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Defining the Elephant: a History of Psychopathy, 1891-1959

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DECLARATION

I confirm that all material presented in this thesis is my own work, except where otherwise indicated.

Signed

ABSTRACT

Although 'psychopath' is a term which is still in use by psychiatrists, it has come to be used as a way of dismissing individuals as irredeemably 'bad', untreatable or unpleasant, both by professionals and the public. This attitude is supported by existing histories of psychopathy that are in fact simply histories of the criminal personality, and rely upon retrofitting the diagnosis to historical examples of criminal or problematic behaviour to support their claims of psychopathy's universal and timeless nature. This thesis disrupts that narrative. By examining the ways in which the terms psychopath, psychopathy and psychopathic are used in historical context, and how this changed over time, it challenges the idea of psychopathy as a fixed and value-free term, and reveals that there were multiple, competing versions of psychopathy in a history rich with contested meanings and overlapping usage. In analysing discussions of how psychopaths were diagnosed, managed and treated, it shows that the history of psychopathy is marked by a fundamental lack of agreement over the parameters of this 'wastebasket' diagnosis, which time and again proved too useful to discard.

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TABLE OF CONTENTS

List of Abbreviations Used	6
INTRODUCTION.....	7
Chapter I: Semantics	37
EVOLUTION	
Chapter II: Problematism	58
Chapter III: Criminalisation	86
SITUATION	
Chapter IV: Identification.....	111
Chapter V: Location.....	134
SOLUTION	
Chapter VI: Eradication	158
Chapter VII: Containment	182
Chapter VIII: Cure.....	201
CONCLUSION.....	228
Appendix I	241
Bibliography	244

LIST OF ABBREVIATIONS USED

ACTO	Advisory Council on the Treatment of Offenders
APA	American Psychiatric Association
APD	Antisocial Personality Disorder
<i>BJD</i>	British Journal of Delinquency
<i>BJP</i>	British Journal of Psychiatry
BMA	British Medical Association
<i>BMJ</i>	British Medical Journal
<i>DSM</i>	Diagnostic and Statistical Manual
DSPD	Dangerous and Severe Personality Disorder
EUPD	Emotionally Unstable Personality Disorder
ICD	International Classification of Diseases (also International Statistical Classification of Diseases, Injuries, and Causes of Death; International Statistical Classification of Diseases and Related Health Problems)
ISTD	Institute for the Study and Treatment of Delinquency
<i>JMS</i>	Journal of Mental Science (forerunner to the <i>BJP</i>)
MHA	Mental Health Act
<i>OEDO</i>	Oxford English Dictionary Online
PTSD	Post-Traumatic Stress Disorder
RMPA	Royal Medico-Psychological Association (forerunner to the Royal College of Psychiatrists)
RSM	Royal Society of Medicine
UK	United Kingdom
US	United States of America
WHO	World Health Organisation

INTRODUCTION

'I can't define an elephant; but I know one when I see one'.¹ This near-nonsensical but oft-repeated observation introduced a 1944 paper analysing contemporary thinking on the subject of psychopathy.² The authors, two British psychiatrists, used it to emphasise the perceived confusion and lack of consensus amongst the wise men of psychiatry as they attempted to define what was agreed to be an important subject: the psychiatric concept of psychopathy. Taking evidence from around the world, they established that there was disagreement on the definition, classification, aetiology and treatment of the disorder, despite the existence of a profusion of material on each of these aspects. Today, there are parallel voices of dissent questioning the concept of psychopathy, but they tend to be drowned out by a narrative of a universally-accepted diagnosis shored up by evidence of its apparent existence across continents and millennia. There is moreover a general lack of interest in questioning the diagnosis or rehabilitating its recipients, precisely because of its inherent stigma and connotations of 'badness'. By looking at the history of psychopathy in Britain during a crucial period of its development, I hope to ask questions of the process of psychiatric diagnosis more broadly. I believe that this examination of psychopathy's history will problematise the function of those diagnostic labels that possess such negative connotations that the very act of bestowing them can be tantamount to abuse, as they can result in the individuals labelled being at best dismissed, at worst being written off as untreatable or just straightforwardly wicked.

Why Do We Need a History of Psychopathy?

Psychopathy today is widely accepted as a valid psychiatric construct. In other words it is believed that the hypothesis 'about the etiology, pathology, and development' of psychopathic disorder can be reliably and consistently measured.³ In the case of psychopathy, the main means of measurement is Robert Hare's Psychopathy Checklist-Revised (PCL-R), first published

¹ Desmond Curran and Paul Mallinson, 'Psychopathic Personalities', *Journal of Mental Sciences*, 90, (1944), p.266.

² The elephant metaphor is cited approvingly by a number of other psychiatrists, suggesting it was considered a good analogy for the case of psychopathic personality. See for example W. Norwood East, 'Psychopathic Personality and Crime', *Journal of Mental Science*, 91:383, (1945), p.430; D. Stafford-Clark, Desmond Pond and J.W. Lovett-Doust, 'The Psychopath in Prison: A Preliminary Report of a Co-operative Research', *British Journal of Delinquency* 2:2, (1951), p.117.

³ Robert J. Campbell, *Campbell's Psychiatric Dictionary* (OUP, Oxford, 2009), p.1020.

in 1980, and its derivatives.⁴ Together they are ‘the dominant instruments for the assessment of psychopathy’.⁵ Psychopathy as operationalised by the PCL-R is respected as a reliable predictor of violent recidivism in various countries around the world, and is considered to be more consistent in this than the diagnosis of Antisocial Personality Disorder (APD), as set out in the Diagnostic and Statistical Manual (DSM), and to which psychopathy is often considered synonymous.⁶ For all those using the PCL-R to assess, diagnose and treat dangerous and violent criminals, psychopathy is regarded as a valid diagnosis that ultimately helps to keep the public safe. Until recently, it was the ‘key construct’ of the British government’s Dangerous and Severe Personality Disorder (DSPD) Programme, the flagship scheme to identify and detain the most dangerous criminals in UK society.⁷ Although it does not explicitly feature in either of the two main guides to mental health diagnosis, the DSM and the International Classification of Disease (ICD), psychopathy is retained as a useful framework for understanding and processing criminality. Its key use in the criminal justice system is for risk assessment.⁸

However, the supposed dominance and ubiquity of this form of psychopathy is deceptive: there are dissenting voices challenging how psychopathy is currently used and understood. There are constant questions about the validity of the diagnosis and whether the PCL-R measures qualities that are testable and generalisable, and even if the Checklist itself has become the construct rather than the means of measurement.⁹ More significantly, psychopathy has gained the reputation of a stigma diagnosis that acts as a barrier to treatment

⁴ Robert Hare, ‘A research scale for the assessment of psychopathy in criminal populations’, *Personality and Individual Differences*, 1:2, (1980), pp.111-19; Robert Hare, *The Hare Psychopathy Checklist – Revised* (Multi-Health Systems, Toronto, 1991).

⁵ Robert Hare and Craig S. Neumann, ‘Psychopathy as a Clinical and Empirical Construct’, *Annual Review of Clinical Psychology*, 4, (2008), p.221.

⁶ Mark D. Cunningham and Thomas J. Reidy, ‘Antisocial Personality Disorder and Psychopathy: Diagnostic Dilemmas in Classifying Patterns of Antisocial Behavior in Sentencing Evaluations’, *Behavioral Sciences and the Law*, 16:3, (1998), pp.333-51; Robert Hare, ‘Psychopathy and Antisocial Personality Disorder: A Case of Diagnostic Confusion’, *Psychiatric Times*, 13:2, (1996).

⁷ David J. Cooke, Christine Michie and Jennifer Skeem, ‘Understanding the Structure of the Psychopathy Checklist – Revised: An Explanation of Methodological Confusion’, *British Journal of Psychiatry*, 190, (2007), p.s39; Ministry of Justice and Ministry of Health, *DSPD Programme*, (2007), <http://webarchive.nationalarchives.gov.uk/20060715141954/dspdprogramme.gov.uk/home.php> [accessed 24/10/15].

⁸ Robert Hare, ‘Forty Years Aren’t Enough: Recollections, Prognostications, and Random Musings’ in H. Hervé and J.C. Yuille (eds.), *The Psychopath: Theory, Research and Practice* (Laurence Erlbaum Press, New Jersey, 2007), p.17.

⁹ Aubrey Lewis, ‘The Psychopathic Personality: A Most Elusive Category’, *Psychological Medicine*, 4:2, (1974), pp.133-40; Grant T. Harris, Tracey A. Skilling and Marnie E. Rice, ‘The Construct of Psychopathy’, *Crime and Justice*, 8, (2001), p.201; David J. Cooke, Christine Michie, Stephen D. Hart and Danny Clark, ‘Assessing psychopathy in the UK: Concerns About Cross-cultural Generalisability’, *British Journal of Psychiatry*, 186:4, (2005), pp.335-41; Hare, ‘Forty Years’, p.6.

and an invitation to indefinite detention.¹⁰ This calls into question what the construct is *really* used to measure, how it is applied and the intentions of those utilising the diagnosis. While psychopathy has gained official acceptance in criminology as it is 'relied on heavily when making release decisions in prison and forensic psychiatric settings', John Gunn is one of many forensic psychiatrists who express concern at its continued use.¹¹ Gunn sees 'psychopathic' as shorthand for 'bad': "'Oh he's just a psychopath" means "I don't like him; I regard him as a bad guy"; the diagnosis 'invites rejection'.¹² Michael Cavadino goes further, suggesting that we could easily substitute the term 'psychopath' for 'bastard', and might even gain something in the 'honest expression of the essentially moral judgement and the dehumanising contempt with which we view "psychopath"'.¹³ The often unconscious presumption of badness is more than just a rejection of the psychopath as a patient, but of the psychopath as a person; the badness is seen as intrinsic and innate, rendering psychopathic patients supposedly harder to treat.

Being labelled as a psychopath is, therefore, 'a real stroke of bad luck', as carrying the diagnosis denies the recipient access to key psychiatric services on the grounds that they are essentially hopeless cases, and attempting to treat them would be a waste of time and resources.¹⁴ But is it really just a question of 'bad luck'? 'Psychopath' is a diagnosis that has been used for decades as a label for the problematic elements in society, something that has been accentuated by its associations with APD. It is the answer to a question that has been asked for centuries, and around which the DSPD Programme was based: how to address and arrest crime. APD is 'hopelessly confounded with criminality', and the DSPD Programme operated on a similar principle that there was a relatively small number of people committing a disproportionately large amount of crime, identifiable by their disordered personalities.¹⁵ As forensic psychiatrist Conor Duggan points out when discussing the Programme, 'demonstrating that there is a functional (or evidential) link between the severe personality disorder and the

¹⁰ John Gunn, 'Psychopathy: An Elusive Concept with Moral Overtones' in Theodore Millon, Erik Simonsen, Morten Birket-Smith and Roger D. Davis (eds.), *Psychopathy: Antisocial, Criminal, and Violent Behavior* (The Guilford Press, New York, 1998), p.34; Jessica H. Lee, 'The Treatment of Psychopathic and Antisocial Personality Disorders: A Review', *Risk Assessment, Management, and Audit Systems*, (1999), p.25.

¹¹ Cooke et al., 'Assessing Psychopathy in the UK', p.335.

¹² Gunn, 'Psychopathy', p.34.

¹³ Michael Cavadino, 'Death to the Psychopath', *Journal of Forensic Psychiatry*, 9:1, (1998), p.6.

¹⁴ *Ibid*, p.7.

¹⁵ Anthony Maden, 'Dangerous and Severe Personality Disorder: Antecedents and Origins', *British Journal of Psychiatry*, 190:49, (2007), p.8; Connor Duggan, 'Dangerous and Severe Personality Disorder', *British Journal of Psychiatry*, 198:6, (2011), p.431.

dangerousness is a demanding criterion and one that hitherto has proved to be elusive'.¹⁶ Once the purpose and medical application of the diagnoses are called into question, APD, DSPD and their 'parent' diagnosis, psychopathy, are reduced to being labels for people who have committed crimes that society finds problematic. They cease to become medical diagnoses and are reduced to value judgments, or at the least are 'operational as opposed to diagnostic'.¹⁷ The diagnosis becomes 'both an explanation and a cause', a means of labelling an offender based on their behaviour, but without explaining it or suggesting any course of treatment.¹⁸ As crime is often the product of social and economic disadvantage, it suggests that the 'bad luck' of receiving this largely criminological diagnosis is the product of a lifetime of 'bad luck'.

If those diagnosed with psychopathy have been a lifetime in the making, the awkward reality is that the construct itself is the product of decades of conjecture and shifting boundaries, of uncertainty and accusations of being a wastebasket diagnosis. Although the PCL-R is seen as largely rehabilitating the diagnosis, it is clear that the diagnosis required rehabilitation: it has been widely contested since its introduction, and attempts to understand its aetiology have been consistent only in their lack of consensus.¹⁹ Just a glance through the history of its different incarnations shows this, as 'constitutional psychopathic inferiority' became 'psychopathic states' and 'psychopathic personality', with some detours to sociopathy, APD and DSPD along the way. Gunn sees this constant rebranding as distracting from the main issues surrounding the diagnosis, suggesting that it is 'a bit like that of the "privy," the "water closet," the "lavatory," the "toilet," or the "restroom": If we change the name, it will not seem so horrid and embarrassing'. He further observes that the 'privy' exists, but psychopathic disorder does not: we are simply finding new names for the same reified condition.²⁰

Psychopathy is not alone in being seen as a diagnosis that is 'horrid and embarrassing', but it is singular in the lack of interest in diminishing this stigma. Charities such as Mind and Rethink Mental Illness work hard to end mental health discrimination more broadly, most

¹⁶ Duggan, 'Dangerous and Severe Personality Disorder', p.432.

¹⁷ Julie Trebilcock and Tim Weaver, 'Everybody Knows that the Prisoner is Going Nowhere: Parole Board Members' Views About Dangerous and Severe Personality Disorder in England and Wales', *International Journal of Criminology and Sociology*, 1, (2012), p.141.

¹⁸ John Ellard, *Some Rules for Killing People: Essays on Madness, Murder and the Mind* (Angus and Robertson, North Ryde, Australia, 1989), p.127.

¹⁹ Maden, 'Dangerous and Severe Personality Disorder', p.s8; Hare, 'Forty Years', p.5.

²⁰ Gunn, 'Psychopathy', p.32.

notably in their joint campaign, 'Time to Change', and in the 'Changing Minds' campaign of the Royal College of Psychiatrists.²¹ This battle has perhaps been fought hardest in the case of schizophrenia, once considered 'the epitome of risky madness', a view exacerbated by the intersection of the 'Care in the Community' policy with a tabloid panic concerning the perceived proliferation of murders perpetrated by schizophrenics.²² Indeed, damaging stories in *The Sun* newspaper are referenced as a direct cause of increased stigma surrounding the condition, and one of the catalysts for the launch of Rethink's 'Schizophrenia Awareness Week' in 2013.²³ However, there is a noticeable lack of concern or activity regarding the stigma attached to psychopathy, or personality disorders generally. Psychopaths are absent from the campaigns, implying that psychopathy is a diagnosis that is denied parity with other mental illnesses, in terms of both resources and understanding: psychopaths are still perceived as people to be avoided, reviled and removed from the public gaze.

This is partly due to psychopathy's historical occupation of the space between psychosis and sanity, meaning that it does not fit with conceptions or perceptions of mental illness. In contrast, schizophrenia in particular is intrinsically linked with popular conceptions of mental illness: 'Someone who is suffering from Schizophrenia' has been the most popular way of describing a person who is mentally ill in Mind's *Attitudes to Mental Illness* report, since the question was first asked in 2003.²⁴ It is likely that psychopathy's strong link to criminality, mainly due to the significant component of antisocial behaviours specified in the diagnostic criteria, holds it apart from conditions such as schizophrenia or bipolar disorder in both psychiatric classification and public opinion. Indeed, personality disorders have been identified as a 'samizdat topic' even within the psychiatric profession, 'written about in code, discussed in quiet corners between professionals when they could not be overheard', and those diagnosed with a personality disorder are generally considered to be 'the disliked patient', and treated as such.²⁵ Psychopaths and the personality disordered more generally are often *de*

²¹ *Time to Change* [online]. Available from: <http://www.time-to-change.org.uk/> [accessed 24/10/15]; Royal College of Psychiatrists, *Changing Minds Campaign, 1997-2003* [online]. Available from: <http://www.rcpsych.ac.uk/about/campaigns/changingmindscampaign1997-.aspx> [accessed 24/10/15].

²² Simon Cross, *Mediating Madness: Mental Distress and Cultural Representation* (Palgrave Macmillan, Basingstoke, 2010), pp.14-5.

²³ Paul Jenkins, 'Sharing Understanding: Why We're Launching Schizophrenia Awareness Week', *Rethink*, (11th November 2013).

²⁴ Mind, *Attitudes to Mental Illness 2013 Research Report* (Mind, 2014), p.24.

²⁵ P. Tyrer, 'Personality Disorder', *British Journal of Psychiatry*, 179:1, (2001), p.81; Heather Castillo, *Personality Disorder: Temperament or Trauma?* (Jessica Kingsley Publishers, London, 2003), pp.19-21.

facto excluded from this group of the mentally ill who are now being emancipated and heard: exiled by very traditional narratives of worthlessness and badness.

The anti-stigma campaigns preaching tolerance and understanding of the mentally ill are in sharp contrast to the official narrative that reaches the public regarding psychopaths. In *Without Conscience: The Disturbing World of the Psychopaths Among Us*, Hare responds to what he sees as the 'dramatic upsurge in the public's exposure to the machinations and depredations of psychopaths' by instructing his readers on how to avoid, outwit and ultimately survive these 'social predators'.²⁶ The opinion that psychopaths 'charm, manipulate, and ruthlessly plow their way through life, leaving a broad trail of broken hearts, shattered expectations, and empty wallets', when put forward by the leading authority on psychopathy, reinforces and fosters the stigma of the diagnosis, and the prevailing opinion of psychopaths as 'bad' and unworthy of sympathy or understanding or, more significantly, treatment.²⁷ This is also reflected in the internet support groups and charities that exist for 'survivors' of psychopaths. Hare is a patron of 'Aftermath: Surviving Psychopathy Foundation', a charity that 'is dedicated to educating the public regarding the nature of psychopathy and its costs to individuals and society'.²⁸ Similar support is offered by fora such as *The Psychopath and Narcissist Survivors Support Group*, *Fried Green Tomatoes* and *Psychopath Free*.²⁹ Whilst they are all based in North America, there is evidence to suggest that they are being used by visitors and 'victims' from the UK, who lament the lack of any similar support in their own country.³⁰ There is a thriving survivor movement for those mental patients who have endured the mental health system, but for psychopathy the survivor movement is for those who have endured at the hands of a psychopath.

²⁶ Robert Hare, *Without Conscience: The Disturbing World of the Psychopaths Among Us* (The Guilford Press, New York, 1993), p.xi.

²⁷ *Ibid*, p.xi.

²⁸ *Aftermath: Surviving Psychopathy Foundation* (2015) [online]. Available from: <http://aftermath-surviving-psychopathy.org/> [accessed 24/10/15].

²⁹ *Psychopath and Narcissist Survivors Support Group* (2015) [online]. Available from: Thepsychopath.freeforums.org; *Fried Green Tomatoes and Steel Magnolias: Online Resources for Victims of Psychopaths and Narcissists* [online]. Available from: friedgreentomatoes.org; *Psychopath Free* (2015) [online]. Available from: www.psychopathfree.com. Also *Victims of Psychopaths* (2009) [online]. Available from: victimsofpsychopaths.wordpress.com. [All accessed 24/10/15].

³⁰ 'Support Groups for Victims of Psychopaths', *Psychopath Free*, (30th September 2013) [online]. Available from: <https://www.psychopathfree.com/showthread.php?5547-Support-Groups-for-Victims-of-Psychopathy> [accessed 24/10/15].

The term 'psychopath' is applied very loosely in these fora, and is often used as shorthand for any manipulative, abusive partner, as the 'Psychopath-Free Pledge' on *Psychopath Free* highlights.³¹ It is clear that the word itself has resonance and meaning for those who use the fora, although they do not necessarily apply it in the strict psychiatric or criminological sense as defined by the PCL-R. This is part of a trend to colloquially label individuals as psychopaths in order to lend arguments a pseudo-scientific weight. For example, in his thorough and thoughtful book on the celebrity sex offender Jimmy Savile, journalist Dan Davies talks authoritatively on how Savile displayed 'many of the behavioural traits on the psychopathy checklist Robert Hare devised' and of how his love for nature rather than human beings 'sounded uncannily like the dictionary definition of a psychopath'.³² Similarly, following the 2007 financial crash, an academic paper speculating as to whether or not the vilified bankers at the heart of the crisis were psychopaths made national headlines.³³ Psychopathy appears to be the explanation for acts or situations too terrible to fully comprehend; one psychopath survivor even focuses on what Ebola can teach us about psychopaths, as both 'parasitize humanity'.³⁴ It is also appropriated by authority figures in other fields to illustrate examples of ruthless, emotionally stunted people. In psychologist Oliver James's *Office Politics: How to Thrive in a World of Lying, Backstabbing and Dirty Tricks*, the psychopath is identified as one of three common types who are 'rife in many sectors of the business world' and need to be identified and dealt with.³⁵ The psychopath is thus reduced to a banal caricature of the more aggressively unpleasant denizens of the office environment.

The reality is that despite its use in contemporary society as a shorthand for bad, manipulative, or even evil, 'psychopath' is still used to describe a particular type of personality disorder in the psychiatric and criminological community; individuals are being diagnosed with psychopathy or understood and treated within a framework of knowledge that includes psychopathy. Government departments are making decisions about how to treat and manage

³¹ 'Take the Psychopath Free Pledge', *Psychopath Free*, (2nd December 2011) [online]. Available from: <https://www.psychopathfree.com/showthread.php?81-Take-the-Psychopath-Free-Pledge> [accessed 24/10/15].

³² Dan Davies, *In Plain Sight: The Life and Lies of Jimmy Savile* (Quercus Editions, London, 2014), Kindle version accessed from Amazon.co.uk, pp.6724-5.

³³ Clive R. Boddy, 'The Corporate Psychopaths Theory of the Global Financial Crisis', *Journal of Business Ethics*, 102, (2011), pp.255-9.

³⁴ 'What Ebola Can Teach Us About Psychopaths', *Psychopaths and Love*, (14th October 2014) [online]. Available from: <http://psychopathsandlove.com/what-ebola-can-teach-us-about-psychopaths/> [accessed 24/10/15].

³⁵ Oliver James, *Office Politics: How to Thrive in a World of Lying, Backstabbing and Dirty Tricks* (Vermilion, London, 2013), p.11.

people with psychopathy and related conditions. Fates are being decided based on a diagnosis that has a controversial and chaotic history, by people who live in a world where psychopathy has strikingly unfavourable connotations. There is also evidence to suggest that people labelled as psychopaths do suffer not just from the reality of their condition but also from their knowledge of these connotations. Contrary to popular depictions, recent research led by psychopath and psychiatrist Willem Martens shows that instead of being a ‘cold, heartless, inhuman being’, the psychopath is capable of experiencing both love and emotional suffering, and to regret their destructive behaviour.³⁶ The ‘Hannibal Behind the Cannibal’ experiences anguish at their illness, much as any other person with a mental illness, but without the public awareness campaign to disseminate this information and contribute to the rehabilitation of these luckless and despised individuals.³⁷ There is even an account of the suffering inflicted on the patient by the very act of receiving the diagnosis of psychopathy: initially ‘hurt and afraid’, it made them ‘too afraid to go out of my room in case I might hurt someone. After all I was a ‘PSYCHOPATH’ – someone with no conscience’.³⁸ The opprobrium attached to the diagnosis is enough to strike fear into the hearts of even those receiving it.

In general, however, the only insight into how psychopaths experience their disorder and the only psychopathic voices heard are those non-criminal, successful psychopaths, who claim their condition has directly contributed to their success. Former SAS soldier and novelist Andy McNab has used his diagnosis of psychopathy to ask in his recent book: ‘What is a good psychopath? And how can thinking like one help you to be the best that you can be?’.³⁹ Psychiatrist Kevin Dutton, McNab’s co-author and the man who diagnosed him, broadly sees this recognition of the ‘good psychopath’ as a move to destigmatise the diagnosis, in much the same way as autism, depression or post-traumatic stress disorder (PTSD). Unfortunately, by continuing to promote the existence of ‘bad psychopaths’ who tend to be convicted criminals, Dutton and McNab have unwittingly emphasised that this form of diagnostic rehabilitation is

³⁶ Willem H.J. Martens, ‘The Hidden Suffering of the Psychopath’, *Psychiatric Times*, 19:1, (2002), pp.28-9.

³⁷ Sundt Aina Gullhaugen and Jim Aage Nøttestad, ‘Looking for the Hannibal Behind the Cannibal: Current Status of Case Research’, *International Journal of Offender Therapy and Comparative Criminology*, 55:3, (2011), pp.350-69.

³⁸ Castillo, *Personality Disorder*, p.158.

³⁹ Kevin Dutton and Andy McNab, *The Good Psychopath’s Guide to Success* (Bantam Press, London, 2014), p.1. For more in this vein, see Kevin Dutton, ‘How Psychopaths Can Save Your Life’, *The Guardian*, (20th September 2015); Kevin Dutton and Andy McNab, *Sorted!: The Good Psychopath’s Guide to Bossing Your Life* (Bantam Press, London, 2015); Kevin Dutton, ‘Kevin Dutton on the Psychopathology of James Bond’, *Big Think*, <http://bigthink.com/videos/kevin-dutton-on-the-psychopathology-of-james-bond> [accessed 23/10/15].

only open to those who have been sufficiently successful or privileged to remain at liberty.⁴⁰ Those psychopaths without McNab's advantages are not only 'bad', they are also without a voice (or a book deal) to speak out against this narrative. M. E. Thomas chooses not to use the label 'psychopath' at all. In *Confessions of a Sociopath*, she revels in how she can be 'intelligent and confident and charming' whilst simultaneously being 'ruthlessly manipulative' and insensitive to 'guilt or remorse', but chooses to distance herself from the negative associations of the word 'psychopath'. She explains her preference for the term 'sociopath' is due to 'the negative connotations of *psycho* in the popular culture. I may have a disorder, but I am not crazy'.⁴¹ As someone with the liberty to define how she lives with her diagnosis, if not her disorder, she chooses to distance herself from a word that is theoretically interchangeable with sociopath, but culturally burdensome and wrongly linked with madness and psychosis.

So how did the diagnosis acquire so many negative associations that some successful self-confessed psychopaths choose to reject it altogether, or to differentiate between their elite psychopathic selves and 'bad' psychopaths? Why is the belief in the bad, untreatable psychopath so persistent? How has psychopathy endured despite having so many question marks over its aetiology, definition and prognosis? Where does it sit in terms of madness and sanity, psychiatry and criminology? The answer lies in a thorough examination of the concept's history.

Historiographical Context

It is perhaps unsurprising given its continued use and stigmatised recipients that psychopathy has generally been neglected by historians, something Greg Eghigian notes in his paper on the history of the diagnosis in Germany. Demonstrating the power of examining the term's development and deployment in historical context, Eghigian shows how psychopathy survived as a diagnosis partly because its 'vagueness and plasticity' allowed it space to evolve, to cover the human administrative runoff who were increasingly distinguishable by their problematic behaviour.⁴² His work, like that of Katariina Parhi in Finland, interrogates psychopathy in its own right, in particular how the diagnosis was made, what implications this had socially and

⁴⁰ See Dutton, 'How Psychopaths Can Save Your Life'.

⁴¹ M.E. Thomas, *Confessions of a Sociopath: A Life Spent Hiding in Plain Sight* (Pan Macmillan, London, 2014), back cover copy and p.5.

⁴² Greg Eghigian, 'A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany', *Isis*, 106:2, (2015), pp.283-309.

individually and how this changed over time.⁴³ This approach highlights the uses and abuses of the term in a historical context, and so both undermines the supremacy of the diagnosis but also acknowledges that it had consequences for the lived experiences of those to whom it was applied. This is particularly true of Parhi's work, as she illustrates her arguments with patient case studies, emphasising the local application of an internationally-used diagnosis to discuss a particularly Finnish experience of psychopathy. Case studies are also fundamental to the output of Hazel Morrison. Unlike the geographically distant work of Eghigian and Parhi, Morrison directs her gaze on Scotland, and particularly Gartnavel Hospital and the work of psychopathy's major proponent in the UK, the Scottish psychiatrist Sir David Kennedy Henderson.⁴⁴ Her analysis of the case of Miss M. B. demonstrates both the development of Henderson's theory of psychopathic states and how his thinking was influenced by individual patient histories, and is especially vivid.⁴⁵ However, Morrison's work does not focus specifically on the history of psychopathy, but rather uses psychopathy in historical context to explore a related subject, chiefly Henderson's psychobiological approach to his patients at Gartnavel. The lack of histories of psychopathy in the UK in particular is inescapable, most likely the result of its slow, ad hoc adoption and late arrival on the statute books.

Psychopathy presents an unusually rich opportunity to illuminate other areas of research due to its long-term lack of definition and overuse – particularly from the 1940s in the UK – and, occasionally, a dismissive attitude to both the diagnosis and/or the diagnosed. Chris Millard looks at the way psychopathy is discussed as a primarily social disorder in the 1950s-60s as a means of elucidating how Munchausen's Syndrome, then considered a manifestation of underlying psychopathy, emerged and became understood in terms of role-playing abilities and empathy.⁴⁶ Generally, however, psychopathy is examined in a far more straightforward fashion. It is the legal incarnations of the psychopath that provide the most fruitful area of research for the historian, particularly that of the sexual psychopath. The sexual psychopath is

⁴³ Katariina Parhi and Petteri Pietikainen, 'Socialising the Anti-Social: Psychopathy, Psychiatry and Social Engineering in Finland, 1945–1968', *Social History of Medicine*, 30:3, (2017), pp.637-60; Katariina Parhi, *Born to be Deviant: Histories of the Diagnosis of Psychopathy in Finland* unpub. PhD thesis (Oulu, 2018).

⁴⁴ Hazel Morrison: 'Conversing with the Psychiatrist: Patient Narratives within Glasgow's Royal Asylum 1921-1929', *Journal of Literature and Science Studies*, 6:1, (2013), pp.18-37; 'Constructing Patient Stories: 'Dynamic' Case Notes and Clinical Encounters at Glasgow's Gartnavel Mental Hospital, 1921–32', *Medical History*, 60:1, (2015), pp.67-86; 'Henderson and Meyer in Correspondence: A Transatlantic History of Dynamic Psychiatry, 1908–29', *History of Psychiatry*, 28:1, (2017), pp.72-86.

⁴⁵ Hazel Morrison: *Unearthing the 'Clinical Encounter': Gartnavel Mental Hospital, 1921-1932. Exploring the Intersection of Scientific and Social Discourses which Negotiated the Boundaries of Psychiatric Diagnoses* unpub. PhD thesis, (Glasgow, 2014), pp.324-86; 'Conversing with the Psychiatrist', pp.26-32.

⁴⁶ Chris Millard, 'Concepts, Diagnosis and the History of Medicine: Historicising Ian Hacking and Munchausen Syndrome', *Social History of Medicine*, 30:3, (2016), pp.567-89.

treated not as a symptomatic behaviour caused by the underlying psychopathy, but as an identity in its own right. It is a more historically- and geographically-bound identity, anchored to the historical context of America 1930-1950, the period and location when sexual psychopathy was enshrined in law. The sexual psychopath is therefore primarily discussed as a legal identity, albeit one that is contested, fought over by different professions and disciplines. Historians such as Estelle Freedman and Simon Cole concentrate on the interaction between psychiatry, journalism and politics in creating these sexual psychopath statutes, and the appropriation of the resulting figure of the sexual psychopath by public-interest groups that redrew the bounds of sexual normality. These sources put the sexual psychopath in his historical context, showing him (and in this period the sexual psychopath is decidedly male) as homosexual, vagabond, paedophile, voyeur, or whatever figure of monstrosity contemporary fears conspired to pathologise.⁴⁷ In her book exploring the identity of the rapist, Joanna Bourke similarly explores the demographics of the rapist as sexual psychopath, and the reservations held by the American psychiatric profession over both the terminology and the statutes.⁴⁸ Bourke finds a 'waste-basket' psychiatric diagnosis given inappropriate specificity by a legal system that also controlled the term's application.⁴⁹ The successor terms of 'sexually dangerous person' and 'sexually violent predator', as cited in Bourke and Cole, were entirely socially constructed and representative of a move away from psychiatry to criminology that also saw the rise of the term 'serial killer'.

The almost non-transferability of these terms due to the importance of the context of time and place is addressed by Philip Jenkins in *Moral Panic*. His recognition that none of the terms used to describe sex offenders, including 'psychopath' or 'sexual psychopath', represent 'a universally accepted, objective reality, as each is rooted in the attitudes of a particular time, and each carries its ideological baggage', foregrounds the point and purpose of most of the histories examining these terms.⁵⁰ Bourke engages in a similar discussion over defining the

⁴⁷ Estelle B. Freedman, "'Uncontrollable Desires': The Response to the Sexual Psychopath 1920-1960", *Journal of American History*, 74:1, (1987), pp.83-106; Simon A. Cole, 'From the Sexual Psychopath Statute to "Megan's Law": Psychiatric Knowledge in the Diagnosis, Treatment, and Adjudication of Sex Criminals in New Jersey, 1949-1999', *Journal of the History of Medicine*, 55, (2000), pp.292-314; Stephen Robertson, 'Separating the Men from the Boys: Masculinity, Psychosexual Development, and Sex Crimes in the United States, 1930s-1960s', *Journal of the History of Medicine and Allied Sciences*, 56:1, (2001), pp.3-35.

⁴⁸ Joanna Bourke, *Rape: A History from 1860s to the Present* (Shoemaker and Hoard, Emeryville, CA, 2007), pp.275-301.

⁴⁹ *Ibid*, p.300.

⁵⁰ Philip Jenkins, *Moral Panic: Changing Concepts of the Child Molester in Modern America* (Yale University Press, New Haven, 1998), p.xi; Robertson, 'Separating the Men from the Boys', pp.3-35.

terms 'rape' and 'rapists', arguing that the rapist 'cannot be reformed until he is humanized'.⁵¹ Jenkins's self-consciously constructionist approach to sex offenders and the moral panics that shape their identities is illuminating, as he shows that images of the sex offender have changed dramatically and cyclically over time, a theme that is also explored by Stephen Robertson with direct reference to the sexual psychopath.⁵² Interestingly, Jenkins also questions the origin of the sexualisation of the psychopath. Whilst commenting that the 'portrait of the psychopath' during the height of the sexual psychopath statutes in the 1940s and 1950s 'resembled nineteenth-century doctrines about moral insanity', he considers whether the 'sexual linkage' may have arisen from a misinterpretation of the title and scope of Richard von Krafft-Ebing's *Psychopathia Sexualis*.⁵³

These studies are most useful for the way they highlight the importance of forces external to the psychiatric profession in shaping and making the sexual psychopath, and for exploring the argument that psychiatry stood to gain from the widespread use of the diagnosis of sexual psychopath. The evolution of the term within psychiatry is not addressed, and the dominant psychiatric narrative that psychopathy and moral insanity are basically equivalent is repeated unchallenged.⁵⁴ This narrow focus on the sexual-psychopath statutes also ensures that they examine a very specific and relatively brief chronological window in a peculiarly American history, with little reference to non-American works other than in discussions of moral insanity and other supposed parent terms. The non-sexual psychopath is also generally exempt from these works, apart from in Bourke.

Histories of the sexual psychopath tend to invoke psychopathy as one more piece of supporting evidence in a broader argument, and as such they are often indistinctly drawn and elided with other identities, for example the delinquent. Believing psychopathy to be no more than the psychiatric term for delinquency has led respected historian Joan Busfield to claim that in twentieth-century Britain psychopathy was, like shell-shock, predominantly diagnosed in men, and working-class men at that. Busfield's claim is based on her assertion that psychopathy was 'more a legal than a psychiatric category'; a successor of moral insanity. This allows her to see it as a vehicle not only of pathologising criminality, but therefore 'those of

⁵¹ Bourke, *Rape*, pp.8-13.

⁵² Ibid.

⁵³ Ibid, pp.38-9, 59.

⁵⁴ The interests of psychiatry are covered in Cole, 'From the Sexual Psychopath Statute'; psychopathy as the latest incarnation of moral insanity in Jenkins, *Moral Panic*, p.38; Bourke, *Rape*, pp.279.

the lower class', and to construct an admittedly interesting argument around this erroneous supposition.⁵⁵

More usually, this approach is evident in histories of psychopathy written by non-historians, who focus on the history of the psychiatrisation of dangerousness, or the psychopath as criminal. The most recent and relevant of these is *Disordered Personalities and Crime* by psychosociologist David Jones.⁵⁶ Jones takes a similar approach to that of sociologist David McCallum in his book *Personality and Dangerousness*, in that they both examine this criminal identity, which exists at the intersection of 'the mental health and the criminal justice systems', through an interdisciplinary approach.⁵⁷ Whilst McCallum aims to excavate the relationship between the history of APD and 'particular kinds of governing' in Australia, Britain and the United States, Jones hops between the UK and US using a 'broadly historical and transdisciplinary approach' to better understand both the 'problem' of, and the 'individuals who have been labelled' with, moral insanity, psychopathy and personality disorder, especially APD.⁵⁸ Both seek to challenge the construction of the dangerous individual in contemporary legislation through a deconstruction of the legal history of this identity. Similarly, criminologist Deidre Greig examines 'the competing discourses of psychiatry, law and politics', and the terminology they produce to understand individuals such as Greig's protagonist, the Australian criminal Garry David.⁵⁹ Jones in particular states his aim is to 'provide a better understanding of contemporary dilemmas' through this process, and his concluding chapter does indeed address recent and current debates around their usage, as well as a call to action for service users to become involved in shaping their diagnosis.⁶⁰ Similarly, Greig uses her case study to question Australian legislation around the dangerous individual, and analyses the legacy of the David case by looking at subsequent cases and sentences.⁶¹ In this respect, all three are thought-provoking and decidedly political books. None of them, however, actually focus on the history of psychopathy. Instead, Jones, McCallum and Greig all seek to understand a largely

⁵⁵ Joan Busfield, 'Class and Gender in Twentieth-Century British Psychiatry: Shell Shock and Psychopathic Disorder', in J. Andrews and A. Digby, (eds.), *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Rodopi, Amsterdam and New York, 2004), pp.295-322.

⁵⁶ David W. Jones, *Disordered Personalities and Crime: An Analysis of the History of Moral Insanity* (Routledge, London, 2015).

⁵⁷ David McCallum, *Personality and Dangerousness: Genealogies of Antisocial Personality Disorder* (CUP, Cambridge, 2001).

⁵⁸ Jones, *Disordered Personalities*, pp.i, ix.

⁵⁹ Deirdre N. Greig, *Neither Bad Nor Mad: The Competing Discourses of Psychiatry, Law and Politics* (Jessica Kingsley Publishers, London, 2010).

⁶⁰ Jones, *Disordered Personalities*, pp.i, 235-51.

⁶¹ Greig, *Neither Bad Nor Mad*, pp.249-60.

legal construction of dangerousness, by studying the history of moral insanity, APD and a specific incarcerated individual respectively, focussing on questions of responsibility and culpability. Jones gives the most thorough exploration of psychopathy and its relationship with madness, but, as with Greig and McCallum, this is principally through an examination of the evolution of the insanity defence, where psychopathy is just one phase in this evolution.

This highlights one of the paradoxes of psychopathy: that its lack of definite boundaries make it limitless in appeal to numerous different disciplines, and yet that appeal is largely due to its use as a cipher, rather than because it is deemed worth investigating in its own right. Somewhat ironically, the worst culprits for writing histories of psychopathy where psychopathy is strangely absent are also those who argue most passionately for its validity as a diagnosis. Histories of psychopathy written by psychiatrists are chiefly exercises in consolidating consensus around the validity of psychopathy as a useful construct. Applying the same principle as when diagnosing psychopathy – that the diagnosis is valid if the symptoms have existed over a sufficient period of time – psychiatrists cite the long history of psychopathy as proof that it is a valid construct. Hare is upfront about this process, observing that ‘many students are not overly impressed by the historical antecedents of their discipline, but a sense of what preceded their own research cannot hurt them and may even be of some use’.⁶² This attitude results in a Whiggish approach to the history of psychopathy, where its chequered history is harnessed to demonstrate the triumphant march of progress, through ‘diagnostic confusion over the definition of psychopathy’ to the creation of the PCL-R when psychopathy allegedly became ‘a well-defined and accepted clinical syndrome’.⁶³ The patchwork of moral insanity, Cesare Lombroso’s ‘born criminal’ and various other criminal diagnoses are employed as evidence of psychopathy’s pedigree, along with more esoteric examples such as Theophrastus’ ‘unscrupulous man’, the theory being that there must be a valid concept in amongst the ‘waste-basket category’.⁶⁴ Part of this strategy is indulging in retrospective diagnosis, trying to retrofit psychopathic credentials to fictional or historical figures. Whether it’s a behavioural geneticist considering the world leaders of post-war Europe, or a psychoanalyst examining Emily Brontë’s Heathcliff, these exercises are more concerned with applying an ill-defined concept in a gratuitous manner than examining how the concept is

⁶² Hare, ‘Forty Years’, p.3.

⁶³ H. Hervé, ‘Psychopathy Across the Ages: A History of the Hare Psychopath’, in Hervé and Yuille *The Psychopath*, p.31.

⁶⁴ Ibid, p.34; Theodore Millon, Erik Simonsen and Morten Birket-Smith, ‘Historical Conceptions of Psychopathy in the United States and Europe’ in Millon et al., *Psychopathy*, p.3.

constructed.⁶⁵ British professor of psychiatry Aubrey Lewis commented that he found reading psychiatric debates on psychopathy before the PCL-R ‘disheartening’, as there is ‘so much fine-spun theorizing, repetitive argument, and therapeutic gloom’.⁶⁶ Reading the triumphant, teleological histories is similarly dispiriting, as there is very little sense of context, or analysis as to why there has been so much historical confusion.

These psychiatric histories are flawed, but fundamental to any discussion of a history of psychopathy. By foregrounding the current issues around the practical application of this term and looking to its history for resolution, they problematise the historical uncertainty and debate surrounding psychopathy. For example, discussions around the tension between the label’s usefulness to both society and patients in terms of accessing services is explored in writings on APD and psychopathy, which highlight the construction of the psychopath as dangerous, defined by their behaviour.⁶⁷ They also foreground some of the relationships instrumental in refining constructs such as psychopathy via the dialogue between psychiatry and law. Henry Werlinder’s thesis *Psychopathy: A History of the Concepts* is moreover of great practical use, providing an invaluable overview of the classifications and personalities involved with the diagnosis of antisocial behaviour disorders generally, across Europe and America. He is also refreshingly critical of many of the attempts to delineate the concept. However, his material, as with most of this sort of history, is strictly psychiatric; as is his aim to ‘contribute, through an historical analysis, to a clarification of these many conceptual nuances’. Once again he is seeking to preserve and defend the diagnosis of psychopathy.⁶⁸

A more fruitful approach can be found in those works that adopt the same historical narrative as those psychiatric histories, but then use it to critique and undermine any pretence of coherence. Criminologist Jarkko Jalava does this in his paper ‘The Modern Degenerate’ and

⁶⁵ Lykken, ‘Psychopathic Personality’, pp.11-2; N. Symington, ‘The Response Aroused by the Psychopath’, *International Review of Psycho-Analysis*, 7, (1980), pp.291-8.

⁶⁶ Lewis, ‘The Psychopathic Personality’, p.138.

⁶⁷ Martyn Pickersgill, ‘Sociotechnical Innovation in Mental Health: Articulating Complexity’ in Mark L. Flear, Anne-Maree Farrell, Tamara K. Hervey and Thérèse Murphy (eds.), *European Law and New Health Technologies* (OUP, Oxford, 2013), pp.323-42; Lykken, ‘Psychopathic Personality’, p.4; M. Zax and E.L. Cowen, *Abnormal Psychology: Changing Conceptions* (Holt, Rinehart and Winston, New York, 1972), p.309.

⁶⁸ Henry Werlinder, *Psychopathy: A History of the Concepts: Analysis of the Origin and Development of a Family of Concepts in Psychopathology* (University of Uppsala, Uppsala, 1978), esp. p.26. A similar approach can be found in Harris et al., ‘The Construct of Psychopathy’, pp.197-264.

again in *The Myth of the Born Criminal*, a book written with two psychologists.⁶⁹ These works set out to challenge what they see as the ‘cultural and scientific phenomenon’ of psychopathy in America, and ask searching questions of ‘one of the great social science success stories of the late twentieth and early twenty-first centuries’, principally by suggesting that this success has come despite repeated setbacks and lack of scientific basis. Using the work of Ian Hacking on the ‘adjustable degeneracy portfolio’, based on the research program theory of his fellow philosopher of science Imre Lakatos, they show how the basic tenets of degeneration that informed the creation of the born criminal have evolved to create the current US configuration of psychopathy.⁷⁰ Most problematic and dangerous are the ideas of innate biological difference and subsequent untreatability that, fed by popular culture, contribute to an aggressive othering of the psychopath, who is seen as little more than a scientific explanation for evil.

A similar approach is taken by Cary Federman, Dave Holmes and Jean Daniel Jacobs, who attempt to analyse the psychopath as ‘the main figure of modern monstrosity’ from a psychiatric and practical point of view (between them, the authors represent a variety of interests, including nursing, criminology and law). They employ a Foucauldian approach to ‘the relationship between psychiatric power and the construction of so-called monsters and psychopaths’.⁷¹ This relationship, they argue, is used ‘to regulate individual subjectivities before they become uncontrollable’ via ‘the elaboration of a technical-knowledge system that is capable of characterizing anyone who deviates from the norm as dangerous to persons and to society’.⁷² The authors raise some interesting questions about the practical use of psychopathy in modern psychiatry, law and criminality, particularly its historical use to confine the socially undesirable, and also about the relationship of the psychopath with Foucault’s dangerous individual. Although it is interesting to encounter the marrying of this psychiatric construct with popular understanding of the term, it results in the psychopath described as ‘a species in the gallery of monsters’ synonymous with both the serial killer and the mad. This cavalier use of the term comes from the authors’ dismissal of psychopathy as ‘an empty vessel,

⁶⁹ Jarkko Jalava, ‘The Modern Degenerate: Nineteenth-Century Degeneration Theory and Modern Psychopathy Research’, *Theory and Psychology*, 16:3, (2006), pp.416-32; Jarkko Jalava, Stephanie Griffiths and Michael Maraun, *The Myth of the Born Criminal: Psychopathy, Neurobiology and the Creation of the Modern Degenerate* (University of Toronto Press, Toronto, 2015).

⁷⁰ Jalava, ‘The Modern Degenerate’, p.429; Jalava et al., *The Myth of the Born Criminal*, pp.4, 46. See also Ian Hacking, ‘Kinds of People: Moving Targets’, *Proceedings of the British Academy*, 151, (2007), pp.285-317.

⁷¹ Cary Federman, Dave Holmes and Jean Daniel Jacob, ‘Deconstructing the Psychopath: A Critical Discursive Analysis’, *Cultural Critique*, 72, (2009), p.37.

⁷² *Ibid*, pp.56 and 37.

a characterization of behaviors without stable symptoms, a disease without a cause, and a sociomedical and linguistic construction that pays its respect to the governing powers of the political science'.⁷³ The argument therefore does not move beyond the construction of the psychopath as dangerous individual, nor does it take into account the real suffering experienced by those who might be labelled psychopaths, who are rendered little more than victims of the cultural matrix constructed by those in control.

Jalava, Federman and their colleagues raise another key component to the creation of the modern psychopath: popular culture. The most well-known and accessible example of this, and one that does engage with the moral dimensions running through debates on psychopathy, is *The Psychopath Test* by journalist Jon Ronson. This sets out to make sense of the Hare psychopath in particular, reworking the familiar cautionary tale about the psychiatrisation of deviation, using a mixture of Ronson's experience and historical and contemporary case studies to trace the sharpening of the line between normality and abnormality. He combines research into the history of the development of the PCL-R and psychiatric study of psychopathy with investigative journalism, interviewing survivors of psychiatric experiments and high-profile contemporary figures of monstrosity. However, the remit is ill-defined and wide-ranging, with Ronson's argument undermined by a tendency to be sidetracked by the humour found in a 'parade of muddle-heads, eccentrics and monsters (though not necessarily psychopaths)'.⁷⁴ There is no real investigation into what psychopathy is, other than how it is defined by the PCL-R, the book being less about psychopathy and more about taking a 'Journey Through the Madness Industry'.⁷⁵ As a result, it confuses rather than clarifies ideas around the psychopath and the role of psychiatry. A popular book with a mainstream audience, it encourages its readers to stare at the extraordinary specimens of humanity on display, and feeds into the mistrust surrounding psychopharmacology and diagnosis, leaving psychopathy strangely sidelined. It is worth noting that a number of high-profile psychiatrists, including two who featured in the book (Hare and Essi Viding), issued a statement condemning *The Psychopath Test* as 'trivializ[ing] a serious personality disorder and its measurement, which is not helpful to those who have the disorder or to their unfortunate victims'.⁷⁶

⁷³ Ibid, pp.39-40.

⁷⁴ Rachel Cooke, 'The Psychopath Test by Jon Ronson – Review', *The Observer*, (12th June 2011).

⁷⁵ Jon Ronson, *The Psychopath Test* (Picador, London, 2011).

⁷⁶ 'General Ronson Commentary', *Society for the Scientific Study of Psychopathy*, (2010).

Hare and Viding's point is never more pertinent than when faced with works addressing the psychopath in popular culture and in film. The most rewarding of these place the Hollywood psychopath in their historical context and chart how their representation has changed over time.⁷⁷ Generally, however, the existence of the genre of 'psycho-film' is taken at face value, and explored either with no reference to its psychiatric roots, or by using the Hare psychopath as a means of giving structure and heft to the debate. In the former sit the gleefully lurid romps through the history of 'psycho cinema', a term that seems to cover films featuring any sort of character whose dangerousness is so acute they could be approaching insanity, where 'psycho' can mean both psychopathic and psychotic.⁷⁸ Marginally more rigorous is psychologist Wayne Wilson's *The Psychopath in Film*, which asserts that 'popular culture gives psychopathy a parallel life, a different life, the kind of life that takes advantage of the concept's elasticity' to the extent that the term 'requires no lengthy explanation. The stereotype kicks in, and the psychopath becomes whatever the viewer wants the figure to be'.⁷⁹ Any analysis of how this happened is predictably absent.

More problematic are those that combine a diagnosis that is still in use with a study of some of the most extreme characters from cinematic history. Neurologist Gordon Banks gives his version of the history of psychopathy before listing its current clinical features, and then launching into an evaluation of which characters from Stanley Kubrick films would qualify for the diagnosis.⁸⁰ Criminologist Nicole Rafter takes a similar approach. Although she is highly critical of most other sources discussing psycho-film, it is because their definitions are 'slack to the point of analytical uselessness' and 'fail to frame psychopath films in a meaningful way'. Her issue is not with the profligate use of psychiatric terminology, but with a failure to apply it precisely to the filmic incarnation of the psychopath. What she refers to as 'psychopath movies' should, she argues, be recognised as a 'distinct genre or genre-like category', one that demands 'defining... with some rigour'.⁸¹ In order to establish a 'sound basis for defining

⁷⁷ For example Wayne J. Douglass, 'The Criminal Psychopath as Hollywood Hero', *Journal of Popular Film and Television*, 27:2, (2002), pp.44-58.

⁷⁸ J. McCarty, *Movie Psychos and Madmen: Film Psychopaths from Jekyll and Hyde to Hannibal Lector* (Citadel Press, New York, 1993); C. Fuchs, *Bad Blood: An Illustrated Guide to Psycho Cinema* (Creation Books, London, 2002).

⁷⁹ Wayne Wilson, *The Psychopath in Film* (University Press of America, Oxford, 1999), p.74.

⁸⁰ Gordon Banks, 'Kubrick's Psychopaths: Society and Human Nature in the Films of Stanley Kubrick', *Visual Memory*, (1990).

⁸¹ Nicole Hahn Rafter, 'Badfellas: Movie Psychos, Popular Culture, and Law' in Michael Freeman (ed), *Law and Popular Culture* (Oxford Scholarship Online, Oxford, 2012), pp.1-2, 19.

psycho movies as a genre', she turns to 'clinicians' to provide an 'exact description of the psychopath' – specifically, the PCL-R and the American Psychiatric Association (APA) diagnostics for APD, 'its current term for psychopathy'.⁸² Despite appeals to Hare and Hervey Cleckley, Rafter sees psychopathy as 'one of the most durable, resilient and influential of all criminological ideas', thus reducing psychopathy to nothing more than a set of criminal behaviours.⁸³ Like other works on the history of the dangerous individual, and using the belief that the 'concept of psychopathy is much older than the term itself', Rafter forces together the histories of different terms, concepts and countries to form something she calls 'psychopathy'. However, her tendency to both acknowledge that psychopathy is a historically poorly-defined and translated metaphor, and to use diagnostic criteria to form her own working definitions to thence use as metaphors, is at best irresponsible. The fact that she can compose her criteria for a psycho-film from not only the PCL-R and APA guidelines, but also the main character being 'innately evil', displaying 'cruelty... disproportionate to the events that trigger it', is troubling.⁸⁴

This willingness to indulge and promulgate the conception of psychopaths as evil might be considered acceptable if the popular image of the psychopath were regarded as having a separate, parallel existence to the criminological or psychiatric psychopath; but this is disingenuous and dangerous. The fact that the diagnosis is still in use should engender a degree of trepidation when analysing psychopathy's history, whether using it to label the fictional 'innately evil', or to question the boundaries and validity of the term, as this inevitably undermines the diagnosis and potentially those currently diagnosed as psychopaths. Moreover, the term is still in use largely because it is widely perceived as valid, so the *act* of diagnosing psychopathy does not attract the same opprobrium as some of the other historical diagnoses such as hysteria or idiocy. There is subsequently not such a clear call to arms for historians to analyse and unpick psychopathy as there is for madness.

This absence of outrage is indicative of the pejorative way in which psychopaths, and indeed those with personality disorders, are perceived. Some of the more progressive

⁸² Rafter, 'Badfellas', p.3.

⁸³ Nicole Rafter, 'Psychopathy and the Evolution of Criminal Knowledge', *Theoretical Criminology*, 1:2, (1997), p.236. She makes a similar argument for the influence of moral insanity in 'The Unrepentant Horse-Slasher: Moral Insanity and the Origins of Criminological Thought', *Criminology*, 42:4, (2004), pp.979-1008.

⁸⁴ Rafter, 'Badfellas', p.3.

psychiatric literature acknowledges this, complaining that historically the debates around psychopathy have been moral and philosophical, 'mad versus bad', and that 'the topic of psychopathic disorder has remained elusive in part because it is confused with morality'.⁸⁵ Personality disorders generally are viewed with some scepticism both within psychiatry and outside it; self-harm survivor and author Louise Pembroke draws on her experience to refer to them as 'the clinical term for arsehole'.⁸⁶ Indeed, this is implied by the tone of much of the clinical literature: a recent book supposedly aiming to destigmatise personality disorders, written by the chair of the ICD-11 Working Group for the Revision of Classification of Personality Disorders, bore a cover resembling a promotional poster for a horror film; the contents were decried as being even worse.⁸⁷ The attitude to psychopaths in particular is shown in a short exchange in *The Psychopath Test*. In the car park following training on the use of the PCL-R, Ronson asks a fellow attendee whether one should pity the psychopath, as they had learned that psychopathy is the result of a physical defect in the brain. "Why should we feel sorry for them?" his companion replies. "They don't give a shit about us".⁸⁸

This pervasive stigmatising of psychopathy, particularly by those who are diagnosing and treating them, results in a reluctance to empower psychopaths in the same way numerous studies have done for those labelled insane. Key reflexive work has been carried out by practitioners questioning the usefulness and validity of a range of psychiatric terms and by extension the established difference between the mentally (and socially) 'normal' and 'abnormal'.⁸⁹ Similarly, recent historians of psychiatry have helped to erode this boundary, bringing to life the personal histories of the dispossessed 'mad'.⁹⁰ This is partly the result of deinstitutionalisation, a policy that has 'largely collapsed the structures which in an earlier period appeared to bind the "mentally ill" together as a homogenous group', thus revealing the lived experiences of mental illness to be incredibly diverse. However, this newly dispersed

⁸⁵ Gunn, 'Psychopathy', p.37.

⁸⁶ Louise Roxanne Pembroke, *Self Harm: Perspectives from Experience* (Chipmunka Publishing, London, 2005), p.39.

⁸⁷ Peter Tyrer, *Taming the Beast Within: Shredding the Stereotypes of Personality Disorder* (Sheldon Press, London, 2018); Rachel Rowan Olive, 'It's Time Psychiatrists Stopped Stereotyping Women with Personality Disorders – We Can Speak for Ourselves', *The Independent*, (7th June 2018).

⁸⁸ Ronson, *The Psychopath Test*, p.115.

⁸⁹ Richard Bentall, *Madness Explained: Psychosis and Human Nature* (Penguin, London, 2003); Darian Leader, *What Is Madness?* (Hamish Hamilton, London, 2011).

⁹⁰ Roy Porter, *Madness: A Brief History* (OUP, Oxford, 2002); Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (Virago, London, 2008); Gail Hornstein, *Agnes's Jacket: A Psychologist's Search for the Meaning of Madness* (PCCS Books, Ross-on-Wye, 2012); as well as survivor accounts, e.g. Joanna Greenberg, *I Never Promised You A Rose Garden* (St. Martin's Press, New York, 2009) (fictionalised); Mental Health and Survivors' Movement [online]. Available from: <http://studymore.org.uk/mpu.htm> [accessed 24/10/15].

group still does not include psychopathy.⁹¹ Although 'madness' is a concept that has been thoroughly examined by historians, they usually include only a fleeting reference to psychopathy, and often in its North American incarnation; that is, excessively behaviour-driven.⁹² While a wide body of work on the historically poor treatment and stigmatisation of the 'mad' provoked a trend in producing rehabilitative histories of the misuse of diagnoses of madness in order to get rid of the not-mad but simply inconvenient, no such work is forthcoming for the psychopath.⁹³ The current association of psychopathy with maleness has also ensured its absence from histories of the female psychiatric experience.⁹⁴

There has been a recent increase in works on specific disorders and diagnoses as part of a wider movement to examine and question psychiatry's dominant discourse, for example the interdisciplinary work on trauma by historians of psychiatry Mark Micale and Paul Lerner. Trauma has parallels with psychopathy in that it is a concept that 'is nothing if not elastic' and is 'often used imprecisely and indiscriminately'. Moreover, trauma is deemed worth interrogating as it has 'transcended its origins in clinical medicine to enter everyday culture and popular parlance' and become 'a metaphor for the struggles and challenges of late twentieth century life'.⁹⁵ A similar exploration of psychopathy is required, one that respectfully investigates the life of psychopathy as a psychiatric diagnosis, and how that influenced and was influenced by its existence outside the psychiatric arena. It is evident from the variety of disciplines that have produced the works discussed, and the fact that the term is still in use both officially and colloquially, that the psychopath has a broad and enduring appeal, whether this is as diagnosis, metaphor, scapegoat or stock character. What is missing from the historiography is a history of psychopathy itself, to trace the fluctuations in the term's meaning over time; and, a history that centres on Britain's experience of psychopathy. There is a tendency amongst existing sources to fill in any silences with the dominant North American

⁹¹ Peter Barham and Robert Hayward, *Relocating Madness: From the Mental Patient to the Person* (Free Association Books, London, 1995), p.4.

⁹² For example: Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (John Wiley and Sons, New York, 1997), p.298; G. E. Berrios and R. Porter, (eds.), *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders* (Athlone Press, London, 1995). It is more likely to be excluded altogether.

⁹³ For example: Sarah Wise, *Inconvenient People: Lunacy, Liberty and the Mad Doctors of Victorian England* (The Bodley Head, London, 2012); Deborah Cohen, *Family Secrets: Living with Shame from the Victorians to the Present Day* (Penguin, London, 2013).

⁹⁴ For example: Appignanesi *Mad, Bad and Sad*; Elaine Showalter, *Women, Madness and English Culture, 1830-1980* (Virago, London, 1985). This approach is critiqued in Vicky Long, *Destigmatising Mental Illness?: Professional Politics and Public Education in Britain* (Manchester University Press, Manchester, 2014), pp.132-5.

⁹⁵ Mark S. Micale and Paul Lerner (eds.), *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930* (CUP, Cambridge, 2001), p.1.

account of psychopathy and, although that is crucial to an understanding of the British psychopath, it is not the whole story. This thesis aims to fill that gap in the historiography by asking how the meaning of psychopathy changed in Britain between 1891 and 1959.

Methodology and Approach

'Writing a history of something so amorphous, whose meaning and content keep changing, is like trying to write a history of dirt'.⁹⁶ This was Edward Shorter's observation in his review of a collection of essays on hysteria.⁹⁷ Andrew Scull later quoted it in his history of hysteria in an effort to highlight the difficulty of the 'Sisyphean task' of trying to make its 'fascinating and torturous' history coherent.⁹⁸ Nevertheless, it is a task that Scull embraces and which I shall do likewise for psychopathy. Much like hysteria, the history of psychopathy is 'fascinating and torturous', with some commentators claiming the disorder does not exist at all, or at the least should not necessarily be classed as a mental disorder.⁹⁹ Accusations that it is little more than a wastebasket diagnosis have been frequent and provide one of the few consistencies in the history of psychopathy as a psychiatric diagnosis, another characteristic it shares with hysteria. So far the only way writers have found to bring some coherence to this fractured and often fractious history has been to trace the development of the disorder as it is understood today: standing from their current position and looking back over the years. This approach is favoured by psychiatric authors, that 'peculiar group of amateurs' who insist upon writing history.¹⁰⁰ Their favoured technique is to begin the history of psychopathy at what they consider are its earliest antecedents, often classical Greece, and then trace its 'progress' through moral insanity and imbecility, right up to the PCL-R with its emphasis on antisocial behaviour.

This teleological, psychiatric approach is problematic. Coupling psychopathy to moral insanity inevitably reinforces some of the less helpful or humane conceptions of modern

⁹⁶ Edward Shorter, 'The Reinvention of Hysteria', *Times Literary Supplement*, 4759, (1994), p.26.

⁹⁷ The volume in question was Sander L. Gilman, Helen King, Roy Porter, G. S. Rousseau and Elaine Showalter, *Hysteria Beyond Freud* (University of California Press, Berkeley, 1993).

⁹⁸ Andrew Scull, *Hysteria: The Biography* (OUP, Oxford, 2009), p.7.

⁹⁹ Claims of reification have been made in Gunn, 'Psychopathy', p.33; for a discussion of whether treating personality disorders as mental illnesses is 'medicalising bad behaviour', see for example Glenn D. Wilson, 'Mad, Bad or Sad?', *Gresham College*, (2012).

¹⁰⁰ Andrew Scull, 'Psychiatry and its Historians', *History of Psychiatry*, 2:7, (1991), p.239; examples of histories written by psychiatrists include Hervé, 'Psychopathy Across the Ages', pp.31-55; Anthony Maden, 'Dangerous and Severe Personality Disorder: Antecedents and Origins', *British Journal of Psychiatry*, 190:49, (2007), pp.s8-s11; Nadica Buzina, 'Psychopathy – Historical Controversies and New Diagnostic Approach', *Psychiatria Danubina*, 24:2, (2012), pp.134-42.

psychopathy and psychopaths, chiefly their entrenched criminality and likely untreatability. It is also an approach that encourages presentism, rather than the rigorous examination of the diagnosis of psychopathy in context. Unlike these psychiatric authors, I am not setting out specifically to find continuities between two fixed points, although there may well be continuities to be discovered along the way. Whilst I acknowledge where there are contemporary commentators who retrospectively link psychopathy with moral insanity, these views are analysed, rather than accepted without comment. I believe psychopathy is, as Allan Young found with Post-Traumatic Stress Disorder (PTSD), 'not timeless' or universal, but instead 'glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources'.¹⁰¹ This work shall aim to track and analyse how and why these classifications and categorisations changed, how and why they were 'glued together', and attempt to unravel how the present conception of psychopathy became a fixed and delineated term.

Taking inspiration from Scull, this work shall find another route through the vexed debates about reification, definition, aetiology and means of classification, and leave 'getting entangled in these thorny problems' to the psychiatrists. The 'perils of retrospective diagnoses', unless performed by a contemporary author, shall also be avoided, as this exercise implicitly supports the universality of psychiatric diagnoses.¹⁰² Rather than attempt to divine psychopathy's 'true essence' and 'definitively solve its mysteries', it instead presents a history of psychiatric ideas and practices around psychopathy over a period of nearly 70 years, examining the term's 'ambiguities and uncertainties' in context, and how the difference between the 'normal' citizen and the 'abnormal' psychopath was defined and maintained.¹⁰³

Hacking's work on 'human kinds' and 'making up people' provides a useful model for thinking about the history of psychopathy. Making up people is a phrase he uses to mean 'the way in which a new scientific classification may bring into being a new kind of person, conceived of and experienced as a way to be a person', and human kinds were an incidence of this.¹⁰⁴ He defines human kinds in a number of ways, emphasising the importance of the

¹⁰¹ Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton University Press, Princeton, New Jersey, 1997), p.5.

¹⁰² Scull, *Hysteria*, p.8.

¹⁰³ Paul Lerner, 'Book Reviews: Hysteria: The Biography', *Medical History*, 54:4, (2010), p.546.

¹⁰⁴ Hacking, 'Kinds of People: Moving Targets', p.285.

process of classification rather than the individuals classified; the fact that they were studied in the 'human or social sciences' in a drive to bolster the credibility of these 'marginal insecure, but enormously powerful' disciplines; and that they were classifications about which they hoped to discover 'knowledge of the sort that we gain in the natural sciences'.¹⁰⁵ Although the concept of the psychopath originated outside the human sciences, it has spent much of its existence striving for specificity. My study of psychopathy shall look at the ways in which psychopathy was described and how the psychopaths were imagined. This shall provide a useful counterpoint to the psychiatric histories of psychopathy that validate the condition by referring to its long history. Hacking rejects these ideas of universality, instead focusing on time- and place- specific interactions between the names and the named, in what he calls 'dynamic nominalism'.¹⁰⁶

Hacking proposed a framework within which to think about making up people, calling it his 'Five-Aspect Framework of Interacting Elements of Analysis'. This was a scaffold the 'social, medical and biological sciences use to create new classifications and new knowledge'. The five elements of this framework are: classification, people, institutions, knowledge and experts/professionals, and each element influences, interacts with and can be modified by any one of the others.¹⁰⁷ I intend to focus on the classification, rather than the subject, thus shifting the emphasis onto the construct of psychopathy. By doing this, the subject in my framework will not necessarily be people who exhibit antisocial behaviour, but rather people who have been diagnosed with psychopathy in Britain between 1891 and 1959. I shall thus challenge the supposedly inevitable relationship between psychopathy and violent antisocial or gratuitously 'evil' behaviour, associations that are seen as central to modern definitions of psychopathy.

Although my point of entry into Hacking's framework is 'classification', that is not to say that the people classified will be completely ignored or dismissed. Like Hacking, I resist embracing a wholly social-constructionist approach, as although it can be illuminating in terms of the technologies that are at work in creating diagnoses that are specific to a particular time

¹⁰⁵ Ian Hacking, 'Degeneracy, Criminal Behavior, and Looping', in David Wasserman and Robert Wachbroit, (eds.), *Genetics and Criminal Behavior* (CUP, Cambridge, 2001), p.155.

¹⁰⁶ Hacking: 'Kinds of People: Moving Targets', pp.294-5; 'Making Up People', in Mario Biagioli, (ed.), *The Science Studies Reader* (Routledge, New York, 1999), pp.161, 165.

¹⁰⁷ Hacking, 'Kinds of People: Moving Targets', p.286, pp.296-7.

and place, there is a danger that the diagnosed themselves simply disappear.¹⁰⁸ The discussion on psychopathy's development will encompass many different elements and shed light on its social, legal and political context, but it will, I hope, never lose sight of the individuals at the heart of these debates. In amongst the fluctuating theoretical arguments on the definition and progress of psychopathy are those labelled as psychopaths, individuals who may have received more callous or cavalier treatment as a result of this label, and who would have made their own contribution to the perceived nature of the disorder through their responses to the diagnosis.

While the understanding, management and fates of these individuals will be examined, this is not, however, a study of the individual quotidian experiences of these people. This thesis looks to challenge the 'authorised' version of events from the psychiatric establishment, but it generally does not do this through recourse to an examination of service-user histories, other than as they appear in psychiatric books and papers. This is not because they are considered unworthy historical sources, but because the purpose of this work is to investigate the *idea* of psychopathy, and not necessarily the lived reality. Whilst the very real suffering of individuals labelled as psychopathic in any era is acknowledged, they are not at the centre of this thesis. I feel that I cannot do them justice here, and so shall maintain a respectful distance from both the psychiatric debates and the psychopaths themselves. Nor is it a history centring on particular behaviours famously associated with psychopathy, such as alcoholism, vagabondage, rape or murder; nor indeed issues of gender identity or sexuality, which at various times were also swept up with the diagnosis. These demand works in their own right, with more space than I can currently offer. In any case, in Britain in this period, they were construed primarily as behaviours symptomatic of underlying psychopathy, and so whilst they may be alluded to, they are not foregrounded.

This is a history of psychopathy in Britain in particular. By Britain, I mean the island of Great Britain – that is England, Wales and Scotland. This recognises that although legislatively England and Wales were often treated separately from Scotland, some of the most significant psychiatric input on psychopathy originated from Henderson and those who worked with or were trained by him in Edinburgh and Glasgow. Sources are therefore predominantly British, but alongside some important texts from Continental writers. That there was much cross-

¹⁰⁸ For Hacking's views on social construction, see Ian Hacking, The Social Construction of What? (Harvard University Press, Cambridge, Mass., 1999).

fertilisation between the British and Continental psychiatric communities is evident from the term psychopathy's Germanic origin, the constant references made to German and French works in British psychiatric texts, and the frequent translations of these texts into English. This only intensified with the mass displacement of people that resulted from the rise of the Nazis in Germany, many of whom fled to America. Psychopathy was a term embraced by America early on, Henderson commenting that his delivery of a series of lectures on psychopathy in New York was 'like bringing coals to Newcastle'.¹⁰⁹ Today, North America is responsible for both the most widely-recognised framework for measuring psychopathy, the PCL-R, and the popular conceptualisation of the psychopath thanks to Hollywood. North American writings on the subject of psychopathy are therefore introduced as an acknowledgement that they are key to understanding the evolution of psychopathy; however, it is as a point of contrast to the British, and they are not used to make up for any silences in British sources. Histories of psychopathy that leap between continents every time there is a gap in material give a false impression of there being one continuous story of psychopathy, and again endorse the idea that the concept was monolithic and universal. In fact, psychopathy's development was influenced by very local conditions and traditions, whether political, economic, social or indeed philosophical, something a focus on psychopathy in Britain will help foreground.

This thesis identifies its sources via three key psychiatric terms, that is psychopath, psychopathy and psychopathic. To qualify for consideration, therefore, each text must explicitly mention the words psychopath, psychopathy or psychopathic, whether it's as psychopathy, psychopathic personality, psychopathic inferiority or any other similarly-titled condition. That is not to say that I shall be performing a linguistic analysis of the use of these terms, although I do touch on their etymological development in Chapter I. Rather it is a means of avoiding the retrofitting and retrospective diagnosis so inherent in the majority of works on the history of psychopathy that has seen moral insanity declared psychopathy's definitive psychiatric predecessor, and that has eternally wed psychopathy to a seemingly universal and timeless set of behaviours. By following this methodology and thus emphasising that there were a variety of co-existing concepts that were designated 'psychopathic', I hope to complicate the history of the concept, and undermine the teleological approach favoured by psychiatrists and universalists. This approach is not without its drawbacks; most significantly there is a near-deafening silence in the sources for the first few decades of the thesis where these terms are hardly used, and that also resurfaces more or less during the interwar years. It

¹⁰⁹ D.K. Henderson, *Psychopathic States* (W.W. Norton and Company, New York, 1939), p.9.

can be frustrating to believe that there are individuals behaving in widely-discussed ways that would later be construed as psychopathic, but which I am forced to ignore as they are not labelled as such; but, if they were not branded psychopaths at the time, then ignore them I must. It is no worse than disregarding the wonderfully rich US sources from this period, which I have referenced only sparingly to keep the focus on Britain.

This approach has implications for the selection of cultural sources such as films, books and operas, as it is extremely problematic to identify examples based on these criteria, that is, the explicit use of one of these terms. Psychopathy's relatively late adoption in Britain has also resulted in a paucity of British cultural sources during the timeframe in question, and would skew this element of the argument very heavily in favour of the last few decades of the period studied, if in fact the sources existed at all. It is partly due to these very practical issues that cultural sources are broadly excluded from this thesis, although widely available documents such as diagnosed psychopath Harry Howard's biography (which had an accompanying BBC Radio series) and newspaper articles are touched upon; but this is not the only reason. More significantly, I felt that the inclusion of these sources would detract from one of the central aims of the thesis, that is the reclamation of psychopathy as a psychiatric concept. Psychopathy has an extraordinary resonance in the popular imagination, Dutton observing that when people hear the word 'psychopath', they 'immediately think of serial killers, hockey masks and lacerated shower curtains'.¹¹⁰ Even clinicians draw on literature and film for illustration, translating their technical understanding of psychopathy into everyday language with the selection of vividly-drawn fictional characters. Far from clarifying the concept, this practice has resulted in psychopaths being perceived as cartoonish supervillains, the epitome of both madness and evil. By tethering the thesis very firmly to psychopathy as a psychiatric concept, I shall seek to redress this balance, and excavate a history of psychopathy under the layers of caricature and superlative. Although it does venture outside the psychiatric realm, it is into areas such as prisons and Parliament where psychopaths are being discussed in a direct dialogue with the psychiatric psychopath.

In order to establish the importance of looking at the terms used in geographical and historical context, the next chapter will confront some of the issues inherent in existing studies of psychopathy. Tackling head-on the dominant narrative of a coherent, linear history that

¹¹⁰ Dutton, 'How Psychopaths Can Save Your Life'.

seeks to ignore the detours and messy reality of psychopathy's evolution, it examines the etymology of these terms. Although this thesis is primarily concerned with the history of psychopathy as a psychiatric concept, the etymology of the three relevant terms is investigated in order to appreciate the semantic confusion that they engendered, and which thence led to uncertainty and ambiguity as to the meaning of psychopathy as a concept. An analysis of psychopathy as a psychiatric and legislative entity, via its presence and absence in psychiatric papers, diagnostic manuals and British law, is also undertaken to highlight psychopathy's complex history, and to challenge the accepted account of psychopathy as synonymous with moral insanity in particular. This chapter grounds the debate very firmly in Britain: although the American DSMs are examined, it is to highlight the fallacy in arguments of continuity and universalism, as is the examination of its alleged interchangeability with both moral insanity and APD. By doing so I shall clear the way for an understanding of the history of psychopathy that explores its relationship with antisocial behaviour, but does not accept that the two were always synonymous.

Broadly chronological in approach, Chapters II and III chart the evolution of how psychopathy was understood by psychiatry. Chapter II acknowledges the international influences in the psychiatric sphere that were at play in the concept's development, starting with its popularisation in Germany in 1891, but emphasises how they were reinterpreted and reshaped by particularly British traditions and concerns. The shift from being a poorly-received European concept of limited use, to becoming the answer to questions raised by Britain's performance in the world wars, is examined over the course of these two chapters, with Chapter III focussing on the role played by Henderson in promoting his American-influenced brand of psychopathy with its emphasis on problematic behaviour. Psychopathy's arrival on the statute books with the 1959 Mental Health Act is assessed from the perspective of a battle for administrative ownership of the diagnosis. This end point is chosen because it marked a watershed in psychopathy's evolution from a primarily psychiatric diagnosis to a legal category defined by behaviour.

Chapters IV and V use two concepts from historian Greg Eghigian, unclassifiable runoff and institutional runoff, to situate the psychopath within a hostile administrative framework where a failure to accommodate these people came to be seen as just another example of

their aggressive, boundary-breaking identity.¹¹¹ How psychopathy was adrift within both psychiatric nosology and British legislation is the focus of Chapter IV, whilst Chapter V uncovers a rival use in prisons, where ‘psychopathic’ was used to mean difficult and disruptive, qualities that were soon associated with the psychopath. Proposals for a separate special institution were the inevitable consequence of a diagnosis that was growing both in importance and notoriety, and this is investigated with reference to the Institute for Psychopaths at Herstedvester in Denmark, which was particularly revered in Britain.

The last three chapters use the two treatment paths for psychopathy proposed by Henderson in 1955 as a framing structure to understand how attempts were made to solve the psychopath problem.¹¹² Chapter VI looks at Henderson’s preferred route, which was the preventive or long-term approach, whereby children were to be born into a healthy environment and supported and nurtured throughout their lives, regardless of class or privilege. The persistent belief that psychopaths were untreatable is also examined. Chapters VII-VIII explore the other treatment path, the immediate or symptomatic, short-term approach, that sought to tackle psychopathy once it had emerged. Chapter VII centres on strategies of containment, informed by the therapeutic nihilism discussed in the previous chapter and also the disagreeable, disruptive idea of the psychopath from Chapter V, and how these were influenced by public opinion. More proactive methods are outlined in Chapter VIII, where definite attempts to treat the psychopath were made, but often in a manner reflecting their status as an undesirable and incurable patient.

Throughout, I shall be using the words ‘psychopathy’ and ‘psychopath’ as shorthand when referring to any of these conditions or those who bear the label. Using these terms does not indicate my support for, nor indeed my opposition to, these diagnoses; nor is it indicative of a projection of, or direct comparison between, current constructions of the psychopath with contemporary definitions. It is rather a convenient shorthand to denote any conditions that are designated ‘psychopathic’ in the literature.

¹¹¹ Greg Eghigian, ‘A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany’, *Isis*, 106:2, (2015), p.288.

¹¹² D.K. Henderson, ‘The Classification and Treatment of Psychopathic States’, *British Journal of Delinquency*, 6:1, (1955), p.11.

By examining the history of psychopathy in this way, tracing its emergence in 1891 through its journey to official acceptance in the 1959 Mental Health Act, I hope to build a history of the psychiatric concept of psychopathy in Britain rich with contested meanings and conflicting and overlapping usage. In doing so I seek neither to dismiss nor endorse its use, but rather to ask for an appreciation of the forces at work in its creation and constant modification, and a consideration of what questions this may ask of its continued application, and of the function of psychiatric diagnoses more broadly.

CHAPTER I: SEMANTICS

Today there is general consensus over how to define psychopathy. Psychiatrists and criminologists have cohered around a central list of symptoms that make up the disorder, and paint a picture of ‘instrumentally impulsive individuals with poor behavioural controls who callously and remorselessly bleed others for purely selfish reasons via manipulation, intimidation, and violence’.¹¹³ This neat definition is apparently supported by a long history, which is invoked by those seeking to bolster psychopathy’s credentials. An examination of the etymological evolution of the terms ‘psychopath’, ‘psychopathic’ and ‘psychopathy’ undermines this narrative, especially when juxtaposed with other diagnoses that are claimed to have been used interchangeably. After all, even that recent description of psychopathy problematises the double nature of today’s psychopath: although there are measurable, replicable ways of diagnosing psychopathy, supported by statistical data, there is also a strong moral judgment implicit in this professed ‘scientific’ diagnosis. Deconstructing the narrative that sustains this duality will help to both understand its existence and to be freed from its constraints, and explore why the more triumphalist accounts find it useful to proclaim parallels between fairly disparate, diffuse concepts in order to support their portrayal of what is now considered to be a very precise disorder.

Etymology

The meaning of psychopathy as a psychiatric concept in Britain was further complicated and muddied by the ambiguity inherent in the terminology itself, retained within the words and carried with them. In *Keywords*, Raymond Williams observed that ‘[f]ew inquiries into particular words end with the great [Oxford English] *Dictionary*’s account, but even fewer could start with any confidence were it not there’.¹¹⁴ The *OED* is therefore where this inquiry into psychopathy shall begin. In fact, invoking the power of the dictionary is an approach that has been taken by others grappling with the meaning and application of the diagnosis they feel

¹¹³ H. Hervé, ‘Psychopathy Across the Ages: A History of the Hare Psychopath’, in H. Hervé and J.C. Yuille (eds.), *The Psychopath: Theory, Research, and Practice* (Laurence Erlbaum Press, New Jersey, 2007), p.31.

¹¹⁴ Raymond Williams, *Keywords: A Vocabulary of Culture and Society* (Fontana Paperbacks, London, 1983), p.18.

is embodied in the words 'psychopath' and 'psychopathic'.¹¹⁵ However, these writers usually do so in a way reminiscent of Williams's collection of letters to national newspapers, written by various people in order to complain about what they consider to be the misuse of a particular word. Both the outraged correspondents and the writers on psychopathy 'appropriate a meaning [of the word in question] which fitted the argument and... exclude those meanings which were inconvenient to it but which some benighted person had been so foolish as to use'. Williams criticised this approach as 'an impossible [and] irrelevant procedure' that belied a somewhat elitist and misplaced 'sacral attitude to words'.¹¹⁶ Whilst Williams was not discussing psychiatric diagnoses, Henry Werlinder makes a similar point, calling upon 'diagnosticians' to be aware of the historical antecedents of psychopathy. He warns that an outright rejection of the interpretation of the diagnosis from another time or culture 'with the motivation that their adherents have not understood what psychopathy really is', is 'dangerously close to the so-called ontological view', and should be avoided.¹¹⁷ With this in mind, the dictionary entries will be taken at face value, to reveal

'a history and complexity of meanings; conscious changes, or consciously different uses; innovation, obsolescence, specialization, extension, overlap, transfer; or changes which are masked by a nominal continuity so that words which seem to have been there for centuries, with continuous general meanings, have come in fact to express radically different or radically variable, yet sometimes hardly noticed, meanings and implications of meaning'.¹¹⁸

Doing so will be the first step in exposing the complexity of the shifting meaning of these words, their relationship to each other and the extra space for ambiguity they created when discussing the psychiatric concept of psychopathy.

Those psychiatrists writing on psychopathy were themselves aware of the fickleness of the words they chose to describe the various clusters of symptoms or social problems with which they were concerned. British psychiatrist and criminologist Albert Wilson, writing in 1910 in his book *The Unfinished Man: A Scientific Analysis of the Psychopath or Human*

¹¹⁵ See for example Cyril Burt, *The Young Delinquent* (University of London Press, London, 1925), p.595; Ronald Blackburn, 'On Moral Judgements and Personality Disorders: The Myth of Psychopathic Personality Revisited', *British Journal of Psychiatry*, 153, (1988), p.505.

¹¹⁶ Williams, *Keywords*, pp.17, 20.

¹¹⁷ Henry Werlinder, *Psychopathy: A History of the Concepts: Analysis of the Origin and Development of a Family of Concepts in Psychopathology* (University of Uppsala, Uppsala, 1978), p.183.

¹¹⁸ Williams, *Keywords*, p.17.

Degenerate, thought it only 'scientific' to acknowledge how *unscientific* were the terms 'degenerate' and 'degeneracy'. He blamed this on the nature of the English language as 'loosely knit and plastic', and persevered with these words only with the acknowledgement of 'their acquired meanings'.¹¹⁹ Similarly, the Russian-American psychiatrist and keen eugenicist Aaron Rosanoff, in the seventh edition of his *Manual of Psychiatry and Mental Hygiene* (1938), employed a long list of terms which included 'psychopathic personality'. This was on the proviso that these terms were used 'only as convenient English words, and not as technical terms for the designation of independent and definitely distinguishable conditions'. Rosanoff stressed that only with 'this reservation in mind should such vague terms ever be used, if the confusion and misunderstanding is to be avoided that might result from assigning to them a more pretentious meaning'.¹²⁰ The abandonment of particular words for lack of specificity or scientific rigour is a theme that recurs throughout the history of psychopathy, most significantly in its ongoing battle with APD (discussed below).

The turbulent history of psychopathy as a concept is both reflected and complicated by the linguistic history of 'psychopath' and its derivations, proving Williams's thesis that 'the words are elements of the problems'.¹²¹ An examination of the history of the words 'psychopath', 'psychopathy' and 'psychopathic' in the *Oxford English Dictionary Online (OEDO)* shows that their first recorded usage was in nineteenth-century Europe. 'Psychopathy' and 'Psychopathic' both debuted in *Principles of Medical Psychology* by the 'forgotten psychiatrist' Baron von Feuchtersleben, written in 1845 and translated in 1847.¹²² The first recorded use of 'psychopath' is in 1864.¹²³ When these words did appear, they were not imbued with the same specific meaning as today. This is due to their etymology, an unprecedented nineteenth-century concoction of two Greek root words that cover an extremely broad range of meanings: *psyche* (soul) and *pathos* (suffering, feeling). Hence Feuchtersleben's use of the words is described as meaning 'what the etymologist would expect; that is, psychological damage or

¹¹⁹ Albert Wilson, *The Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate* (Greening, London, 1910), p.34.

¹²⁰ Aaron J. Rosanoff, *Manual of Psychiatry and Mental Hygiene* (J. Wiley and Sons, New York, 1938), p.651.

¹²¹ Williams, *Keywords*, p.16.

¹²² This epithet is invoked in Charles L.C. Burns, 'A Forgotten Psychiatrist- Baron Ernst von Feuchtersleben, M.D., 1833', *Proceedings of the Royal Society of Medicine* 47:3, (1954), pp.190-4; 'psychopathy, n.', *OED Online*, (OUP, Oxford, September 2013), www.oed.com/view/Entry/153924 [accessed 26/09/13].

'psychopathic, adj. and n.', *OED Online*, (OUP, Oxford, September 2013), www.oed.com/view/Entry/153921 [accessed 26/09/13].

¹²³ 'psychopath, n.', *OED Online*, (OUP, Oxford, September 2013), www.oed.com/view/Entry/153920 [accessed 26/09/13].

defect'.¹²⁴ The idea of being psychically damaged has persisted, but has been replaced with the word 'psychopathology', the 'study of pathological mental and behavioural processes; an instance of this'.¹²⁵ Although 'psychopathological' is also used by Feuchtersleben in his *Principles of Medical Psychology*, the Google Ngram of the words 'pathology' and 'pathological', show that these words were hardly used in English-language publications before 1900, suggesting that another word was used in their place. A similar search for the word 'psychopathic' illustrates its prominence before 1900, and it is likely that this term was used instead.¹²⁶

This is reflected in Feuchtersleben's use of 'psychopathy', employed in a manner which in 1954 was confusingly described as 'its more [etymologically] accurate sense, whereas we mean something more like sociopathy'; that is, Feuchtersleben used it in its most inaccurate sense: 'mental illness; an instance of this'.¹²⁷ This meaning is also reflected in the first usage of 'psychopath' to mean a 'doctor or other practitioner specializing in the treatment of (or claiming to treat) disorders of the mind', a meaning that was in vogue from 1860s to mid-1880s. It was only used to denote the patient in 1885, and to indicate someone exhibiting behaviour of a potentially asocial but not necessarily antisocial nature: '[b]eside his own person and his own interests, nothing is sacred to the psychopath'.¹²⁸ It therefore appears that 'psychopath' as applied to an individual sufferer had connotations of asocial, undesirable behaviour and callous traits ever since its inception, whereas 'psychopathic' and 'psychopathy' for a long time indicated something far broader and more indistinct. It is significant that the only examples of these words indicating problematic or criminal behaviour provided by the *OEDO* from the nineteenth century are taken from foreign commentators. The above quotation from 1885 was citing the celebrated Russian psychiatrist Ivan Balinsky, whilst the American philosopher and psychologist William James is named as using the word 'psychopathics' as a noun, to denote those with 'an inborn aptitude to immoral actions in any direction'; the British use of the terms did not yet necessarily carry that association.¹²⁹ There was also a period of crossover where 'psychopathic' in particular but also 'psychopathy' related either to the psychopath as patient, with suggestions of asocial behaviour, or to mental

¹²⁴ Nigel Walker and Sarah McCabe, *Crime and Insanity in England Vol II: New Solutions and New Problems* (Edinburgh University Press, Edinburgh, 1973), p.212.

¹²⁵ 'psychopathology, n.', *OED Online*, (OUP, Oxford, September 2013), www.oed.com/view/Entry/153923 [accessed 14/10/13].

¹²⁶ Figure 1, Appendix 1.

¹²⁷ Burns, 'A Forgotten Psychiatrist', p.193; 'psychopathy, n.', *OED Online*.

¹²⁸ 'psychopath, n.', *OED Online*.

¹²⁹ 'psychopathic, adj. and n.', *OED Online*.

illness more generally. This reflects the fluctuating relationship psychopathy and indeed personality disorders more generally have with insanity, and the confusion over where they fit in the psychiatric canon.

It is unsurprising, therefore, that there is so much confusion over ‘psychopathy’ and its related terms, and what they are taken to signify. This lack of clarity may also account not only for the proliferation of psychopathic types that are seemingly unrelated to one another, but also the persistent scepticism with which the term is met in the psychiatric world. It is interesting that the *OEDO* definition of the psychopath as doctor includes the disclaimer ‘or claiming to treat’, hinting at quackery or charlatanism, exemplifying the scepticism that may be invoked by the words. Similarly, for a brief period towards the end of the nineteenth century ‘psychopathic’ and ‘psychopathy’ could also relate to the treatment of disease by psychic means, such as hypnotism, or even ‘[d]ivination of the former qualities, experiences, etc., of a deceased animal through contact with, or contemplation of, its bones or fossilized remains’ in the case of ‘psychopathy’.¹³⁰ Whilst these definitions did not persist, the association of ‘psychopathy’ in particular with such unscientific practices may well have been acknowledged by early detractors. Psychopathy’s vagueness and liberal application ran directly counter to those seeking to bolster psychiatry’s scientific credentials.

An examination of journal article titles takes this consideration of the ‘history and complexity of meanings’ one step further, by foregrounding not only the semantic but also the diagnostic confusion and fluidity surrounding these terms. Searching for incidences of the words ‘psychopath’, ‘psychopathy’ and ‘psychopathic’ in the titles of journal articles between 1891 and 1959 on the PubMed database finds a tangle of different terminology surrounding the concept, some of which become widely adopted and so persist decades after they are first introduced; some are never mentioned again.¹³¹ As with the interrogation of the *OEDO*, this exercise deftly demonstrates Williams’ observation that ‘changes are not always either simple or final. Earlier and later senses coexist, or become actual alternatives in which problems of contemporary belief and affiliation are contested’.¹³² It is striking that none of the search terms appear in any article titles whatsoever until 1914, and then it is in a string of North

¹³⁰ ‘psychopathy, n.’, *OED Online*; ‘psychopathic, adj. and n.’, *OED Online*.

¹³¹ PubMed describes itself as comprising ‘more than 22 million citations for biomedical literature from MEDLINE, life science journals, and online books’.

¹³² Williams, *Keywords*, p.22.

American journals. A parallel search of the titles of articles in the *Journal of Mental Science (JMS)* for this period yields similar results: all the returned articles prior to 1922 are reviews of lectures or books given by writers outside the UK, particularly France and America. A search for these terms in the *content* of the *JMS* articles, something PubMed is unable to perform, provides even fewer results before the mid-1920s. This suggests that even when reviewing works that explicitly use one of the search terms, the *JMS* used different terminology to discuss them: psychiatrists were speaking different languages in more ways than one. However, it does illustrate that British psychiatrists were very aware of the work of their colleagues in Europe and North America, even if their interpretation was different, or at least discussed using a different vocabulary.

The names of these disorders matter, and never more than when psychiatry was establishing itself as a profession. Psychiatrists could use diagnoses to put their stamp on a condition, to claim it as their own whilst at the same time emphasising their particular take on a collection of symptoms that had been described by a colleague or rival in their own country or another. This activity also underlined the validity of their particular approach by referencing the body of work that had gone before. This drive that saw individual psychiatrists both classify varieties of deviant behaviour and also personalise this classification, creating their own nosology, has been described as ‘the unspoken ambition of every psychiatrist of industry and promise, as it is the ambition of a good tenor to strike a high C’.¹³³ It follows that an enquiry into the history of psychopathy in particular reveals a ‘chamber of horrors of obsolete theories and a swamp of conceptual confusion’, due to the sheer proliferation of classifications and terms.¹³⁴ These are appropriate metaphors, as the subject matter was indeed considered horrific: people displaying criminal or antisocial behaviour, with no evidence of disordered reasoning; those whom John Gunn calls ‘unpopular people’ because of their behaviour. He explains this endless tendency to classify and reclassify the proponents of antisocial behaviour in the following terms: ‘[t]o avoid mentioning unpleasant concepts in polite parlance we use a euphemism, but to do this we have to keep changing the euphemism’.¹³⁵

¹³³ G. Zilboorg and G.W. Henry, *A History of Medical Psychology* (W.W. Norton, New York, 1941), p.450, cited in Werlinder, *Psychopathy*, p.9.

¹³⁴ K.E. Törnqvist, ‘Sjöbring, Gerle och Psykopatibegreppet. En Kritisk Granskning’, *Tidskrift för Kriminalvård*, 11, (1956), p.1, cited in Werlinder, p.9. Trans. Werlinder.

¹³⁵ John Gunn, ‘What’s in a Name: A Psychopath Smells Just as Sweetly!’, *Criminal Behaviour and Mental Health*, 3:3, (1993), p.iv.

Moral Insanity and the Law

Psychopathy was one such euphemism, first popularised as ‘psychopathic inferiority’ by German psychiatrist J. L. A. Koch at the end of the nineteenth century and used throughout the twentieth in a variety of forms and countries. Although Koch used the term in his 1888 textbook of psychiatry, most histories cite his 1891 work *Die Psychopathischen Minderwertigkeiten* as responsible for its popularisation.¹³⁶ In line with Gunn’s theory, Koch’s original intention with introducing ‘psychopathic constitutional inferiority’ was that it would emphasise what he believed was the physical aetiology of the condition and so reduce the stigma of the diagnosis. Of course, this was not to be, as by ‘the middle of the twentieth century, the term psychopath had become popularly synonymous with evil itself’.¹³⁷ But it was not the only ‘euphemism’ during that time: it had not only antecedents but also competing terms for the duration. Clinical forensic psychologist James Ogloff lists just a few of them: ‘manie sans délire, moral insanity, moral imbecility, degenerate constitution, congenital delinquency, constitutional inferiority, psychopathic taint, psychopathic personality, psychopathy, and most recently Antisocial PD and Dissocial PD’. All of these at one time or another have been linked with psychopathy.¹³⁸ Werlinder chooses to append a list of terms ‘connected with the psychopathy complex’ to his thesis, and although this takes up two columns of terminology running across two pages, he admits that it is ‘not complete’.¹³⁹ To that list can be added oligothymia and anethopathy before any of the colloquialisms such as ‘psycho’ or ‘detraqué’ are considered.¹⁴⁰ In Britain, the most significant related term was moral insanity. The development of moral insanity and the role it plays in the myth-making histories written about psychopathy as an eternal, universal disorder, or natural kind, primarily characterised by antisocial behaviour, are instrumental in understanding the development of psychopathy in Britain.

¹³⁶ J.L.A. Koch, *Die Psychopathischen Minderwertigkeiten* (Maier, Ravensburg, 1891).

¹³⁷ Theodore Millon, Erik Simonsen and Morten Birket-Smith, ‘Historical Conceptions of Psychopathy in the United States and Europe’ in Theodore Millon, Erik Simonsen, Morten Birket-Smith and Roger D. Davis (eds.), *Psychopathy: Antisocial, Criminal, and Violent Behavior* (The Guilford Press, New York, 1998), p.8; Cary Federman, Dave Holmes and Jean Daniel Jacob, ‘Deconstructing the Psychopath: A Critical Discursive Analysis’ in *Cultural Critique*, 72, (2009), p.48.

¹³⁸ James R.P. Ogloff, ‘Psychopathy/Antisocial Personality Disorder Conundrum’, *The Royal Australian and New Zealand College of Psychiatrists*, 40:6-7, (2006), p.520. ‘PD’ designates personality disorder.

¹³⁹ Werlinder, *Psychopathy*, pp.191-2.

¹⁴⁰ Oligothymia literally means ‘small state of mind’ and is indicative of a flattening of affect. See G.M. Davidson, ‘The Syndrome of Oligothymia (Psychopathy)’, *Journal of Nervous and Mental Disease*, 124:2, (1956), pp.156-62; For anethopathy see the entry ‘anethopathy, anetopathy’ in Robert Jean Campbell, *Campbell’s Psychiatric Dictionary, Ninth Edition* (OUP, Oxford, 2009), p.60.

‘Moral insanity’ was a term coined by J. C. Prichard in 1835, to describe a state of disordered emotion, as opposed to disordered reason. Prichard described ‘a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect or knowing and reasoning faculties, and particularly without any insane illusions or hallucination’. He considered it distinct from ‘monomania’, ‘mania’ (insanity) or ‘incoherence’ (dementia), which together with moral insanity made up the four ‘principal forms or varieties of insanity’. Moral insanity was singular in that he did not consider it an ‘intellectual insanity’.¹⁴¹ In the majority of histories of psychopathy, moral insanity is cited as the nineteenth-century fore-runner to psychopathy; the template is to trace ‘the evolution of psychopathy from early nineteenth-century “moral insanity” through to present-day “antisocial personality disorder”’.¹⁴² This is despite the evidence suggesting that the ‘evolution of psychopathy’ is more complex, a fact that has been commented on by a number of writers who tend to be somewhat overlooked. British psychiatrist F. A. Whitlock is one such critic of this overarching ‘evolution of psychopathy’ narrative, forcing him to exclaim, ‘[w]hy... has this error persisted?’.¹⁴³ As Whitlock notes, one such reason might be that ‘few of the writers who maintain the identity of moral insanity and psychopathy have troubled to refer to the original texts’.¹⁴⁴ In fact, as Whitlock himself acknowledges, there are multiple factors, centred on the wilful misunderstanding of moral insanity due to the purpose behind writing these histories of psychopathy. They coalesce into three broad problems.

Firstly, it is significant that the majority of histories featuring psychopathy are, as explored in the historiography, not specifically histories of psychopathy. In Hacking’s five-aspect framework of interacting elements for analysis, mentioned above, the ‘classified individuals’ upon which these histories are focussed are not subjects diagnosed as

¹⁴¹ James Prichard, *A Treatise on Insanity and Other Disorders Affecting the Mind* (Sherwood, Gilbert and Piper, London, 1835), p.6.

¹⁴² See for example Hervé, ‘Psychopathy Across the Ages’, p.34; Aubrey Lewis, ‘The Psychopathic Personality: A Most Elusive Category’, *Psychological Medicine*, 4:2, (1974), p.133; J. Reid Meloy, *The Psychopathic Mind: Origins, Dynamics, and Treatment* (Rowland and Littlefield Publishers, Lanham, Maryland, 2002), p.7; Jarkko Jalava, ‘The Modern Degenerate: Nineteenth-century Degeneration Theory and Modern Psychopathy Research’, *Theory and Psychology*, 16:3, (2006), pp.420-1; taken from a review by Barbara Taylor of David W. Jones, *Disordered Personalities and Crime: An Analysis of the History of Moral Insanity* (Routledge, London, 2015), back cover.

¹⁴³ F.A. Whitlock, ‘A Note on Moral Insanity and Psychopathic Disorders’, *Bulletin of the Royal College of Psychiatrists*, 6, (1982), p.57. See also G.E. Berrios, ‘European Views on Personality Disorders: A Conceptual History’, *Comprehensive Psychiatry*, 34:1, (1993), p.19; Sydney Maughs, ‘A Concept of Psychopathy and Psychopathic Personality: Its Evolution and Historical Development: Part I’, *Journal of Criminal Psychopathology*, 2, (1941), pp.331-4.

¹⁴⁴ Whitlock, ‘A Note’, p.57.

psychopaths, but rather individuals exhibiting antisocial behaviour. For example, David Jones chooses to look at 'the categories of psychopathy, personality disorder and moral insanity' as 'disparaged categories' that 'have survived, albeit in evolving forms' and have been shaped by 'consistent forces' over a period of over 200 years.¹⁴⁵ This emphasis produces a history not of psychopathy, but instead of the peculiarly antisocial, whose chief characteristic other than their inevitable crimes is their inability to profit from experience in terms of behaviour modification. Although the trajectory usually starts at moral insanity, it might also hark back further to monomania and literary portrayals, take in Cesare Lombroso's born criminal, then progress to moral imbecility, followed by psychopathy in the middle of the twentieth century and finally APD. This seamless evolution hides the peripatetic nature of the terms discussed. Whilst there was undoubtedly much sharing of ideas and concepts between Britain, Europe and North America, and it is impossible to write a history of either psychopathy or the criminal personality without acknowledging these influences, it is important to understand that there were never any globally-accepted terms that were the same in every country. Seeing moral insanity as a direct antecedent to psychopathy is only plausible if looked at in this artificial way.

This first issue is influenced by the second, which is the fact that moral insanity's sister term, moral imbecility, preceded psychopathy in UK law, giving the illusion of a straightforward progression from one term to the other. In purely legal terms, therefore, moral imbecility was a forerunner to psychopathy in England and Wales. Introduced in the 1913 Mental Deficiency Act, moral imbeciles were defined alongside idiots, imbeciles and feeble-minded persons, as 'persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect'.¹⁴⁶ The 'influence of Prichard's moral insanity... led directly to the 'moral imbeciles' of the Mental Deficiency Act 1913', but it is important to note that they were not the same.¹⁴⁷ Moral insanity struck suddenly, usually during adulthood; moral imbeciles, as formulated by Charles Mercier and enshrined in the 1913 Act, displayed their symptoms from 'an early age'.¹⁴⁸ The difference between the two conditions had been stressed to the Royal Commission for the Care and Control of the Feeble Minded, but ignored in their 1908 report and so did not influence the

¹⁴⁵ Jones, *Disordered Personalities*, p.2.

¹⁴⁶ *Mental Deficiency Act, 1913* (3 & 4 George 5, Chapter 28), Part I, Section 1, p.5.

¹⁴⁷ Gunn, 'What's in a Name', p.iv.

¹⁴⁸ Charles Mercier, 'Moral Imbecility', *Practitioner*, 99, (1917), p.304; Cyril Burt, 'The Definition and Diagnosis of Moral Imbecility (II)', *British Journal of Medical Psychology*, 6:1, (1926), p.36.

1913 Act.¹⁴⁹ The use of the word ‘imbecile’ also attracted much criticism for implying intellectual defect where there was none, but can perhaps be seen as another attempt to fit the described disorder within an existing system of classification.¹⁵⁰ Indeed, in his history of psychopathy, American psychiatrist Sydney Maughs suggests that the Act was passed ‘primarily to separate cases of moral insanity from cases of true mental defectives’, as there was still confusion over how a group of individuals could behave in a socially abhorrant manner, whilst being neither insane nor intellectually defective.¹⁵¹ The 1913 moral imbecile gave way to the moral defective of the 1927 version of the Act, defined similarly as ‘persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others’. ‘Moral defectiveness’ was in turn defined as ‘a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury’, thus incorporating those whose antisocial behaviour was the result of organic conditions such as encephalitis.¹⁵² These definitions remained in place until the 1959 Mental Health Act introduced ‘psychopathic disorder’ to the statute books.

The confusion that existed over the difference between insanity, imbecility, moral insanity and moral imbecility was further entrenched by the third issue influencing the ‘evolution of psychopathy’ myth: misunderstanding of the word ‘moral’. Amongst those commentators who dispute moral insanity as a straightforward predecessor to psychopathy, it is generally acknowledged that when Prichard was writing, there were three uses of the word ‘moral’.¹⁵³ Prichard did not employ the word in the sense that it is most frequently used today, that is, to suggest an ethical insanity or inability to tell right from wrong: an ‘insensitivity to moral concerns’.¹⁵⁴ Instead, he used it to denote conative or affective, to suggest that it was

¹⁴⁹ Walker and McCabe, *Crime and Insanity Volume II*, p.210.

¹⁵⁰ Chief critic of the use of ‘imbecile’ was Albert Tredgold. See for example, A.F. Tredgold, ‘Moral Imbecility’, *Proceedings of the Royal Society of Medicine*, 14, (1921), pp.13-22.

¹⁵¹ Sydney Maughs, ‘A Concept of Psychopathy and Psychopathic Personality: Its Evolution and Historical Development: Part II’, *Journal of Criminal Psychopathology*, 2, (1941), p.468.

¹⁵² *Mental Deficiency Act, 1927* (17 & 18 George 5, Chapter 33), p.413; Michael Craft, ‘The Meanings of the Term “Psychopath”’, in Michael Craft (ed.), *Psychopathic Disorders* (Pergamon Press, London, 1966), p.18.

¹⁵³ See for example Walker and McCabe, *Crime and Insanity Volume II*, p.213; Craft, ‘The Meanings of the Term “Psychopath”’, p.16; Alexander Walk, ‘Some Aspects of the “Moral Treatment” of the Insane up to 1854’, *Journal of Mental Science*, 100:421, (1954), pp.808-9. Two of these meanings are discussed in John Ellard, *Some Rules For Killing People* (Angus and Robertson Publishers, North Ryde, New South Wales, Australia, 1989), p.124.

¹⁵⁴ Carl Elliott and Grant Gillett, ‘Moral Insanity and Practical Reason’, *Philosophical Psychology*, 5:1, (1992), p.53.

possible to experience insanity of the emotions or the will rather than of cognition or intellect.¹⁵⁵ This reading of Prichard's intentions are corroborated not only by Prichard's description of moral insanity, which makes no mention of an ethical dimension to the disorder, but also by the case studies Prichard describes to illustrate the condition. Even D. K. Henderson, someone who supported the belief that students of psychopathy should 'award priority of comprehensive description' to Prichard, agreed that some of Prichard's supporting cases were 'questionable' and 'certain of them would have been better diagnosed as hypomanic or even manic depressive states'.¹⁵⁶

It seems entirely reasonable, then, that Alexander Walk declared in 1954 that 'I can find little to support the notion that [Prichard] described the "moral defective" of later years or the "psychopath" of today'; and yet Prichard did introduce some of the key philosophical ideas that later writers would use when discussing psychopathy.¹⁵⁷ Most significantly, his idea of there being a separate moral faculty which could become diseased was especially persistent, particularly if the incorrect sense of 'moral' was used. As Australian psychiatrist John Ellard puts it,

'since intellectual disorders can lead to the assumption of a disordered intellectual faculty, similarly immoral behaviour can lead one to assume the existence of a moral faculty which also has become disordered. Therefore one can have an intellectual insanity and a "moral" insanity of equal status'.¹⁵⁸

Ellard goes on to suggest that this situation gives rise to the tendency to diagnose this supposed moral insanity by 'wicked behaviour alone', as that is the only proof required, a dubious practice endorsed by the diagnosis of APD. The *OEDO* shows that the idea of a 'moral faculty' had been used in a philosophical sense since 1754, and 'moral sense' since 1711, both of these phrases meaning 'the ability to distinguish between right and wrong, esp. as an innate faculty of the human mind'.¹⁵⁹ What Prichard appears to have done via moral insanity is reified this philosophical notion into an actual mental faculty, which could then become disordered.

¹⁵⁵ Walk, 'Some Aspects', p.809.

¹⁵⁶ D.K. Henderson: *Psychopathic States* (W.W. Norton and Company, New York, 1939), p.11; 'The Classification and Treatment of Psychopathic States', *British Journal of Delinquency*, 6:1, (1955), p.6. Also Craft, 'The Meanings of the Term "Psychopath"', p.16; Eric T. Carlson and Norman Dain, 'The Meaning of Moral Insanity', *Bulletin of the History of Medicine*, 36, (1962), pp.135, 139.

¹⁵⁷ Walk, 'Some Aspects', p.809.

¹⁵⁸ Ellard, *Some Rules*, p.122.

¹⁵⁹ 'moral, adj.', *OED Online*, (OUP, Oxford, March 2016), www.oed.com/view/Entry/122086 [accessed 22/03/16].

These philosophical concepts were certainly present in debates over these supposedly scientific diagnoses. For example, prison medical officer Maurice Hamblin Smith worried that the acceptance of the term 'moral imbecility' would in turn 'imply the conception of a separate "moral sense" and of an "absolute morality"', something he did not recognise.¹⁶⁰ It is easy to see how Prichard's disease of the moral faculty, though intended to signify a disorder of affect, became muddled with this more philosophical meaning of 'insensitivity to morality'.¹⁶¹ This is especially credible if Ian Hacking's comments on the creation of kinds are born in mind, that when 'we maintain that many people of long ago and in different places are of the kind that interests us, it makes our kind seem more genuine'; it is 'a way to legitimate a contested classification'.¹⁶² Psychopathy was a contested classification from its inception, so what better way to justify its existence than to claim lineage from moral insanity, a diagnosis from 1835 that in turn claimed to be descended from even earlier mental disorders?

It is apparent that, for all the retrofitting of moral insanity and imbecility into the psychopathy narrative, these terms were separate and in fact coexisted in Britain at the beginning of the twentieth century. A Google NGram of the words 'psychopathic', 'psychopathy', 'psychopath' and 'moral insanity', 'morally insane', 'moral imbecile' and 'moral imbecility', when searched for in the British English corpus, shows that much; incidences of the adjective 'psychopathic' overtake the noun 'moral insanity' in around 1910.¹⁶³ Discussions amongst peers also suggest that psychopathy was separate from moral insanity and moral imbecility. For example, Broadmoor's Medical Superintendent W. C. Sullivan suggested that moral imbeciles should be identified not just by their acts but also by their intellectual debility, as the former was driven by the latter: 'the moral imbecile, in addition to being a knave, is a fool'.¹⁶⁴ However, educational psychologist Cyril Burt claimed Sullivan's case studies showed what 'most investigators would be disposed to class, if they classed them at all, with the psychopathic or hysterical, not with moral imbeciles'. Burt only diagnosed psychopathy if the subject (in his experience, the child) in question showed 'pathological as well as abnormal symptoms - slight delusional tendencies, slight manic-depressive tendencies, or something of

¹⁶⁰ M. Hamblin Smith, 'Psychopathic Personality', *Journal of Mental Science*, 71, (1925), p.686.

¹⁶¹ Elliott and Gillett, 'Moral Insanity and Practical Reason', p.53.

¹⁶² Ian Hacking, 'Kinds of People: Moving Targets', *Proceedings of the British Academy*, 151, (2007), p.299.

¹⁶³ See Appendix 1, Figure 3.

¹⁶⁴ W.C. Sullivan, *Crime and Insanity* (Edward Arnold, London, 1924), p.190.

the morbid negativism of *dementia praecox*'.¹⁶⁵ Hamblin Smith, when considering the US Surgeon-General's new classification for psychopathic personalities introduced after the First World War, claimed that the fourth type, 'criminalism', is to be 'used in much the same sense as our term "moral imbecile"', whereas psychopathy encompassed far more than this.¹⁶⁶ What is clear is that the psychopathic personality did not start off with the same moral baggage as today's definitions, and its alleged descent from moral insanity, imply. Instead, the psychopath's deep association with the 'strong vicious or criminal propensities' seen in the moral imbeciles of the 1913 Act only really came about from World War II onwards. It was the elision of psychopathy with APD, most especially in the DSMs, that made psychopathy appear to be a disorder of primarily antisocial behaviour, and a worthy successor to moral insanity.

Antisocial Personality Disorder and the Diagnostic Manuals

The diagnosis 'APD' incites a negative response from the outset. There are no attempts to find one of Gunn's euphemisms; we are told immediately that the individual behaves in an antisocial fashion, and thus we are invited to reject them. It is a diagnosis synonymous with criminality and, allegedly and controversially, psychopathy. The adoption of APD rather than psychopathy in the DSM in particular highlights the nature of the perceived weaknesses inherent in psychopathy, but also reflects a more pervasive societal change in attitude towards the mentally ill, and most particularly those with the potential for dangerous behaviour towards others. The way in which APD has encroached upon psychopathy's space is not without consequence: it is largely through the ultimate assimilation of psychopathy into APD in the DSM that psychopathy has become so synonymous with criminality in its life beyond the manuals. Understanding how and why this elision has occurred, creating a new, pejorative imagining of a 'criminal personality', is instrumental in understanding the development of psychopathy as a concept, and how this has been manipulated according to contemporary concerns. It is therefore worth examining APD in more detail.

Sociologist Martyn Pickersgill asserts that psychopathy 'was never a recognized APA diagnostic', as it was absent from the DSM as a diagnosis in its own right, although occasionally referenced.¹⁶⁷ However, it did appear in the *Statistical Manual for the Use of Institutions for*

¹⁶⁵ Burt, *The Young Delinquent*, pp.38, 595. Emphasis in original.

¹⁶⁶ Hamblin Smith, 'Psychopathic Personality', p.686.

¹⁶⁷ Martyn Pickersgill, 'Between Soma and Society: Neuroscience and the Ontology of Psychopathy', *Biosocieties*, 4, (2009), p.48.

the Insane, first published by the APA in 1918, as ‘psychoses with constitutional psychopathic insanity’ and ‘constitutional psychopathic inferiority without psychosis’.¹⁶⁸ Before its publication in 2013, there had been rumours of a breakthrough appearance for psychopathy in DSM 5 as ‘a defined diagnosis in the context of six new personality disorders’, albeit as ‘antisocial/psychopathic’.¹⁶⁹ In the event, ‘psychopathic’ was once again relegated in favour of ‘antisocial’ as the personality disorder in question. In spite of psychopathy’s absence from the DSM – or rather, because of it – the DSMs were instrumental in cementing psychopathy’s association with APD, and constructing this new diagnosis of criminality. This is largely because the official US diagnostic manuals explicitly state that certain diagnoses replaced that of ‘psychopathic personality’. When these alternative diagnoses evolved over subsequent editions of the DSM, the idea of equivalence to psychopathy was carried along with them. This began in the precursor to DSM I, the *Nomenclature of Psychiatric Disorders and Reactions*, published by the Office of the US Surgeon-General and known as *Medical 203*.¹⁷⁰ Under ‘Character and Behavior Disorders’, described as ‘manifested by a life-long pattern of action or behaviour... rather than by mental or emotional symptoms’, ‘Antisocial Personality’, ‘Asocial Personality’ and ‘Sexual Deviate’ are offered as replacement diagnoses. Between them they claimed to cover ‘most cases’ previously known as constitutional psychopathic state, psychopathic personality, psychopathic personality with asocial and amoral trends and psychopathic personality with pathologic sexuality.¹⁷¹ None of these diagnoses made it into DSM I. Instead, ‘Sociopathic Personality Disturbance, Antisocial Reaction’ was listed under ‘Personality Disorders’ in DSM I, a diagnosis that was explicitly to include ‘cases previously classified as “constitutional psychopathic state” and “psychopathic personality”’.¹⁷² ‘Antisocial Personality’ was introduced in DSM II to replace ‘Sociopathic Personality Disturbance, Antisocial Reaction’ and therefore psychopathy.¹⁷³ DSM III retained APD, but still included

¹⁶⁸ American Psychiatric Association and National Committee for Mental Hygiene: Bureau of Statistics, *Statistical Manual for the Use of Institutions for the Insane* (National Committee for Mental Hygiene, New York, 1918), pp.27, 29. This manual went through several further editions.

¹⁶⁹ Nadica Buzina, ‘Psychopathy – Historical Controversies and New Diagnostic Approach’, *Psychiatria Danubina*, 24:2, (2012), p.134; Andrew E. Skodol, Donna S. Bender, Leslie C. Morey, Lee Anna Clark, John M. Oldham, Renato D. Alarcon, Robert F. Krueger, Roel Verheul, Carl C. Bell and Larry J. Siever, ‘Personality Disorder Types Proposed for DSM-5’, *Journal of Personality Disorders*, 25:2, (2011), pp.136-69; Jared DeFife, ‘DSM-V Offers New Criteria for Personality Disorders’, *Psychiatric Times*, (2010).

¹⁷⁰ Office of the Surgeon General, ‘Nomenclature of Psychiatric Disorders and Reactions’, *Journal of Clinical Psychology*, 56:7, (2000), pp.925-34. Originally published in 1946.

¹⁷¹ *Ibid*, pp.929-30.

¹⁷² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (APA, Washington, D.C., 1952), p.38.

¹⁷³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Second Edition* (APA, Washington, D.C., 1968), p.79.

'Sociopathic Personality' in the index with an instruction to see APD.¹⁷⁴ As late as DSM IV, APD was presented as a direct equivalent to psychopathy 'as operationalized by [Robert] Hare'.¹⁷⁵ Similarly, as Ellard points out, as late as 1975 'psychopathic personality' was being defined in the APA's glossary as an 'informal term for antisocial personality. Such individuals are sometimes referred to as 'psychopaths''.¹⁷⁶

APD is primarily a North American diagnosis, as can be seen from its history in the DSMs. This reflects the subtle difference between British and US psychopaths, with the former initially having more space to be asocial or 'merely statistically and amorally deviant', instead of antisocial or 'wicked'.¹⁷⁷ For example, in the 7th edition of the *Nomenclature of Diseases*, an 'authoritative source of medical terminology for British physicians' published in 1948, 'psychopathic personality' was listed with the following variations, of which antisociality was just one: 'with pathological sexuality'; 'with pathological emotionality' (including 'with aggressive outbursts'); 'with antisocial trends'.¹⁷⁸ However, this gap has narrowed, and APD has come to be increasingly dominant in the official diagnostic language of the UK; in the 8th and final edition of the *Nomenclature of Diseases* in 1960, 'antisocial' and 'psychopathic' were listed as interchangeable 'disorders of character or behaviour'.¹⁷⁹ This process can be seen in the ICDs, the main reference manual for UK psychiatrists. Psychopathy was introduced in the sixth edition (ICD-6) in 1949, the first edition to be compiled under the auspices of the World Health Organisation (WHO), albeit as a subset of 'Antisocial' and 'Asocial' personalities.¹⁸⁰ It survived into ICD-7, but from 1969 onwards psychopathy and its associated subtypes, including psychopathic personality 'with asocial trends', were relegated to the index with an instruction for them all to refer to '307. Antisocial', under '301. Personality Disorders'.¹⁸¹ The British

¹⁷⁴ Jessica R. Gurley, 'A History of Changes to the Criminal Personality in the DSM', *History of Psychology*, 12:4, (2009), p.292.

¹⁷⁵ Hervé, 'Psychopathy Across the Ages', p.46.

¹⁷⁶ Cited in Ellard, *Some Rules*, p.128.

¹⁷⁷ *Ibid*, p.128.

¹⁷⁸ I.M. Moriyama, R.M. Loy and A.H.T. Robb-Smith, *History of the Statistical Classification of Diseases and Causes of Death* (National Center for Health Statistics, Hyattsville, MD, 2011), p.6; Royal College of Physicians, *Nomenclature of Diseases, Presented by the Royal College of Physicians* (HMSO, London, 1948), p.84.

¹⁷⁹ Royal College of Physicians, *Nomenclature of Diseases, Presented by the Royal College of Physicians* (HMSO, London, 1960), p.85.

¹⁸⁰ *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death: Volume I* (HMSO, London, 1949), p.112-3.

¹⁸¹ *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death: Volume I* (World Health Organisation, Geneva, 1957), p.121; *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death: Volume I* (World Health Organisation, Geneva, 1969), p.148; *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death: Volume II* (World Health Organisation, Geneva, 1969), p.393.

glossary designed 'to facilitate the use of ICD-8' informed readers that the category of 'personality disorders' was to include 'what is sometimes called "psychopathic personality"'.¹⁸² As with APD in the DSMs, in the ICDs there followed a similar process to that seen with the dictionary definitions, as one diagnosis merged and blurred and became synonymous with another.

The claims of interchangeability of diagnoses in the DSMs and ICDs, as well as that suggested by the possibility of the 'antisocial/psychopathic' personality type in DSM 5, are at odds with the majority of recent research in the field. The general consensus is that psychopathy is a 'heterogeneous assemblage of personality traits, styles of interaction, and antisocial behaviour', a description that emphasises that anti-sociality is just one component of the diagnosis.¹⁸³ There is ample psychiatric literature examining the differences between APD and psychopathy, in particular how the personality traits that are taken into consideration in the diagnosis of psychopathy are better predictors of violent recidivism and responsiveness to treatment. It is argued that this is because the criteria for diagnosing psychopathy describe a more specific, homogenous group of disordered individuals than those identified by APD, who qualify for the diagnosis largely due to their exhibited behaviour.¹⁸⁴ Merging the two blurs the 'distinction between psychopaths and criminals', when 'most of the latter are not psychopaths'.¹⁸⁵

These protests seem ironic given the historic accusations regarding psychopathy's lack of specificity. Whilst there were some symptoms that were agreed to be common to psychopathic personalities, such as emotional instability, what secured the diagnosis of psychopathy rather than, for example, manic depression, was the fact that there was an absence of symptoms of manic depression.¹⁸⁶ Swiss psychiatrist Eugen Bleuler was one of several commentators who recognised that this made for an extremely heterogeneous group, observing in 1924 that

¹⁸² Cited in Pierre Pichot, 'Psychopathic Behaviour: A Historical Overview', in R.D. Hare and D. Schalling (eds.), *Psychopathic Behaviour: Approaches to Research* (John Wiley and Sons, Chichester, 1978), p.68.

¹⁸³ Pickersgill, 'Between Soma and Society', p.55.

¹⁸⁴ See for example Ian Pitchford, 'The Origins of Violence: Is Psychopathy an Adaptation?', *The Human Nature Review*, 1, (2001), pp.28-36; David T. Lykken, 'Psychopathic Personality: The Scope of the Problem' in Christopher J. Patrick, *Handbook of Psychopathy* (Guilford Press, New York, 2007), pp.3-13; H. Hervé, 'Psychopathy Across the Ages', pp.31-55.

¹⁸⁵ Pitchford, 'The Origins of Violence', pp.28-36.

¹⁸⁶ See for example Hamblin Smith, 'Psychopathic Personality', p.686.

'psychopathy is only in so far a uniform concept as it embraces psychic deviations from the normal that are not limited in any other way; but it is always incorrect to say that "the psychopaths" have this or that quality.

According to the nature of the thing, they cannot have any definite limitations and no symptoms that are common to all.¹⁸⁷

It is because of this perceived heterogeneity that the term 'sociopathy' was popularised by American psychologist G. E. Partridge in 1930, to designate a very particular definition of 'psychopathy', and so re-introduce specificity to a term he felt was too liberally applied.¹⁸⁸ 'Sociopathic Personality Disturbance, Antisocial Reaction' appeared in DSM I with a similar aim: to reduce the imprecision of psychopathy by being 'more limited, as well as more specific in its application'. It seems feasible that the APA sought merely to 'provide a reliable set of criteria (and a new name) for psychopathy' when they introduced it in DSM I.¹⁸⁹ However, as with the dictionary definitions above, acquired meanings ensured that APD experienced its own evolution, from DSM to DSM, until '[s]imply put, DSM II diagnosis of APD shares no common criteria with DSM III and only one (lack of remorse) with DSM III-R'.¹⁹⁰

The large volume of writing currently attempting to distance psychopathy from APD, whilst underlining just how interwoven the two terms have become, fails to acknowledge that the emphasis on behaviour as a diagnostic is exactly what made APD more appealing than psychopathy in the first place. Practicing psychologist Ronald Blackburn usefully describes this as, in his own terms, a move away from 'personal deviance' to 'social deviance'. Blackburn describes personal deviance as synonymous with personality disorder, employing the DSM III description of personality disorder and traits, the former occurring when the latter are "inflexible and maladaptive". Social deviance meanwhile constitutes 'specific acts' that are 'dependent on a moral frame of reference, which identifies departures from sociocultural norms of what constitutes acceptable conduct'.¹⁹¹ This change that resulted in the adoption

¹⁸⁷ E.P. Bleuler, *Textbook of Psychiatry* (Macmillan, New York, 1924), p.569, emphasis in original. For more comments on heterogeneity, see for example Hamblin Smith, 'Psychopathic Personality', p.683; Aaron J. Rosanoff, *Manual of Psychiatry* (J. Wiley and Sons, New York, 1927), p.186; William Healy, *The Individual Delinquent: A Text-Book of Diagnosis and Prognosis for All Concerned with Understanding Offenders* (Little, Brown and Company, Boston, 1915), p.575.

¹⁸⁸ Hervé, 'Psychopathy Across the Ages', pp.36-7.

¹⁸⁹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (APA, Washington, D.C., 1952), p.38; Gurley, 'A History of Changes', p.292.

¹⁹⁰ R. Rogers and K. Dion, 'Re-thinking the DSM-III-R Diagnosis of Antisocial Personality Disorder', *Bulletin of the American Academy of Psychiatry and Law*, 19:1, (1991), p.21.

¹⁹¹ Blackburn, 'On Moral Judgements', p.506.

and eventual triumph of social deviance and of APD over psychopathy is also symptomatic of wider societal changes and concerns. These are encapsulated in David McCallum's description of the DSM I diagnosis of Sociopathic Personality Disturbance, Antisocial Reaction, as one that 'displays a certain ambivalence, oscillating between the name of a medical problem and the name of a problem for government': there is uncertainty over why this diagnosis matters.¹⁹² This suggests a change in priority from psychiatric concern over the potential of psychopathic personalities to 'cause "suffering" to *themselves* or others', via 'characterological deviations that caused the *individual* and/or society to suffer', to legal concern over the display of behaviour that had the potential to cause harm to society due to its antisocial nature.¹⁹³ By being put forward as synonymous with APD, 'psychopathic' had thus 'transmogrified to mean socially damaging', moving away from a focus on 'the internal structure of individuals' to one on 'a relative position of an individual to others in an external field'.¹⁹⁴

This move is symptomatic of the waning influence of psychiatry versus the criminal justice system. The criticisms of the shortcomings of psychopathy in terms of application and diagnosis are in some ways criticisms of psychiatry's shortcomings. Charges of the reification of psychopathy and constant questions over whether or not the condition itself actually existed sat alongside earlier criticisms over psychopathy's lack of specificity, and ranged against psychiatry's attempts to be seen as scientific and definitive.¹⁹⁵ Crucially, there were also perceived to be practical difficulties in applying the diagnosis, apparent in the discussions regarding the possible inclusion (and ultimate rejection) of psychopathy in DSM III, as 'clinicians were not thought sufficiently competent to assess personality traits'.¹⁹⁶ The practicalities of diagnosis were undoubtedly helped by a move to a more behaviourally-orientated list of diagnostic criteria, as it was easier to identify behaviours than personality

¹⁹² David McCallum, *Personality and Dangerousness: Genealogies of Antisocial Personality Disorder* (CUP, Cambridge, 2001), p.121.

¹⁹³ Blackburn, 'On Moral Judgements', p.508. My emphasis; Hervé, 'Psychopathy Across the Ages', p.35. My emphasis.

¹⁹⁴ Blackburn, 'On Moral Judgements', p.505; McCallum, *Personality and Dangerousness*, p.112.

¹⁹⁵ See John Gunn, 'Psychopathy: An Elusive Concept with Moral Overtones', in Millon et al., *Psychopathy*, pp.32-9; for a similar argument on antisocial personality disorder, see Mark D. Cunningham and Thomas J. Reidy, 'Antisocial Personality Disorder and Psychopathy: Diagnostic Dilemmas in Classifying Patterns of Antisocial Behavior in Sentencing Evaluations', *Behavioral Sciences and the Law*, 16:3, (1998), pp.333-51; also Cary Federman, Dave Holmes and Jean Daniel Jacob, 'Deconstructing the Psychopath: A Critical Discursive Analysis', *Cultural Critique*, 72, (2009), pp.36-64; Blackburn, 'On Moral Judgements', pp.505-12.

¹⁹⁶ Pitchford, 'The Origins of Violence', pp.28-36.

traits. After all, it was the exhibition of antisocial behaviours that brought the perpetrator under the aegis of those with the power to diagnose, as Pickersgill has pointed out:

‘it is the performance of antisocial acts that is key to an individual becoming classified with the disorder... [i]t is only through severe antisocial behaviour that individuals enter a social context (e.g. prison) where an opportunity for diagnosis is presented’.¹⁹⁷

Meanwhile, these arguments could be neatly side-stepped by the ‘replacement’ diagnosis of APD, identified using criteria that anyone could measure and understand, including the average member of the public or indeed the police force, whilst also focusing on defending society rather than helping or seeking to understand the troublesome individual.

This, however, results in a nonsensical diagnosis in terms of treatment, thus also undermining the influence of psychiatry post-conviction. APD is not a workable psychiatric diagnosis, even if it is a convenient criminal one. Part of the problem with any diagnoses that rely on behaviours as proof of mental disorder is that the symptoms become the cause, a criticism that has been levelled at both APD and psychopathy. In a series of interviews with ‘neuroscientists investigating psychopathologies associated with antisocial behaviour (specifically, antisocial personality disorder and psychopathy)’, working out of various countries, Pickersgill reveals professionals were “‘agnostic with respect to aetiology’”. They were instead more concerned with how ‘ASPD and psychopathy were expressed behaviourally and biologically’. This may explain the very confused thinking coming from the respondent known only as ‘Dr B’, who maintained that ‘the pathology is the behaviour’, but also suggested that the pathology *causes* the behaviour.¹⁹⁸ Ellard made a similar point twenty years earlier when considering how contemporary definitions of psychopathy were entirely driven by behaviour, something he viewed as deeply problematic: ‘Why has this man done these terrible things? Because he is a psychopath. And how do you know that he is a psychopath? Because he has done these terrible things’. Ellard goes on to draw parallels with Prichard’s moral insanity, where the proof of the disease of the moral faculty was to be found in the morally reprehensible acts, which the individual performed because their moral faculty was diseased: the ‘logic is circular, and therefore endless’.¹⁹⁹ The diagnosis becomes a self-fulfilling prophecy. However, although easy to apply, it does not help recipients receive effective treatment. As

¹⁹⁷ Pickersgill, ‘Between Soma and Society’, p.55.

¹⁹⁸ Pickersgill, ‘Between Soma and Society’, pp.54, 56.

¹⁹⁹ Ellard, *Some Rules*, pp.127, 120.

evinced by Pickersgill's neuroscientists, the diagnosis of APD provides no information as to the aetiology of the problematic behaviour. Its general usefulness is therefore questionable, as it appears to be prioritising the system over the individual. Nevertheless, by DSM IV, APD and, according to the manuals, psychopathy, had become 'a diagnostic category for behavioural difficulties pertaining to criminality'; the "'criminal personality" diagnosis'.²⁰⁰

Conclusion

In the public psyche at least, it is the behaviours that have prevailed, one of the *OEDO's* definitions of psychopathy as '(in general use) exhibiting antisocial violent, or aggressive behaviour', a definition entirely concerned with the individual's acts rather than their interior life.²⁰¹ It is this version of psychopathy, a version that might be termed 'antisocial psychopathy', that can be seen as a successor to the version of moral insanity that was enshrined in law as moral imbecility. This is very different from the impression given by recent advocates of psychopathy, who seek to bolster its credentials by emphasising the disorder's longevity. In fact, moral insanity, primarily a disorder of the UK, and APD, primarily a disorder of the US diagnostic manuals, were not synonymous with psychopathy, but rather parallel. What is apparent from this examination of the various meanings surrounding psychopathy is that the term had multiple existences, all influencing each other in a dynamic network of meanings. Not only did the words psychopath, psychopathic and psychopathy, in a variety of senses, exist and overlap in the *OEDO*, but these words also coexisted in the psychiatric sphere and obtained different meanings depending on the geographical location of the (equally significant) individual diagnostician. These terms also had different lives depending on whether they were a diagnosis enshrined in law, or in a diagnostic manual, or were in the mouth of the layman, or even if they were describing the everyday existence of an individual encountered in a clinic.

²⁰⁰ Buzina, 'Psychopathy', p.138; Cunningham and Reidy, 'Antisocial Personality Disorder and Psychopathy', p.336; William H. Reid, 'Antisocial Personality, Psychopathy, and Forensic Psychiatry', *Journal of Psychiatric Practice*, 7:1, (2001), pp.55-8; Gurley, 'A History of Changes', p.286.

²⁰¹ 'psychopathic, adj. and n.', *OED Online*.

EVOLUTION

CHAPTER II: PROBLEMATISATION

Psychopathy as a psychiatric diagnosis originated on the Continent. Its genesis was informed by a backdrop of degeneration theory and a discourse of physical difference. However, the concept's reception in Britain was erratic and piecemeal, leaving space for competing accounts of psychopathy to flourish and confound. There were versions of the diagnosis that were similar to the deformed Lombrosian born criminal, thus endorsing the dominant narrative of the history of psychopathy, but this was only half the story. At the beginning of the twentieth century, the psychopath in fact possessed multiple identities, and multiple bodies, that were modified not just by changing trends in social and psychiatric thought, but also by changing needs. The breadth and heterogeneity of the diagnosis allowed psychopathy to serve the political requirements of a variety of interested groups, and to absorb attempts to make it fit established theoretical frameworks such as degeneracy and criminality. It was only when the First World War problematised the lack of agreed nomenclature that Britain started to take a serious interest in psychopathy.

Psychopathic Bodies: Deviation and Degeneration

Psychopathy emerged as a term in Germany at the end of the nineteenth century, and so was framed by contemporary Continental ideas of hereditary illness and degeneration, promoting a somatic understanding of the condition. There were multiple understandings of degeneration by this time; particularly influential was that of French psychiatrist Bénédict Morel. His theory of progressive degeneration whereby a 'morbid predisposition grew more pronounced from generation to generation', and that the degenerate was visibly distinctive, an 'individual whose physiognomic contours could be traced out and distinguished from the healthy', shaped early ideas of psychopathy.²⁰² For example, J. L. A. Koch envisioned his psychopath as displaying a number of indications of their psychopathic inferiority, including 'asymmetries in cranial bones, uneven teeth and so-called Morelian ears'.²⁰³ Indeed, emphasis on the psychopath's visible physical difference was more persistent on the Continent than in Britain. An example of the development of international ideas around the psychopath as degenerate can be seen in the evolution of the *Manual of Psychiatry*, originally written by the

²⁰² Henry Werlinder, *Psychopathy: A History of the Concepts: Analysis of the Origin and Development of a Family of Concepts in Psychopathology* (University of Uppsala, Uppsala, 1978), p.58; Daniel Pick, *Faces of Degeneration: A European Disorder, c.1848-1918* (CUP, Cambridge, 1989), p.9.

²⁰³ Werlinder, *Psychopathy*, p.87, fn.3.

Frenchman J. Rogues de Fursac and translated into English by Aaron Rosanoff. Although Rosanoff initially acted only as translator in the first edition in 1905, he thence became translator and editor for the 1908 and 1911 editions, then took over full authorship from 1920 when the war disrupted their partnership, continuing to produce the manual solo until 1938.²⁰⁴ Despite claiming that 'degeneration' was used 'in the broad French sense', that is 'to designate psychopathic or neuropathic taint or make-up', the first few editions where de Fursac was the chief contributor included a long yet incomplete list of probable physical stigmata exhibited by the constitutional psychopath, including everything from cranial deformity to 'anomalies of the auricle' and 'malformation of the external genital organs'.²⁰⁵ It is only from 1920, that the list of physical deformities is absent, Rosanoff electing instead to make reference to predominantly behaviour-based American classifications of psychopathy.²⁰⁶

In Britain, however, the theory of degeneration was generally less well-formed, and the degenerates less malformed. Historian Daniel Pick has called the discussion around degeneration in Britain 'more diffuse than on the Continent', the idea of the degenerate as a 'clearly distinguishable being' losing some of its clarity in the 'clash with a recalcitrant classical liberal conception of the individual'.²⁰⁷ De Fursac and Rosanoff's understanding of French degeneration was defined in contrast to the 'restricted English sense' of the word, that implied 'necessarily an inferior or defective make-up... commonly applied to criminality, idiocy or imbecility, and sexual anomalies', rather than psychopathy.²⁰⁸ Moreover, British psychiatry's more cautious approach to psychopathy, adopting the concept somewhat reluctantly, meant that there was a rather chaotic understanding of the disorder, with psychopathy discussed in various competing ways. There were those who advanced psychopathy as a subtype of degenerate complete with accompanying physical deformity, such as the medical assistant at

²⁰⁴ J. Rogues de Fursac; trans. Aaron J. Rosanoff; ed. Joseph Collins, *Manual of Psychiatry* (J. Wiley and Sons, New York, 1905); Aaron J. Rosanoff and J. Rogues de Fursac, *Manual of Psychiatry* (J. Wiley and Sons, New York, 1908); Aaron J. Rosanoff and J. Rogues de Fursac, *Manual of Psychiatry* (J. Wiley and Sons, New York, 1911); J. Rogues de Fursac and Aaron J. Rosanoff, *Manual of Psychiatry* (John Wiley and Sons, New York, 1916); Aaron J. Rosanoff, *Manual of Psychiatry* (J. Wiley and Sons, New York, 1920); Aaron J. Rosanoff, *Manual of Psychiatry* (J. Wiley and Sons, New York, 1927); Aaron J. Rosanoff, *Manual of Psychiatry* (J. Wiley and Sons, New York, 1938).

²⁰⁵ de Fursac *Manual of Psychiatry* (1905), p.300; Rosanoff and de Fursac, *Manual of Psychiatry* (1908), p.352; Rosanoff and de Fursac, *Manual of Psychiatry* (1911), pp.380, p.10, fn; de Fursac and Rosanoff, *Manual of Psychiatry* (1916), p.341.

²⁰⁶ Rosanoff, *Manual of Psychiatry* (1920), p.625.

²⁰⁷ Pick, *Faces of Degeneration*, p.184.

²⁰⁸ Rosanoff and de Fursac, *Manual of Psychiatry* (1911), p.10, fn.

Claybury Asylum who outlined the differences in palate deformity of the 'hereditary psychopath' as opposed to the 'general degenerate'.²⁰⁹ However, these were in the minority.

More usually, the psychopath as visibly physically-deformed degenerate was contested. At a discussion of a paper by Belgian medical superintendent Jules Morel on special accommodation for the detention of degenerates (whom he grouped wholesale as psychopaths) before they either committed crimes or passed on their 'vicious heredity', English physician Daniel Hack Tuke was quick to query how these individuals would be identified. As he put it, 'the question arises - Have they any outward physical symptoms from which we infer that they are likely to commit crime'. If they were not distinguishable from the 'normal' citizen, then, 'speaking for England, I fear we cannot [commit them], and the time is not near when we shall be able to do it'.²¹⁰ Hack Tuke was questioning both the likelihood of obvious physical deviation, and the feasibility of relying on this as evidence of future wrongdoing. In terms of making the diagnosis, physical appearance alone was felt to be insufficient; it could only be the initial identifier of potential psychopathic cases. He confessed that, unlike his European counterparts, he was unable 'from the size and form of the head to distinguish between the moral man and the murderer', even after close study.²¹¹ Albert Wilson agreed that 'I do not think we shall ever be able to pick out the degenerate [a term he uses interchangeably with psychopath] by his physical configuration alone'.²¹²

Wilson allowed instead for internal physical differences, which he explained using new and ostensibly scientific theories. Writing in *The Unfinished Man*, he discussed his version of psychopathy at a time when very few other British writers were doing so. In it, Wilson blamed psychopathy on 'an unfinished state of the higher brain architecture, affecting the personality or ego'. This in turn was caused by the 'chemico-pathological changes' that are 'of toxic or nutritional character, in utero, in [the psychopaths'] parents' blood' that can result in 'arresting their evolution, development and growth'.²¹³ By failing to expand on these statements, Wilson kept his aetiology at once vague and ostensibly scientific. Similarly, he invoked Darwinian ideas

²⁰⁹ E.H. Harrison, 'The Abnormalities of the Palate as Stigmata of Degeneracy', *Journal of Mental Science*, 49:204, (1903), pp.81-96.

²¹⁰ Daniel Hack Tuke in Jules Morel, 'The Need for Special Accommodation for the Degenerate', *Journal of Mental Science*, 40:171, (1894), p.602.

²¹¹ Ibid.

²¹² Albert Wilson, *The Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate* (Greening, London, 1910), p.37.

²¹³ Ibid, p.34.

to explain the mental state of the psychopath. In his so-called 'Gamut of Humanity', he divided mankind into *Homo sapiens* ('super-normal'), *Homo domesticus* ('normal') and, 'the dead weight of human degeneracy', *Homo simplex* ('sub-normal' and 'abnormal').²¹⁴ He considered psychopaths as an example of *Homo simplex*, suggesting that they were almost a different species to the majority of humanity who were both physically and mentally 'normal'. The categorisation and classification using Latin terms and sound scientific Darwinian principles, yet based on subjective generalisations of humanity, was typical of Wilson and of other writers of this era who used the language of heredity and degeneration to explain the existence of difference, including psychopathy.

On the Continent the importance of obvious physical difference was beginning to wane; whilst de Fursac and Rosanoff were happy to list the vast potential physical stigmata they believed the psychopath to possess, they simultaneously dismissed them as 'not of very great practical interest'.²¹⁵ This view was corroborated by the celebrated German psychiatrist Emil Kraepelin. He observed that a large number of perfectly sane, law-abiding people had physical deformities that could be wrongly interpreted as indicative of a defective heredity: whilst his psychopathic type bore a 'considerable group of signs of degeneracy', greater in 'number and variety' than non-psychopathic criminals, this 'of itself naturally proves nothing in an individual case'.²¹⁶ This was in keeping with a broader contention that linked obvious deformity with criminality, most famously elucidated by criminal anthropologist Cesare Lombroso. His born criminal formed the 'principal nucleus of the wretched army of law-breakers', and was correspondingly harbinger of 'the most numerous and salient [physical] anomalies'.²¹⁷ These included everything from malformed noses, ears and misshapen skulls to a preponderance of tattoos, in what Jane Caplan has called a 'twin reading of the body's surfaces and its depths, of optative inscription and involuntary anatomical anomaly'.²¹⁸

²¹⁴ Ibid, pp.5-6, esp. Fig. 1.

²¹⁵ de Fursac, *Manual of Psychiatry* (1905), p.352.

²¹⁶ A. Ross Diefendorf, *Psychiatry: A Text-Book for Students and Physicians abstracted and adapted from the seventh German edition of Kraepelin's "Lehrbuch der Psychiatrie"* (Macmillan, New York, 1907), p.520; Morel, 'The Need for Special Accommodation', p.602.

²¹⁷ Gina Lombroso-Ferrero, *Criminal Man, According to the Classification of Cesare Lombroso* (G. P. Putnam's Sons, New York, 1911), pp.52-73; p.9.

²¹⁸ Ibid, pp.9-24; Jane Caplan, "'One of the Strangest Relics of a Former State": Tattoos and the Discourses of Criminality in Europe, 1880-1920', in Peter Becker and Richard Wetzell (eds.), *Criminals and Their Scientists: The History of Criminology in International Perspective* (CUP, Cambridge, 2006), p.338.

Lombroso saw atavism as one of the chief causes of criminality, arguing that ‘the physical type of the criminal was completed and intensified by his moral and intellectual physiognomy, which furnishes a further proof of his relationship to the savage and epileptic’: it shaped them both metaphorically and literally.²¹⁹ Although Lombroso conceded that similar physical abnormalities were to be found in non-criminal individuals, he stressed that ‘we never find that accumulation of physical, psychic, functional, and skeletal anomalies in one and the same person’, unless they were criminal and therefore degenerate.²²⁰ It follows that those writers who saw a close relationship between the born criminal and the psychopath, or considered the former a subtype of the latter, did indeed stress the psychopath’s physical abnormalities. Kraepelin incorporated the born criminal into his ‘stable psychopathic conditions corresponding to personality defects’, a subtype of his ‘Psychopathic Personalities’. These were introduced alongside his existing chapter on ‘Constitutional Psychopathic States’ in the seventh edition of his textbook, published in English in 1907.²²¹ More than any of the other psychopathic types sketched by Kraepelin, the born criminal was striking for his physical abnormalities. He bore signs of ‘pronounced physical degeneracy’ and a ‘considerable group of signs of degeneracy, which show unmistakably that confirmed criminals often possess an inferior physical endowment’.²²²

In Britain, the relationship between psychopathy and criminality, contrary to most histories on the subject, was in fact mutable, particularly during this early period: the psychopath, the degenerate and the criminal were tangled together, rather than synonymous. This has been obfuscated by the fact that psychiatric histories of psychopathy have artificially lengthened Lombroso’s reach: although his influence in Britain in particular was apparently slight in comparison with other theories of degeneration, the born criminal is frequently cited as a forerunner to the psychopath.²²³ This association gained traction due to Lombroso’s emphasis on the link between the born criminal and the erroneously accepted British

²¹⁹ Lombroso-Ferrero, *Criminal Man*, p.27.

²²⁰ Ibid, p.49. This explanation of cause and effect undermines those universalists such as Theodore Millon who accept the born criminal whilst rejecting the ‘primitive physical anthropology’ that formed them. Theodore Millon, Erik Simonsen and Morten Birket-Smith, ‘Historical Conceptions of Psychopathy in the United States and Europe’, in Theodore Millon, Erik Simonsen, Morten Birket-Smith and Roger D. Davis (eds.), *Psychopathy: Antisocial, Criminal, and Violent Behavior* (The Guilford Press, New York, 1998), p.7.

²²¹ Diefendorf, *Psychiatry* (1907).

²²² Ibid, p.520.

²²³ This is particularly true of America. See Theodore Millon, *Disorders of Personality DSM-III: Axis II* (John Wiley and Sons, New York, 1981), p.188; Henning Sass and Alan R. Felthous, ‘The Heterogeneous Construct of Psychopathy’, in Thomas Schramme, *Being Amoral: Psychopathy and Moral Incapacity* (MIT Press, Cambridge, Mass., 2014), p.42; Millon et al., ‘Historical Conceptions’, p.7.

predecessor to psychopathy, moral insanity.²²⁴ Wilson again proved singular for his time and nationality by making space for the psychopath as criminal, and repeating much of Lombroso's research on the born criminal without criticism.

Although this was partly due to Wilson eliding the degenerate and the psychopath, it may have also been political, and the first of many turf wars fought for ownership of the British psychopath. By choosing to discuss a version of the psychopath that was essentially criminal, Wilson not only marked himself out as atypical of a British psychiatrist writing in 1910, but also directly challenged the burgeoning criminal sciences for ownership of the psychopath.²²⁵ He did this by focussing on the mental life rather than the behaviour of the 'base, imperfectly mentated individual, or in simpler terms a degenerate, a psychopath'.²²⁶ He also subsumed the concept of 'moral imbecility' into his configuration of psychopathy, although he rejected the specific term as he found the 'imbecility' component problematic.²²⁷ Moral imbecility was a legal term used in Britain to denote callous criminality, and, in contrast to the British psychopath, but in keeping with contemporary ideas of criminality, moral imbeciles were also often construed as physically different.²²⁸ Wilson considered moral imbeciles, or the 'so-called sane but criminal and criminal but insane', as 'degenerates, in the sense in which I use the term'; that is, they were psychopaths; but they were just one example of psychopathy he considered.²²⁹ More typically, moral insanity and moral imbecility were widely considered to be separate from psychopathy at this time in Britain, due to the former diagnoses' explicit link with crime, and the latter's limited adoption and definition.

This was symptomatic of the insecurity of a new profession trying to establish its credentials, something that also shaped the way the psychopathic body was understood. At the beginning of the twentieth century, psychiatry relied on the observation of the physical, measurable symptoms of mental disorders in order to add credence to their new profession of quantifying the unseen. The newness of the psychiatric profession and its origins in neurology

²²⁴ 'The Born Criminal and his Relation to Moral Insanity and Epilepsy', in Lombroso-Ferrero, *Criminal Man*, pp.52-73.

²²⁵ Wilson, *The Unfinished Man*, p.37.

²²⁶ *Ibid*, p.81.

²²⁷ *Ibid*, p.37.

²²⁸ See G. Wilson, 'On the Moral Imbecility of Habitual Criminals as Exemplified by Cranial Measurement', a 1869 paper presented to the British Association meeting referred to by H. Havelock Ellis, *The Criminal* (Scribner and Welford, New York, 1890), p.34; Moritz Benedikt, 'On Moral Insanity and its Relation to Criminology', *Journal of Mental Science*, 40:171, (1894), p.591.

²²⁹ Wilson, *The Unfinished Man*, p.16.

meant that recourse to physicality was perhaps inevitable; however, this was increasingly the focus of criticism as psychiatry sought to carve out a particular space in the healing and scientific professions and differentiate itself from neurology.²³⁰ As prison psychiatrist Maurice Hamblin Smith put it in his 1925 paper on 'The Psychopathic Personality', the 'necessary training of our profession upon anatomical and physiological lines seems to me to have grave drawbacks as regards psychological medicine'. He was particularly concerned with the tendency of psychiatrists to either 'overlook the main [mental] condition' altogether, or 'to think that we can do no more when we have dealt with the concurrent physical factors'. Moreover, this could result in a disproportionate focus on the physical, which he believed hampered attempts to understand the aetiology of mental ill health. As he put it, to 'lay stress upon physical defects is to suggest to others, and to make a strong self-suggestion, that the physical abnormalities are the cause of these and of other psychical conditions'.²³¹ Nevertheless, the body was important to psychiatrists not only because of their background and training in the medical profession, but also because it presented an obvious way for them to root their new profession in the tangible, the scientific and the measurable.

There was also tension between a desire to look to established Continental psychiatrists for inspiration and information, and the realities of working in Britain, as can be seen in the comments from Hack Tuke. This was foregrounded with the 'acquired stigmata' of tattoos. Fundamental to Lombroso's conception of the criminal as 'inclined to repeat the habits of the savage', and perceived proof of an insensitivity to pain, was a belief in a strong link between criminality and tattooing.²³² Tattoos, Lombroso argued, could reveal 'obscenity, vindictiveness, cupidity' in the individual, as well as acting as a useful means of identification, a revelation which helped to cement the tattoo 'as the most obtrusive and literal sign of criminal atavism'.²³³ However, this idea is given a very cursory mention by Wilson when discussing the born criminal, and it is only in the early, French-dominated editions of the *Manual of Psychiatry* that tattoos are explicitly linked to psychopathic bodies as 'a sort of acquired sign of degeneration'.²³⁴ The link between tattooing and criminality or mental illness was one Continental concept regarding mental illness and criminality that never firmly took hold. Whilst the influx of Lombrosian theory left late Victorians 'beset by tensions between hereditarian and environmental explanations' of tattooing, and 'between British and European

²³⁰ Edward Shorter, *A History of Psychiatry* (John Wiley and Sons, New York, 1997), pp.142-3.

²³¹ M. Hamblin Smith, 'Psychopathic Personality', *Journal of Mental Science*, 71, (1925), pp.3-4.

²³² Lombroso-Ferrero, *Criminal Man*, p.40.

²³³ Lombroso-Ferrero, *Criminal Man*, p.232; Caplan, "'One of the Strangest Relics'", p.338.

²³⁴ Wilson, *The Unfinished Man*, p.40; de Fursac, *Manual of Psychiatry* (1905), p.301.

criminological traditions', Anglo-American tattooing's strong links with patriotism via the army and navy saved it from these associations.²³⁵ In Britain, the fad for tattooing reached the officer class and even the gentrified classes and royalty were swept up in a tattoo craze at the end of the nineteenth century. This ensured that the tattoo was seen as an individual choice rather than a product of either pathology or environmental factors such as boredom or idleness.²³⁶ The idea of the tattoo as an 'acquired sign of degeneration' was therefore not fully incorporated into literature on the criminal or the psychopath at this stage.

European ideas of the criminal with his obviously different tattooed and malformed body were therefore not as central to the British discourse on psychopathic bodies, or psychopaths, as current commentators believe. This is largely because in Britain in the late-nineteenth and early-twentieth centuries, the psychopath was conceived first and foremost as an individual with abnormal mental function, then as a degenerate and only occasionally as a criminal, if discussed at all. Even Wilson struggled to adapt the born criminal to British audiences. For example, on the one hand, he argued that primitive, psychopathic bodies 'do not suffer from septic inflammation' and their 'wounds are not painful and heal quickly, thus resembling the coloured races'. As a result, he found it difficult to explain, on the other hand, Lombroso's formulation of the criminal body as more sensitive to weather, headaches and vertigo. He ultimately declared that it must be 'a question of resistance', with 'the normal' having greater levels of resistance than the criminal. After all, he concluded, 'is it not the power of resistance that keeps the normal above the criminal?'.²³⁷ For Wilson, the behaviour of the psychopath, including moral judgments and behaviour, was entirely driven by the psychopathic body. Even their high pain threshold, a feature informed exclusively by Lombroso's description of the born criminal, made them 'callous to the suffering of others' since it rendered them unable to empathise.²³⁸ His psychopath was 'not made up of

²³⁵ James Bradley, 'Body Commodification? Class and Tattoos in Victorian Britain' in Jane Caplan (ed.), *Written on the Body: The Tattoo in European and American History* (Reaktion, London, 2000), p.140; Alan Govenar, 'The Changing Image of Tattooing in American Culture, 1846-1966' in Caplan, *Written on the Body*, p.213.

²³⁶ James Bradley, 'Body Commodification? Class and Tattoos in Victorian Britain' in Caplan, *Written on the Body*, p.139. Similarly, in America tattooing was 'increasingly considered "barbarous", and unsuitable for "civilized" armed forces' only towards the outbreak of the First World War. Govenar, 'The Changing Image of Tattooing', p.214.

²³⁷ Wilson, *The Unfinished Man*, pp.40-1.

²³⁸ Diefendorf, *Psychiatry* (1907), p.519; see for example Ellis, *The Criminal*, pp.112-5; Lombroso-Ferrero, *Criminal Man*, p.25. Wilson, *The Unfinished Man*, pp.40-1.

malformed eyes and jaws, but of uncontrolled and misdirected activities', highlighting a preoccupation with behaviour rather than physiognomy.²³⁹

But theories of degeneracy and psychopathy were more adaptable. European ideas that had initially failed to gain much traction in Britain when applied to the psychopath were rediscovered, repurposed and reapplied as the term gained in importance. For example, Kraepelin's view of physical defectiveness focussed around the body as a means of production. In his chapter on 'Constitutional Psychopathic States', 'congenital neurasthenia' manifested itself as 'a greatly increased sense of fatigue'. Emphasising the generally 'normal' mental capacities of the patient, he suggested that they were 'capable of taking up a piece of work with intelligence and skill', but then 'tire quickly, demand frequent rests, and are quite unfit for steady application to mental or physical work, because of resulting headache, insomnia, or general malaise'.²⁴⁰ His comments on the psychopathic subtypes of both 'nervousness' and 'constitutional despondency' in later editions are similar, claiming of the former that 'patients tire quickly and have little endurance'.²⁴¹ Of the Psychopathic Personalities, 'the unstable' were notable for not only being hypochondriacs, but also as being as prone to fatigue as their psychopathic stablemates: 'they lack altogether energy for continuous and satisfactory work. They start out zealously, but soon grow weary'.²⁴² Wilson echoed Kraepelin's reading of the psychopathic body, considering the psychopath or degenerate capable of simple, steady, repetitive work, but the moment he was put in 'more complex surroundings he breaks under the strain', as 'he is a weakling and cannot bear the weight of social endeavour'.²⁴³ In 1942, Scottish psychiatrist R. D. Gillespie revisited the 'old notion of deficit of energy', arguing that those regarded as 'congenital neurasthenics' due to their extreme lack of energy were in fact displaying a type of psychopathy. Moreover, in line with an increased social approach to mental health, this explained the psychopath's social problems, as they were examples of those personalities 'in whom the amount of energy is much less than will enable them to make a successful struggle for existence'.²⁴⁴ The use of this physical deficit to explain the psychopath's less-appealing social habits was still in evidence as late as 1959. Labour peer and physician Lord Stephen Taylor argued that the psychopath's laziness frequently 'has a physical

²³⁹ Wilson, *The Unfinished Man*, p.33.

²⁴⁰ A. Ross Diefendorf, *Psychiatry: A Text-Book for Students and Physicians and Adapted from the Sixth German Edition of Kraepelin's "Lehrbuch der Psychiatrie"* (Macmillan, New York, 1902), p.378.

²⁴¹ Diefendorf, *Psychiatry* (1907), p.486.

²⁴² *Ibid*, p.522.

²⁴³ Wilson, *The Unfinished Man*, pp.35-6.

²⁴⁴ R.D. Gillespie, *Psychological Effects of War on Citizen and Soldier* (W.W. Norton and Company, New York, 1942), pp.16, 45.

basis', as they 'are weak creatures, and it may be that the whole condition has, in fact, a biochemical basis'.²⁴⁵ Placing the psychopathic body in a novel situation upset the delicate equilibrium that allowed them to function, and ensured that their innate weakness and frailty were brought to the fore.

The psychopathic body's ability to resist either asocial behaviour or mental or physical breakdown was greatly reduced when alcohol was introduced. Considered a major cause of hereditary degeneration, there was a widespread belief that alcoholism could provide the catalyst for bringing those with existing psychopathic conditions to the asylum or to the attention of the police.²⁴⁶ The French degenerationist Valentin Magnan, speaking with his collaborator Alfred Fillassier at the first International Eugenics Congress in London, 1912, argued that in Paris at least, psychopaths were 'chiefly the descendants of alcoholics', and alcoholism was so significant it need be 'the only determining element' in inducing the psychopath's 'temperamental insanity'.²⁴⁷ In Britain, there was enduring agreement that alcohol was a major factor in producing psychopathic behaviour or fuelling suicide attempts, and also that the presence of alcoholism in the family could be instrumental in producing the 'neuropathic or psychopathic soil' leading to breakdown.²⁴⁸ Nevertheless, the relationship between alcohol, heredity and psychopathy was more nuanced. A British professor of natural history, inspired by Francis Galton to write about heredity, maintained that '[h]abitual drunkenness in a parent or in the parents produces familiar modifications', and could produce 'dire results in the offspring'. Even so, he warned against 'drawing the hasty conclusion that definite structural results of alcoholic poisoning on the parent's body are in the strict sense

²⁴⁵ Lord Taylor in HL Deb, 08 April 1959, vol.215, c.527.

²⁴⁶ W.C. Sullivan, 'Industry and Alcoholism', *Journal of Mental Science*, 52:218, (1906), p.513; William Healy, 'Delinquency and Crime in Relation to Mental Defect or Disorder' in Smith Ely Jelliffe and William A. White, (eds.), *The Modern Treatment of Nervous and Mental Diseases by American and British Authors: Volume I* (Henry Kimpton, London, 1913), p.235.

²⁴⁷ Valentin Magnan and Alfred Fillassier, 'Alcoholism and Degeneracy: Statistics from the Central Office for the Management of the Insane of Paris and the Department of the Seine from 1867 to 1912' in *Problems in Eugenics: Papers communicated to the First International Eugenics Congress held at The University of London, July 24th to 30th* (The Eugenics Education Society, London, 1912), p.368. Rosanoff and de Fursac make a similar point in *Manual of Psychiatry* (1911), p.394.

²⁴⁸ See for example J.M. Wolfsohn, 'The Predisposing Factors of War Psychoneuroses', *Journal of the American Medical Association*, 70:5, (1918), p.180; *Report of the Indian Jails Committee, 1919-20* Cmd.1303, p.433; D.K. Henderson and R.D. Gillespie, 'A Review of Service Patients in a Mental Hospital', *American Journal of Psychiatry*, 80:1, (1923), p.62; Grace Pailthorpe, *Studies in the Psychology of Delinquency* (HMSO, London, 1932), p.43, Case 18; Denis Hill, 'Amphetamine in Psychopathic States', *British Journal of Addiction to Alcohol and Other Drugs*, 44:2, (1947), p.51; I.R.C. Batchelor, 'Psychopathic States and Attempted Suicide', *British Medical Journal*, 1:4875, (1954), p.1343; I.R.C. Batchelor, 'Repeated Suicidal Attempts', *British Journal of Medical Psychology*, 27:3, (1954), p.160, Case 152. Pozner acknowledges the role of alcohol as fuel in a psychopath's suicide attempt: H. Pozner, 'Suicidal Incidents in Military Personnel', *British Journal of Medical Psychology*, 26:2, (1953), p.100.

transmitted to the offspring'. Instead, he suggested that it could be the case that 'the intemperate habits of the parent may be the expression of an inherited psychopathic disposition' and it was this that was 'transmitted to the offspring'.²⁴⁹ The degenerative trait passed on from the alcoholic was therefore not necessarily physical deformity, but character defect: 'what may be inherited is not the result of alcoholism, but rather the disposition which led the parent to become alcoholic – e.g. lack of control power'.²⁵⁰ The frailty of the body was translated into frailty of the will; physical degeneration transitioning to what American psychiatrist William Healy referred to as 'degeneration of powers of self-control'.²⁵¹

It was therefore accepted that the British alcoholic could well be a psychopath, but equally that it was not always the case. The propensity for alcoholism or indeed drug addiction in the psychopath was seen as an expression of the underlying psychopathy, rather than part of the psychopathy itself. Later typologies of the psychopath make reference to alcoholism, but it was generally considered to be just one more problematic behaviour indulged in for reasons that went beyond the physical, a factor which had an impact on approaches to management and treatment.²⁵² It was the same with fears over the psychopath's sexually-deviant body. Wilson again aligned himself with European commentators to express concern over the aggressive fecundity of the psychopath. In spite of comparing the psychopath with all manner of 'lower animals', he noted with dismay that whilst the 'unripened flower is sterile [and] so is the immature animal... the human degenerate is unfortunately very fertile'.²⁵³ Taken in conjunction with the belief that the psychopath came into the world with 'all the lower, less noble, ideas and feelings of the animal world' that he was less able 'to control and subjugate' than the average man, this was a terrifying prospect indeed.²⁵⁴ However, the rampant sexual urges that had been linked to psychopathy via Richard von Krafft-Ebing's *Psychopathia Sexualis*

²⁴⁹ Arthur J. Thomson, *Heredity* (John Murray, London, 1908), pp.219-20.

²⁵⁰ *Ibid*, p.277.

²⁵¹ Healy, 'Delinquency and Crime', p.235.

²⁵² East lists alcoholics and drug addicts as just one type of psychopath in his classification, e.g. in *Report of the Commissioners of Prisons and the Directors of Convict Prisons for the Year 1936* Cmd. 5675, p.56; Hamblin Smith does likewise and emphasises that it is a symptom, e.g. M. Hamblin Smith *The Psychology of the Criminal* (Methuen, London, 1922), p.133; Henderson and Gillespie have alcoholism as a problem for the emotionally unstable psychopath D.K. Henderson and R.D. Gillespie, *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1932), p.383 and then the predominantly aggressive: D.K. Henderson and R.D. Gillespie, *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1940), p.311.

²⁵³ Wilson, *The Unfinished Man*, p.36.

²⁵⁴ *Ibid*, p.15.

of 1886, and formed such a cornerstone of American readings of the sexual psychopath from the 1930s onwards, were not generally associated with the psychopath in Britain.²⁵⁵

De Fursac and Rosanoff, and indeed Kraepelin, also made space in their chapters on psychopathy to discuss 'sexual inversion' (homosexuality), and all the physical differences that they believed went with this disjuncture 'between the *physical* sex and the *psychic* sex'.²⁵⁶ This included the belief that the men were beardless with 'high-pitched, light voices' and soft skin, who moreover liked to dress as women, whilst the women had deep voices and a tendency to grow beards.²⁵⁷ No such crude sketches of homosexual psychopaths was forthcoming in Britain at this time.²⁵⁸ In fact, these issues of alcoholism, homosexuality and sexual deviancy were never fully incorporated into the diagnosis of psychopathy other than as symptoms, and there was generally more space for the individual displaying these behaviours to transgress before they reached levels of pathological concern. As D. K. Henderson was to write with his long-term collaborator Gillespie, the 'occurrence of sexual aberrations' was not sufficient evidence of psychopathy; indeed the 'majority of homosexuals... show no sign of mental disease', although some may be unhappy and thence treatable by psychotherapy.²⁵⁹ There was allowance made elsewhere for well-adjusted homosexuals, '[u]nusual personalities' who 'may neither request nor require medical treatment'.²⁶⁰ Similarly, sexual deviation in general only approached psychopathy when it became a social problem. By the 1950s, although it was accepted that 'sex offenders and recidivists are frequently psychopathic', many were 'from the psychiatric point of view either normal or merely unusual', or perhaps 'the reasonably well-adjusted products of unusual training'.²⁶¹ Likewise, alcohol consumption could in fact play a role in helping the psychopath's social adjustment, as 'they are happier, more normal and

²⁵⁵ Richard von Krafft-Ebing, *Psychopathia Sexualis: Eine Klinisch-Forensische Studie* (Verlag von Ferdinand Enke, Stuttgart, 1886).

²⁵⁶ Rosanoff and de Fursac, *Manual of Psychiatry* (1908), p.356, emphasis in original.

²⁵⁷ Defendorf, *Psychiatry* (1902), p.395.

²⁵⁸ Ivor Batchelor later has a description of a teenage girl and psychopathic personality who dressed as a man 'with a man's haircut', was tattooed and had experienced both homosexual and heterosexual relationships, but dismisses these as exhibitionist trends, or narcissistic traits. Batchelor: 'Psychopathic States', p.1343; 'Repeated Suicidal Attempts', 160.

²⁵⁹ Henderson and Gillespie, *A Text-book of Psychiatry* (1932), p.392.

²⁶⁰ D. Curran and E. Guttman, *Psychological Medicine: A Short Introduction to Psychiatry with an Appendix: War-Time Psychiatry* (E. and S. Livingstone, Edinburgh, 1945), p.83.

²⁶¹ T.C.N. Gibbens, 'Recent Trends in the Management of Psychopathic Offenders', *British Journal of Delinquency*, 2:2, (1951), p.103.

better adapted socially when under the influence of alcohol than when entirely sober'.²⁶² The key factor was that their abnormality was not offensively visible.

Construing issues like alcoholism as heritable psychopathic taints was more enduring, and gave rise to narratives of untreatability that would beleaguer psychopathy. This originated, like the term itself, on the Continent, where the concept of *Anlage*, or constitutional predisposition, was dominant.²⁶³ It was later dispersed by German émigrés, such as Karl Birnbaum, who described 'the anomalies' of psychopathic personalities as 'conditioned by disposition (*Anlage*)', and therefore 'rooted deep in the biological subsoil... constitutionally inherited'. This inheritance could, he argued, conceivably be caused by such fundamental physical damage as 'injury of the germ cells'.²⁶⁴ Even the Anglo-German Willy Mayer-Gross highlighted the intractability of some cases. Mayer-Gross was full of praise in the 1930s for what he considered to be the English focus on environmental influences, and also the 'Freudian-psychology with the doctrine of reversibility of psychotic and neurotic symptoms' as fruitful treatment approaches for psychopathy. Nevertheless, he maintained that

'every psychotherapist looking over his cases without prejudice must recognize obstacles inherent in the original personality and make them grow in a more social direction... In these cases we think that the predisposition, the "*Anlage*," is so preponderant, so decisive in every situation, that the root of the matter lies in the abnormal character and we speak of a psychopathic personality'.²⁶⁵

He fully acknowledged that the logical conclusion of such an opinion was 'a sort of therapeutic nihilism', such as he had observed in Germany.²⁶⁶ The idea of psychopathy as a constitutional condition, inborn and immutable, the product of such degenerationist concepts as 'bad blood' or 'poor stock', was one that regenerated again and again over the decades, employed as both the reason treatment failed and why it should not be attempted. 'Constitution' could indicate

²⁶² William Sargant and Eliot Slater, *An Introduction to Physical Methods of Treatment in Psychiatry* (E. and S. Livingstone, Edinburgh, 1946), p.83.

²⁶³ This term was used by the philosopher Immanuel Kant, as discussed in Jon M. Mikkelsen (trans. and ed.) *Kant and the Concept of Race: Late Eighteenth-Century Writings* (State University of New York Press, Albany, 2013), pp.38-9, p.332 n.174. Eugen Kahn discusses this concept in *Psychopathic Personalities* (Yale University Press, New Haven, 1931), pp.10, 127-8, 288, 293, 307.

²⁶⁴ Karl Birnbaum, 'The Social Significance of the Psychopathic', *Annals of the American Academy of Political and Social Science*, 149:3, (1930), p.70.

²⁶⁵ Mayer-Gross in R.D. Gillespie, 'Discussion on Constitutional Psychopathy', *Proceedings of the Royal Society of Medicine*, 27:9, (1934), p.1155.

²⁶⁶ Mayer-Gross in *Ibid*, p.1156. Eghigian reports that Koch at least believed his psychopathic personalities were treatable. Greg Eghigian, 'A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany', *Isis*, 106:2, (2015), p.288.

a person was chronic or untreatable, symptomatic of the view that 'constitutional psychopaths are born, not made'.²⁶⁷ London-based psychiatrist Noel Burke used 'psychopath' to mean prone to mental collapse, commenting that in his work on shell-shocked men after the war, those who broke down 'on receiving news that they were merely on draft for the Front' were truly constitutional psychopaths: 'by constitution, [they] were unduly prone to mental illness'.²⁶⁸ This negative use of 'constitution' when discussing psychopaths was even more prevalent in America, something G. E. Partridge noted in 1930.²⁶⁹

There was another, more positive interpretation of constitution, that rose to prominence in the 1930s. Henderson used it to take the increasingly influential psychoanalysts to task for focussing solely on the unconscious life without any reference to the physicality of lived experience. As an alternative, he proposed to 'continue to study the patients in terms of their life reactions as determined by their biology rather than by tracing out unconscious mechanisms which may or may not have any direct application to the problem in hand'.²⁷⁰ This extended to an exploration, under the banner of 'psychopathic states', of the possibilities that 'diencephalic lesions' and frontal lobe tumours could cause everything from conduct disorders to problems sleeping.²⁷¹ However, there was a general consensus that whilst physical abnormalities could affect character, there was no guarantee that they would do so in every case, in the same manner, or that they would be found in every psychopath. Henderson instead stressed the importance of constitution, which he understood on a psychobiological rather than a purely physical basis as 'the whole being, physical and mental, it is all partly inborn, partly environmental, and is in a state of flux varying from day to day and even from hour to hour'.²⁷² German psychiatrist Eugen Kahn, whose densely theoretical book on psychopathic personalities was judged 'speculative', 'philosophic' and 'abstruse', similarly expressed concern about the psychoanalytic approach, and that of the Adlerian School in particular.²⁷³ Kahn's objections were that Adler's 'Individual' approach

²⁶⁷ H. Douglas Eaton commenting in 'Constitutional Psychopathic State', *California and Western Medicine*, 40:3, (1934), p.190.

²⁶⁸ Gillespie, 'Discussion on Constitutional Psychopathy', p.25.

²⁶⁹ G.E. Partridge, 'Current Conceptions of Psychopathic Personality', *American Journal of Psychiatry*, 87:1, (1930), p.61. Also William House, 'Constitutional Psychopathic Inferiority', *California State Journal of Medicine*, 21:1, (1923), p.26; T.J. Orbison, 'Constitutional Psychopathic Inferior Personality – With or Without psychosis', *California and Western Medicine*, 30:2, (1929), pp.61, 78.

²⁷⁰ D.K. Henderson, *Psychopathic States* (W.W. Norton and Company, New York, 1939), p.88.

²⁷¹ Henderson, *Psychopathic States*, pp.32-3.

²⁷² Henderson, *Psychopathic States*, p.37 and cited in G.E. Berrios, *The History of Mental Symptoms: Descriptive Psychopathology Since the Nineteenth Century* (CUP, Cambridge, 1996), p.433.

²⁷³ Kahn, *Psychopathic Personalities*, p.304. For reviews calling this book impractical: Henderson *Psychopathic States*, p.26; A. Warren Stearns, 'Books Reviews: Psychopathic Personalities', *Journal of*

denied the potential physical realities of psychopathic *Anlagen*, and furthermore advocated the belief that a 'pernicious *milieu*' was solely responsible for creating 'psychopathic manifestations'. Kahn considered this 'too one-sided to master the problem in hand'.²⁷⁴ For both Kahn and Henderson, psycho-analysis only told half the story; the physical experience of everyday life was fundamental to the psychopathic personality, even if it was not the only determining factor.

The Psychopath at War: Visibility, Masculinity, Notoriety

The world wars brought the psychopath into view in Britain. With an increasing consensus over the lack of physical stigmata displayed by the psychopath and their supposed 'normality' of appearance, there was a sense that they were somewhat invisible, and not an obvious problem needing treatment.²⁷⁵ This changed with the onset of war. The advent of 'modern' warfare created a number of problems for recruiting officers and government strategists in terms of recruitment and efficiency, problems that were witnessed and analysed by observers from the United States. It was the US who provided Britain with the language and classificatory framework with which to discuss the intrinsically weak and potentially dangerous recruits who were breaking down too early and too often, jeopardising morale, manpower and attempts to keep the pensions bill to a minimum, many of whom were identified as psychopaths. Whilst this helped to solve the paucity of vocabulary and absence of agreed nomenclature in certain quarters, it failed to bring clarity. Confusion persisted over who the psychopath was, what they looked like and how they could be identified. An increased focus on behaviour and a resurgence of the language of degeneration and heredity were inevitable products of identifying psychopaths as the problem to be solved, but did not resolve the issue of how to identify psychopaths in the first instance.

When war broke out in 1914, there was no shortage of recruits. John Tosh has described Britain at this time as a nation 'gripped by patriotic militarism' as a result of a 'normalization of war feeling without experience of the reality'. For men, signing up to fight

Criminal Law and Criminology (1931-1951), 22:6, (1932), pp.929-30; D.T. Griffin, 'Review: Psychopathic Personalities', *American Journal of Psychology*, 46:2, (1934), pp.361-2.

²⁷⁴ Kahn, *Psychopathic Personalities*, pp.10-1.

²⁷⁵ For comments on their physical difference, see House, 'Constitutional Psychopathic Inferiority', p.26; William C. Porter, 'The Military Psychiatrist at Work', *American Journal of Psychiatry*, 98:3, (1941), p.317; Curran and Guttman cited in Desmond Curran and Paul Mallinson, 'Psychopathic Personalities', *Journal of Mental Science*, 90, (1944), p.272.

the Kaiser was a natural progression from the tradition of imperial commitment, which had acted as both an escape from the increasing gender equality at home and also a means of proving one's manliness.²⁷⁶ Not only was signing up – or supporting those who did – a means of validating one's masculinity, but there was a 'tradition' that 'men who were immature or unsatisfactory, or whose social records were not above suspicion, could under Army discipline be made into "men"'.²⁷⁷ Even in 1942, many parents of what were then discussed as 'psychopathic persons', still saw war and the concomitant commitment to a life of rigorous discipline in the services as a 'godsend':

'Here at last, they thought, would be a method whereby their difficult sons and daughters would be made to conform, and in any case they would rather have them die in a burst of glory on a foreign field than burden the home front, which otherwise they were almost sure to do'.²⁷⁸

This belief in the ultimately salvageable nature of all British characters through military discipline, and the conviction that the war would be over in a matter of months, led to 'an amazing indifference' on the part of British recruiting officers in terms of who they recruited, as they endeavoured to get bodies to the front.²⁷⁹ Those who were accepted were often lacking physically, mentally, or both. In spite of the embarrassment caused by the physical state of the British army in the Boer War, a British Government report of 1920 looking into the 'physical examination of men of military age' found that there was still a lingering expectation that 'patriotic spirit is necessarily accompanied by physical fitness'. Those who volunteered early on in the war were therefore presumed to be 'nearly all fit men' on account of their keenness to fight for their country, and as a result often received only a ' cursory examination by a single medical officer'. The truth was that they were 'not of necessity men of better physique' than those who volunteered later or were conscripted, and often broke down through physical or psychical injuries during the training period. It was only later on in the war that 'more considered methods of examination' were introduced, another consequence of 'the growing experience of the needs of modern warfare'.²⁸⁰

²⁷⁶ John Tosh, 'Masculinities in an Industrializing Society: Britain, 1800–1914', *Journal of British Studies*, 44:2, (2005), p.342.

²⁷⁷ J.R. Rees, 'Three Years of Military Psychiatry in the United Kingdom', *British Medical Journal*, 1:4278, (1943), p.2.

²⁷⁸ D.K. Henderson, 'Psychopathic States', *Journal of Mental Science*, 88:373, (1942), p.490.

²⁷⁹ Thomas W. Salmon, *The Care and Treatment of Mental Diseases and War Neuroses ("Shell Shock") in the British Army* (War Work Committee of the National Committee for Mental Hygiene, New York, 1917), p.20.

²⁸⁰ Ministry of National Service, *Report Vol. I Upon the Physical Examination of Men of Military Age by National Service Medical Boards from November 1st 1917-October 31st 1918* (HMSO, London, 1920), p.5.

But who were these fragile, 'lacking' recruits? In Britain, psychopathy as a psychiatric concept had not yet captured the imagination, and there was still a great deal of ambivalence over what constituted a psychopath, what they looked like and how they could be identified. In the run up to the First World War, the term was most likely to be absent as a diagnosis from medical text books. For example, in *Psychological Medicine* Sir Maurice Craig noted that Kraepelin included 'Constitutional Psychopathic States' in his classification of insanity, but Craig did not comment further or indeed use the term himself.²⁸¹ Those who did include it employed it broadly, primarily as an adjective to indicate some sort of mental disturbance or abnormality, such as Theo Hyslop's 'psychopathic epidemics' (for example, dancing manias), that he placed in the 'borderland' of insanity.²⁸² This was how psychopathy was widely understood in Britain at the time: 'psychopathic' was a descriptor but not a diagnosis. It was often used to indicate various states between psychosis and sanity, but more generally it suggested unspecified mental abnormality, or behaviour suggestive of such a condition. It also carried a strong suggestion of a hereditary taint, examples of this usage being particularly evident in government reports discussing individuals with what were considered to be constitutional conditions.²⁸³ These recruits may well have been described as psychopathic, but they were unlikely to receive a diagnosis involving that term from British authorities.

The experience of the First World War saw this definition become more widespread in Britain, and the male psychopath in particular, and indeed the psychopathic body, emerge as defined by inherent weakness and unsuitability to military life, and their failure as both men and Englishmen. This was partly due to the vagueness and plasticity of the concept itself. In an effort to locate it within the existing taxonomy of psychopathology, and to indicate both its situation and its potential, in the years after the war the psychopath was described across

²⁸¹ Maurice Craig, *Psychological Medicine: A Manual on Mental Diseases for Practitioners and Students* (J and A Churchill, London, 1905), p.45. It is similarly absent from the 1912 and 1917 editions. Similarly, in W.H.B. Stoddart, *Mind and Its Disorders: A Text-Book for Students and Practitioners* (H.K. Lewis, London, 1908), the term is used without definition on p.365 in order to explain another term.

²⁸² Theophilus B. Hyslop: *Mental Physiology Especially in Its Relation to Mental Disorders* (J and A Churchill, London, 1895), pp.481-7; *The Borderland: Some of the Problems of Insanity* (Philip Allan, London, 1924), pp.208-25.

²⁸³ See for example *Minutes of Evidence Taken Before the Royal Commission on the Care and Control of the Feeble-Minded* Cd.4215, pp.453, 465, 467, 470; *Lunacy: Sixty-fourth report of the Commissioners in Lunacy to the Lord Chancellor* Paper No.204, p.73; *Royal Commission on Venereal Diseases. Appendix to Final Report of the Commissioners. Minutes of Evidence. 27th April 1914 to 21st June 1915* Cd.8190, p.258 (discussing congenital syphilis). See also E.F. Ballard, *An Epitome of Mental Disorders: A Practical Guide to Aetiology, Diagnosis, and Treatment* (J and A Churchill, London, 1917), pp.148-9.

Europe and America as 'pre-psychotic'; psychopathic personalities as 'mental conditions that lead up to or make possible the added development of psychoses or psychoneuroses'; 'differing in degree rather than kind from the true psychotic'; or, more usually, 'functionally psychotic', thus emphasising a functional defect rather than a defect of intellect.²⁸⁴ In 1926, at a UK symposium on the definition of moral imbecility, Cyril Burt insisted upon defining psychopathic 'in its original sense'. This he conceived as a vague diagnosis of exclusion, a term 'to describe mental conditions showing pathological as well as abnormal symptoms' and those 'bordering on psychoses, without falling under the head of one of the recognized psychoses themselves'.²⁸⁵ A few years earlier, Burt had described psychopaths as 'borderline personalities who stand between a condition of perfect sanity on the one hand, and definite and definable psychosis on the other'.²⁸⁶ The lack of precision allowed the term to be applied retrospectively to the heterogeneous group of seemingly fit and patriotic recruits who broke down more quickly and recovered more slowly than their comrades. Whilst 'psychopathic' was not the only term used to describe those who were believed to have a predisposition to mental breakdown, its lack of agreed semantic boundaries ensured that it was often employed in this manner. The use of 'psychopathic' to locate the subject somewhere in the vast area between madness and sanity fitted perfectly with the conception of the sufferer who had a heritable weakness lodged in some unspecified location within, that only became apparent *after* they had broken down.

The increasing popularity of psychopathy as the epithet of choice for those vulnerable recruits who did break down was largely due to the impact of both the psychiatric theories and the experience of the US. American psychiatrists and psychologists had been discussing the psychopath for years, with varying degrees of specificity, thanks largely to the European émigrés who had brought the term with them when they settled, most significantly Adolf

²⁸⁴ House, 'Constitutional Psychopathic Inferiority', p.27; 'Editorial: Psychopathic Personalities', *Journal of Neurology and Psychopathology*, 5:19, (1924), p.241; C.P. Oberndorf, 'Constitutional inferiority and its psychoses', *Journal of the American Medical Association*, LVIII:4, (1912), p.249. Also Florence Mateer, *The Unstable Child: An Interpretation of Psychopathy as a Source of Unbalanced Behavior in Abnormal and Troublesome Children* (D. Appleton and Co., New York, 1924), pp.141-2; E.P. Bleuler, *Textbook of Psychiatry* (MacMillan, New York, 1924), p.164.

²⁸⁵ Cyril Burt, 'The Definition and Diagnosis of Moral Imbecility (II)', *British Journal of Medical Psychology*, 6:1, (1926), p.12. None of the other contributors to the symposium considered the term relevant enough to mention, other than Hamblin Smith, who mentioned it in passing and did not define it. Maurice Hamblin Smith, 'The Definition and Diagnosis of Moral Insanity (III)', *British Journal of Medical Psychology*, 6:1, (1926), p.52.

²⁸⁶ Cyril Burt, *The Young Delinquent* (University of London Press, London, 1925), p.595.

Meyer.²⁸⁷ In contrast to the persistent British belief that the army could produce 'men' out of almost anyone, the US was already convinced that the psychopath did not make a good soldier. The secretly frail bodies and delicately-poised personalities could not survive the enforced upheaval and rigid discipline of the army. Writing in 1913, a one-time captain of the US Army Medical Corps stated: 'It is undoubtedly true that psychopathic conditions, defective make-up, and feeble-mindedness often remain quiescent in civil life and become acutely upset in a few months in military life', an opinion which only became more entrenched as the war progressed.²⁸⁸ Easily distressed by just the change in routine and location, psychopaths were among those who quickly succumbed to 'the terrific stress of modern war'. They therefore had to be sent away from the front line – or indeed the training ground – to convalesce, with all the expense of 'the evacuation of cases and... hospital treatment and pensions' that this entailed.²⁸⁹ Moreover, the US was quick to learn from Britain's mistakes, and her failure to acknowledge that times and warfare had changed. Thomas Salmon, a leading light in the field of mental hygiene in America who was on a fact-finding mission in Britain ahead of his country's entry into the war, observed that the 'problem of dealing with mental diseases in the army – difficult at best – has been made still more so by accepting large numbers of recruits, who had been in institutions for the insane or were of demonstrably psychopathic make-up'.²⁹⁰ Salmon argued that letting absolutely anyone sign up was at the heart of the problem, the solution being 'rigidly excluding insane, feeble-minded, psychopathic and neuropathic individuals' from the front line.²⁹¹ He cited with approval a letter calling for 'the stopping at... source' of 'the unfit', who needed to be 'checked in at the recruiting office' before they 'add a needless burden of transport, care and pension'.²⁹² By implementing this strategy, Salmon believed they could 'reduce very materially the difficult problem of caring for mental and nervous cases in France, increase the military efficiency of the expeditionary forces and save

²⁸⁷ For more on Meyer's influence and other key players in American psychiatry at the beginning of the twentieth century, see Werlinder, *Psychopathy*, pp.142-170, particularly pp.142-5. Henderson's time in America is also discussed here: 'Sir David Henderson, M.D., D.Sc., F.R.F.P.S.Glasg., F.R.C.P.', *British Medical Journal*, 1:5443, (1965), p.1194.

²⁸⁸ R.L. Richards, 'Nervous and Mental Disorders in Their Military Relations' in Jeliffe and White, *The Modern Treatment*, p.759. Also William H. Dunn, 'The Psychopath in the Armed Forces: Review of the Literature and Comments', *Psychiatry*, 4:2, (1941), pp.254-6; Porter, 'The Military Psychiatrist', p319-20.

²⁸⁹ Salmon, *The Care and Treatment of Mental Diseases*, p.47; D.K. Henderson, 'War Psychoses: An Analysis of 202 Cases of Mental Disorder Occurring in Home Troops', *Journal of Mental Science*, 64:265, (1918), p.187.

²⁹⁰ Salmon, *The Care and Treatment of Mental Diseases*, p.23.

²⁹¹ *Ibid*, p.47.

²⁹² William Osler, 'Medical Mobilization and the War: War Wastage: A Note of Warning to Examiners of Recruits', *Journal of the American Medical Association*, LXIX:4, (1917), p.290, cited in Salmon, *The Care and Treatment of Mental Diseases*, p.48.

the country millions of dollars', a strategy Britain would no doubt have been desperate to implement.²⁹³

Britain, however, did not manage to introduce successful screening of recruits for mental disorders until the Second World War, and continued to experience high levels of 'psychiatric battle casualties' throughout World War I.²⁹⁴ Aside from the reticence in acknowledging that the army was not the panacea it had appeared to be with imperial commitment, there was a lack of agreement over who to exclude, and how they could be identified. Even the most basic differentiation, that between psychopathy and neuropathy, was muddled and confused on both sides of the Atlantic. Throughout this period the neuropath and the psychopath are mentioned together, almost interchangeably. Both were fairly generic terms for a sufferer who was not necessarily 'insane', but susceptible to behaviour bordering on either psychosis or neurosis, often as a result of a hereditary taint. Both experienced 'abnormal' reactions to situations that 'normal' people could tolerate. However, the neuropath was primarily the preserve of the neurologist, and as such was frequently described in terms of traceable physical defects that could trigger such behaviours, such as the 'gradual dissipation of... neuron energy', 'abnormal reactivity of the nervous system', epilepsy or general paralysis of the insane.²⁹⁵ This was in spite of functional nervous disorders such as hysteria and neurasthenia resisting 'anatomical localization', a fact that made them increasingly the preserve of psycho-analysis, especially after the First World War.²⁹⁶ This somewhat tenuous distinction did not stop psychopaths being accused of cowardice, that ultimate failure of nerve, or of psychiatrists looking for physical causes of psychopathic behaviour that were not limited to the brain. Indeed, it was not always clear how the two groups were different. For example, in the sixth edition of *The Nomenclature of Diseases*, the first to list psychopathy in the form of 'psychopathic personality', it appeared under 'Diseases of the Nervous System'.²⁹⁷ The British physician (and politician) Stephen

²⁹³ T. Salmon, 'The care and treatment of mental diseases and war neuroses ("shell shock") in the British Army' *Mental Hygiene*, (1917), pp.529–30; and cited in E. Jones, K.C. Hyams and S. Wessely, 'Screening for Vulnerability to Psychological Disorders in the Military: An Historical Survey', *Journal of Medical Screening*, 10:1, (2003), p.40.

²⁹⁴ E. Jones et al., 'Screening for Vulnerability', p.40.

²⁹⁵ George Rutherford Jeffrey, 'On the Course of Neuropathic States', *British Journal of Psychiatry*, 19:2, (1910), p.1582; J. Bauer, 'Who are the Prospective Neurotics?', *California Medicine*, 72:4, (1950), p.204; F.W. Mott, 'The Neuropathic Inheritance', *British Journal of Psychiatry*, 59, (1913), pp.222-63.

²⁹⁶ Mark S. Micale, 'The Psychiatric Body', in Roger Cooter and John V. Pickstone (eds.), *Companion to Medicine in the Twentieth Century* (Routledge, London, 2003), pp.328-32.

²⁹⁷ *The Nomenclature of Diseases Drawn Up by the Royal College of Physicians of London* (HMSO, London, 1931), p.14. See also de Fursac and Rosanoff, *Manual of Psychiatry* (1916), p.339 and Hervey Cleckley, *The Mask of Sanity* (C.V. Mosby Company, St Louis, 1955), pp.286-9.

Taylor, added to the confusion with his paper 'The Psychopathic Tenth'. Taylor considered the majority of the 'psychopathic tenth' of the population to be neurotics, but gave an impassioned plea that the term be changed from 'neurotic' to 'psychopathic', the afflicted from 'neurote' to 'psychopath'. His reason for doing so was to combat the 'intellectual glorification of neurosis' by removing the term from psychiatry: to 'glory in one's psychopathy is far harder than glorying in neurosis'; to 'suffer from psychopathic illness is to excite pity but not a display of pity'.²⁹⁸ Taylor's term 'psychopathic tenth' was cited with approval in various papers by admiring colleagues, but appears not to have much longevity beyond his immediate contemporaries, possibly because it confused more than it sought to clarify.²⁹⁹

Henderson was the main British voice naming the psychopath as one of the key figures to exclude from the armed services. He had held several posts in the US, commenting that 'I owe so much to the psychiatrists of the United States of America, among whom I received my early training'.³⁰⁰ His biggest influence was Meyer, whose psychobiological approach Henderson adopted, bringing it back to Scotland and applying it to his thinking on psychopathy.³⁰¹ When Henderson had answered his own deceptively simple question of '[w]ho should be recruited?' in 1918, it was to echo Salmon's warning almost exactly by urging that 'cases showing mental deficiency, neuropathic and psychopathic traits', amongst others, be 'rigidly excluded from the Army'.³⁰² Henderson and Gillespie found that most of the articles reviewed in their 1923 paper on service patients in mental hospitals lamented 'the inefficiency of the recruitment examination as far as the mental status of the recruit is concerned' and, more alarmingly, 'the uselessness and positive danger of passing mental defectives and obviously potential psychopaths into the army'.³⁰³ But these realisations came too late for Britain; the damage of recruiting unfit soldiers had already been done.³⁰⁴ In any case, the US Army did not experience vast success with its screening for psychopaths. US Psychiatrist Thomas Orbison noted that '[i]nnumerable cases' of 'constitutional psychopathic inferior personality' were 'actually recruited for lack of identification', many of which he later saw as a

²⁹⁸ Stephen Taylor, 'The Psychopathic Tenth', *The Lancet*, 237:6132, (1941), p.322.

²⁹⁹ See for example Henry Wilson, 'Suicidal Compromises: Psychopathy and Rehabilitation', *British Medical Journal*, 1:4226, (1942), p.10; J.R. Rees, 'Three Years', p.4; E.E. Krapf, 'War-Time Psychiatry in Britain', *Britannica, the Magazine of the British Society in the Argentine Republic*, 31:4, (1944), p.25.

³⁰⁰ Henderson, *Psychopathic States*, p.9.

³⁰¹ David W. Jones, *Disordered Personalities and Crime: An Analysis of the History of Moral Insanity* (Routledge, London, 2015), pp.171-2; Werlinder, *Psychopathy*, pp.135-136. Every edition of Henderson and Gillespie's text book was dedicated to Meyer.

³⁰² Henderson, 'War Psychoses', p.188.

³⁰³ Henderson and Gillespie, 'A Review of Service Patients', p.62.

³⁰⁴ Henderson, 'War Psychoses', p.165.

summary officer.³⁰⁵ It was still estimated that, in the US, although 'the local examining boards and the medical officers in training camps rejected 0.55 per 1000 [of all recruits] for constitutional psychopathic states... some more subsequently came to light in men who had been accepted for service'.³⁰⁶ Whilst the Americans had introduced screening to avoid making the same mistakes as the British, it was believed that the psychopath still managed to confound the system and enter the US Army.

A key reason that the Americans also failed to keep psychopaths out of their army in World War I was that, so they came to believe, psychopathic bodies were not strikingly deformed or different, and so were extremely difficult to detect. Writing after the war, American neuropsychiatrist William House returned to ideas of the easily-fatigued psychopathic body, claiming that the 'body of a constitutional psychopathic inferior may seem robust and powerful, may co-ordinate well enough in ordinary physical activities, may be free from disease, yet be incapable of performing continuously over a moderately long period on equal terms with normal men'. For House, the constitutional psychopathic inferior was 'in body and mind below the standard'; they were, 'without regard to actual disease... incapable of maintaining the pace set by average normal individuals'. He undermined this warning by going on to give the by now unfashionable opinion that the constitutional psychopathic inferior could also 'deviate from the [physically] normal, showing in moderate degree some of the stigmata of degeneracy' such as '[m]alformations of the eyes, nose, teeth, palate, head, hands and feet, varying from slight changes to the profound changes seen in imbeciles and idiots'.³⁰⁷ However, these sometimes subtle markers were not sufficient to get them rejected by the recruiting officers. It was far more usual for psychopaths to be perceived as possessing a 'physique [that] shows no deviations or peculiarities which we are able to recognize'.³⁰⁸ By the time William Dunn wrote of his experiences in the US Army Medical Corps in World War II, he considered those psychopaths 'with obvious evidence of constitutional organic inferiority' to be 'very much in the minority'. Instead he agreed with the experiences of his fellow countrymen in World War I that the 'majority' of psychopathic recruits showed 'no marked physical anomalies', and some were even 'superior physical specimens'.³⁰⁹ When Dunn's

³⁰⁵ Orbison, 'Constitutional Psychopathic Inferior Personality', p.81.

³⁰⁶ Rosanoff, *Manual of Psychiatry* (1920), p.216. These stats are repeated in Porter, 'The Military Psychiatrist', p.317. See also 'Medical Preparedness', *Journal of the American Medical Association*, 116:22, (1941), p.2509.

³⁰⁷ House, 'Constitutional Psychopathic Inferiority', pp.26-7.

³⁰⁸ Kahn, *Psychopathic Personalities*, p.304.

³⁰⁹ Dunn, 'The Psychopath in the Armed Forces', p.252.

contemporary and compatriot William Porter urged his readers to consider the psychopath as ‘an individual who has anatomical or morphological deficiencies or stigmata with a resulting malfunctioning of his biological mechanism’, he was not advocating a return to the Lombrosian deformed criminal, but rather agreeing that what was wrong with the psychopath, even if expressed physically, was subtle, often internal; but the overall effect was devastating.³¹⁰ Psychiatrists and recruiters were realising that psychopathic bodies were remarkably unremarkable, the secrets to their innate frailty hidden from the physical examinations of the recruiting officers.

Accordingly, there was a shift in emphasis on both sides of the Atlantic, to other, more obvious markers of psychopathy, principally behaviour. The deception enacted by the psychopathic bodies was thought to be matched by the actions of the psychopaths themselves. Moral waywardness was read into the way they apparently smuggled their diseased, easily-fatigued body into the army, later to break down and be transformed from asset to burden: to ‘become impedimenta’.³¹¹ Writing in 1921, William Robinson, an English asylum attendant who was based in France during the war, noted a certain dishonesty in the presentation of the psychopath trying to enlist. Writing of those soldiers who were laid up with mental disorders in France, the majority of whom he considered ‘potential psychopaths before they entered upon military service’, Robinson claimed that at the start of the war ‘it was common for men to suppress factors in their family and personal history which would be likely to result in rejection on presenting themselves for enlistment’. They then broke down, leaving their comrades in the lurch. Robinson also observed the other side of the psychopath’s tendency to manipulate their medical history to fit the situation. Whilst patriotic psychopaths might hide elements of their family history and medical past in order to enlist at the start of the war, the reverse was true as fighting wore on and disillusionment set in. As hostilities persisted and more recruits were needed, those previously dismissed as ineligible to fight were called up. This provoked the reluctant recruits to produce ‘evidence of the existence of either a family or personal psychopathic taint in the hope of possible exemption’, a tactic which seldom worked, in spite of the alleged consequences of using such men to fight.³¹²

³¹⁰ Porter, ‘The Military Psychiatrist’, p.318.

³¹¹ House, ‘Constitutional Psychopathic Inferiority’, p.26.

³¹² William Robinson, ‘The Future of Service Patients in Mental Hospitals’, *Journal of Mental Science* 67:276, (1921), p.40.

For Rosanoff, the war made visible 'abnormal' men who appeared normal but whose pathology showed in their refusal to fight. Those 'thought to be like the rest' had their "'yellow streak'" exposed by the 'acid test of demand for great personal sacrifice'. These men he grouped under constitutional psychopathic states, an umbrella term that also included the 'so-called *conscientious objectors*'.³¹³ There were 'few psychiatric writings on conscientious objectors' produced by Britain in comparison with the US and Europe, perhaps because the topic was considered 'both delicate and difficult'.³¹⁴ Nevertheless, there was an increasing acceptance that those who failed 'the most primitive test of manhood, the school of war' by appearing cowardly, difficult, disruptive or disloyal were prevalent even in the British armed services.³¹⁵ Robinson acknowledged a link between psychopaths and conscientious objectors, but saw the latter as just one of the pejorative labels given to *undiagnosed* 'potential psychopaths' who 'at all stages of the war... obtained access to, or were passed into the army', other epithets being 'cowards' and 'shirkers'. They were identifiable by the trouble they were causing, as 'it was common to find such soldiers before military courts and inmates of military prisons before their condition received proper investigation, understanding and treatment'.³¹⁶ In the Second World War, this understanding of psychopathy as cowardice would be extended to women, British psychiatrist Henry Rollin recording the case of a problematic volunteer member of the WAAF police who expressed her diagnosed psychopathy by developing 'a rooted objection to unarmed combat'. This breakdown came despite the greatly reduced "'threat to life'" his subjects experienced when compared with their male counterparts, a fact Rollins felt it important to highlight.³¹⁷

Regardless of gender, by far the most unpatriotic and perfidious thing the psychopath could do, however, was to sign up, break down and then attempt to claim a pension. No pensions were officially awarded by the British Government for a diagnosis of psychopathy during the First World War.³¹⁸ Although it was the 'first conflict for which pensions were widely granted for psychological disorders as distinct from functional, somatic syndromes', there was

³¹³ Rosanoff, *Manual of Psychiatry* (1920), pp.216, 218.

³¹⁴ Harry Stalker, 'Conscientious Objectors with Psychiatric States', *Journal of Mental Science*, 89:374, (1943), p.52.

³¹⁵ Taylor, 'The Psychopathic Tenth', p.321.

³¹⁶ Robinson, 'The Future of Service Patients', p.40.

³¹⁷ H.R. Rollin, 'Trade Training Failures in the W.A.A.F. Factors in Predisposition and Precipitation', *British Journal of Medical Psychology*, 20:1, (1944), pp.71-2, 74. This is 'Case 50'.

³¹⁸ Unless there are some hidden in the 67.2% of pensions awarded for 'other' reasons and diagnoses. Edgar Jones, Ian Palmer and Simon Wessely, 'War Pensions (1900-1945): Changing Models of Psychological Understanding', *British Journal of Psychiatry*, 180:4, (2002), p.377.

some disagreement as to whether sufferers of war neuroses should receive a pension at all.³¹⁹ Historian Ben Shephard has argued that a drive to reduce the pensions bill following the war resulted in the government creating a two-tier system of 'true' and 'false' war neuroses, fuelled by 'a moralistic rhetoric harking back to the workhouse'.³²⁰ Those with 'false' claims were the recruits who had broken down quickly, often without going to the Front, and were therefore seen as having little chance of recovery, as they were believed to be constitutionally weak before the war precipitated the breakdown. This distinction between valid and non-valid mental illness, Shephard argues, reignited the rhetoric of degeneration and encouraged an increasingly moralistic treatment of the 'false' neurotics that was driven by 'a hard practical imperative – to reduce the cost of the pension bill'.³²¹ Situating the causes of shell shock outside the afflicted body directly challenged ideas of mental illness only occurring in the intrinsically diseased, but it did not eradicate those ideas; rather they were simply relocated to the psychopathic body. Historian Joanna Bourke identifies the pejorative language of malingering entering into contemporary discussions of the intrinsically weak, or those 'born with debased bodies'. Much like Shephard, she sees shell shock as 'denting' the credibility of the discourse of degeneration, but that 'after the war such lessons were placed to one side'.³²² While shell shock and the 'quintessential "nobility" attributed to the war volunteers' challenged the concept of 'degenerates with weak hereditary constitutions', the generosity of this opinion was at the expense of a meanness towards those with 'insane heredity, psychopathic predisposition... previous mental illness, constitutional inferiority (i.e., mental or moral deficiency), and excessive alcoholism'.³²³

'Psychopathic predisposition' and 'psychopathic soil' had both become common ways of describing this perceived hereditary weakness. The use of 'psychopathic' in such a broad sense meant little in psychiatric terms, but the pejorative nature of its use strengthened its associations with acts against society. Psychopaths became associated with those recruits who were the most likely to break down to start with, and so were deemed least deserving of state aid. Their bodies were seen as Trojan Horses of disease and expense. Neurologist Frederick Mott claimed that the 'vast majority of the psycho-neurotic cases studied were among soldiers

³¹⁹ Ibid, p.374.

³²⁰ Ben Shephard, "'Pitiless Psychology": The Role of Prevention in British Military Psychiatry in the Second World War', *History of Psychiatry*, 10:40 (1999), p.503.

³²¹ Ben Shephard, *A War of Nerves* (Random House, London, 2000), p.151.

³²² Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (Reaktion, London, 1996), p.120; Shephard, *A War of Nerves*, p.151.

³²³ Henderson and Gillespie, 'A Review of Service Patients', p.62.

who had a neuropathic or psychopathic soil', and the American psychiatrist Captain Wolfsohn, working out of the Maudesley, agreed.³²⁴ In Wolfsohn's examination of 100 cases of 'war psycho-neuroses', he claimed that they were 'very rarely associated with external or somatic wounds', and echoed Mott in saying that they existed mainly in 'soldiers who had a neuropathic or psychopathic soil' or 'taint'.³²⁵ This view was apparently shared by the government of the day, as it was repeated in the *Report of the War Office Committee of Enquiry into "Shell Shock"*. This report, under a section headed 'The Psychopathic Predisposition', presented without comment the views of German psychiatrist Robert Gaupp. Gaupp claimed that the 'psychiatric analysis of the individual cases points to a psychopathic basis in most of the war psychoneuroses and psychoses, often when the history, *as recorded*, reveals nothing'.³²⁶ More damningly, Robinson found that of his sample of 140 service patients with 'mental trouble', 136 were 'potential psychopaths'. The various stressors 'associated with home service, service at the base, front line service' were therefore 'accidental existing factors', making it 'impossible to arrive at any other opinion than that the service patients, as a class, would, as regards the majority, have been patients in mental hospitals sooner or later had there been no war'.³²⁷ By fair means or foul, recruits with so-called psychopathic inheritance had smuggled their flawed bodies into the army, only to suffer a breakdown which the war merely hastened rather than caused.

There persisted a lack of a universal, tightly-defined definition of this diagnosis, leaving psychiatrists and civil servants alike unsure as to whom they needed to exclude from either the armed services or the pension schemes. Robinson emphasised this when he supported the government line, by suggesting that there was widespread misdiagnosis of shell shock in 1915-16. The term had been, he argued, 'loosely applied' to soldiers who were in reality 'potential psychopaths' reacting to the 'abnormal stress' of a combat situation, who were then awarded pensions, thus unnecessarily and unjustly adding to the pensions bill.³²⁸ Henderson and Gillespie, who had been urging the exclusion of the psychopath from the armed services for years, generally deplored 'the confusion and indefiniteness in diagnostic terminology' across

³²⁴ Frederick Walker Mott, *War Neuroses and Shell Shock* (Henry Frowde and Hodder and Stoughton, London, 1919), p.110.

³²⁵ Wolfsohn, 'The Predisposing Factors', pp.177, 180.

³²⁶ War Office, *Report of the War Office Committee of Enquiry into "Shell-Shock"* Cmd.1734, p.112. My emphasis.

³²⁷ Robinson, 'The Future of Service Patients', p.48. These findings are repeated in Henderson and Gillespie, 'A Review of Service Patients', p.14, and they reach the same conclusion as Robinson on p.64.

³²⁸ Robinson, 'The Future of Service Patients', p.41.

psychiatry, and lodged a plea for 'a uniform system of diagnostic classification'.³²⁹ Similarly, Hamblin Smith described psychopathic personalities as a 'group of cases which is a large one, although ill defined' and 'of very mixed character', and went so far as to claim that there was 'practically no form of classification of [psychopaths] in this country'.³³⁰ Salmon also recognised this confusion, believing the 'nomenclature used in the British Army' failed to cover cases of constitutional psychopathic states until February 1916, when 'the War Office authorized the addition of "mental instability" to the list of mental diseases', whence, in his opinion, such cases were reported under that designation.³³¹

One solution to this was to look to the US for clarification, as Henderson had been doing for some years. Despite Hamblin Smith's excoriating attack on the lack of definition and classification of psychopathy, he maintained that the group was 'of much social and medico-legal importance', which was precisely why it required some sort of classification. In the absence of an agreed British classificatory system, he proposed that Britain 'adopt the classification suggested by the Surgeon-General of the United States Army', of seven different types of constitutional psychopathic state.³³² This was in spite of extensive criticism of the classification on his part, which he considered 'almost identical with that of Kraepelin', and was therefore nothing new or particularly illuminating. It was, he argued 'of a very diffused character', taking some characteristics common to the entire group, such as emotional insanity, and separating them out into their own subtype; but also listing as subtypes behaviours that were not unique to psychopathic states, such as nomadism, thus suggesting that they were exclusive to the condition. Similarly, 'pathological lying' and the all-embracing 'sexual psychopathy' he dismissed as simply 'two particular forms of anti-social conduct' that were not particular to psychopathy. He also criticised the inclusion of 'criminalism', which he believed equivalent to 'our own term "moral imbecile"'.³³³ Overall, this made the diagnosis considerably more wide-ranging and pejorative than any British predecessor, with a greater focus on innate immorality. However, as a means of categorisation for those whose 'mental condition is such that they are unable to make proper adjustments to the demands of society', Hamblin Smith was forced to suggest that the Surgeon-General's iteration was better than

³²⁹ Henderson and Gillespie, 'A Review of Service Patients', p.62.

³³⁰ Hamblin Smith: 'Psychopathic Personality', p.683; *The Psychology of the Criminal*, p.147.

³³¹ Salmon, *The Care and Treatment of Mental Diseases*, p.22.

³³² Hamblin Smith, 'Psychopathic Personality', pp.683, 686. For a complete list of the seven categories see Rosanoff, *Manual of Psychiatry* (1920), p.216.

³³³ Hamblin Smith, 'Psychopathic Personality', p.686.

nothing.³³⁴ Nevertheless, neither the American system, nor any other official system of diagnosis for psychopathy, was officially adopted at this stage. Whilst there was increasing agreement over the need to exclude psychopaths from the British Army because they would inevitably break down, there was still very little concurrence as to who these people were, making it impossible to identify them until it was too late.

Conclusion

In the short term, the experience of the First World War of undetectable psychopathic bodies inveigling their way into the army and surfacing only after breaking down once again strongly challenged the Continental idea of the psychopath as noticeably physically different, the bearers of overt stigmata of degeneration. As before the war, psychopaths were still occasionally described as having ‘anatomical stigmata’, thus aligning them with ‘the group that it was once the fashion to call mentally degenerate’, but this mostly referred to internal, anatomical differences that somehow affected the mechanism of the psychopathic body.³³⁵ These secretly defective bodies had become problematised by war, where the lack of agreed nomenclature created a vacuum whereby ‘psychopathic’ could be used as an increasingly pejorative term to describe any behaviour that was considered socially – or politically – undesirable. Throughout this period psychopaths were cast in various negative roles, including various configurations of the degenerate and the criminal, as well as the coward, the conscientious objector and the false shell-shock victim. The theory that psychopathic bodies were instead secretly frail and prone to breakdown entrenched this negativity, excluding the psychopath from the de-stigmatising narratives of madness that were arising from the indiscriminate nature of shell shock. Increasingly, what really appeared to define a psychopath was not their body but their behaviour.

³³⁴ Hamblin Smith *The Psychology of the Criminal*, p.147.

³³⁵ Burt, *The Young Delinquent*, p.594.

CHAPTER III: CRIMINALISATION

Lessons had been learned from the First World War. It was clear that in the next major conflict, systems needed to be established in order to prevent those same mentally-fragile recruits from signing up and breaking down, and that psychiatry had a key role to play in this. In order to attain similar levels of success to those the United States had experienced in the previous war, it became necessary to adopt the US understanding of psychopathy, albeit reimagined for Britain by the increasingly-influential D. K. Henderson. By the end of the Second World War, the psychopath was an indispensable but contested weapon in psychiatry's arsenal. The psychopath's portrayal, by Henderson in particular, as a social problem of mounting urgency, demanded a response from outside psychiatry. However, the term's eventual debut on the statute books in 1959 proved to be both triumph and tragedy for Henderson and his colleagues: although psychopathy was at last placed centre stage, it was at the expense of psychiatry ceding what control of the term it still possessed.

Henderson Goes to War

Henderson's promotion of psychopathic states had been influential in Britain. His Munk's Roll biography refers to him as 'the most eminent psychiatrist in this country, and probably in Europe, between the two world wars', and one of his many obituaries describes his work as 'fully appreciated in his lifetime'.³³⁶ It was his work on psychopathy that set him apart from his peers: following his knighthood he was described as having done 'more than anyone in this country' to 'rescue' psychopathy 'from the inflations and depredations to which it has been subject during its chequered development'.³³⁷ In his 1939 monograph *Psychopathic States*, he both attempted to narrow the concept, and also sought to distance it from the bleak identity of the physically-malformed criminal. Whilst his configuration of psychopathic states focussed primarily on just one aspect of previous incarnations of psychopathy, the antisociality and asociality of the psychopath, he stressed that this did not necessarily identify the psychopath with the criminal. Indeed, his classification included the oft-forgotten 'predominantly-creative

³³⁶ Richard R. Traill, (ed.), 'David Kennedy (Sir) Henderson', *Munk's Roll, Vol. V: Lives of the Fellows of the Royal College of Physicians of London 1926-1965*; 'Sir David Henderson M.D., D.Sc., F.R.F.P.S.Glasg., F.R.C.P.', *British Medical Journal*, 1:5443, (1965), p.1194. In the latter, *Psychopathic States* is wrongly referred to as 'Psychiatric States', evidence of the persistence of more general, literal definitions of psychopathy.

³³⁷ 'Editorial', *British Journal of Delinquency*, 6:1, (1955), p.1.

psychopath', home to the asocial genius and eccentric.³³⁸ Henderson saw his psychopathic states as the Americans perceived psychopathy: the latest incarnation of the British 'so-called moral disorders' of moral insanity, moral imbecility and the morally defective.³³⁹ Crucially, he simultaneously rejected these as too simplistic. Psychopathy and delinquency were 'not in any way synonymous or equivalent terms', and he criticised previous attempts to 'identify the psychopath with the delinquent and the degenerate', and their 'physical stigmata'.³⁴⁰ This was why he favoured the term 'psychopathic state', as 'it does not stress unduly either innate or acquired characteristics, and does not imply total mental unsoundness, defect or delinquency'; but still 'allows for modifications of them all'.³⁴¹ The doomed psychopathic heredity was a potential element of this identity, but, like criminality, it was not a defining factor.

Henderson's definition of psychopathic states was cited approvingly by a number of British psychiatrists, both those who had come into contact with him in Scotland, such as Harry Stalker and William Logan, and those who were simply working in the same field, such as Alexander Petrie and J. E. Middlemiss.³⁴² Middlemiss described reading *Psychopathic States* for the first time as an almost epiphanic moment, but in doing so highlighted how he was unfamiliar with using the concept as Henderson intended:

'some years ago he read Prof. Henderson's treatise on psychopaths, and this was his first acquaintance with that particular terminology or realization of it as an entity... he made the disconcerting discovery that many cases which he had certified as high-grade mental defectives were in point of fact comprised under the term "psychopathic personality"'.³⁴³

Middlemiss's experience was probably not unique; there was still widespread disagreement over different uses of the terms related to psychopathy, and different interpretations of who might be classified in this way. However, it is significant that Henderson's use of the diagnosis was considered illuminating rather than bewildering, and also that the topic was being

³³⁸ D.K. Henderson *Psychopathic States* (W.W. Norton and Company, New York, 1939), pp.108-25

³³⁹ *Ibid.*, p.11.

³⁴⁰ *Ibid.*, pp.16-18.

³⁴¹ *Ibid.*, p.18.

³⁴² See for example Harry Stalker, 'Conscientious Objectors with Psychiatric States', *Journal of Mental Science*, 89:374, (1943), p.55; W.R. Logan, 'Psychical Illness Among the Services in Singapore', *Journal of Mental Science*, 87:367, (1941), p.241; A.A.W. Petrie, 'Types of Psychopathic Personality', *Journal of Mental Science*, 88:373, (1942), p.492; J.E. Middlemiss in Desmond Curran, 'Some Experiences Amongst Naval Personnel', *Journal of Mental Science*, 88:373, (1942), p.499. Also cited during the debate on the findings of the Percy Commission: HC Deb, 08 July 1957, vol.573, c.49.

³⁴³ Middlemiss in Curran, 'Some Experiences', p.499.

discussed at all. The ascendance of the psychopath to the point where they were discussed and debated by the psychiatric community reflected the influence of Henderson, and also Britain's envy of the relatively successful experience of the United States in the First World War, where definite criteria had been laid down in order to exclude the psychopath from the US Army.

That's not to say that there was any sort of consensus over the meaning of psychopathy. Desmond Curran and Paul Mallinson's 1944 paper that famously opened with 'I can't define an elephant; but I know one when I see one' went on to say that there was 'general agreement' that 'a large and heterogeneous mass of abnormal and unusual people do exist who are not suffering from any of the more formally recognized types of mental disorder'. They moreover considered 'the study of such people' to be 'of great social and psychiatric importance'. The issue was rather the lack of agreement 'as to how these abnormal and unusual people should be classified', and 'the terminology that should be used for this purpose'.³⁴⁴ Furthermore, the contemporary sleight-of-hand, by which psychopathic personality was equated with abnormal character, they considered tantamount to 'making the study of psychopathic personality co-extensive with the major part of psychiatry', and would not do.³⁴⁵ Their closing statement, warning of the impossibility of agreeing the progress or correct treatment of psychopathic personalities 'before more agreement has been reached on questions of definition and delimitation', caused Henry Werlinder to conclude in his clinical, understated way that 'the psychopathy concept was relatively heterogeneous in Great Britain at the middle of the 1940s'.³⁴⁶

Middlemiss had shared his moment of clarity in 1942, at the 101st Annual Meeting of the Royal Medico-Psychological Association (RMPA). After papers from Henderson, Petrie and Curran, matters turned to the nature of psychopathic personality and how best to keep psychopaths out of the armed services. Even at this stage of proceedings, and following a strong statement of intent from Henderson, there was still confusion regarding psychopathy.

³⁴⁴ Desmond Curran and Paul Mallinson, 'Psychopathic Personalities', *Journal of Mental Sciences*, 90, (1944), p.266. These comments are reminiscent of William Porter's, that '[m]uch has been written about the psychopath, everyone concedes his nuisance value, but little has been done about him'. William C. Porter, 'The Military Psychiatrist at Work', *American Journal of Psychiatry*, 98:3, (1941), p.318.

³⁴⁵ Curran and Mallinson, 'Psychopathic Personalities', p.279.

³⁴⁶ *Ibid*, p.284; Henry Werlinder, *Psychopathy: A History of the Concepts: Analysis of the Origin and Development of a Family of Concepts in Psychopathology* (University of Uppsala, Uppsala, 1978), p.140.

As Noel Burke of the Cell Barnes Colony in St Albans put it, ‘the real problem seemed to [be] one of definition. What did they mean when they spoke of a psychopathic personality or state? It seemed to include anybody who was in any way inadequate in mental make-up’.³⁴⁷ Helen Boyle, then president of the Medico-Psychological Association, expressed similar doubts, considering the term to be ‘a little vague’. She pointed out that they had heard it ‘attributed to almost everything – mental defect, murder, anxiety neuroses, depression’, but while these terms were useful and definite, she was ‘not so sure about psychopathic personality’. Drawing a parallel with the once-popular diagnosis of shell shock, she suggested that psychopathic personality was also of transitory usefulness, no doubt soon to be ‘swept up in the course of time’. She hankered for when ‘psychiatrists were able and certain of their diagnoses, correlating them with physical conditions’, reverting to the science and certainty of somatic aetiology to provide legitimacy.³⁴⁸ The parallel with shell shock is interesting. Both diagnoses sought to put a name to a specific problem experienced by recruits fighting in the First World War, and both were open to scepticism and abuse. Whilst ‘true’ cases of shell shock needed to be identified to provide state support for the sufferer, cases of psychopathy needed to be identified to exclude them from these benefits.

Chief of these benefits was the state pension. By the Second World War, Britain had learned her lesson about the need to screen recruits for psychiatric issues. Following the pensions fiasco of the First World War, one consulting psychiatrist to the army made it clear that one aim was to ‘avoid the repetition of the pension situation which arose after 1918’.³⁴⁹ Similarly, writing in 2000, Joanna Bourke suggested that the Ministry of Pensions was ‘obsessed’ with ‘reducing the pensions bill’.³⁵⁰ Central to this was identifying those with ‘psychopathic soil’, who were already destined to break down before they joined the services. One instance of this was represented in Parliament in 1941 by William Dobbie MP. Dobbie related the case of his constituent who had been ‘in the Navy for four or five years and was discharged’:

‘He says he was invalided out on account of “psychopathic personality,” what ever that means; I know it is some kind of mental trouble. Medical men say he will never be able to work again, but the Government say he is not a fit subject

³⁴⁷ N.H.M. Burke in Curran, ‘Some Experiences’, p.501.

³⁴⁸ Helen Boyle in *Ibid*, p.503.

³⁴⁹ J.R. Rees, ‘Three Years of Military Psychiatry in the United Kingdom’, *British Medical Journal*, 1:4278, (1943), p.2.

³⁵⁰ Joanna Bourke, ‘Effeminacy, Ethnicity and the End of Trauma: The Sufferings of ‘Shell-shocked’ Men in Great Britain and Ireland, 1914–39’, *Journal of Contemporary History*, 35:1, (2000), p.63.

for a pension because his disability was not developed in the ordinary course of his work as a seaman'.³⁵¹

The means of identifying and excluding those with psychopathic personality from both the services and the pension programme was screening. This had developed significantly since World War I, into what Major Stephen MacKeith described as a 'succession of fine meshes' designed to keep out both the 'grosser mental defectives' and the 'psychopathic personality people'. The first of these meshes was the medical boards, but these were hampered by a simple lack of time.³⁵² As Albert Gregorson, then chairman of the Tottenham Medical Board, reported in 1942, they had around 2.5 hours to examine 30 men: 'by the time the heart and the constant incidence of gastric trouble had been gone into there was very little time left to investigate even in the smallest way the man's psychopathic personality'. In any case, the medical boards had only become interested in this particular 'investigation of the nervous system' over the 'last few months', and so it was 'a miracle that the figures [of psychopaths in the services] quoted were so low'.³⁵³ MacKeith elaborated on this, drawing on his experience in the Royal Army Medical Corps as a War Office adviser and as a command psychiatrist, to highlight the fact that not only were the boards restricted by the need for haste, but also by the nature of the 'syndrome' of psychopathic personality itself. The definition provided made it 'peculiarly difficult to detect as compared with other psychiatric disabilities'. Medical boards might be able to detect 'the grosser mental defectives' and those suffering from psychosis, but they 'could not reasonably expect a medical board working at a fast rate to detect this particularly subtle kind of psychiatric entity'.³⁵⁴

The desire to exclude psychopaths from the services was also recognition of the failure of mass recruitment in the First World War, and an acknowledgement that the path to manliness via the armed forces was simply not open to all men. British psycho-analyst William Shepley linked this reaction explicitly with a deficit of masculinity. Shepley argued that many of the cases he saw at the clinic where he worked in London, including those displaying 'psychopathic reactions', were 'psychically unfitted for the Services', their 'feminine tendencies' clashing with the 'disciplinary rigour' of 'masculine associations' and leaving them 'foredoomed to failure'. They could be identified by their '[f]eatures of effeminacy, either of physique, dress or bearing', as well as their 'peculiar sensitiveness, such as may be expressed

³⁵¹ HC Deb, 31 July 1941, vol.373, c.1609.

³⁵² S.A. MacKeith in Curran, 'Some Experiences', p.501.

³⁵³ A.W. Gregorson in *Ibid*, p.501.

³⁵⁴ MacKeith in *Ibid*, p.501.

in aversion to physical examination or to bathing in the presence of their fellows'. Their identification was imperative as they were disproportionately eager to enter the services 'in compensation for their conscious lack of manly qualities', but would then inevitably break down, possibly ending in a suicide attempt.³⁵⁵ Frederick Mott had made a similar point when discussing the problem of the 'psychopathic officer' in 1919, suggesting that the discourse of enlisting to prove one's manliness had persuaded well-intentioned psychopaths to sign up, only to discover that this was a salvation which was not open to them. Mott argued that the lengths the officer in question must go to in order to hide his 'continuous mental conflict' from his comrades, lest they 'look upon him as a coward', could make him 'a danger to himself and others'. If engaging in a 'foolhardy enterprise' failed to cause 'his own death and perhaps that of many of his company', Mott believed the psychopathic officer would become 'depressed and suicidal; he may desert his post, or surrender to the enemy'. The only alternative was the relief brought about by a sudden breakdown, 'by shock, emotional or commotional, followed by a psychosis or a psycho-neurosis'.³⁵⁶ The first recourse would be to use his body as a weapon to throw into the conflict and thus mask his mental frailty and failure of manhood; the second would be to surrender to frailty and remove himself from the conflict altogether.

This was part of a wider discourse on the asociality of the psychopath, especially their failure to fit in or conform with their social surroundings. This was a particular problem with the psychopath in the armed services, and one that rendered them suddenly and dramatically visible. Just as previous writers had considered the city as a means of bringing the psychopath to the fore, instead of allowing them to be concealed within a rural community, army life was thought to be an environment which revealed the psychopath in contrast to civilian life, which conspired to keep him hidden.³⁵⁷ William Porter believed that '[m]any psychopathic individuals get along in civil life without too much conflict or without becoming more than passing behaviour problems in the community'.³⁵⁸ His fellow countryman, William Dunn, similarly saw the 'military milieu' with its 'demand for "absolute" obedience, performance and cooperative relationships' as likely to 'exacerbate even the latent psychopathic tendencies, which have not

³⁵⁵ William H. Shepley in *Ibid*, p.497.

³⁵⁶ Frederick Walter Mott, *War Neuroses and Shell Shock* (Henry Frowde and Hodder and Stoughton, London, 1919), p.138.

³⁵⁷ For the psychopath and the city, see Albert Wilson, *The Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate* (Greening, London, 1910), p.10; Emil Kraepelin, 'On the Question of Degeneration', *History of Psychiatry*, 18, (2007), pp.401-2, (originally published 1908).

³⁵⁸ Porter, 'The Military Psychiatrist', p.319.

been aroused in the more flexible civilian life'.³⁵⁹ The psychopath's failure to adapt to military life made it apparent that enlisting in the armed services could exacerbate an individual's underlying psychopathy rather than 'curing' it through enforced military discipline. In Britain, Middlemiss encountered psychopaths who described themselves as usually 'quiet', and whose activities 'did not attract notice, under ordinary conditions'. It was 'only when they were up against Army conditions and had to adapt themselves to disciplinary life that they were unable to conform' and 'for one reason and another they failed'.³⁶⁰ Indeed, Lord Stephen Taylor considered 'times of trouble' as crucial in helping 'many of us see [the Psychopathic Tenth] for the first time as a coherent group', thanks to the sudden 'uniformity of their behaviour'.³⁶¹ Curran and Mallinson in particular stressed the importance of context in the interpretation of psychopathic reactions, and how the reaction manifested itself. Thus the psychopath who deserted in the services committed an offence, but this could be seen as corresponding to 'repeated changes of occupation for inadequate reasons in civilian life', which is 'not an offence' and therefore would not necessarily show up on their record.³⁶²

The chaotic work record that many psychopaths were believed to possess communicated vital information about the kind of people they were, and how they were likely to behave after signing up.³⁶³ Henderson cited an inability to adapt to work conditions, lack of stability and a failure to 'co-operate or to show any sense of loyalty to the organization in which they may be working' as the motivations behind the psychopath's tendency to 'constantly' change jobs, reactions that were even more severe once in the services.³⁶⁴ This put them in stark contrast to the 'dullards', whom psychiatrist J. R. Rees described as potential "'one-job" men', who just needed to find their 'appropriate niche' within the army as they had during civilian life in order to be 'of great value to the war effort'. These individuals were distinct from the psychopaths as they were 'men who have a very low capacity to learn but

³⁵⁹ William H. Dunn, 'The Psychopath in the Armed Forces: Review of the Literature and Comments', *Psychiatry*, 4:2, (1941), p.255.

³⁶⁰ Middlemiss in Curran, 'Some Experiences', p.500.

³⁶¹ Stephen Taylor, 'The Psychopathic Tenth', *The Lancet*, 237:6132, (1941), p.321.

³⁶² Curran and Mallinson, 'Psychopathic Personalities', p.284.

³⁶³ D. Curran and E. Guttman, *Psychological Medicine: A Short Introduction to Psychiatry with an Appendix: War-Time Psychiatry* (E. and S. Livingstone, Edinburgh, 1943), p.61; D.K. Henderson and R.D. Gillespie, *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1932), p.383; W.P. Mallinson, 'Evaluation of Hysterical Symptoms in Service Patients', *British Medical Journal*, 1:4192, (1941), p.709; E.M. Goldberg, 'The Psychiatric Social Worker in the Community', *Journal of Mental Science*, 93:391, (1947), p.381; evidence given by Denis Hill to the Gowers Commission, *Royal Commission on Capital Punishment 1949-1953 Report* Cmd.8932, pa.398, p.137; W.F. Roper, 'A Comparative Survey of the Wakefield Prison Population in 1948 and 1949: Part II', *British Journal of Delinquency*, 1:4, (1951), p.261.

³⁶⁴ D.K. Henderson, 'Psychopathic States', *British Journal of Delinquency*, 2:2, (1951), p.85.

who can be expected to remain emotionally stable in unarmed labour sections'.³⁶⁵ Psychiatrist Henry Wilson at first appeared unusual in considering that psychopaths could similarly flourish if given dull, repetitive jobs.³⁶⁶ However, his vision was more likely born of a determination to force the psychopath to somehow pay back their social debt and become useful, in the same way that Curran and Mallinson both individually advocated for rehabilitation camps offering forced hard labour for those who failed to discharge their societal duties.³⁶⁷

The work record of the female psychopath as an indicator of their psychopathy was not so straightforward. Those who broke down in the armed services posed similar problems to the men, albeit within different parameters. The psychopathic women in Henry Rollin's study scored strikingly low in 'occupational instability', rendering a chequered or unreliable work history a far less important factor in the diagnosis of psychopathy than it was for their male counterparts. Only one of the psychopaths in the study admitted she had 'left numerous jobs because she had quarrelled with her employers'.³⁶⁸ This reflects the fact that not all of these women were employed; but the reason given is rather that 'these airwomen were adequate within their own social and domestic milieux doing a job to which they had become accustomed and adjusted', much like Rees's 'dullards'. This is even though the occupations were diverse, including housewives, nurses, a shop assistant and a machinist.³⁶⁹ Where they came unstuck was when they left this safe, comfortable and supposedly feminine environment, and ventured into the realm of men. With their change of circumstances there came 'the strain of occupational maladjustment' in service life, and subsequent breakdown. This 'breakdown' consisted first and foremost in failing their trade training, 'which in the majority of cases is tantamount to breakdown', suggesting that productivity and efficiency were the litmus test of mental disorder.³⁷⁰ Although Rollin believed their occupational histories to be markedly different from the male psychopaths, their subsequent 'disposal' was strikingly similar. In keeping with cases of male psychopaths in this period, the psychopathic women in Rollin's study had the highest rate of invaliding of all the 'failed trainees', with only one in nine considered suitable for 'remustering', that is redeploying for what was often 'purely menial

³⁶⁵ Rees, 'Three Years of Military Psychiatry', p.3.

³⁶⁶ Henry Wilson, 'Suicidal Compromises: Psychopathy and Rehabilitation', *British Medical Journal*, 1:4226, (1942), p.11.

³⁶⁷ Mallinson, 'Evaluation of Hysterical Symptoms', p.709; Curran, 'Some Experiences', p.495.

³⁶⁸ Case 2, whose civilian occupation is given as 'indefinite'. H.R. Rollin, 'Trade Training Failures in the W.A.A.F. Factors in Predisposition and Precipitation', *British Journal of Medical Psychology*, 20:1, (1944), pp.67, 70.

³⁶⁹ *Ibid*, pp.70-1. Occupations are given on p.67, Table 3.

³⁷⁰ *Ibid*, pp.66, 72.

work'. Thus their societal debt was left unpaid, at least in the services, these statistics starkly telling the tale of 'their ultimate usefulness to the service'.³⁷¹

Squadron Leaders S. I. Ballard and H. G. Miller provided a slightly different perspective on the contribution of psychopathic women to the war effort in their two studies of the WAAF, undertaken around the same time. Deploying statistics to highlight the shortcomings of all airwomen with unspecified functional and organic neuroses (including psychopathy) compared with airmen, they argued that women generally fell short of the role the services required them to perform.³⁷² One of the factors was 'an inherent recognition by specialists of greater instability and less adaptability among women', particularly a lack of 'persistence' that showed up in a 'poor work record in civilian life'.³⁷³ However, when discussing the psychopathic personalities specifically, they came to a similar conclusion to Rollin, namely that 'their pre-Service social history shows little evidence of maladaptation', and in 'civil life, living at their own level, such individuals have been able to compensate their predisposition'. Their breakdown was precipitated 'only on exposure to the unusual demands of Service life'.³⁷⁴ By belittling the roles these women had provided at home and assessing their compatibility with service life mainly in terms of efficiency in their new roles, these men created psychopathic women as little more than women who were failing to be men.

Psychopaths of both sexes could, then, be identified by their antisocial, asocial or non-conforming behaviour; but only after they had signed up. Any early warnings that may have been offered by evidence of a poor work record were nullified by the common method of obtaining this history from the recruit themselves. So how were they to be kept out of the armed services and off the books of the Ministry of Pensions? Logan, who was stationed in Singapore during World War II, believed that the examiners could and should do more. Writing the year of his death as the Japanese Army invaded and captured the peninsula, he called for 'a closer scrutiny of the family and personal history for assessment of morbid trends in

³⁷¹ This was in contrast to those diagnosed with mental dullness, the vast majority of whom were redeployed. *Ibid*, p.64, Table 2.

³⁷² 48% of airwomen as opposed to 10% of airmen with unspecified functional and organic neuroses (including psychopathy) had to be invalided rather than redeployed. S.I. Ballard and H.G. Miller: 'Neuropsychiatry at an R.A.F. Centre', *British Medical Journal*, 2:4357, (1944), p.42; 'Psychiatric Casualties in a Women's Service', *British Medical Journal*, 1:4391, (1945), p.294.

³⁷³ Ballard and Miller, 'Psychiatric Casualties', p.294.

³⁷⁴ *Ibid*, p.294.

[prospective recruits], and particularly... for evidence of psychopathy'.³⁷⁵ Realistically, the 'mesh' of the medical board would not sift out psychopaths. Instead, they would have to be caught at a later stage involving not only intelligence tests, but 'a careful assessment of the man's employment, an interview with him by a serving soldier, and a reference to a psychiatrist'.³⁷⁶ Stalker claimed that 'the decision whether the condition is wholly, partly or not at all attributable to service', which would determine whether or not the individual was entitled to a pension, 'rests upon a full study of the individual case, including family history, degree of predisposition, non-service causes, length of military service, combatant experiences and wounds, accidents and illnesses on service'.³⁷⁷ Chief among these were 'family history' and 'degree of predisposition', which once again heralded a return to the discourse of degeneration. The psychopath was not visibly different, but was still thought to carry the germ of a defective body and mind, which would result in the symptomatic bad behaviour.

The ongoing desire to identify the psychopath by some physical trick, and the longevity and adaptability of the somatic approach, was encapsulated in the use of electroencephalograms (EEGs). Once again marrying the latest scientific thinking with a fundamentally unscientific, ill-defined concept in an attempt to elevate it to the quantifiable, EEG studies sought to facilitate the identification and understanding of the psychopath and their condition, to 'establish the criteria which would allow the vexed diagnosis of psychopathic personality to be made with greater uniformity and precision'.³⁷⁸ Following the British-Canadian pairing of psychiatrists Denis Hill and Donald Watterson's ground-breaking initial study in 1942, the *British Medical Journal (BMJ)* confidently declared that 'a frontal abnormality', visible on EEG, 'would be expected in psychopathic personalities'.³⁷⁹ Initially, there was also a belief that this cortical dysrhythmia was evidence of a constitutional defect, a 'failure in development in the central nervous system' and an indication that the individual in question possessed a 'handicap in the business of biological adaptation, failure of which may show itself... in undesirable, asocial behaviour'.³⁸⁰ They combined their EEG study of

³⁷⁵ Logan, 'Psychical Illness', p.252.

³⁷⁶ MacKeith in Curran, 'Some Experiences', pp.501-2.

³⁷⁷ Harry Stalker, 'Psychiatric States in 130 Ex-Service Patients', *Journal of Mental Science*, 90:380, (1944), p.737.

³⁷⁸ T.C.N. Gibbens, D.A. Pond and D. Stafford-Clark, 'A Follow-up Study of Criminal Psychopaths', *British Journal of Delinquency*, 6:2, (1955), p.126.

³⁷⁹ 'Psychopathic Personality and the Electro-Encephalogram', *British Medical Journal*, 2:4326, (1943), p.718.

³⁸⁰ Denis Hill and Donald Watterson, 'Electro-Encephalographic Studies of Psychopathic Personalities', *Journal of Neurology and Psychiatry*, 5:1-2, (1942), pp.64-5. For EEGs as evidence for psychopathy's constitutional origin, see Curran and Mallinson, 'Psychopathic Personalities', p.272 and R. Sessions

psychopaths with a more prosaic investigation into family background, leading to rather subjective claims regarding the heritability of 'aggressive bad temper'.³⁸¹ This is comparable to Henderson's configuration of the psychopath, where social and psychiatric readings of the condition were complemented by a biological underpinning to give a whole-person understanding of psychopathy. However, EEGs were ultimately revealed to be just as unstandardised and subjective as any of the wild, degenerationist theories, and their findings too inconsistent to provide any standards for identifying psychopathy.³⁸²

The resurgence of the discourse of heredity was considerably more nuanced than at the beginning of the twentieth century. Although having a relative with psychopathy was still considered a positive contributory factor in creating psychopathy in the individual, there was also increased interest in the family's social situation, reflecting the continuing influence and spread of psycho-analysis and the subsequent weight given to social relationships.³⁸³ Much like Curran and Mallinson's stress on the context of certain behaviours to determine whether or not they were antisocial and pathological, the influence on the individual of what could be construed as socially unfortunate or taboo familial circumstances was taken into account. Most strikingly, the absence of a male role model displaying normative masculinity was identified as a contributory factor in the creation of the male psychopath. For example, Henderson was not alone in stressing the significance of being born an illegitimate child, 'as a source of personal disintegration leading to the production of the psychopathic state'.³⁸⁴ Not only was the child often born to young mothers who resented their unwanted babies, but this was combined with 'discordant family life... poor school records, and insecure living conditions' that all lead up to 'conduct disorder of an anti-social type'.³⁸⁵ Logan included other socially-

Hodge, 'The Impulsive Psychopath: A Clinical and Electro-Physiological Study', *Journal of Mental Science*, 91:385, (1945), p.472.

³⁸¹ Hill and Watterson, 'Electro-Encephalographic Studies', p.62.

³⁸² W. Grey Walter, 'Electro-Encephalography', *Journal of Mental Science*, 90:378, (1944), p.69; Denis Hill, 'EEG in Episodic Psychotic and Psychopathic Behaviour: A Classification of Data', *Electroencephalography and Clinical Neurophysiology*, 4:4, (1952), p.419; Michael Craft, Walter Fabisch, Geoffrey Stephenson, Gordon Burnand and David Kerridge, '100 Admissions to a Psychopathic Unit', *Journal of Mental Science*, 108:456, (1962), p.575; Felix Schirmann, "'The Wondrous Eyes of a New Technology" – a History of the Early Electroencephalography (EEG) of Psychopathy, Delinquency, and Immorality', *Frontiers in Human Neuroscience*, 8:232, (2014), esp. pp.5-6.

³⁸³ Desmond Curran and Paul Mallinson, 'War-Time Psychiatry and Economy in Man-Power', *The Lancet*, 236:6120, (1940), p.741.

³⁸⁴ D.K. Henderson, 'Psychopathic States', *Journal of Mental Science*, 88:373, (1942), p.487; Rossiter Lewis in Curran, 'Some Experiences', p.499; Curran and Mallinson, 'Psychopathic Personalities', p.276.

³⁸⁵ Henderson, 'Psychopathic States', (1942), p.487. He cites work by Hans Binder as further evidence of this (p.487). For more on the legal status of bastardy and the power of the father re: recognition of children, see Sean Brady, *Masculinity and Male Homosexuality in Britain, 1861-1913* (Pan Macmillan, Basingstoke, 2009), pp.36-7.

unusual situations as instrumental in the creation of psychopaths, including being an only child and being born to elderly parents.³⁸⁶ The familial evidence of one of his case studies included the then socially-significant information that the patient's brother had been deserted by their wife.³⁸⁷ Similarly, Stalker saw the social role of the father as key in shaping the potentially psychopathic individual, citing their influence in the conscientious objectors he was examining. The wide range of psychiatric states he diagnosed in the majority of his case studies were influenced partly by the 'reactions of the fathers to military service', which had been 'very uninspiring if not abnormal'; the case he diagnosed as a 'psychopathic state' was the son of a man in a reserved occupation who was 'against war'.³⁸⁸ In this way the psychopaths of the previous conflict fathered the psychopaths of the Second World War both literally and metaphorically. In the absence of another male, or of one who was sufficiently young, demonstrably patriotic and dominant, the boys were believed to grow into psychopathic men whom even the armed services could not save, their subtle deficiencies in masculinity becoming stark and obvious when surrounded by 'normal' recruits.

What this shows above all is just how important the psychopath had become to British psychiatry, and to the British war effort. Seen as a potential false claimant of a state pension, made visible by their inevitable breakdown once enlisted – manifested most immediately in their antisocial behaviour – they had been thrust centre-stage by the experience of the US Army and their championing by Henderson. The need to understand, identify and eliminate them was felt to be more urgent than ever, but a lack of agreement regarding diagnosis and nomenclature made this almost impossible. The mainly futile attempts to sift through case studies for elements in common, whether behavioural, hereditary, socially influenced or identifiable via EEGs, underlined Henderson's belief that there 'is no specific aetiology'.³⁸⁹ It moreover seemed to suggest that there was no specific set of diagnostic criteria, but this accusation was vehemently denied by Henderson. He rebuffed it somewhat angrily at the same 1942 meeting, saying that it was not 'vague and meaningless' nor a 'convenient dumping-ground'; the 'psychopathic state is real'.³⁹⁰ Regardless of the veracity of the

³⁸⁶ Logan, 'Psychical Illness', pp.244, 246.

³⁸⁷ Ibid, p.245. He also recommended screening wives who accompanied their husbands abroad, perhaps due to the six wives in his 50 case studies, all of whom were diagnosed with some form of psychopathy.

³⁸⁸ Harry Stalker, 'Conscientious Objectors with Psychiatric States', *Journal of Mental Science*, 89:374, (1943), p.58.

³⁸⁹ Henderson, 'Psychopathic States', (1942), p.487.

³⁹⁰ Henderson, 'Psychopathic States', (1942), p.486. A similar point is made here: D.K. Henderson and R.D. Gillespie, *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1950), p.vii.

condition, what is certain is that there was a growing need in Britain to retain this socially- and politically-useful term, and that the decades after the Second World War would serve to further cement its position in establishment nosology.

The Psychopath as Criminal

Writing in 1973, criminologists Nigel Walker and Sarah McCabe claimed that 'psychopath' started to be heard 'in roughly its modern sense in British criminal courts about the end of the 1939-45 war', although 'it carried little weight'.³⁹¹ Certainly the two world wars, rather than putting to rest the term that still had so much uncertainty and ambiguity clinging to it, served rather to heave it into the psychiatric spotlight, where it became ever more indispensable, and attracted the attention of a concerned society seeking peace and conformity. This was in part due to psychiatry's increasing power, buoyed by wartime investment and a receptive government and public who had had their appetites whetted for a world where social problems could be solved by psychiatry; in this world, psychopathy was a convenient means of expanding its sphere of influence over greater aspects of civilian life. But it was also due to the experiences and output of Henderson, and the way he manoeuvred his American-influenced brand of psychopathy into the limelight. However, the very nature of psychopathy's success was to be psychiatry's downfall: the lack of a coherent or universal definition of psychopathy propelled the diagnosis on to the statute books, but created a term that elided delinquency and psychopathy in just the way psychiatrists professed to abhor.

Both Henderson and psychopathy had come through the world wars with their reputations enhanced. Henderson was to be knighted in 1949, and psychopathy had proven to be an indispensable means of categorising those individuals who were 'non-sane, non-insane', but who exhibited behaviour that failed to conform to social expectations – of which there had been a preponderance during the extraordinary pressures of war.³⁹² Henderson's influence and a hint of his greater ambitions for psychopathy can be seen by examining not just his solo output but also the text book he produced collaboratively with R. D. Gillespie. *A Text-book of Psychiatry for Students and Practitioners* was first published in 1927, and re-issued every 3-6 years subsequently; the last edition was published in 1969 after both original contributors

³⁹¹ Nigel Walker and Sarah McCabe (eds.), *Crime and Insanity in England: Volume II: New Solutions and New Problems* (Edinburgh University Press, Edinburgh, 1973), p.215.

³⁹² East, 'Psychopathic Personality and Crime', p.429.

were dead (Gillespie in 1945; Henderson in 1965). By the fifth edition (1940) it was considered 'the standard textbook on its subject in this country'; by the seventh edition (1950), 'Henderson and Gillespie' was 'almost a household word, and a book of which British Psychiatry may well be proud'.³⁹³ Looking back at previous editions from the vantage point of 1963, one review claimed that for '35 years, since its first appearance, "Henderson and Gillespie" has occupied a leading position amongst psychiatric textbooks'.³⁹⁴ This proved to be the perfect vehicle for extending the reach of Henderson's theories on psychopathy. The first four editions of Henderson and Gillespie situated the predecessors to psychopathic states within the chapter on 'Mental Defect', considering it the moral and emotional counterpart to intellectual defect.³⁹⁵ Ill-defined and vague, the psychopathy of these editions is suggestive of the wastebasket diagnosis against which Henderson later railed.³⁹⁶ The diagnosis of constitutional psychopathic inferiority, as they call it in the first three editions, is applied to 'persons who have been from childhood or early youth habitually abnormal in their emotional reaction and in their general behaviour', but who do not consistently possess 'a degree of abnormality amounting to certifiable insanity, and who show no intellectual defect'.³⁹⁷ Diagnosing is described as an almost administrative formality, for when the individual's problematic personality traits become 'pronounced' so 'he is recognisably abnormal' and therefore 'requires classification for scientific purposes' but is not insane; and because 'the possession of such a personality is apt to involve the individual in antisocial conduct'.³⁹⁸ As Werlinder noted, this reduced psychopathy to little more than delinquency, as an 'important criterion for determining when an abnormality has reached the dignified status of being psychopathic' was that it is 'expressed in criminality'.³⁹⁹

It is the fifth edition that cements psychopathy's association with criminality. The section on what were now called 'psychopathic states' had not only been 'rewritten almost in

³⁹³ 'Notices of Recent Publications', *Brain*, 63:2, (1940), p.201; G.W.T.H. Fleming, 'A Text-book of Psychiatry', *Journal of Mental Science*, 96:405, (1950), p.1096.

³⁹⁴ 'Book Review: New Editions: Henderson and Gillespie's Textbook of Psychiatry', *Scottish Medical Journal*, 8:1, (1963), p.40.

³⁹⁵ See for example D.K. Henderson and R.D. Gillespie, *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1932), p.382.

³⁹⁶ See for example Henderson and Gillespie, *A Text-book of Psychiatry* (1950), p.vii; Werlinder makes a similar point in *Psychopathy*, p.136.

³⁹⁷ Henderson and Gillespie, *A Text-book of Psychiatry* (1932), p.383. In the fourth edition, the term 'constitutional psychopathic inferiority' is replaced by 'psychopathic personality', although the text remains more or less unchanged. Werlinder suggests this change of syntax is 'in accordance with developments in America'. D.K. Henderson and R.D. Gillespie, *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1936), p.392; Werlinder, *Psychopathy*, p.136.

³⁹⁸ Henderson and Gillespie, *A Text-book of Psychiatry* (1932), p.383.

³⁹⁹ Werlinder, *Psychopathy*, p.136.

its entirety', but moved to a standalone chapter, in the hope of both 'greater attention' and 'clearer definition'.⁴⁰⁰ In line with Henderson's *Psychopathic States* published in the previous year, the chapter sketches out antecedents of his version of psychopathy, starting with Prichard's moral insanity, although he explicitly rejects both the term 'moral insanity' and 'sociopath'.⁴⁰¹ Intriguingly, the antisocial manifestations of psychopathy that survived almost intact from previous editions were kleptomania, pathological lying and pseudo-querulant behaviour, previously listed as types but now included under the predominantly inadequate or passive group. By way of contrast, the 'sexual aberration' type had, by the 1940 edition, been assimilated into the new 'predominantly aggressive' group, where sexual perversion was compared to the 'drunken bout' and the 'unconsciousness of the epileptic' as just another of the 'immature ways in which the personality attempts to evade reality'.⁴⁰² Later editions adopted a similar approach, including sexual deviance either as a contested psychoanalytic explanation of behaviour, or a merely symptomatic behaviour that is almost incidental, and upon which the authors refuse to dwell.⁴⁰³ There is a sense that with each passing edition of Henderson and Gillespie from 1940 onwards, Henderson in particular was striving to give credence and specificity to the psychopathy diagnosis he had decided to champion. Part of that process appears to be distancing psychopathy from some of its more lurid sexual incarnations, possibly in response to the sensational and later highly controversial sexual psychopath laws in the United States, choosing instead to showcase its relevance by allying it to criminality. He further sought to boost its scientific credentials by including new and promising, although ultimately inconclusive, electroencephalographic data from 1944 onwards.⁴⁰⁴

In seeking to bolster the legitimacy of his psychopathic states, Henderson sought to present the psychopath as a pressing problem that needed solving. Whilst their 'place in civilised society... has never been clearly defined', there was, he argued, 'no more urgent legal and medico-social problem' than the psychopath.⁴⁰⁵ In his evidence to the Royal Commission on Capital Punishment (the Gowers Commission), Henderson went further, describing psychopaths as 'the biggest, most serious, and most controversial medico-legal and social

⁴⁰⁰ Henderson and Gillespie, *A Text-book of Psychiatry* (1940), pp.vii, 308-19.

⁴⁰¹ *Ibid*, pp.308-9.

⁴⁰² *Ibid*, p.312.

⁴⁰³ This starts with *Ibid*, p.317.

⁴⁰⁴ Henderson and Gillespie, *A Text-book of Psychiatry* (1944), p.384; he also explores these in Henderson, 'Psychopathic States', (1942), p.487.

⁴⁰⁵ D.K. Henderson, 'Psychopathic Constitution and Criminal Behaviour', in L. Radzinowicz and J.W.C. Turner, *Mental Abnormality and Crime: Introductory Essays* (MacMillan, London, 1944), p.105.

problem.⁴⁰⁶ This reflected concerns expressed by his colleagues. In America, Hervey Cleckley's blockbuster *The Mask of Sanity*, published in 1941, claimed in its publicity that it had been written specifically to call attention to the 'large numbers' of psychopathic personalities 'in the world', and the 'tremendous problem they represent'.⁴⁰⁷ Back in Britain, although psychiatrists were still unable to offer a definition, they were not afraid to claim that the psychopath was extremely prevalent among the criminal and delinquent populations, although they were careful to add that psychopathy was not synonymous with criminality.⁴⁰⁸ In its most extreme form, and in keeping with theories that allowed the psychopath to manifest as exceptionalism or even genius, this could result in a threat to civilisation.⁴⁰⁹ English psychiatrist Harold Palmer specifically linked the psychopath to the dangerous individuals who had risen to prominence and notoriety in the Second World War to threaten the freedom of the West. He therefore stressed the importance of identifying how to 'recognise and control these psychopaths who so suddenly erupt as demagogues', and described hysterics and psychopaths as 'the origin of the greatest threat to the free institutions of England and the United States'.⁴¹⁰ Taylor identified 'Hitler and his gang' as 'psychopathic criminals', the like of which were only kept from political dominance in the UK by making politics 'comparatively unattractive'.⁴¹¹

More pragmatically, in evidence given to the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency (the Percy Commission) that took place 1954-7, organisations fretted about the urgency of amending the law to tackle the psychopath's potential for violence. The matter of the psychopath was, according to the then president of the RMPA, 'an urgent question, not only on purely medical grounds but from the point of view of the satisfaction of the general public and... the protection of society at the present time'.⁴¹²

⁴⁰⁶ Written submission published as D.K. Henderson, 'Reflections on Criminal Conduct and its Treatment', *British Medical Journal*, 2:4674, (1950), p.314; also cited in the final report: *Royal Commission on Capital Punishment 1949-1953 Report* Cmd.8932, p.138, pa. 398.

⁴⁰⁷ Hervey Cleckley, *The Mask of Sanity* (C.V. Mosby Company, St Louis, 1955); 'First Glances at New Books', *The Science News-Letter*, 39:14, (1941), p.224.

⁴⁰⁸ See for example Desmond Curran and Maurice Partridge, *Psychological Medicine: A Short Introduction to Psychiatry* (E. and S. Livingstone, Edinburgh, 1955), p.103; Edward Glover, 'Investigation and Treatment of Delinquency', *British Medical Journal*, 1:4499, (1947), p.421; Alexander Kennedy, 'Psychopathic Personality and Social Responsibility', *Journal of Mental Science*, 100:421, (1954), p.878.

⁴⁰⁹ On genius, see Henderson's 'creative psychopath' in Henderson, *Psychopathic States*, pp.108-25; also, Henderson and Gillespie, *A Text-Book of Psychiatry* (1940), p.317; Taylor, *The Psychopathic Tenth*, p.323; Petrie, 'Types of Psychopathic Personality', p.492.

⁴¹⁰ Harold Palmer, *Psychopathic Personalities* (Peter Owen, London, 1958), p.i.

⁴¹¹ Stephen Taylor, 'The Psychopath in Our Midst: A Danish Solution', *The Lancet*, 253:6540, (1949), p.32. See also C.P. Blacker, "'Eugenic" Experiments Conducted by the Nazis on Human Subjects', *The Eugenics Review*, 44:1, (1952), p.19.

⁴¹² *Minutes of Evidence 8: Eighth Day: Tuesday, 12th October, 1954 and Wednesday 27th October 1954* (HMSO, London, 1954), p.344, pa.1855.

Similarly, the Socialist Medical Association referred to ‘individuals of psychopathic personality’ as ‘one of the greatest social problems’, and were particularly exercised over the aggressive psychopath’s ‘more immediate danger to the public’.⁴¹³ The National Association for Mental Health’s written submission to the Percy Commission included the findings of a committee the organisation had established to ‘consider the problem of the aggressive psychopath’. This committee had concluded that ‘in spite of the medical and legal difficulties involved’, it was ‘urgent’ to address the issue ‘because of the serious consequences of the behaviour of the aggressive psychopaths left unrestricted and untreated’.⁴¹⁴

From the evidence presented to the Percy Commission, it is clear that there was public concern over the psychopath; and an expectation from the psychiatric witnesses that their profession were in a position to combat this danger. In many ways this was nothing new; Albert Wilson had made similar arguments about those whom he termed ‘psychopaths’. The introduction to his book was written by journalist and fellow eugenicist Arnold White, who spoke in similarly urgent terms of the need to solve the identified problem of the psychopath before society declined beyond retrieval. White praised *Unfinished Man* as being ‘to the Eugenist in a rut what a glove stretcher is to a pair of gloves’. This was because it not only directly addressed how the nation was heading ‘straight for the rock’, but also suggested ways ‘to change our course’.⁴¹⁵ But what had changed was the definition of psychopathy and the standing of psychiatry. The profession was in a good position to tackle the psychopath, as it had seen its stock rise during the wars. This was because the fighting had brought an unprecedented number of people into contact with psychiatry. Not only had psychological screening become increasingly sophisticated, as discussed above, but officers in the Second World War were also more willing to dispose of difficult recruits rather than force them to fight on, to ‘flush them out through psychiatric channels’.⁴¹⁶ Indeed, of all the British soldiers discharged as unfit during World War II, 40 per cent were discharged for psychiatric reasons.⁴¹⁷

⁴¹³ *Minutes of Evidence 18: Eighteenth Day: Wednesday, 19th January, 1955* (HMSO, London, 1955), p.686, pa.21.

⁴¹⁴ *Minutes of Evidence 28: Twenty-Eighth Day: Wednesday, 15th June, 1955* (HMSO, London, 1955), p.1160.

⁴¹⁵ Arnold White in Wilson, *The Unfinished Man*, pp.v-vi.

⁴¹⁶ Ben Shephard, “‘Pitiless Psychology’: The Role of Prevention in British Military Psychiatry in the Second World War”, *History of Psychiatry*, 10:40, (1999), p.512.

⁴¹⁷ Andrew Scull, *Madness in Civilisation* (Thames and Hudson, London, 2015), p.337.

Psychiatry generally emerged from the wars 'with its reputation enhanced', following substantial government investment.⁴¹⁸

Psychopathy provided psychiatry with an opportunity to build on this reputation, as Henderson had recognised. This was partly due to the emphasis on social interaction that Henderson and others had placed upon psychopathy, epitomised in the somewhat unscientific and florid definition of psychopaths that he gave to the Gowers Commission, as 'social mis-fits in every sense of the term, persons who have never been able to adapt themselves satisfactorily to their fellow-man'.⁴¹⁹ Indeed, with every psychiatrist using a different classification system to discuss psychopathy even if they broadly subscribed to Henderson's definition, one of the few points of consensus was that it was the asocial or antisocial elements of the condition that differentiated psychopaths from abnormal personalities more generally.⁴²⁰ Curran and Mallinson concurred that despite this confusion, there were 'certain types of personality which all workers could agree to call *psychopathic personalities*', and these were 'those individuals *par excellence* who indulge repeatedly in anti-social acts, amongst whom the family black sheep or nightmare, and certain types of criminal, are well known examples'.⁴²¹ Others described psychopaths in similar terms: they were 'unable to adapt to their environment' and 'frequently incapable of making satisfactory social adjustments in particular directions'.⁴²² British psychiatrist Alexander Kennedy described the 'psychopathic misfit for whom the increasing complexity of society has allowed no place', and who therefore opts out; behaviour that was unacceptable in post-war Britain.⁴²³ This made the psychopath in many ways the epitome of societal change. They were at the frontline of what was socially acceptable, unwittingly testing the boundaries of social norms. As Wilson had shown, the perennial fear was of social upheaval and rapid change, and this was still the case in the years following the war: there was 'general anxiety both in administrative circles and throughout the

⁴¹⁸ Tom Burns, *Our Necessary Shadow: The Nature and Meaning of Psychiatry* (Penguin, London, 2014), p.131; Jones, *Disordered Personalities and Crime*, p.165.

⁴¹⁹ Henderson, 'Reflections', p.314; cited in *Royal Commission on Capital Punishment*, p.138, pa.398. For further discussion of the social nature of Henderson's psychopathic states, see David W. Jones, *Disordered Personalities and Crime: An Analysis of the History of Moral Insanity* (Routledge, London, 2015), pp.171-5.

⁴²⁰ For a discussion of the different classificatory systems in existence, see Curran and Mallinson, 'Psychopathic Personalities', p.278.

⁴²¹ *Ibid*, p.280. Emphasis in original.

⁴²² Petrie, 'Types of Psychopathic Personality', p.492, p.491; East, 'Psychopathic Personality and Crime', p.429; Henry Wilson, 'Suicidal Compromises: Psychopathy and Rehabilitation', *British Medical Journal*, 1:4226, (1942), p.10.

⁴²³ Kennedy, 'Psychopathic Personality', p.873.

country' sparked by 'rumours of post-war waves of criminal violence'.⁴²⁴ By defining the psychopath in societal terms, psychiatry had essentially distilled the 'urgent' problem of social upheaval into one public problem figure, and presented psychiatry as holding the solution.

Psychopathy, then, presented psychiatry with an opportunity that was both significant but also high-risk. Curran and Mallinson summed up the dilemma when they quoted from the section on psychological medicine in the 1941 edition of a popular medical text book by British cardiologist Frederick Price:

'Unless, however, psychiatry takes account of the psychopathic personality, even when not accompanied by symptoms of illness, it cannot study delinquency, disorders of behaviour in children, sexual perversion and other non-obviously medical anomalies which touch very closely on psychiatric problems in their stricter sense'.⁴²⁵

As Curran and Mallinson pointed out, this was the only comment the authors made on the matter, justifying psychiatric social worker Edgar Myers' later observation that 'text-books on psychiatry tend to become diffuse in chapters on personality disorders!'.⁴²⁶ The importance and urgency of the problem was clear to the authors for the good of both society and their profession, but they were unable to say more about the condition itself or how psychiatry should 'take account' of psychopathy in practice. Psychiatry also had competition for the dominant discourse on the social transgressor from the discipline of criminology once again. Although a strong medico-legal discipline had existed in Britain for decades, operating mainly within the prison system, the establishment of criminology as an academic discipline with its own institution (the Institute for the Scientific Treatment of Delinquency or ISTD, established in 1931) was indicative of a new approach to the criminal.⁴²⁷ Psycho-analyst Grace Pailthorpe, who helped found the ISTD, urged a more inclusive view of criminality, with criminals studied as part of society rather than as an abnormal class apart, and this approach rivalled the increasingly hysterical psychiatric approach to the psychopath.⁴²⁸ Although ISTD members

⁴²⁴ Edward Glover, 'Delinquency Work in Britain: A Survey of Current Trends', *Journal of Criminal Law and Criminology*, 46:2, (1955), p.173.

⁴²⁵ 'Two eminent British psychiatrists' quoted in Price's 1941 textbook and cited in Curran and Mallinson, 'Psychopathic Personalities', p.280.

⁴²⁶ Edgar S. Myers, 'The Royal Commission and the Psychopath', *British Journal of Psychiatric Social Work*, 4:4, (1958), p.27.

⁴²⁷ See David Garland, 'British Criminology Before 1935', *British Journal of Criminology*, 28:2, (1988), pp.1-17.

⁴²⁸ Grace Pailthorpe, *Studies in the Psychology of Delinquency* (HMSO, London, 1932), p.11.

were happy to use terms such as ‘psychopath’, albeit without further definition, the evidence the organisation gave to the Percy Commission dismissed psychopathic personality as an ‘extremely loose’ term without ‘very much clinical value’, thus undermining those psychiatrists who chose it to champion.⁴²⁹ In truth, there were plenty of concerns within psychiatry about the perceived lack of specificity of the term, and the profligate way it was applied, the *BMJ* believing its continued use to be solely due to convenience, and the fact that it was ‘so well established and so handy grammatically’.⁴³⁰ The more Henderson attempted to increase the precision of the term, the more it was associated with criminality alone. The reality was that the greater emphasis put on the psychopath’s unpalatable behaviour, the more uneasily they sat within the discipline of psychiatry. Writing in 1945, the criminologist and psychiatrist William Norwood East cited an American colleague, William White, who suggested that psychopathy existed not in the space between sanity and insanity, but rather between the criminal and the insane. East disputed this, believing psychopathy to lie rather in the borderland between mental disease and anomalies of character, proving not only the contrast between British and American psychopathy but also the uncertainty over where psychopathy ‘sat’ in terms of the intersection of medicine and the law.⁴³¹

This was a problem which Henderson had underestimated in his demand for collaboration in addressing the problem of the psychopath: the tension between law and psychiatry. That there was a disconnect between psychiatry and the law was never more apparent than during the trial of a criminal psychopath. Rather than Henderson’s idealistic urging for a united medico-legal approach to the medico-legal problem of the psychopath, psychiatric expert witnesses were frequently met with bemusement or even derision from the judge or prosecuting barrister when they tried to deflect a guilty judgment with a diagnosis of psychopathic personality. In the 1946 trial of double murderer and serial fraudster Neville Heath, for example, the hostile questioning of the defence’s star medical witness by the prosecution was ultimately what sent Heath to the gallows. Although British psychiatrist Michael Craft asserted that the medical witnesses at his trial ‘all agreed that [Heath] was a psychopath’, William Henry de Barge Hubert’s floundering as to whether Heath was a moral defective, a moral delinquent or morally insane, and what the difference was between these

⁴²⁹ See for example Glover, ‘Investigation and Treatment’, p.421; criticism of the *British Journal of Delinquency* focussing on the psychopathic offender without defining it in ‘Psychopaths’, *British Medical Journal*, 2:5060, (1957), p.1536; *Minutes of Evidence 19: Nineteenth Day: Wednesday, 2nd February, 1955* (HMSO, London, 1955), p.709, pa.3734.

⁴³⁰ Editorial, (1957), p.1536.

⁴³¹ East, ‘Psychopathic Personality and Crime’, p.434.

three states, failed to convince the jury that Heath was anything but culpable.⁴³² Similarly, in the trial of child murderer Francis Wilkinson, Justice Hilbery asked Desmond Curran 'I am collecting from various psychiatrists their definitions [of psychopathic personality]. Now, what is yours?'.⁴³³ This provoked a couple of letters to the *BMJ*, one observing how this episode highlighted 'how difficult it is for lawyers and alienists to attain mutual understanding', as lawyers are 'accustomed to dealing in tangibles' and so are 'for ever pressing the psychiatrist to confine himself to nice definitions'. The author instead suggested the process would be easier if both parties could decide upon 'some broad, working "definition" of a psychopath... leaving the interpretation of such expressions as " abnormal behaviour" and "normal contact with society" to the common sense of judge, jury, and counsel'.⁴³⁴ The writer ultimately got his wish with the controversial definition included in the 1959 Mental Health Act.

The psychopath by definition had always sat in a 'no man's land', both between sanity and insanity but also between medicine and law. Its increased alignment with criminality meant that rather than psychiatry expanding its influence, it overreached itself. This was made painfully obvious with the drafting of what would become the 1959 Mental Health Act. The Gowers Commission had obviously taken Henderson's evidence seriously, and been both sympathetic and receptive to the use of a term that they appreciated had 'no generally accepted definition... and no consensus of opinion about the scope or the nature of the mental condition which it is intended to describe'.⁴³⁵ The evidence of 'many experienced medical witnesses' had convinced them that 'the concept of psychopathic personality is a necessary and legitimate one'. Psychiatrists needed to deploy it for purely practical purposes, namely to help them label those 'who are behaving in an unusual and troublesome way and yet cannot be shown to be suffering from a mental disease in the ordinary sense of that term'.⁴³⁶ In the event, the evidence to Gowers on the psychopath had little impact from a legal point of view, but it makes explicit how pertinent the issue of the psychopath had become, how integral to any discussion of criminality and yet how disputed the definition continued to be. Consequently, the Percy Commission, moved by the evidence from Gowers and its own submissions of evidence (although Henderson is conspicuous by his absence), felt compelled to

⁴³² Described in Sean O'Connor, *Handsome Brute: The True Story of a Ladykiller* (Simon and Schuster, London, 2013), pp.350-5; transcript of the trial in Macdonald Critchley, (ed.), *The Trial of Neville George Clevely Heath* (William Hodge and Company, London, Edinburgh and Glasgow, 1951), pp.143-63.

⁴³³ 'Distinguishing A Psychopath', *British Medical Journal*, 2:4847, (1953), p.1224.

⁴³⁴ J. Todd and I. Atkin, 'Distinguishing a Psychopath', *British Medical Journal*, 1:4854, (1954), pp.157-8.

⁴³⁵ *Royal Commission on Capital Punishment*, pp.135-6, pa. 393.

⁴³⁶ *Ibid*, p.136, pa. 394-5.

put psychopathy at the heart of its discussions, and recommend the introduction of the term to the statute books for the first time.⁴³⁷ What is astonishing, however, is that the Percy Commission recommended the term be enshrined in law, but not defined.⁴³⁸ Impressed by evidence from organisations such as the RMPA and the BMA, the Commission recommended that, rather than trying to include a definition of psychopathic personality, ‘the law should use general terms which will convey a sufficiently clear meaning to the medical profession without trying to describe medical conditions in detail in semi-medical language’.⁴³⁹ This conclusion was met with utter disbelief and some ridicule by a number of contemporary commentators in Government and elsewhere who compared it to Curran and Mallinson’s ‘elephant’ quote.⁴⁴⁰

The ‘elephant’ clause refusing to define psychopathy was rejected by both houses of Parliament, who demanded that the term be defined if it were to be used.⁴⁴¹ As a result of doing such a convincing job of promoting psychopathy as the epicentre of social ill and criminality, it was decided that it was far too important an issue to be left in the hands of psychiatrists, and therefore needed to be defined. As physician Dr Edith Summerskill MP put it, the ‘very fact that we now propose officially to recognise a category of mental disorders which, hitherto, has tended to baffle authority is a reason for a wide definition which is comprehensible by an intelligent person’.⁴⁴² What was proposed instead was therefore a definition that could be understood by ‘those who are not doctors’, that is ‘lawyers and other persons in the courts’, for the simple reason that ‘it is not only psychiatrists who have to decide who are psychopaths and who are not, but also in some cases the courts’.⁴⁴³ The reality of this decision was that the definition of psychopathic disorder in the 1959 Mental Health Act was not one recognised by most psychiatrists, but which reflected the ‘fact’ that ‘the general public, the members of the legal profession, and most medical men regard psychopaths as

⁴³⁷ For a list of witnesses, see *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1954-1957 Report* Cmnd.169, pp.304-6; for recommendations regarding the category of psychopathy, see p.6.

⁴³⁸ *Ibid.*, p.127, pa.357.

⁴³⁹ *Ibid.*

⁴⁴⁰ Elephants are referenced by Dr Reginald Bennett in HC Deb, 8 July 1957, vol.573, c.73; Lord Cottesloe in HL Deb, 19 February 1958, vol.207, c.864; Myers, ‘The Royal Commission and the Psychopath’, p.28; Norval Morris, ‘Royal Commission on the Law Relating to Mental Illness and Mental Deficiency’, *The Modern Law Review*, 21:1, (1958), p.66.

⁴⁴¹ See for example contributions from Dr Edith Summerskill, in particular HC Deb 8 July 1957, vol.573, cc.48-50 and HC Deb 24 July 1959, vol.609, cc.1690-1; and comments by Viscount Kilmuir in HL Deb 19 February 1958, vol.207, cc.843-4.

⁴⁴² Dr Edith Summerskill in HC Deb, 8 July 1957, vol.573, c.50.

⁴⁴³ Somerville Hastings in HC Deb, 24 July 1959, vol.609, c.1692; Kenneth Robinson in HC Deb, 8 July 1957, vol.573, c.70.

antisocial, usually aggressive members of the community and as potential criminals'.⁴⁴⁴ Putting a definition of psychopathy on the statute books as 'a persistent disorder or disability of mind' that inevitably 'results in abnormally aggressive or seriously irresponsible conduct on the part of the patient', cemented the elision of psychopathy with badness, and of the diagnosis as driven by behaviour.⁴⁴⁵ Even those who had warned of the urgent and violent threat the psychopath potentially posed had tempered their apocalyptic predictions with the caveat that somehow, the psychopath and the criminal were not synonymous.⁴⁴⁶ Their inability to express exactly what the psychopath was, or how he was different from the criminal, severely undermined psychiatry's authority as far as Parliament was concerned. It resulted in a diagnosis that was driven by the symptomatic behaviour that was easy for the layperson to spot, but had, in order to support psychiatry's hegemony over the psychopath, always formed a secondary role in their psychiatric diagnosis.

Losing the argument over the definition of psychopathy in the Mental Health Act solidified the shift in priorities that Ronald Blackburn would later call a reprioritisation from personal to societal deviance, a move which highlighted Henderson's naivety. Henderson had believed that the interests of the doctor and the lawyer 'are not opposed' as they are 'more or less equally concerned with promoting the recovery or reformation of the individual as well as with the preservation of society in its highest efficiency'; he had not anticipated how this would work in practice.⁴⁴⁷ He freely admitted that the 'doctor thinks in terms of the individual, the lawyer is concerned with the offence; the doctor thinks of what measures can be adopted to benefit his patient; the lawyer of how he can protect society', but believed these differences to be reasons for collaboration not conflict.⁴⁴⁸ Myers had seen this coming, believing it to be implicit in the evidence given to the Percy Commission. In his exasperated response to the Percy Commission, Myers problematised the willingness of psychiatrists to be complicit in the scapegoating of the psychopath as the cause of all public ills, and condemned the general tone of the witnesses. He observed that the minutes of evidence 'reveal as much about those who gave evidence as about psychopaths themselves', most especially the witness who said, "I feel something must be done to safeguard the community from the menace of the aggressive

⁴⁴⁴ 'Psychopaths', (1957), p.1537. Henderson added his critique of the Act's definition in D.K. Henderson, *The Evolution of Psychiatry in Scotland*, (E. and S. Livingstone, Edinburgh and London, 1964), pp.244-5.

⁴⁴⁵ *Mental Health Act, 1959* (7 & 8 Eliz. 2, Chapter 72), Part I, Section 4.4, p.2.

⁴⁴⁶ See for example East, 'Psychopathic Personality and Crime', p.428; Curran and Partridge, *Psychological Medicine* (1955), p.103; R.M. Mowbray, 'The Concept of the Psychopath', *Journal of Mental Science*, 106:443, (1960), p.537.

⁴⁴⁷ Henderson, 'Psychopathic Constitution', p.105.

⁴⁴⁸ *Ibid*, p.105.

psychopath”’. Myers pointed out that this witness ‘argued from three patients known to him who were subsequently charged with murder’, and countered that it was ‘dangerous to argue from the particular to the general in this way’. In any case, motorists were likely to do more harm to a community than the very few aggressive psychopaths in its midst. What bothered him most of all, however, was the shift in priorities on behalf of the psychiatrist, the ‘spontaneous assumption, before reason has had time to modify it, that society is more in need of help than the psychopath himself’.⁴⁴⁹ What the experience of the 1959 Act had shown was that psychiatry had won the battle of convincing Parliament and the public of the importance of the potential threat from the psychopath, but in doing so had lost their commanding discourse, leaving the ‘fools of law... [to] rush in where the angels of medicine fear to tread’.⁴⁵⁰ The psychopath was irretrievably linked with criminality, and was to stay that way for the foreseeable future.

Conclusion

Writing after the passing of the 1959 Mental Health Act, Craft commented that, aside from the legal definition, there are ‘psychiatric, social and ethical considerations to the subject of psychopathic disorder and all must be considered’.⁴⁵¹ Whilst this was the first time psychopathy had an official legal definition in England and Wales, it had always existed in the space between legal, psychiatric, social and ethical interests, as well as British, European and American influences, prompting a constant process of negotiation and redrawing of boundaries that failed to produce a coherent or uncontested definition. However, psychopathy was too valuable a concept to relinquish. Its vagueness, non-specific aetiology and the considerable ground it was forced to occupy, all at various points considered weaknesses that meant the term should arguably have been abandoned, also allowed it to transcend fashion and disciplinary boundaries, and constantly reinvent itself to match the concerns of the day. From degenerate to unpatriotic soldier and potential ‘false’ pension claimant to criminal and the root of social unrest, the term ‘psychopath’ covered them all, leaving space for this seemingly inexplicable behaviour to be excused by pathology. As Henderson and psychiatry found to their cost, the term itself was more cherished than the expertise supposedly backing it up, and the price for increasing its accessibility and importance was to cede control, and to accept that its behaviour-driven definition was here to stay.

⁴⁴⁹ Myers, ‘The Royal Commission and the Psychopath’, p.29.

⁴⁵⁰ *Minutes of Evidence 19*, p.709, pa.3734.

⁴⁵¹ Michael Craft, ‘The Meanings of the Term “Psychopath”’, in Michael Craft, (ed.), *Psychopathic Disorders* (Pergamon Press, London, 1966), p.1.

SITUATION

CHAPTER IV: IDENTIFICATION

By its very nature, psychopathy posed an administrative conundrum. At the heart of this was the persistent lack of an agreed definition of psychopathy, and a correspondingly maladroit approach to identifying the psychopath. After all, how could a coherent strategy for the management of psychopaths develop, when there was very little agreement as to who these people were, or the nature and progress of the condition from which they suffered? At best, psychopathic personality covered a wide and heterogeneous group of individuals, and the term's increase in popularity grew in direct proportion to the sheer number and variety of people to whom it could be applied. This diversity was problematised in the repeated accusation that psychopathy was a 'waste-basket diagnosis' as it failed to find a home within the existing nosology, rendering it little more than a diagnosis of exclusion. Psychopathy fared no better in the courts, being similarly excluded by a system hamstrung by an overreliance on tests of sanity and a tenuous understanding of psychiatric terminology; something they shared, in the case of psychopathy, with psychiatry itself.

Unclassifiable Runoff: a Wastebasket Diagnosis

While psychopathy's detractors highlighted its lack of specificity and therefore meaning, its supporters attempted to keep control of the discourse around what they felt was an indispensable and important diagnosis. The former grouping complained that the category was not only too ill-defined and nebulous, but also too convenient. In 1934, Murdo Mackenzie, senior assistant physician at Bethlem Royal Hospital, lambasted the 'unintelligent' kind of postgraduate student of psychiatry. This student, instead of relishing individual cases as difficult, time-consuming and challenging, would simply brush them aside and 'state with confidence and an air of finality that "the patient possesses the psychopathic personality"'.⁴⁵² At the same symposium, J. R. Rees had suggested that the term was largely applied to 'failures – those who did not respond to treatment' and that this encouraged the term to 'become a dumping-ground'.⁴⁵³ Similarly, D. J. West in his 1963 volume on the habitual prisoner, claimed that 'some clinicians regard [psychopathic personality] as no more than a rag-bag of diagnostic left-overs... [t]o this day no agreement exists as to the correct meaning of the term or the

⁴⁵² Murdo Mackenzie in R.D. Gillespie, 'Discussion on Constitutional Psychopathy', *Proceedings of the Royal Society of Medicine*, 27:9, (1934), p.23.

⁴⁵³ J.R. Rees in Gillespie, 'Discussion on Constitutional Psychopathy', p.23.

range of individuals to whom it should be applied'.⁴⁵⁴ D. K. Henderson inevitably led the charge for a term he fully acknowledged was often regarded as 'a convenient dump heap', 'vague and meaningless' and a 'dumping ground', and treated as such.⁴⁵⁵ He condemned the 'laissez-faire attitude' of the likes of Mackenzie's unintelligent postgraduate, who 'relegated cases that cannot be adequately understood or diagnosed' to what was treated as the 'mere dumping ground' of the diagnosis of psychopathic personality.⁴⁵⁶ He believed psychopathic personality to be a distinct concept that it was imperative to salvage from his lazy-minded colleagues. However, repeatedly protesting this issue in his numerous publications underlined what a task that would be.

The accusation that psychopathy was a 'wastebasket diagnosis' was not unique to Britain. Even in America, where the term had a stronger foothold, a similar view could be found, albeit from 'a substantial minority of clinicians'. This was felt to be exemplified by the work of Paul Preu, who stated:

'The term "psychopathic personality" as commonly understood, is useless in psychiatric research. It is a diagnosis of convenience arrived at by a process of exclusion... [i]t serves as a scrap-basket to which is relegated a group of otherwise unclassified personality disorders and problems'.⁴⁵⁷

For Germany, where the term originated, Greg Eghigian has argued convincingly that this was in fact how J. L. A. Koch's psychopathic inferiors started out: as 'nosological curiosities' that simply defied categorisation within the established classification system. Psychopathic inferiority, Eghigian suggests, 'provided the rubric under which could be contained those thoughts, feelings, and actions that neither met the criteria for the normal nor crossed the threshold of the pathological', becoming 'a placeholder for what one might call the *unclassifiable* "runoff" clinicians encountered'.⁴⁵⁸ This process was strongly reminiscent of the formation of the psychopathic diagnosis in Britain, although it lacked the confusion and

⁴⁵⁴ D.J. West, *The Habitual Prisoner: An Enquiry by the Cambridge Institute of Criminology* (Macmillan, London, 1963), p.60.

⁴⁵⁵ D.K. Henderson: *Psychopathic States* (W.W. Norton and Company, New York, 1939), p.20; 'Psychopathic States', *Journal of Mental Science*, 88:373, (1942), p.486; D.K. Henderson and R.D. Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1950), p.vii.

⁴⁵⁶ Henderson: *Psychopathic States*, p.20; 'The Classification and Treatment of Psychopathic States', *British Journal of Delinquency*, 6:1, (1955), p.9.

⁴⁵⁷ Paul W. Preu of New Haven Hospital, Connecticut, cited in Milton Gurvitz, 'Developments in the Concept of Psychopathic Personality (1900-1950)', *British Journal of Delinquency*, 2:2, (1951), pp.94-5.

⁴⁵⁸ Greg Eghigian, 'A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany', *Isis*, 106:2, (2015), p.288, emphasis in original.

overlaps of usage that rendered the British experience messier and more ad hoc and delayed the coalescence around a specific space. Significantly, although psychopathy did not enter the statute books in Britain until 1959, and was not widely used in psychiatric circles until the publication of *Psychopathic States* tried to add elements of specificity to the diagnosis in 1939, the use of the terms psychopath, psychopathic and psychopathy had a somewhat longer history in the prison sector. Nevertheless, this history was just as muddled and confused.

Feeding into centuries-old debates as to why individuals committed crime, especially repeatedly, the psychopath gave a name to the unclassifiable runoff that was the section of the prison population who were not insane, but were believed to be mentally abnormal, often due to the nature of their crime. The administrative usefulness and subsequent importance of this term was particularly evident in the *Report of the Indian Jails Committee, 1919-1920*. The committee had visited various countries in order to critique the brutal, overcrowded and insanitary jail system of colonial India, and proudly introduced Parliament to ‘the special word, “psychopath”’, which they claimed was ‘invented’ in the United States, ‘to denote one class of mentally abnormal persons’. They had found that, in the US, ‘psychopath’ and its related terms were used to “fill[] a gap in the old nomenclature” caused by sanity and insanity losing their “former clear-cut sharply dividing features”.⁴⁵⁹ The medical members of the Indian Jails Committee were obvious advocates of the term, seeing it as the answer to some sort of taxonomic conundrum that had been identified in America and which they recognised from their own experience in colonial jails. Chief among its champions in British prisons was William Norwood East. East proved perfectly comfortable with reporting in 1923, while medical officer at Brixton Prison, that the prison had 725 cases they considered psychopathic. He further commented that the ‘number of psychopathic and border-line cases which are not certifiable as insane or mentally defective is therefore considerable’.⁴⁶⁰ East also outlined a ‘classification of the mental condition of criminals as seen in English Prisons’ in his capacity as medical commissioner in 1935. His ‘Mental Classification of Criminals’ had ‘psychopaths’ listed under the ‘Mentally Inefficient’, a category he held distinct from the ‘Normal’, ‘Subnormal’, ‘Mentally Defective’, ‘Psychoneurotic’ and ‘Psychotic’. Under ‘Psychopaths’ are named ‘Alcoholists’,

⁴⁵⁹ *Report of the Indian Jails Committee, 1919-20* Cmd.1303, p.183, pa.341, and Dr. H. M. Adler, *State Criminologist*, Illinois, cited p.445, pa.72.

⁴⁶⁰ *Report of the Commissioners of Prisons and the Directors of Convict Prisons, with Appendices (for the Year Ended 31st March, 1923)* Cmd.2000, p.54. East was Senior Medical Officer at Brixton at the time until leaving in 1924. See Jonathan Andrews, ‘East, Sir (William) Norwood (1872–1953)’, *Oxford Dictionary of National Biography* (OUP, 2004).

'Drug Addicts', 'Perverts', 'Schiziods', 'Cycloids' and 'Paranoidal Personalities'.⁴⁶¹ There's no doubt that East's opinion carried weight, and he had influence in official circles; historian David Garland has argued that East's output, now somewhat neglected, 'better represents the mainstream of British criminology in the 1920s and 1930s' than that of the high-profile ISTD. Furthermore, as 'a leading figure in the 1930s as Medical Director on the Prison Commission, and President of the Medico-Legal Society', East's beliefs 'dominated official policy-making for a lengthy period'.⁴⁶²

Nevertheless, even though East reproduced his 'Mental Classification of Criminals' in the influential 1939 report he co-authored with William Henry de Barge Hubert, there's no indication that it became standard nomenclature within the prison network, and there were in fact numerous complaints about the use of the term from prison medical officers in Britain.⁴⁶³ Whilst being in a position to present his classificatory system as standard, it in fact appears to have been something he came up with and applied on his own – indeed, 'psychopath' and its associated terms are barely mentioned in any sense in the prison reports before this date, other than by East himself in his previous role at Brixton. In fact, the report from Brixton the following year, possibly reflecting East's departure to take up the post of medical inspector of HM prisons in England and Wales around that time, reported the far lower number of 36 prisoners who were considered psychopathic, and did not comment further.⁴⁶⁴ It seems that whilst East had been comfortable using the term, his successor was not so keen – or at least used it in a markedly different way – evidence that in the prison system as in psychiatry, psychopathy as a diagnosis had its champions and its detractors. For example, East's contemporary Maurice Hamblin Smith, in his report as the medical officer for Birmingham Prison in 1926, explicitly rejected use of 'the unsatisfactory title of "psychopathic personality"' and any 'other equally objectionable titles' for describing a group that he believed was 'well-recognized, although ill-defined'.⁴⁶⁵ A much-anticipated 1951 report supported this view: despite being entitled 'The Psychopath in Prison', the authors cite Desmond Curran and Paul Mallinson's 'elephant' quote on the first page, thus giving the lie to the consensus hinted at by

⁴⁶¹ *Report of the Commissioners of Prisons and the Directors of Convict Prisons for the Year 1936* Cmd.5675, p.55-6.

⁴⁶² David Garland, 'British Criminology before 1935', *British Journal of Criminology*, 28:2, (1988), p.9.

⁴⁶³ East's classification is also reproduced in W. Norwood East and W.H. de B. Hubert, *Report on the Psychological Treatment of Crime* (HMSO, London, 1939), pp.5-6, pa.18.

⁴⁶⁴ *Report of the Commissioners of Prisons and the Directors of Convict Prisons, for the Year 1923-1924* Cmd.2307, p.43.

⁴⁶⁵ *Report of the Commissioners of Prisons and the Directors of Convict Prisons, for the Year 1924-1925* Cmd.2597, p.41.

the title. Moreover, their report found that, although prison doctors were by that time prepared to draw up a set of diagnostic criteria based on the 'latest formulations' of psychopathic personality, most particularly those of Henderson and Hervey Cleckley,

'the clinical diagnosis of the psychopath in prison was something which every doctor who came into contact with prisoners felt able to undertake after his own fashion. Its basis was essentially impressionistic'.⁴⁶⁶

This lack of consensus amongst 'experienced medical witnesses, both in this country and abroad' over the definition of psychopathic personality was also foregrounded by the Gowers Commission. Their report stressed the 'serious practical and theoretical difficulties that arise from the differences of terminology and diagnosis in this field', and fully acknowledged that psychopathic personality 'is much easier to recognise than to define', and that no two 'psychiatrists of standing' would define the term in the same way.⁴⁶⁷

Although, as a group, certain striking characteristics were attributed to psychopaths that excluded them from other nosological groupings, the reality was that their lack of definition or homogeneity made managing them an ad hoc exercise. Curran and Mallinson emphasised the difficulty in finding a coherent way of managing 'all these various types of vulnerable, unusual, abnormal and sociopathic characters, now all lumped together as psychopathic personalities'. Discussing the 'prognosis and treatment' of such a group was pointless, they reasoned, until 'more agreement has been reached on questions of definition and delimitation'.⁴⁶⁸ Moreover, there was little idea of how the condition developed, making long-term planning little more than guesswork. Even in 1959, when Parliament insisted that a definition and means of managing the psychopath be enshrined in law, Lord Stephen Taylor raised the issue of prognosis in a separate debate in the House of Lords. He complained that, 'they are the group about whose ordinary natural history we are still most ignorant. We do not know the way psychopathy develops over the years, let alone its causes or its proper treatment'.⁴⁶⁹ Michael Craft similarly saw a problem with the paucity of information on the development of psychopathic personality, observing that 'all writers in this field are handicapped by the lack of long-term follow-up studies on the natural history of the

⁴⁶⁶ D. Stafford-Clark, Desmond Pond and J. W. Lovett-Doust, 'The Psychopath in Prison: A Preliminary Report of a Co-operative Research', *British Journal of Delinquency* 2:2, (1951), pp.117, 118.

⁴⁶⁷ *Royal Commission on Capital Punishment 1949-1953 Report* Cmd.8932, p.136, pa.394.

⁴⁶⁸ Desmond Curran and Paul Mallinson, 'Psychopathic Personalities', *Journal of Mental Science*, 90, (1944), p.284.

⁴⁶⁹ Lord Taylor in HL Deb, 08 April 1959, vol.215, c.525.

condition'. By the time Craft was writing, he was more concerned by the skewing of evidence in favour of those suffering from extreme cases of psychopathic personality, highlighting the link between perceived problematic behaviour and access to a comprehensive 'natural history' of psychopathy. These individuals would receive the diagnosis 'when... removed from [their] "natural development" in the community into some secure abode', and were thus only observed from the moment of admission.⁴⁷⁰

In the meantime, however, prison medical officers dealing with the day-to-day reality of the criminal psychopath continued to use the terms they had available in whatever way they chose. One medical officer from a local prison complained in his 1956 report that they were receiving too many psychopaths. This is unremarkable in itself, as psychopaths were indeed considered problematic and undesirable prisoners, as discussed below. However, in this instance the officer insisted that they did not mean 'the clinical entity now generally recognised as true psychopathic personality', but was instead employing the term 'in the somewhat generic or etymological sense to include imperfectly remitted schizophrenics, chronic and more or less conditioned psychoneurotics, and high-grade feeble-minded people'.⁴⁷¹ For him, 'psychopathic' was a generic term to describe inmates who could exhibit potentially difficult behaviour on account of their mental conditions. 'Psychopathic' was indeed frequently used in the prison system as an adjective to describe behaviour that could potentially pose a definite administrative headache, whether because it was considered insane, or simply difficult, or existed in the vague space in between. For example, 'psychopathic conduct' in the 1942-4 prison report indicated conduct that was expected to cause a rise in the hospital population at Dartmoor (but did not); just as the predicted rise in 'psychopathic conduct or indiscipline' was feared to accompany a 'steady deterioration in the quality of the [prison] population' in 1952 (but also failed to materialise).⁴⁷² A more explicit link between 'psychopathic conduct' and disruptive behaviour was made in other prison reports from the early-mid 1950s, although it was once again mentioned not because of its occurrence but rather due to its unexpected absence. The 1951 report celebrated the fact that the 'padded room and mechanical restraint have not been used for six years' due to 'very little marked psychopathic conduct', and the 1954 report even went so far as to claim that one 'does not see the violent

⁴⁷⁰ Michael Craft, 'The Natural History of Psychopathic Disorder', *British Journal of Psychiatry*, 115:518, (1969), p.39.

⁴⁷¹ *Report of the Commissioners of Prisons for the Year 1956* Cmnd.322, p.161.

⁴⁷² *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Years 1942-1944* Cmd.7010, p.123; *Report of the Commissioners of Prisons for the Year 1952* Cmd.8948, p.146.

psychopathic behaviour in prison today that existed 20 years ago'.⁴⁷³ There is no doubt that within the prison sector, 'psychopathic' was widely synonymous with 'troublesome' and 'disruptive' first, and only secondarily a valid and standardised psychiatric diagnosis.

The term's lack of definition and multiple meanings within the prison sector had been exacerbated by the Second World War, and the tendency to expunge problematic elements from the armed services by labelling them as psychopathic personalities. The problems with this policy were twofold, each aspect adversely affecting how the validity of the diagnosis of psychopathic personality – and indeed, the problem of the management of the psychopaths themselves – was perceived. Firstly, prison medical officers believed in a contagion of diagnosis that had spread unchecked due to convenience, and was applied without reference to any standardised criteria, thus providing them with an administrative headache. Frustrated by the 'large number of men' who had been discharged from the armed forces bearing a diagnosis of psychopathic personality during the war and who then ended up in prison, the medical commissioner John Methven counselled against the profligate use of the term. Writing in his report for 1946, he considered it a 'mistake' to label every individual 'who fails to adapt himself or herself to social conditions, and is neither insane, psychoneurotic nor mentally defective' as a psychopathic personality, even though it was precisely this flexibility that made the diagnosis so popular. Instead he counselled 'prolonged observation' and 'the fullest possible use made of psychological tests and other psychiatric diagnostic ancillaries' before arriving at a diagnosis.⁴⁷⁴ Similarly, an unnamed prison governor suggested that instead of discharging such men 'as a "psychopathic personality"', it would be more expedient to send them on their way branded "'unlikely to make satisfactory soldiers"'.⁴⁷⁵ Another proposal was to dismiss them with a simple "'[s]ervices no longer required"'. This would, it was felt, have avoided men who were 'really extruded from the Forces because they presented disciplinary problems – in other words, because they were nuisances' from acquiring the burden and blessing of a 'psychiatric designation, however vague'.⁴⁷⁶ Instead the discharge of servicemen with a diagnosis of psychopathic personality, especially if they ended up in prison, emphasised

⁴⁷³ *Report of the Commissioners of Prisons for the Year 1951* Cmd.8692, p.123; *Report of the Commissioners of Prisons for the year 1954* Cmd.9547, pp.137, 141. Similar comments on the surprising lack of 'psychopathic conduct' in *Report of the Commissioners of Prisons for the Year 1953* Cmd.9259, p.138; *Report of the Commissioners of Prisons for the Year 1955* Cmnd.10, p.149.

⁴⁷⁴ Report of the Medical Commissioner in *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Year 1946* Cmd.7271, p.64, pa.201.

⁴⁷⁵ *Report of the Commissioners of Prisons for the Year 1949* Cmd.8088, p.110.

⁴⁷⁶ *Report of the Commissioners of Prisons for the Year 1951* Cmd.8692, p.123.

the vagueness of the diagnosis and moreover strengthened the association between psychopathic personality and unsuitable or challenging behaviour.

The second issue with the large numbers of ex-servicemen and offenders who carried the label of psychopathic personality was that these men often saw it as licence to behave in a socially irresponsible manner. In an example of what Ian Hacking would term 'looping', those labelled as psychopathic personalities mutated their diagnosis, using it as an excuse for reckless, asocial or antisocial conduct, thus once again reinforcing the link between psychopathy and that kind of unwelcome behaviour.⁴⁷⁷ An anonymous prison governor in a 1949 report claimed that

'I have one youth in custody who served only a few months in the Army before being discharged as a "psychopathic personality". He doesn't know what it means, but he is sure that it must be the reason why he steals, and why he dislikes regular work'.⁴⁷⁸

Similarly, in a 1951 report from a local prison, the tendency to discharge servicemen with a 'psychiatric label', 'usually "Psychoneurosis", or "Psychopathic Personality"', was again flagged as an issue, as these men were proving 'quick to exploit their medical history when before the Courts'. Although their diagnosis was often found to be 'irrelevant' to the court case, a great deal of time was apparently 'wasted' establishing this.⁴⁷⁹ In the same year, the medical officer at Wakefield Prison, Frank Roper, lamented the labelling of 'military failures' as 'neurotic or psychopathic', as individuals were thence 'presented with a ready excuse for misbehaviour by pleading they could not help it'.⁴⁸⁰ The chaplain of a local prison saw this concern in a wider context of Christian social responsibility, exclaiming that young men in particular could not be brought to the conclusion 'that they have sinned, not only against their fellow-men, but against God'. This was due to the tendency in 'these modern days' to lay 'all blame... at the door of a psychopathic personality', so 'far from feeling that they are responsible for the wrong they do, they expect to be excused and pitied rather than

⁴⁷⁷ Ian Hacking, 'Degeneracy, Criminal Behavior, and Looping', in David Wasserman and Robert Wachbroit, (eds.), *Genetics and Criminal Behavior* (CUP, Cambridge, 2001), pp.155-8.

⁴⁷⁸ *Report of the Commissioners of Prisons 1949*, p.110.

⁴⁷⁹ *Report of the Commissioners of Prisons 1951*, p.123.

⁴⁸⁰ W.F. Roper, 'A Comparative Survey of the Wakefield Prison Population in 1948 and 1949: Part II', *British Journal of Delinquency*, 1:4, (1951), p.255.

blamed'.⁴⁸¹ Whether or not these men were accurately diagnosed as psychopathic personalities, they performed the diagnosis as reckless, callous, criminal and antisocial.

The evolution of 'psychopathy' in the prison system is therefore a history of competing narratives similar to those that existed within psychiatry. Despite East's neat taxonomy of criminals, the reality was far more chaotic. There existed inmates whom prison officials experienced as behaving in a disruptive and problematic fashion, and whom they described as psychopathic due to this behaviour. There were also inmates who were neither sane nor insane and who were also labelled psychopathic, due to their failure to fit into the existing nomenclature. These two identities coalesced in individuals who had been given a diagnosis of psychopathic personality and felt that this gave them licence to act in a socially irresponsible and disruptive manner, thus producing yet another way of being a psychopath. It is no wonder that this diagnosis was described as a 'wastebasket' or 'dump heap' when there were so many contrary versions simultaneously in operation; or that this lack of consensus of definition provided such an administrative conundrum. The only characteristic these variants of psychopathy had in common was that they referred to individuals who were unusually problematic, whether that was due to their behaviour, or their resistance to the existing nosology, or both. Why, then, was the diagnosis retained? Just like the Indian Jails Committee thirty years earlier, the Gowers Commission, despite all its purported concerns, claimed that the term was 'necessary'. The reason for retaining its usage was 'a practical one'.⁴⁸² Roper agreed, lamenting in 1951 that it was a necessary evil: '[p]sychopathy is a vague term but we have no other'.⁴⁸³ The English psychiatrist Dick Prewer, who spent much of his career working in detention centres, similarly argued that it was 'necessary to have some generic term for that large mass of offenders who are markedly abnormal and yet cannot be included under other categories', as "'mentally inefficient" does not appear adequate'.⁴⁸⁴ Despite being well aware of the fact that there was no agreed definition of psychopathic personality, the term was just too administratively useful to relinquish.

⁴⁸¹ *Report of the Commissioners of Prisons 1954*, p.129.

⁴⁸² *Royal Commission on Capital Punishment*, p.136, pa.394, pa.395.

⁴⁸³ Roper, 'A Comparative Survey: Part II', p.261.

⁴⁸⁴ R.R. Prewer, 'Psychiatry in Detention', *British Medical Journal*, 2:4367, (1944), p.369.

Unclassifiable Runoff: a Problem of Legal Disposal

There were, of course, those psychopaths who were not part of the prison system. In fact, if Britain had any concerns regarding the behaviour of the psychopath in the 1920s and 1930s, it was of the psychopath's special ability to sow seeds of discord whilst at liberty, and the absence of any law specifically addressing this issue. Indeed, for a time the psychopath was *characterised* by being at liberty. Henderson commented in 1939 that the psychopath could be considered 'the most disruptive element in society' precisely because they are 'sufficiently well to be at large'; the asocial and low-level antisocial behaviour they exhibited was not enough to land them in court.⁴⁸⁵ Henderson did question whether the psychopath's freedom was desirable, and lamented the lack of 'adequate provision' of either specific legislation or a dedicated institution that might contain their tendency to create 'strife and unhappiness both in and outside the domestic circle'.⁴⁸⁶ In 1955, Henderson was still warning his colleagues about the psychopath on the loose. He considered the psychopath the 'most dangerous [person] in the community... unpredictable, unreliable, and a potential danger to himself and the lieges'.⁴⁸⁷ Henderson was not the only one expressing concern at the singular difficulty of the psychopath 'at large'. In the same year as the publication of *Psychopathic States*, at a meeting of the Section of Psychiatry of the Royal Society of Medicine (RSM), Hugh Crichton-Miller presided over a symposium on 'The Chronic Uncertified'. These individuals had long-term mental conditions, but were not sufficiently insane to deny them the right to freedom of movement. In the ensuing discussion, English psychiatrist Noel Harris identified this as chiefly a problem of those 'whose behaviour was sufficiently irresponsible and asocial by reason of their mental abnormality to cause trouble to themselves and their relatives and friends'. The 'individual of psychopathic personality' he considered the most prolific example of this, and one of the most 'thorny' of problems to solve, as they 'committed acts which just avoided being criminal and just avoided the criteria for certification'.⁴⁸⁸

What to do with these individuals was far from clear. Henderson presented the psychopath as posing an impossible dilemma, writing that they 'must be protected and so must the public, and I cannot see how that dual purpose can be effected unless we have an

⁴⁸⁵ Henderson, *Psychopathic States*, p.138.

⁴⁸⁶ Ibid, p.138; 'Editorial: Psychopathic Personalities', *Journal of Neurology and Psychopathology*, 5:19, (1924), p.241.

⁴⁸⁷ Henderson, 'The Classification and Treatment', p.13. By 'lieges', he most likely meant law-abiding citizens.

⁴⁸⁸ 'Reports of Societies', *British Medical Journal*, 1:4094, (1939), pp.1299-1300. For a very similar report of this meeting, see 'Royal Society of Medicine', *The Lancet*, 233:1643, (1939), pp.1437-1440..

authoritarian regime which at the same time is tempered with justice and a remedial outlook'.⁴⁸⁹ In a liberal democracy, the psychopath would remain 'at large' until they fell foul of the law. The dichotomy that Henderson invoked was that presented by German psychiatrist Kurt Schneider in his 1923 book *Die Psychopathischen Persönlichkeiten* (translated in 1958 as *Psychopathic Personalities*). Schneider approached psychopathy far more broadly, defining psychopaths as 'abnormal personalities who either suffer personally because of their own abnormality or make the community suffer because of it'.⁴⁹⁰ Eghigian's analysis of Schneider's original German text simplifies this dichotomy further to what he calls 'two iconic images' of psychopathy, that is the 'Distressed' and the 'Disruptive'.⁴⁹¹ Schneider had chosen this definition following Koch's similar division of his psychopathic patients, and moreover explicitly chose to root his writings on psychopathy in the clinical and descriptive, and thus avoid adding a moralising dimension to the discussion. Whilst Schneider was aware that even this cautiously-worded 'clinical... and non-moral' definition had 'certain social implications' and so needed to be 'very carefully applied', he hoped that it would provoke a focus on the abnormal personality as psychopathy's defining feature, rather than the potential antisocial acts.⁴⁹²

There was a similar failure to separate the psychopath from their antisocial behaviour in Britain, particularly in the courts where the term was used, but poorly understood. This necessarily meant a greater focus on the management of the 'Disruptive', and in particular the criminally disruptive. Correspondingly, in spite of Schneider's original work being 'widely-distributed and influential', it was largely undervalued in Britain.⁴⁹³ Whilst British psychiatrists appeared incapable of assessing the concept of psychopathy without making reference to Schneider, Henderson is typical in making a cursory and dismissive – though respectful – mention of him in *Psychopathic States*.⁴⁹⁴ Schneider's champions in Britain, Scottish

⁴⁸⁹ Henderson, 'The Classification and Treatment', p.13.

⁴⁹⁰ Kurt Schneider, *Psychopathic Personalities* (Cassell, London, 1958), p.3. This first English translation was based on the ninth edition of the German text, published in 1950. This dichotomy definition is referred to by Ronald Blackburn, as discussed in Chapter 1.

⁴⁹¹ Eghigian, 'A Drifting Concept', p.296. Emphasis in original.

⁴⁹² Schneider, *Psychopathic Personalities*, p.3; pp.4-5. See also Eghigian, 'A Drifting Concept', pp.296-7.

⁴⁹³ Henry Werlinder, *Psychopathy: A History of the Concepts: Analysis of the Origin and Development of a Family of Concepts in Psychopathology* (University of Uppsala, Uppsala, 1978), p.62.

⁴⁹⁴ Henderson, *Psychopathic States*, p.22. See also, for example, Curran and Mallinson, 'Psychopathic Personalities', p.267; W.L. Tonge, 'The Neurasthenic Psychopath', *British Medical Journal*, 1:4921, (1955), p.1068; W. Norwood East, 'Psychopathic Personality and Crime', *Journal of Mental Science*, 91:385, (1945), pp.428, 432; and more recently J. Arboleda-Flórez, 'The Psychopath in Prison', in Alan Felthous and Henning Saß (eds.), *The International Handbook of Psychopathic Disorders and the Law: Laws and Policies, Volume II* (John Wiley and Sons, Chichester, 2007), p.374; Jessica H. Lee, 'The Treatment of Psychopathic and Antisocial Personality Disorders: A Review', *Risk Assessment, Management, and Audit Systems*, (1999), p.1.

psychiatrist Teddie Anderson and Willy Mayer-Gross, did their best to spread his conceptualisation, but it never took hold.⁴⁹⁵ East recognised the value in Schneider's dichotomy as a means of approaching the management of psychopathic criminals in particular, but sensed it was not the mainstream view. In the wake of the 1938 Criminal Justice Bill, he noted that society was still fairly disinterested in what he called the 'modern treatment of crime', and felt it necessary to remind his readers that 'although society must be protected from the criminal, he, too, must be protected from himself as well as from society'.⁴⁹⁶ It was the 'moral excursion' away from this 'more straightforward clinical approach' that later commentators such as Gunn believe helped create the British psychopath as a person whose condition doctors thought they could not, and perhaps even should not, treat.⁴⁹⁷

More appealing to British audiences concerned about the management of the psychopath was the work of Georg Stürup in Herstedvester, Denmark. The Institute at Herstedvester had a primary object which had echoes of Schneider's principles, namely to 'afford protection to the community at large' through the 'preventative but non-punitive detention of persons already under detention'.⁴⁹⁸ It achieved this with allegedly impressive results, hence its envious foreign admirers.⁴⁹⁹ Significantly, the way the Danes processed their criminal psychopaths appeared to be in the opposite way to Britain, and was far less chaotic and more standardised as a result. Instead of being constrained by a lack of consensus over the definition of these problematic people, Stürup's psychopaths were defined by the administrative process itself: 'by the certificate of a medicolegal board, by the verdict of a court of law, and thereafter by their arrival at Herstedvester'.⁵⁰⁰ Stürup explained that part of what defined a psychopath in Denmark was not a strict definition or a checklist of symptoms, but rather the fact that they were progressing through this established system. Refusing to define that 'section of the population we receive for treatment... grouped together under the

⁴⁹⁵ Werlinder, *Psychopathy*, pp.140-1.

⁴⁹⁶ East, 'Psychopathic Personality and Crime', pp.444-5.

⁴⁹⁷ John Gunn, 'Psychopathy: An Elusive Concept with Moral Overtones', in Theodore Millon, Erik Simonsen, Morten Birket-Smith and Roger D. Davis, (eds.), *Psychopathy: Antisocial, Criminal, and Violent Behavior* (The Guilford Press, New York, 1998), p.35.

⁴⁹⁸ Royal Decree of 1940 cited in *Royal Commission on Capital Punishment*, p.233, pa.665.

⁴⁹⁹ Herstedvester's alleged recovery rate is cited in, for example, D.K. Henderson, 'Reflections on Criminal Conduct and Its Treatment', *British Medical Journal*, 2:4674, (1950), p.315; *Royal Commission on Capital Punishment*, p.235, pa.670; Stephen Taylor, 'The Psychopath in Our Midst: A Danish Solution', *The Lancet*, 253:6540, (1949), p.32 and discussed further in Lord Taylor, HL Deb, 8th April 1959, vol.215, c.530; P.G. Aungle, 'The Care and Treatment of Psychopathic Offenders in Norway, Sweden, and Denmark', *The British Journal of Psychiatry*, 105:439, (1959), pp.428, 437.

⁵⁰⁰ Georg K. Stürup, 'The Treatment of Criminal Psychopaths in Herstedvester', *British Journal of Medical Psychology*, 25:1, (1952), p.32.

general term of “psychopaths” any more precisely than ‘those whose personality has failed to make the grade; their character has proved inadequate in face of what is demanded of them’, he nevertheless confidently employed the term and happily worked at a place called the Institute for the Criminal Psychopath. Taylor, whose definition of ‘The Psychopathic Tenth’ had little to do with what Henderson would have recognised as a psychopath, wrote in 1949 that he recognised ‘nearly 80%’ of the population at Herstedvester were ‘true psychopaths’, with the rest of the population being comprised of epileptics, alcoholics and those with ‘organic disease of the nervous system’. Like most of those who visited Herstedvester, he was nevertheless extremely impressed with what he saw, calling it ‘the most brilliant answer to the problem of human wickedness which has yet been devised’.⁵⁰¹ Herstedvester was certainly considered to be a seductive solution to Britain’s psychopath problem: Stürup was invited to address the Section of Psychiatry of the RSM in 1948, and introduced a film made on Herstedvester at Kensington’s Institut Français in 1950.⁵⁰² The Gowers Commission gave prominence to Herstedvester in the section of their report dealing with ‘special institutions in other countries’, and expressed approval of the Institute’s results, although noted that their methods were not without controversy.⁵⁰³

In Britain, however, there was a distinct lack of flexibility as to how the psychopath should be dealt with. At the heart of this problem was the lack of a consistent or even a coherent definition of psychopathy, and, inextricably bound up with this, a lack of any specific legislation addressing the psychopath, as discussed in Chapter I. This meant that although the idea of a ‘British Herstedvester’ was one that had gained widespread support, as discussed below, the mechanism for identifying psychopaths and getting them into this theoretical institution was far more contentious. The original identity of the psychopath was psychiatric, and this gave rise to comments such as those by Taylor, that it was ‘wrong to expect the courts to diagnose psychopathy’ as they did in Denmark. Instead, Taylor argued, the ‘proper place’ for this to take place was in the prison psychiatric clinic.⁵⁰⁴ This tribal attitude undermined the departmental synergy that seemed to work so well in Denmark, where cases were specially sentenced to

⁵⁰¹ Taylor, ‘The Psychopath in Our Midst’, p.33.

⁵⁰² Georg K. Stürup, ‘The Management and Treatment of Psychopaths in a Special Institution in Denmark’, *Proceedings of the Royal Society of Medicine*, 41:11, (1948), pp.31-8; ‘Danish Treatment of Psychopaths’, *The Lancet*, 255:6617, (1950), pp.1161-2.

⁵⁰³ *Royal Commission on Capital Punishment*, pp.233-4, pa.665. The nature of this controversy is discussed below.

⁵⁰⁴ Taylor, ‘The Psychopath in Our Midst’, p.34

Herstedvester under Danish law.⁵⁰⁵ The psychiatric origins of the psychopath and the lack of imagination as to how this identity might exist beyond the psychiatric sphere is evident in one of the first British journal articles to discuss psychopaths as a specific category of individuals, the 1924 editorial 'Psychopathic Personalities' in the *Journal of Neurology and Psychopathology*. This article is singular not just for its choice of terminology but for stressing that it was 'not the function of this JOURNAL to consider administrative problems', thereby implying that the psychopath was exactly that. The administrative problems it goes on to discuss were focussed on the lack of legal provision for the psychopath in Britain. Indeed, it is hard to identify 'where' the British psychopath *did* exist at the time of this article. As if to highlight the paucity in British literature on the subject, the article discusses psychopathy with reference to the work of both the German psychiatrist Emil Kraepelin and a French doctor, Henri Damaye. It also prefers to use the term 'demifou' rather than psychopath, but with no further definition.⁵⁰⁶ Demifou was in fact a term coined by the French neurologist Joseph Grasset in 1907, with an eye to providing medical experts testifying in court with the necessary vocabulary to consider the criminal defendant with diminished responsibility, thus securing the defendant's passage to appropriate accommodation.⁵⁰⁷ This usage obviously chimed with the administrative problems anticipated by the prescient Samuel Kinnier Wilson, the author of that 1924 editorial, and reflected his interest in developments in Continental medicine following a brief but formative period studying neurology in Paris in 1903. It appears that Grasset had little success in his term finding acceptance beyond the press. It is therefore curious that Kinnier Wilson decided to champion it some seventeen years after Grasset's original work, unless this was a tacit acknowledgement of the overlapping meanings that clouded and devalued the term 'psychopathic' in Britain, and the absence of an established British alternative.⁵⁰⁸

The practical problem with psychopathy occupying a nosological no man's land within UK legislation, even though this was the preferred option of those psychiatrists who gave evidence to the Percy Commission, is that psychopathy remained little more than a

⁵⁰⁵ T.C.N. Gibbens, 'Recent Trends in the Management of Psychopathic Offenders', *British Journal of Delinquency*, 2:2, (1951), p.109.

⁵⁰⁶ 'Editorial: Psychopathic Personalities', pp.241-3. The work of W.C. Sullivan on legal responsibility is also discussed.

⁵⁰⁷ Joseph Grasset, *Demifous et Demiresponsables* (Félix Alcan, Paris, 1907). This work was translated into English in the same year: Joseph Grasset; Smith Ely Jelliffe, (trans.), *The Semi-insane and the Semi-responsible (Demifous et Demiresponsables)* (Funk and Wagnalls, New York and London, 1907). However, the term demifou was rendered as 'semi-insane', suggesting the editorial was drawing on the original French text. Also Robert A. Nye, *Crime, Madness and Politics in Modern France: The Medical Concept of National Decline* (Princeton University Press, Princeton, 1984), p.260.

⁵⁰⁸ Nye, *Crime, Madness and Politics*, p.260.

philosophical idea, even though it was a diagnosis being applied to real people. Even Henderson, who never ceased to argue for the term's centrality to psychiatry, found its worth lay in classifying those with a 'problem of maladjustment' rather than sanity. For psychopaths, he argued, it was 'of little or no value' to attempt to determine their sanity or otherwise, as '[s]anity and insanity are merely legal terms'.⁵⁰⁹ With negligible weight in the court room, the psychopath's primary identity on trial was therefore that of criminal, rather than abnormal personality. Although psychopaths were a group that had been identified as needing management, whether that was treatment or incarceration or both, there were no means of achieving this end in any sort of standardised, coherent way as there was no standardised, coherent definition. There were also rather more fundamental issues preventing a wholesale adoption of the Danish system in Britain. It was noted that not only did Denmark have a far smaller, more manageable population, and so more resources to deploy, but also that they were not hidebound by anything as rigid as the M'Naghten Rules, nor the entrenched way of thinking the Rules betrayed.⁵¹⁰ The M'Naghten Rules had been used in British courts since the 1840s, and allowed criminals to be granted clemency if it could be proved that they were so mentally disordered at the time of committing their crime that they either did not know what they were doing, or did not know what they were doing was wrong.⁵¹¹

On a practical level, failure to meet either of these criteria meant that the psychopath rarely enjoyed any leniency via the M'Naghten Rules, despite the willingness of psychiatric expert witnesses to swear the defendant was mentally abnormal and that this could in some part account for the crime. But it also showed that the law was very focussed on the dichotomy of sanity and insanity, a model that both created and also failed to accommodate borderland diagnoses such as psychopathy. The BMA evidence to the Gowers Commission strongly criticised the M'Naghten Rules for oversimplification, and, no doubt as a result of the extensive evidence on psychopathy that the Commission had received, recommended that a third option be added to the M'Naghten test: that the defendant was 'incapable of preventing himself' from carrying out the crime.⁵¹² Gowers also reported that some courts were choosing

⁵⁰⁹ D.K. Henderson, 'Psychopathic States', *British Journal of Delinquency*, 2:2, (1951), p.84.

⁵¹⁰ Stürup, 'The Management and Treatment', p.34; Taylor, 'The Psychopath in Our Midst', p.32; appendix to article by Henderson, 'Reflections on Criminal Conduct', p.315.

⁵¹¹ David Jones discusses the evolution of the M'Naghten Rules and their relation to a number of disorders including psychopathy and moral imbecility in his book, *Disordered Personalities and Crime: An Analysis of the History of Moral Insanity* (Routledge, London, 2015). The rules themselves are discussed on p.75, and the aftermath in Chapter 3: The Rise of Psychiatry in the Post-M'Naghten Years, pp.79-98.

⁵¹² *Royal Commission on Capital Punishment*, p.276, pa.18; and see also recommendations, p.213, pa.609. This was a majority decision; certain members of the Committee expressed reservations and

not to use M’Naghten and thus sidestep the inevitable ‘grossly inequitable decision’ that could see someone clearly mentally disordered but not insane sent to prison or the gallows. One such example of this was the Neville Heath trial. Of the three expert medical witnesses giving evidence at his trial, two of them, the prison medical officers Hugh Grierson and Hubert Young, agreed that Heath was a psychopath when asked.⁵¹³ The third, Hubert, was not asked this question, but appeared to directly contradict Young and Grierson’s agreed definition of psychopathic personality by saying that Heath ‘appreciated the consequences’ of his actions at the time.⁵¹⁴ Hubert gave confused and conflicting answers not just regarding definitions of terminology, as discussed above, but also whether Heath was legally or morally insane. He failed to consistently or clearly articulate the rather subtle argument that Heath was certifiably insane because, as a sadist, he could not be fully aware that the acts he was committing were wrong because they were simply part of his nature.⁵¹⁵ Instead, in his charge to the jury Judge Morris saw fit to stress that the ‘plea of insanity cannot be permitted to become the easy or the vague explanation of some conduct which is shocking merely because it is also startling... [t]he law of insanity is not to become the refuge of those who cannot challenge a charge which is brought against them’.⁵¹⁶ Thwarted by the M’Naghten Rules that were defended by a judge who considered any broader interpretation of them as a gateway to an irresistible flood of criminals claiming legal insanity due to nothing more than the nature of their criminal acts, Heath was hung. Heath’s trial could potentially have been an opportunity to tackle the issue of the lack of provision in law for the psychopath; the nosological confusion and ‘poor show’ of Hubert in the witness box ensured that this was not to be.⁵¹⁷

Contrary to this picture, forensic psychiatrist Trevor Gibbens claimed in 1951 that, despite the apparent tyranny of the M’Naghten Rules, British law provided for the psychopathic offender in four ways. These were: section iv of the Criminal Justice Act, 1948; the 1938 Infanticide Act; Scotland’s mechanism for reducing a charge of murder to culpable homicide if evidence could be shown of “‘weakness of mind... some form of unsoundness’”;

submitted them in writing. See for example the note from N.R. Fox-Andrews, QC, p.284. The inadequacy of the Rules is discussed pp.102-5.

⁵¹³ Macdonald Critchley, (ed.), *The Trial of Neville George Clevely Heath* (William Hodge and Company, London, Edinburgh and Glasgow, 1951), pp.173, 179-80 (Grierson); p.181 (Young). It is not clear why they were asked, as that line of questioning was extremely brief and did not seem to lead anywhere.

⁵¹⁴ Critchley, *The Trial of Neville George Clevely Heath*, p.147.

⁵¹⁵ Hubert’s evidence is in Critchley, *The Trial of Neville George Clevely Heath*, pp.143-63. For a fuller discussion of this, see in Sean O’Connor, *Handsome Brute: The True Story of a Ladykiller* (Simon and Schuster, London, 2013), pp.350-5.

⁵¹⁶ Critchley, *The Trial of Neville George Clevely Heath*, p.218.

⁵¹⁷ *Ibid*, p.24.

and lastly the legislation that could class someone as a mental defective.⁵¹⁸ This was part of Gibbens' assessment of 'recent trends in the management of psychopathic offenders', that identified an increasing and international preoccupation with appropriate mechanisms of management 'over the last two decades' (that is, since the early 1930s). However, this motley collection of snippets of legislation only emphasises just how disputed the identity of the psychopath remained, and how this confusion ensured that they were not accommodated legally as a result. Gibbens himself acknowledged that his report made it evident that 'the word "psychopathic" is used in a variety of ways' that went far beyond Henderson's tight definition. While he railed against any attempts to 'define too rigidly the scope of psychiatric treatment or the type of offender who requires it', he also insisted on using the term 'psychopathic' and assessing legislation that did not include this term.⁵¹⁹ It is striking that the psychopath is not explicitly mentioned in any one of these items of legislation; even Gibbens highlighted the fact that the Scottish law actually 'excludes psychopathic personality', although he maintained it 'clearly refer[ed] to other types of psychopathic offender'.⁵²⁰

Scots Law evolved separately from English Law, and still retained much of its independence even after the Act of Union in 1707. There were a number of differences between Scotland and England and Wales over key items of legislation, not least their respective mental health acts: in Scotland's 1960 Mental Health Act, there was no specific mention of psychopathy, much to Henderson's hurt bewilderment.⁵²¹ Although Henderson had plenty of reservations regarding the definition enshrined in the 1959 Mental Health Act, he found Scotland's 'obscure reason' for omitting the term 'all the more surprising' due to the history of using diminished responsibility in Scottish Courts, particularly in reference to 'psychopathic persons'.⁵²² The Scottish version of diminished responsibility dated back to the nineteenth century, when juries returned verdicts of 'guilty with a recommendation as to mercy or mitigation of sentence to reflect extenuating circumstances'. In parallel with the burgeoning profession of psychiatry and its taxonomy of mental disorder, this practice was increasingly restricted over the course of the twentieth century in terms of what mental

⁵¹⁸ Gibbens, 'Recent Trends', p.108.

⁵¹⁹ Ibid, p.103.

⁵²⁰ Ibid, p.108. The 1960 Scottish Act also failed to recognise psychopathic states, much to the bewilderment and dismay of Henderson. See D.K. Henderson, *The Evolution of Psychiatry in Scotland*, (E. and S. Livingstone, Edinburgh and London, 1964), pp.247-8.

⁵²¹ Henderson, *The Evolution of Psychiatry*, pp.247-8; *Mental Health (Scotland) Act, 1960* (8 & 9 Elizabeth 2, Chapter 61). The description Henderson cites is similar to that in Section 23b, p.15 of the Act.

⁵²² Henderson, *The Evolution of Psychiatry*, pp.244-5; 247-8.

conditions could be included as 'extenuating circumstances', especially following the formula proposed by Lord Alness in *HM Advocate v Savage* in 1923.⁵²³

The exclusion of psychopathic personality from this convention was subsequently made explicit following the trial of the murderer Patrick Carragher in 1946. The defence attested that Carragher was adjudged a psychopathic personality by 'two of the most eminent psychiatrists in Glasgow', whilst 'the prison doctor' disagreed but did concede that Carragher was a psychopathic personality, he would qualify as a case of diminished responsibility.⁵²⁴ Nevertheless, the trial judge Lord Russell charged the jury to reject the proposal that such a diagnosis would be sufficient to meet the criteria of 'aberration or weakness of mind, mental unsoundness, partial insanity, great peculiarity of mind', which they duly did.⁵²⁵ By finding Carragher guilty and condemning him to hang, the jury were rejecting psychopathic personality as a valid diagnosis with which to plead for diminished responsibility. Lord Russell's direction was endorsed by Lord Normand, when the latter presided over the rejection of Carragher's subsequent appeal. Normand was clear that the 'Court has a duty to see that trial by judge and jury according to law is not subordinated to medical theories', and furthermore that he did not want to see the plea of diminished responsibility 'extended or given wider scope than has hitherto been accorded to it in the decisions'.⁵²⁶ This fear was based on the organic nature of the evolution of diminished responsibility in Scots Law, that meant that there were no statutory limits as to its application. If psychopathic personalities were recognised as eligible for this plea of exemption, then the plea could in theory be extended to all bearers of this diagnosis, and for all charges. This was especially concerning given the typically broad and indistinct definition of psychopathy given to the court at the Carragher trial. Expert witness William Blyth had defined Carragher's eligibility for diminished responsibility as failing to 'appreciate his duties as a citizen and as a man and does not fit into the social category of any citizen'. This prompted Russell to ask whether that condition was not to be 'found in quite a number of people who come before the courts charged with offences in this country', and if Blyth thought that they too had diminished responsibility. Responding to both of these

⁵²³ Scottish Law Commission, *Discussion Paper on Insanity and Diminished Responsibility* (The Stationery Office, Edinburgh, 2003), p.33. Henderson cites Alness approvingly in his discussions of the legal responsibility of the psychopath in 'Psychopathic States', (1951), p.86 and 'Reflections on Criminal Conduct', p.314.

⁵²⁴ George Blake (ed.), *The Trials of Patrick Carragher* (William Hodge and Company, London, Edinburgh and Glasgow, 1951), p.247.

⁵²⁵ *Ibid*, pp.262-7, especially p.266.

⁵²⁶ *Ibid*, pp.277, 278. These are also picked out as the two key reasons for 'excluding psychopathic personality' from the plea of diminished responsibility in the Carragher trial in Scottish Law Commission, *Discussion Paper*, p.40.

questions in the affirmative ensured that in order to preserve the plea of diminished responsibility, psychopathic personality would have to be exempted so as to prevent every criminal in Scotland from using it to lessen their sentence.⁵²⁷ In England and Wales, diminished responsibility was not a valid plea until the passing of the Homicide Act in 1957, whence the accused was required to have been 'suffering from such abnormality of mind... as substantially impaired his mental responsibility'.⁵²⁸ Whether or not that included psychopathic personality was up to the jury, but it was, for the time being at least, confined to charges of murder.⁵²⁹

Of Gibbens' other items of legislation, the Infanticide Act was purely interested in psychopathy in its most general, etymological sense. It made allowances for any woman whose child had died due to 'the balance of her mind [being] disturbed by reason of her not having fully recovered from the effect of giving birth to the child' or by 'the effect of lactation consequent upon the birth of the child'.⁵³⁰ These states were not historically associated with psychopathy in particular, and indeed psychopathy is not mentioned in the legislation. The closest definition to the contemporary understanding of psychopathy from the proffered legislation is rather in section iv of the Criminal Justice Act, 1948. This provided for a probation order requiring treatment of a mental condition for those offenders whose

'mental condition... is such as requires and as may be susceptible to treatment but is not such as to justify his being certified as a person of unsound mind under the Lunacy Act, 1890, or as a defective under the Mental Deficiency Act, 1913'.⁵³¹

This clause, then, did not mention psychopaths or psychopathy, but was still taken to be somehow referring to psychopathy. It did this only by omission: the offenders in question were not identifiable as either lunatics, or the idiots, imbeciles, feeble-minded or moral imbeciles of the 1913 Mental Deficiency Act, so could theoretically include psychopaths.

⁵²⁷ Blake, *The Trials of Patrick Carragher*, p.227. Russell also refers to this in his charge to the jury on p.266. This argument is examined following the passing of the Homicide Act and the discussion of the Mental Health Bill in England, in 'The Psychopathic Offender', *Journal of Criminal Law*, 23:3, (1959), pp.229-32.

⁵²⁸ *Homicide Act, 1957* (5 & 6 Elizabeth 2, Chapter 11), part 2, pp.1-2. For a further discussion on the impact of the Carragher ruling and the legal status of psychopathic personality in Scotland, see 'The Psychopathic Offender', pp.229-32.

⁵²⁹ The subsequent proliferation of pleas of diminished responsibility is discussed in Nigel Walker and Sarah McCabe, *Crime and Insanity in England: Volume I: The Historical Perspective* (Edinburgh University Press, Edinburgh, 1968), p.11.

⁵³⁰ *Infanticide Act, 1938* (1 & 2 George 6, Chapter 36), pp.1-2.

⁵³¹ *Criminal Justice Act, 1948* (11 & 12 George 6, Chapter 58), p.4. In the 1913 Mental Deficiency Act, 'defectives' refer to the four 'classes of person' defined under the Act: idiots; imbeciles; the feeble-minded; moral imbeciles. See *Mental Deficiency Act, 1913* (3 & 4 George 5, Chapter 28), pp.5-6.

The muddiness of the nosological water is further emphasised by Gibbens' fourth item of relevant legislation, which was the revised 1927 Mental Deficiency Act. Although some psychopaths did happen to be classed primarily as mental defectives and then as moral defectives under the 1927 Act (not to be confused with the 'defectives' of the 1913 Act), psychiatrists such as Alexander Petrie were quick to point out that this only really applied to the aggressive psychopaths. Even then, it was only some cases that resembled 'the debated syndrome of the moral defective'.⁵³² A memorandum from the BMA on the 'interpretation of the definitions in the Mental Deficiency Act, 1927' discussed how it was unsatisfactory for dealing with psychopaths, and that in fact most psychopaths did not meet the criteria for moral deficiency, save the few who had been in 'conflict with the law'.⁵³³ In order to enable more psychopaths to come under the umbrella of mental deficiency legislation, they proposed reclassifying the moral defective as feeble minded, by using social efficiency as a key criterion in determining mental deficiency.

Social efficiency sidestepped both strict definitions of sanity and intelligence and chimed with contemporary readings of psychopathy. The 1913 Act had described social efficiency as the 'ability to work and support oneself in the community, and conformity to socially and morally acceptable standards of behaviour', both elements that came to characterise understandings of what constituted a psychopath.⁵³⁴ It was used by various observers as a valid means of measuring the psychopath's ability to function in and contribute to society. For example, the symposium chaired by R. D. Gillespie in 1934 was inspired by the belief that it was 'a time when there is an increasing realization on all hands of the need for efficiency and happiness, both on an individual and national scale'.⁵³⁵ It was felt that the best way to address this was to discuss constitutional psychopathy, a topic that was gaining much attention abroad, but was at the time severely neglected in Britain. Despite not being able to agree on the correct nomenclature for these individuals, they were believed to be identifiable via 'the touchstone of social efficiency', and their failure to meet social expectations and responsibilities.⁵³⁶ Similarly, Alexander Kennedy embraced social efficiency as one possible measure for determining severity of psychopathy, and proposed a 'Classification of

⁵³² A.A.W. Petrie, 'Types of Psychopathic Personality', *Journal of Mental Science*, 88:373, (1942), p.491.

⁵³³ 'Reports on Mental Deficiency and Attempted Suicide', *British Medical Journal*, 1:4506, (1947), p.102.

⁵³⁴ Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c.1870-1959* (Clarendon Press, Oxford, 1998), p.171.

⁵³⁵ Gillespie, 'Discussion on Constitutional Psychopathy', p.1147.

⁵³⁶ *Ibid*, pp.1147, 1154.

Psychopathy in Terms of Social Efficiency' ranging from 'satisfactory adjustment' to 'antisocial'.⁵³⁷ This was following his demand in 1948 that 'future research' needed to focus on those individuals such as 'the grosser psychopathic delinquents' who showed 'a serious constitutional defect in social adaptation', and required 'a life in which they will be able to contribute as much as possible to the community'.⁵³⁸ For Kennedy an assessment of social efficiency was the key to both diagnosis and disposal.

It therefore made sense to look at social efficiency as a more satisfactory legal test of psychopathy. The BMA memorandum observed that there was a precedent for their proposals under the 1944 Education Act. Whilst no child 'capable of education within the school system is called a mental defective', the very pragmatic way in which 'capable of education' was defined meant that those with poor social adaptation or social efficiency could qualify as mentally defective. The child who was 'deemed to be suffering "from a disability of mind of such a nature and extent as to make him incapable of receiving education at school"' was to be 'excluded from the school system'. This included those who were "'such as to make it inexpedient that he should be educated in association with other children, either in his own interests or in theirs"'. As the memorandum pointed out, this meant that disruptive behaviour of the kind that would disturb other children and/or the child themselves, thus preventing them from receiving an education, could therefore 'be regarded as evidence of a "disability of mind"' regardless of 'whether there is or is not intellectual deficiency'.⁵³⁹ This also highlights the subtle practical differentiation between what came to be known as intellectual versus functional defect, and the importance of understanding the disorder beyond the displayed behaviour in order to differentiate between them.

Like Gibbens' other items of legislation, what the memorandum actually showed was that the 1927 Act did not really cater for psychopaths. It moreover stressed that any attempts to 'clarify the relationship between mental defectiveness and psychopathic personality' was 'apt to reveal only the confusion of thought that exists even among psychiatrists', and that diagnosing psychopathic personality 'is very difficult', as there were no clear boundaries to the diagnosis and much overlap with other conditions. This led to the conclusion that psychopathic

⁵³⁷ Alexander Kennedy, 'Psychopathic Personality and Social Responsibility', *Journal of Mental Science*, 100:421, (1954), p.878.

⁵³⁸ A. Kennedy, 'The Modern Approach to Juvenile Delinquency: Observation Centres', *Journal of Mental Science*, 94:395, (1948), p.293.

⁵³⁹ 'Reports on Mental Deficiency', p.101.

personality was ‘therefore *not* a scientifically defined category of mental illness’ but rather ‘the designation under which certain cases are included which do not fit in with the established classes of mental illness whose cause, genesis and clinical characteristics are known with reasonable clarity’.⁵⁴⁰ Although the BMA had made space for a version of mental debility that was ‘wider than that of intellect’, stressing that ‘mental defect (i.e., deficiency of mind) is not the same thing as intellectual deficiency, though it includes it’, they did not recommend psychopathic personality should occupy this space in law.⁵⁴¹ The best way the Act could be applied to the psychopath was to exclude much of what was understood as psychopathy.

This uncertainty over the relationship between psychopathy and intellect was partly due to the etymological overlap, but also the use of the term in the legal arena. Although psychopathy was not on British statute books until 1959, the confusion over its potential legal equivalences, particularly moral defective, only intensified as the term became more widespread within psychiatry, and filtered back to the courtroom. This is also strikingly demonstrated by the Percy Commission’s recommendation that the new Act include the ‘feeble-minded psychopath’ in the category of ‘[p]sychopathic patients or patients of psychopathic personality’, where the distinction between the two ended up being antisociality.⁵⁴² Labour peer Lord Pakenham, later known in the press as Lord Longford, was typical in expressing concern over this confusing elision in the Lords, querying whether it was ‘practical or clinically permissible’. He suggested that it was ‘surely better’ to keep the psychopathic group ‘reserved for abnormal personalities with anti-social tendencies’, and place the ‘high-grade and the feeble-minded’ into the third proposed grouping of subnormal personalities.⁵⁴³ Thus the psychopath’s progress to the primarily antisocial legal identity was completed, in part to render them distinct from the feeble-minded offender.⁵⁴⁴

⁵⁴⁰ Ibid, pp.102-3. Emphasis in original.

⁵⁴¹ Ibid, p.101.

⁵⁴² *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1954-1957 Report* Cmnd.169, p.6, pa.17. The ‘feeble-minded psychopath’, they argued, should refer only to psychopaths ‘whose disorder includes a marked limitation of intelligence but still does not bring them into group (c)...[p]atients of severely sub-normal personality’. ‘Patients of severely sub-normal personality’ was intended to replace the designations of idiot, imbecile and mental defective, and covered ‘all patients at present classified as idiots and imbeciles and some of those now classified as feeble-minded’.

⁵⁴³ Lord Pakenham in HL Deb, 19 February 1958, vol.207, cc.826-7.

⁵⁴⁴ A similar pattern is found in Edith Spaulding’s call for ‘psychopathic’ delinquent to refer to those with conduct disorder, to distinguish them from ‘defective’ delinquents. Edith R. Spaulding, *Experimental Study of Psychopathic Delinquent Women* (Rand McNally, New York, 1923), pp.2-3, fn.2. Discussed in Cyril Burt, *The Young Delinquent* (University of London Press, London, 1925), pp.595-6, fn.3.

Conclusion

There was a growing certainty that the psychopath was an urgent administrative question that it was imperative to answer, but attempts to do so were both hamstrung and fuelled by the problem's sheer intractability. The absence of an agreed definition, or of a subsequent means of managing the psychopath, made resolving these issues seem critical; but at the same time the lack of resolution began to form part of the psychopath's identity. On a practical level, the psychopath's inability to fit in with the established nosology, particularly in law, and be treated as either sane or insane, meant that there was no obvious profession or sector to take responsibility for them, let alone set them on a treatment path. Whilst this inspired Henderson and others to call for a joined-up approach with representatives working in concert to provide the most meaningful solution to what they believed was a medico-social problem, this also meant that no one person or discipline would shoulder the responsibility of managing these apparently antisocial and abandoned people. The identification of the psychopath as a free-floating source of trouble and potential violence who existed at the intersection between psychiatry and law, and for whom there was no specific route to treatment or management, created an identity that was problematic and undesirable, but was widely acknowledged to require urgent attention.

CHAPTER V: LOCATION

Aside from the issue of unclassifiable runoff, Greg Eghigian identifies the corresponding problem of 'institutional "runoff"' as bringing psychopathic inferiority into being in Germany. This he defines as a collection of 'those deviants who appeared unsuited for both prison regimens and standard psychiatric care'.⁵⁴⁵ Eghigian sees this as the natural by-product of the nineteenth century's drive to institutionalise, where 'public institutions of confinement' were invoked to 'address the problems of a mass society', an impulse that failed to find a physical place for psychopaths just as they were left homeless within the existing nosology and indeed on the statute books.⁵⁴⁶ In Britain, with no system to direct or support them, the psychopath experienced a similar rejection by its institutions, failing to fit into the armed services, thrive in marriage or integrate themselves into hospitals or prisons. But being administratively awkward came at a price: the bad behaviour that had been designated 'psychopathic' in the prison system was subsumed into the diagnosis of psychopathy, as anyone deemed disruptive, morale-sapping or problematic came to be labelled as psychopathic. The only thing to be done with these unwanted individuals was to house them in a special institution for psychopaths, where any harm they could cause would be limited; but even here they faced rejection and exclusion.

The Psychopath as Disease: Disruption as Contagion

As with the majority of the concerns regarding the management of psychopaths, the problematisation of the psychopath's disruptive and disturbing behaviour, and its effect on others, was a result of the experience of war. The growing realisation that psychopaths would not be stabilised or forced into adulthood by the armed forces, but would instead actively attack the esprit de corps from within, grew in parallel with the popularisation of the term itself. The First World War had provided 'great opportunities for the study of mental defect and disease' revealing that the

'feble-minded and the psychopath are the butt of the other soldiers; they are repeatedly in conflict with discipline and military law; they are notoriously intolerant of alcohol and under its influence commit military offences; they are

⁵⁴⁵ Greg Eghigian, 'A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany', *Isis*, 106:2, (2015), p.288.

⁵⁴⁶ *Ibid*, p.307.

unstable and irritable and are especially characterised by unreasonable outbreaks of temper and assaults on their superiors; they frequently commit suicide and manifest temporary mental upsets.⁵⁴⁷

These sentiments from two inspector-generals of Indian prisons were seconded twenty years later by William Dunn. Following an extensive review of mainly Continental literature on the psychopath at the start of World War II, Dunn concluded that most 'European writers would be inclined, during wartime, to hold the psychopath under military control'. Not only were they perceived to be corrosive to the morale and functioning of the army, but it was also recommended that 'they should not be returned to civilian life due to their potentialities for undermining morale and breeding panic'.⁵⁴⁸ William Porter agreed that the psychopath first made their presence felt when 'he is in a position to upset the morale and discipline of his fellows'.⁵⁴⁹

Dunn may have been putting an American interpretation on European writings of psychopaths, but his views soon came to be held by British writers throughout the course of World War II. The idea of the psychopath as a source of a contagion that attacked and weakened morale within the army or the home front was a recurring theme in writings about the British psychopath at war. Desmond Curran debated what to do with 'those who suffer from pronounced personality disabilities of long standing, i.e. men whom all would agree to regard as psychopaths'. Whilst it was 'unfair' to 'inflict' these men upon a naval crew, invaliding them 'creates a bad precedent and is bad for morale', making them 'an extraordinarily difficult problem in disposal and treatment'.⁵⁵⁰ A similar point is made by Rankine Good, the Assistant Medical Officer at Glasgow Royal Hospital. In his paper on malingering, he stressed the 'upmost importance in wartime' of the 'repercussion which the malingerer's conduct and mental attitude may have upon his Army comrades and, through them, upon military efficiency in general'. This problem of a 'constant and dangerous menace to good morale' was, he was convinced, not only an age-old enemy, but 'the crux of the matter concerning the disposal of the psychopath of this type in wartime'. Whilst not treated as

⁵⁴⁷ Colonel James Jackson (late Inspector-general of prisons, Bombay) and Lieutenant-Colonel Sir Walter J. Buchanan (retired, late Inspector-general of prisons, Bengal), Appendix VII on 'Mental Defect and Mental Abnormality and Disease as a Causative Factor in Crime', *Report of the Indian Jails Committee, 1919-20* Cmd. 1303, p.433, pa.38.

⁵⁴⁸ William H. Dunn, 'The Psychopath in the Armed Forces', *Psychiatry*, 4:2, (1941), p.258.

⁵⁴⁹ William C. Porter, 'The Military Psychiatrist at Work', *American Journal of Psychiatry*, 98:3, (1941), p.318.

⁵⁵⁰ D. Curran, 'Some Experiences Amongst Naval Personnel', *Journal of Mental Science*, 88:373, (1942), p.495.

synonymous, Good believed that there was much overlap between the malingerer and the psychopath. He described them as a 'dangerous source of infection' that promoted 'a vicious circle-infection' of the 'more mentally immature' of their comrades; and also in dehumanised, pejorative terms as 'a weak link in an otherwise strong chain' and a 'growth' in need of treatment from a 'therapeutic knife'.⁵⁵¹

This concern over the malingering psychopath as a harbinger of morale-sapping contagion was applied to both sexes. Henry Rollin looked at the behaviour of women in the services during the Second World War, expressing concern over the 'psychopathic or sociopathic behaviour' of airwomen who had failed a trade training course, and so needed to be kept away from other recruits 'to avoid infecting them with their dissatisfaction'. The disciplinary offences that were taken as 'another index of maladaptation', were all noted to be performed by psychopaths, presumably because of their lesser degree of 'social consciousness'.⁵⁵² Similarly, Squadron Leaders Ballard and Miller argued in their paper on 'Psychiatric Casualties in a Women's Service' that the aggressive female psychopaths in their study were 'a menace to unit morale and discipline'. This meant that, 'in women at any rate', their 'Service usefulness' was 'slight'.⁵⁵³ This explanation reduced them to little more than a parasite weakening the corps. Although psychopaths in the armed services could also be disruptive through their erratic or maverick behaviour, as discussed above, this was an altogether more insidious way in which they were believed to undermine the war effort.

This idea of the psychopath as a source of contagion that could infect other fundamentally healthy individuals had been prevalent in writings on juvenile psychopaths for some decades, and not just in the work of American writers. This played on a view exemplified by John Vidler, the one-time governor of the Borstal in Portland, Dorset. Vidler was well aware of the problems just one difficult character could cause in upsetting the other boys, writing in his autobiography that '[o]ne boy, one man can ruin a group, do what the staff may to prevent it happening'. The only answer was to 'get rid of them' and thus 'keep them away from the

⁵⁵¹ R. Good, "Malingering", *British Medical Journal*, 2:4264, (1942), p.362.

⁵⁵² H.R. Rollin, 'Trade Training Failures in the W.A.A.F. Factors in Predisposition and Precipitation', *British Journal of Medical Psychology*, 20:1, (1944), pp.63, 72-3. The disciplinary offences were mainly absenteeism.

⁵⁵³ S.I. Ballard and H.G. Miller, 'Psychiatric Casualties in a Women's Service', *British Medical Journal*, 1:4391, (1945), p.293. They do not elaborate as to why this is the case for women but potentially not for men.

better type of person who, with proper training, might in time come to understand a better way of life'. For Vidler, the odd troublesome 'bad apple' was not worthy of his time and resources, and needed to be disposed of in order to save the others from infection and preserve the regime of the institution.⁵⁵⁴ He did exactly that with Harry Howard, an obstreperous repeat offender later diagnosed as a psychopath, who was sent to Portland when he was around 17 years old. As Vidler told Howard at the time, "'Borstal isn't for people like you... you won't accept discipline. You're fit neither for use nor ornament'", and so secured Howard's discharge in order to protect the Borstal and its inmates.⁵⁵⁵ The observation that a small number of psychopathic juvenile offenders could 'interfere profoundly with daily discipline and orderly routine', whether in 'a prison, reformatory, or Borstal institution', was reinforced by Alexander Kennedy in 1948. Kennedy argued that again, while the number of 'grossly psychopathic personalities' amongst juvenile delinquents was small, they were 'of the greatest importance' purely because of the disruption they caused and their inability to find 'a satisfactory place in the administrative framework' as they 'set a bad example in schools and training centres and retard the progress of other children'. In Kennedy's opinion, the psychopath needed to be restricted to a life where they could 'do a minimum of harm by their behaviour and their example'.⁵⁵⁶ In time, this 'bad apple', this epicentre of infection, became almost solely identified with the diagnosis of psychopathy.

However, it was only with the experience of the Second World War that this understanding of the psychopath was extended to adults. As the ever-more prolific psychopath became more of an administrative issue, the problem they posed was relocated from the institution of the services to hospitals and prisons. There was some received wisdom, such as the 1928 annual report of the Cassel Hospital, which relayed that custom dictated 'the group labelled "psychopathic personalities" was kept as small as possible'; but the war popularised this belief along with the diagnosis.⁵⁵⁷ The individuals who had undermined discipline and morale in the armed services were seen to be doing much the same in civilian institutions. Giving evidence for the defence at the Carragher trial in 1946, D. K. Henderson's successor as Physician Superintendent at Gartnavel, Angus McNiven,

⁵⁵⁴ John Vidler, *If Freedom Fail* (Macmillan, London, 1964), p.16, quoted in Roger Lloyd and Stanley Williamson, *Born to Trouble: Portrait of a Psychopath* (Bruno Cassirer Publishers, London, 1968), p.91.

⁵⁵⁵ Lloyd and Williamson, *Born to Trouble*, pp.90-1.

⁵⁵⁶ Cyril Burt, *The Young Delinquent*, (University of London Press, London, 1925), p.597; A. Kennedy, 'The Modern Approach to Juvenile Delinquency: Observation Centres', *Journal of Mental Science*, 94:395, (1948), pp.289, 293.

⁵⁵⁷ Reported in 'The Cassel Hospital', *The Lancet*, 215:5565, (1930), p.928.

emphasised the link between the psychopath as unsuccessful soldier and disruptive prisoner. In the army, it 'emerged very clearly' that 'the average person' could adapt themselves to the 'different' and 'uncongenial' conditions, whereas the psychopaths could not: 'you could not do anything with [them], and no disciplinary measure or any other measure had any effect upon them'. McNiven concluded that the heart of the problem with the conscripted psychopath was that they 'were demoralizing everybody else; they were a disintegrating force'. This was in fact one of their distinguishing features, even after they were discharged: 'wherever they are, whatever group of society they are in, [they are] a disintegrating and demoralizing force'.⁵⁵⁸

By the early 1950s the psychopath was seen as the root of all unrest and trouble. The preliminary report of the 1951 research project on the psychopath in prison observed that prisoners, 'particularly... the more explosive and aggressive types of psychopath', can 'create misery and havoc within the normal prison in which they are confined'. This was due to 'their own violent and inevitable collision with prison discipline' that 'lead to reciprocal tensions and a natural hostility on the part of the overburdened prison officers which in turn may react upon the morale of the prison population as a whole'.⁵⁵⁹ The Select Committee on Estimates reported in the same year that they were 'told more than once... that in most prisons there is a hard core of trouble-making prisoners', and that 'these men are of a recognised medical type, i.e. "aggressive psychopaths"'.⁵⁶⁰ This opinion had been particularly strongly voiced by James Murdoch, the Scottish Principal Medical Officer at Wandsworth Prison. In answer to questions from the committee's John Profumo, Murdoch stressed that the 'worst cases' at Wandsworth were 'not the insane', but rather 'the aggressive psychopath type'. Although he stressed that psychopathic personality was 'a thing about which even medical people are not prepared to give definite definition', he confidently claimed that they made the worst prisoner. Whilst the 'worst criminals' tended to 'lie low and get the most remission and so on', psychopaths were the 'worst from the behaviour point of view'. He elaborated by describing the psychopath as 'a man who takes tantrums', and was 'liable to acts of violence either against an officer or property or

⁵⁵⁸ Dr Angus McNiven, 1st March 1946, in George Blake (ed.), *The Trials of Patrick Carragher* (William Hodge and Company, London, Edinburgh and Glasgow, 1951), pp.217-8.

⁵⁵⁹ D. Stafford-Clark, Desmond Pond and J.W. Lovett-Doust, 'The Psychopath in Prison: A Preliminary Report of a Co-operative Research', *British Journal of Delinquency*, 2:2, (1951), p.127.

⁵⁶⁰ *Seventh Report from the Select Committee on Estimates Together with Minutes of Evidence Taken Before Sub-committee E and Appendices HC 236*, (1951-2), p.xv, pa.23. This is also partially cited in *Royal Commission on Capital Punishment 1949-1953 Report Cmd. 8932*, p.232, pa.661.

sometimes themselves'.⁵⁶¹ This issue was raised in a Commons debate on Wandsworth Prison in 1954. Wandsworth was apparently still in the invidious position of being sent 'aggressive psychopathic cases' from other prisons (something the minister denied), and these individuals were 'very often... the chief cause of trouble'. The prison governor's best suggestion for coping with this issue was that 'psychopathic cases should not be sent to Wandsworth'.⁵⁶² Similarly, the Committee on Estimates also argued that aggressive psychopaths be segregated, claiming that this would 'conduce to the better and more economical running of the prisons from which they were removed'.⁵⁶³ As Vidler had discovered, it was easier for everyone if the psychopath was removed from the situation as far as possible, whether that was to solitary confinement or simply to another prison where they could become someone else's problem and responsibility. These arguments formed the crux of the rationale behind a proposed separate institution for the psychopath, discussed below.

The disruptive behaviour of the incarcerated psychopath was often read as attempts to find a way into hospital, seen as a more comfortable option than prison. This could either be by actively damaging their bodies in a desperate attempt to secure a transfer to hospital, or simply through persistent petitioning to be moved from prison to hospital. Prison officers complained about prisoners suddenly claiming they had been discharged from the armed services with a diagnosis of psychopathic personality, and that this meant they should be in hospital, not prison.⁵⁶⁴ Others were found 'haunting... the hospital with trivial or non-existent complaints', attempting to gain admittance.⁵⁶⁵ However, they caused just as much chaos in hospital as in prison, and again were perceived as wilfully hindering the recovery of their non-psychopathic bedfellows. Writing in the *BMJ*, Isaac Atkin agreed that psychopaths were chiefly a problem in that they upset others and retarded their progress. Atkin was Physician Superintendent and Consultant Psychiatrist of the Park Prewett Hospital in Basingstoke, where he observed and criticised the behaviour of 'certain antisocial types' who disturbed 'the far more hopeful psychoneurotics in the unit'. The psychopath in particular he denounced for 'pilfering', 'staying out late on parole' and then returning drunk, and 'pursuing female patients

⁵⁶¹ Evidence given on Tuesday 25th March 1952 at Wandsworth Prison. *Seventh Report from the Select Committee on Estimates*, pp.60-1, pa.804. Murdoch also gave evidence to the Gowers Commission.

⁵⁶² Mr Richard Adams challenging Sir H. Lucas Tooth in HC Deb, 04 June 1954, vol.528, cc.1640, 1649.

⁵⁶³ *Seventh Report from the Select Committee on Estimates*, p.xv, pa.23.

⁵⁶⁴ *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Year 1946* Cmd. 7271, p.64, pa.201.

⁵⁶⁵ *Report of the Commissioners of Prisons for the Year 1955* Cmnd. 10, p.149.

in an undesirable manner'.⁵⁶⁶ As it was, Atkin's psychopaths found themselves banned from readmission to various hospitals due to their behaviour, leaving them to 'wander from prison to mental hospital and back again, without benefitting in any manner'.⁵⁶⁷ Excluded once again from potential sites of rehabilitation for the good of those with better prospects of recovery, this appears a perfect example of 'administrative runoff'.

That the psychopath was unwelcome at most hospitals because of their perceived genius for disruption and upset is borne out by discussions on the 1959 Mental Health Act, as there was definite concern over the administration of the detained psychopath. The Percy Commission stated that no hospital should be obliged to admit a patient 'for whom it cannot provide suitable care or for whom care could equally well be provided elsewhere', even if they had been sent there by the courts. This provoked consternation in Parliament, as it was unclear why hospitals would admit psychopaths unless they were forced to, as they were such difficult, disruptive individuals, and 'the more troublesome psychopaths would not be welcomed at many hospitals'.⁵⁶⁸ As Edgar Myers pointed out, hospitals tended to 'resent the psychopath in their midst', as 'he will no more conform within the hospital community than he will conform in society'.⁵⁶⁹ Parliament put it more bluntly. Lord Silkin equated psychopathy with difficult personalities, arguing that 'the more difficult a patient – the more of a psychopath; the more crockery he has broken – the less likely a hospital would be to take him if they had a choice'. Lord Stephen Taylor agreed, observing that psychopaths 'are a problem when they are taken to any mental hospital, and everybody tries to get rid of them', separately asking 'who can blame them? Because these psychopaths create serious trouble'.⁵⁷⁰ He later raised the idea of the psychopath's inflammatory behaviour as, if placed in a mental hospital, they 'are often expelled', partly because 'they do so much harm upsetting the other patients'.⁵⁷¹ Reginald Bennett echoed these concerns in several Commons debates on the Mental Health Bill. Drawing on his experience as a consultant psychiatrist, he warned that, although psychopaths could be diagnosed and sent to a mental hospital, no hospital could

⁵⁶⁶ I. Atkin, 'The Disturbing Psychopath', *British Medical Journal*, 2:4728, (1951), p.418. See also D.K. Henderson: 'The Classification and Treatment of Psychopathic States', *British Journal of Delinquency*, 6:1, (1955), p.13; 'Psychopathic States', *British Journal of Delinquency*, 2:2, (1951), p.85

⁵⁶⁷ Atkin, 'The Disturbing Psychopath', p.418.

⁵⁶⁸ E.O. Lewis, 'Report of the Royal Commission of the Law Relating to Mental Illness and Mental Deficiency (1954-1957)', *Journal of Intellectual Disability Research*, 1:2, (1957), p.134.

⁵⁶⁹ E.S. Myers, 'The Royal Commission and the Psychopath', *British Journal of Psychiatric Social Work*, 4:4, (1958), p.32.

⁵⁷⁰ Lords Silkin and Taylor in HL Deb, 04 June 1959, vol.216, cc.684, 703; Lord Taylor in HL Deb, 29 June 1959, vol.217, c.405.

⁵⁷¹ Lord Taylor in HL Deb, 08 April 1959, vol.215, c.525.

'stand more than one or two psychopaths in the whole hospital, let alone in one ward' as the institution 'becomes a bear garden'. This was due to their 'genius for disorganisation', particularly their skill for 'passing on disorderly activities to their neighbours in the ward', putting the other patients 'up to tricks' and exploiting those who were 'duller' or 'more disturbed'. Bennett's conclusion was that it was going to be incredibly difficult to force hospitals to accept 'these appalling people'.⁵⁷² The psychopath's medico-legal identity by the late 1950s had become irrevocably that of a patient whose behaviour was difficult to manage and who actively upset the non-psychopaths occupying the same space. They were the patient no one wanted in their prison or hospital: homeless within the system, an administrative nightmare.

Suicide and Self-injury

Aside from the psychopath's 'histrionics', 'genius for disorganisation' and morale-sapping behaviour, they also disturbed the peace through acts of self-mutilation and suicide. Observers were not so callous as to welcome the 'self-disposal' of the psychopath by their own hand – a brutal resolution to the administrative conundrum they presented – but neither did they treat these acts with much sympathy or compassion. Instead, these behaviours added to the growing consensus that the psychopath was a source of irritation, a nuisance who was difficult, childish and selfish. Albert Wilson saw suicide as 'common among degenerates' or psychopaths, and further proof of their primitive, 'unfinished' nature, as it demonstrated that they were 'deficient in the instinct of self-preservation'. Henderson and his colleague Ivor Batchelor, who worked under Henderson at the Royal Edinburgh Hospital (Morningside) between 1947 and 1956, also believed that the psychopath's suicidal intentions were both common and genuine. They presented a similar but more sympathetic case focussing on instincts, arguing that psychopaths attempted suicide in situations where 'reflex action replaces reflection', and so they respond explosively and act without thinking, 'a predominance of impulse and instinct over reason and judgment'.⁵⁷³ Henderson in particular initially saw this as an opportunity to plea for a greater understanding of the psychopath, attempting to harness contemporary arguments for the decriminalisation and rehabilitation of failed suicides to encourage his audience to see both the survivor of an attempted suicide and,

⁵⁷² Dr Reginald Bennett in HC Deb, 26 January 1959, vol.598, cc.783-4; HC Deb, 06 May 1959, vol.605, c.423. Similar remarks were made by Lord Taylor in HL Deb, 08 April 1959, vol.215, c.525.

⁵⁷³ D.K. Henderson, *Psychopathic States* (W.W. Norton and Company, New York, 1939), pp.46-52; I.R.C. Batchelor, 'Psychopathic States and Attempted Suicide', *British Medical Journal*, 1:4875, (1954), pp.1343, 1346.

by extension, the psychopath, as 'a sick man who with suitable measures may be reconstituted as a useful member of society'.⁵⁷⁴ Moreover, once that argument had been accepted, 'the same understanding, charitable attitude' was to be directed towards the psychopath who inflicts their aggressive or peculiar behaviour on others rather than 'venting a murderous spite upon himself', as suicide and murder 'are similar twins', born of the same impulse.⁵⁷⁵ However, even these defenders of the psychopathic impulse to suicide were disparaging of the perpetrators, describing suicidal psychopaths as 'narcissistic', 'individualistic' and 'bullying, vindictive, jealous, cantankerous, trouble-making'.⁵⁷⁶ Henderson believed that in the case of psychopaths, suicide 'betokens an emotional immaturity and lack of steadfastness', and Batchelor went further, describing their suicidal acts as akin to those 'committed by children' or even 'those of primitive people'.⁵⁷⁷ For all their progressive attitudes, this was strangely reminiscent of Wilson's comments on his primitive degenerates, and in particular his condemnation of suicide as 'often the child of vanity and the desire for notoriety'.⁵⁷⁸

Those reading an intention to die into the psychopath's suicidal acts were in the minority: generally, psychopaths were not considered likely to be genuine in their suicide attempts. Emil Kraepelin wrote of those experiencing the constitutional psychopathic state of nervousness as 'never able to follow anything to its conclusion', using as evidence 'their occasional foolish and weak attempts at suicide' which showed 'an inability to transform their desperate feelings into resolute acts'.⁵⁷⁹ In the US, Hervey Cleckley went so far as to claim that any individuals making genuine suicide attempts either did not belong in his categorisation of psychopathy, or were very much the exception. Instead, his 'real' psychopaths favoured suicidal threats that were 'nearly always empty', although they could be accompanied by 'bogus attempts' to end their lives, and, in a direct contradiction of Batchelor and Henderson, sometimes with 'remarkable cleverness, *premeditation*, and histrionics'.⁵⁸⁰ This attitude of

⁵⁷⁴ Henderson, *Psychopathic States*, p.53.

⁵⁷⁵ D.K. Henderson, 'Psychopathic Constitution and Criminal Behaviour', in L. Radzinowicz and J.W.C. Turner, (eds.), *Mental Abnormality and Crime: Introductory Essays* (MacMillan, London, 1944), p.110; I.R.C. Batchelor, 'Attempted Suicide', *British Medical Journal*, 1:4913, (1955), p.596.

⁵⁷⁶ Henderson: *Psychopathic States*, p.46; 'Psychopathic Constitution', pp.109-10. Batchelor, 'Psychopathic States', p.1343.

⁵⁷⁷ Henderson, *Psychopathic States*, p.48; Batchelor, 'Psychopathic States', p.1346.

⁵⁷⁸ Albert Wilson, *Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate* (Greening, London, 1910), p.41.

⁵⁷⁹ A. Ross Diefendorf, *Clinical Psychiatry: A Text-Book for Students and Physicians Abstracted and Adapted from the Seventh German Edition of Kraepelin's "Lehrbuch Der Psychiatrie"* (Macmillan, New York, 1907), p.488.

⁵⁸⁰ Hervey Cleckley, *The Mask of Sanity: An Attempt to Clarify Some Issues About the So-Called Psychopathic Personality* (The C.V. Mosby Company, St Louis, 1955), p.411. My emphasis.

dismissive complacency, whether coming from psychiatrists or from the patient's family, could, however, potentially facilitate the patient's wish to kill themselves.⁵⁸¹ The difference between suicide, attempted suicide and other forms of self-injury was gradually being acknowledged, although these differences were largely based on interpretations of intent. The distinction was further muddied in the case of psychopathy, as the psychopaths themselves were thought to have so little sense of the intent behind their self-destructive acts. After all, psychopaths were thought to be prone to commit suicidal acts because they were overly impulsive; suicide or suicidal behaviour were merely manifestations of this impulsivity, rendering attempts to read specific, deeper intentions into behaviours believed to be completely spontaneous a somewhat futile exercise. Historian Chris Millard has discussed how self-injury around this time transitioned from being seen as a 'largely uncomplicated attempt to die', to a communicative behaviour 'with a social setting' – a 'cry for help'.⁵⁸² What the psychopath's deliberately self-damaging acts were thought to unintentionally communicate was simply proof of their innate psychopathy; their impulsivity and perceived lack of insight disqualified the behaviour from signifying anything more. In the majority of cases reviewed here, it is the psychiatrist who has the dominant discourse in interpreting the motivation and significance of these acts, and what is striking is that the psychopath is repeatedly denied the benefit of the doubt. There is a strong seam of condemnation and mistrust running through the accounts of psychopathic self-injury. Sarah Chaney has described how, in the nineteenth century, the 'distinction between suicide and self-mutilation was not something simply waiting to be discovered, but something that needed to be *created*', largely through a dialogue between patients and psychiatrists as to the former's motivations.⁵⁸³ With psychopathy, the difference between these behaviours was secondary to the belief that these acts were frequent, problematic and intrinsic to the psychopath.

In Britain, the dismissal of the psychopath's suicide attempts as 'nearly always empty' was reinforced by the work of psychiatrist Harry Pozner, who divided suicidal behaviour into four types: ruminations, preoccupations and obsessions; attempts; gestures; and threats. He described suicidal gestures as being most common in 'hysterical or psychopathic personalities',

⁵⁸¹ See for example I.R.C. Batchelor and M.B. Napier, 'The Sequelae and Short-Term Prognosis of Attempted Suicide: The Results of a One-year Follow-up of 200 Cases', *Journal of Neurology, Neurosurgery and Psychiatry*, 17:4, (1954), pp.262-3, Case 29.

⁵⁸² Chris Millard, *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing* (Palgrave Macmillan, Basingstoke, 2015), p.2.

⁵⁸³ Sarah Chaney, *Psyche on the Skin: A History of Self-harm* (Reaktion, London, 2017), pp.56-66, emphasis in original.

and, echoing Cleckley's charges of premeditation, believed these measures were executed for 'early discovery and rapid intervention' – although the proponents 'may occasionally reach an unexpectedly successful conclusion by misadventure'. Typical characteristics of the suicidal gesture showed in the patient's

'sluggishness, mild depression and malaise following an excessive but non-lethal dose of aspirin or other depressant drugs, the scarlet weal round the neck due to a tightened rope, pyjama cord, necktie or braces, the multiple superficial scratches on the wrist or throat, or the information given by the patient in a subdued but self-satisfied manner that he has swallowed several non-digestible objects'.⁵⁸⁴

William Logan similarly described many of the cases he was referred for suicide attempts as having merely suffered 'tentative scratches' or a 'mild attempt to injure himself', or even 'a futile, exhibitionist attempt' to kill themselves.⁵⁸⁵ While Logan designated his psychopathic cases' suicide attempts as 'none of them convincing... most of them largely inadequate actions... merely token-suicide, a theatrical gesture', his psychiatric successors considered them reactions 'of spite and pique and the dramatic gesture', a 'hysterical' way of eliciting reactions from others and having a 'theatrical attention-seeking element'.⁵⁸⁶ This is certainly the tone of a number of Batchelor's respondents, including one man who said that his wife "'threatens suicide whenever she runs out of cigarettes'".⁵⁸⁷ Rankine Good also described an incident that underlines how a psychopathic patient's suicide ideation was disbelieved and mocked. He suspected the patient in question of malingering, which possibly accounts for much of his hostility during their interaction. The patient complained of his lot 'with an angry display that left him incoherent and speechless', concluding that 'life was not worth while in the circumstances', so he was therefore contemplating suicide. Good agreed with the man that this was the best course of action given the situation, and offered him advice as to 'how he might accomplish this effectively and undisturbed'. Here his patient became 'taken aback' and rejected the notion that he had ever considered suicide outright, proving to Good's satisfaction that 'he was again shamming'.⁵⁸⁸ In this context, repeated suicide attempts do not betoken the

⁵⁸⁴ H. Pozner, 'Suicidal Incidents in Military Personnel', *British Journal of Medical Psychology*, 26:2, (1953), p.97.

⁵⁸⁵ W.R. Logan, 'Psychical Illness Among the Services in Singapore', *Journal of Mental Science*, 87:367, (1941), pp.245-52, especially cases 19, 21, 25, 50.

⁵⁸⁶ *Ibid*, pp.250-1; I.R.C. Batchelor, 'Repeated Suicidal Attempts', *British Journal of Medical Psychology*, 27:3, (1954), p.162; E.B. Strauss, 'Suicide', *British Medical Journal*, 2:4996, (1956), p.820; Pozner, 'Suicidal Incidents', p.97.

⁵⁸⁷ Batchelor, 'Psychopathic States', p.1344.

⁵⁸⁸ Good, "'Malingering'", p.360.

individual's determination to kill themselves, or can be interpreted as multiple cries for help, but instead underline the psychopath's credentials as 'hysterical', 'histrionic' and 'theatrical'.⁵⁸⁹

Millard argues that the shift to perceiving self-harm and indeed attempted suicide as communicative acts was partially due to a greater emphasis on the influence of social settings in understanding mental health.⁵⁹⁰ For the psychopath, one way in which their usually unsuccessful attempts at suicide were interpreted, was as just another instance of how they were unable to respond 'normally' to the world in which they found themselves: a direct attack on their social setting. Indeed, Henderson insisted that suicidal behaviour was in some ways the very essence of the psychopath, writing that suicide, 'whether successful or merely attempted, may be taken as an excellent indication of the hasty, aggressive, impulsive action which forms so characteristic a feature of psychopathic states'. The impulsiveness of the suicidal act also explained why the subsequent recovery period was relatively brief, although for others this helped cement the idea of the psychopath's suicidal gestures as ultimately insincere.⁵⁹¹ Suicide was, for Henderson at least, the epitome of the psychopathic state, largely because he felt that the psychopath's attempt to leave the world was symptomatic of a failure of assimilation, the 'expression of the individual's inability to adapt to the conditions of life, his precipitate and tragic retreat from reality'.⁵⁹² Batchelor agreed, adding that there were those individuals who were 'almost indiscriminately aggressive', and therefore 'come recurrently into conflict with the society of which they are members'. This rendered them 'frustration-prone' as they were 'repeatedly thwarted', and resulted in a 'crisis', which manifested itself in 'an attack upon the environment or upon the self'.⁵⁹³

Just as psychopaths were seen as unable to cope with the rigidity of the armed services, they suffered from the rules and regulations encountered in hospitals, prisons and even their day-to-day existence. Cyril Burt believed the psychopath's mental state to be 'almost always aggravated rather than improved by a strict, rigorous, and inflexible regimen'

⁵⁸⁹ That psychopaths are likely to repeat their attempts at suicide is discussed in Batchelor and Napier, 'The Sequelae', pp.262-3, 266, Cases 29, 4, 23; Batchelor, 'Repeated Suicidal Attempts', p.159; Strauss, 'Suicide', p.820; M. Woodside, 'Attempted Suicides Arriving at a General Hospital', *British Medical Journal*, 2:5093, (1958), pp.413-4.

⁵⁹⁰ Millard, *A History of Self-Harm*, pp.2-3.

⁵⁹¹ Henderson, *Psychopathic States*, p.50; Logan, 'Psychical Illness', p.247, case 25.

⁵⁹² Henderson, 'Psychopathic Constitution', p.109.

⁵⁹³ Batchelor, 'Repeated Suicidal Attempts', pp.158, 161.

such as a reformatory institution.⁵⁹⁴ The idea of the psychopath as incapable of existing peaceably under a rigid regime became even more entrenched following the experiences of the Second World War. This time, however, there was a heightened awareness that the psychopathic response to their situation could take the form of a suicidal act. Logan had in fact made this observation in 1941, writing that seven of his thirty-two cases 'in which the dominating picture is psychopathy' had been referred to him for suicidal attempts, which he interpreted as 'a tacit admission of failure in adjustment out of all proportion to the situational factor'.⁵⁹⁵ In the wake of the conflict, psychiatrist Lindesay Neustatter reported a similar situation where a psychopath had attempted suicide in response to being placed in solitary confinement.⁵⁹⁶

Even in the domestic sphere, the psychopath reacted violently to the strictures of social institutions. A number of suicidal acts were reported following an argument with a spouse, interpreted as the result of the individual's inability to interact 'normally' with their everyday social situations. One woman with an 'aggressive psychopathic state' had never been able to 'adapt herself to married life', evinced by the fact that 'she was frigid, felt tied down, and disliked intensely her three stepchildren'. Her attempt to end her life by an overdose of aspirin was following a 'quarrel' with her husband.⁵⁹⁷ Batchelor reported that the psychopath's asocial, impulsive behaviour that saw them 'reject serious social obligations and the most intimate personal ties, leave his home, throw up a profitable job', thus attacking the institution of marriage, could also see them being violent or 'actively cruel to their spouses or to their children'. Moreover, both men and women had 'prefaced their self-injury' by violent attacks on their spouses.⁵⁹⁸ One patient who was examined in a paper on obesity described how her 'aggressive psychopath' husband was frequently violent towards her, culminating in him attempting to rape her. He 'tore off her clothes and slashed her with a razor', and the next day 'threw himself under a Tube train'.⁵⁹⁹ This stands in stark contrast to Desmond Curran and Eric Guttman's rather optimistic idea that the unstable psychopath at least 'can improve under

⁵⁹⁴ Burt, *The Young Delinquent*, p.597.

⁵⁹⁵ Logan, 'Psychical Illness', p.253. See cases 1, 17, 19, 21, 25, 43, 44 and 50. Case 17 merely feared committing suicide; case 21 was referred for 'a mild attempt to injure himself' (p.247).

⁵⁹⁶ W. Lindesay Neustatter, 'Swallowing of Foreign Bodies', *British Medical Journal*, 1:4497, (1947), p.333.

⁵⁹⁷ Batchelor and Napier, 'The Sequelae', p.263, case 23.

⁵⁹⁸ Batchelor, 'Psychopathic States', pp.1343-4.

⁵⁹⁹ H.J. Shorvon and John S. Richardson, 'Sudden Obesity and Psychological Trauma', *British Medical Journal*, 2:4634, (1949), p.954.

strict guidance, not rarely under the thumb of a suitable wife'.⁶⁰⁰ Instead, the psychopath's repeated rebellion against any sort of institution through supposedly theatrical misdeeds or acts of violence towards themselves and others made it increasingly difficult to see where in the world they could happily exist. Batchelor, who conceived of the psychopath's suicidal behaviour as 'an aggressive act against the established social order', believed that even those admitted to a mental hospital in the wake of a suicide attempt 'feel trapped', behaved like 'some caged wild animals' and could make further attempts to end their lives.⁶⁰¹

It is significant that while suicide is recorded among both psychopathic men and women in seemingly equal numbers, the suicidal behaviour and their disruption more generally are often described in very feminised language. Although there are recorded outbursts of aggression and violence, there are far more examples of the psychopath behaving in a manner that is portrayed in disparaging, gendered terms, such as 'hysterical' or 'histrionic'. For example, Neustatter describes the psychopaths and swallows of foreign objects he observed either displaying a 'sullen refusal to co-operate' or 'giggling like hysterical schoolgirls', thus enabling him to gain 'an illuminating insight into the difficulties of the prison staff'.⁶⁰² Suicidal gestures were also interpreted as manipulative, Batchelor comparing them to 'the reaction of the frustrated child, who cries out in impotent rage "When I'm dead, you'll be sorry"', and observing that the act 'makes others suffer as well as the victim', as if the perpetrator is saying "'I bid the world take notice I abhor it'".⁶⁰³ Eric Strauss, writing in the year he was appointed president of the British Psychological Society, also saw the inadequate psychopath's repeated attempts at suicide as a hysterical, manipulative act, 'for he is in effect saying: "I am only a poor, helpless creature: please look after and cherish me."'.⁶⁰⁴ This interpretation is reminiscent of the archetype of the scheming female who cries crocodile tears to control those around her.⁶⁰⁵ Suicide in itself was often construed as a female act, even before Erwin Stengel presented his two 'populations' of predominantly male suicides and predominantly female attempted suicides.⁶⁰⁶ The nineteenth-century suicide was interpreted

⁶⁰⁰ D. Curran and E. Guttman, *Psychological Medicine: A Short Introduction to Psychiatry with an Appendix: War-Time Psychiatry* (E. and S. Livingstone, Edinburgh, 1943), p.61; repeated about the inadequate psychopath in D. Curran and M. Partridge, *Psychological Medicine: A Short Introduction to Psychiatry* (E. and S. Livingstone, Edinburgh, 1955), p.107.

⁶⁰¹ Batchelor, 'Repeated Suicidal Attempts', p.162.

⁶⁰² Neustatter, 'Swallowing of Foreign Bodies', p.333.

⁶⁰³ Batchelor, 'Repeated Suicidal Attempts', p.162.

⁶⁰⁴ Strauss, 'Suicide', p.820.

⁶⁰⁵ Thomas Dixon, *Weeping Britannia: Portrait of a Nation in Tears* (OUP, Oxford, 2015), pp.117, 228-9.

⁶⁰⁶ The work of Erwin Stengel, interpreted by Henderson and Batchelor and discussed in Millard, *A History of Self-Harm*, p.13.

as over-emotional and either female or foreign.⁶⁰⁷ Similarly, Wilson's description of suicide as an act of vanity, that traditionally female vice, was mirrored in Henderson's explanation that it is the 'culminating stroke of the narcissistic rebel'. This paints a distinctly non-masculine image of the psychopath, prey to whims and impulses that could culminate in this dangerous act of vanity, as around one fifth of suicide attempts were attributed to those 'suffering from psychopathic states'.⁶⁰⁸ Once again, the male psychopath was showing himself to be unmanly, behaving in a manner befitting a manipulative, hysterical woman.

Another way of communicating their inability or refusal to cope with a rigid and authoritarian regime was to commit acts of self-injury.⁶⁰⁹ These ranged from the relatively mild, such as a psychopath in the RAF who 'stabbed his left hand and foot with a large sewing needle', to the man awaiting court martial who slashed his arms to alleviate his perceived inner tension and 'lost a hell of a lot of blood', to a another experiencing marital difficulties and pension concerns who had been self-administering phenolphthalein to give himself recurrent diarrhoea.⁶¹⁰ However, far more common was injury by the swallowing of foreign objects; although the frequency of this act in relation to psychopathy may well be because it was most frequent in prisons, with their correspondingly high psychopathic population. Swallowing was generally seen either as an expression of the psychopath's inability to cope with the restrictive regime, or as a calculated move intended to gain some advantage over their captors. Items swallowed included 'knives, forks, spoons, toothbrushes, needles and pieces of metal, glass and razor blades'.⁶¹¹ Harry Howard recorded swallowing spoon handles, bed springs, the chain from a sink plug and one from a lavatory, an open safety pin and various other items.⁶¹² Writing as Prison Commissioner and Director of the Prison Medical Service, William Norwood East emphasised the link between psychopathy and swallowing, claiming simply that 'many offenders who swallow foreign bodies are psychopathic personalities'.⁶¹³ The passage of time merely served to strengthen this association, a 1947 report claiming that

⁶⁰⁷ Lyndsay Galpin, 'Died of a Broken Heart': Men's Suicidal Responses to Heart-Break and the Gender of Emotional Pain', presented at *Gender and Pain in Modern History*, London, 24-25th March 2017.

⁶⁰⁸ 'Suicide And Attempted Suicide', *British Medical Journal*, 2:4996, (1956), p.814.

⁶⁰⁹ For a broader discussion on the relationship between self-harm and gender, see for example Chaney, *Psyche on the Skin*; Chris Millard, 'Making the Cut: The Production of 'Self-harm' in Post-1945 Anglo-Saxon Psychiatry', *History of the Human Sciences*, 26:2, (2013), pp.126-50.

⁶¹⁰ Logan, 'Psychical Illness', p.246, case 21; Lloyd and Williamson, *Born to Trouble*, p.96; J.R. Hawkings, K.S. Jones, M. Sim and R.W. Tibbetts, 'Deliberate Disability', *British Medical Journal*, 1:4963, (1956), p.363, case 11.

⁶¹¹ J.J. Landers, 'Observations on Foreign-Body Swallowing in Prisons', *Journal of Mental Science*, 95:401, (1949), p.897.

⁶¹² Lloyd and Williamson, *Born to Trouble*, pp.96, 155-7, 210-11.

⁶¹³ W. Norwood East, 'Mental Inefficiency and Adolescent Crime', *The Lancet*, 218:5630, (1931), p.222.

among the 'perverted forms of behaviour to which psychopaths are prone' is the 'introduction of foreign bodies into various parts of their body'. The report asserted that in 'few of the cases is there a genuine suicidal intent', and instead it was more likely 'done out of pique to some grievance'.⁶¹⁴ Similarly, in 1949, Medical Officer John Landers, then at Parkhurst Prison on the Isle of Wight, stated that most 'of the swallowers I have seen were psychopathic personalities'. Landers also acknowledged that this behaviour was typically impulsive, and stressed that in spite of this activity 'there was an absence of any real desire to commit suicide'. However, it is worth noting that Howard claimed that his swallowing did occasionally have suicidal intent and did ultimately result in his inadvertent death.⁶¹⁵ Both Landers and the 1947 report instead allowed that motivations varied.⁶¹⁶ Although some apparently did wish simply 'to cause trouble', some wanted to protest at what they considered poor treatment (which East would have undoubtedly also counted as trouble-making behaviour), and others saw it as a means to get out of debts they owed to other prisoners. Landers was in some ways sympathetic to this behaviour, acknowledging the influence of social factors such as the fact that many of the psychopathic swallowers had troubled childhoods and so their reasons for swallowing were likely to be unconscious, but also noted that this behaviour was only prevalent when these men were incarcerated. He again saw it as symptomatic of a rebellion against a rigid and inflexible regime, a clash between the very nature of the psychopathic personality and the institutions in which they found themselves, as their 'unconscious motives... depend upon feelings of resentment and hostility towards someone in authority or towards an environment which is felt to be oppressive'.⁶¹⁷

Generally, however, swallowing was treated with exasperation and hostility by those who had to deal with the consequences, and resulted in increased prison sentences. One 36 year-old aggressive psychopath, who was reportedly 'extremely demoralised by repeated punishment', not only displayed the usual insolence, destruction, abuse and violence, but also had periods when he would 'urinate on the floor of his cell, smear himself with his faeces and curl up in a corner in a withdrawn way'. His prison record of 1957 simply stated that he "directed all his energies to the task of being as unco-operative as possible".⁶¹⁸ East wrote in

⁶¹⁴ *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Year 1947* Cmd. 7475, p.65, pa.14.

⁶¹⁵ Lloyd and Williamson, *Born to Trouble*, pp.156-7, 230.

⁶¹⁶ *Report of the Commissioners of Prisons 1947*, p.65, pa.14; Landers, 'Observations', p.897.

⁶¹⁷ Landers, 'Observations', p.897-8.

⁶¹⁸ T.C.N. Gibbens, D.A. Pond, and D. Stafford-Clark, 'A Follow-up Study of Criminal Psychopaths', *British Journal of Delinquency*, 105:438, (1959), p.114.

a similar vein, as he saw the act of swallowing as just another in a long list of trouble-making behaviours designed to irritate his staff. He described the psychopathic offender in prison as frequently characterised by 'forceful, hostile, stubborn, violent, and reckless conduct'. He was often 'irritable, quarrelsome, impulsive, suspicious, untruthful, vain, and conceited'. Most significantly, the reactions of the incarcerated psychopathic offender were interpreted as 'persistently opposed, and in some particular direction, to the organisation of their environment'. This manifested itself in conduct 'detrimental to their own welfare', namely swallowing foreign bodies, refusing food and being difficult and rebellious to their keepers.⁶¹⁹ Certainly for inmates such as Howard, there may have been the occasional element of truth in some of East's interpretation of motivations for swallowing foreign objects. He reflected in his memoir that his repeated attempts at swallowing were for a variety of reasons, such as to 'gain time', or "'because I didn't want to spend a night in a cold cell after being in hospital'".⁶²⁰ Whilst British prisons were at a loss as to how they could prevent this sort of activity, Georg Stürup found a way to counter this behaviour. Interpreted as the act of 'a man [who] wants to show that he is the stronger, and will decide entirely for himself how long he intends to remain in the institute', swallowing generally did not merit an operation or any sort of hospital transfer at Herstedvester. Instead, the swallower was taken to solitary confinement and, under constant medical supervision, given 'a sieve so that he can sift his stools', with the emergent object ultimately being placed in the institute's collection. This treatment meant that swallowing was 'no longer interesting' or profitable as an activity, and so 'occurs only very rarely indeed as compared with the past'.⁶²¹ No wonder Herstedvester was enviously invoked as the gold standard for the treatment of psychopaths.

A Special Institution

The problem of where to put psychopaths when they did not fit into any administrative system was soon imperative as they became increasingly unwelcome at existing establishments. The existence of 'psychopathic hospitals' and clinics had been noted at the beginning of the twentieth century, particularly in Germany and the US. In line with the more etymological meaning of psychopathic, these tended to be a means of housing and administering to the insane, and were understood to be attached to or managed along similar lines as general

⁶¹⁹ East, 'Mental Inefficiency', p.221.

⁶²⁰ Lloyd and Williamson, *Born to Trouble*, pp.172, 176.

⁶²¹ G.K. Stürup, 'The Treatment of Criminal Psychopaths in Herstedvester', *British Journal of Medical Psychology*, 25:1, (1952), 952 pp.36-7.

hospitals.⁶²² For British observers, the meaning of 'psychopathic clinic' had begun to shift for British observers with the subsequent setting up of American 'psychopathic clinics' following the First World War, particularly the 1914 psychopathic laboratory at Chicago. In a brace of articles entitled 'The Psychopathic Criminal', *The Lancet* used the example of Chicago to report on what might be achieved in what they considered a similar project under discussion in Birmingham (UK). The Chicago model was proposed as meeting Birmingham's requirements to provide a space for shell-shocked veterans returning home whose acquired 'mental enfeeblement' was producing 'disorders of conduct' that brought them 'into conflict with the law'. The mixing of these and other 'psychopathic delinquents' with more 'regular' criminal cases was felt to be problematic, and in danger of provoking a public outcry as the 'victims of war' were subjected to the same 'indiscriminate methods' that were generally designed to punish rather than treat.⁶²³ Following their fact-finding mission to America, the medical members of the Indian Jails Committee had similarly proposed separate 'psychopathic prisons... run on medical lines' for all incarcerated 'mentally abnormal persons'. Although the meaning of the word 'psychopathic' was in flux, there was a definite suggestion that mentally-abnormal criminals could be looked after in specific psychopathic institutions, thus strengthening (but not clarifying) the association between mental abnormality, crime and psychopathy.

This association and the associated issue of the psychopath as an institutional problem appeared to be far more of an active issue in America at the beginning of the twentieth century, reflecting a greater confidence in applying a more tightly-defined term, and therefore an earlier identification of the psychopath as a problem that needed addressing. In her 1923 *An Experimental Study of Psychopathic Delinquent Women*, American paediatrician Edith Spaulding also contributed to the idea of the psychopath as disruptive and difficult when in custody. This book reported on an experimental psychopathic hospital set up by the Laboratory of Social Hygiene between 1916 and 1918 in New York state, and the management of its residents.⁶²⁴ The temporary psychopathic hospital was built specifically for the 'special study and treatment' of 'those unstable cases who were constantly interfering with the progress of the more stable types' due to their unmanageable, disruptive behaviour, which

⁶²² 'Plan for a Psychopathic Hospital', *The Lancet*, 164:4236, (1904), pp.1302-3. The article stresses that the psychopathic hospitals are different from public asylums for the insane.

⁶²³ 'The Psychopathic Criminal', *The Lancet*, 193:4978, (1919), pp.143-4. Also 'The Psychopathic Criminal', *The Lancet*, 193:4985, (1919), p.432.

⁶²⁴ An overview of the experiment is in Edith R. Spaulding, *Experimental Study of Psychopathic Delinquent Women* (Rand McNally, New York, 1923), pp.1-18.

made them 'one of the greatest problems of reformatory life'.⁶²⁵ This was believed to be the case wherever these psychopathic women ended up: the schools for the 'amenable' feeble-minded were merely 'a stage for the histrionic talent of the psychopath', and 'every hospital or school to which she is sent' found her to be 'extremely troublesome'.⁶²⁶ The project itself found it difficult to retain nurses due to the perceived difficulty and thanklessness of looking after the psychopaths. The need for a 'Disciplinary Matron', whose duties included looking after those placed in 'isolation', was swiftly identified.⁶²⁷ Spaulding was keen to emphasise that the discipline she considered appropriate required instilling 'a recognition of the law of cause and effect', rather than necessarily recourse to 'punishment, cruelty, handcuffs, straight jackets, and harsh and retributive treatment'. Nevertheless, she did insist that successful discipline 'must be a part of the therapy' when it came to these delinquent psychopaths, as it was 'the *sine qua non* of success'.⁶²⁸ In Britain, theoretical arguments for establishing a psychopathic institution collided with a growing demand for a special institution for psychopaths. Spaulding's experiment certainly inspired Burt to call for a 'special institution for the unstable offender' in his discussion of her delinquent 'psychopathic cases'.⁶²⁹ His reasoning was consequently based on an understanding of the psychopath as an intrinsically disruptive individual who required housing away from others, a reading of the psychopath that only became more widespread and thence inspired similar calls.⁶³⁰

There were two main approaches to those calling for a special institution for psychopaths, once again reflective of the Schneiderian dichotomy. Henderson in particular adopted a psychopath-centred approach, believing that these people presented 'a very special problem different from the prison system on the one hand, and the mental hospital on the other', and therefore required a bespoke institution, 'something between the prison and the mental hospital', much like Herstedvester. He was ambivalent as to where the institution should sit administratively, but believed it should be run 'under psychiatric control'.⁶³¹ In the

⁶²⁵ Katherine Bement Davis, General Secretary, Bureau of Social Hygiene, in *Ibid*, p.xiii.

⁶²⁶ Davis in *Ibid*, pp.xiii-xiv.

⁶²⁷ *Ibid*, pp.21, 22, 27.

⁶²⁸ *Ibid*, pp.47, 57.

⁶²⁹ Burt, *The Young Delinquent*, pp.594-7.

⁶³⁰ For example, Stephen Taylor, 'The Psychopath in Our Midst: A Danish Solution', *The Lancet*, 253:6540, (1949), pp.32-3; Stafford-Clark et al., 'The Psychopath in Prison', p.127; Michael Stewart, *HC Deb*, 31st October 1958, vol.594, cc.492-3.

⁶³¹ Henderson, 'The Classification and Treatment of Psychopathic States', p.13; D.K. Henderson and R.D. Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1940), p. 319; D.K. Henderson, R.D. Gillespie and I.R.C. Batchelor, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1956), p. 402; D.K. Henderson, 'Reflections on Criminal Conduct and Its Treatment', *British Medical Journal*, 2:4674, (1950), pp.314-5.

main, however, there was a greater interest in an institution in line with the institution 'proposed by East and Hubert', that is somewhere unquestionably situated within the administrative demesne of the prison commissioners, where the primary focus was on protecting the public, with treatment and the possibility of release coming very much second.⁶³² The same year that *Psychopathic States* was published, East and William Henry de Bargue Hubert had published their *Report on the Psychological Treatment of Crime*, and gave as a key recommendation that a 'special institution for the care, study and treatment of a selected group of criminals' be established.⁶³³ The 'selected group' were to be 'abnormal or unusual' offenders who collected in the legal runoff between the insanity and mental deficiency laws; any individuals, such as feeble-minded psychopaths, who were convicted using either of those pieces of legislation were explicitly excluded.⁶³⁴

In many ways the East-Hubert Institution appeared to be proposed with psychopaths firmly in mind, as it was to cater for both 'cases who proved unsuitable for, and unmodified by, the re-educative and re-habilitative influence of the modern prison system'; and also for the offender 'who had proved himself quite unable to adapt himself to ordinary social conditions' and seemed utterly unresponsive to 'reformatory measures, however specialised'.⁶³⁵ The lack of an official definition of psychopathy fed this hope, as the proposed inmates for the institution were constantly interpreted and reinterpreted in papers and reports. For example, in a 1950 report by the Advisory Council on the Treatment of Offenders (ACTO), published in *The Lancet* but destined for the Home Secretary, a special institution based on East and Hubert's was recommended, but the intended inmates were not defined.⁶³⁶ The annotation accompanying the report, provided by the journal, congratulated them for making 'no attempt to define the psychiatric clinical types who would be collected', but asserted that there was 'little doubt that many would be psychopaths of the most difficult kind'.⁶³⁷ The *British Journal*

⁶³² W. Norwood East, 'Psychopathic Personality and Crime', *Journal of Mental Science*, 91:385, (1945), pp.444-5. Management of the site is discussed in W. Norwood East and W.H. de B. Hubert, *Report on the Psychological Treatment of Crime* (HMSO, London, 1939), p.160 pa.175; 'Treatment of Offenders: Report to the Home Secretary by the Advisory Council on the Treatment of Offenders', *The Lancet*, 255:6616, (1950), p.1124; T.C.N. Gibbens, 'Recent Trends in the Management of Psychopathic Offenders', *The British Journal of Delinquency*, 2:2, (1951), p.111; *Royal Commission on Capital Punishment*, pp.232-3, pa.663.

⁶³³ East and Hubert, *Report on the Psychological Treatment of Crime*, p.155 pa.164.

⁶³⁴ *Ibid*, p.159 pa.173. This is also discussed, for example in *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1954-1957 Report* Cmnd.169, p.121, pa.344.

⁶³⁵ East and Hubert, *Report on the Psychological Treatment of Crime*, p.159. Repeated in 'Treatment of Offenders: Report to the Home Secretary', p.1123; and *Report of the Commissioners of Prisons for the Year 1954* Cmd.9547, p.101; and again by Lord Chancellor, HL Deb, 1st July 1959, vol.217, c.603.

⁶³⁶ 'Treatment of Offenders: Report to the Home Secretary', pp.1123, 1125.

⁶³⁷ 'Treatment of Offenders', *The Lancet*, 255:6616, (1950), p.1120.

of *Delinquency (BJD)* simply discussed the report under the heading 'The Treatment of Neurotic and Psychopathic Offenders', believing the report to be principally focussed on their management. In fact, one report even expressed concern that any special institution for psychopaths could be diluted by 'the despatch thereto of numerous prisoners' who were *not* psychopaths, but simply 'provided problems of management and morale' and so could be slipped in by the unscrupulous.⁶³⁸

However, over twenty years of vacillation and delay followed the East-Hubert Report, as war, budget cuts and changes of government intervened. Nearly every annual report from the commissioners of prisons in the late 1940s and throughout the 1950s referred to planning problems, difficulties of site acquisition or lack of funds, leading to ridicule and exasperation in Parliament.⁶³⁹ The reduced resources and therefore scope of the East-Hubert Institution meant that an ever-greater emphasis was put on rehabilitation rates, and here the psychopath lost out. The original report had warned that the aims and admissions of any such establishment required 'careful definition' and 'expert supervision' respectively, or it would 'soon be rendered useless and... unworkable' by a 'flood of unsuitable material'. In particular, they wanted to guard against the 'natural tendency to refer to the institution any case which presented a problem to the public conscience, judicial authorities and others', who would in the majority 'be found to be quite inappropriate for disposal in this manner'.⁶⁴⁰ Again, the report did not name psychopaths, but, just as the institution's perceived association with troublesome criminals suggested to many that it was planned with psychopaths in mind, so this plea to exclude problematic 'unsuitable material' was interpreted by some as being aimed at the criminal psychopath. The 1954 report of the commissioners of prisons sought to resolve 'misunderstanding in some quarters' by emphasising that it was 'not intended that the institution... should become solely or even mainly an establishment for psychopaths'. They

⁶³⁸ Stafford-Clark et al., 'The Psychopath in Prison', pp.128-9.

⁶³⁹ See for example *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Year 1945* Cmd.7146, p.74 pa.67; *Report of the Commissioners of Prisons 1947*, p.64, pa.13; *Report of the Commissioners of Prisons for the Year 1950* Cmd.8356, p.5, pa.4 and p.86, pa.2c; *Report of the Commissioners of Prisons for the Year 1951* Cmd.8692, p.94, pa.11a; *Report of the Commissioners of Prisons for the Year 1952* Cmd.8948, p.110 pa.1b; *Report of the Commissioners of Prisons for the Year 1953* Cmd.9259, p.103, pa.1b; *Report of the Commissioners of Prisons 1954*, p.1, pa.4; *Report of the Commissioners of Prisons 1955*, pa.35; *Report of the Commissioners of Prisons for the Year 1956* Cmd.322, p.134, pa.3, p.123, pa.41. The foundation stone was laid in *Report of the Commissioners of Prisons for the Year 1960* Cmd.1467, pp.74-5. pa.33. Lord Pakenham and Lord Chancellor, HL Deb, 1st July 1959, vol.217, cc.596-7, 601-2. Pakenham makes reference to this announcement regarding progress on Grendon Underwood: *Penal Practice in a Changing Society. Aspects of Future Development (England and Wales)* Cmd.645, pp.18-19, pa.76.

⁶⁴⁰ East and Hubert, *Report on the Psychological Treatment of Crime*, p.155, pa.164.

justified this by emphasising that its focus would be ‘treatment/research’; to ‘weight the clinical climate with the more difficult and often irreversible psychopathic personalities would vitiate the forward-looking therapeutic atmosphere which it is hoped will obtain’. The cases selected would therefore be those with ‘real therapeutic promise’.⁶⁴¹ When the Lord Chancellor quoted these words in full in the House of Lords in 1959 as a contribution to the debate on special provisions for psychopathic patients, Taylor highlighted how this once again left ‘these poor, wretched psychopaths with nowhere to go, and still with nobody wanting them’, homeless within an uncaring system. He argued beseechingly that he and ‘many of my fellows in the field of psychiatry’ had hoped that the institution would have provided ‘a place where [the psychopath] would be investigated and looked after’, and the problem of psychopathy ‘tackled’, just as it was at Herstedvester. Instead he feared that it would become ‘filled with extremely recoverable, hopeful patients, who would recover anyway’, and the more challenging psychopathic cases would be left where they were, the mystery of their disorder unsolved. The Lord Chancellor did little to assuage his concerns.⁶⁴²

Conclusion

Much like the circularity of the modern definition of ‘psychopath’ problematised by Ellard and others, Eghigian sees psychopathy in Germany developing into a diagnosis that was ‘rooted in a prognosis (incurability)’. This was then ‘operationalized institutionally (relative ungovernability within either a carceral or treatment regimen)’.⁶⁴³ The psychopath’s inability to slot into a pre-existing treatment regime or institution became the singularity that made the group distinct, and any failure to treat individuals with this diagnosis justified its application.⁶⁴⁴ Certainly, in Britain, the psychopath’s increasingly entrenched reputation for gratuitously antisocial behaviour meant that no one wanted to take responsibility for their management. By the end of this period, the psychopath was seen as a disruptive, difficult individual, whose morale-sapping behaviour spread like a contagious disease in whatever institution was unlucky enough to house them, a fact that fuelled arguments for their segregation but hampered attempts to determine where this should take place. That this was a problem which did not lessen over the decades despite changes in the definition of psychopathic personality is reflected by Felthous and Saß’s comments in the introduction to their 2007 publication: ‘[a]

⁶⁴¹ *Report of the Commissioners of Prisons for the Year 1949* Cmd.8088, p.72; *Report of the Commissioners of Prisons 1954*, pp.100-1.

⁶⁴² Lord Taylor and the Lord Chancellor, HL Deb, 1st July 1959, vol.217, cc.604-5.

⁶⁴³ Eghigian, ‘A Drifting Concept’, p.307.

⁶⁴⁴ *Ibid*, pp.295, 308.

leitmotif question that runs throughout this volume is: Whose problem is the psychopathic individual?'.⁶⁴⁵ It was far from clear.

⁶⁴⁵ Alan Felthous and Henning Saß (eds.), *The International Handbook of Psychopathic Disorders and the Law: Laws and Policies, Volume II* (John Wiley and Sons, Chichester, 2007), p.1.

SOLUTION

CHAPTER VI: ERADICATION

In February of 1955, Sir David Henderson delivered his Maudsley Bequest Lecture to the quarterly meeting of the RMPA. It was entitled 'The Classification and Treatment of Psychopathic States', and, after outlining the history of his term, he moved on to 'an even more difficult issue than classification': treatment. For the purposes of his lecture, Henderson broadly divided 'treatment measures' into two categories: the preventive, or the long term; and the curative, or the immediate or symptomatic.⁶⁴⁶ Although approximate, this division of treatment paths for psychopathy by its most passionate and open-minded advocate is a useful way to look at the myriad approaches that were taken to tackle the disorder; whether treatment, punishment or a blend of the two. The preventive or long-term approach examined here was more than a simple strategy for treatment. It was a means of marshalling broader popular concerns such as eugenics, mental hygiene and national health and efficiency in order to tackle what was considered to be a real and pressing problem. The psychopath's perceived untreatability fuelled this desire to eradicate them at source, but this in turn was fed by their failure to respond 'correctly' to social situations, making treatment attempts appear both futile and unmerited.

Mental Hygiene and Eugenics

The way Henderson proposed to tackle psychopathy was rooted in the psychobiological psychiatric method he had adopted enthusiastically from Adolf Meyer.⁶⁴⁷ Psychobiology, or the conception of a 'body-mind relationship', involved a thorough understanding of the patient as an individual.⁶⁴⁸ This meant not only an appreciation of their immediate anguish, but also an examination of the 'social, educational, and economic issues as they affected our patients', mainly unearthed via taking a detailed case history of each patient.⁶⁴⁹ The biological reality of the patient was certainly important, as evinced by Henderson's repeated urging that

⁶⁴⁶ D.K. Henderson, 'The Classification and Treatment of Psychopathic States', *British Journal of Delinquency*, 6:1, (1955), p.11.

⁶⁴⁷ For a detailed description of Henderson's understanding of Meyer's psychobiology, see D.K. Henderson, *Psychopathic States* (W.W. Norton and Company, New York, 1939), p.148. For analysis of how Meyer influenced Henderson in the development of a psychobiological or dynamic approach, see Hazel Morrison, 'Constructing Patient Stories: 'Dynamic' Case Notes and Clinical Encounters at Glasgow's Gartnavel Mental Hospital, 1921–32', *Medical History*, 60:1, (2015), pp.67-86 and 'Henderson and Meyer in Correspondence: A Transatlantic History of Dynamic Psychiatry, 1908–29', *History of Psychiatry*, 28:1, (2017), pp.72-86.

⁶⁴⁸ D.K. Henderson and R.D. Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1940), p.318.

⁶⁴⁹ D.K. Henderson, *The Evolution of Psychiatry in Scotland* (E. and S. Livingstone, Edinburgh and London, 1964), p.188.

psychiatrists must still gain an education in medicine before they specialise in psychiatry. However, it formed just one tool with which to fully understand the patient as a whole person. As Henderson explained, the 'physical and the psychological cannot be divorced – the individual must be treated as a whole'.⁶⁵⁰ It was this method which gave Henderson hope where so many other observers had succumbed to the therapeutic nihilism that characterised discussions around the treatment of psychopathy. He stressed in the *Text-book* that even psychopathic patients who came from 'bad stock' were not a cause for despair, as they were usually 'well endowed intellectually' and had not yet fallen under legislation covering insanity or mental deficiency.⁶⁵¹ The 'study of hereditary principles' should not result in therapeutic nihilism, he later wrote, but instead a 'greater biological exactitude... a greater understanding of the combined forces of nature and nurture leading to human betterment'.⁶⁵² By considering every element affecting an individual, they might not only be able to understand the specific sources of a patient's anguish, but seek to eliminate them from the lives of others in a prodromal psychopathic state. Initially, enthused with the inspirational teachings of Meyer and buoyed by what he felt was the success of his own implementation of the psychobiological approach, Henderson even believed that psychobiology could potentially teach adult psychopaths social responsibility.

This approach also shared much with the tenets of mental hygiene, a campaign that once again appeared better-established and more influential in America.⁶⁵³ Aaron Rosanoff noted in the 1920 edition of his *Manual of Psychiatry* that the 'movement for mental hygiene is developing direction, organization, and force', and that psychiatry's influence was expanding in commensurate terms beyond the asylums to 'general hospitals, schools, charitable organizations, courts of law, penal institutions, etc.'. ⁶⁵⁴ The two subsequent editions of his textbook were renamed *The Manual of Psychiatry and Mental Hygiene* to reflect this

⁶⁵⁰ Cited in Iain Smith and Allan Swan, 'Medical Officers and Therapeutics, 1814–1921', in Jonathan Andrews and Iain Smith (eds), *"Let There Be Light Again": A History of Gartnavel Royal Hospital from Its Beginnings to the Present Day* (Gartnavel Royal Hospital, Glasgow, 1993), p.74.

⁶⁵¹ Henderson and Gillespie, *A Text-Book of Psychiatry* (1940), p.318.

⁶⁵² Henderson, 'The Classification and Treatment', p.12.

⁶⁵³ On the all-encompassing approach of Mental Hygiene see N. Crossley, 'Transforming the Mental Health Field: The Early History of the National Association for Mental Health', *Sociology of Health and Illness*, 20:4, (1998), p.465. On the history of Mental Hygiene in the Britain, see Mathew Thomson, 'Mental Hygiene in Britain During the First Half of the Twentieth Century: The Limits of International Influence', in V. Roelcke, P. J. Weindling and L. Westwood (eds.), *International Relations in Psychiatry: Britain, Germany and the United States to World War II* (University of Rochester Press, Rochester, New York, 2010), pp. 134-55; J. Toms, 'Mind the Gap: MIND, The Mental Hygiene Movement and the Trapdoor in Measurements of Intellect', *Journal of Intellectual Disability Research*, 54:1, (2010), pp.16-27; Crossley, 'Transforming the Mental Health Field', pp.458-88.

⁶⁵⁴ Aaron J. Rosanoff, *Manual of Psychiatry* (John Wiley and Sons, New York, 1920), p.v.

change.⁶⁵⁵ Moreover, there was a clearer engagement between mental hygiene and psychopathy in North America. For example, Edith Spaulding saw both the cause of the characterological defects of her psychopathic delinquent women, and the solution to preventing them in others, as lying within the gift of mental hygiene.⁶⁵⁶ The National Committee for Mental Hygiene in the United States also demonstrated that psychopaths were a concern by reporting on the percentage of psychopaths found in New York jail populations. These statistics were then employed in discussions on the incidence of psychopathy not only in the US but also by R. D. Gillespie in the UK.⁶⁵⁷ In Britain, the mental hygiene movement was again one that looked beyond the confines of the asylum to every aspect of public life, and was influenced by the American model, but was suspicious of its vulgar, populist nature, choosing instead to combine its chief concerns of care and welfare with a firm belief in democracy and individual liberty.⁶⁵⁸ The harnessing of the tenets of mental hygiene and its resources to tackle the issue of psychopathy specifically does not appear to have taken place. Henderson only argued for the promotion of undefined mental hygiene principles in general terms, in particular at universities and in the field of child mental health, stressing that childhood 'is the golden period for mental hygiene; it is the plastic period of development'.⁶⁵⁹ His use of the term appears to take off in the 1950s when movements incorporating the word 'hygiene' had rather fallen out of fashion due to its associations with Nazi eugenic policies.⁶⁶⁰ However, the idea of equipping teachers, parents and other authority figures with the information and good practices required to instil healthy habits in children was one that Henderson incorporated into his battle to eliminate psychopathy.

The optimism and positivity inherent in Henderson's belief in the psychobiological approach was matched by the sheer scale of his vision for a healthier Britain, a vision which put the psychopath right at its heart. Although his work on the psychopath was rigorous and clinical, he used the psychopath as a garish warning that pointed out both the inevitable

⁶⁵⁵ Aaron J. Rosanoff: *Manual of Psychiatry and Mental Hygiene* (John Wiley and Sons, New York, 1927), and *Manual of Psychiatry and Mental Hygiene* (John Wiley and Sons, New York, 1938).

⁶⁵⁶ Edith R. Spaulding, *Experimental Study of Psychopathic Delinquent Women* (Rand McNally, New York, 1923); see for example pp.116-7 on lack of mental hygiene in childhood; p.136 on mental hygiene as cure.

⁶⁵⁷ G.E. Partridge, 'Current Conceptions of Psychopathic Personality', *American Journal of Psychiatry*, 87:1, (1930), p.91; R.D. Gillespie, 'Discussion on Constitutional Psychopathy', *Proceedings of the Royal Society of Medicine*, 27:9, (1934), p.14.

⁶⁵⁸ See Thomson, 'Mental Hygiene in Britain', esp. pp.134, 136.

⁶⁵⁹ D.K. Henderson: 'Psychiatry and General Medicine', *British Medical Journal*, 1:4867, (1954), p.892; 'The Classification and Treatment', p.12; 'Why Psychiatry?', *British Medical Journal*, 2:4938, (1955), p.523.

⁶⁶⁰ See Thomson, 'Mental Hygiene in Britain', p.136.

consequences of inaction, but also how this could be rectified. Psychopathy's unique, contested status at the intersection of medical and legal concerns, of mental illness and characterological disorder, suggested to Henderson that an incredibly broad, all-encompassing approach was required to tackle this issue, which could potentially affect any member of society. He came to see the treatment of 'all those persons who constitute the psychopathic group' as 'a challenge not only to the medical profession but to society and civilisation'.⁶⁶¹ The role of the psychobiologically-inclined psychiatrist might have been rooted in such deceptively simple tasks as taking down a patient's entire life history, but Henderson required a whole state-sponsored system to support his approach. After all, if treating the psychopath required understanding every aspect of their life, then it was necessary to have access to as many areas of that life as possible. Writing in *Psychopathic States*, he called for not only a 'psychobiology which is generally applicable', but also a 'medical service which reaches every member of the community' to implement a 'unified national health policy'.⁶⁶² The 'guiding note' supporting this vision claimed that the

'modern conception of health embraces the whole of human personality and the health services of the country, if they are to fulfil their proper function, must concern themselves with the full development of all the powers of which man is capable'.⁶⁶³

Whether he ultimately considered the National Health Service a worthy embodiment of that avowal is unclear; he certainly hoped that it would develop along those lines.⁶⁶⁴ In any case, this holistic approach to the health of a nation was undoubtedly embraced by Henderson as an endorsement of his psychobiological approach, and of his own monumental ambitions. He saw the potential to expand these core principles by offering 'clubs, sports grounds, play centres which train people into healthy habits of life and work'.⁶⁶⁵

Henderson considered education in its broadest sense to be the main catalyst for change, with psychiatrists as the pivotal teaching figures within the system as a whole, and the psychopath as the ultimate test case for the success of 'the practice of medicine as a social

⁶⁶¹ D.K. Henderson and R.D. Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1950), p.404.

⁶⁶² Henderson, *Psychopathic States*, pp.142, 159.

⁶⁶³ *Ibid*, p.142, unattributed. An almost identical quotation is attributed to the BMA in the Cathcart Report: Department of Health for Scotland, *Committee on Scottish Health Services Report* (HMSO, Edinburgh, 1936), p.105, pa.307.

⁶⁶⁴ See for example Henderson, 'The Classification and Treatment', p.12.

⁶⁶⁵ Henderson, 'The Classification and Treatment', p.12.

organization'.⁶⁶⁶ Whereas Albert Wilson saw the extension of compulsory education as a wholly negative development, believing that it had 'put a greater strain and pressure on the masses than they could bear', Henderson, writing thirty years later, saw this as an opportunity.⁶⁶⁷ Psychopaths could be taught responsibility, 'not only towards the individual but towards mankind in general', he argued, if 'psychobiology and education as applied to the problems of life' were enabled to 'work hand in hand'.⁶⁶⁸ Henderson's initial hope was that via the unification of psychobiology and the education system, psychopaths might be taught a form of social responsibility that negated their innate psychopathy and rendered them functioning members of society. This was also one of the aims outlined in the Percy Commission's report. Although Henderson did not give evidence to the Commission, their argument that there was 'a strong case' for 'the use of compulsion to ensure training or treatment in hospital or in the community for psychopathic patients in adolescence and early adult life' was very much in keeping with Henderson's hope that education could remodel the psychopath. Moreover, the Commission advocated this approach due to the belief that 'treatment or training is most likely to be successful if it can be given at this stage', and also as the logical extension in 'a society which assumes responsibility for the education of the children of all its citizens'.⁶⁶⁹ Certainly in the Commons debate following the publication of the report, Edith Summerskill called upon 'educationists' to 'teach their children, just as a beginning, the importance of habit to happy living'. She seemed to link the delivery of mental hygiene through education with the spectre of the psychopath, claiming in her next sentence that the official recognition of the condition afforded by the Bill was the element of the report 'to which I attach the greatest importance'. It was this recognition that, she predicted, would 'come to be regarded as another step forward in the evolution of our civilisation'.⁶⁷⁰

The Percy Commission were concerned with psychopaths who were either still in compulsory education, or who were under the age of twenty-one, but Henderson's therapeutic optimism did not recognise such rigid boundaries. Aside from his 1939 monograph, his belief that it was possible to reach those psychopaths whose psychopathy was so developed or 'malignant' that they had already acquired a criminal record is only really

⁶⁶⁶ Henderson, *Psychopathic States*, p.138.

⁶⁶⁷ Albert Wilson, *Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate* (Greening, London, 1910), p.29. White also makes ref to it in the introduction (p.vi).

⁶⁶⁸ Henderson, *Psychopathic States*, p.159.

⁶⁶⁹ *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1954-1957 Report* Cmnd.169, pp.125-6, pa.354.

⁶⁷⁰ Edith Summerskill in HC Deb 8th July 1957, vol.573, c.51.

discussed in the 1950 edition of Henderson and Gillespie. Here, the advice to 'employ a remedial approach which has been well thought out' is only a means to an end, as by doing so Henderson hoped that the diagnosis would then be accepted in court 'as fully as any other clinical state'.⁶⁷¹ By 1955, he was warning that once the pre-psychopathic child 'has been before a juvenile court, or has been in a remand home, approved school, borstal or prison', it is 'not so easy to influence that person's future for good'. Although the psychopathic state 'may not be malignant to start with', it 'soon becomes so', with all the associated 'difficulties of rehabilitation'.⁶⁷² Looking back over his career from the mid-1960s, he was perfectly content to admit that much of 'the human material which we are called upon to deal with' was so 'riddled with imperfections of a mental and bodily nature' that it 'can never be fully reconstituted'.⁶⁷³ While he was not talking specifically about psychopaths, this tone of resignation comes across as an admission of defeat. It was reflected in his discussion of psychopathy, as even Henderson approaching the end of his career fully accepted that the 'origin and development' of psychopathic states was 'as much a mystery to-day as it ever was'.⁶⁷⁴ With the knowledge of psychopathy's aetiology still 'so limited', how could they possibly know when to intervene or in which area to direct resources?⁶⁷⁵

One approach that was widely accepted was simply doing nothing. This was not within the bounds of mental hygiene, but rather a simple alternative to treatment or indeed any proactive intervention, a hope that 'old age tames them all'.⁶⁷⁶ It grew more prevalent as the diagnosis of psychopathy became more widespread, along with attempts to ascertain the progress of the disorder. It was particularly popular with those observing the captive audience of male criminal psychopaths in prison. Frank Roper saw the psychopath's 'childish characteristics' as tending to 'die off with maturity', while the medical officer for Parkhurst observed that in some psychopaths, 'increasing age deprives their aggressiveness of most of its problems, and they degenerate into grumbling and cantankerous old men'.⁶⁷⁷ This laissez-fair

⁶⁷¹ Henderson and Gillespie, *A Text-Book of Psychiatry* (1950), p.405.

⁶⁷² Henderson, 'The Classification and Treatment', p.12. The same point is made in D.K. Henderson, R.D. Gillespie and I.R.C. Batchelor, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1956), p.401.

⁶⁷³ Henderson, *The Evolution of Psychiatry*, p.3.

⁶⁷⁴ Henderson, 'Psychiatry and General Medicine', p.892.

⁶⁷⁵ He makes this point when discussing the definition in the 1959 MHA in Henderson, *The Evolution of Psychiatry*, p.245.

⁶⁷⁶ This sentiment was reportedly expressed by one of the hospital staff at Pankhurst Prison, to the medical officer there. *Report of the Commissioners of Prisons for the Year 1955* Cmnd.10, p.149.

⁶⁷⁷ W.F. Roper to Mr Yates, *Seventh Report from the Select Committee on Estimates Together with Minutes of Evidence Taken Before Sub-committee E and Appendices* HC 236, (1951-2), p.91, pa.1218; *Report of the Commissioners of Prisons 1955*, p.149. This view is also expressed by psychiatrists (e.g.

treatment approach came worryingly close to Government policy, as the mellowing influence of age on the psychopath was shared in Parliament as 'true' and 'established without any shadow of doubt' by Reginald Bennett. He suggested as a result that the best 'treatment' for the psychopath was 'simply ageing in custody', thus sidestepping the contentious issue of trying to get them into hospital.⁶⁷⁸ Similarly, the Gowers Commission had presented as fact the claim that 'many psychopaths mature as they grow older', accepting that 'although some might have to be detained for a long time', even the majority of psychopathic murderers could likely be one day released 'without public risk'.⁶⁷⁹ Controversial psychiatrist William Sargant suggested in his memoirs that this approach could provide the trick to actively curing psychopaths, musing that if only 'some physical means could be found to increase the speed of brain maturation in aggressive psychopaths, it would do more to help empty the British gaols than any amount of special training and treatment along psychological lines'. Until such a magic bullet was discovered, they would just have to be segregated 'for twenty years or so' or until 'their brains finally match their age'.⁶⁸⁰ Henderson was at least aware of this belief, and in particular the work by the American-based Gluecks who observed 'the ageing factor' as unexpectedly endowing the psychopath with 'a sense of responsibility' leading to 'adjustment'.⁶⁸¹

Generally, Henderson advocated a more proactive approach, and suggested that early intervention was key. This was in itself a fairly uncontroversial view, chiming not only with psychobiological approaches to psychiatry, but also with psycho-analysis more broadly. Grace Pailthorpe had observed in her report into the psychology of delinquency that 'abnormality of behaviour and psychic instability can be traced back to childhood in every case', suggesting that any treatment they could offer would have been 'of double value if it had been applied at an early age'. For the offender whose criminality was the result of 'a pathological pattern of psychology', timing was everything: 'the earlier we discover the pathological pattern of psychology, the earlier we discover the pathological condition and the earlier we treat it, the more likely are we to save such individuals from a criminal career'.⁶⁸² Cyril Burt had expressed

Alexander Kennedy, 'Psychopathic Personality and Social Responsibility', *Journal of Mental Science*, 100:421, (1954), p.876) and journalists (e.g. Tim Clark and John Penycate, *Psychopath: The Case of Patrick Mackay* (Routledge and Kegan Paul, London, 1976), p.133).

⁶⁷⁸ Reginald Bennett, HC Deb 26th January 1959, vol.598, c.783.

⁶⁷⁹ *Royal Commission on Capital Punishment 1949-1953 Report* Cmd.8932, p.140 pa.402.

⁶⁸⁰ William Sargant, *The Unquiet Mind: The Autobiography of a Physician in Psychological Medicine* (Heinemann, London, 1967), p.207.

⁶⁸¹ Henderson and Gillespie, *A Text-Book of Psychiatry* (1940), p.318.

⁶⁸² Grace Pailthorpe, *Studies in the Psychology of Delinquency*, (HMSO, London, 1932), p.44.

a similar sentiment when he wrote that 'early detection and prompt measures are essential' to catch the patient 'before his spiritual tangle has tightened to a knot'. Through early intervention, Burt believed that 'many psychopathic cases can be saved from insanity'.⁶⁸³ As the idea of psychopathy became ever more entangled with delinquency, interpretations of the criminal as immature, selfish and demanding – qualities that made them exploit their fellow man rather than cherish or support him – were applied to the psychopath.

This partly reflected a pervasive fear of the changing standards of society, expressed through a condemnation of the young. Arnold White, in his introduction to Wilson's *Unfinished Man*, found it pertinent to complain that, forty years after the Compulsory Education Act, 'children have worse manners... courtesy is rarer than in 1870'.⁶⁸⁴ By 1959, the disrespectful nature of young men in particular was still a concern, but because what was by now considered 'normal' youthful behaviour could potentially fall foul of an overzealous or indifferent psychiatrist. Lord Silkin, speaking in a debate on the Mental Health Bill, expressed unease over a scenario where the innate aggression of a typical young man under the age of twenty-one could result in his diagnosis as a psychopath and his subsequent compulsory detention until the age of twenty-five. This fictional youth would be 'faced with a psychiatrist, who as a rule knows nothing about him', and asked questions to which he will 'react in the way that young people do', by becoming 'ever more aggressive and argumentative'. This will in turn 'confirm the opinion of the psychiatrist who will regard him as abnormally aggressive', thus adhering to the definition of psychopathy as it currently stood in the Bill.⁶⁸⁵ Desmond Curran and Maurice Partridge had made a similar point in the 1955 edition of their textbook. It was those individuals displaying 'erratic and difficult behaviour of a tiresome kind' in adolescence who were then most likely to 'settle down despite every expectation to the contrary', thus implicitly suggesting that this was within the bounds of normal adolescent behaviour. Whatever the reason behind this phenomenon, it was why experienced psychiatrists considered it 'imprudent' to diagnose psychopathy in anyone under the age of twenty-five.⁶⁸⁶ Although in all these examples the behaviour of the youth remains consistent, in the significantly more permissive society of the late fifties psychiatrists were the real subject of disquiet. The sympathy expressed by Lord Silkin towards angry young people who were not psychopaths is comparable to Henderson's sympathy for those who were. He pleaded for

⁶⁸³ Cyril Burt, *Volume I: The Young Delinquent* (University of London Press, London, 1925), p.598.

⁶⁸⁴ White in Wilson, *Unfinished Man*, p.vi.

⁶⁸⁵ Lord Silkin in HL Deb, 4th June 1959, vol.216, cc.681-2.

⁶⁸⁶ D. Curran and M. Partridge, *Psychological Medicine: A Short Introduction to Psychiatry* (E. and S. Livingstone, Edinburgh, 1955), p.106.

understanding and compassion, suggesting that even in the case of delinquents psychiatrists were 'dealing more with dangerous children than with criminal adults!'.⁶⁸⁷

The focus on early intervention as a means of stopping psychopathy before it had reached malignancy owed much to the widely-held conceptualisation of psychopaths as psychically immature. This held that psychopaths had achieved a certain level of psychological or emotional development, and then simply stopped. Since not all psychopaths could be guaranteed to mature into well-rounded, stable citizens, it therefore made sense to do everything possible to ensure their childhood was as healthy and successful as possible, in order to avoid the trigger (whatever it might be) that arrested their emotional development. Whilst it may be difficult and potentially damaging for a child or an adolescent to be *diagnosed* as a psychopathic personality, taking steps either to avoid these traits developing or at least to ameliorate the symptoms was vital.⁶⁸⁸ Even in 1939, Henderson was insistent that the key to treating psychopathy lay in appreciating that 'the beginnings of psychopathic conduct occur in the earliest developmental period'.⁶⁸⁹ The medical profession, 'and through them the public', could be taught about not only the child's physical needs, but also what they needed in terms of 'the mental hygiene of childhood', thus equipping them to tackle any 'disorders of conduct, however determined'.⁶⁹⁰ William Norwood East made a similar point, arguing that in order to treat psychopathic personalities, '[p]reventive treatment is all important, and the earlier its application the better will be the effect'. He too believed that this could be delivered by training 'medical men' in 'mental hygiene', so they were better informed as to when to send their patients to see a psychiatrist.⁶⁹¹ Ivor Batchelor likewise suggested that '[p]rophylaxis must begin therefore in childhood, when, or before, the first indications of emotional instability or social maladaptation or delinquency become apparent', though he indicated that this enterprise could be easily undermined through the fundamental lack of information as to the aetiology of psychopathy.⁶⁹²

⁶⁸⁷ D.K. Henderson, 'Psychopathic Constitution and Criminal Behaviour', in L. Radzinowicz and J.W.C. Turner, (eds.), *Mental Abnormality and Crime: Introductory Essays* (MacMillan, London, 1944), p.119.

⁶⁸⁸ For more on the difficulties of early diagnosis, see R.D. Gillespie, 'Discussion on Constitutional Psychopathy', p.19.

⁶⁸⁹ Henderson, *Psychopathic States*, p.168.

⁶⁹⁰ Henderson and Gillespie, *A Text-Book of Psychiatry* (1940), p.318.

⁶⁹¹ W. Norwood East, 'Psychopathic Personality and Crime', *Journal of Mental Science*, 91:385, (1945), p.444.

⁶⁹² I.R.C. Batchelor, 'Psychopathic States and Attempted Suicide', *British Medical Journal*, 1:4875, (1954), p.1346.

Hendersonian Eugenics

As Henderson developed his thinking on this issue, and possibly after encountering the same difficulties in terms of treatment outcomes as Batchelor, he embraced 'the whole fascinating field of preventive medicine'. To Henderson, this went beyond East's suggestion of intervention in childhood, to a pre-natal salvo against psychopathy. The form of preventive medicine he championed was 'not so concerned with the cure of illness or disease, even in its early stages', but rather focussed on 'the birth of healthy children, and the development of all the resources of the community to conserve their continued well-being'. In order to truly prevent the proliferation of psychopaths, Henderson believed that 'we require to go right back to the beginning of life, to give more thought to the birth of healthy children', and that this would prove 'more effective than the curative or remedial'.⁶⁹³ He believed that this was achievable as long as all institutions were unified in this common goal:

'To enable us to do this, all of us, whether we be doctors, lawyers, social workers, or intelligent lay people, must be deeply interested in the problem of human betterment, both as it affects the individual and the preservation of society.'⁶⁹⁴

The task was certainly a difficult one, and he conceded that it was impossible to 'prevent' the occurrence of psychopaths altogether, as they 'will continue to appear in the natural process of variation, and there will always be persons deficient or lacking in moral or social qualities, just as others are imperfect physically or intellectually'.⁶⁹⁵ Nevertheless, he believed that the decline in number of these problematic people was possible via 'a higher sense of social values, a new medical orientation, and a determination to pursue what we now call a positive health policy'.⁶⁹⁶

Henderson's vision of how to tackle the problem of the psychopath and simultaneously improve the health and social values of the nation were based upon his interpretation of eugenics. He used his 1955 Maudsley Bequest Lecture to explain 'what we mean by eugenics':

⁶⁹³ D.K. Henderson, 'Psychopathic States', *Journal of Mental Science*, 88:373, (1942), pp. 485, 490; Henderson, Gillespie and Batchelor, *A Text-Book of Psychiatry* (1956), p.401.

⁶⁹⁴ Henderson, 'Psychopathic States', (1942), p.490.

⁶⁹⁵ Henderson and Gillespie, *A Text-Book of Psychiatry* (1950), pp.404-5.

⁶⁹⁶ Henderson, 'Psychopathic States', (1942), p.490.

‘a science which takes cognisance of *all* influences that tend, in however remote a degree, to give to the more suitable races, or strains of blood, a better chance of prevailing speedily over the less suitable than they otherwise would have had’.⁶⁹⁷

Once again he had a touchstone statement to draw upon, which justified the move from the realms of mental hygiene to a more eugenical approach: ‘To make the unfit fit is a noble task, but to make the fit fitter is a far higher and finer achievement’.⁶⁹⁸ He also warned that it was imperative to ‘keep the quality of the race in the forefront while we study and manipulate the environment’, otherwise it was likely that ‘we shall soon have a more lop-sided society even than exists to-day, a dysgenic rather than a eugenic situation’.⁶⁹⁹ Nearly a decade later, he was convinced the problem was entrenched, writing that ‘we live in a dysgenic society, a lop-sided affair in which the poorer stocks keep on increasing and preponderate over the better endowed’.⁷⁰⁰ Despite the eugenics movement being fairly disinterested in psychopathy, tending to mention it only in passing in *The Eugenics Review*, Henderson had once again tapped into a broader concern and made psychopathy its centrepiece.⁷⁰¹

Henderson’s intentions behind his version of eugenics, and indeed his interpretation of psychopathy, were on the face of it very egalitarian. Just as he believed that psychopathy could affect anyone, regardless of class or gender, his eugenical solution to psychopathy and indeed every other societal ill was so broad that he did not intend for it to target any particular demographic. He directly challenged the ‘unintelligent layman’ who thought that psychopathic types should be treated harshly as the irredeemable embodiment of ‘original sin’, thus failing to ‘appreciate that such problems may crop up in any family’, and ‘occur in every rank of society’.⁷⁰² The psychopathic state indicated a ‘malignant undercore’, which could affect everyone ‘irrespective of their social and material advantages’.⁷⁰³ Accordingly, he pursued a

⁶⁹⁷ Henderson, ‘The Classification and Treatment’, pp.11-2. Emphasis in original.

⁶⁹⁸ Henderson attributes this quotation to Andrew Balfour of the London School of Hygiene and Tropical Medicine (1873-1931). Balfour attributes it to Gregory Sprott of Tasmania (1862-1942), who was in turn citing American public-health pioneer, Hermann Biggs (1859-1923): Arthur Balfour, ‘New Conceptions in the Teaching of Public Health’, *British Medical Journal*, 2:3323, (1924), p.397.

⁶⁹⁹ Henderson, ‘The Classification and Treatment’, p.12.

⁷⁰⁰ Henderson, *The Evolution of Psychiatry*, p.3.

⁷⁰¹ Psychopathy is only discussed at length in: Eliot Slater, ‘German Eugenics in Practice’, *The Eugenics Review*, 27:4, (1936), pp.285-95; W. Norwood East, ‘The Non-sane Non-insane Offender’, *The Eugenics Review*, 39:1, (1947), pp.6-16; John Spencer, ‘Delinquent Behaviour: Some Unanswered Questions’, *The Eugenics Review*, 46:1, (1954), pp.29-38; ‘Notes of the Quarter’, *The Eugenics Review*, 49:3, (1957), pp.107-14 (on the Percy Commission).

⁷⁰² Henderson, ‘Psychopathic Constitution and Criminal Behaviour’, pp.108-9. He makes a similar point on psychopathy and class in ‘Psychopathic States’, (1942), p.488.

⁷⁰³ D.K. Henderson, ‘Psychopathic States’, *British Journal of Delinquency*, 2:2, (1951), p.84.

similar approach with his eugenical proposals. Part of securing the development of healthy children was endowing them with 'such social and economic conditions as to provide an equal chance with their better-endowed neighbours'.⁷⁰⁴ He wanted to see these children 'surrounded from their earliest days by an environment which will assist them to compete equally with their neighbours'.⁷⁰⁵ In this, Henderson differed markedly from those such as Wilson who, writing at the beginning of the century, had virulently opposed the 'false sentimentalism' of 'modern socialism and charity' that sought to make 'pets of the "unfit"'. He believed it led to 'lowered moral and religious codes' and 'the final overthrow by younger competing Powers', and needed to be combatted by science and common sense and a 'new study, termed Eugenics', which was 'being pursued with a view to restore the race'.⁷⁰⁶ Wilson allowed for the ability of a 'certain portion of the lower classes, often there by misfortune' to 'breed true and raise up healthy stock', but believed they progressed 'up to the higher social stratum', away from the 'degenerating' masses to the more circumspect and less prolific middle classes. The solution, he believed, was therefore to 'check the overbreeding of the masses'.⁷⁰⁷

Although ostensibly very different in their approach, Henderson shared Wilson's faith in the middle classes as holding the correct moral and religious codes. His broad rejection of the therapeutic nihilism inherent in most interpretations of hereditary disorders, simultaneously denying the demonisation of the working classes and the justification for a hereditary class structure, put him at odds with other supporters of eugenics.⁷⁰⁸ Where they agreed was in setting normative standards for healthy, functioning adults that were firmly rooted in middle class norms.⁷⁰⁹ This is foregrounded in Henderson's assessment of the shortcomings of psychopaths. For example, when writing about the psychic immaturity of the aggressive psychopath, Henderson claimed that their subsequent lack of 'poise and judgment' made it easy to understand their 'rebellious impulsiveness'.⁷¹⁰ In their textbook the following year, Henderson and Gillespie referred to them as 'a rebellious, individualistic group who fail to conform to their social milieu', and Henderson later explained how 'severe punishment...

⁷⁰⁴ Henderson, 'Psychopathic States', (1942), p.490.

⁷⁰⁵ Henderson, 'The Classification and Treatment', p.11.

⁷⁰⁶ Wilson, *Unfinished Man*, p.10.

⁷⁰⁷ *Ibid*, pp.29-30.

⁷⁰⁸ Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c.1870-1959* (Clarendon Press, Oxford, 1998), p.188.

⁷⁰⁹ For arguments on eugenics and the mental hygiene movement being rooted in middle-class concerns and standards, see Thomson, *The Problem of Mental Deficiency*, p.188; Crossley, 'Transforming the Mental Health Field', p.466.

⁷¹⁰ Henderson, *Psychopathic States*, p.129.

merely aggravates the spirit of rebellion and antagonism which has already been revealed'.⁷¹¹ Summerskill highlighted how this problematised rebelliousness could in fact be a legitimate form of protest against the patriarchal status quo. Pathologising resistance to conformity or class norms could therefore result in the detention of a perfectly sane individual and an erosion of civil liberties. In the debates on the 1959 Mental Health Bill in the House of Commons, she gave the example of a woman from a 'comfortable home' who decided to go out, 'fight with policemen and to undergo forcible feeding again and again', because she passionately believed in the suffrage movement. That behaviour could, she reasoned, appear rebellious, eccentric or out of character for an individual of her class, especially to a psychiatrist 'who himself, perhaps, had certain emotions and certain views on feminism', and would thence diagnose her with psychopathy or some other subnormality.⁷¹² Behaving correctly, normally or 'healthily' for one's gender, age and class meant conforming to the standards of a particularly narrow section of society.

This rebelliousness was, for Henderson, just one manifestation of the emotional instability and immaturity that he detected in the psychopath, and which caused their disordered and problematic behaviour. In their textbook, Henderson and Gillespie had outlined the emotional instability of the psychopath based on Continental typologies of the disorder, initially as a separate category and later as a feature common to their newly-devised classification. There they described psychopathic states as comprising those 'whose emotional instability is largely determined by a state of psychological immaturity which prevents them from adapting to reality and profiting from experience'.⁷¹³ Henderson later contrasted the psychopath's emotional immaturity with the 'sub-normal' intelligence of those who are 'unable to develop intellectually'.⁷¹⁴ More than anything, this was a lack of the ability to control their emotions, resulting in either excessive or stunted emotional responses to stimuli, the latter described as occurring in psychopaths with stable emotions that were 'perverted in their application'.⁷¹⁵ This inappropriate emotional response then had a direct impact upon behaviour. Undesirable activities such as pyromania and kleptomania, considered 'more

⁷¹¹ Henderson and Gillespie, *A Text-Book of Psychiatry* (1940), p.308; Henderson, 'Psychopathic Constitution and Criminal Behaviour', p.108.

⁷¹² Edith Summerskill HC Deb, 8th July 1957, vol.573, cc.48-50.

⁷¹³ D.K. Henderson and R.D. Gillespie: *A Text-Book of Psychiatry for Students and Practitioners* (Oxford Medical Publications, Oxford, 1927), p.98; *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1932), pp.382-3; *A Text-Book of Psychiatry* (1940), p.308 and similar comment in *A Text-Book of Psychiatry* (1950), p.388.

⁷¹⁴ Henderson, 'Psychopathic States', (1951), p.84.

⁷¹⁵ Henderson and Gillespie, *A Text-book of Psychiatry* (1932), p.383.

common in children' as they were prone to more emotional instability than adults, were considered typical in the psychopath.⁷¹⁶ Their colleagues agreed, with Alexander Petrie blaming the 'emotional lack' as preventing the psychopath from developing 'the altruistic sentiments', leaving them with 'abortive moral sense'.⁷¹⁷ Roper advanced the long-held theory that 'crime is immaturity', and psychopaths were so prone to criminal behaviour because they were 'many years behind in emotional development'. Emotionally they were 'young and ill-conditioned children', but with the 'strength and cunning of adults'.⁷¹⁸ Generally, prison medical officers who had to manage the criminal psychopathic populations perceived the psychopath as an individual for whom 'the onset of physical maturity has done little or nothing to produce emotional maturity', and observed in them such childish behaviours as 'sulks' and 'tantrums'.⁷¹⁹

The infantilisation of the psychopath occasionally took on a racial dimension, for example when Henderson described their emotional immaturity as at 'the level of a primitive savage with a distinct distaste for reasoning', and psychopaths as 'dangerous children whose conduct may revert to a primitive, sub-human level'.⁷²⁰ This was similar to Batchelor's comments on the psychopath's 'primitive' instinct to suicide, an act that was also seen as emotionally unstable and immature, and to Victorian ideas of primitive people and 'savages' as being easily susceptible to tears.⁷²¹ Moreover, it fed into broader concerns regarding emotional control. The mental hygiene movement, which Henderson believed would help to provide the emotional security that every child needed in order to grow up as a functioning member of society, was instrumental in this.⁷²² Historian Jonathan Toms describes mental hygiene as encompassing a concept of humans that acknowledged that they were 'emotionally endowed' beings at its heart but that, correspondingly, held that to be a civilised human was to be one governed by 'reason and individual intellect'. This meant that mental hygienists

⁷¹⁶ Ibid, p.389, links this only to kleptomania; by Henderson and Gillespie, *A Text-Book of Psychiatry* (1940), p.313, pyromania has also been added, but according to the same rationale.

⁷¹⁷ A.A.W. Petrie, 'Types of Psychopathic Personality', *Journal of Mental Science*, 88:373, (1942), p.492.

⁷¹⁸ W.F. Roper, 'A Comparative Survey of the Wakefield Prison Population in 1948 and 1949: Part II', *British Journal of Delinquency*, 1:4, (1951), pp.263-4.

⁷¹⁹ *Report of the Commissioners of Prisons 1955*, p.149; *Seventh Report from the Select Committee on Estimates*, p.91, pa.1218 (Roper) and p.60 pa.804 (Murdoch).

⁷²⁰ Henderson, *Psychopathic States*, p.128; *Royal Commission on Capital Punishment*, p.138, pa.398 – he makes a very similar remark in D.K. Henderson, 'Reflections on Criminal Conduct and Its Treatment', *British Medical Journal*, 2:4674, (1950), p.314.

⁷²¹ Darwin's views on certain races being prone to tears is discussed in Thomas Dixon, *Weeping Britannia: Portrait of a Nation in Tears* (OUP, Oxford, 2015), esp. pp.1193-7.

⁷²² Henderson's concern with the emotional security of children is evident in: 'Why Psychiatry?', p.523; 'The Classification and Treatment', p.12; Henderson, Gillespie and Batchelor, *A Text-Book of Psychiatry* (1956), p.401.

considered a 'healthy personality' to be one focussed on the 'understanding and thus management of the emotions by the rational mind'.⁷²³

Although the link between psychopathy and emotional instability was well-established in America, the US Surgeon-General including it as one of his seven types of psychopathic personality, this association only became widespread in Britain with the advent of the Second World War.⁷²⁴ The diagnosis of psychopathic personality expanded dramatically during this time, but this may well have been due to the pathologisation of not only morale-sapping behaviour but also unruly emotions. For example, Rankine Good noted a 'marked attitude of infantile indifference' in those of his psychopathic malingerers who, perhaps understandably, seemed to ask for pity or sympathy, or the individual who was simply desperate to return home to look after his mother.⁷²⁵ Henry Wilson also conceptualised psychopaths as children, 'infants in the passive stage of babyhood', and compared their suicidal tendencies in the face of war with a 'small child who runs home because he considers that his friends have treated him badly'.⁷²⁶ Squadron Leaders Ballard and Miller recorded that in a group of female psychopaths and the temperamentally unstable, 28 per cent were only children, with 'a record of spoiling and fostered egocentricity', and 73 per cent had traits of emotional instability, both higher than in the comparable male group.⁷²⁷ They concluded that the 'emotionally immature and over-dependent, in particular, stand up badly to separation from home', and break down in war.⁷²⁸ Presenting this behaviour as abnormal, possibly the product of an over-indulged childhood and an immature and selfish reaction at a time requiring unquestioning bravery and stoicism, made it obvious what the 'correct' emotional response should have been.

⁷²³ Toms, 'Mind the Gap', p.20. See also H. Rimke and A. Hunt, 'From Sinners to Degenerates: The Medicalization of Morality in the 19th Century', *History of the Human Sciences*, 15:1, (2002), p.64, re: Clouston as a prime proponent of this view.

⁷²⁴ Aaron J. Rosanoff, *Manual of Psychiatry* (John Wiley and Sons, New York, 1920), p.216. Hamblin Smith once again dismissed this typology as he considered emotional instability to be common across the whole group. M. Hamblin Smith, 'Psychopathic Personality', *Journal of Mental Science*, 71, (1925), p.686.

⁷²⁵ Rankine Good "'Malingering'", *British Medical Journal*, 2:4264, (1942), p.361.

⁷²⁶ Henry Wilson, 'Suicidal Compromises: Psychopathy and Rehabilitation', *British Medical Journal*, 3:1, (1942), p.11.

⁷²⁷ S.I. Ballard and H.G. Miller, 'Psychiatric Casualties in a Women's Service', *British Medical Journal*, 1:4391, (1945), p.295. Men were 11% "only children" and 54% traits of emotional instability.

⁷²⁸ *Ibid*, p.295.

Therapeutic Nihilism and Failures of Citizenship

The majority of Henderson's career was characterised by faith in the treatability of the psychopath. He initially counselled against 'undue pessimism', particularly for what he called inadequate and creative psychopaths, whom he believed could be improved 'by personal understanding, by training, by careful control and management of the environmental factors'. He also temporarily held out hope for the potential success of 'more specialized procedures' targeting the 'physical, biochemical and neurological components'.⁷²⁹ Others such as William Logan and Curran differentiated between situational psychopathic reactions brought on temporarily by environmental traumas and easily cured by a change of circumstances, and more permanent psychopathic states that 'showed a persistent abnormality of behaviour in almost any circumstances'.⁷³⁰ Curran returned to this idea a few years later, proposing that 'psychological and environmental management' might help alleviate more 'transient psychopathic manifestations'.⁷³¹ However, although the many and varied classification systems for psychopathy each allowed for iterations of the disorder where there was hope of alleviation if not full recovery, all of these salvageable psychopaths were discussed in contrast to untreatable forms of the condition.⁷³²

Henderson's ultimate preference for prevention rather than cure was underscored by the triumph of the narrative of the untreatable psychopath. The theory was pervasive and damaging: 1940s prison reports show that psychopaths were frequently rejected as suitable cases for treatment solely because they were psychopathic, making the untreatable psychopath something of a self-fulfilling prophecy.⁷³³ Denis Hill acknowledged the situation by warning that the diagnosis of psychopathy 'should not be lightly made, carrying as it does a very poor prognosis for future social adjustment and leading to therapeutic nihilism', a caveat that set up psychopathy as a diagnostic Purgatory rather than a useful or indeed a real condition.⁷³⁴ Before Hill's warning, Logan included 'treatment-resistive' as part of his working

⁷²⁹ Henderson, 'Psychopathic States', (1942), p.489.

⁷³⁰ W.R. Logan, 'Psychical Illness Among the Services in Singapore', *Journal of Mental Science*, 87:367, (1941). See for example case 20, p.246; cases 24 and 25, p.247; cases 29 and 30, p.248; D. Curran, 'Some Experiences Amongst Naval Personnel', *Journal of Mental Science*, 88:373, (1942), p.495.

⁷³¹ Desmond Curran and Paul Mallinson, 'Psychopathic Personalities', *Journal of Mental Science*, 90, (1944), pp.278, 284.

⁷³² See for example *Ibid*, pp.278, 284; emotionality and curability in Curran and Partridge, *Psychological Medicine* (1955), p.107; non-situational psychopathy in Logan, 'Psychical Illness', esp. p.242.

⁷³³ *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Years 1942-1944* Cmd.7010, pp.65-6; *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Year 1945* Cmd.7146, p.52; *Report of the Commissioners of Prisons for the Year 1949* Cmd.8088, p.73.

⁷³⁴ Denis Hill, 'Psychopathic Personality', *Postgraduate Medical Journal*, 30, (1954), p.399.

definition of psychopathy, and Curran lamented the prognosis of ‘men whom all would agree to regard as psychopaths’.⁷³⁵ Lord Stephen Taylor put it starkly, claiming that ‘a certain proportion of criminal psychopaths are completely incurable’, whilst the Gowers Commission reported that ‘there is no recognised and accepted method of treatment that can be applied to psychopaths, and many doctors believe that no treatment is effective’.⁷³⁶ By 1963, Max Grünhut could write in his ISTD volume about ‘psychopathic offenders who, *almost by definition*, do not respond to any form of penal or corrective treatment’.⁷³⁷

It is reasonable to ask how this therapeutic nihilism managed to take hold, when there was so little consensus regarding the aetiology of psychopathy and indeed the course of the disorder or ‘natural history’ of the psychopath. Grünhut’s definition of psychopathic offenders as unresponsive to ‘any form of penal or corrective treatment’ is illuminating, as it indicates how the identity of the psychopath as treatment-resistant became bound up in their identity as a disruptive individual. Part of the problem posed by the psychopath was a failure to respond ‘correctly’ to the various situations and institutions in which they found themselves, not just when incarcerated, as previously discussed, but also when at liberty. The psychopath’s singularity in displaying seemingly incomprehensible behaviour that could be ascribed to a defect of neither intelligence nor sanity, coupled with the general ignorance of the progress of the condition, rendered psychopathy – and by implication its treatment – utterly confounding.

One example of this was resistance to discipline. In terms of perceptions of treatability, the often-violent resistance to the imposition of discipline was problematic. Discipline represented a point where treatment, punishment and adherence to societal norms converged. There was a sense that the imposition of discipline, particularly when administered with the whip, could in fact be a form of treatment that set the sufferer on the path to enlightenment. The psychopath’s inability to take advantage of insight and self-betterment through suffering and physical pain once again marked them out as objects of failed humanity, who ‘neither respond to kindness nor a beating’.⁷³⁸ Wilson had set the precedent for this way

⁷³⁵ Logan, ‘Psychical Illness’, p.242; Curran, ‘Some Experiences’, p.495.

⁷³⁶ Stephen Taylor, ‘The Psychopath in Our Midst: A Danish Solution’, *The Lancet*, 253:6540, (1949), p.34; *Royal Commission on Capital Punishment*, p.231, pa.659.

⁷³⁷ Max Grünhut, *Probation and Mental Treatment* (Tavistock Publications, London, 1963), p.25. My emphasis.

⁷³⁸ Henderson and Gillespie, *A Text-Book of Psychiatry* (1950), p.395. An American version of this phrase, ‘neither cake nor the whip’ was also applied to indicate the intractability of psychopaths. S.K. Ehrlich and

of viewing the psychopath, arguing that punishing the psychopath does 'no good', and to 'flog him, or put him in the silent cell, or inflict hard labour would be useless', although this was based on his belief that the psychopath was insensitive to pain.⁷³⁹

There was even some suggestion that the imposition of rigid discipline exacerbated psychopathy. William Shepley used his psycho-analytic training to argue against attempts to either punish or treat the psychopath. He believed that '[d]isciplinary action serves only to aggravate their condition' and moreover that the psychopath may in fact 'provoke punishment in order to satisfy a sense of unconscious guilt'. They were therefore beyond help, and any attempts to 'train such material' would be nothing more than 'a waste both of time and effort' and could have a 'deleterious effect upon the subject'.⁷⁴⁰ Rankine Good also noted amongst his malingerers an unconscious 'desire, a thirst for punishment'. He illustrated this forcefully with the case of a psychopathic personality charged with malingering, who proactively sought out situations where he would get into trouble and be punished. This culminated in 'volunteering for an organization which has discipline and unquestioning obedience for its mainstays', the army, where it was almost guaranteed that he would fall foul of these. Even the man's attempts to find work were considered a childish quest to be disciplined, as he often found employment that required him to face his various fears, thus ensuring his 'phobias had also been used as vehicles for punishment'.⁷⁴¹

The psychopath's supposed inability to respond correctly to correction evolved to accommodate those psychopaths who appeared to be receptive to reason and the imposition of either the threat or reality of 'absolute toughness', versus the 'true' psychopaths.⁷⁴² The true psychopath revealed themselves in their complete resistance to discipline, even when it was imposed as physical punishment. The commissioners of prisons observed that whilst 'firm

R.P. Keogh, 'The Psychopath in a Mental Institution', *AMA Archives of Neurology and Psychiatry*, 76:3, (1956), p.286.

⁷³⁹ Wilson, *Unfinished Man*, pp.81-2. Wilson advocates placing 'bloodthirsty criminals' in the care of the Salvation Army 'after a short period of very severe physical punishment', but this is punishment for punishment's sake rather than any sort of learning experience. p.323.

After the passing of the Criminal Justice Act of 1948, the imposition of penal servitude and whipping were in any case outlawed: *Criminal Justice Act, 1948* (11 & 12 George 6, Chapter 58).

⁷⁴⁰ Dr. W.H. Shepley in Curran, 'Some Experiences', p.496.

⁷⁴¹ Good "'Malingering'", p.361.

⁷⁴² 'Danish Treatment of Psychopaths', *The Lancet*, 255:6617, (1950), p.1162. For examples of psychopaths responding to theoretical threats of discipline, see *Report of the Commissioners of Prisons 1942-1944*, p.69, pa.207; *Report of the Commissioners of Prisons 1945*, p.152.

and consistent management' was successful in the management of recidivists whose conduct 'while suggestive of psychopathy, is not in fact a true case of it', this approach was 'recognised as inapplicable in the more marked cases of psychopathy'.⁷⁴³ Similarly, in their study of psychiatric casualties amongst women serving in World War II, Ballard and Miller blamed the comparative lack of disciplinary measures for the high number of breakdowns amongst female recruits exhibiting psychopathic traits. They believed that the imposition of 'effective disciplinary measures... in the handling of merely unruly and temperamentally unstable women' would diminish their conduct disorders and reduce invaliding, confining it to (amongst others) the 'true psychopaths'.⁷⁴⁴ Whilst the de facto categorisation of psychopaths into those amenable to treatment and discipline who just needed a 'firm hand', and those who were incapable of responding to either, may have had its practical uses, it privileged the antisocial, disruptive and untreatable psychopath as the true essence of psychopathy.

If psychopaths responded abnormally to discipline, they were also considered immune to kindness. The kindness in question was often not as overwhelmingly compassionate as one might think, but often a simple absence of punishment. In any case, this meant that although the messy nature of the various iterations of the psychopathic personality did not lend themselves to any clear administrative pathway, there was also a marked reluctance to take on responsibility for the psychopath due to the perceived thanklessness of the task. Psychopathic women sentenced to preventive detention in Holloway Prison were reportedly 'an extremely disgruntled collection... in spite of a great deal being done for them'.⁷⁴⁵ Harry Howard was similarly vilified for deliberately and ungratefully squandering the generous opportunities to reform which the state had offered. When before the Manchester Assizes in around 1945, Mr Justice Lynskey remarked that Howard had 'been sent to approved school and to Borstal, and given all the advantages we were able to give you, from the point of view of trying to reform you, and the result has been to make you worse than ever'.⁷⁴⁶ Howard fared no better at quarter sessions a few years later when a different judge again chastised him by saying that it was "'clear you have not taken advantage of the opportunities for reform which have been made available to you. You have been given chances which seem to have been misplaced in your case'".⁷⁴⁷ In Britain, with its 'more paternalistic, class-based

⁷⁴³ *Report of the Commissioners of Prisons 1945*, p.152.

⁷⁴⁴ Ballard and Miller 'Psychiatric Casualties', p.294.

⁷⁴⁵ *Report of the Commissioners of Prisons 1945*, p.25.

⁷⁴⁶ Roger Lloyd and Stanley Williamson, *Born to Trouble: Portrait of a Psychopath* (Bruno Cassirer Publishers, London, 1968), p.113.

⁷⁴⁷ Lloyd and Williamson, *Born to Trouble*, p.150.

philanthropic tradition', this apparent refusal to play the role of indebted unfortunate was keenly felt, and marked the psychopath down once again as unreachable.⁷⁴⁸

As with most instances where the psychopath failed to respond in a prescribed way, there were fears that showing them kindness could have undesirable consequences. Another of Good's cases of malingering and psychopathic personality was observed to be 'unappreciative of help', and moreover that "[s]ympathy and help did not have the desired effect of improving his work" but rather made him "permanently worse".⁷⁴⁹ This view was shared in the same year by Henry Wilson, who was vehemently against excessive kindness and support, which he considered counterproductive. Psychopaths generally, he believed, 'receive much from their environment and their doctor, and give little or nothing', enabling them to 'withdraw[] from active life into parasitism', and that methods of 'toleration, kindness, and understanding' merely 'perpetuate receptivity'.⁷⁵⁰ In the early 1950s, psychiatric social worker Tilda Goldberg conceptualised this process in Freudian terms. She problematised her profession's unconsciously selfish desire to offer the psychopath a 'good experience' and a "never exhausted breast", as it harmfully pandered to the 'childish psychopath' who, like the baby, 'feels more guilty the greedier he becomes'.⁷⁵¹ The impression that the psychopath spurned any offer of help, kindness or reform, which in any case might be actively deleterious, became entrenched, and had practical implications for the management of psychopaths. Michael Craft gave a hint of this when he complained about the 'time, patience and dedication' required in treating psychopaths, whom he described as 'patients so ungrateful that most doctors and others prefer to pass them by'.⁷⁵²

Most baffling and unforgiveable of all was the psychopath's identity as someone opposed to, or at least incapable of living in harmony with, society: being an active anti-citizen. East recognised that the psychopath 'often fails' because, in 1945 at least, there was a noticeable co-dependence that saw individuals relying on each other within their community for 'personal comfort and well being'. The breaking of this reciprocal relationship through unreliability or aggression was resented, and people were 'affronted by the selfishness of the

⁷⁴⁸ Thomson, 'Mental Hygiene in Britain', p.136.

⁷⁴⁹ Good, "Malingering", p.360, case I.

⁷⁵⁰ Henry Wilson, 'Suicidal Compromises', pp.10, 12.

⁷⁵¹ E. M. Goldberg, 'Function and use of relationship in Psychiatric Social Work', *British Journal of Psychiatric Social Work*, 2:4, (1951), p.9.

⁷⁵² Michael Craft in Lloyd and Williamson, *Born to Trouble*, p.247.

egocentric if it violates the welfare of others and runs counter to accepted social prohibitions', as was so often the case with the psychopathic personality.⁷⁵³ Historian Mathew Thomson has argued that citizenship became a 'central theme' in the interwar years, uniting politicians on both sides of the political divide behind the idea that 'a successful society depended on citizens becoming actively involved in improving the conditions of their community', as political citizenship also expanded.⁷⁵⁴ Thomson outlines the rhetoric of active citizenship that saw voluntary work not as a form of patronising paternalism, but rather as a means of helping others to help themselves. The lack of reciprocated kindness, or gratitude, offered by psychopaths in society was interpreted more broadly as an intolerable failure to keep their side of the citizenship bargain. Alexander Kennedy pathologised this shortcoming, describing the psychopath as one who 'often manifests his disability at least as much in a disorder of citizenship as in one of personal adjustment'.⁷⁵⁵ Much like Henry Wilson's warnings over the consequences of offering kindness and support to the psychopath, Kennedy argued that their tendency to exploitative behaviour was exacerbated by the new welfare state. Psychopaths experienced it as merely an 'incitement to exploitation', subverting the intention to provide the 'way to freedom from want' for heroic, war-weary citizens.⁷⁵⁶ In this light, Howard's rejection of Borstal as an opportunity to reform, seeing it as rather 'an apprenticeship to prison', was not a result of his personal experiences, but instead just another rejection of society, and an indication that he was beyond help.⁷⁵⁷

The importance of citizenship was set against the backdrop of national efficiency. Efficiency had been bandied about since the nineteenth century as an ill-defined solution to the problem of the national humiliation prompted by a series of poor military performances, coupled with an envious but fearful regard for Germany.⁷⁵⁸ Historian G. R. Searle juxtaposed turn-of-the-century Germany's core of national efficiency with Britain's belief in individual liberty, and revealed a growing realisation that the latter was not enough to prevent Britain

⁷⁵³ East, 'Psychopathic Personality and Crime', p.429.

⁷⁵⁴ Thomson, *The Problem of Mental Deficiency*, pp.170-1. He also makes this point in a similar discussion on community care in Mathew Thomson, 'Sterilization, Segregation and Community Care: Ideology and Solutions to the Problem of Mental Deficiency in Inter-war Britain', *History of Psychiatry*, 3:12, (1992), p.492.

⁷⁵⁵ Kennedy, 'Psychopathic Personality', p.873.

⁷⁵⁶ Kennedy, 'Psychopathic Personality', p.881.

⁷⁵⁷ Lloyd and Williamson, *Born to Trouble*, p.75.

⁷⁵⁸ G.R. Searle, *The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899-1914* (University of California Press, California, 1971); Peter Stansky, 'The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899-1914', *Journal of Modern History*, 44:4, (1972), pp. 627-628. Envy of Germany's efficiency is the focus of W.H. Dawson, *The German Workman: A Study in National Efficiency* (Charles Scribner's Sons, New York, 1906).

from lagging behind militarily.⁷⁵⁹ Regardless of the efficacy of the philosophy of national efficiency, a preoccupation with the efficiency of the nation and its subjects, combined with what historian John Tosh refers to as ‘Victorian valorization of work as both moral duty and personal fulfillment’, created a notion of an ideal British subject who would show their loyalty through diligence and productivity.⁷⁶⁰ The division of psychopathic personalities into ‘two classes: the useful or creative, and the harmful or destructive’ in an editorial written in the interwar years was indicative of the primacy of concerns over efficiency and military readiness of both country and population.⁷⁶¹ In many ways this seemingly arbitrary division was Britain’s version of the Schneiderian dichotomy, before narratives of risk overshadowed all else in the assessment of psychopathy: the binary evaluation of individual potential value. If psychopaths were incapable of realising their value through active citizenship, what hope had they? In any case, did these anti-citizens really deserve the time and resources treatment attempts would involve?

Following the Second World War and the psychopath’s failure of citizenship, existing narratives fused with empirical understandings of psychopathy to create an unsympathetic, unlikeable version of the psychopath. The older concept of constitutional psychopathy merged with psychopathy as abnormal personality, to create ‘psychopaths with basically pathological character structure’.⁷⁶² The idea of the psychopath’s character being just as fixed and immutable as their constitution or damaged or malformed brains could also lead to dismissive therapeutic pessimism, but was moreover noted with a tone that was more directly critical of the psychopaths themselves. Whilst Wilson had excused the psychopath all responsibility for their actions through his rather patronising pity at their ‘unfinished brain architecture’, his successors adopted a more accusatory tone, once again othering these problematic patients. Henderson observed that there were those who thought the psychopath untreatable as they ‘do not possess the stuff on which to build’, although a decade later he too was lamenting that ‘we do not have very good material to work with’.⁷⁶³ Sargant, who included psychopaths in his memoir mainly to complain of their untreatability, labelled ‘adolescent and adult immature

⁷⁵⁹ Searle *The Quest for National Efficiency*, p.55.

⁷⁶⁰ Stansky suggests the philosophy was shallow and impact limited in ‘The Quest for National Efficiency’, pp.627–628. John Tosh, ‘Masculinities in an Industrializing Society: Britain, 1800–1914’, *Journal of British Studies*, 44:2, (2005), p.332.

⁷⁶¹ ‘Editorial: Psychopathic Personalities’, *Journal of Neurology and Psychopathology*, 5:19, (1924), p.241.

⁷⁶² *Report of the Ministry of Health for the Year 1957: Part II on the State of the Public Health Being the Annual Report of the Chief Medical Officer Cmnd.559*, p.127.

⁷⁶³ Henderson: ‘Psychopathic States’, (1942), p.489; ‘The Classification and Treatment’, p.11.

psychopaths' – and other conditions he considered treatment resistant – 'Nature's prenatal errors'. He callously observed that 'no psychiatrist can yet make a silk purse out of a sow's ear', indicating that if the patient's 'basic previous personality was unstable even before his illness started' then treatment is 'very difficult indeed, and often quite impossible'.⁷⁶⁴ Henderson and Gillespie also criticised the psychopath's attitude, as it could have as severe an impact on treatment prospects as heredity. Writing in the section on psychopathic personalities in their 1940 textbook, they claimed that

'[w]here the hereditary loading is severe, where the individual has developed a cynical fatalism which makes his persistently rebellious and individualistic conduct something which he glories in rather than despises, we may admit at once that the prognosis is serious, and that little or nothing can be done to modify its malignant progress'.⁷⁶⁵

This equated the psychopath no one *believed* they could treat with the psychopath no one *wanted* to treat, blurring the line between the difficulty in treating the condition with the difficulty in treating the person.

Conclusion

In many ways, Henderson's advocacy of a policy of prevention was an admission of defeat. It accentuated the lack of clarity around the identity of the psychopath, the condition's aetiology and hence any sort of treatment path. Emphasising the social elements of the diagnosis made explicit how nothing short of a medical, social and economic revolution would solve the problem the psychopath presented, and gave licence to use the psychopath as shorthand for the embodiment of such social evils as indolence, poverty and lack of community spirit. The psychopath's apparent lack of usefulness and active parasitism, along with their genius for disruption, cultivated a brutal and unempathetic reaction in the majority of those involved. The persistent belief in their untreatability, whether based on experience, confirmation bias or on wishful thinking, resulted in a pervasive therapeutic nihilism, but one that had severe consequences for the ways in which it was suggested psychopaths were managed. Within Henderson's vision, the psychopath's elimination was a catalyst for great and momentous

⁷⁶⁴ Sargant, *The Unquiet Mind*, p.150. He also complains about the untreatable nature of psychopaths on pp.161, 207.

⁷⁶⁵ Henderson and Gillespie, *A Text-Book of Psychiatry* (1940), p.317.

change; the most profound way they could repay their societal debt and contribute to a productive and thriving society was to simply not exist.

CHAPTER VII: CONTAINMENT

Until the attainment of D. K. Henderson's utopian society where healthy children would be born into an environment characterised by social, economic and emotional security, the psychopath remained, growing ever more visible – or at least, ever more vilified – with every test of national and societal resilience. Henderson's second approach to treating the psychopath, the curative, or the immediate or symptomatic, accepted the reality that the psychopath existed, and attempted to deal with them, either by containment or cure.⁷⁶⁶ Often referred to as 'disposal', particularly within the armed services, these methods could be well-intentioned, but were often brutally executed. Just the use of the term 'disposal' in itself gives a hint of the mindset of those who had to decide how to deal with the psychopath. They were something to be got rid of, to be passed on, to have the memory of their presence eradicated. This attitude is exemplified by the appeal of Albert Gregorson to the 1942 AGM of the RMPA. He begged for 'the slightest hint' from his fellow members as to 'how he was to eliminate those potential psychopathic personalities which came before his tribunal'.⁷⁶⁷ There was a sense that the best possible outcome was to contain these problematic individuals, keeping them out of sight and away from society, limiting their visibility if not their numbers.

Negative Eugenics

In seeking a means of managing problematic people more generally at the beginning of the twentieth century, British psychiatrists inevitably looked abroad. Before the Second World War in particular, concerns over efficiency were not only confined to Britain. One way of addressing this was to resort to negative eugenic policies; that is, strategies that supported the belief that 'those with hereditary disabilities should be discouraged from parenthood'.⁷⁶⁸ The most straightforward means of achieving this was through sterilisation, and there were sterilisation laws all across Europe and North America, mostly passed in the 1920s and 1930s.⁷⁶⁹ Other countries had been quicker to identify the psychopath as a psychiatric identity, to recognise

⁷⁶⁶ D.K. Henderson, 'The Classification and Treatment of Psychopathic States', *British Journal of Delinquency*, 6:1, (1955), p.11.

⁷⁶⁷ Gregorson in D. Curran, 'Some Experiences Amongst Naval Personnel', *Journal of Mental Science*, 88:373, (1942), p.501.

⁷⁶⁸ Donald MacKenzie, 'Eugenics in Britain', *Social Studies of Science*, 6:3/4, (1976), p.499.

⁷⁶⁹ See for example M. Turda, "To End the Degeneration of a Nation": Debates on Eugenic Sterilization in Inter-war Romania', *Medical History*, 53:1, (2009), pp.77-104; G. Broberg and N. Roll-Hansen (eds.), *Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway and Finland* (Michigan State University Press, East Lansing, 1996).

them in law and to put in place a system to deal with these individuals. This meant that discussing how foreign countries dealt with the mentally defective or the feeble-minded also meant discussing how they dealt with psychopaths, inadvertently raising the profile of the diagnosis in Britain. For example, Finland enacted a sterilisation law in 1935, which ‘sanctioned coercive sterilisation of the “feeble-minded” and the mentally ill’, the latter including ‘those suffering from other manifestations of “morbid heredity”, including psychopathy’.⁷⁷⁰ Whilst still a Bill, it was translated and appended to the Parliamentary *Report of the Departmental Committee on Sterilisation* in Britain.⁷⁷¹ Within this report, the Finnish Bill’s predecessor committee on sterilisation was also studied, with the observation that it recommended ‘serious cases of psychopathy should be considered as insanity and therefore subject to the proposed measure’.⁷⁷² North America also featured in the report, unsurprisingly for somewhere so notorious for its sterilisation laws, thirty-two states passing such laws by 1938.⁷⁷³ These were based on a ‘model’ eugenic sterilisation law sketched out in 1922 by rampant eugenicist Harry Laughlin.⁷⁷⁴ In this model law, Laughlin specifically targeted ‘the socially inadequate classes’, under which he named the ‘insane (including the psychopathic)’, as well as the ‘criminalistic’. Laughlin’s law also formed the basis of the 1933 sterilisation law in Nazi Germany.⁷⁷⁵ Eliot Slater reported back to the British Eugenics Society, who had driven much of the discussion of the 1934 Sterilisation Committee and for whom voluntary sterilisation of the mentally defective was to later prove its *raison d’être*, that the enactment of this law in Germany was somewhat chaotic. Its intended target differed from court to court. Psychopaths were supposed to be exempt, but Slater outlined a series of cases where ‘three imbeciles, who are capable of simple work on the land’ were ‘encouraged to propagate their kind’, but by contrast a ‘criminal psychopath’ was ‘sterilized for mental defect’.⁷⁷⁶ Although psychopaths were not at that stage the prime target for sterilisation discussions in Britain, they featured in these debates, the Sterilisation Committee’s use of such phrases as ‘psychopathic

⁷⁷⁰ Katariina Parhi and Petteri Pietikainen, ‘Socialising the Anti-Social: Psychopathy, Psychiatry and Social Engineering in Finland, 1945–1968’, *Social History of Medicine*, 30:3, (2017), p.644.

⁷⁷¹ *Report of the Departmental Committee on Sterilisation*, Cmd.4485, pp.125-8.

⁷⁷² *Ibid*, pp.116-7.

⁷⁷³ Marie E. Kopp, ‘Surgical Treatment as Sex Crime Prevention Measure’, *Journal of Criminal Law and Criminology*, 28, (1938), p.698. Also cited in Joanna Bourke, *Rape: Sex, Violence, History* (Shoemaker Hoard, Berkeley, California, 2007), p.149. Discussed in *Report of the Departmental Committee on Sterilisation*, pp.109-12.

⁷⁷⁴ H.H. Laughlin, *Eugenical Sterilization in the United States: A Report of the Psychopathic Laboratory of the Municipal Court of Chicago* (Psychopathic Laboratory of the Municipal Court of Chicago, Chicago, 1922), pp.64-73. The racial abuse engendered by these laws is discussed in Bourke, *Rape*, pp.149-50, 155.

⁷⁷⁵ Laughlin, *Eugenical Sterilization*, p.65.

⁷⁷⁶ Eliot Slater, ‘German Eugenics in Practice’, *The Eugenics Review*, 27:4, (1936), pp.288-9, fn. He notes that those with ‘severe psychopathy’ are also denied a marriage loan (pp.292-3).

inheritance' and 'psychopathic stocks' blending with the tainted psychopaths of Europe and North America.

Whilst all these laws were observed and discussed in Britain, they never found enough support to get on the statute books, and the mooted eugenic sterilisation of psychopaths in particular came nowhere near. There were a number of reasons for this. Primarily, the absence of psychopathy as a popular or widespread term in Britain until after the advent of World War II meant that psychopaths were not seen as a primary concern until after the enthusiasm for such policies had started to wane. Moreover, the type of psychopathy promoted by Henderson, and even by those medical officers who had diagnosed disruptive or frightened soldiers with psychopathic personality, was not necessarily conceived of in constitutional terms. These psychopaths did not fit the rigid definition of 'born, not made' that was promulgated elsewhere, and therefore directly challenged ideas not only of heritability but also that they were capable of being contained via sterilisation of either sex. In any case, even before the Second World War, the scientific basis of eugenic sterilisation was frequently questioned, especially when applied as generally and indiscriminately as such a vague and nebulous diagnosis as psychopathy encouraged.⁷⁷⁷ Even within the Eugenics Society, the idea of any sort of blanket sterilisation for targeted groups of the kind seen in Nazi Germany or Scandinavia, or indeed in some states in America, was met with deep unease. The Education Secretary of the Society wrote to Albert Tredgold, a prolific writer on mental deficiency, that there were those in the audience at the Society who held the 'stupid view' that sterilisation was 'an easy thing and a panacea for all future troubles'.⁷⁷⁸ Tredgold himself protested against the 'wholesale and indiscriminate sterilization of defectives' on various grounds, including a belief that inheritance of 'amentia', as he termed mental deficiency, was infinitely more complex, and therefore little would be gained through arbitrary sterilisation of defectives.⁷⁷⁹

As far as psychopathy was concerned, Edward Mapother, medical superintendent at the Maudsley, also raised doubts over the scientific grounds for eugenic sterilisation of psychopaths. He stressed that it was nigh on impossible to 'guarantee sufficiently expert

⁷⁷⁷ John Macnicol, 'The Voluntary Sterilization Campaign in Britain, 1918-39', *Journal of the History of Sexuality*, 2:3, (1992), p.425.

⁷⁷⁸ Education Secretary of Eugenics Society to A.F. Tredgold, 24/05/1930, Wellcome SA/EUG/C/337.

⁷⁷⁹ A.F. Tredgold to Sir Bernard Mallet, 24/11/1930, Wellcome SA/EUG/C/337. Discussed in John MacNicol: 'Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars', *Social History of Medicine*, 2:2, (1989), p159; 'The Voluntary Sterilization Campaign', p.431.

opinion' regarding the chance of 'psychopathic inheritance'.⁷⁸⁰ In a paper written with geneticist Fraser Roberts after the Second World War, Slater confessed to a comparable uncertainty. They observed that neurosis and psychopathy needed to be looked at 'in quite a different way' from 'intelligence and mental defect'. Psychopathy likely depended upon 'qualities of temperament and personality, which are determined by multifactorial inheritance'; they concluded that there was too much uncertainty about the interplay and weight of these factors 'for there to be at present a practical eugenic approach to the betterment of human personality'.⁷⁸¹ Indeed, scientific or not, the main battleground for eugenic sterilisation in Britain was fought over mental deficiency.⁷⁸²

Marginally more acceptable was the sterilisation of psychopathic criminals, particularly men guilty of sex crimes, usually by castration. Those countries with laws advocating sterilisation and restricted marriage for various groups often extended these controls to their prison populations, although ostensibly on a voluntary basis. The example of most interest to Britain when it came to management of the criminal psychopath was of course Herstedvester. Denmark itself had a marriage law dating back to the 1920s. This demanded that 'any person who is insane, mentally deficient, psychopathic to a serious extent or a chronic alcoholic' required permission to marry from the Ministry of Justice, 'provided that such permission may be granted conditionally upon prior sterilization'.⁷⁸³ Its criminals, meanwhile, were legally liable to 'therapeutic castration' to curtail their dangerous sexual urges. However, eugenic and therapeutic sterilisation collided at Herstedvester. Whilst the primary aim of the operation was 'de-sexing' the criminal to thus 'remove the hormone component in the sexual urge', sterilisation was seen as something of an added bonus for those still wedded to the idea of eugenic sterilisation as a means of controlling the spread of psychopathy.⁷⁸⁴ Writing to salvage the reputation of castration and sterilisation in Denmark following the revelations of the worst excesses of Nazi Germany, Louis LeMarie, a legal adviser to the Danish Medico-Legal Council,

⁷⁸⁰ E. Mapother, 'Safeguards in Eugenic Sterilization', *The Eugenics Review*, 26:1, (1934), pp.15-6.

⁷⁸¹ J.A. Fraser Roberts and E. Slater, 'Genetics, Medicine and Practical Eugenics', *The Eugenics Review*, 40:2, (1948), pp.63, 67.

⁷⁸² See for example Mathew Thomson, 'Sterilization, Segregation and Community Care: Ideology and Solutions to the Problem of Mental Deficiency in Inter-war Britain', *History of Psychiatry*, 3:12, (1992), pp.473-98.

⁷⁸³ Georg K. Stürup, 'The Management and Treatment of Psychopaths in a Special Institution in Denmark', *Proceedings of the Royal Society of Medicine*, 41:11, (1948), p.767. Sterilisation and marriage laws were passed across Scandinavia and indeed Europe. Whether they targeted psychopaths was down to local terminology and later translation to English.

⁷⁸⁴ Louis LeMarie 'Danish Experiences Regarding the Castration of Sexual Offenders', *Journal of Criminal Law and Criminology*, 47:3, (1956), pp.295-6.

mused that sterilisation ‘cannot be considered as an undesirable further effect’ of castration. After all, ‘seen from a social point of view’, the average candidate for castration was ‘both a tainted psychopath and otherwise inferior subject whose descendants one dare not assume would be of any value to the community’.⁷⁸⁵ If, by keeping their sexual urges in check, they were removed from the gene pool, then so much the better. This rather unscientific view, especially expressed as late as the 1950s, would have made for uncomfortable reading outside Denmark.

At Herstedvester itself, Georg Stürup appeared to have a rather more paternal attitude to his charges, and crucially presented a more palatable view of voluntary sterilisation when he toured the world promoting the Institute. He made no secret of the procedure: indeed, it was ‘graphically illustrated’ in the information video shown at the Institut Français.⁷⁸⁶ Still, there was considerable disquiet about the policy in Britain, and discussions of the otherwise fêted Herstedvester tried to gloss over this practice. In a report of his visit in 1949, Lord Stephen Taylor merely says ‘[p]utting aside the questions of sterilisation and castration’, before launching into more fulsome praise. Ten years later in a debate in Parliament, Taylor again dodged the issue by suggesting that the ‘proportion of sexual offenders who, under Danish law, are liable to be castrated’ was in fact entirely separate from the general run of criminal psychopaths’, and so irrelevant to the debate.⁷⁸⁷ This was not entirely true. In a move highlighting the confusion over heredity, psychopathy and criminality, *The Lancet* claimed that Herstedvester also permitted sterilisation of “nonsexual psychopaths”, usually because they have requested it to relieve the anxiety that they may have children like themselves’.⁷⁸⁸ This in itself exposed the unpleasant truth about sterilisation in Denmark and elsewhere, and underlined what made it unpalatable to the majority of psychiatrists and law-makers in Britain, particularly when it came to psychopathy: sterilisation was, in many cases, neither scientific nor voluntary. Acquiescing to a criminal psychopath’s request to be sterilised because of vague notions of heritability generally not shared or at least not fully understood by his custodians appeared at best irresponsible, and at worst smacked of encouraging a gross act of punitive self-harm. LeMarie freely admitted that ‘any positive facts for the acceptance of a positive

⁷⁸⁵ Ibid, pp.296-7.

⁷⁸⁶ ‘Danish Treatment of Psychopaths’, *The Lancet*, 255:6617, (1950), p.1161.

⁷⁸⁷ Lord Taylor, HL Deb, 8th April 1959, vol.215, cc.529-30.

⁷⁸⁸ ‘Danish Treatment of Psychopaths’, p.1167.

inheritance of the specific criminal characteristics are lacking', and yet advocated the sterilisation of criminals nonetheless.⁷⁸⁹

The embarrassment evident in Taylor's desire to avoid the subject of sterilisation at Herstedvester underlined a broader discomfort at the seemingly unscientific attacks on the individual, even the individual criminal psychopath. The idea of reducing the psychopath to their criminal acts was as unpalatable as the reduction of psychopathy to a simple menu of antisocial behaviours, at least to the champions of psychopathy as a recognisable disorder. It is true that the libido-reducing drug stilboestrol had been used, particularly by Denis Hill, as a means of managing the psychopath. However, this was framed in terms of neutralising the 'dangerous aggressive episodes' of the 'very serious antisocial psychopath', to alleviate a 'desperate social situation' and offer a brief respite for the psychopath and their family with their informed consent.⁷⁹⁰ Moreover the process was both temporary and reversible.⁷⁹¹ Henderson avoided any serious discussion of sterilisation as a viable form of treatment for psychopathy, reflecting his conceptualisation of psychopathy as a multifactorial disorder, and also his acknowledgement of the paucity of understanding as to its aetiology. This belief in the multiple influences acting on the psychopath were what gave him hope that the individual psychopath could be treated, and greatly reduced in number, but also stopped him from promoting sterilisation as either prevention or cure for the disorder.

Nervousness was intensified by the indications that the Danish operation was not as voluntary as first appeared. Although the inmates at Herstedvester were supposedly free to choose whether or not to be castrated, the rewards for volunteering oneself for castration were a swifter route to freedom whether temporary or permanent, giving the lie to it being a completely free choice. The Gowers Commission visited several foreign institutions for the management of psychopaths when investigating alternatives to the death penalty, including

⁷⁸⁹ LeMaire 'Danish Experiences', p.297. Danish attitudes to psychopaths are discussed in Bent Sigurd Hansen, 'Something Rotten in the State of Denmark: Eugenics and the Ascent of the Welfare State', in Broberg and Roll-Hansen (eds.), *Eugenics and the Welfare State*, pp.9-76, particularly pp.34-5.

⁷⁹⁰ Denis Hill: in William Sargant and Eliot Slater, *An Introduction to Physical Methods of Treatment in Psychiatry* (E. and S. Livingstone, Edinburgh, 1954), p.144; 'Psychopathic Personality', *Postgraduate Medical Journal*, 30, (1954), p.403. Hill also discusses the libido-reducing effect of amphetamine on the psychopath in 'Amphetamine in Psychopathic States', *British Journal of Addiction to Alcohol and Other Drugs*, 44:2, (1947), p.52.

⁷⁹¹ Hill, 'Psychopathic Personality', p.403. The limited usage of chemical castration is also discussed in Janet Weston, *Medicine, the Penal System and Sexual Crimes in England, 1919-1960s: Diagnosing Deviance*, (Bloomsbury, London and New York, 2018), pp.75-6.

the Institution for Psychopaths at Avereest in the Netherlands, where sexual offenders could also choose to be castrated.⁷⁹² On visiting Herstedvester, they noted that ‘a sexual offender who has not been castrated is not likely to be released for a very long period and this is generally known’, something LeMarie confirmed, writing that the prisoners’ circumstances meant they were ‘unable to consider themselves absolutely free to decide the question’.⁷⁹³ This removal of the free will element of the supposedly voluntary castration would have added a further layer of disquiet for British observers, particularly those such as William Norwood East who thought that the operation was ineffective for removing the sexual impulse, as one could not ‘castrate the mind’, rendering it little more than a vindictive punishment.⁷⁹⁴

East also stressed that such a move would be ‘contrary to public sentiment’, and aside from certain Eugenic Society audience members, this seems to have been the case. Surgical castration for sex offenders never gained much ground in Britain, and the unease which met the operations at Herstedvester was typical.⁷⁹⁵ This was partly due to a pride in British individuality, that characterised such invasive social engineering as distinctly ‘foreign’. Slater, when reporting back on Nazi Germany’s sterilisation laws, described them as a ‘very definite attack’ on the German people’s ‘personal and physical liberty’, but concluded that, if told ‘with authority’, then ‘the German docilely obeys’.⁷⁹⁶ There was also outrage in the letters pages of the *BMJ* regarding the castration of dangerous psychopathic offenders acting as an alternative to the death penalty and securing their subsequent release, due to the twin horrors of the psychopath potentially regaining liberty, and a sense that what was acceptable in Denmark was certainly not acceptable in England. Prolific letter-writer R. L. Kitching expressed irate concern at the possibility that aggressive psychopaths such as Neville Heath could be set free, whereas the death penalty had made ‘quite certain’ that ‘a man like Heath will never kill any more young women’.⁷⁹⁷ The Howard League, who stood accused by Kitching of supporting such a policy, felt compelled to reply that ‘at no time have we suggested that all men who rape women are psychopaths, that psychopaths can necessarily be “cured” or that anyone at all

⁷⁹² *Royal Commission on Capital Punishment 1949-1953 Report* Cmd.8932, p.235, pa.667.

⁷⁹³ *Ibid*, p.234, pa.665. Henderson makes the same observation in ‘Reflections on Criminal Conduct and Its Treatment’, *British Medical Journal*, 2:4674, (1950), p.315. Also, Stephen Taylor, ‘The Psychopath in Our Midst: A Danish Solution’, *The Lancet*, 253:6540, (1949), p.33; LeMaire ‘Danish Experiences’, pp.295-6.

⁷⁹⁴ W. Norwood East, ‘Physical Factors and Criminal Behaviour’, in W. N. East, *Society and the Criminal* (HMSO, London, 1949), p.88. (Based on a section of his 1936 book).

⁷⁹⁵ For more information see Weston, *Medicine, the Penal System and Sexual Crimes*, pp.76-7.

⁷⁹⁶ Slater, ‘German Eugenics’, pp.285, 295.

⁷⁹⁷ R.L. Kitching, ‘Death Penalty’, *British Medical Journal*, 1:4960, (1956), p.234.

should be castrated', adding that Stürup's policy was 'not a method we recommend'.⁷⁹⁸ Kitching replied once more, somewhat haughtily, that regardless of what happened in Denmark, 'it must be made perfectly clear in this country that murderers must not be castrated to relieve their symptoms, or for experimental purposes, or with any idea that a castrated psychopath can safely be set free'.⁷⁹⁹ If Britain were against the castration of sexual psychopaths, it was not for solely compassionate reasons; there was also national pride mixed with xenophobia and a sense of resentment at the idea that individual responsibility could be ceded along with the offending testes.

Institutional Sterilisation

Another option was to send the psychopath away to be indefinitely incarcerated. Reforming American lawyer and physician Morton Birnbaum referred to the colonisation of those deemed unfit as 'eugenic institutional sterilisation', since prolonged incarceration had the same negative eugenic effect as surgical sterilisation.⁸⁰⁰ The suggestion of a colony for the problematic and mentally ill was not new. A colony system had been in place in Britain for the management and often 'lifetime confinement' of mental defectives who were 'by definition incurable' since 1913, but the idea was older still.⁸⁰¹ Although started out with good intentions of care and education, Mathew Thomson has argued that by the 1930s they were little more than a "dumping ground" for 'the chronic and behaviourally disruptive', a means of hiding the untreatable so that they did not detract from psychiatry's ascendance to the same curative heights as general medicine.⁸⁰² The idea of sending psychopaths in particular to a special colony where they would live out their days segregated and out of sight was also not a new one, but in Britain it had existed in theory rather than practice.⁸⁰³ Albert Wilson had advocated the permanent colonisation of psychopaths as an act of mercy second only to their 'painless extinction', and also expressed a wish for 'sterilisation as a palliative' in a bid to remove 'this

⁷⁹⁸ H.J. Klare, 'Death Penalty', *British Medical Journal*, 1:4962, (1956), p.349.

⁷⁹⁹ R.L. Kitching, 'Death Penalty', *British Medical Journal*, 1:4967, (1956), p.630.

⁸⁰⁰ Morton Birnbaum, 'Eugenic Sterilization: A Discussion of Certain Legal, Medical, and Moral Aspects of Present Practices in Our Public Mental Institutions', *JAMA*, 175:11, (1961), p.103.

⁸⁰¹ Mathew Thomson: *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c.1870-1959* (Clarendon Press, Oxford, 1998), pp.110-148 and 'Sterilization, Segregation and Community Care: Ideology and Solutions to the Problem of Mental Deficiency in Inter-war Britain', *History of Psychiatry*, 3:12, (1992), pp.477-88.

⁸⁰² Thomson, *The Problem of Mental Deficiency*, p.143.

⁸⁰³ It is of course possible that psychopaths de facto ended up in mental deficiency colonies, but they were not the intended target of such legislation.

hopeless type of criminal... off the face of the earth'.⁸⁰⁴ Although writing around forty years later, Alexander Kennedy showed that these refrains of misplaced humanitarian sentiment towards psychopaths had not diminished. He lamented that Britain 'can no longer deport our more serious misfits, we cannot destroy them'. Echoing Wilson's description of the psychopath as the 'unfinished man', Kennedy called them 'incomplete human beings', who were missing that which empowered them to be good citizens. Expecting those psychopaths who had proven their untreatability by 'fail[ing] in a therapeutic environment' to then meet the demands of citizenship was pointless and cruel, leading only to their 'perplexity and frustration'. Overriding instincts of faith 'in human nature' and 'liberty of the subject', it would be kinder to move the psychopath to a 'suitable but separate non-penal environment' for not only their benefit and peace of mind, but so 'the march of civilization is not to be held back to the pace of its stragglers'.⁸⁰⁵

The East-Hubert Report had initially provided one such opportunity for colonisation. One of the four functions they envisaged their institution serving was as a 'colony', for those offenders who had proved themselves 'unable to adapt' to 'ordinary social conditions', were completely resistant to any 'reformatory measures, however specialised' and for whom 'ordinary prison life' appeared 'inappropriate'.⁸⁰⁶ It was provision for this 'third category' of prisoners that had been discarded as soon as budgets and timescales started shrinking.⁸⁰⁷ Henderson's description of the proposed institution as a 'special colony establishment' had meant to convey a separate, secure set of buildings, evoking the fortified sanatorium of Herstedvester, where treatment and rehabilitation would take place.⁸⁰⁸ However, for the majority of observers who considered psychopaths untreatable, the colony they envisaged was one where the psychopath would be hidden from society; contained. Even East saw the special institution for psychopaths 'as proposed by East and Hubert' being 'administered on colony

⁸⁰⁴ Albert Wilson, *Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate* (Greening, London, 1910), pp.81, 87, 323, 327.

⁸⁰⁵ Alexander Kennedy, 'Psychopathic Personality and Social Responsibility', *Journal of Mental Science*, 100:421, (1954), p.881. This develops Kennedy's comments that those who 'really are doomed to psychopathy' be sent to inhabit 'communities of their own' where they could live out their bleak diagnosis and not corrupt others. A. Kennedy, 'The Modern Approach to Juvenile Delinquency: Observation Centres', *Journal of Mental Science*, 94:395, (1948), p.294.

⁸⁰⁶ W. Norwood East and W.H. de B. Hubert, *Report on the Psychological Treatment of Crime* (HMSO, London, 1939), p.159. Repeated by 'Treatment of Offenders: Report to the Home Secretary by the Advisory Council on the Treatment of Offenders', *The Lancet*, 255:6616, (1950), p.1123; *Report of the Commissioners of Prisons for the Year 1954* Cmd.9547, p.101; Lord Chancellor, HL Deb 1st July 1959, vol.217, c.603.

⁸⁰⁷ *Report of the Commissioners of Prisons 1954*, p.101.

⁸⁰⁸ Henderson, 'Reflections on Criminal Conduct', pp.314-5.

lines' merely to explore 'the *possibilities* of [the psychopath's] re-education and reclamation', something more akin to a laboratory.⁸⁰⁹ A special psychopathic colony essentially appealed as a dumping ground, however supposedly humanitarian, to those who considered the psychopath untreatable, in part due to the colony's potential as a punitive measure.

This was encouraged by the fact that any such institution would most likely be for those psychopaths who had already transgressed and so entered the system via acts against society, thus foregrounding the question of punishment. Preventive detention had been used somewhat unsuccessfully and sporadically since the nineteenth century, in theory to forcibly halt the progress of so-called habitual criminals as they embarked on their inevitable life of crime.⁸¹⁰ Now faced with a criminal identity who was widely believed to be untreatable, especially in the case of the aggressive psychopath, calls for preventive detention for psychopathy were again heard. There were those who called for truly preventive detention, to neutralise them 'before they commit murders and other asocial acts against the community', but this was considered a step too far – at least until the EEG evidence made identifying psychopaths a more scientific and fool-proof process.⁸¹¹ More commonly, it was held that if the psychopath could be detained in some sort of isolated colony for life, then they would be prevented from attacking the fabric of society with their unrelenting and potentially escalating criminality, just like the habitual criminal.⁸¹² The idea that psychopathic personalities were destined for a career that began with their 'appearance in juvenile courts' and then progressed as they 'graduate from probation to approved school, from approved school to Borstal, from Borstal to prison and from prison to recidivism', underlined their unsalvageable character and encouraged early intervention that removed them from society to halt this trajectory.⁸¹³

This view was repeated in Parliament by Peter Kirk, a man with no medical background, but one who believed that 'young men' in America and Scandinavia 'who are clearly psychopathic' had been caught committing 'minor crimes' and so prevented from progressing to 'more dangerous ones', and called on the Government to provide comparable

⁸⁰⁹ W. Norwood East, 'Psychopathic Personality and Crime', *Journal of Mental Science*, 91:385, (1945), p.444. My emphasis.

⁸¹⁰ A. Forrester, 'Preventive Detention, Public Protection and Mental Health', *Journal of Forensic Psychiatry*, 13:2, (2002), esp. pp.332-5.

⁸¹¹ Petrie in Curran, 'Some Experiences', p.497.

⁸¹² See for example Wilson, *Unfinished Man*, p.130; East, 'Psychopathic Personality and Crime', p.445. East considered their incarceration could protect the public from 'major as well as minor crimes'.

⁸¹³ Kennedy, 'The Modern Approach to Juvenile Delinquency', p.200.

facilities.⁸¹⁴ The construction of the psychopath as recidivist only gained momentum with the passing decades and the psychopath's increasingly high profile.⁸¹⁵ Moreover, the identification of the most troublesome of those detained under preventive detention as psychopaths not only added to calls for isolating these characters in a separate institution, but fixed the psychopath's identity as a disliked and unwanted prisoner. One medical officer reported that 'there remains a definite though small minority of prisoners who seem quite unable to comprehend that Preventive Detention is the logical outcome of their many previous offences', and meet this perceived injustice with 'outbursts of indiscipline' and 'threats'. He concluded that the majority, 'if not all' of them, 'are psychopaths'.⁸¹⁶ Narratives of the irredeemable criminal coalesced in the disruptive criminal psychopath, whose apparent lack of insight added to their persona of untreatability, and edged the tone of discussions from the paternal to the vengeful.

One of the purposes of colonisation, then, was to contain the psychopath, sequestered where they were unable to harm society or their fellow non-psychopathic inmates. In the case of psychopathic murderers, this was suggested as a straightforward replacement for capital punishment, which had been repeatedly called into question until even the UK's official executioner called for its abolition.⁸¹⁷ The indefinite incarceration of psychopathic murderers was discussed extensively in the Gowers Commission's report, as politicians tried to navigate the minefield of psychiatric evidence and public opinion, which veered from revulsion at the hanging of Ruth Ellis, Timothy Evans and Derek Bentley, to fear that a Haigh or a Heath might not only escape punishment but be unleashed to kill again, as suggested in Kitching's letters. When it came to psychopathic offenders, the Commission acknowledged that there were certain types of psychopathic murderers who, if reprieved, would need to be detained 'for a very long period, possibly for the remainder of their lives'. With this in mind, they reiterated the call for a special institution to be set up, 'to which both reprieved murderers and other

⁸¹⁴ Peter Kirk, HC Deb, 31st October 1958, vol.594, c.497. His next question asked what progress had been made at the yet to be built East-Hubert institution, and 'when we can hope for results from it'.

⁸¹⁵ The psychopath as recidivist is discussed in for example Hill 'Psychopathic Personality', pp.400-1; C.M. Franks, 'Recidivism, Psychopathy and Personality', *British Journal of Delinquency*, 6:3, (1956), pp.195, 197; W.F. Roper, 'A Comparative Survey of the Wakefield Prison Population in 1948: Part I', *British Journal of Delinquency*, 1:1, (1950), p.27; T.C.N. Gibbens, D.A. Pond and D. Stafford-Clark, 'A Follow-up Study of Criminal Psychopaths', *British Journal of Delinquency*, 6:2, (1955), pp.130-1.

⁸¹⁶ *Report of the Commissioners of Prisons for the Year 1955* Cmnd.10, p.149. Psychopathic inmates who were detained under preventive detention are also discussed in *Report of the Commissioners of Prisons and Directors of Convict Prisons for the Year 1945* Cmd.7146, p.25; *Seventh Report from the Select Committee on Estimates Together with Minutes of Evidence Taken Before Sub-committee E and Appendices* HC 236, 1951-2, p.xv, pa.20.

⁸¹⁷ Albert Pierrepoint, *Executioner: Pierrepoint* (Coronet Books, London, 1977), pp.10, 207-8.

psychopathic offenders could be sent' and studied, even if the Commission understood from their expert witnesses that these individuals could not be cured.⁸¹⁸ Indeed, the BMA had stressed in their evidence that whilst other mentally-abnormal offenders needed to be detained in a special institution and treated, there was 'no point in rigorous conditions for psychopaths; it was merely detention that had to be ensured'.⁸¹⁹ Although the Commission's recommendations were ultimately rejected, there were repeated attempts by the Labour MP Sydney Silverman to introduce Private Members' Bills calling for abolition. The Earl of Listowel repeated the focus on incarceration as an alternative to the death penalty during the debate of one such Bill in the Lords, the same day it was voted out. As he understood it, the 'mentally normal' would be given life imprisonment with a view to release, but psychopaths would be detained 'in an institution until their abnormality is cured, or, indeed, for life – because clearly they cannot be released; they are a menace to society, and they cannot be released if no cure is effected'.⁸²⁰ One of the objections raised by his fellow peers was that no such institution yet existed, but the law could be on the statute books within a matter of weeks, leaving reprieved psychopathic murderers once again with nowhere to go.⁸²¹

Public Opinion

Banishment to an institution for an unspecified time as an alternative to the death penalty appealed, and not just for humanitarian reasons. The lack of glamour associated with grindingly tedious prolonged incarceration, even allowing for the improvement in conditions and reduction of corporal punishment and penal servitude in prisons, was felt to be crucial in the management of psychopaths.⁸²² This was partly due to the rather tenacious belief that the psychopath was not just too impulsive to appreciate the supposed deterrent of the gallows, but was actively seduced by capital punishment and its promise of fame. Wilson had levelled blame at newspapers for publishing details of 'awful sex crimes', believing that, for 'potential criminals, longing to burst forth into lust, murder and notoriety', publicity is 'like the spark to the inflammable tinder'.⁸²³ He suggested all trials be held *in camera* to stop this from happening. During the numerous debates on the death penalty in Parliament, this trope was

⁸¹⁸ *Royal Commission on Capital Punishment*, pa.402, pp.139-40. They also discuss the special institution in p.232, pa.662-3 and p.279, Pt II, pa.54.

⁸¹⁹ 'Capital Punishment: The BMA's Evidence', *British Medical Journal* 1:4649, (1950), p.369.

⁸²⁰ Earl of Listowel, HL Deb, 10th July 1956, vol.198, c.782.

⁸²¹ Lord Hore-Belisha, *Ibid*.

⁸²² These had been abolished as sentences, but could still be administered as disciplinary measures within prisons, under: *Criminal Justice Act, 1948* (11 & 12 George 6, Chapter 58).

⁸²³ Wilson, *Unfinished Man*, pp.322-3.

frequently cited as a reason to abandon the practice, and proof that rather than act as a deterrent it was in fact an incitement, shooting down the argument that abolition would mean an increase in the murder rate. Lord Pethick-Lawrence declared with confidence that there was a particular class of killer, 'namely, the psychopathic murderer', who is 'enticed' by the 'fascination' of murder, and all the 'paraphernalia' that went with it. For the psychopathic murderer, 'the tradition of "swinging for it," of a life for a life, adds glamour to their deed; and far from reducing the number of murders, in my opinion it substantially increases them'.⁸²⁴ Christopher Hollis, a Conservative MP who also wrote for *The Spectator*, and had a privileged but distinctly non-medical background, was particularly keen on this idea, and did much to spread this largely unsubstantiated view of psychopaths in the public sphere. He drew on literary references to substantiate his claims, offering 'two authorities', depending on MPs' 'taste and outlook':

'Those who like modern psychology can go to Dr. Jung, and those who do not like modern psychology can go to Dickens and read "A Tale of Two Cities" and "Barnaby Rudge," and they can then take their choice as to the authority which they accept'.⁸²⁵

The 'dramatic aura' that was placed around murder, fed by the publication of the lurid details in the popular press, and the certain morbid glamour that enshrouded the whole process of the chase, capture, trial, imprisonment and march to the scaffold, Hollis believed was sufficient to 'push the small number of psychopathic individuals just over the border'.⁸²⁶ In order for it to be a successful deterrent, punishment should be 'as little dramatic and as humdrum as possible'.⁸²⁷ Endless years confined in an institution would certainly fit the bill.

This foregrounds one of the central areas of confusion surrounding the psychopath, and one of the major barriers to the establishment of any kind of dedicated institution. The confusion over how to define psychopathy and the plastic nature of the definition as it evolved

⁸²⁴ Lord Pethick-Lawrence, HL Deb, 1st June 1948, vol.156, cc.53-4.

⁸²⁵ He does not elaborate. Christopher Hollis, HC Deb, 10th February 1955, vol.536, c.2104. He also refers to the character of Raskolnikov in Dostoevsky's *Crime and Punishment* to illustrate the psychopath during another similar debate. Christopher Hollis, HC Deb, 14th April 1948, vol.449, c.993.

⁸²⁶ Christopher Hollis, HC Deb, 10th February 1955, vol.536, c.2104. He makes similar claims HC Deb, 14th April 1948, vol.449, c.993, and also in 'Murderers' Reminiscences', *The Spectator*, 6629, (8th July 1955), pp.37-8, thence repeated by barrister Ian Gilmour in his editorial the very next week: 'The Execution of Ruth Ellis', *The Spectator*, 6629, (15th July 1955), pp.81-2. This argument is also repeated in Christopher Hibbert, *The Roots of Evil: A Social History of Crime and Punishment* (Weidenfeld and Nicolson, London, 1963), p.401.

⁸²⁷ Christopher Hollis, HC Deb, 14th April 1948, vol.449, c.993.

over the decades situated the psychopath in a dead space between sanity and insanity, prison and hospital, responsibility and blamelessness, punishment and treatment. It was therefore unclear not only as to who these individuals were, but also where they should be sent and how they should be treated. This is slightly more convoluted than being the product of institutional runoff, in that it was still a matter of deep debate as to where they should be sent even after declared unsuitable for either prison or mental hospital, and what should be done with them once they got there. This was made significantly more complex once the term was live in the public sphere, as people such as Hollis fed their interpretation of psychiatric knowledge gleaned from press reports, expert witnesses, colleagues and literature and re-presented it to the press as fact. Certainly towards the end of this period there was a somewhat panicked acknowledgement that the public had a vague yet potent idea of what a psychopath was, and that this was a source of consternation for psychiatrists and law-makers alike. The Percy Commission observed that the 'word "psychopath" is finding its way into our common vocabulary' as a 'type of person' who is "'really mental" and ought to be locked up' but also 'appears to have no control over violent behaviour'.⁸²⁸ Commentaries on the publication of the Percy Report highlighted a similar concern over public awareness of the term, and the stigma it attracted. Welsh psychiatrist Edmund Lewis lamented that the 'general public, chiefly educated by the more sensational section of the Press on such matters, has associated the name "psychopath" with the most antisocial and homicidal behaviour'.⁸²⁹ Consultant psychiatrist Peter Scott similarly bemoaned the fact that the word was 'finding its way into common usage to describe eccentrics of one sort or another' but particularly 'those who are anti-social in their behaviour'. He called for an examination of 'the term psychopath' in order to overcome the 'intuitive, pit-of-the-stomach judgment' it provoked.⁸³⁰ Unfortunately the management of psychopaths was not similarly common knowledge, many presuming that there was a system that diagnosed these individuals and bore them away to an institution where society was protected from them and they were kept safe from society.⁸³¹ All agreed that whatever public opinion on the psychopath, there was deep suspicion of their diagnosis and motives, and concern over how they were to be managed.

When it came to the general public, there still existed those who believed that everything could be cured with a good thrashing, regardless of whether this was an effective

⁸²⁸ *Royal Commission on the Law Relating to Mental Illness*, p.24, pa.71.

⁸²⁹ E.O. Lewis, 'Report of the Royal Commission of the Law Relating to Mental Illness and Mental Deficiency (1954-1957)', *Journal of Intellectual Disability Research*, 1:2, (1957), p.147.

⁸³⁰ P.D. Scott, 'The Psychopath', *Howard Journal of Criminal Justice*, 10:1, (1958), p.6.

⁸³¹ *Royal Commission on the Law Relating to Mental Illness*, p.24, pa.71.

method for treating psychopaths. William Sargant expressed frustration with 'many eminent British legalists and ladies' conservative associations' who recommended use of 'the cat', which impressed psychopaths when in a 'calm state of mind' but lost all impetus 'as soon as the devil-may-care aggressive mood seizes them'.⁸³² Henderson meanwhile railed against the 'unintelligent layman' who thinks 'in terms of original sin' when it came to the treatment of psychopaths and therefore 'advocates harsh measures' to counteract what they believed was the result of 'too lenient and indulgent' parenting. This view was, he felt, supported by the judiciary's condemnation of 'negligent parents' who had been 'sparing the rod and spoiling the child'.⁸³³ In a country where corporal punishment was carried out in state schools acting *in loco parentis* until 1986, it was obvious what the remedy should be.⁸³⁴ To Henderson, the idea that psychiatric disorders could be solved with corporal violence was not only dangerously retrogressive but was a failure to take psychopathy seriously. As he put it, the psychopath's 'inadequacy or deviation or failure to adjust to ordinary social life is not a mere wilfulness or badness which can be threatened or thrashed out', but rather 'constitutes a true illness for which we have no specific explanation'.⁸³⁵ Those who invoked violence as either punitive or educative were dismissing both psychopathy and psychiatry.

Frustratingly for decisive policy-making, public opinion mattered. Certainly in any debate in Parliament as to the limitation or abolition of corporal or capital punishment, there were constant appeals on both sides as to what would be supported by the public. The paradox of any of these debates was that although there were passionate advocates of abolition and pleas to an enlightened society, society was only enlightened up to a point. Parliament may have been characterised as starkly divided between the 'drips' and the 'drops' when it came to abolition of the death penalty, but society held opinions in various shades of grey depending upon circumstance and individual. There was certainly much disquiet and revulsion over the hanging of Bentley and Evans, both of whom were thought to be mentally defective and were later to be ruled innocent of their charges; Ellis, who killed her former lover a few days after a miscarriage that he may well have caused, but still went to the gallows, also

⁸³² William Sargant, *The Unquiet Mind: The Autobiography of a Physician in Psychological Medicine* (Heinemann, London, 1967), p.181.

⁸³³ D.K. Henderson: 'Psychopathic Constitution and Criminal Behaviour', in L. Radzinowicz and J.W.C. Turner, (eds.), *Mental Abnormality and Crime: Introductory Essays* (MacMillan, London, 1944), pp.108, 114; *Psychopathic States*, p.19.

⁸³⁴ It was only banned in fully independent schools in England in Wales in 1998.

⁸³⁵ Henderson, *Psychopathic States*, pp.18-9.

evoked great sympathy.⁸³⁶ It was even suggested that losing her child may have temporarily affected her responsibility, as women 'are disturbed enough mentally after the most normal childbirth, so that with a miscarriage she could not have been regarded as wholly sane and with no element of lunacy'.⁸³⁷ These were cases that seemed to underline how the British public had lost its appetite for hanging, especially when it came to those who were either not necessarily guilty, or responsible for their actions, or both. However, Bentley, Evans and Ellis were not diagnosed as psychopaths. When it came to discussing diminished responsibility and relieving psychopathic murderers, the two examples most often cited were Haigh and Heath. Both these men had been hung in the 1940s: Heath had mutilated and murdered two women, and Haigh was charged with the calculated murder for financial gain of six people. Whilst there was much confusion and debate as to whether Heath was a psychopath, Haigh was generally thought to have a 'paranoid constitution'; although Lindsay Neustatter discusses Haigh's potential psychopathy, it is to dismiss it rather swiftly.⁸³⁸ Why, then, was it Heath and Haigh who came to represent the tangible face of psychopathy in these debates?

This was largely a rhetorical flourish. The debates as to whether corporal and capital punishment collided with the growing clamour over how best to manage the psychopath, and created the psychopath as the exception to every argument. Their unique position in the borderlands between sanity and insanity, criminal responsibility and lunatic innocence, made them the great 'what if?' in any discussion on crime and punishment. Using high-profile cases such as Heath and Haigh, immediately recognisable to all, gave a heightened reality to what was actually a rather theoretical debate. These two killers gave an erroneous tangibility to the very abstract psychiatric concept of psychopathy, which could then be used to highlight the shortcomings in proposed legislation. Silverman and his fellow Labour MP Kenneth Younger both argued that the proposed diminished-responsibility clauses they were respectively debating would have saved 'abnormal aggressive psychopaths' such as Heath and Haigh, but still seen Ellis hang. As Younger put it, it was 'difficult to believe that that is the result which public opinion would wish to see'.⁸³⁹ As if to highlight the contested nature of both Haigh and

⁸³⁶ Both Evans and Bentley received posthumous pardons. For claims about Ellis's miscarriage see Duncan Campbell, 'Ruth Ellis: The Murder Case We Can't Forget', *The Guardian*, (12th March 2018).

⁸³⁷ Viscount Astor, HL Deb, 10th July 1956, vol.198, c.701.

⁸³⁸ 'The Haigh Trial: Medical Evidence', *British Medical Journal*, 2:4621, (1949), pp.286-91; W. Lindsay Neustatter, *The Mind of the Murderer* (Christopher Johnson, London, 1957), p.150. He also discusses Heath's diagnosis pp.120-3.

⁸³⁹ Kenneth Younger, HC Deb, 16th February 1956, vol.548, c.2603; Sydney Silverman, HC Deb, 27th November 1956, vol.561, cc.347-8. Curiously, Henderson listed Heath and Haigh as 'extreme examples' of psychopathic states in his evidence to Gowers, the link between Heath, Haigh and psychopathy thence repeated in the Commons. Henderson, 'Reflections on Criminal Conduct', p.314.

psychopathy, in the same year Haigh was also cited as a 'hard core case' with 'no extenuating circumstances', and should therefore feel the full force of the law, offering a counterpoint to 'psychopathic cases', who should be reprieved.⁸⁴⁰ A similar collision of interpretations of psychopathy can also be found in conflicting attempts to interpret imagined public concern. Whilst maintaining that there was 'nothing relating to the criminal law which more troubles the public mind' than 'the borderline cases, cases which involve questions of insanity, and psychopathic questions relating to the accused person', the supposed reasons for this concern depended upon how one understood psychopathy.⁸⁴¹ Perhaps they were nervous that they might have to sit on a jury who would have to inexpertly sentence one of these complex cases; or perhaps they shared Kitching's rampant anxiety at the prospect of one of these individuals being released and repeating their crimes.⁸⁴² The one thing that was certain when it came to psychopathy was that, for whatever reason, they were a cause for unspecified dread.

This diffuse anxiety engendered by the psychopathic criminal was intimately linked not only to misgivings over how they would be managed, but also to an implicit distrust of psychiatrists. When it came to sentencing psychopathic criminals the psychiatrist often found themselves cast as the 'soft-hearted sentimentalist', who was 'soft-headed' enough to accept 'the most specious excuses in the face of the most dastardly crimes', inviting the upending of 'modern integrity and social security' with the 'credulous acceptance' of the psychiatric argument.⁸⁴³ Psychiatrists complained of the struggle to get judges and juries to take seriously the diagnosis of psychopathy, being met instead with a wall of suspicion that they were attempting to pervert the course of justice either due to gullibility, malice or a Machiavellian motivation to enhance the reputation and power of their profession.⁸⁴⁴ *The Lancet* played with the debates around the use of the term 'psychopath' by reimagining Plato's Symposium, and conjured the physician Eryximachus to make the argument that must have been on the minds of many a jury: 'I believe that most psychopaths are just criminals, and that those who call them psychopaths are merely bad psychologists, or pathopsychs'.⁸⁴⁵ The central point of contention, but also the means of disproving Eryximachus's argument, was treatment.

⁸⁴⁰ M. Philips Price, HC Deb, 25th April 1956, vol. 551, cc.8221-2.

⁸⁴¹ Lord Bishop of Coventry, HL Deb, 16th December 1953, vol.185, c.177.

⁸⁴² Ibid, cc.177-8; Lord Chorley, HL Deb, 21st February 1957, vol.201, c.1211.

⁸⁴³ Henderson, 'Psychopathic Constitution and Criminal Behaviour', p.110; Dr Bennett HC Deb, 10th February 1955, vol.536, c.2155; East, 'Psychopathic Personality and Crime', p.445; Henderson, *Psychopathic States*, p.19.

⁸⁴⁴ See for example Henderson, *Psychopathic States*, p.19; Lewis, 'Report of the Royal Commission', p.142.

⁸⁴⁵ 'Psychopaths or Pathopsychs?', *The Lancet*, 274:7092, (1959), p.80.

Believing that psychopaths were treatable reinforced the notion that psychopathy was not mere wickedness, but a disorder that caused the irresponsible and sometimes terrible behaviour that had landed them in court. It furthermore bolstered psychiatry's scientific credentials, which psychopathy otherwise constantly undermined through its nebulous and contested nature. If psychiatrists could win the argument that psychopaths should not be handled more leniently nor more severely, but instead treated 'under more specialized conditions', then it would only serve to foster greater understanding of psychopathy, and greater respect for both the condition and their profession.

One way to 'dispel the popular idea that the psychiatrist invariably appears in Court to offer evidence in mitigation' was for the maligned psychiatrist to endorse the introduction of indeterminate sentencing.⁸⁴⁶ This tackled head-on the fears that violent criminals were somehow working the system (and the psychiatrist), and more importantly that the privileged non-psychopaths would do the same.⁸⁴⁷ With all the discussion of the new special institution, came the same concerns that, if it were 'too pleasant', offering swifter opportunities for release than an ordinary prison, then 'we shall get every defending counsel with a hopeless case trying to prove his client a psychopath'.⁸⁴⁸ Indeterminate sentencing would instead model any new special institution on Herstedvester, 'a beautiful place' rendered 'the toughest prison in the world', as 'the prisoners are all there for good' on a 'permanent indeterminate sentence' until they proved themselves. This, it was believed, was the real lesson that should be taken from Denmark, rather than the adoption of draconian sterilisation policies, and the secret to their acclaimed reclamation rate.⁸⁴⁹ The policy demanded the individual prove themselves ready to re-enter society, forcing the psychopathic prisoner to take responsibility for their actions by making them work for their release. This was rather than have them sitting unrepentant, obstreperous and idle, their visit too brief to receive treatment of any consequence but too long for the prison to endure, simply waiting for their meaningless sentence to elapse.⁸⁵⁰ As such it had a broad spectrum of support amongst psychiatrists and

⁸⁴⁶ R. Sessions Hodge, 'The Impulsive Psychopath: A Clinical and Electro-Physiological Study', *Journal of Mental Science*, 91:385, (1945), p.476.

⁸⁴⁷ See for example the reasons given for rejecting proposals for a separate psychopathic prison: *Report of the Indian Jails Committee, 1919-20* Cmd.1303, pp.183-6, esp. pas. 342, 347, 348.

⁸⁴⁸ 'Treatment of Offenders', p.1120.

⁸⁴⁹ Lord Taylor, HL Deb, 8th April 1959, vol.215, c.529. Also Taylor, 'The Psychopath in Our Midst', p.34; 'Treatment of Offenders', p.1120.

⁸⁵⁰ Complaints re: sentences being too brief for treatment arise in 'Treatment of Offenders: Report to the Home Secretary', p.1123; Mannheim, 'The Treatment of Neurotic and Psychopathic Offenders', p.152; Louis Minski: *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1951*,

politicians, who argued that indeterminate sentencing was already in effect the policy for those diagnosed as criminal lunatics, so it made sense to extend it to the criminal psychopath.⁸⁵¹ However, once again this controversial policy was perceived as unpopular with the public; although the ACTO was to express support for the policy, it shied away from recommending its adoption.⁸⁵² In *The Lancet's* fantasy Symposium, a new character, Analyticus, was introduced to argue for 'power to deal with psychopaths against their will' using '[i]ndefinite incarceration'. The lawyer Apollodorus decries this as a policy of 'undue severity', and asks on behalf of its detractors if 'we know enough about psychopaths to shut them up for indefinite treatment'?⁸⁵³ For both the criminal and non-criminal psychopath, it appeared that the answer was 'no'.

Conclusion

The psychopath was defined by being out of step with society, but increasingly it was society that rejected them. The desire to purge the problematic individual from its midst repeatedly failed to find a solution that satisfied all the many parties interested in the psychopath's removal. The confusion over what to do with the psychopath only deepened when practical discussions as to their disposal collided with the current of reform that sought to abolish penal servitude or argued for the abolition of the death penalty. The psychopath's contested nature, inviting both pity and damnation from the justice system and the public, reflected the twin impetuses of punishment and treatment with which the problem of their management was approached. This contradictory situation can also be seen in attitudes toward the psychiatrists treating them: they were accused of being too 'soft hearted' and 'soft headed' in their treatment of psychopaths, and yet their arguments for indeterminate sentencing were met with horror. In the event, whilst the increasingly theoretical discussions over their management raged on, the psychopath continued to be made invisible by a system that failed to recognise them, and sent to institutions where they were not wanted.

to 4th July, 1952 (Belmont Hospital, Sutton, 1952), p.6 and *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1954, to 4th July, 1955* (Belmont Hospital, Sutton, 1955), p.6.

⁸⁵¹ Henderson, 'The Classification and Treatment of Psychopathic States', p.14; Lord Taylor, HL Deb, 8th April 1959, vol.215, c.530; W. Lindsey Neustatter, 'Legal and Medical "Insanity"', *British Medical Journal*, 2:4479, (1946), pp.709-10.

⁸⁵² 'Treatment of Offenders: Report to the Home Secretary', pp.1123-5; discussed in 'Treatment of Offenders', p.1120; and by Mannheim, 'The Treatment of Neurotic and Psychopathic Offenders', pp.151-2.

⁸⁵³ 'Psychopaths or Pathopsychs?', p.80.

CHAPTER VIII: CURE

‘In this country the adult psychopath is dealt with in a vague and indecisive way, because no-one is clear what course to take’.⁸⁵⁴ This assessment by pioneering psychiatrist Maxwell Jones was made before the enactment of the 1959 Mental Health Act produced its four tiers of treatment for psychopaths.⁸⁵⁵ Jones’s statement was based on the persistent absence of an agreed definition or aetiology for psychopathy, the lack of any sort of process for dealing with the psychopath and the randomness of what form of treatment they might receive, if they received any at all. Psycho-analyst Edward Glover lamented that ‘the treatment of criminal psychopathy has not yet passed the empirical stage’, but this was in fact true for all forms of psychopathy.⁸⁵⁶ The realisation that the psychopath was an urgent problem that required a solution and the parallel explosion of new, untested treatments, be they physical or therapeutic, meant that the 1940s and 1950s in particular were a time of trial and error, much of it enacted upon the psychopath. In theory, they presented a unique opportunity for experimentation, their historic status as untreatable making them something of a prestige patient when it came to researchers seeking to prove the curative powers of their pet projects, whilst their reputation for being patients both unpopular and chronic meant that the stakes of such a gamble were considered low. Two main approaches formed (but were also combined on occasion): physical interventions that sought to deal with psychopathy in the swiftest, most economical way possible; and therapeutic treatments, that were gentler in terms of timeframe and execution. Despite appearing to be conceptually opposed, the trajectory of both approaches was markedly similar: hope following despair, but ending in failure.

Physical Interventions

In his presidential address to the Section of Psychiatry of the RSM in 1947, D. K. Henderson delivered a rousingly optimistic assessment of the state of psychiatry. Central to this was his new-found faith in the relatively new operation of leucotomy, his initial scepticism about the procedure having given way to wonder, until he was ‘completely converted’ and ‘recognized

⁸⁵⁴ Maxwell Jones, ‘Delinquency and Crime: A Challenge to Psychiatry’, *The Lancet*, 264:6851, (1954), p.1277.

⁸⁵⁵ Michael Craft, ‘English Psychopaths and Their Treatment’, *British Journal of Criminology*, 8:4, (1968), pp.414-7.

⁸⁵⁶ Edward Glover, ‘Chapter IV: The Criminal Psychopath’, in Edward Glover, *The Roots of Crime: Selected Papers on Psycho-Analysis, Volume II*, (International Universities Press, New York, 1960), p.148. This chapter was written 1940-59.

that a change and betterment could be effected which surpassed my wildest dreams and expectations'.⁸⁵⁷ Physical treatments such as leucotomy, psychopharmacology and electrotherapeutics were indeed seen as reasons for psychiatrists to feel thrillingly positive about their profession and what the future might hold, as they offered a scientific legitimacy to psychiatry that could potentially banish all criticisms to the contrary.⁸⁵⁸ After all, it was easier to argue for parity of esteem between psychiatry and medicine if mental disorders could be located within the body, and have corresponding specific physical treatments.⁸⁵⁹ Belief in physical intervention as a modern, progressive approach was bolstered by the bespoke tools surgeons had made for leucotomy operations, the use of modern equipment to deliver electroshock treatments and the administration of newly-synthesised drugs. This aggressive confidence is particularly evident in William Sargant's writing, as he saw the introduction of these treatments cause to declare that '[p]rogress is continuous', emphasising the bright modern era where long-stay patients were liberated from asylums to return to their normal lives, and the quackery of psycho-analysis was banished to the same place as blood-letting.⁸⁶⁰ However, this confidence masked the fact that any supposed advances were largely down to trial and error. This was particularly evident when it came to the attempted treatment of psychopathy.

The special scientific basis for the assault on the psychopathic brain was the work on the EEGs of psychopaths, carried out primarily by Denis Hill in the UK, and Daniel Silverman in the US. This seemed to show definitively that psychopaths were physically immature.⁸⁶¹ Its scientific credentials were undoubtedly bolstered by graphs mapping theta rhythms, and gave rise to similarly impressive explanations that certain drugs stopped particular psychopathic behaviours due to their 'ability to compete reversibly with amines for the amine oxidase of the

⁸⁵⁷ D.K. Henderson, 'Psychiatric Hypothesis and Practice', *Journal of Mental Science*, 94:394, (1948), p.26.

⁸⁵⁸ Richard Bentall, *Doctoring the Mind: Why Psychiatric Treatments Fail* (Allen Lane, London, 2009), p.41; J. Moncrieff, 'An Investigation into the Precedents of Modern Drug Treatment in Psychiatry', *History of Psychiatry*, 10:40, (1999), p.477; Andrew Scull, 'Psychiatry and Social Control in the Nineteenth and Twentieth Centuries', *History of Psychiatry*, 2:6, (1991), p.168.

⁸⁵⁹ Moncrieff calls these 'magic bullets': 'An Investigation', p.477.

⁸⁶⁰ William Sargant, *The Unquiet Mind: The Autobiography of a Physician in Psychological Medicine* (Heinemann, London, 1967), pp.58-9; Chapter 21, pp.198-214.

⁸⁶¹ Denis Hill and Donald Watterson, 'Electro-Encephalographic Studies of Psychopathic Personalities', *Journal of Neurology and Psychiatry*, 5:1-2, (1942), pp.47-65; Denis Hill, 'Cerebral Dysrhythmia: Its Significance in Aggressive Behaviour', *Proceedings of the Royal Society of Medicine*, 37:7, (1944), pp.317-30; Denis Hill 'Psychopathic Personality', *Postgraduate Medical Journal*, 30, (1954), p.401; D. Silverman, 'Clinical and Electroencephalographic Studies on Criminal Psychopaths', *Archives of Neurology and Psychology*, 50:1, (1943), pp.18-33.

brain' thus 'reducing the inhibitory aldehyde'.⁸⁶² This was undermined somewhat by the fact that, as with the majority of data gleaned from physical experimentation on the psychopath, it was used in different ways to support various theories. For example, a brief column in the *BMJ* exclaimed that findings such as these 'would suggest that, for some reason as yet undiscovered, the psychopath frequently has some kind of disturbance of the frontal regions of the brain', and that moreover 'the success of the leucotomy operation... supports this hypothesis'.⁸⁶³ The majority of observers instead interpreted the EEG evidence as an argument for psychopharmacology in helping the psychopath reach cerebral maturity and thence cease their destructive behaviours and reach stability. In the first edition of *An Introduction to Physical Methods of Treatment in Psychiatry*, Sargant and Eliot Slater drew comparisons between the electrical disturbance of the epileptic, the psychopath and the 'over-naughty boy' to argue that 'a modification of their cerebral metabolism by exhibition of a drug' was almost certainly required.⁸⁶⁴ Similarly, psychiatrist Joe Shorvon claimed that the application of Benzedrine in combatting nocturnal enuresis in psychopaths could potentially be explained by Hill's 'theory of the cortical immaturity of psychopaths and the relation of Benzedrine to cerebral metabolism in such cases'.⁸⁶⁵ Hill himself made a similar claim, referencing his own research on abnormal EEGs of the "'theta-rhythm persistent" type' in adult psychopaths to explain the interest in amphetamine (of which Benzedrine was a trade-name) in their treatment.⁸⁶⁶ Sargant welcomed Hill's work, which he felt sure would help in the diagnosis of psychopaths just as they were 'also learning to treat them by means of ordinary drugs'.⁸⁶⁷

The reality was rather more imprecise, and certainly less hopeful. The evolution of all physical therapies, at least in studies involving psychopaths, involved what Michael Craft referred to as 'uncontrolled trials with a few short term successes which are not followed for longer than a year'.⁸⁶⁸ In the field of psychopharmacology this was particularly evident, with psychopaths reported as being administered not only amphetamines, but also lysergic acid

⁸⁶² Hill, 'Cerebral Dysrhythmia', p.320; H. J. Shorvon, 'Benzedrine in Psychopathy and Behaviour Disorders', *British Journal of Addiction to Alcohol and Other Drugs*, 44:2, (1947), p.61.

⁸⁶³ 'Psychopathic Personality and the Electro-Encephalogram', *British Medical Journal*, 2:4326, (1943), p.718.

⁸⁶⁴ William Sargant and Eliot Slater, *An Introduction to Physical Methods of Treatment in Psychiatry* (E. and S. Livingstone, Edinburgh, 1946), p.84.

⁸⁶⁵ Shorvon, 'Benzedrine in Psychopathy', p.61.

⁸⁶⁶ Denis Hill, 'Amphetamine in Psychopathic States', *British Journal of Addiction to Alcohol and Other Drugs*, 44:2, (1947), p.50.

⁸⁶⁷ Discussion following Hill, 'Cerebral Dysrhythmia', p.329.

⁸⁶⁸ He exempts his 1958 study and Silverman's (1944) from this assessment. Michael Craft, *Ten Studies into Psychopathic Personality: A Report to the Home Office and the Mental Health Research Fund* (John Wright and Sons, Bristol, 1965), p.76.

diethylamide (LSD), Chlorpromazine, sodium pentothal, Pactal and Epanutin, and the endogenous steroid hormone dehydroisoandrosterone (DHEA) and the endocrine disrupter stilboestrol.⁸⁶⁹ Most of these studies reported success of varying degrees for some of the psychopaths tested, but not enough or with sufficient consistency to warrant any concrete claims to have found a treatment for psychopathy, such as the 'surprising success' of treating psychopaths with LSD. This claim was urged on by the authors' belief in the drug's ability to 'enhance rapidly' the 'natural maturation' of character leading them to 'suggest the wider use of LSD in the treatment of psychopathic states and character disorders'. In reality these claims were based on the treatment of six subjects, three of whom showed no improvement.⁸⁷⁰ Even amphetamines, the most consistently used drug with what seemed to be the greatest success, came with problems of tolerance and addiction, as discussed below.⁸⁷¹ Trying to tie a particular treatment to a specific diagnosis was further complicated by the fact that, just as individual practitioners had favourite drugs or areas to target in neurosurgery, they also interpreted their patients' symptoms and subsequent diagnoses in a rather idiosyncratic fashion. For example, Shorvon's paper on the *Use of Benzedrine Sulphate By Psychopaths* hinged on one case of a nervous and depressed man who had a family history of psychopathy but no formal diagnosis himself.⁸⁷² Reported improvements in patients with psychopathy, especially when unsubstantiated, gave certain therapies an aura of greater success and specificity than they merited.⁸⁷³ The natural upshot of this was selecting patients based on their symptoms, rather than their diagnoses or any real knowledge of the natural progress of their particular affliction.

⁸⁶⁹ See R.A. Sandison, A.M. Spencer, and J.D.A. Whitelaw, 'The Therapeutic Value of Lysergic Acid Diethylamide in Mental Illness', *Journal of Mental Science*, 100:419, (1954), pp.491-507; R.A. Sandison and J.D.A. Whitelaw, 'Further Studies in the Therapeutic Value of Lysergic Acid Diethylamide in Mental Illness', *Journal of Mental Science*, 103:431, (1957), pp.332-43; William Sargant and Eliot Slater, *An Introduction to Physical Methods of Treatment in Psychiatry* (E. and S. Livingstone, Edinburgh, 1954), p.165; William Blyth, 'Pentothal Sodium Narcoanalysis', *Journal of Mental Science*, 88:373, (1942), p.507; J.F. Wilde, 'Narco-Analysis in the Treatment of War Neuroses', *British Medical Journal*, 2:4252, (1942), p.5; *Report of the Commissioners of Prisons for the Year 1959* Cmnd.1117, p.141; D.E. Sands and G.H.A. Chamberlain, 'Treatment of Inadequate Personality in Juveniles by Dehydroisoandrosterone', *British Medical Journal*, 2:4775, (1942), p.67; E.B. Strauss and W.A.H. Stevenson, 'Use of Dehydroisoandrosterone in Psychiatric Practice', *Journal of Neurology, Neurosurgery, and Psychiatry*, 18:2, (1955), pp.137-44, esp. Cases 5, 7, 9, 11; Hill in William Sargant and Eliot Slater, *An Introduction to Physical Methods of Treatment in Psychiatry* (E. and S. Livingstone, Edinburgh, 1948), p.101; W. Lindsey Neustatter, *Psychological Disorder and Crime* (Christopher Johnson, London, 1953), p.98.

⁸⁷⁰ Sandison and Whitelaw, 'Further Studies', pp.335-7, 342.

⁸⁷¹ Possibly Sargant's enthusiasm for Benzedrine was linked to his personal experiences on the drug in 1930s: *The Unquiet Mind*, pp.44-7.

⁸⁷² H.J. Shorvon, 'Use of Benzedrine Sulphate by Psychopaths', *British Medical Journal*, 2:4417, (1945), p.285.

⁸⁷³ For unreferenced claims about the success of leucotomy in treating psychopathy see e.g. 'Cutting the Frontal White Fibres', *British Medical Journal*, 1:4294, (1943), p.511.

Practitioners of leucotomy readily acknowledged that selection of suitable cases for treatment bore very little relation to diagnoses.⁸⁷⁴ Instead, it was more a case of treatment of last resort for those chronic patients who were 'considered quite hopeless'.⁸⁷⁵ In his presidential address, Henderson had even laid out what he believed to be the three key criteria required to justify a leucotomy. These were: duration of illness; degree of tension or affect; and the 'seeming impossibility of obtaining betterment by any other means'.⁸⁷⁶ He went on to detail the results of 100 leucotomies performed at Morningside, where he had been physician superintendent since 1932. Of the four patients with psychopathic states, he considered three had had their condition improved by the operation.⁸⁷⁷ Moreover, the seeming improvement by surgical intervention of some aggressive, violent or criminal patients gave superficial credence to many of Henderson's more theoretical arguments around psychopathy and criminal responsibility, elucidating the 'difficult question of how and where mental deficiency, psychopathy and insanity end and where delinquency and criminal conduct begins'.⁸⁷⁸

Historian David Crossley makes a key addition to Henderson's criteria for leucotomy: behavioural problems.⁸⁷⁹ It is here that the interpretation of intentions behind all physical treatments becomes more contested, and requires an interrogation of who held the dominant discourse as to the definitions of 'cure' and 'improved'. For example, such was the importance attached to being in employment that it was seen as both a means of foregrounding the illness and also a useful measure of the success of the treatment.⁸⁸⁰ Even if a leucotomised psychopath returned to work at a 'lower level' than before the intervention, or a depressed psychopath simply took Bensedrine every time they felt low so they could remain in

⁸⁷⁴ Skottowe in 'Symposium on Orbital Undercutting', *Proceedings of the Royal Society of Medicine*, 53:9, (1960), p.736; David Crossley, 'The Introduction of Leucotomy: A British Case History', *History of Psychiatry*, 4:16, (1993), p.555.

⁸⁷⁵ L.C. Cook in 'Discussion: Prefrontal Leucotomy with Reference to Indications and Results', *Proceedings of the Royal Society of Medicine*, 39:8, (1946), p.450. See also John Pippard, 'Reflections on Leucotomy', *British Medical Journal*, 1:4980, (1956), p.1402 and Rankine Good, 'Convulsion Therapy in War Psychoneurotics', *Journal of Mental Science*, 87:368, (1941), p.409, for similar arguments re: administering cardiazol to psychopaths.

⁸⁷⁶ Henderson, 'Psychiatric Hypothesis and Practice', p.26.

⁸⁷⁷ *Ibid*, p.27.

⁸⁷⁸ *Ibid*, p.29.

⁸⁷⁹ Crossley, 'The Introduction of Leucotomy', p.555.

⁸⁸⁰ For example, R. Ström-Olsen, S.L. Last, M.B. Brody and G.C. Knight, 'Results of Prefrontal Leucotomy in Thirty Cases of Mental Disorder', *Journal of Mental Science*, 89:375, (1943), p.167; 'Discussion: Prefrontal Leucotomy', p.450; A.S. Paterson and A. Conachy, 'Subconvulsive Electrical Stimulation in Treatment of Chronic Neurosis', *British Medical Journal*, 2:4795, (1952), p.1173.

employment, the fact that they were working was considered proof of success.⁸⁸¹ More generally, the psychopath's reputation as one of the most disruptive of problematic patients not only made them vulnerable to experimental treatments, but also placed an emphasis on manageability as a treatment goal. In a 1946 paper, Jan Frank of Graylingwell Hospital, Chichester, presented the results of his leucotomy operations on patients diagnosed with aggressive oligophrenia psychopathy, the majority of whom were also classed as mental defectives. After reporting the 'rather disappointing' results of the operations, Frank concluded that far more experience in such ventures was required in order to determine 'whether leucotomy would be a suitable treatment for unmanageable aggressive psychopaths'.⁸⁸² This put the emphasis on a desired treatment outcome of manageability, which in such a serious, haphazard and irreversible operation came with deeply sinister overtones.

The criterion for success when operating on troublesome and aggressive patients appeared to be that they no longer behaved badly, which would be in keeping with a treatment selected on symptoms not diagnosis, often performed on patients considered so desperate that it was 'more as a palliative measure than with any hope of cure'.⁸⁸³ For example, L. C. Cook of Bexley Hospital reported on four 'hopeless' aggressive psychopaths, including 'one girl who had literally smashed up the hospital for nine years', who had post-operatively 'become stable enough to earn her living in domestic work'.⁸⁸⁴ Netherne Hospital reported on a strikingly similar 'recovery' of two cases of 'chronic psychopathic personality' who had 'spent many years trying to smash up the hospital' but after leucotomy had 'given little trouble for many months'.⁸⁸⁵ Leucotomy was adjudged so successful in a sample of cases from Rampton Secure Hospital that the author was moved to claim: 'a characteristic of the psychopathic state... that it is immovable by any form of medical treatment... may, happily, have to be qualified'. This success was measured in terms of an absence of symptoms of aggression, bad language and violence, and, particularly in the female patients, an improvement in cleanliness, affection for parents, shyness and zeal for housework.⁸⁸⁶ What

⁸⁸¹ E. Stengel, 'A Follow-Up Investigation of 330 Cases Treated by Prefrontal Leucotomy', *Journal of Mental Science*, 96:404, (1950), p.652; Shorvon, 'Benzedrine in Psychopathy', p.61.

⁸⁸² Jan Frank, 'Physical Therapy in Mental Disorder', *British Medical Journal*, 1:4437, (1946), p.505.

⁸⁸³ Ström-Olsen et al., 'Results of Prefrontal Leucotomy', p.165.

⁸⁸⁴ Cook in 'Discussion: Prefrontal Leucotomy', p.450.

⁸⁸⁵ E. Cunningham Dax and E.J. Radley Smith, 'The Early Effects of Prefrontal Leucotomy on Disturbed Patients with Mental Illness of Long Duration', *Journal of Mental Science*, 89:375, (1943), p.188.

⁸⁸⁶ G.W. Mackay, 'Leucotomy in the Treatment of Psychopathic Feeble-Minded Patients in a State Mental Deficiency Institution', *Journal of Mental Science*, 94:397, (1948), p.842.

were considered the most unappealing aspects of their disorder – perhaps the sole basis for their diagnosis in some cases - had undoubtedly been alleviated, and so they were considered ‘cured’. In any case, they were certainly more manageable. Similar claims to success of physical treatments on psychopaths can be seen with the use of tranquilisers in local prisons to attain ‘a more orderly frame of mind’, and also with ECT.⁸⁸⁷ Whilst there are few mentions of electro-convulsive therapy being used on psychopaths in psychiatric papers on the subject, Sargant and Slater warned that intensive courses of ECT could be used as a means of controlling patients, in an effort to ‘batter [them] into apathy’. The patients most prone to this means of control were ‘schizophrenics, obsessionals, and psychopaths’, the ‘noisy and difficult chronic patients with no hope of recovery’.⁸⁸⁸

It soon became clear that the results of physical interventions in psychopathy were not quite the universal success Henderson had hoped they would be. Instead of making psychopaths more tractable, there was a growing consensus that leucotomy exacerbated the condition of aggressive psychopaths, especially those whose behaviour was due to a failure of control. It was feared that the operation could destroy the ‘moral sense’, diminish what little control the psychopath had over their actions and emotions and remove the ‘powers of inhibition’ that might have put a brake on their bad behaviour.⁸⁸⁹ This meant that surgery could not only aggravate the psychopathic traits of existing psychopaths, but produce them in others in a similar manner to head injury, creating individuals who were ‘filthy in their habits’, the ‘real terrors in the wards’ and ‘spiteful, aggressive and [who] use obscene language’.⁸⁹⁰ In the words of Sargant, the great champion of physical treatments for nearly every case that crossed his path, ‘psychopathic traits of personality cannot be expected to be abolished by the treatment,

⁸⁸⁷ *Report of the Commissioners of Prisons 1959*, p.141.

⁸⁸⁸ William Sargant and Eliot Slater: ‘Physical Methods of Treatment in Psychiatry’, *British Medical Journal*, 1:4718, (1951), p.1317 and *An Introduction to Physical Methods of Treatment in Psychiatry* (E. and S. Livingstone, Edinburgh, 1954), p.80. In the latter the index points to this page under ‘aggressive psychopaths’, although there is no mention on the page itself. Jasper Kragh makes a parallel case for Cardiazol shocks used to discipline disruptive patients diagnosed with ‘psychopathia’ in Denmark. J. V. Kragh, ‘Shock Therapy in Danish Psychiatry’, *Medical History*, 54:3, (2010), pp.352-3.

⁸⁸⁹ Alexander Kennedy, ‘Psychopathic Personality and Social Responsibility’, *Journal of Mental Science*, 100:421, (1954), p.879. D. Curran and M. Partridge, *Psychological Medicine: A Short Introduction to Psychiatry* (E. and S. Livingstone, Edinburgh, 1955), p.108; Neustatter, *Psychological Disorder and Crime*, pp.43, 98.

⁸⁹⁰ M. Engler, ‘Prefrontal Leucotomy in Mental Defectives’, *Journal of Mental Science*, 94:397, (1948), p.846. Also E.L. Hutton, ‘Contra-Indications for Leucotomy: Whom not to Leucotomize’, *Journal of Mental Science*, 93:391, (1947), p.355. For head injury as cause of psychopathic personality, see e.g. W. Norwood East, ‘Psychopathic Personality and Crime’, *Journal of Mental Science*, 91:385, (1945), p.432.

and indeed their manifestation may even be facilitated'.⁸⁹¹ Even those claiming some success in treating psychopaths with this method started to admit that results were mixed, with some seemingly improved, but others later relapsing or experiencing no improvement at all, making it difficult to draw any wider generalisations for the treatment of a disorder about which so little continued to be known.⁸⁹² British ethnopsychiatrist Colin Carothers, who spent much of his career working in or studying Kenya, assessed neuropsychiatry on psychopaths to estimate an overall success rate of only 15 per cent, and argued that 'leucotomy tends to convert patients into psychopaths'.⁸⁹³ He used this evidence to construct an argument that 'the African uses his frontal lobes very little', illustrating that the results of these operations were so subjective and inconsistent they could be harnessed to support almost any argument one cared to make.⁸⁹⁴

Psychopharmacology went through a similar slide to ignominy as far as the psychopath was concerned. The initial heady excitement caused by a few favourable experiments on Benzedrine gave way to a far more pedestrian reality, as the limits of both the drug and the test subjects became clear. Benzedrine was initially favoured as a treatment for psychopaths as it was not believed to be a narcotic for which 'an overwhelming desire is acquired', or that has 'distressing' symptoms on withdrawal.⁸⁹⁵ One depressive psychopath and 'heavy spirit drinker' was encouraged to swap alcohol for the drug, while Sargant and Slater reported that it was actually used to treat alcohol addiction in America, claiming it was 'a less dangerous substitute for addiction to the constitutional psychopath'.⁸⁹⁶ This was crucial, as psychopathy had a long association with addiction, and Sargant himself reported that they tended to abuse barbiturates, alcohol and, for the psychopathic 'economic alcoholic', methylpentynol and mephenesin. The psychopath, he reported, will 'compulsively swallow anything, including barbiturates, that they can lay their hands on, and in truly enormous doses'.⁸⁹⁷ By contrast, it

⁸⁹¹ Sargant and Slater, *Physical Methods* (1946), p.144. Similarly, William Sargant, 'Ten Years' Experience of Modified Leucotomy Operations', *British Medical Journal*, 2:4840, (1953), p.802.

⁸⁹² Frank, 'Physical Therapy', p.505; E. Stengel, 'A Follow-Up Investigation', p.652 and Pippard 'Reflections on Leucotomy', p.1402 (mixed results); Ström-Olsen et al., 'Results of Prefrontal Leucotomy', pp.167-8 (temporary improvement only); F.T. Thorpe, 'Prefrontal Leucotomy for Post-encephalitic Disorder of Conduct', *British Medical Journal*, 1:4443, (1946), p.313 (should be beneficial in theory; questions it in practice).

⁸⁹³ J.C. Carothers, 'Frontal Lobe Function and the African', *Journal of Mental Science*, 97:406, (1951), p.40.

⁸⁹⁴ *Ibid*, pp.20, 40.

⁸⁹⁵ Shorvon, 'Benzedrine in Psychopathy', p.59.

⁸⁹⁶ E.W. Anderson, 'Further Observations on Benzedrine', *British Medical Journal*, 2:4044, (1938), p. 61; Sargant and Slater, *Physical Methods* (1946), p.96.

⁸⁹⁷ William Sargant, 'On Chemical Tranquillizers', *British Medical Journal*, 1:4973, (1956), pp.941-2.

Psychopathy and addiction is also discussed in, for example, D.K. Henderson and R.D. Gillespie, *A Text-*

was believed that psychopaths could be identified as suitable candidates for Benzedrine because of their strikingly high tolerance for the drug, being capable of consuming very high doses with no disruption to their sleep or signs of addiction.⁸⁹⁸ Nevertheless, even positive reports of psychopaths on Benzedrine still reported abuse, if not addiction. One man was reported to be taking twelve tablets a day to ‘give him the self-confidence that he previously obtained only with whisky, or to relieve a “hangover”’, and ‘had no difficulty in maintaining supplies from a gentleman in Soho’.⁸⁹⁹ By the third edition of Sargant and Slater’s textbook, copy had been added admitting that a ‘few psychopathic patients... become tolerant of very large doses and dependent on them’.⁹⁰⁰ The fourth edition of Desmond Curran’s collaborative textbook, published the following year, similarly warned that in the treatment of psychopathic personalities, the use of ‘Benzedrine, or alternatively sedatives such as amytal’ was ‘not to be encouraged in the sort of personalities that are likely to abuse or become dependent on such aids’, and ‘their administration should be carefully supervised and controlled’.⁹⁰¹ The very drugs that were supposed to restrict and regulate the psychopath’s boundary-breaking behaviour themselves facilitated this subversion.

By the end of the 1950s, many physical treatments were falling out of vogue. The feverish optimism that had fuelled the hope that even the psychopath may yet be cured by these means – and cured quickly – had peaked and faltered. John Pippard, a consultant psychiatrist who was in the process of developing Claybury Hospital into a therapeutic community, concluded that the ‘psychopathic personality as such is not amenable to treatment by leucotomy’.⁹⁰² Edgar Myers, writing his response to the Percy Commission and musing on the intractable problem posed by the psychopath, went further, writing that for that class of patient, ‘physical treatments are to no avail’, a point echoed by Jones and his colleagues.⁹⁰³ Henderson’s hopes had also diminished over the years. From believing that the

Book of Psychiatry for Students and Practitioners (OUP, London, 1936) p.392; D.K. Henderson and R.D. Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1940), p.311; William Sargant, ‘Physical Treatment of Acute War Neuroses: Some Clinical Observations’ *British Medical Journal*, 2:4271, (1942), p.574; *The Nomenclature of Diseases Drawn up by a Joint Committee Appointed by the Royal College of Physicians of London (7th Edition)* (HMSO, London, 1948), p.84; Neustatter, *Psychological Disorder and Crime*, p.93.

⁸⁹⁸ Sargant and Slater, *Physical Methods* (1946), p.80; Hill, ‘Amphetamine in Psychopathic States’, p.52; Hill in Sargant and Slater, *Physical Methods* (1948), p.101.

⁸⁹⁹ Shorvon, ‘Benzedrine in Psychopathy’, p.62.

⁹⁰⁰ Sargant and Slater, *Physical Methods* (1954), p.168.

⁹⁰¹ Curran and Partridge, *Psychological Medicine* (1955), p.107.

⁹⁰² Pippard, ‘Reflections on Leucotomy’, p.1404.

⁹⁰³ E.S. Myers, ‘The Royal Commission and the Psychopath’, *British Journal of Psychiatric Social Work*, 4:4, (1958), p.32; A.A. Baker, Maxwell Jones, Julius Merry and B.A. Pomryn, ‘A Community Method of Psychotherapy’, *British Journal of Medical Psychology*, 26:3-4, (1953), p.222; Maxwell Jones, Fergus

success of leucotomy heralded a new dawn in the treatment of psychopathy, fuelling his argument for a 'good psychiatric service even within the prison system' that could administer operations to aggressive psychopathic prisoners, he expressed defeat.⁹⁰⁴ He found it 'disappointing' that 'so far the modern methods of physical therapy have been of so little help'. Although he held out some expectation that 'greater refinement of technique' and 'more knowledge of brain functioning' could yet lead neurosurgery to deal with the problem of psychopathic personality, he acknowledged that this was not realistic. Once again he was left with a cure for psychopathy as a long-term, holistic project rather than a quick fix, observing that

'our main hope in treatment seems to lie in dealing with such conditions in their incipency by establishing a mental health service which works in co-ordination with every form of medical and social work'.⁹⁰⁵

For psychopathy, at least, the brief venture into physical treatments had only served to confirm the almost mythic untreatability of the condition, which subverted psychopharmacology and defied neurosurgery. Other methods would have to be found.

Psycho-analysis, Group Therapy and Therapeutic Communities

The other, far more time-consuming but far less high-stakes approach to treating psychopathy, was therapeutic. Unlike the somatic approaches such as leucotomy or sterilisation, therapy attempted to force the psychopath to take responsibility for their actions by engaging with the problematic elements of their behaviour and social relationships, understanding them and working towards a change. That is not to say that physical interventions were not made to facilitate the path to psycho-analytic abreaction. There were experiments in narco-analysis involving Sodium Pentothal, a so-called 'truth drug' that was thought to prevent the brain from performing complex tasks such as lying, performed on cohorts of mental patients including psychopaths. The particular effect of these drugs on the psychopaths was unclear, although in one case it merely worked to reveal that the individual was malingering as the story of his war

Stallard, Isobel H. Hunter and Ronald A. Brookes, 'The Psychopath and the Mental Health Bill', *The Lancet*, 273:7072, (1959), p.567.

⁹⁰⁴ D.K. Henderson and R.D. Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1950), p.405.

⁹⁰⁵ D.K. Henderson, 'The Classification and Treatment of Psychopathic States', *British Journal of Delinquency*, 6:1, (1955), p.14.

injury was 'revealed to be false'.⁹⁰⁶ LSD was also used in an attempt to achieve 'a temporary removal of the ego-defences' alongside group therapy in a sample of patients including eleven chronic psychopaths, but was again adjudged inconclusive for the 'chronic psychopathic and emotionally immature'.⁹⁰⁷ Similarly, 'subconvulsive electrical stimulation', which attempted to harness the 'highly emotional state of mind' produced by a low-level electrical current passing through the brain in order to enhance the therapeutic relationship between therapist and patient, was tried on a group which included ten subjects classed under 'psychopathic behaviour disorders'. Four of these individuals responded particularly well to the treatment, but once again not well or consistently enough for it to become a standard aid to psychotherapy.⁹⁰⁸ It was often the case that a range of interventions from hypnosis to ether abreaction to electro-therapy were available to facilitate meaningful progress in various therapeutic approaches, for example in the work done with Jonathan Gould at Wormwood Scrubs. However, whether these added extras were more or less efficacious in the treatment of the 32 psychopaths in his sample was unclear.⁹⁰⁹ Certainly the best-known therapeutic treatment of psychopaths, Jones's unit at Belmont Hospital, appeared to be free of any physical interventions. The unit even eschewed the use of sedatives for psychopaths in the end, believing that issues were 'much better dealt with by verbalization or other forms of acting-out in the group or community meetings', an approach adopted by Craft in his psychopathic unit at Balderton.⁹¹⁰

Physical interventions were employed in part as an assault on what were considered the psychopath's formidable psychiatric defences, or what psycho-analyst Denis Carroll referred to as 'the unconscious unwillingness to be cured which is found in almost all psychopaths'.⁹¹¹ Carroll was one of the original co-directors of the ISTD's Psychopathic Clinic,

⁹⁰⁶ Wilde, 'Narco-Analysis', p.5, Case no.37: initially recorded under 'Miscellaneous Group', but diagnosed as a psychopathic personality once found to be lying. Blyth, 'Pentothal Sodium Narcoanalysis', p.507: group of 187 includes 8 psychopathic personalities – not discussed further.

⁹⁰⁷ J. Bierer and I.W. Browne, 'An Experiment with a Psychiatric Night Hospital', *Proceedings of the Royal Society of Medicine*, 53:11, (1960), p.932. Follow up to 1952 experiment.

⁹⁰⁸ Paterson and Conachy, 'Subconvulsive Electrical Stimulation', pp.1172-3. Case 2 is considered a psychopath and discussed at length on p.1173.

⁹⁰⁹ *Report of the Commissioners of Prisons for the Year 1949* Cmd.8088, pp.92-4 and 'Psychotherapy in Prison', *British Medical Journal*, 2:4731, (1951), p.594.

⁹¹⁰ Maxwell Jones, 'The Treatment of Personality Disorders in a Therapeutic Community', *Psychiatry*, 20:3, (1957), p.216. Various physical treatments were available at Belmont Hospital, but there is no indication that Jones used them to treat psychopaths in his unit. Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of the Physician-superintendent 5th July, 1948, to 4th July, 1949* (Belmont Hospital, Sutton, 1949), p.6. Michael Craft, 'A Psychopathic Unit', *British Journal of Delinquency*, 10:3, (1960), p.222.

⁹¹¹ Denis Carroll, 'The Unwilling Patient I', *British Journal of Medical Psychology*, 17:1, (1937), p.54.

established in London in 1933. In spite of its name (which changed in 1937 to the Portman Clinic), the clinic was not especially concerned with treating psychopaths, but rather unspecified delinquents, using a psycho-analytical approach. Psychopaths were in fact generally considered poor cases for psycho-analysis, although those that tried were unfailingly optimistic. Despite Carroll's airy dismissal of the psychopath's unconscious intractability with assurances that the 'causes of this are well known' and 'the methods of dealing with it form an integral part of ordinary psychotherapeutic procedure', he conceded that they also appeared to be 'more easily cured by nonanalytic methods where unwillingness is prominent'.⁹¹² Edward Glover, one of the founders of both the clinic and the ISTD, displayed a similar dogged positivity, seemingly based entirely on theory rather than practice. He recognised that psychopathic analysands usually began analysis 'in a state of *negative (hostile) transference*' due to the fact that they were most frequently being compelled to seek help as a condition of their parole. Agreeing with Carroll that even willing patients felt an 'overpowering' need to 'sabotage the process', he described the '*state of hostile defence*' that usually took the form of testing the analyst's '*capacity to endure [the psychopath's] conduct*' and disappointing therapeutic aims via relapses and crises. These crises broke down the studied distance of the analyst, drawing them in to their patients' lives and derailing the analysis. Nevertheless, he claimed that 'the psycho-analytic approach to psychopathy, although at present far from adequate, is the most promising', offering a theory of mind appropriate to psychopathy's status as existing somewhere between normality and abnormality.⁹¹³ Whilst he agreed that analysts were hamstrung by a lack of knowledge as to the aetiology of psychopathy that might have informed their approach, he believed that the problematic aspects of the psychopath as analysand could be broken down using existing techniques, rendering them as treatable as the psycho-neurotic. This was dependent upon the treatment being maintained for a sufficient amount of time, and the analyst possessing 'an almost saint-like degree of patience'.⁹¹⁴

Whilst Glover's faith in the mechanism of psycho-analysis to overcome even the most intransigent psychopath proved unshakeable, even though success was unproven, others saw

⁹¹² Carroll, 'The Unwilling Patient', pp.54, 61.

⁹¹³ Glover, 'Chapter IV: The Criminal Psychopath', pp.119, 151-4. Emphasis in original.

⁹¹⁴ Ibid, p.148; Glover in 'Symposium on Psychopathy [Abridged]', *Proceedings of the Royal Society of Medicine*, 47:8, (1954), p.639; Edward Glover, 'Investigation and Treatment of Delinquency', *British Medical Journal*, 1:4499, (1947), p.421; Edward Glover and Tadeusz Grygier, 'Research and Methodology', *British Journal of Delinquency*, 2:2, (1951), p.145.

only failure and aggravation.⁹¹⁵ One of Glover's analysands, psycho-analyst Melitta Schmeidler, acknowledged the popular belief that psychopaths 'cannot be analyzed' because they were incapable of developing 'adequate transference' and also 'do not have a properly developed superego and show no sense of guilt'. Nevertheless, she maintained that the right approach could override these obstacles.⁹¹⁶ A decade later, she was far more sceptical and cautious; or at least, that is how it was interpreted. The fundamental problem with the 'severe psychopath', was that they 'did not want to change', an observation similar to that of Jones that 'men and women of this type often refuse to accept the fact that they are ill'.⁹¹⁷ This went beyond unconscious unwillingness to the point where analysis could be doing active damage, contributing to the patient's psychopathy, as the psychopath's 'sole interest in doctors was in using them to get out of trouble'. Much like the behaviour of those above in the discussion on looping, the psychopath would use the analyst's interpretations of their conduct to abdicate all responsibility for their actions, and could also potentially use the information to justify 'further offences' by 'putting the blame for his behaviour on to others'.⁹¹⁸ This chimed with the views of Henderson, who declared that he was 'more or less convinced that an intensive psychoanalytical approach is very disappointing', as 'the psychopath seems merely to incorporate the analytic aspect into his psychopathy'. Henderson thought that they did this by simply using analysis to add to their grandiose sense of self-worth, regarding therapy as 'something which differentiates him still further from his fellows' and 'exaggerates his distorted sense of prestige', but using analysis to validate their problematic behaviour would seem in line with his criticism.⁹¹⁹

This view of psychopaths as manipulative and irresponsible also chimed with a decades-long association of psychopathy with mendacity. Emil Kraepelin listed the 'morbid liar and swindler' as one of his types of psychopathic personality, and one of the US Surgeon-General's seven varieties of constitutional psychopathic states was 'pathological lying'.⁹²⁰

⁹¹⁵ Glover admits only 'general impressions' are available regarding success rates due to the lack of comparative studies, differing diagnoses and lack of data: Glover, 'Chapter IV: The Criminal Psychopath', pp.160, 162.

⁹¹⁶ Melitta Schmeidler, 'The Treatment of Criminals', *Psychoanalytic Review*, 36:4, (1949), pp.403-10.

⁹¹⁷ Schmeidler's lecture to the ISTD of 23/07/1958, reported in 'Treatment of the Psychopath', *The Lancet*, 272:7040, (1958), p.249. Jones, 'Delinquency and Crime', p.1277, and repeated in Maxwell Jones, 'The Mental Health Bill and the Psychopath', *Mental Health*, 18:1, (1959), p.11. The Percy Commission also reports this as fact: *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1954-1957 Report* Cmnd.169, p.120, pa.342.

⁹¹⁸ 'Treatment of the Psychopath', p.249; Craft, *Ten Studies*, p.76.

⁹¹⁹ D.K. Henderson, 'Psychopathic States', *British Journal of Delinquency*, 2:2, (1951), p.86.

⁹²⁰ A. Ross Diefendorf, *Clinical Psychiatry: A Text-Book for Students and Physicians Abstracted from the Adapted from the Seventh German Edition of Kraepelin's "Lehrbuch Der Psychiatrie"* (Macmillan, New

Henderson and R. D. Gillespie also include pathological liars as a subtype in their early writing on psychopaths, and Henderson later described the psychopath as ‘a cheat, dishonest, untruthful’, people who from ‘their earliest days’ live ‘in a world of fantasy and make-believe’.⁹²¹ The fantastical element of psychopathy sometimes manifested itself in prestige-enhancing but socially-inappropriate acts, such as the exhibitionist psychopath who ‘wears medals to which he is not entitled and tells fantastic stories of his bravery and efficiency’; or those who simply lied to get out of active service, or to conceal their behaviour.⁹²² In terms of therapy, the ‘defect of [the psychopath’s] reality sense’ made progress uncertain and the therapeutic relationship somewhat fraught. Whether treated singly or in a group, the therapist was warned against the psychopath’s ‘spurious conversions’, and their tendency to ‘participate freely and often with apparent insight’, only to relapse ‘again and again’.⁹²³ Whilst they were considered capable of incorporating elements of the therapeutic experience into their condition to bolster their psychopathy, this did not extend to positive outcomes or therapeutic insights. Indeed, one of the reasons ‘saint-like patience’ was required was because the psychopath was expected to defy his therapist, or indeed anyone in authority who might have engineered his attendance, through his recurrent relapses.⁹²⁴

One of the main problems experienced by those attempting to analyse psychopaths was the inescapable fact that the majority of them were there against their will. The 1930 Mental Treatment Act had introduced voluntary admission to, and outpatient treatment within, psychiatric hospitals.⁹²⁵ The ideal was for psychopaths to put themselves forward for

York, 1907), p.526; Aaron J. Rosanoff, *Manual of Psychiatry* (John Wiley and Sons, New York, 1920), p.221. Schneider also discusses psychopathic liars: Kurt Schneider, *Psychopathic Personalities* (Cassell, London, 1958), pp.71, 111-2 and 115.

⁹²¹ D.K. Henderson and R.D. Gillespie, *A Text-book of Psychiatry for Students and Practitioners* (OUP, Oxford, 1932), p.389; Henderson and Gillespie, *Text-Book* (1940), p.313; D.K. Henderson, *The Evolution of Psychiatry in Scotland* (E. and S. Livingstone, Edinburgh and London, 1964), p.246.

⁹²² A.A.W. Petrie, ‘Types of Psychopathic Personality’, *Journal of Mental Science*, 88:373, (1942), p.493. Also discussed in Harry Stalker ‘Masquerading in Uniform: A Wartime Form of Psychopathic Behaviour’, *Journal of Mental Science*, 91:383, (1945), pp.188-94. Stalker sees this behaviour as a wartime manifestation of psychopathy (esp. p.193). Also briefly in J.C. Mackwood, ‘The Psychological Treatment of Offenders in Prison’, *British Journal of Psychology*, 40:1, (1949), p.13. The malingeringer who is recorded primarily as having psychopathic conduct disorder with ‘a fabricative component’ is discussed in S.I. Ballard and H.G. Miller, ‘Neuropsychiatry at an R.A.F. Centre’, *British Medical Journal*, 2:4357, (1944), p.42. The psychopath who lies to hide his behaviour is exemplified in the case of Mr. W: A.A. Baker, ‘The Misfit Family’, *British Journal of Medical Psychology*, 25:4, (1952), p.241.

⁹²³ Glover and Grygier, ‘Research and Methodology’, p.151; Sandison and Whitelaw, ‘Further Studies’, p.336.

⁹²⁴ Sandison and Whitelaw, ‘Further Studies’, p.336; Glover, ‘Chapter IV: The Criminal Psychopath’, p.151.

⁹²⁵ Discussed in ‘Mental Treatment Act, 1930’, *British Medical Journal*, 2:3637, (1930), pp.139-41; ‘The Mental Treatment Act, 1930’, *British Medical Journal*, 2:3637, (1930), pp.489-90.

treatment, in a form of self-induced early intervention, seeking to right themselves before they were found on the wrong side of the law and entered upon the treadmill of punishment and incarceration. Glover in particular was passionate about ‘ambulant’ therapy, believing that the psychopath should be kept out of institutions at all costs, a scenario that the institutions themselves would have welcomed. His review of Robert Lindner’s book on the hypno-analysis of a psychopath in America was as fulsome in its praise of Lindner’s ‘enterprise’ in attempting to treat a hardened delinquent under conditions of freedom as it was in its otherwise-unrelenting criticism.⁹²⁶ The reality was quite different. In spite of all the psychopath apparently had to gain from psycho-analysis in particular, in terms of excuses for their behaviour and bolstering their self-importance, the psychopath did not tend to offer themselves up for treatment. Carroll had observed in 1937 that there was a ‘technical problem’ posed by patients such as the psychopath ‘when a patient who does not wish to be treated is coerced into attending a psychiatrist for the purpose of carrying out a course of treatment’.⁹²⁷ Jones elaborated on this in the 1950s, suggesting that because many psychopaths did not accept they were ill, they seldom sought treatment voluntarily.⁹²⁸ Craft, writing at the end of the decade, went further and claimed that ‘it is inherent in the definition of psychopathy that with some patients a degree of compulsion is often required’.⁹²⁹ Certainly Gould had noted that the proportion of psychopaths in his cohort of prisoners at Wormwood Scrubs was significantly higher than those he encountered at liberty, with 32 psychopaths in the group of 78 prisoners compared with the 6:78 ratio he had experienced in an average year of private practice.⁹³⁰ This may of course have been due to numerous other factors regarding the socio-economics of those who end up in prison versus those who could afford to be seen privately, but was also likely to do with the fact that criminality was becoming a core part of the psychopathic diagnosis. As with Herstedvester, one of the elements that made the psychopath a psychopath was their presence in an institution that housed a striking number of psychopaths. This, in turn, would have given credence to the theory that the psychopath would not seek treatment voluntarily, but instead have it thrust upon them once left without a choice.

⁹²⁶ Edward Glover, ‘Rebel without a Cause: The Hypnoanalysis of a Criminal Psychopath’, *Mental Health*, 5:3, (1945), p.60; Glover, ‘Chapter IV: The Criminal Psychopath’, p.149.

⁹²⁷ Carroll, ‘The Unwilling Patient’, p.54.

⁹²⁸ Jones, ‘Delinquency and Crime’, p.1277; Jones, ‘The Mental Health Bill and the Psychopath’, pp.11-2.

⁹²⁹ Craft, ‘A Psychopathic Unit’, p.222.

⁹³⁰ Gould in *Report of the Commissioners of Prisons 1949*, p.98.

So it was that nearly thirty years after the Mental Treatment Act received Royal Assent, when Parliament was discussing the Bill which would repeal and replace the Act, there was great debate over the level of compulsion required to force the psychopath into treatment.⁹³¹ The Percy Commission had foregrounded the issue in a paragraph headed 'Impossibility of providing care without compulsion'. Whilst psychopathic patients should be encouraged to 'accept care without compulsion' if at all possible, it acknowledged that 'the proportion of the patients needing care who are likely to be unwilling' was 'probably higher in the psychopathic group' than in any other. They suggested that this could be due in part to families of 'feeble-minded psychopaths' being reluctant to lose a wage-earning member to prolonged treatment, but the Commission also repeated the concern that many psychopaths 'did not recognise that they are ill or abnormal and resent attempts to treat them as such'.⁹³² How best to tackle this now-accepted element of the psychopathic make-up was still a matter of contention. Schmideberg suggested that success with 'reluctant patients' would only come if they were 'obliged under threat of punishment to receive treatment', recommending probation and suspended sentences to achieve these ends.⁹³³ More generally, there was concern that any form of compulsion would tackle the issue of the psychopath's point-blank refusal to attend any form of treatment, but would not solve the issue of their unwillingness. Schmideberg had allowed that the main obstacle to treatment was motivation in the patient, but her solution to this appeared to be at odds with most other professionals. Jones raised the point that compelling the psychopath to undergo long-term treatment would not only raise ethical issues, but also the question of 'how far an unwilling patient can benefit by psychiatric treatment'.⁹³⁴ The reason why indeterminate sentencing had worked so well at Herstedvester was that psychopaths were incentivised to show willing and work towards their release, albeit in a fairly harsh system that involved the indefinite deprivation of freedom and in some cases the definite removal of testicles. Different means of incentivisation were required to get the British psychopath actively engaged in their treatment.

Those who thought that intensive psycho-analysis was not a suitable treatment for the psychopath did not eschew the approach altogether, but rather tended to prefer a psycho-

⁹³¹ See contributions from Barbara Wootton and Stephen Taylor, HL Deb, 29th June 1959, vol.217, esp.cc.393-400. Recommendations for compulsion also discussed in E.O. Lewis, 'Report of the Royal Commission of the Law Relating to Mental Illness and Mental Deficiency (1954-1957)', *Journal of Intellectual Disability Research*, 1:2, (1957), pp.131-4; Myers, 'The Royal Commission and the Psychopath', p.30; Jones, 'The Mental Health Bill and the Psychopath', p.11.

⁹³² *Royal Commission on the Law Relating to Mental Illness*, p.130, pa.342.

⁹³³ 'Treatment of the Psychopath', p.249; Craft, *Ten Studies*, p.76.

⁹³⁴ Jones, 'Delinquency and Crime', p.1277.

analytically based form of group therapy.⁹³⁵ Group therapy was particularly popular as it offered the opportunity to teach the psychopath how to operate within a social community, no matter how small or contrived, and was used in both prisons and mental hospitals. The therapeutic groups at Wormwood Scrubs were the 'first to be held in any prison in this country', pioneered by John Mackwood.⁹³⁶ Mackwood took a group of abnormal prisoners with various sentences and offences, a high proportion of whom were non-aggressive psychopaths, and worked with them 1943-8.⁹³⁷ After being disappointed by the limits of individual psycho-analysis of prisoners, particularly in terms of scale and flexibility, he tried to apply the principles of individual therapy to a group of prisoners. In this scenario it was felt that the group was a substitute for a prison gang, and was thought to be a good alternative for those men 'who would have been unsuitable patients for individual psycho therapy [sic]'.⁹³⁸ In terms of overcoming the natural unwillingness of the psychopath, prison conditions certainly made it impossible for them to fail to attend therapy, although they did also make it difficult to maintain the group if members were transferred or released by prison authorities. The whole premise of group therapy was that any unwillingness or intransigence could eventually be overcome by forming attachments and relationships with other members of the group. Mackwood's comments on the 'ripe'ness of his prospective candidates, emphasising the importance of timing and the possibility that the 'greatly improved' may yet regress if treatment ends and they have yet another few years to serve, does however suggest a slight superficiality to the process.⁹³⁹

Nevertheless, it was enough to inspire Mackwood's successor John Landers, who also experimented with therapeutic groups at Wormwood Scrubs.⁹⁴⁰ Landers claimed to have 'successfully treated a few psychopaths, especially of the aggressive type, in a group', but

⁹³⁵ Louis Minksi, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1951, to 4th July, 1952* (Belmont Hospital, Sutton, 1952), p.4; Baker et al., 'A Community Method', p.222. For the influence of psycho-analysis on Maxwell Jones's approach see Stijn Vandeveld, *Maxwell Jones and His Work in the Therapeutic Community* unpub. Masters thesis (Ghent, 1999), pp.55-7.

⁹³⁶ 'J.C. Mackwood, M.C., M.R.C.S., L.R.C.P.', *British Medical Journal*, 1:5079, (1958), p.1125; J.J. Landers, D.S. Macphail and R. Cedric Simpson, 'Group Therapy in H.M. Prison, Wormwood Scrubs—The Application of Analytical Psychology', *Journal of Mental Science*, 100:421, (1954), p.953; J.J. Landers, 'Group Therapy in H.M. Prison Wormwood Scrubs', *Howard Journal of Criminal Justice*, 9:4, (1957), p.328.

⁹³⁷ *Report of the Commissioners of Prisons 1949*, p.79, and the breakdown of his cohort can be found pp.82-91, and discussed in 'Psychotherapy in Prison', *British Medical Journal*, 2:4731, (1951), p.594. It was not necessarily the same prisoners seen over this time period, due to prisoner transfers, release, etc.

⁹³⁸ 'Psychotherapy in Prison', *British Medical Journal*, 2:4731, (1951), p.594.

⁹³⁹ *Report of the Commissioners of Prisons 1949*, pp.76-7.

⁹⁴⁰ The Jungian approach favoured by Landers is discussed in Landers et al., 'Group Therapy', pp.959-60.

echoed Glover when he warned that it takes 'a great amount of patience and perseverance'. This was because, initially at least, the psychopath was still intent on showing all the elements of reluctance and resentment to treatment by acting out and disturbing others, and possibly as a result 'his response to treatment is very slow'. The inevitable conclusion was that 'no group will tolerate more than two or three psychopaths in it at the same time'; for 'treatment purposes' psychopaths needed to be 'well diluted with others who are not psychopaths'.⁹⁴¹ This also corresponds with Landers' professed intention that the group be as close a preparation for the community outside the prison as possible. He emphasised the group's function as preparing the inmate for his release by insisting that it must feature authority figures as they would be encountered both in the prison and outside, a notable point of difference between the Wormwood Scrubs project and Jones's therapeutic community. He also lamented the absence of a 'feminine contribution' as it undermined the group's authenticity.⁹⁴²

There is no doubt that Landers considered his group work worthwhile, but his description of one of his cases, the psychopath AB, does ask questions of both Landers' and the prison's attitude towards psychopaths, and also his criteria for success. AB, a working-class psychopath who had left school at 14 and joined the services at 18, was a problem case, whom Landers took for treatment 'with some misgivings', his colleagues telling him that 'in doing so I was simply asking for trouble'. In fact, AB's diagnosis appeared to be based on his rejection by the prison system. Although Landers drew on AB's history both inside and outside prison to claim that 'there was no doubt whatever that he was an aggressive psychopath', his clinching evidence is that AB had 'antagonised the prison staff so successfully that he was well known in many prisons'. In spite of this, Landers took him on because AB was felt to be such a dangerous prisoner that it was almost his civic duty to do so. Moreover he had 'potentially valuable qualities which... might turn him into a more useful citizen than the average'. What these qualities were was not specified, but it is striking that the difference between a prisoner receiving treatment or not was a subjective assessment of usefulness on the part of the prison medical officer. Landers describes the treatment decision as a gamble, believing the attempted rehabilitation of AB would be 'either an unusual success or a more than usually dismal failure'. In the event, AB's treatment was constantly disrupted by being transferred between prisons and, although the prison from whence he came noticed improvements in AB that Landers was

⁹⁴¹ Landers, 'Group Therapy', p.335.

⁹⁴² Landers et al., 'Group Therapy', pp.958-9. Maxwell Jones in 'Symposium on Psychopathy', p.637.

quick to put down to group therapy, AB failed to contact him after release, making follow-up impossible.⁹⁴³

The year that the new psychiatric ward was built at Wormwood Scrubs, 1946, saw 'much individual but rather isolated work with group therapy, and this increased and expanded year by year'.⁹⁴⁴ The most important of them all, especially in terms of the treatment of psychopaths, was Jones's unit at Belmont Hospital. Originally called the Industrial Neurosis Unit (hereafter the Unit), it was set up in 1947 along the lines of the Industrial Rehabilitation Units run by the Ministry of Labour and National Service that sought to enable 'suitable' patients to work in factory-like conditions to attempt resocialisation.⁹⁴⁵ Styled as 'an experimental community where the social structure and roles of individual members are constantly under review', there was a focus not only on work, but on communication between patients and staff that manifested itself in an ever-growing number of community meetings.⁹⁴⁶ It initially admitted a wide variety of patients, both male and female, suffering from 'various neurotic complaints, mostly of a long-standing character', and who represented a 'job-placement problem when the time comes to leave hospital'.⁹⁴⁷ As such, it received referrals from 'psychiatrists, from the Courts, or the Employment Exchanges in any part of the Country'.⁹⁴⁸ By 1950, the director of Belmont, Louis Minski, reported that the number of admissions to the Unit was consistent, but the type of patient had changed to those who were 'more difficult to treat and resocialise'. In fact, a large proportion of them were 'aggressive anti-social psychopaths, who are not amenable to discipline and who refuse to co-operate in treatment'.⁹⁴⁹ By 1955, he reported that over 80 per cent of admissions to the unit are 'patients suffering from psychopathic states, many of whom are referred from the Courts'.⁹⁵⁰ The Unit, renamed the Social Rehabilitation Unit by the time the 1952-53 annual report was

⁹⁴³ Landers, 'Group Therapy', pp.335-6.

⁹⁴⁴ Ibid, p.328.

⁹⁴⁵ J.A.L. Vaughan Jones, "'Back To Work": The Industrial Rehabilitation Units Of The Ministry Of Labour And National Service', *British Medical Journal*, 2:4731, (1951), pp.601-3. Also, Maxwell Jones: 'Industrial Rehabilitation of Mental Patients Still in Hospital', *The Lancet*, 268:6950, (1956), pp.985-6; *The Therapeutic Community: A New Treatment Method in Psychiatry* (Basic Books, New York, 1953), pp.xxiii-xxi.

⁹⁴⁶ Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1951, to 4th July, 1952* (Belmont Hospital, Sutton, 1952), p.5; Jones in 'Symposium on Psychopathy', p.637.

⁹⁴⁷ Maxwell Jones, 'Acting as an Aid to Therapy in a Neurosis Centre', *British Medical Journal*, 1:4608, (1949), p.756.

⁹⁴⁸ Maxwell Jones in 'Symposium on Psychopathy', p.637.

⁹⁴⁹ Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1949, to 4th July, 1950* (Belmont Hospital, Sutton, 1950), p.7.

⁹⁵⁰ Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1954, to 4th July, 1955* (Belmont Hospital, Sutton, 1955), p.6.

published, slowly but surely morphed into a therapeutic community specialising in the treatment of psychopaths.⁹⁵¹

At least, that is how it was perceived by those looking for a solution to the psychopath problem. Belmont became internationally renowned, attracting hundreds of visitors from all over the world, and Jones was frequently away lecturing.⁹⁵² The RMPA, in their evidence to the Percy Commission, cited the Unit as an 'outstanding example' of a place where psychopaths could be admitted and benefit from the 'new and original methods which have been devised in the Unit itself'. The only problem was that it was the only one, and so they recommended the setting up of several more to treat not only psychopaths but also substance addiction.⁹⁵³ The Percy Commission itself reported on the wondrous new unit established 'mainly for the treatment of psychopathic patients', and the debates on the Mental Health Bill in Parliament were informed by a visit of Members to the Unit. As Conservative MP Tom Iremonger put it, the Unit was 'an eye-opener'; once visited, one could not possibly look at the 'problem' of 'the treatment of the intelligent psychopath' in the same way. He set out his belief that 'small experimental units' based upon developments made 'especially at Belmont' should be established.⁹⁵⁴ Lord Stephen Taylor reiterated his belief that psychopaths could only be treated in a special institution such as Herstedvester with the observation that, as far as he knew, 'there is only one such institution in this country – Dr Maxwell Jones's unit at Belmont'. He too demanded that similar units for psychopaths be founded 'in every Regional Hospital Board area'.⁹⁵⁵ Even Henderson, who freely admitted that he did not agree with all Jones's methods, wished his former pupil every success, and celebrated the 'courage and determination' and 'fortitude and patience' with which 'this somewhat nerve-racking experiment is being tackled'.⁹⁵⁶ The most appealing element of the work at Belmont was that the issue of the psychopath was indeed being tackled, and moreover without the uncomfortable realities of

⁹⁵¹ Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1952, to 4th July, 1953* (Belmont Hospital, Sutton, 1953), 1953 p.5.

⁹⁵² See for example *Ibid*, p.5; Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1953, to 4th July, 1954* p.5.

⁹⁵³ 'The Royal Medico-Psychological Association's Memorandum of Evidence to the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency', *Journal of Mental Science*, 100:421, (1954), pp.1011-2.

⁹⁵⁴ T.L. Iremonger, HC Deb, 6th May 1959, vol.605, cc.432-3.

⁹⁵⁵ Lord Taylor, HL Deb, 4th June 1959, vol.216, c.703.

⁹⁵⁶ Henderson, 'The Classification and Treatment of Psychopathic States', p.13; D.K. Henderson, R.D. Gillespie and Ivor R.C. Batchelor, *A Text-Book of Psychiatry for Students and Practitioners* (OUP, London, 1956), p.402.

castration and 'prison restraint' favoured by Georg Stürup, as Jones believed such measures were 'contrary to one of our basic principles of social psychiatry'.⁹⁵⁷

Observers would also have been impressed by the importance placed upon work, which was a cornerstone of life at Belmont just as at Herstedvester. At Herstedvester, one of the stated objectives was to engineer a situation where inmates would be 'put in a position to attain to and hold a job in which he can earn his own living'.⁹⁵⁸ Although not hard physical labour, the Danish inmates would only be released once they proved they had 'the capacity to hold down a job in the outside world', which they did through working eight-hour days for nominal wages.⁹⁵⁹ The world of work would act as a gateway to 'eventually winning a reasonable position in a family', and so enabling the psychopath to 'feel that he is an ordinary citizen'.⁹⁶⁰ Herstedvester thus demonstrated both the healing power of work and the standards by which a psychopath could be considered 'cured', and provided a rare note of therapeutic optimism. As Taylor wrote admiringly from Britain, "if it is possible to reclaim and convert into useful citizens something like half of the worst recidivists – and Herstedvester shows that it is – then it is our plain duty to get on with the job as quickly as possible".⁹⁶¹ Still, the types of work available at Herstedvester were limited, with Stürup commenting ruefully that whilst 'mechanical or industrial occupations' could generally be catered for, 'detainees trained as office workers or businessmen cannot always be suitably employed'.⁹⁶² This meant that access to the mechanism for redemption at Herstedvester was skewed in favour of manual workers, something Stürup justified by referring to the inmates as 'asthenic, flabby and spineless people who are always tired and who are well-suited to routine work'; for some, 'the more repetitious the better'.⁹⁶³

In Britain, Jones and his colleagues had a similar experience with the female population in the Unit, but sought to explain the occupational preferences in terms of social context rather than just characterological limitations. The occupational activities that had been

⁹⁵⁷ Jones, 'Delinquency and Crime', p.1278.

⁹⁵⁸ Georg K. Stürup, 'The Treatment of Criminal Psychopaths in Herstedvester', *British Journal of Medical Psychology*, 25:1, (1952), p.38.

⁹⁵⁹ Stephen Taylor, 'The Psychopath in Our Midst: A Danish Solution', *The Lancet*, 253:6540, (1949), pp.33-4.

⁹⁶⁰ Stürup, 'The Treatment of Criminal Psychopaths', p.38.

⁹⁶¹ Taylor, 'The Psychopath in Our Midst', pp.33-4.

⁹⁶² Georg K. Stürup, *Treating the "Untreatable": Chronic Criminals at Herstedvester* (The Johns Hopkins Press, Baltimore, 1968), p.50.

⁹⁶³ *Ibid*, p.50.

arranged for the women in this unit were 'based on the middle-class habits familiar to most of the staff', and so consisted of 'the handicraft shop, work in the needleroom, and help with the housework', along with 'discussion groups on infant care, beauty culture, and so on'. It was the women themselves who made staff aware of 'our ignorance of [the women's] place in society'. Instead of aspiring to what were considered 'the *ordinary* social goals' of 'marrying, having children... housekeeping', they were more likely to 'work in some relatively unskilled capacity, often alongside men, and live in relative isolation in one room'. Once they were allowed to work alongside the male patients in the workshops, they were observed to be far more engaged and were also 'welcomed by the men'.⁹⁶⁴ Although not specifically psychopaths but rather women with 'personality difficulties', it is clear that the various standards that both the men at Herstedvester and the women at Belmont were expected to conform to were not always in step with their gender and class backgrounds, even though deviation from these criteria was considered problematic. It also highlights that the women seen in these institutions were more likely to be working class, those from the higher echelons being able to afford the anonymity of being seen in private practice. This goes some way to explain why this situation did not reflect prevailing beliefs about the identity of the psychopath, whom it was acknowledged could come from 'all classes of society' and both genders. Either way, it shows that the models of treatment and cure were once again based on dominant middle-class narratives of 'normality' that were then reinforced by work roles.⁹⁶⁵

Casual observers were also impressed that treatment at Belmont was ostensibly voluntary, psychopaths apparently attending without compulsion. The fact that attendance was more often than not a condition of parole for its attendees undermines this claim somewhat; although as Jones himself acknowledged, for most patients in this position, 'this coercion is ineffective' as 'they do not really want treatment', and so 'either fail to keep an appointment or never seek psychiatric advice at all'.⁹⁶⁶ Craft, whose secure unit at Balderton for adolescent 'dullards' ran from 1959-1961 and was closely modelled on Belmont, acknowledged a similar sleight of hand. Although hospital policy at Balderton was to 'admit on a voluntary basis', for the majority of the 92 per cent of voluntary admissions, 'the alternative was prison', making attendance as free a choice as those psychopaths who chose to be

⁹⁶⁴ Maxwell Jones, B.A. Pomryn and Eileen Skellern, 'Work Therapy', *The Lancet*, 267:6918, (1956), p.344. My emphasis.

⁹⁶⁵ R.R. Prewer, 'Psychiatry in Detention', *British Medical Journal*, 2:4367, (1944), p.369.

⁹⁶⁶ Jones, 'Delinquency and Crime', p.1277.

sterilised at Herstedvester.⁹⁶⁷ At Belmont, Minski noted that ‘in many cases the patient is unwilling to remain in hospital until treatment is completed’, or otherwise left as soon as they had finished their allotted time: ‘six months, or nine months in a few cases, is the maximum time you will get them to remain’. Group therapy may have offered short-term results impressive enough to convince those outside the Unit, but Minski was still concerned that ‘the comparatively short period spent in the Unit cannot in many cases alter the patients’ personality’.⁹⁶⁸ As he told the Percy Commission,

‘if a man has been a psychopath for twenty years of his life, and he comes into hospital voluntarily, as we get them, and stays for six months, you cannot possibly expect to alter anyone’s personality in six months when he is fundamentally aggressive and antisocial’.⁹⁶⁹

Minski’s solution was to look in to the possibility of a change in the law, so that psychopaths could be detained for treatment in a Herstedvester-style secure hospital before they had even been convicted of a crime. When his investigations brought him to the realisation that this would be impossible to get through Parliament, he suggested instead that they target the psychopath ‘who has been up on one criminal charge before an act of violence’, in a form of early intervention that extended to those seen in juvenile courts.⁹⁷⁰ Although the work done at the Unit was groundbreaking and superficially impressive, Minski in particular was under no illusion that it was enough.

It is easy to see why Belmont appeared to be the answer to the psychopath problem. Aside from the fact that it seemed to be a time-limited British Herstedvester, Jones was something of a charismatic visionary when it came to the treatment of psychopaths. Once it became clear that the majority of the Unit’s patients were and would be psychopaths, he outlined his mission of relieving the diagnosis of its stigma so they too could benefit from the progress that had been made in public attitudes towards psychotics and neurotics. If the Mental Health Act were to result in the setting up of more psychopathic units, he hoped that

⁹⁶⁷ Craft, ‘A Psychopathic Unit’, p.224; Michael Craft, Walter Fabisch, Geoffrey Stephenson, Gordon Burnand and David Kerridge, ‘100 Admissions to a Psychopathic Unit’, *Journal of Mental Science*, 108:456, (1962), pp.564-5.

⁹⁶⁸ Minski, *Belmont Hospital* (1952), p.6; *Minutes of Evidence 24: Twenty-Fourth Day: Wednesday, 30th March, 1955* (HMSO, London, 1955), p.943 pa.4814; Minski, *Belmont Hospital* (1955), p.6.

⁹⁶⁹ *Minutes of Evidence 24*, p.943, pa.4814. Maximum stay in the Unit was 12 months, acc. Jones in ‘Symposium on Psychopathy’, p.637.

⁹⁷⁰ Minski, *Belmont Hospital* (1952), p.6; Minski, *Belmont Hospital* (1955), p.6; *Minutes of Evidence 24*, pp.942-3 pa.4811 and pas.4812-4821.

this change of mindset would ensure that they were sited close to civilisation, ready for the psychopath's reintegration with the community.⁹⁷¹ In order to prepare the Belmont psychopaths for their return to the community, the Unit was in a state of perpetual evolution, as he constantly revised which elements he felt were most conducive to the progress of its patients. For example, one method Jones brought with him from his experiences at Mill Hill Emergency Hospital, and initially an absolute cornerstone of treatment at the Unit (as it was for Landers at Wormwood Scrubs), was psychodrama; this had been dispensed of by 1957, along with the use of sedatives.⁹⁷² Similarly the focus on work, initially spurned by the Unit's patients until Jones found that they needed to be incentivised to carry out tasks by making them of direct benefit to the group, began to be of secondary importance to the community meetings.⁹⁷³ Membership of the group, and identification with its aims as a means of resocialisation, became the primary objectives of the Unit as Jones subtly refined how he conceptualised the psychopath's main failings. The annual reports show an increasing appreciation of the importance of family in the creation of the psychopath, and so work at Belmont adapted accordingly to first of all posit the therapeutic community as a substitute for the stable family most members had never experienced, and then to draw in actual family members to participate in therapeutic work.⁹⁷⁴

One of the key roles of the therapeutic community at Belmont was to help teach psychopaths empathy. Once they began to identify with the group and its aims, it was hoped that they would start to appreciate the negative effect their antisocial behaviour had on other people, and seek to change.⁹⁷⁵ However, for all Jones's grand plans for reducing the stigma around the diagnosis, the greatest lack of empathy was found not in the psychopaths but 'in the general public' and moreover 'in the very people whose understanding they must depend

⁹⁷¹ Jones, 'The Treatment of Personality Disorders', p.211; Jones, 'The Mental Health Bill and the Psychopath', pp.13-4; Jones et al., 'The Psychopath and the Mental Health Bill', pp.566-7.

⁹⁷² Jones, 'Acting as an Aid', p.756; Jones, 'The Treatment of Personality Disorders', p.215. Psychodrama and its benefit to psychopaths is discussed in e.g. Minski, *Belmont Hospital* (1949), p.6; Baker, 'The Misfit Family', p.221 (the case of Mr. W). Also Landers et al., 'Group Therapy', p.957 and *Report of the Commissioners of Prisons for the Year 1953* Cmd.9259, pp.99-100.

⁹⁷³ Maxwell Jones et al., 'Work Therapy', p.343.

⁹⁷⁴ Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1955, to 4th July, 1956* (Belmont Hospital, Sutton, 1956), p.6; Louis Minski, *Belmont Hospital, Sutton, Surrey: Report of Physician-superintendent 5th July, 1956, to 4th July, 1957* (Belmont Hospital, Sutton, 1957), p.7. See also Jones: 'Delinquency and Crime', p.1278 and 'The Mental Health Bill and the Psychopath', p.11.

⁹⁷⁵ Jones, 'The Treatment of Personality Disorders', p.218. Landers also makes this observation in Landers, 'Group Therapy', p.335.

on if they are to be helped': the hospital staff.⁹⁷⁶ In his experience, staff found it 'more difficult to understand and sympathize' with disruptive patients, instead seeing them 'as "bad", or "anti-social"', leading them to 'shun, avoid or become angry with them'.⁹⁷⁷ Glover had tentatively suggested similar mechanisms were at work in individual psycho-analysis, where 'psychiatric pessimism' was in fact a result of 'a mute but nevertheless professional revengefulness' provoked by the psychopath's ingratitude and 'aggressive obstinacy'.⁹⁷⁸ They were still the patient nobody wanted to treat. Even in the majority of the experimental groups outlined above, there was still a subsection of psychopaths who were excluded and denied treatment. In Mackwood and Gould's work at Wormwood Scrubs, they excluded adolescents 'whose abnormality has existed from an early age and is combined with a closely related psychopathic heredity'.⁹⁷⁹ Jones admitted that the Unit 'had to eliminate the most violently aggressive psychopaths... from our intake'.⁹⁸⁰ Craft and his colleagues found there were five referrals to Balderton who were 'outstandingly aggressive' and so 'not admitted'.⁹⁸¹ One foray into group therapy at what was by then the Tavistock Clinic claimed that 'the degree of pre-selection on the grounds of unsuitability for group treatment in the clinic is low', but still excluded 'those patients who might be described as psychopaths with dependent and paranoid features'.⁹⁸² Despite the many and varied adventures in the treatment of psychopaths, there still existed a therapeutic runoff, where psychopaths collected whom no one believed they could treat, or indeed wanted to try.

Conclusion

In 1968, Craft compared follow-up studies of Balderton and Belmont, and found both to be disappointing, with substantial reconviction rates. Although both treatment approaches had shown great promise at various points, causing much hope and excitement in Parliament and psychiatry, both ultimately came to nothing. Moreover, the passing decades had done little to remove the stigma of the diagnosis, Craft observing that the reception to 'such patient-

⁹⁷⁶ Jones, 'The Treatment of Personality Disorders', p.212. Here Jones is talking about criminals with personality disorders more broadly.

⁹⁷⁷ Maxwell Jones, 'Towards a Clarification of the "Therapeutic Community" Concept', *British Journal of Medical Psychology*, 32:3, (1959), p.200.

⁹⁷⁸ Glover, 'Chapter IV: The Criminal Psychopath', p.149.

⁹⁷⁹ *Report of the Commissioners of Prisons 1949*, p.73.

⁹⁸⁰ Jones, 'The Mental Health Bill and the Psychopath', p.13.

⁹⁸¹ Michael Craft, Geoffrey Stephenson and Clive Granger, 'A Controlled Trial of Authoritarian and Self-Governing Regimes with Adolescent Psychopaths', *American Journal of Orthopsychiatry*, 34:3, (1964), p.545.

⁹⁸² H. Phillipson, 'The Assessment of Progress After at Least Two Years of Group Psychotherapy', *British Journal of Medical Psychology*, 31:1, (1958), p.37.

orientated methods' as the therapeutic community were still 'poorly appreciated by certain London judges', whom Craft deemed to 'demonstrate the classic signs of psychopathy by public stricture and rejection!'.⁹⁸³ This attitude, coupled with the psychopath's perceived status as a chronic, untreatable patient, also laid the psychopath open to what were essentially experimental physical procedures, performed on patients whom it was felt had little to lose. The lack of a standardised definition of psychopathy ensured that although the treatment experiments on psychopaths could not be compared, the continued use of the term meant that ideas of untreatability and intractability would continue to be enshrined in the word 'psychopath'.

⁹⁸³ Craft, 'English Psychopaths and Their Treatment', p.416.

CONCLUSION

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This thesis set out to produce a history of psychopathy, through an interrogation of the way psychopathy was understood, and psychopaths were managed and treated, in Britain between J. L. A. Koch's popularisation of the term in 1891, and its arrival on the statute books of England and Wales in 1959. It has sought to avoid the tropes that populate existing histories of psychopathy, namely presentism, universalism and retrospective diagnosis, and instead to examine how the terms psychopath, psychopathy and psychopathic were deployed in historical and geographical context. By doing so it aimed to produce a history of psychopathy in Britain, rather than an account of international instances of the criminal personality through history. By tracking and analysing how, why and indeed whether these classifications changed over time, it endeavoured to challenge the idea that psychopathy is timeless and universal, and to question whether it is a sufficiently value-free and fixed term to justify its continued use.

Which Psychopathy?

What is clear is that there were in fact many different types of psychopath that co-existed, overlapped and influenced each other, with no change in meaning being 'simple or final'. The etymological examination revealed that it took far longer for 'psychopathy' and 'psychopathic' to become associated with asociality and callousness than conventional histories of psychopathy would suggest, and both the *OEDO* and PubMed agreed that this association was made far earlier in the US and on the Continent. In Britain, psychopathy's literal etymologic meaning of 'psychical suffering' was far more tenacious, and this may explain the initial reluctance to adopt the better-established versions of psychopathy in Europe and America. These had their own origins and trajectories that informed and influenced British understandings of psychopathy; but crucially, they were separate. Although the early part of this period is notable for the term's chaotic application and dearth of British sources discussing psychopathy, it has a vital role to play in building an understanding of Britain's pragmatic, ad hoc approach to embracing psychopathy. Instead of being part of one unified international narrative, there was resistance amongst many British psychiatrists to adopting the new term; although they were evidently aware of its existence. Europe's physically-different, degenerative psychopaths and America's version of psychopathy with its emphasis on criminality, conflicted with a British tradition of individualism and tolerance of eccentricity that

made British psychiatrists more reluctant to pathologise either apparent difference or outright bad behaviour. Nevertheless, Continental and American works on psychopathy were certainly discussed pre-World War I, but their theories were strikingly absent from British psychiatry's output, save from the work of Albert Wilson in particular.

British psychopathy was first and foremost a psychiatric rather than a legal term before 1959. Discussed, refined and promoted by psychiatrists so it could be applied to a subsection of the mentally abnormal, it was a weapon in *psychiatry's* arsenal, often to the chagrin of lawyers and judges. Indeed, following on from the antipsychiatrists, it would be tempting to see psychopathy as nothing more than a mechanism for facilitating the policing of normal behaviour, a means of allowing psychiatry to expand its demesne into every aspect of human life, much as D. K. Henderson envisioned.⁹⁸⁴ This was not straightforwardly the case. It is true that the diagnosis could act as the opening salvo in a bid to control behaviour perceived as undesirable, particularly by recourse to impressive-sounding scientific terminology. The borderline scaremongering that coloured the work of Wilson and Henderson in particular, and also the evidence to the Percy Commission, held that psychopathy was a serious and pressing problem that needed to be addressed by a coalition of disciplines, but spearheaded by psychiatry. Psychopathy as a very specific problem that only psychiatrists had the skill to detect and cure prompted calls for not just a special institution for psychopaths, but one that could house even those proto-psychopaths who had not yet broken the law. However, this attempt at social domination backfired spectacularly. Psychopathy's failure to adhere to the recovery model and respond to psychiatry's best and most cutting-edge attempts at treatment severely undermined the profession's authority rather than giving it the anticipated boost. Moreover, the lack of agreement as to psychopathy's aetiology, definition and prognosis fatally weakened psychiatry's bargaining position, and undermined pretences to the scientific and the measurable that had continued to root searches for the secrets of psychopathy in the psychopathic body. Ultimately, this impressionistic understanding of what was supposedly the greatest threat to contemporary society resulted in ceding control to Parliament and the courts in England and Wales with the formation of the 1959 Mental Health Act, where psychopathy was defined to no one's satisfaction. In the Scottish Act, it was not even mentioned.

⁹⁸⁴ Psychiatry as social control is discussed in, for example, Joanna Moncrieff, 'Psychiatric Diagnosis as a Political Device', *Social Theory and Health*, 8:4, (2010), pp.370-82.

The arrival of psychopathy onto the statute books formalised yet another variety of psychopathy – a legal version, that had been coalescing over a period of decades thanks to an increasing emphasis on behaviour as a key element of the diagnosis. What went before was an elaborate interplay between psychiatry, the law courts and eventually Parliament, as each sought to make sense of psychopathy's application and its implications, using their experiences and the priorities of their professions. This is contrary to the picture painted by the majority of histories of the term that focus solely on the psychopath as criminal personality, using the excuse that it is 'legal psychopathy' with which they are concerned, often simply following the US idea of psychopathy with its focus on behaviour and frequent conflation with the exotic and idolised serial killer. The fact is that in Britain, psychopathy was frequently more mundane. Psychiatric and legal psychopathy, if they can even be spoken about in such monolithic terms, were in a constant process of evolution and negotiation. They also had to compete with psychopathy as it was understood in the prison and public sectors. To say that there was one version of psychopathy, even in one country, is problematic. In any case, the British psychopath was more than just a criminal, emphasised by psychopathy's separate existence from moral insanity and imbecility (and later APD), identities whose criminality was and is intrinsic. The psychopath was rather someone whose greatest crime was frequently failing to adhere to societal expectations. Once accepted as a problem, psychopaths were at their most potent and feared when they were invisible and at liberty, failing to fight for their country, work for their families or support their community, free to spread their contagion of low morale, yet still harbouring the potential to enter into a life of antisocial acts and criminality.

Even within psychiatry, psychopathy was a contested term, with multiple competing versions. Its failure to fit into an established nosology and the lack of an agreed definition led to chaotic application and multiple charges of it being a wastebasket diagnosis, a dumping ground, a dump heap. There were those who chose to engage with it and so devised their own means of classification, such as Maurice Hamblin Smith's adaptation of the US Surgeon-General's categorisation; William Norwood East's prison-based classification; and Henderson's, probably the best known and most widespread. This is before such influential Continental iterations as Koch, Schneider, Kraepelin, Kahn and others are considered, not to mention Hervey Cleckley's popular version. Even those who did not produce their own classification of psychopathy contributed to the proliferation of variations by naming the disorder when discussing reports where in fact it was not named, thus starting a bizarre form of Chinese Whispers where some heard 'psychopath' and others did not. Lord Stephen Taylor's playing with the names of diagnoses based on popular perceptions in his paper 'The Psychopathic

Tenth', and calculating the percentage of Herstedvester's population who were psychopaths as *he* understood the term, emphasises this point.

The result of having all these versions of psychopathy coexisting during this critical period of the diagnosis's evolution, was that they interacted and influenced each other, and the diagnosis acquired connotations. It did not matter that during World War I there was such an ad hoc usage of 'psychopathic' in particular amongst the British; what is key is that it was used to describe people who were considered unpatriotic, cowardly, deceitful, unreliable, unpredictable, inherently weak, unmanly and so positively un-British. As the existing, etymological definition collided with its use by Britain's allies, the free-floating term acquired these associations, and carried them over to the next war. The publication of *Psychopathic States* and Henderson and R. D. Gillespie's accompanying works served chiefly to popularise the term, rather than fix its meaning. The 'contagion of diagnosis' that saw a trend in unsuitable recruits being discharged with a diagnosis of psychopathic personality or similar was based primarily on this association of the psychopathic individual with letting down their fellow combatants, a grossly asocial if not antisocial act. The World Wars in themselves had brought a far greater proportion of the population into contact with psychiatrists, and individual behaviour that may have been largely unnoticed was suddenly seen as problematic by psychiatrists looking for patterns in their patients' life histories. In this way a poor civilian work record became a potential precursor to the more serious and potentially illegal acts that constituted a failure of soldiery, and were labelled as psychopathy.

A similar process can be seen in the prison sector. The prison use of 'psychopathic' to denote troublesome and disruptive was acknowledged as more general than its use in contemporary psychiatry, but in practice it would have been difficult to keep them distinct. This would have been exacerbated when deployed in such an extemporised fashion by prison staff, whether wardens, medical officers or chaplains, and by its adoption by the diagnosed individuals themselves, using it as licence to behave in what they considered a suitably riotous manner. In any case, just the term's common use in prisons would have cemented an association between it and the criminal, something that was further exacerbated by the tendency of studies on psychopaths to focus on prison cohorts as they were captive and convenient. In this way Britain de facto approached the system consciously employed in Denmark, that residence in an institution for psychopaths was enough to make someone a psychopath, thus skewing expectations of what made a psychopath. Were psychopaths

actually problematic and disruptive during this period? Certainly their failure to fit in to an administrative system was anarchic. Whether these people were all psychopaths as Henderson would have understood it is irrelevant; the experience was that psychopaths were troublesome, so troublesome people were labelled psychopaths. The organic nature of psychopathy's development during this period, its persistent lack of definition or aetiology and its framing with such an expansive, evocative idea as 'at odds with society', left space for it to acquire multiple meanings.

This is reflected in to whom it was applied. Despite offering little room to understand the first-hand experience of being labelled a psychopath, this thesis has found some striking differences between the way that psychopaths were constructed and the way in which histories of psychopathy believe them to be. Joan Busfield has argued that psychopathy was a diagnosis aimed at the working-class male, as she considered it roughly synonymous with criminality. This seems to follow the influential G. E. Partridge in America, who claimed as early as 1928 that of his three types of psychopathic personality, the delinquent type was predominantly male and the inadequate type was predominantly female.⁹⁸⁵ However, in Britain during this period the picture was far more complex. Psychopathy was not classified in this manner, tending to be split on character traits rather than behaviours in order to emphasise its psychiatric origins. Moreover, psychopathy was drawn time and again as an all-encompassing diagnosis that affected all classes and genders, conspicuous for its indiscriminate nature, something that contributed to the bafflement regarding its aetiology. There were certainly gendered takes on how psychopathy was performed, Taylor outlining in Parliament that he saw male psychopaths as tending to be confidence tricksters who ended up in prison, whereas female psychopaths followed Madame Bovary in exploiting the emotions of others and wreaking havoc, but remaining at liberty; but this merely emphasises its diversity.⁹⁸⁶ Busfield's claim that psychopathy 'does not fracture gender expectations to the same extent' as shell-shock is similarly at odds with the experience of the psychopath at war, which showed both men and women pathologised for failing to live up to ideas of what made a British man. It is also true that those psychopaths who could afford to be seen in private practice, and perhaps to stay at liberty, are more inaccessible to the historian, although they were believed to exist, and were discussed as existing. Furthermore, they were more inaccessible to those attempting longitudinal or cohort studies to determine the nature and

⁹⁸⁵ G.E. Partridge, 'A Study of 50 Cases of Psychopathic Personality', *American Journal of Psychiatry*, 84:6, (1928), esp. p.954.

⁹⁸⁶ Lord Taylor in HL Deb, 08 April 1959, vol.215, c.526.

progression of psychopathy, leaving prisoners and veterans to feed into the idea of the psychopath.

It seems ironic that what was once such an inclusive diagnosis, was also a diagnosis of exclusion. In the medical sense, it began life as a diagnosis that was reached for when all other labels had been ruled out; but it was also a term that came from the psychopath being excluded from the existing systems and processes that were in place to manage (with varying degrees of compassion and success) other societal problems – the criminal, and the mentally ill. The conceptualisation of the psychopath as being at odds with society was part of a more far-reaching configuration of the psychopath as failing to fit in anywhere, to anything. Established as a convenient term for unclassifiable runoff, existing in the liminal space between sanity and insanity, this heterogeneous collection of individuals developed into those who would not fit in to any system, whether nosological, institutional or legal, and most especially societal. There is a constant sense that they were being forced into systems that, by definition, could not cater for them, and were then blamed for being failed. This included the accepted means of salvation that should have been open to them, such as active service, hard work, a supposedly-forgiving legal system, kindness, corporal punishment or even marriage. The psychopath's inability to respond correctly to any of these – 'not to kindness nor a beating' – was both proof of their condition, and of their innate badness. Moreover, it was evidence of their untreatability. Ideas of constitutional defect that rendered the psychopath fatally flawed and irredeemable, although initially resisted in Britain, became more appealing as therapeutic nihilism took hold and treatments both medical and social were tried and failed.

If encountering an individual who was a problem of management or administration but not obviously psychotic, it would have made some sense to label them as psychopathic, thus reifying elements of the condition that may have previously been simple conjecture or a conscious misdiagnosis for the sake of convenience, or even as an intended term of abuse and control. After all, being labelled as a psychopath could lead to rejection, denial of treatment or even the use of ECT as a means of subjugation. Although there were presumably mainly good intentions behind the application of physical treatments, the psychopath's status as a low-grade, incurable, chronic and basically unlikeable individual made them vulnerable to experimentation, especially when the main measure of success was manageability. The psychopath's lack of perceived potential value due to their failure to contribute to whichever community they were in, fused with and perhaps fed their suspected untreatability, leaving

them as nothing more than a problem for which no one would take responsibility. This meant that no institution wanted to hold them at the expense of their other residents, and there was pressure to cure or dispose of them by any means necessary.

This attitude would prove to have potentially fatal consequences. In a biography of the diagnosed psychopath Patrick Mackay, who committed a string of murders in the mid-1970s, journalists Tim Clark and John Penycate observed that:

[d]ifficult and uncooperative people provoke the same sorts of dismissive reaction whether or not they are apparently mentally ill or criminal; psychopathic people... are a thorough nuisance to every agency with which they come into contact. The temptation... is to pass the wretched man to someone else'.⁹⁸⁷

In Mackay's case the authors argued that it was this 'catalogue of excuses' that saw him passed from agency to agency, that ultimately enabled Mackay to be at liberty and to violently murder eleven people. Conservative politicians lost no time in blaming this tragedy on the shambolic and overly-liberal system that was in hock to a "trendy mish-mash of psychologists" and "do-gooders" who believed that "beasts" such as Mackay could be rehabilitated, when in fact they should hang.⁹⁸⁸ In their view the system was at fault not because of the brutal way Mackay was constantly passed on, but because it failed to acknowledge that the psychopath was beyond redemption. For a diagnosis that is now often thought of in terms of an empathy deficit, it is ironic how little empathy was directed their way.⁹⁸⁹

Why Psychopathy – Still?

Of all the questions raised by studying psychopathy's history, the most puzzling is why it was retained. Firstly, why cling on to a diagnosis so notoriously ill-defined that even those using it regularly would struggle to give an intelligible or consistent definition, and then would probably be contradicted by their colleagues? Henderson's constant defence of the term highlighted how it was relentlessly under attack from those claiming it was a wastebasket

⁹⁸⁷ Tim Clark and John Penycate, *Psychopath: The Case of Patrick Mackay* (Routledge and Kegan Paul, London, 1976), p.139.

⁹⁸⁸ Ibid, p.137.

⁹⁸⁹ See for example Simon Baron-Cohen, *Zero Degrees of Empathy: A New Theory of Human Cruelty* (Allen Lane, London, 2011).

diagnosis. Even those who advocated the use of Henderson's psychopathic states could be idiosyncratic in their application. Why keep it?

This was largely due to convenience. The nebulous nature of the term meant that it could be easily applied both to individuals who strictly adhered to whichever classificatory system was preferred, and also to anyone who defied classification but displayed the qualities psychopathy acquired over the decades, such as: untreatability, antisociality, asociality, unmanliness, cowardice, recidivism, laziness, mendacity, physical weakness, disruptiveness, rebelliousness. Time and again it was deemed just too convenient to relinquish; it conveyed a whole universe of meaning, and moreover papered over the omissions in the existing nosology that seemed to leave a section of individuals filed under 'miscellaneous'.

In fact, John Gunn saw psychopathy's lack of definition as one of its strengths, expressing concern at the broader problems posed by enshrining mental health diagnoses in official – and broadly static – documents in his 1993 editorial, 'What's in a Name: A Psychopath Smells Just as Sweetly!'.⁹⁹⁰ Gunn was writing after a working group had recommended that 'psychopathic disorder' in the 1983 Mental Health Act of England and Wales should be replaced with 'personality disorder', and that this should not be defined. Using the example of the resistance and condemnation with which psychiatrists met the 1959 Mental Health Act, Gunn called upon the Government to learn from its mistakes. His stance agreed with that of the Percy Commission, as he essentially criticised the conversion of 'a set of behavioural or neurotic problems' exhibited by an individual and leading them to be classified in a particular way, into legal kinds; that is, 'classifications codified in law'. Having psychopathic disorder on the statute books via the 1959 Mental Health Act reified the condition as, specifically, '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'. Gunn saw this legal kind as being in direct competition with the people he was encountering in the clinic on a daily basis. These people, who may or may not have been described as suffering from 'psychopathic disorder', were inevitably labelled as such, and therefore had to be treated in prescribed ways, rather than as individuals. Moreover, it was this insistence on defining the condition 'in terms of

⁹⁹⁰ John Gunn, 'What's in a Name: A Psychopath Smells Just as Sweetly!', *Criminal Behaviour and Mental Health*, 3:3, (1993), pp.iii-vii.

conduct', which in turn was the 'sole criterion for diagnosing the condition' that formalised the problematic circular definition much lamented by later observers.⁹⁹¹

But Gunn was not calling for psychopathic disorder to be retained; rather he pointed out that the term 'was not used medically by many people', having been replaced by others in order to avoid the static, legal definition of the Act. If doctors were to use the term, it was inevitably 'to invoke rejection mechanisms rather than therapeutic strategies'.⁹⁹² It was the fixed definition centred on unappealing or unacceptable behaviour that had done the damage, formalising and preserving in aspic the less formal associations the diagnosis had acquired amongst psychiatrists, lawyers, judges, the public and anyone who had come across the word 'psychopathic'. This prompts the second half of the question: why retain a term in both psychiatry and, for decades, in law, if it comes with such stigma?

Henderson's use of 'psychopathic' can be understood as a result of his American connections, but his dogged adherence to the term in a country that generally found it baffling and vague needs to be seen as part of a pattern. Henderson, from being something of a trailblazer in Britain with his psychobiological approach and therapeutic optimism, most significantly towards psychopaths, appeared to be behind the times in his use of controversial language. Although he was simply reflecting wider trends of thinking in his invocation of the terms 'mental hygiene' and 'eugenics', for example, he persisted in using them even when they fell out of favour and were moreover severely tainted. C. P. Blacker, secretary of the Eugenics Society, summed up the position on eugenics following the Second World War to members in a paper entitled "'Eugenic Experiments Conducted by the Nazis on Human Subjects'. After outlining the appalling crimes carried out by German doctors under the banner of 'eugenics', he acknowledged that whilst the experiments may in the Society's view have had very little to do with what they considered the science of eugenics, 'the inexorable fact remains that whatever our own views may be, the word eugenics has, through the events I have described, suffered degradation in the eyes of many people and organizations'.⁹⁹³ Henderson, however, persisted in using the term 'eugenics', because he insisted upon the meaning which he had attached to it, regardless of any other darker connotations the term

⁹⁹¹ Ibid, p.iii.

⁹⁹² Ibid, p.v.

⁹⁹³ C.P. Blacker, "'Eugenic" Experiments Conducted by the Nazis on Human Subjects', *The Eugenics Review*, 44:1, (1952), p.19.

had acquired. Henderson's adherence to psychopathy, psychopath and psychopathic, though less extreme in their controversy, was also at odds with many of his contemporaries. As Blacker clearly understood, but as Henderson seemed determined to overlook, terminology mattered.

More broadly, the constant othering of the psychopath leads us to the same place as Maxwell Jones's staff managing those with personality disorders: suffering from a lack of empathy. Although the patronising paternalism and open despair on display in the early sources was also the result of seeing the psychopath as a distant 'other', the relentless rejection of and hostility towards the psychopath running through many of the later sources is no better. Even Louis Minski, who appeared to be supportive of Jones's kinder, more progressive work at Belmont, agreed with the description of the psychopath as 'a monster from another world', while the progressive Henderson ultimately favoured an approach where the psychopath was eliminated at source, for the benefit of the nation.⁹⁹⁴ In their work on psychopathy in Finland, 1945-1968, Katariina Parhi and Petteri Pietikainen make the observation that whilst hospitalised psychopaths 'were not the only deviant individuals in Finland', the act of hospitalisation 'labelled the extreme cases that shared similar denominators'. This meant that even though psychopathy remained a 'restless diagnostic wanderer' in terms of aetiology, the experience of those processing difficult and delinquent people through Finland's hospitals developed a set of loose criteria that were then applied to the most difficult patients.⁹⁹⁵ In Britain, this process in hospitals and prisons seems to have been competing with a more progressive Hendersonian-led psychiatric narrative, constantly whittling away at the less extreme versions of psychopathy until only the 'monsters' were left. It is telling that of Henderson's three psychopathic types, it is the predominantly aggressive that retained its links with psychopathy, his predominantly creative type being later dismissed as 'mainly a talking point among aesthetes'.⁹⁹⁶

There are of course those who argue that any form of psychiatric diagnosis is problematic, and treat psychopathy as a straightforward tool of oppression wielded against

⁹⁹⁴ Lord Percy reporting the words of a headmaster of an approved school, *Minutes of Evidence 24: Twenty-Fourth Day: Wednesday, 30th March, 1955* (HMSO, London, 1955), p.943, pa.4819.

⁹⁹⁵ Katariina Parhi and Petteri Pietikainen, 'Socialising the Anti-Social: Psychopathy, Psychiatry and Social Engineering in Finland, 1945-1968', *Social History of Medicine*, 30:3, (2017), p.649.

⁹⁹⁶ Richard Fox, 'Sin, Crime and the Psychopath: Medico-Legal Problems of Psychopathic Personality', *The Modern Law Review*, 27:2, (1964), p.193.

the vulnerable to pathologise any form of non-conforming behaviour.⁹⁹⁷ What these arguments fail to appreciate is that the intentions that drove the development of psychopathy, in psychiatry at least, were mainly good, born not simply of a desire to classify and categorise humanity, but to understand what made individuals suffer or cause suffering to others, and to alleviate that suffering. Those intentions we must take as genuine, even if the actions can be seen as misguided; the suffering to be real. What has changed is not only the connotations of the term and thence the nature of the diagnosis, but also our priorities: protection of society has trumped protection of the individual. The psychopath has mutated from a citizen who needs help, to an anti-citizen from whom others and indeed society itself must be protected. The resurgence of the quest for somatic explanations for mental illness have added to the dehumanisation and othering of the psychopath. Hare's wish to 'establish that psychopaths differ from other individuals on some physiological variable' that could then be incorporated as 'one of the defining characteristics of psychopathy', is still being pursued via neuroimaging techniques.⁹⁹⁸ The problem is that this once again leads to somatic reductionism and thence to therapeutic nihilism, and the attitude that those with behavioural disorders "started off with neuropsychological deficits and they'll carry on with it and there's not a lot that can be done".⁹⁹⁹ Diagnosis can in theory be a positive act when it opens up a treatment pathway within a system that seeks to care for the individual; but for psychopathy – especially when perceived as a largely legal diagnosis – this is not the case.

Changing this situation so that diagnoses act not as barriers to treatment, but instead as gateways to at least empathy if not actual clinical engagement, involves unpicking a lot of history; but it is exactly through the process of examining these terms in historical context that we can start to refocus on the needs of the individuals behind the diagnoses. Historicising psychopathy demystifies and desacralises the diagnosis, as it foregrounds both the lack of agreement and certainty around this problematic 'wastebasket' concept, and also shows how

⁹⁹⁷ Some of these are discussed in David Pilgrim, 'The Survival of Psychiatric Diagnosis', *Social Science and Medicine*, 65:3, (2007), pp.536-47. See also Jay Watts, 'Mental Health Labels Can Save Lives. But They Can Also Destroy Them', *The Guardian*, (24th April 2018).

⁹⁹⁸ Robert Hare, *Psychopathy: Theory and Research* (J. Wiley and Sons, New York, 1970), p.28, cited in Jarkko Jalava, 'The Modern Degenerate: Nineteenth-century Degeneration Theory and Modern Psychopathy Research', *Theory and Psychology*, 16:3, (2006), p.427. See for example James Fallon, *The Psychopath Inside: A Neuroscientist's Personal Journey into the Dark Side of the Brain* (Penguin, London, 2013).

⁹⁹⁹ Doctor 4 railing against 'the James Blairs' in Martyn Pickersgill, "'Promising" Therapies: Neuroscience, Clinical Practice, and the Treatment of Psychopathy', *Sociology of Health and Illness*, 33:3, (2011), p.459. See also Martyn Pickersgill, 'Between Soma and Society: Neuroscience and the Ontology of Psychopathy', *BioSocieties*, 4, (2009), p.46.

this can impact upon the therapeutic experience as a whole. After all, although there has always been a striking lack of agreement as to how to treat psychopathy, it is evident that there was far more consistency when it came to how to deal with the psychopath. Decades of uncertainty as to psychopathy's cause, prognosis and treatment not only rendered the diagnosis a chronic millstone for the diagnosed in terms of hope of recovery, but also manufactured a widespread callous disregard for the psychopath as an individual. If the diagnosis is signalling that methods of treatment are at best unclear and at worst non-existent, then it is also signalling that the patient is not worth engaging with beyond the diagnosis. This is exacerbated by the fact that the diagnosis is also indicating that the patient is difficult, if not bad, even if this judgment may have in part been provoked by the presumed untreatability in the first place. Psychopathy's popular and cultural resonances, which this thesis has fought to keep apart from its main argument, and which clinicians are exposed to just as much as anyone else, intensify this unhelpful reading of psychopathic patients. Tracking psychopathy's historical development as a specific strand of scientific knowledge that was shaped by forces outside psychiatry is one way to gain some much-needed perspective on psychiatry's role as a science, and thence to question some of the supposedly axiomatic characteristics of diagnoses like psychopathy, such as the psychopath's presumed untreatability or innate badness. I am therefore hopeful that an understanding of psychopathy's history can open up space for clinicians to move away from the overwhelmingly negative connotations of the diagnosis and instead treat their patients as individuals – individuals who require help and support.

This need for better understanding of and empathy for patients is an issue not just for psychopathy, as discussed in the Introduction, but also for personality disorders more broadly. The starkest example of this is Emotionally Unstable Personality Disorder (EUPD), also known as Borderline Personality Disorder, a diagnosis that has been shown to spark high levels of rejection in nursing staff – higher than in the general public. This is manifested in lower levels of sympathy for the patient, and reduced optimism at their potential for recovery.¹⁰⁰⁰ EUPD is in the same cluster of personality disorders in ICD-10 as Dissocial Personality Disorder (one of psychopathy's official successor terms), considered to be the 'bad' out of the 'mad, bad and

¹⁰⁰⁰ Dominic Markham, 'Attitudes Towards Patients with a Diagnosis of 'Borderline Personality Disorder': Social Rejection and Dangerousness', *Journal of Mental Health*, 12:6, (2003), pp. 595-612; Dominic Markham and Peter Trower, 'The Effects of the Psychiatric Label "Borderline Personality Disorder" on Nursing Staff's Perceptions and Causal Attributions for Challenging Behaviours', *British Journal of Clinical Psychology*, 42:3, (2003), pp.243-56, esp. p.253,

sad' personality clusters.¹⁰⁰¹ Whether or not one accepts the validity of the construct of personality disorders, let alone considers labelling people with them as helpful, being at a stage where these people are considered *a priori* 'bad' by the very people who are supposed to help them is severely problematic. One cannot help but wonder if the reason why terms such as psychopathy and EUPD are retained is because the stigma is so entrenched that individuals to whom they are applied are not considered worthy of a second chance, or a new euphemism. This needs to change. Understanding the history of these terms and the forces that were involved in their creation and evolution could be the first step in reclaiming them from the clutches of stereotype and popular culture, and reconnecting with the individuals these diagnoses should be helping rather than harming.

There is still much work to be done. The monstrification of psychopathy and the resulting lack of empathy for the psychopath is also evident among historians, who take psychopathy to be little more than the criminal personality and tend to deny it the same reflexive treatment they offer other medical diagnoses; the silence almost implies that the stigma is earned. Generally, psychopathy has become the rhetorical flourish deployed not only in arguments involving the management of the mentally distressed or prison populations, but also the bogeyman lurking behind any crisis. According to this rationale, the bankers behind the financial crash are psychopathic; Donald Trump is psychopathic; those contributing to climate change are psychopathic; key figures masterminding the campaign for Britain to leave the EU include a 'political psychopath' and a 'career psychopath'.¹⁰⁰² Like the word 'evil', it has become an avoidance tactic for understanding larger problems within our society that produce people and events for which we refuse to take responsibility. Once again, the word facilitates the turning away from something we cannot bear to accept as ours.

¹⁰⁰¹ For an even harsher version of this unofficial shorthand, see Angela Gillies (@Gsustdes), 'In my nurse training the lecturer described PD clusters as 'the weirdos, the worriers and the wankers'!!' [Tweet]. Available from: <https://twitter.com/Gsustdes/status/1024804713580113921> [accessed 01/08/18].

¹⁰⁰² Benjamin Kentish, 'Donald Trump is a Psychopath, Suffers Psychosis and is an "Enormous Present Danger", Says Psychiatrist', *The Independent*, (30th November 2017); Damian Carrington, 'Shell Cynically Blocking Action on Climate Change, Says Ex-diplomat', *The Guardian*, (20th March 2015); Patrick Christys, 'Boris Johnson's Sister Slams "Psychopath and Westminster Suicide Bomber" Michael Gove', *The Daily Express*, (3rd July 2016); Rowena Mason, 'PM backs Michael Gove but Suggests Former Aide was a "Career Psychopath"', *The Guardian*, (18th June 2014).

APPENDIX I



Figure 1: Google Ngram for 'psychopathology' and 'psychopathological'; case insensitive, English corpus. Accessed 22nd February 2016.

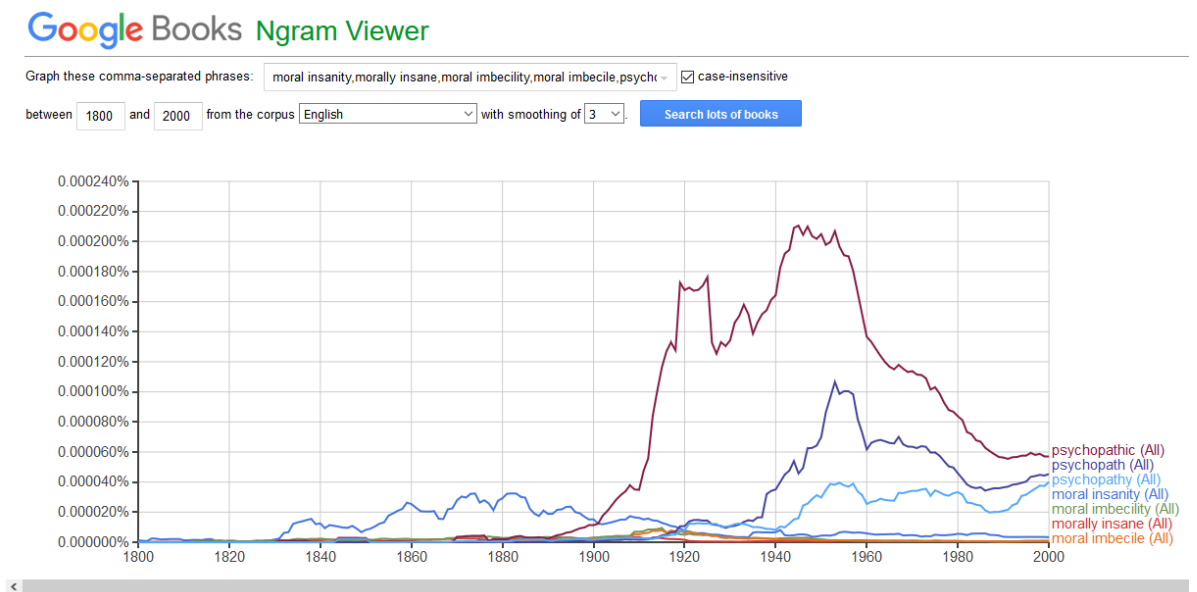


Figure 2: Google Ngram for 'moral insanity', 'morally insane', 'moral imbecility', 'moral imbecile', 'psychopathy', 'psychopathic' and 'psychopath'; case insensitive, English corpus. Accessed 22nd February 2016.

Graph these comma-separated phrases: moral insanity,moral imbecility,psychopath,psychopathic,psychopati case-insensitive

between 1800 and 2000 from the corpus British English with smoothing of 3 Search lots of books

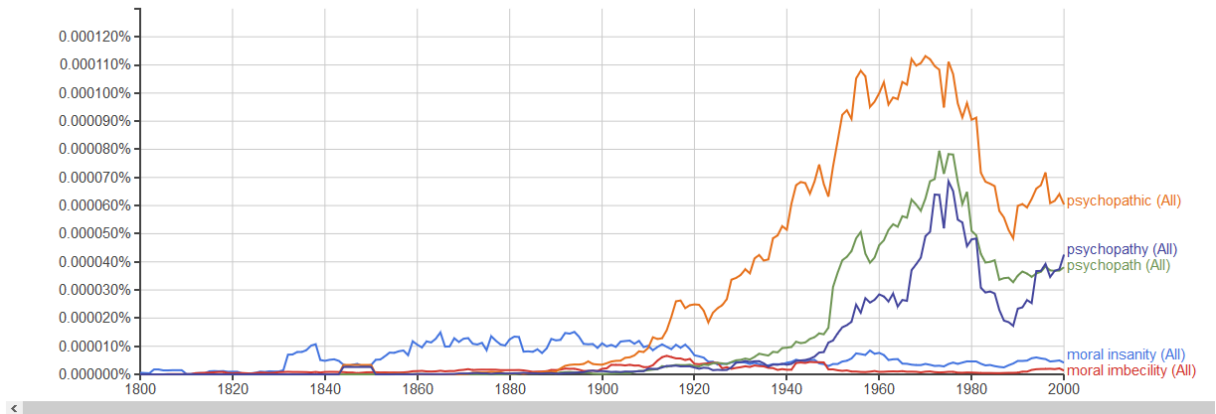


Figure 3: Google Ngram for ‘moral insanity’, ‘morally insane’ [only one result yielded], ‘moral imbecility’, ‘moral imbecile’, ‘psychopathy’, ‘psychopathic’ and ‘psychopath’; case insensitive, British English corpus. Accessed 22nd February 2016.

Graph these comma-separated phrases: moral insanity,morally insane,moral imbecility,moral imbecile,psych case-insensitive

between 1800 and 2000 from the corpus American English with smoothing of 3 Search lots of books

Search for "morally insane" yielded only one result

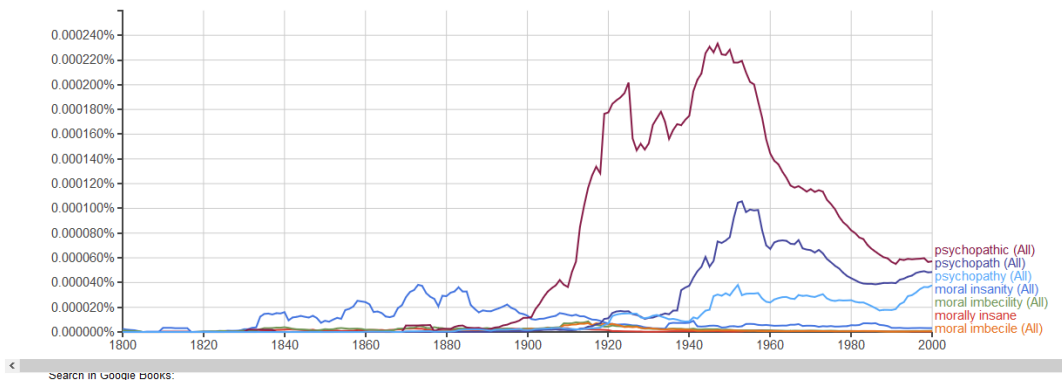


Figure 4: Google Ngram for ‘moral insanity’, ‘morally insane’ [only one result yielded], ‘moral imbecility’, ‘moral imbecile’, ‘psychopathy’, ‘psychopathic’ and ‘psychopath’; case insensitive, American English corpus. Accessed 22nd February 2016.

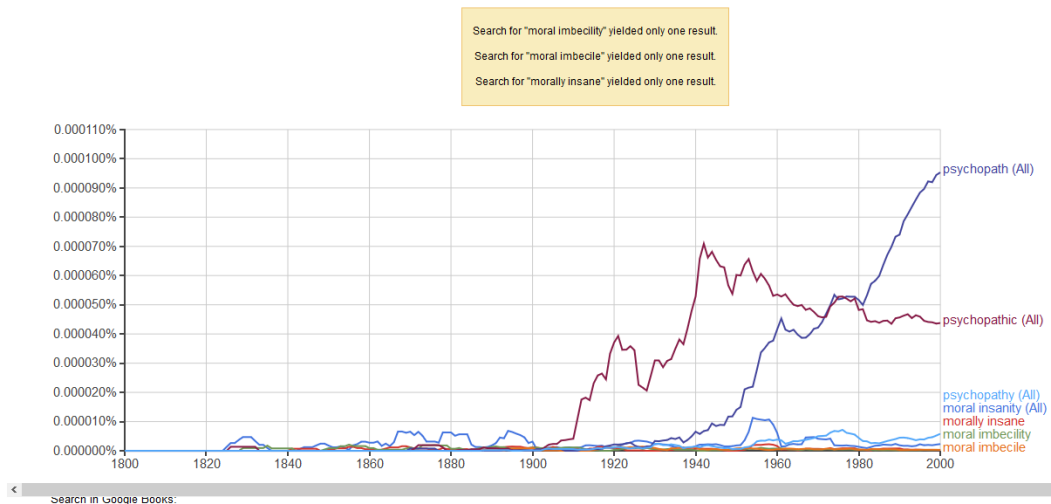


Figure 5: Google Ngram for 'moral insanity', 'morally insane' [only one result yielded], 'moral imbecility', 'moral imbecile', 'psychopathy', 'psychopathic' and 'psychopath'; case insensitive, English Fiction corpus. Accessed 22nd February 2016.

For more information on Google Ngrams, see Jean-Baptiste Michel, Yuan Kui Shen, Aviva Presser Aiden, Adrian Veres, Matthew K. Gray, The Google Books Team, Joseph P. Pickett, Dale Hoiberg, Dan Clancy, Peter Norvig, Jon Orwant, Steven Pinker, Martin A. Nowak, and Erez Lieberman Aiden, 'Quantitative Analysis of Culture Using Millions of Digitized Books', *Science*, (2010) [online]. Available from: www.sciencemag.org/content/early/2010/12/15/science.1199644 [accessed 01/04/16].

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