Middle Articles

CONTEMPORARY THEMES

Psychiatric Research in Delinquency Behaviour*

T. C. N. GIBBENS,† M.D., M.R.C.P., D.P.M.

Brit. med. J., 1966, 2, 695-698

Psychiatric research in criminology is fortunately now developing rapidly, and it is not possible, or at least useful, to try to review the state of the whole subject in a short paper. I propose to keep to my own area of interest and say something of studies, mainly unpublished, being carried out at the Institute of Psychiatry or at the Institute for the Study and Treatment of Delinquency, some of them supported by the Mental Health Research Fund.

Since the war made it necessary to survey the mental resources of the nation, and since the development of the National Health Service, we have entered the epidemiological or public health phase of psychiatric as well as other medical research. We want to know about the size, scope, and distribution of the problem as a corrective to the view from the clinic or consulting-room. Much is known about certain types of offender, but much less about the origin, distribution, and evolution of criminal careers, among both the mentally normal and abnormal. One of the main difficulties here is the lack of an acceptable nosology or diagnostic classification of minor mental disorders in offenders. Professor Marc Ancel has said that it is only when a word ceases to have any technical meaning that it enters the definitive law, and this seems to be happening to the word "psychopath." In a current study of the criminality of boys seen at the Portman Clinic 20 years ago Mitcheson found that similar conditions tend to be called "behaviour disorders" in children under 10, "character disorders" in those aged 10 to 14, and "psychopaths" at 15 and 16. Warren (1965) divided his hospital adolescents into neurotic disorders, conduct disorders, and mixed neurotic and conduct disorders.

Criminal Behaviour of Mental Hospital In-patients

Briscoe, Dell, and I have recently been studying the criminal behaviour of mental hospital in-patients who were not psychotic or subnormal. We obtained the previous and subsequent criminal records of nearly 600 patients admitted to a hospital some years ago with a diagnosis of psychopathy ("pathological" or "immature" personalities in the international classification, with 12 subtypes) or neurosis (with seven subtypes). Those with criminal records were then matched by age and subsidiary diagnosis with non-offenders, producing 89 psychopathic offenders and 107 non-offending psychopaths, and 72 neurotic offenders and 91 non-offenders. Each has an extensive item sheet of information about history, symptoms, and personality. As in the general population, mentally disturbed

offenders and non-offenders were mainly distinguished by their early environment—early lack of maternal and paternal care, disrupted homes, poor family relationships, poor physical environment. Illegitimacy, for example, was three times commoner among the offenders. This difference in early experience was much more noticeable in the neurotic group than in the psychopaths; the psychopathic offenders differed from their controls mainly in having a much worse educational and work record, a history of more frequent suicidal attempts, and in being impulsive, suspicious, without ambition, and unmoved by religious, moral, or ethical considerations.

Psychopaths and neurotic offenders, although similar in early history, poor education, and work record, were fairly sharply distinguished in the expected ways—the neurotics being more anxious, agitated, depressed, and (especially) sleepless; the psychopaths more impulsive, explosive, overtly aggressive, and casual about money and morals. The latter had shown rivalry with siblings much more often, were thought to have a lifelong condition of constitutional origin, and to have been uninfluenced by treatment. Neurotic, and especially psychopathic, patients would not be admitted to hospital unless they were quite seriously disturbed, but few were admitted in direct relation to suicidal attempts. From the criminal point of view, nearly half had committed fairly minor offences for which they had not been sent to prison; but 40% had more than four previous convictions, and these included some very serious offences. Nevertheless, the main fact to emerge was that these abnormal offenders were not particularly incorrigible.

The follow-up lasted in most cases for five years, but 40% of the psychopaths and 70% of the neurotic offenders were not reconvicted after leaving hospital; 5 to 10% in each group committed offences only after leaving hospital, the remainder were convicted both before and afterwards. The psychopaths had a greater tendency to some reconviction, but usually only once. The neurotics tended to have longer criminal careers and to come to hospital suffering from anxiety, depression, apathy, etc., at the time when their criminal career was possibly coming to an end. There are many indications that the "recovered" offender tends to suffer from depression in later life. There were few differences in the diagnostic groups, except that hysterical neurotics were much more frequently criminal.

These more-disturbed offenders, then, have not turned out very differently from mixed groups of offenders coming before the courts, although the psychopaths were not thought often to have benefited from treatment. The presence of mental disorder is not necessarily relevant to the continuation of crime. The persistence of mental abnormality does not necessarily mean the persistence of crime.

* A condensed version of the Fourth Mental Health Research Fund lecture delivered at the Middlesex Hospital Medical School, London, on 23 February 1966.

† Reader in Forensic Psychiatry, Institute of Psychiatry, London.

Study of 200 Borstal Boys

A second study concerned 200 Borstal boys who were seen on sentence 12 years ago and who have been followed ever since (Gibbens, 1963; Gibbens and Prince, 1965). At that time 27% were thought to present psychiatric problems, even though they were not unfit for Borstal. They included only one psychotic and one epileptic. It is easy to pick out the extremes, the definitely neurotic boys with little criminal potential who have, as expected, never been reconvicted, although they have had recurrences of psychiatric symptoms. At the other end of the scale were about 10% who were severely psychopathic though without any acute disturbance which called for mental hospital treatment; as expected, 85% of this small group have become persistent offenders. In the middle range of criminal potentiality—severely unstable, conflict-ridden youths who may, for example, alternate between suicidal attempts and criminal offences—the possibilities seem quite open. They are, perhaps, older versions of what Warren calls "mixed neurotic and conduct disorders." In some the mental disturbance has cleared up and criminality with it; others have been repeatedly convicted. Very few, so far as we know, have entered mental hospitals, although two or three have developed schizophrenia (one just before committing murder) and one psychopath was transferred to Broadmoor with this diagnosis. I would emphasize that Borstal training can be very successful with many of these very unstable boys, partly perhaps because it often lasts longer than psychiatric treatment in hospital. Many of the more disturbed groups, of course, needed a combined form of treatment and training such as is now provided in the boys' wing of Grendon Psychiatric Prison.

After 12 years they have separated into six career types, which show the difficulties of defining successful results: 45% have not been reconvicted, and most of them have been working well; 20% have been serious persistent offenders; 5% have become very petty persistent offenders, with repeated fines for drunkenness or minor assaults—probably on their way to becoming alcoholic. Two interesting groups have changed positions in the course of time: 15% were reconvicted at first and were early "failures," but have now been free of convictions for five or six years. Conversely, another 10% are now starting a new criminal career after several years—often on licence or in the Army—when they were free from crime. The remaining 5% are sporadic offenders, convicted of minor thefts every year or two but working, as we know, quite well throughout this time. The original "success rate" of 47% has gradually risen to 65%.

The 20% of serious recidivists demonstrates my point about the uncertain significance of psychiatric prognosis. Half of them were originally thought to be severely psychopathic, but the other half were *not* originally regarded as presenting serious psychiatric problems or abnormalities. The "cultural" or "social" delinquent appears even among seriously persistent offenders.

Classification of Delinquents

Many attempts are being made to achieve a useful classification of offenders. Jenkins (1955), Scott (1960), Gibbons (1962), Kinch (1962), and Glueck and Glueck (1965) have tried to extract what is common between numerous classifications; a consensus is certainly emerging. Perhaps the most successful is that devised by Dr. Marguerite Grant (1961), based on the psychology of Erickson, which divides delinquents according to "levels of maturity in interpersonal relations." Our views about the criminal prognosis are certainly mainly based on the type of relationship a boy is capable of, how he sees the world, and what he expects from it. Psychiatric disturbance, in a sense, may lie on the surface of such a level of personality development and be less important in determining social behaviour.

An alternative approach favoured by the social scientists is to study the environments of delinquents, so often anomalous—the broken homes, separation from parents, parental discord, types of discipline, affection, and supervision. It is doubtful if this form of attack can ever succeed in deciding who will become recidivists. We have not found that affection of parents, or separation from mother or father at different ages or for different periods, is closely related to long-term results. Such factors can perhaps be used to predict who will come before the courts; but this is probably not an important question. What we need to know is, who will persist or be difficult to correct; for this, we require some measure of the response-tendency of the individual boy, although this seems related to the age at which stresses occur. Within limits, the greater the disruption the more likely it is that a fairly ordinary boy will come before the courts, and the better the response to a better environment, especially when he is old enough to leave home. Other cases will have been seriously damaged in personality; the nature of the stress, even on close examination, will not indicate its effect.

Psychiatrists cannot ignore the question of alternative forms of social deviance. Nearly 300 men attending a V.D. clinic have been examined (Gibbens and Silberman, 1960). They fall easily into the same clinical groups as offenders, yet the rate of crime was no higher (14%) than one would expect in a normal population. Compared with a group of prisoners, their background was not much less disturbed—for example, 15% with parental alcoholism and about 25% among the prisoners. Parental discord was, in fact, more often reported by the promiscuous. But, compared with them or with the national average, the prisoners came from quite large families—for example, 30% with six or more siblings. Perhaps many chronic recidivists settle so readily to prison life because they have never expected anything but poverty and deprivation.

The outstanding difference is, however, that the promiscuous, in spite of seriously distorted relationships of many kinds, seem to have normal attitudes to work and the necessity of work. By contrast, it has been possible to trace the work record of the Borstal boys for 10 years, and the surprising fact emerges that, even including those who have worked regularly and never been reconvicted, the 200 boys have not been in registered employment for an average of four out of the 10 years. The work record, however, bears a variable relation to reconviction. Some of the recidivists worked quite well when not in prison, while the "petty persistent" offenders, though rarely punished by more than a fine, have hardly worked at all. The prognosis of further crime given by the Governors, as several studies have shown (Mannheim and Wilkins, 1955), are often inaccurate, but their reports about the boys' industriousness, keenness, energy, etc., are remarkably accurate over many years, as if these are basic qualities of personality. Freud describes mental health as the ability to love and work. Although emotional problems clearly have a profound influence upon work, defects of ego development need special study. Parental failure to arouse enthusiasm or interest may be as serious as failure to provide supervision and discipline.

Sex Differences

The sex differences in crime and the types of social deviance adopted by women still remain an interesting problem. The convictions, as adults, of 300 girls seen by me for psychiatric reports to court nearly 15 years ago have recently been checked, as well as those of a total sample of 500 juvenile girls coming before the courts in six months at that time. Among the former, 24% have been convicted (usually only once) as adults, mainly for larceny or shoplifting; and 10% for persistent prostitution. Among the six-months sample of all ages these proportions are 10% and 2%. As before, the small group of recidivists is not by any means drawn exclusively from those who were thought

to be serious psychiatric problems, and similar results are emerging from a follow-up of boy delinquents treated 20 years ago at the Portman Clinic. Only 10% of these have become adult recidivists, with four or five prison sentences, and those diagnosed as psychopaths at that time have done only slightly worse than the others.

Relationship between Juvenile and Adult Crime

The last perspective is one that has been gaining attention in recent years, and that is the relationship between juvenile and adult crime. The image of the chronic recidivist which has existed for some time in the public mind is that of a boy who becomes a juvenile delinquent, fails to profit from approved-school training and then from Borstal, and finally becomes a persistent adult offender in and out of prison. But this pattern applies to only a minority of adult recidivists, as many studies have recently shown (West, 1963; Hammond and Chayen, 1963). The whole question of aftercare for prisoners is closely bound up with the age of onset of crime, which very often determines the situation in which they find themselves and their prospects on release.

The Royal London Discharged Prisoners' Aid Society, with the help of the Mental Health Research Fund, has lent support to a study by Martin Silberman of 300 adult prisoners, chosen carefully to be as representative as possible of those sent to prison in London. These are being compared with 100 prisoners who presented themselves at the offices of the R.L.D.P.A. for help, in order to show how these last select themselves. The vast majority served short sentences; we have followed their reconvictions for about 18 months since release. It seems that as courts become more concerned with dealing with offenders other than by imprisonment the prison population is becoming more seriously criminal. About a quarter of those first sentenced to imprisonment have five to eight previous convictions, dealt with in other ways. It used to be said that 80% of those first sentenced to prison were not reconvicted, but in our material only 65% were not reconvicted in the course of 18 months, compared with half of those who had previously been in prison.

Relatively few of these adult prisoners had been before the juvenile courts; 34% had convictions as juveniles, 48% were first convicted between 17 and 30, and as many as 18% were not convicted before the age of 30. This last group, of late onset, were far from being first offenders; when seen they were often in their middle-forties, and nearly one-third of them had had six previous convictions, and usually prison sentences. This may be an indication that juvenile delinquency is being effectively treated, but it does suggest that the psychological and psychiatric aspects of these offenders of late onset need closer examination. In the whole group, for example, 15% had been in mental hospitals; but twice as many of those starting to offend after 30 had this history compared with the ex-juvenile delinquents, though the latter had more often been in hospitals for the subnormal. What are the factors behind this crime of late onset?

History and Personality

In the course of the Borstal study extensive intercorrelations were made of many features of the history and personality of the boys. One component emerged which was fairly strongly related to reconviction. It consisted of the following features: the boy was rated as having an inadequate response to life, to be helpless, unrealistic, lacking in energy, solitary, submissive, with weak sex interest, marked conflicts, and in the mentally abnormal group. By contrast, those rated as aggressive, over-assertive, realistic, extrovert, and dynamic had a neutral or

slightly favourable outlook. These energetic and defiant qualities have been shown by Glueck and Glueck (1959) and others to predict that a boy will come before the juvenile courts, but at the Borstal age, when he can leave home, they may be the qualities which, if not excessive, enable a normal boy to make his way in the world, to marry, and to settle down. But there may be many unhappy, passive children of the first type who never come before the juvenile courts, who cause no trouble in local authority care or in school, but who fail to support themselves when they become adults and when their parents can no longer care for them. Once they arrive in prison they may settle to the life all too readily. The implication is that the child-care services will need to pay attention to the negative patterns of maladjustment as well as the positive ones which draw attention to themselves.

Even if such an idea is true in general, the real situation, of course, is much more complex. There was not a great difference in the various indices of serious maladjustment between those in prison for the first time (Brixton and Eastchurch Prisons) and the recidivists in Pentonville. In Brixton 10% had previously been admitted to mental hospitals, and 15% in Pentonville. The incidence of E.S.N. education or obvious subnormality, psychosis (3%), or homosexuality was about the same in those first in prison and the recidivists; marked emotional immaturity or serious personality problems were not much more frequent in Pentonville. Adverse childhood experiences were about the same. One of the few symptoms which steadily increased with recidivism was alcoholism. What distinguished the recidivists was the increasing social isolation—the loss of contact with family, wife, and children, and their gradual isolation in hostels, in lodgings, or with “no fixed abode.” The difference seemed to consist mainly of the consequences of repeated imprisonment.

Reconvictions

When reconvictions within 18 months were examined in relation to all these factors it emerged, however, that those showing indications of mental abnormality were more often reconvicted. Those who had been in mental hospitals were twice as often reconvicted in six months; the homosexuals, drug addicts, and heavy drinkers especially returned to prison more often; 25% of those reconvicted had been classed as psychopaths, compared with 9% of those not reconvicted. In some respects these results are contradictory, for if the mentally disordered return to prison more quickly why are they not in great excess among the recidivists? The answer, perhaps, is that criminal careers fluctuate a great deal; offenders have their good and bad patches. We found quite a large proportion who had had periods of three to four years free from conviction in the course of a long career. As West (1963) has shown, these periods usually depend upon re-establishing some human contact, especially with a woman.

Though such studies of criminal careers may have their place as a form of general orientation, they must undoubtedly run in parallel with research into the relative effectiveness of different forms of treatment for different types of offender. Studies of this kind, especially in the psychiatric field (Rollin, 1963; Craft, 1965), are still only just beginning in this country.

Summary

Some recent unpublished studies of criminal careers spread over 10 to 20 years are briefly described. Mental disorders of the types which usually concern psychiatrists are very uncertainly related to subsequent crime, which probably depends on other aspects of personality development. The relationship of mental disorder to crime also varies widely with the age of onset of criminal behaviour.

REFERENCES

- Craft, M. (1965). *Ten Studies into Psychopathic Personality*. Wright, Bristol.
- Gibbens, T. C. N. (1963) *Psychiatric Studies of Borstal Lads*. Oxford Univ. Press, London.
- and Prince, J. (1965). *The Results of Borstal Training*, *Sociol. Rev. Monogr.*, No. 9. Keele.
- and Silberman, M. (1960). *Brit. J. vener. Dis.*, **36**, 113.
- Gibbons, D. C., and Garrity, D. L. (1962). *J. Crim. & Crimin.* and *Police Science*, **53**, 27–35.
- Glueck, S., and Glueck, E. T. (1959). *Predicting Delinquency and Crime*. Harvard Univ. Press, Cambridge, Mass.
- (1965). *Brit. J. Crim.*, **5**, 388.
- Grant, M. Q. (1961). Community Treatment Project, Calif. Youth Authority.
- Hammond, W. H., and Chayen, E. (1963). *Persistent Criminals*. H.M.S.O., London.
- Jenkins, R. L. (1955). *Nerv. Child*, **11**, 9.
- Kinch, J. W. (1962). *J. Crim. & Crimin. and Police Science*, **53**, 323–328.
- Mannheim, H., and Wilkins, L. T. (1955). *Prediction Methods in Relation to Borstal Training*. H.M.S.O., London.
- Rollin, H. R. (1963). *Brit. med. J.*, **1**, 786.
- Scott, P. D. (1960). *Brit. J. Crim.*, **1**, 116.
- Warren, W. (1965). *J. Child Psychol.*, **6**, 141.
- West, D. J. (1963). *The Habitual Prisoner*. Macmillan, London.

MEDICAL HISTORY

Robert Malthus

[FROM A SPECIAL CORRESPONDENT]

The Reverend Thomas Robert Malthus, fellow of Jesus College, Cambridge, of the Royal Society, and of the Royal Statistical Society, first professor of modern history and political economy at the East India Company's College at Haileybury, and author of *An Essay on the Principle of Population as it Affects the Future Improvement of Society, with Remarks on the Speculations of Mr. Godwin, M. Condorcet, and Other Writers*, was born 200 years ago. He became both famous and infamous, and when in 1834 he died suddenly while staying over Christmas with his wife's family in Bath he could be said to have achieved a revolution in thought, to have established comparative demography, to have influenced reform in both the 18th and (even more) the 19th centuries, and to have been successful as a preacher and teacher, husband, correspondent, and father of a family of three.

The Malthus family were descended from, among others, royal apothecaries (the Grahams of Pall Mall and the Royal Hospital, Chelsea), from a Chancery lawyer who did well in the South Sea Company, from a clergyman who through the mid-17th century stoutly opposed all authority. Malthus himself applied the sensitive intelligence and sound constitution he had inherited to the appalling problems of his day and age. Revolution, violent death, misery, poverty, and vice on a scale that we in the West have almost forgotten were all commonplace to a young man in the 1780s. So too was a critical and informed interest in the classics of history, mathematics, and science. Daniel Malthus, his father, was a close friend and admirer of Jean-Jacques Rousseau, of William Godwin, and of other perfectibilists who were encompassing the overthrow of *l'ancien régime*. The son had by nature great warmth and distinction of manner (evident in John Linnell's later portrait of him), and his letters home from Cambridge display a vivid and lucid style. He enjoyed the first volume of Gibbon's *Decline and Fall of the Roman Empire*, and looked eagerly forward to reading the next. He skated, rowed, and

played cricket, won prizes for declamation in Latin and Greek, and graduated as Ninth Wrangler in 1788.

Malthus's famous book, the *Essay on the Principle of Population*, arose from discussions with his father. The older man took the utopian view, which he had grown to prefer, while his favourite son (now curate in a Surrey parish and so more experienced in the daily trials of mankind) argued on more cynical or at least realistic lines. We must remember that until compulsory church rates were abolished in 1868 the ecclesiastical parish was the unit of local government, the churchwardens, for example, being overseers under Queen Elizabeth's Poor Law. It is also worth noting that Okewood, Malthus's cure, had throughout the 18th century and certainly in his time an unusually high ratio of baptisms to burials. It seems more than likely that the following passage from his *Essay* was based upon his observations as a village priest.

"Indeed it seems difficult to suppose that a labourer's wife who has six children, and who is sometimes in absolute want of bread, should be able always to give them the food and attention necessary to support life. The sons and daughters of peasants will not be found such rosy cherubs in real life as they are described to be in romances. It cannot fail to be remarked by

those who live much in the country that the sons of labourers are very apt to be stunted in their growth, and are a long while arriving at maturity. Boys that you would guess to be fourteen or fifteen are, upon inquiry, frequently found to be eighteen or nineteen."

The *Essay on the Principle of Population* was first published in 1798 by John Murray, of Albemarle Street, anonymously for fear of what any reaction might do to a priest of the established church. No one seems to know how many copies were printed (in an age of hectic pamphleteering), and at once furious opposition compelled Malthus, who was a shy man with a hare lip and a cleft palate, to set about rewriting the

Robert Malthus. (Reproduced by kind permission of the Director of the National Portrait Gallery.)