an unresolved oedipal conflict which, in essence, was jealousy and rivalry with his father as against his affection for his mother. During early developmental periods, such conflicts are considered normal, but when the condition is brought over to adult life, as exemplified in the case of Mr. "B", it becomes psychiatrically significant.

In contrast to the case of Mr. "A" who resorted to the flight principle and escaped into a world of fantasy in order to avoid independence and maturity, Mr. "B" craved independence and maturity in order to compete with his father for a dominant position in the family. Consequently, he selected the fight-pain attack instead of the flight-pleasure principle. His father's domination created in him an attitude of dependence and submission which he severely resisted. He became hostile toward his father for threatening his normal masculine development, and his hostility, in turn, created fear and guilt for Mr. "B". His innate suppressed tensions, having inadequate outlets, continued to mount until they were finally redirected against himself. Hence, Mr. "B" stole for self-punishment which served, temporarily, to abate his severe guilt feelings.11

For Mr. "B", any type of authority represented his father, especially the army. His reluctance to kill enemy soldiers, was in reality, his fear of being killed. His psychotic reactions were precipitated by his exposure to violence which produced greater mental strain for him. Because of his strong

inhibition of all hostility and his inability to fight, Mr. "B" experienced a much greater degree of fear and anxiety than other soldiers whose hostilities were more free.\textsuperscript{12}

**Destruction of Property Offenses**

The American legal system produced a recognition of certain rights which society has struggled to obtain and maintain as follows: the rights of personal security, of personal liberty, and of private property. The right to own and possess property has seemed almost as important to man as life itself. Therefore, the law of crimes, which controls the penalties imposed by the state, inflict strict punishments upon individuals found guilty of destroying property, whether by trespassing, defacing, breaking, burning, moving, or any act which renders that property less valuable to its rightful owner.\textsuperscript{13}

Mr. "C", a forty year old Hebrew, single veteran, was arrested in the vicinity of his home while aimlessly wandering on the street during an early morning hour. He was charged with destruction of property by throwing a brick through a large plate glass window, with drunkenness, and with the possession of a dangerous concealed weapon, a knife.

He was born in Russia; and at the age of two, his father was mysteriously murdered in connection with an underground movement. His mother fled, with Mr. "C", to America where they

\textsuperscript{12}Leon J. Saul, op. cit., p. 195.

lived in the home of his aunt who had previously migrated to this country. His mother soon found employment in a laundry where she worked for long hours at sub-standard wages while Mr. "C" was cared for by their landlady.

Mr. "C" made below average grades through elementary school, finally graduating at the age of sixteen. His first year in high school was interrupted by the death of his mother, after which he lived with his uncle and aunt, or foster parents, where he earned his subsistence and a small salary by helping his uncle, a contract plumber. He worked earnestly, saved most of his earnings, and was treated kindly by his foster parents who tried to accept him as their own son. He made numerous references to his deceased parents, saying on one occasion, "I wonder if life, for me, is worth living."

Mr. "C" was not interested in friends of either sex; when he was not working, he spent most of his time in his room reading. Seldom did he attend the movies or other recreational outlets. He resented army life after his induction. When he was finally assigned to an M. P. Guard unit, however, he liked it better and made a more adequate military adjustment.

Following two years service, Mr. "C" was apprehended by the military police because of a four day A. W. O. L. He explained that he had been hiding from a group of Nazi enemies who were scheming to murder him in connection with his secret service activities. He evidenced additional paranoid trends in that he suspected people were talking about him, that his food was poisoned and that he heard strange voices. He became
severely disturbed, belligerent, threatening and more suspicious. He was, consequently, placed on the psychiatric ward in an army hospital and later transferred to a Veterans Administration hospital located nearer his home. After a series of electric shock, insulin, and other therapeutic treatments, his condition seemingly improved, and his aunt who had visited him frequently, interceded for his discharge because she believed that he would be happier in his home environment. He was, consequently, discharged against medical advice.

Mr. "C" expressed pleasure upon his return to the home of his uncle and aunt. Although he remained indoors, his behavior did not appear overtly abnormal. A few days later, however, while venturing out on the street, he hurriedly returned exclaiming that a group of enemies pursued him in an effort to destroy him. He barricaded his door and became annoyed when his foster parents tried to convince him that no one desired to harm him.

Following the above incident, the patient became more seclusive, untidy, and unclean; he drew aircraft pictures on the walls of his room, and defecated and spat on the floor. When asked to clean himself and his room, he became very angry and threatened to kill his aunt with a butcher knife. His behavior grew more offensive and unpredictable until his aunt refused to be left alone in the house with him. Her relatives and friends advised her to notify the police of Mr. "C's" condition and behavior, but for fear that he would be rehospitalized, she preferred not to do this on the grounds that she had vowed to
his mother, to be a mother to Mr. "C".

Two weeks prior to his arrest, he began cutting his clothing, bedding, and room curtains to pieces with a knife. He accused his enemies of these acts. He began going out for brief periods at night; would return to his home, change clothes for disguise purposes, and go out again. Notwithstanding his bizarre acts and an awareness of Mr. "C's" mental relapse, the foster parents made no attempt to return him to the hospital. His recommittal was coincidental to his arrest.

Mr. "C's" emotional maladjustment stemmed from the traumatic circumstances concomitant with the deaths of his parents which deprived him of any wholesome relation with either parent. His loss, during the period of his psychosexual development, caused him serious emotional handicaps. The loss of his father represented disappointment for him in that he thought his father did not love him. This belief gave rise to a conflicting group of feelings - love, hate, anger, aggression and panic longing. Torn by these conflicts, he attempted to quiet his instability by repressing the whole group of feelings. This accomplished, he remained attached to the memory of the parents. In all his love relationships, he remained true to his father who was not true to him, and found it difficult to love another person without the feeling of fear, disappointment and aggression. Actually, his love for his father caused hatred toward the same object,

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14 English and Pearson, op. cit., pp. 53-54.
which in turn, stimulated guilt and fear in Mr. "C" which he managed to suppress. The more energy he devoted to suppressing these feelings, the more his internal tensions arose. Unable to utilize the psychic energy attached to his aggressive impulses, he had to resort to seclusiveness and unsociality lest he encounter an enemy whom he would have to kill, or be killed. This traumatic condition began in Mr. "C's" childhood, was aggravated by the death of his mother, and was precipitated to psychotic proportions by his military experiences.15

For the most part, schizophrenia, the manic-depressive psychosis and paranoia, major forms of psychoses, are found rather frequently among adult offenders. However, they are disorders of maturity, and in some forms of schizophrenia, especially hebephrenic, the onset frequently occurs in youth before the age of twenty. Whether in the milder or non-psychotic manifestations of a schizoid personality or in the more extreme break from reality that constitutes schizophrenia, these individuals tend to be socially unadjusted, withdrawn, and disorganized in their intellectual, emotional, and volitional functioning. They do poorly in school, at work, and generally in their personal relationships. Because of the lack of emotional stability, or integration, and their diminished self-control, these individuals may commit a wide variety of crimes.16


CHAPTER III

PSYCHO-SOCIAL IMPLICATIONS IN SEX BEHAVIOR CASES

The sex offender is regarded by the public with a great deal of suspicion and hostility, and probably no crime excites more public concern. Fear of mental illness also plays an important role in society's reaction to sex offenses because there is valid recognition that the majority of sex offenders are mentally abnormal. A fair number of psychotics are involved in sex offenses which is indicative of strong uninhibited sex drives often accompanying certain psychotic states, especially in incipient stages of schizophrenia.¹

Hostile Manifestations of Sexuality

In this study, three psychotic cases were charged with sexual offenses and committed to a Veterans Administration Hospital. One case was Mr. "D," a twenty-four year old, single, Catholic Italian. He was a healthy well-nourished baby and the youngest in a sibship of eight. There was no unusual jealousy or rivalry between Mr. "D" and his siblings, and he was a quiet, obedient youngster, intensely attached to his mother and oldest sister. In elementary school, where he had only a few friends

with whom he played, he was an average student. In high school he demonstrated his ability in a typing course which he discontinued because he felt that he needed a more advanced course and because he desired to work to help his ill mother. He obtained employment as a typist where he worked irregularly until his army induction.

During his early childhood, the frequent quarrels between his parents as a result of his father's irresponsible attitude and drunkenness, almost caused him to fight his father on occasions. His family was on relief frequently, and when his mother would press for more financial support, his father would tell her to "drop dead."

His mother was a nervous, meek and affectionate woman who had a paralysis and had to entrust the raising of Mr. "D" and his young siblings to his oldest sister who, at times, was harsh and cruel to him. At age fifteen, when his older brother and sister married and moved from the home, his mother was rehospitalized but was soon discharged because Mr. "D" felt that he could better care for her at home. He received instructions from a visiting nurse, and until his mother's death one year later, washed, cooked, and acted as nurse for her while he worked sporadically. His military adjustment was satisfactory, and he was honorably discharged, as corporal, after nineteen months service.

Two years after Mr. "D's" army discharge, he was hospitalized for a gastric hemorrhage due to a stomach ulcer. While in the hospital, he accused his doctor of making
homosexual advances toward him and consequently, was declared delusional and sent to a mental hospital where he became agitated, depressed and preoccupied with homosexual ideas. He also expressed delusional trends by imagining that enemies were trying to murder him. Later, while home on a convalescent leave, Mr. "D" went to the office of his doctor whom he had previously accused, and attempted to stab him for which he was arrested and charged with felonious assault resulting in his commitment to another mental hospital with a diagnosis of "schizophrenic reactions, paranoid type." While in this hospital, he expressed fixed delusional ideas that his accused doctor had indulged in homosexual acts with him and was not plotting to murder him.

One year later, while on his second convalescent leave, Mr. "D" traced this doctor to another city where he was practicing, and for the second time, attempted to assault him. Again he was apprehended and because of his recidivistic criminal tendencies and impulses, was declared perpetually dangerous, devoid of insight, with reactions to paranoid delusions and hallucinations. In the absence of his family's interest or cooperation, Mr. "D" was committed to a state mental hospital and later transferred to Veterans Administration Hospital.

Mr. "D's" inadequate and distorted interpersonal-familial relationships during his psychosexual development resulted in his disorganized, incongruous sexual behavior and psychotic episodes. He was fixated by an unusually close attachment to his mother and sister and consequently, his strongest psychic feelings, libidinal needs, ambitions, angers and loyalties were
associated with female figures. His deep-seated emotions, or unconscious identification with the opposite sex, stimulated his passive and active homosexual cravings which severely disturbed him and which he resisted in the forms of guilt, hostility and aggression.\(^2\) His repressed hatred for his father prevented his masculine identification and produced his hostile feelings toward his physician who represented the father figure to him. His ambivalent transference feelings about his father were allocated to his doctor with the authoritative qualities of his father which, in reality, was what Mr. "D" was in search of — full masculinity.\(^3\) He loved his physician and adopted him as his ideal, but then resented his own weaknesses and, underneath, reacted to this with rebellion, hate, and aggression toward his love object.

In contrast to Mr. "D" who overtly expressed his hostility toward male figures, Mr. "E's" feelings were repressed and directed toward female figures. Mr. "E", a thirty-seven year old, single, white Catholic veteran was considered a normal healthy baby. He was five years older than his next younger brother in a sibship of three. He received numerous punishments relative to jealous and cruel sibship behavior. Also, he


\(^3\)Frederic C. Warden, "Psychotherapeutic Aspects of Authority," Psychiatry: Journal for the Study of Interpersonal Processes, XIV (February, 1951), 10-11.
evidenced temper tantrums by kicking, throwing articles, and fighting his brothers because of the denial of his requests and demands. His school adjustment was below normal; however, he managed to complete elementary school before discontinuing his educational pursuits for a laborer's job in an iron yard where he made a fair adjustment.

His father, born in Poland, was mentally dull and showed an attitude of complacency regarding the emotional satisfactions of his son. Mr. "E's" mother was the dominant parent figure and seemed more concerned with managing the financial aspects of the home than with the needs of her son. She was extremely nervous and suffered from migraine headaches. However, in later life, Mr. "E's" brothers made a satisfactory personal and social adjustment.

Upon Mr. "E's" army induction, he was a seclusive, withdrawn and introvertive individual. He was not interested in girls, had few hobbies and interests, and spent most of his time at home or alone in the movies. He indicated his reluctance to enter the army by complaining of frequent headaches to the induction officer. However, he received his basic training and experienced considerable combat duty in Europe where he was awarded the Purple Heart, Distinguished Service Badge and a Bronze Service Star. After receiving a shrapnel wound, he was returned to a hospital in this country where he evidenced a severe nervous condition which was eventually diagnosed "psychoneurosis, anxiety state, mild." Following a few months treatment, he was returned to non-combat duty where he remained
until his honorable discharge one year later.

Following his return to civilian status, Mr. "E" worked, irregularly, on his pre-war job until he became dissatisfied and complained that his work was ruining his health. His complaints progressed until he would become nauseated after meals, imagined worms crawling in his stomach, and he became more irritable and restless. He indicated no active delusional or hallucinatory trends, however, there was a marked change in his general behavior. His complaints persisted but his relatives attributed his maladjustment to a minor stomach disorder which they thought would soon disappear. They made no attempts to secure psychiatric help for him for several months, until Mr. "E" was arrested for attempted rape, for which he served a three month's jail sentence. Immediately upon his release, he was again arrested and charged with a similar sexual offense. Upon this conviction, he was sent to a hospital for psychiatric observation where it was revealed that his emotional responses were inappropriate and accompanied with vague and bizarre symptoms which were indicative of delusional thinking. He was preoccupied with sexual matters and discussed his offenses in an unremorseful and illogical manner. He was, therefore, diagnosed as "schizophrenia, hebephrenic type," and because of his service status, transferred to a Veterans Administration Hospital.

Mr. "E's" emotional dissatisfactions resulting from the neglectful attitudes of his parents, and his sibling conflicts, negatively effected his formation of early ego-ideals, feelings of personal adequacy, and evidences of affection and love
objects from his family group. During his formative years of development he felt rejected and unloved to which he responded with internalized guilt, hostility and aggression. Therefore, his infantile hedonism was not checked, and his super-ego formation was seriously impeded. His hostile and aggressive impulses produced from his interpersonal familial dissatisfactions were acted out in the form of temper tantrums during his childhood.

Mr. "E's" military career, which was relatively commendable, served as a sublimated displacement area for the release of his pent-up emotions. The army awarded him numerous medals for projecting his hostility upon the enemy in the form of battle courage. However, upon returning to his home where his unconscious impulses were provoked, his increased hostility, egocentricity, unsociability, and lack of consideration for others, forced Mr. "E" to find other means of ventilating his violent tendencies. For his emotional outlet he selected his sexuality, and his offenses represented to him a revenge upon his family and also an infantile, narcissistic method of returning to an earlier dependent state.


\[^5\] Leon J. Saul, op. cit., pp. 201-08.

Pathological Reactions of Inferiority Complex

Adult sex offenses upon minors are often compensational acts for feelings of inadequacy and inferiority. Mr. "F", a thirty-five year old, married Catholic, was the sixth child in a sibship of eleven. His birth in Poland resulted from a rape attack upon his mother by an enemy soldier while the husband of his mother was in America preparing to send for the family. His mother was humiliated over her pregnancy, and on the night of Mr. "F's" birth, she walked several miles over a muddy country road in order that a blind, aged midwife might assist her with his delivery. He was a full term baby but had to be fed from a bottle because of his mother's inability to breast-feed him.

Mr. "F's" first nine years were spent in a small inadequate, poverty-laden home where his subsistence was obtained from a sub-marginal farm. As soon as Mr. "F" was old enough, he had to assist with the farm chores which entailed before and after school labor. His school adjustment was curtailed because Mr. "F" was usually too fatigued to concentrate on his studies. At age nine, Mr. "F" and his half siblings were brought to America where he completed elementary school in concurrence with his work on the farm which his mother's husband had purchased.

The husband of Mr. "F's" mother was a hardworking, strict, domineering man who believed that "the success of a man was

proportionate to the sweat of his brow." He understood the unfortunates circumstances of Mr. "F's" birth, and he demonstrated no overt partiality or hostility in reference to it. Mr. "F", and his half siblings received severe "strappings" for their infractions of his rules. The mother of Mr. "F", a passive recessive woman, was usually so busy rearing her family and working on the farm that she was not over-attentive to either child. Mr. "F" seemed fond of his half siblings although they often made sarcastic remarks relative to his birth to which he reacted with obvious embarrassment. He was probably closest to his oldest brother with whom he later lived and worked after his brother purchased a farm. Mr. "F's" efficiency was retarded by his frequent physical complaints and his alcoholic habits which had become serious. Therefore, his wages were correspondingly low, and Mr. "F" made no attempts to improve his condition or to become more independent.

The first marriage of Mr. "F" was an unhappy relationship because of the dominating attitude of his father-in-law on whose farm he worked and lived. Finally, when his wife refused to leave her father to establish an independent home, Mr. "F" became angry and joined the army where his adjustment was impeded by constant physical complaints until, one year later, he was medically discharged for a nervous condition.

Following his return to his brother's farm, his wife divorced him and, immediately, remarried a man whom she admitted had been her true lover before and during her marriage to Mr. "F". This, apparently, was traumatic to him because he became more
despondent, drank and complained constantly, and became less productive on his half brother's farm while his mental frustrations were ignored and attributed to his marital conflicts. Three years later, he met and married a widow, six years his senior and the mother of three children. After this marriage, his fourteen year old step-daughter was discovered pregnant, and, after his arrest, Mr. "F" admitted having indulged in several sexual relationships with her. He was charged with rape for which he served several months in jail prior to his transfer to a mental institution because of his deviant behavior and frequent epileptic seizures. In the hospital, he became more despondent, uncooperative, seclusive and mentally disorganized and was, consequently, diagnosed "epileptic, petit mal type; conversion reactions with early schizophrenic process." This diagnosis was later changed to "schizophrenic reactions, hebephrenic type."

Mr. "F's" personality was negatively shaped, and he was predisposed to neurotic reactions for life by the concomitant factors of his birth which resulted in certain emotional fixations. Also, his development into a poverty-stricken environment deprived him of the necessary warmth and security of a wholesome parent-child relationship and seriously warped his psychosexual development. His unmet needs along with his humiliation from the constant references to his unfortunate birth, paved the way for his feelings of inferiority and inadequacy and, consequently, blocked his emotional maturity. Mr. "F" was weak, submissive, and ineffectual in his social relationships; and his awareness of these conditions caused him to react with repressed rage and
hate which further influenced his personality by his increased hostility. His feelings of inferiority were stimulated by his jealously and deflated ego which resulted from the experiences of his first marriage. His humiliation, frustration, and emotional sensitivity were the psychological factors which lead to his sexual offense. He selected a minor child because she was not as critical of or threatening to his weak ego as an adult would be. His feelings of sexual inferiority were inflated by the relative innocence and unsophistication of his young victim. 

In addition, Mr. "F" had not successfully crossed his oedipus hurdle to a normal heterosexual adjustment. Because of the strength of his earlier fixations, he had been unable to rise above an adolescent level. He possessed strong sub-conscious self-love which urged him to seek one who was as he would like to have been, an attractive sixteen year old girl. His adult age made it more difficult for him to express his interests in adolescents, and for more obscure reasons such as his own guilt reactions, his sexual interest became more and more an all pervasive preoccupation, which colored his social relations to a greater degree than when he was younger. His subsequent epileptic attacks and psychotic reactions were activated by his

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9 Harry P. Lipton, "The Sex Offender" (Lecture delivered in Comparative Psychiatry, Psychiatrist, Atlanta University, Atlanta, Georgia, April 12, 1952).
reactive defenses to his super-ego, reinforced by the censure of his family and the public.\textsuperscript{10}

\textsuperscript{10}Lawson G. Lowrey, "Delinquent and Criminal Personalities," \textit{Personality and the Behavior Disorders, op. cit.}, p. 809.
A neurotic person is unhappy, feels insecure, inadequate, and cannot seem to find satisfaction in life. In contrast, when an emotionally mature adult faces a difficult problem, he tries to solve it. If he cannot find a satisfactory solution, he makes some sort of compromise and accepts the fact that conflicts cannot always be solved. But a neurotic person cannot face his problems squarely and, consequently, seeks something to hide behind that will make him forget his troubles so that he will not feel guilty for not exerting greater efforts to solve them. In all probability, he needs outside help to strengthen his ego and make him feel equal to his companions. Sometimes the use of toxic stimulants makes certain individuals with weak ego structures feel superior and self-sufficient. Some even try to escape into numb forgetfulness, becoming alcoholics and drug addicts which only gives them temporary, artificial relief. Sooner or later they face reality but find their troubles still there.

From a psychiatric point of view, intoxication refers to alterations in the mental sphere associated with the ingestion of alcohol or certain other drugs. The concomitant psychical manifestations are oftimes a direct result of the toxic influence.¹ Alcohol and narcotic drugs influence mental problems

by reducing the normal inhibitions, yet increasing the excita-
ility and leaving the recipient more apt to act out his im-
pulses. Therefore, the users are more susceptible to crimes,
many which naturally involve violation of the drug law, sexual
offenses, and crimes of violence. 2

Hostility, Depression and Alcoholism

In the case of Mr. "G", there were manifestations of severe
hostility resulting from parental rejection he had experienced
from birth; and he exercised less repressive-control over his
innate tensions when under toxic influence. Mr. "G", a white,
 thirty year old, married father of four children, was arrested
for drunken disorderly conduct and for assault upon his wife
and the arresting police officer. He was diagnosed as "psychotic
reaction, type undetermined," which resulted in his hospitaliza-
tion. Prior to this, his police record included six arrests for
breach of promise and assault upon his wife.

He was a full term baby, illegitimately born in a maternity
home where his mother had been placed. At first, he was given
the name of his putative father, but this was soon changed to
that of his grandmother who assumed responsibility for him when
his mother abused, neglected, and deserted him. There was also
in the home, a maternal aunt who assisted in caring for Mr. "G",
and became influential in his later activities. At age two,
Mr. "G" was unconscious for two hours as the result of a fall

2 Harold Ernest Burtt, Legal Psychology (New York, 1941),
pp. 388-97.
from his carriage. He appeared undernourished until age seven at which time he received a tonsilectomy in reference to his condition.

Mr. "G" entered school at age six and adjusted favorably to his teachers, playmates and studies. He was neat, friendly, and obedient, and required no coercion regarding his attendance. When twelve, he experienced difficulty, however, in adjusting to his smaller classmates because at this time he was oversized for his age. Concerning this, he was teased incessantly, and developed conflict which was reflected in the downward curve of his grades. His memory became blocked which resulted in several failures. He became discouraged and put forth less effort to compete socially or scholastically. Frequent nagging and punishment from his aunt seemed to have added to his frustration. This aunt also had a son about the same age, whose popularity and educational ability was much higher than Mr. "G's" who was ridiculed for his inability to function on a competitive level with his cousin. In view of this mental block, his aunt refused to continue to provide for him because he was not meeting her expectations or educational standards.

Mr. "G", at age fifteen, was placed in a home where there were two other dependent children. He had not been prepared for this transfer and at first, was obviously upset by it. However, he finally made a slow but more favorable adjustment and seemed less shy and more self-confident. He became fond of this substitute mother, and referred less frequently to his aunt and grandmother, and also became influenced by one of the
other dependent boys who had won a favorite position in the home. This boy was an aggressive, unstable individual who made Mr. "G" more self-conscious by invoking the idea that everyone knew he was a "county home boy from a bad family." During this time, the foster mother was advised to take a vacation for her health. Fearful that he would have to go through another ordeal of home placement, Mr. "G" ran away. He was apprehended by the police which resulted in his placement in another private home where his adjustment was so unfavorable that he was eventually returned to the home of his grandmother.

He was sixteen years old when he returned to his grandmother's home and became acquainted with his mother whom he had not previously known. She was now married, and the mother of several children. Mr. "G" decided to live on a farm with her where he hoped to convince himself that her character was not as reputed. His mother nagged him considerably over farm chores and urged him to find employment. He learned more about his mother's unconventional history which served to increase his hostility toward her. He lived there with her, attended high school for two years, and joined the navy at age eighteen where he remained until he was honorably discharged at the age of twenty-nine.

Two years after his enlistment, Mr. "G" met and married his wife who became the mother of four of his children. His marriage was reported as very unsatisfactory. His wife stated that at times, he reminded her of a sex maniac and that she could have accused him of rape on several occasions had he not been her
husband. The children, whom he severely abused, were terrified of him, would run and hide when they saw him staggering home drunk, ready to fight anyone.

Once Mr. "G" caused a premature birth by his wife when he kicked her. Upon her return from the hospital, he tried to kill her because she had told his grandmother that she planned to divorce him because of his cruelty. He was very jealous of her and threatened to destroy her in preference to a separation. In spite of this, he had many admitted promiscuous sexual relationships. Prior to his arrest and commitment, no one attempted to secure psychiatric advice regarding his abnormal behavior.

Mr. "G" felt inferior, inadequate and was emotionally unstable because of his unmet needs for parental love and security which had stemmed from his birth. A review of Mr. "G's" life history indicated that he had not resolved his oedipus complex, and that his relationship with his wife, who represented his mother to him, revived all his childhood insecurity feelings causing an anxiety state to which he reacted with hostile aggression. His drunken condition merely stimulated his aggressive tendencies and impulses.³

Anxiety depression, which is intensified by alcoholic stimulation, is a sweeping reaction. In it, a dominant and fixed mood of sadness appears as the central issue determining

³Gladys McDermaid, op. cit., p. 125.
a psychotic syndrome which individual items are best appraised in light of the mood which may be rather diffuse as sadness, worry, or fearful anxious depression. This condition is especially prevalent during the involutional phase of life.¹

Fifty-nine year old Mr. "J" manifested anxious depression symptoms. He was a normal, healthy baby born soon after his German parents and older brother came to this country. There was a pleasant relationship between him and his family, and his behavioral early developmental stages showed no unusual deviations. His early school adjustment was satisfactory, however, during high school he manifested considerable anxiety regarding his grades which were average but below his desired standard. Oftimes, he cried and resolved to put forth greater effort, however, his marks, which were already above those of his brother, failed to rise in accordance with his determination.

Throughout college, Mr. "J" continued to exert his strongest efforts until he received his degree in veterinary medicine. Following his marriage, he served for one year in World War I, after which he established a successful practice and employed several interne students. He then experimented with several animal vaccines and medications which were apparently valuable, but he did not attempt to obtain patents on them. He was reluctant to discuss them with his closest friends and often expressed fears that his ideas and discoveries would be stolen. Throughout his practice, he was extremely loyal and generous.

with his services to economically poor farmers, and in this manner, accumulated thousands of dollars in outstanding bills.

Mr. "J" was intensely devoted to, and dependent upon his affectionate wife who suddenly died when he was forty-nine years old. He was severely shocked and required medical care for several weeks thereafter. Upon his return to his practice, there was an obvious decline in his physical and mental functioning. He refused to follow his prescribed diet, began to drink excessively, complained of severe headaches and numerous hyperchondriacal ailments, and began to develop hostile feelings toward his friends and associates. His married daughter and her husband who had now moved into his home, realized that Mr. "J" was in need of psychiatric attention, but did not seek it for him because of his stern refusal. His mental symptoms progressed, negatively, until it was necessary for his daughter to employ an assistant on a full-time basis.

One year later, when his alcoholic and mental conditions prevented Mr. "J" from acting in his professional capacity, his assistant was given full responsibility. This situation further disturbed him until he began to accuse his assistant of stealing his ideas and business. He threatened suicide, became more depressed, uncooperative and careless in his appearance. He would urinate in such places as the kitchen sink and corners of the room; and also he annoyed his neighbors with boisterous profanity. His behavior grew more bizarre until he attempted to shoot his assistant, and was subsequently arrested and charged with attempted murder and the possession of an unlawful weapon.
In view of the psychiatric nature of his case, and his respectable past record, Mr. "J's" offenses were dismissed, and he was committed to a Veterans Administration Hospital with a diagnosis of "involutionary psychosis, paranoid type, precipitated by alcoholism and severe anxiety."

Although Mr. "J's" history implied that he experienced a wholesome childhood development, a reconsideration of his personality would suggest that his infantile emotional fixations predisposed him to his neurotic, and subsequent psychotic conflicts. His extreme anxiety demonstrated relative to his high school grades, his exaggerated concern regarding his professional life, and his altruistic obsession to give, indicated that he had previously possessed an insidious, ignited maladjustment which exploded after his traumatic shock, the death of his wife.

Mr. "J" was an emotionally sensitive person who over-reacted to the normal incidents of his daily living. His ambitions and goals far exceeded his abilities and strengths, and his reaction to this conflict resulted in his severe anxieties. His anxieties, in turn, caused fear, guilt and frustrations in him and usurped much of his psychic energy which should have been used for more constructive purposes. Although he received warmth and affection in his home, he was deprived of fundamental guidance to enable him to accept and adjust himself to conditions within his limitations.

The sudden death of his wife, which created a maximum of grief, fear and insecurity in him was a climax to a long period of tension characterized by his tendency to excitement,
suspicion, and mental disorganization. It occurred during his involutional period of life, when he was especially susceptible to irritability, faulty judgment, hypochondriacal complaints and delusions of a bizarre sort.\(^5\) His alcoholic indulgence, during this crisis, acted as a catalytic agent in that his inhibitions were reduced and his hostile impulses were simultaneously increased.\(^6\)

Emotional Tensions and Drugs

Drug addicts are among the most unproductive, useless members of society. Most of them are unable to hold jobs for any length of time, and in addition, they waste their own, and the resources of others. They beg, borrow, steal, cheat and lie, and after having run through the money or possessions of their families, they squander public money. They are in and out of police courts, jails, penitentiaries, and public hospitals and institutions; they contribute but little, and waste that which others have produced.\(^7\)

The dope addicts are emotionally disturbed persons who are extremely antisocial. They are narcissistic, with little consideration for other people and cannot learn from experience. The dope addict is one who is psychopathically constituted and never grows up emotionally. Mr. "H", a thirty-eight year old, white, Catholic veteran was the third oldest child in a sibship of six. His birth and early developmental period was normal and without serious frictions between him and his siblings. His father and mother, who died at ages sixty-five from a heart

\(^5\)Ibid., pp. 314-330.
attack and sixty from osteomyelitis, respectively, were average intelligent parents who stressed the values of professional education for their children. Mr. "H" began his educational career at age six and was a brilliant student and athlete. During high school, he was a "four-letter man" in addition to his active participation in swimming, hunting, fishing and ice skating.

Following his high school graduation, Mr. "H" was employed for one year before matriculating in a university where he worked while earning his degree. While in college, he refused to write or visit his family, discontinued his sports activities, and regardless of his attractiveness, avoided all social activities except those of an intellectual nature. He was later awarded his masters degree and became an instructor at his alma mater where he remained until he entered medical school two years later.

Soon after receiving his medical degree, Mr. "H" married and was inducted into the army where he volunteered for a most rugged type of combat duty. It seemed that his military satisfactions increased proportionately with the hazardousness of his assignments. He later referred to his combat experiences as the most exciting phase of his life. While in the army, Mr. "H" became extremely interested in causes and effects of dope addiction and for experimental purposes, took morphine and desoxyn until he became addicted. He then became seclusive, aggressive, and belligerent, and known among his comrades as "the nutty guy with a chip on his shoulder."
Mr. "H" had difficulty in readjusting to civilian life after his discharge and seemed generally dissatisfied. However, after several months he went into private practice in a small town where he continued the use of dope until his marriage and professional practice were seriously threatened. He became more confused and violent until he was finally confined in a mental hospital for observation. While there, Mr. "H" actively hallucinated, imagined that he was being controlled by others, and that people were referring to him in a hostile manner. He also had suicidal ideas and consistently demanded his release on the basis that he was not insane. His diagnosis was "schizophrenic reactions, paranoid type."

Following his hospital discharge, Mr. "H" secured a position at the hospital where he had interned, after a few months, became dissatisfied and transferred to public health service. Mr. "H" soon became annoyed with this position and resigned in order to continue his medical studies at a large eastern university.

By this time, Mr. "H" had married his second wife who was also threatening to divorce him on the grounds of his cruelty and toxic habits, but she made no attempts to secure psychiatric help for him on the basis that he was a doctor himself. There were serious brawls between them until, finally, his wife attempted suicide by slashing both wrists with a razor blade. Mr. "H" refused to call medical help for her and attempted to treat her himself. His wife finally died from the loss of blood, and Mr. "H" was subsequently arrested and charged with murder. Before his trial, Mr. "H" was acquitted, on a plea of
insanity and committed to a state mental institution from where he was transferred to a Veterans Administration Hospital because of his service status.

The unsociable characteristics of Mr. "H", as manifested in his relationships with his family and schoolmates suggested that he was deprived of lasting object relationships or oral fixations in his childhood which retarded his establishment of an effective superego. Although he was not devoid of a super-ego, his was incomplete or pathological and the reactions of his ego to it reflected the ambivalences and contradictions which he felt toward his first love-objects. 8

The same urge that governs other pathological impulses was operative in Mr. "H": the need to get not merely sexual satisfaction, but also security and self-assertion. On the surface, he used the drug for experimental purposes, but later it assumed a subtle, imperative significance for the satisfaction of his inner needs. He was fixated to a passive-narcissistic aim and was willing to sacrifice all of his object relationships in the interest of his gratifications. His addiction, which was of a manic-depressive nature, was his last means to postpone his depressive breakdown which finally occurred after his supply became insufficient by his incarceration. His psychosis began during his abstinence because the remainder of reality was made more unbearable for him. 9

8 Otto Fenichel, op. cit., pp. 84-89.
9 Ibid., pp. 375-80.
In contrast to Mr. "h" where dope was used as an escape mechanism to project his hostility upon others, Mr. "I" punished himself for his own guilt feelings by his use of drugs. Mr. "I", a twenty-eight year old, single, Negro was committed to the hospital as a result of his arrest for disorderly conduct at which time the police discovered dope in his possession. At the hospital, his final diagnosis was "schizophrenic reaction, hebephrenic type."

He experienced a normal birth and was breast fed until sixteen months old at that time he resisted his weaning considerably. He sucked his thumb for several years thereafter which was ignored and misunderstood by his parents. At age eighteen months, he suffered convulsive seizures which the family physician attributed to a heart ailment. These attacks were intermittent over a nine month period.

Mr. "I" was described as brilliant in school which he entered at age five. His friendly manner lead to many friendships which lasted throughout his school career. Although his numerous physical complaints interfered with his attendance, he managed to graduate from high school at age fifteen. He received no sex education in the home as this subject was taboo with his family. Most of his sex information was obtained from other boys and from sex books. He never married, but was popular with the girls and was engaged to one while stationed in California.

Mr. "I" was the son of a carpenter who provided well for his family and was kind to him and his siblings. His father
was a religious man who insisted that his household attended church each Sunday. Mr. "I" was fond of his father and was especially attached to his mother who overprotected him because of his physical weaknesses.

At age thirteen, he saw his father accidentally killed while attempting to separate two fighting men. This seemed traumatic to him; he constantly referred to the incident during some of his later psychotic episodes.

Soon after his army induction, he complained of his inability to work because of various bodily pains. These complaints culminated in a psychiatric examination after which he was diagnosed as "psychoneurotic, mixed type with schizoid qualities." Recommendations for a medical discharge were refused, and he returned to duty where he continued to complain until his discharge one year later.

Following his return to civilian life, he became nervous, irritable and argumentative. He refused to seek employment and implied that his family, and the government, were obligated to provide for him. He began to stay out all nights and would return in an intoxicated condition. His brothers and mother tried in vain to persuade him against the use of dope. He soon spent his mustering-out pay and became completely dependent upon his family - especially his mother and older brother who continued to cater to him and to furnish him with spending money.

When under toxic influences, Mr. "I" would become severely confused, seclusive, preoccupied and delusional with ideas of reference against his mother whom he threatened on one occasion
because she refused a request from him. The family feared that his belligerent attitude would eventually lead to his death by someone who did not understand him. They attributed his behavior to the use of dope and were reluctant to seek psychiatric help for fear of a resulting jail sentence. He remained in the home until he was arrested by the police.

Mr. "I's" longitudinal history of childhood illnesses predisposed him to a neurotic personality which persisted into his adult life and precipitated his later mental unbalance which caused him to commit antisocial acts. Because of his early physical weaknesses, his mother and siblings showered him with overprotection and attention which blocked his ego development and retarded his ability to function on an adult level in later life.\(^1\) When he felt pushed out and forced into responsibilities, this not only frightened him because he was not oriented to them emotionally, but it also enraged him as it would a child. His rage and fear created hostility to which he reacted by escaping into a compulsive neurotic practice of drug addiction. In addition to his self-sufficient feelings, the effects and use of the drug represented to Mr. "I" punishment upon his family and society to whom he was hostile for their nonconformity to his requests and demands. His psychotic reactions were induced by his severe inner conflicts involving his constitutional, social and economic inadequacies becoming

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\(^{10}\) Carl M. Rosenquist, Social Problems (New York, 1940), p. 388.
further agitated by his use of narcotics.11

CHAPTER V

SUMMARY AND CONCLUSIONS

A mentally ill person not receiving psychiatric services is likely to come in conflict with the legal codes of society and is, therefore, a potential menace to himself and the public. Notwithstanding this fact, innumerable individuals with serious mental disorders are permitted to remain unhospitalized. It would seem that this situation exists because of the unawareness of the family members concerning the availability of psychotherapeutic resources. There are others who, although cognizant of these services, fail to take advantage of them because of fear, embarrassment, and their inability to face reality. Frequently, this leads to postponement of urgent treatment which, in the opinion of many psychiatrists, critically handicaps the patient's chances for a favorable response. Educational measures geared toward alleviating existing misconceptions and attitudes would be invaluable.

The writer studied ten male adults, hospitalized schizophrenic patients, in an effort to ascertain the psycho-social factors which influenced their unlawful behavior. These patients would have benefited from earlier therapeutic services and some of their offenses could have been averted if their relatives had possessed a healthier attitude toward mental ailments.

In consideration of these facts, the following conclusions
were drawn: First, each of the ten psychotic cases studied revealed evidences of noxious interpersonal familial influences during their childhood developments which were contributing factors to their subsequent antisocial behavior. Of these, seven patients experienced traumatic parental rejection; six were reared in broken homes; seven were emotionally fixed from over-dominating parents, and four suffered feelings of inadequacy, inferiority, and hostility as a result of their sibship conflicts.

Second, not one of the ten cases received necessary psychiatric attention prior to their commitment due to the following parental attitudes: in seven instances there was a general misinterpretation of mental illness and an unawareness of the available neuropsychiatric resources. In the two cases involving the medical professional patients, the families did not secure mental hygienic services because of their attitudes of embarrassment regarding family emotional disorders. In one of the drug addiction cases, the relatives were reluctant to seek professional services for fear that the patient would be arrested.

Third, although it is a recognized fact that certain physiological ailments are contributory to mental criminality, organic factors were found to be considerably less prevalent than the psychological implications, as etiological factors in the cases.

Fourth, in the larceny offenses the impulse to steal was motivated by strong repressed dependency needs, the infantile
desire to be supported by others, and an effort to regain lost ego-esteem by an air of pseudo-masculinity.

Fifth, in three mental sex cases, the perpetrators used sexuality as a release outlet for their intense uninhibited impulses.

And sixth, the use of toxic stimulation by four patients studied, showed an escape mechanism which made them feel more adequate in their psychic insecurities. While intoxicated, they were more likely to become involved in criminality because their inhibitions were reduced and their instinctive impulses increased.

The psychically disordered individuals are frequently dynamic, aggressive, adventurous and obstinate. For the patients studied, they were impulsive in the expression of their inner drives and consequently, were more inclined to seek the immediate satisfaction of their needs in less sublimated manners. Their ability to be realistic in accepting their existing situations, practical in their choice of social behavior, and to be more critical of themselves, was seriously retarded by their conditions. These facts, along with their inclinations to be hypoeallocentric, composed a constellation of traits which would seem to have lead in the direction of a breach with conventions, mores, and laws than of adherence to social customs.

Most of the ten patients displayed emotional tension stemming from a faulty father-son, mother-son or sibling-boy relationship. There were others who were unable to satisfactorily assume adult roles because of their faulty sexual
identifications. In addition, several cases also evidenced conflicts which centered around feelings of inadequacy, stress producing situations as the death of a loved one, and sexual interests. The basic way by which these emotionally disturbed individuals attempted to resolve their conflicts was through some form of extrovertive expression which was unconventional and which culminated in their arrest and hospitalization.

In the majority of the cases studied, the criminal offenses might have been averted. These patients should have received psychotherapy when their neurotic tendencies to free-floating anxiety and obsessive-compulsive reactions first appeared on the surface. Their social situations should have been discussed with social workers, in a mental hygiene clinic, who might have helped by relieving unfavorable social conditions. In consideration of the fact that most of these patients had evidenced psycho-neurotic symptoms since childhood, child guidance clinics might have served an important preventive role relative to their adult social maladjustments.
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SCHEDULE

I. Identifying Data
   A. Case Name
   B. Age
   C. Race
   D. Place of Birth
   E. Date of Hospitalization
   F. Conditions Influencing Hospitalization

   __________________________
   __________________________
   __________________________
   __________________________

   G. Psychiatric Diagnosis

   __________________________

II. Family History
   A. Age of Parents: Father _______ Mother _______
   B. Type of Personality: Father

   __________________________
   __________________________
   __________________________

   Mother

   __________________________

   C. Family Religion

   __________________________

   D. Number of Siblings: Brothers _______ Sisters _______
   1. Patient's Sibship Relationships

   __________________________

   __________________________
E. Parental Relationships: Mother


Father


F. Familial Attitudes Toward Mental Illness


What efforts, if any, were made to secure psychiatric services for the patient after his emotional behavior became deviant?


III. Personal Information on Patient

A. Birth and Early Developmental Factors


B. Psychosexual Identifications


C. School Adjustments: Elementary

High School

College

D. Vocational Adjustments

E. Military Adjustments

F. Later Social Adjustments

IV. Description of Offense Which Lead to Patient's Arrest and Subsequent Hospitalization

A. List the Psycho-Dynamic Factors Involved Which Were Contributory to the Patient's Mental Conflicts