PRISON PSYCHOSIS. A PSEUDONYM?

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The so-called prison psychosis has, of recent years, been the subject for an abundance of literature and discussion. Reich, Rüdin and Moeli have described various groups of psychotic symptoms which they claim are due directly to the experiences which attend the lives of those confined. These alienists, and others, have attempted to prove that the so-called prison psychosis is a clinical entity having a real and definite existence apart from other mental diseases and of a purely psychogenetic origin.

Gleuck, in supporting the theory of the prison psychotic complex, advances the following argument: "It is true, imprisonment acts more deleteriously upon the psyche of the criminal by passion, the accidental criminal, but even the recidivist who would be expected to feel less keenly the painful loss of freedom, falls a prey to deleterious effect of prison life. The unfavorable hygienic surroundings which are found in most prisons, the scarcity of air and exercise, readily prepare the way for a breakdown, even in an habitual criminal. Above all, however, it is the emotional shock and depression which invariably accompany the painful loss of freedom, the loneliness and seclusion which force the prisoner to a raking occupation with his own mind, to a persistent introspection, making him feel so much more keenly the anxiety and apprehension for the future, the remorse for his deed that play an important rôle in the production of mental disorders."

Before conceding the correctness of this view it will be necessary to study the mechanism of the psychogenetic psychosis, the character and psychology of the criminal, the penal institutions and their administration, with a special reference to sanitary conditions.

It is true that the various experiences of life produce various mental reactions of painful or pleasurable nature depending upon the character of the occurrences and the psychical organization of the person receiving them, but these reactions, if not pathologic,

do not alter or abrogate the individual's usual manner of thinking, feeling and acting.

It has not as yet been conclusively proven that the psychologically produced mental disorder is not one of the protean forms of hysteria, and in those individuals suffering from psychogenetic psychoses we many times find the hysterical stigmata without much search.

Mental traumatism resulting from the death of a near relative or the sudden loss of fortune, a disappointed ambition or the disgrace of criminal conviction and imprisonment have been suffered time and time again without the development of a mental disorder. Dr. Carlos F. McDonald says very forcibly on this subject: "Substantially every individual at sometime or other during his life is exposed, in many cases repeatedly, to many of the so-called exciting causes of insanity both mental and physical, and yet despite this fact we find that sanity is the rule—insanity the exception." We shall expect, therefore, that those individuals who develop psychotic symptoms after experiencing one or several of the unpleasant and painful trials which come to everyone to have for the basis of their mental disorders defective or unstable mental substrata.

It is not unreasonable to believe that those who support the theory that a specific and definite form of mental disease develops in response to the exigencies of penal life, merely overestimate incidental conditions and overlook the true causes which operate to produce insanity in the convict, the vice organization of the criminal, his inherent defects, his burden of heredity, his acquired organic disease and the unrelenting effects of his dissipation and vicious habits.

Kraepelin has stated that mental disorders develop about 10 times more frequently in prison than in the ordinary walks of life, but this is not strange, when we stop to consider that the crowds which haunt our prisons are largely composed of mentally and physically defective individuals who find themselves unable to battle with life because of their abnormal organizations. Many of them belong to the ranks of crank, vagabond, pauper and prostitute—the slag of social evolution. Wilmanns, in a study of 127 vagabonds, found 66 cases of dementia præcox. The penal institutions serve as social clearing houses, so to speak, but not as etiologic

factors for the production of insanity. Everyone is willing to admit, however, that the classical forms of mental disease do have their symptomatology modified and colored by the influences of prison life.

Large numbers of soldiers and sailors are being received at the Government Hospital for the Insane, principally because insane, and border-line cases of insanity have existed in recruits who have been enlisted without their mental troubles being recognized at the time of enlistment; and yet, a superficial glance at the question would lead one to conclude that the loneliness, hardships, monotonous routine of sea and barrack life, together with general suppression of the initiative, stand in primary causal relation to the development of mental disorders, to whose atypical forms we might with the same degree of accuracy apply the term "military psychosis," as some do the "prison psychosis," to those fantastic modifications of the classical mental disease which occur in imprisonment.

During my experience I have encountered sailors and soldiers who sought military service in an endeavor to escape their imaginary pursuers and persecutions. These individuals of the dementia præcox constitution, the constitutional inferiors and organic failures who find themselves at last properly classified in the Government Hospital for the Insane escaped close observation until becoming identified with the military, which resulted in the disclosure of their mental defects. Military life does not create the insanities of those who go insane in the service of the army and navy. These services serve as a means to segregate the fit from the unfit; the same can be said of the prisons whose population in general is far below in mental status that of the military.

In order to understand properly the relation between the insanity of prisoners and those factors which are alleged to be operative in the production of psychogenetic mental states we must study the prisoner and the forms of mental disease which are common in penal institutions. The prisoner's physiological, anatomical and mental organization must be analyzed to determine whether or not there is an underlying defective foundation upon which active mental disturbances can be erected, or whether or not there is a latent mental disease lying dormant to be touched off by some disagreeable mental experience like a flash of powder. We are not

warranted in the belief that mental alienation may suddenly develop over night, as a mushroom, without foundation any more than we would expect an island to appear in the sea suddenly without previous disturbance in terrestrial matter.

We will first consider the criminal. Anthropology has thus far failed to establish a distinct criminal type, but marks of constitutional inferiority are exceedingly common in prison populations. Among the anatomical effects are to be found malformations of the skull, teeth and palate, the Darwinian tubercle, Morell ear and prognathism, all of which may be interpreted to mean reversions to more primitive types.

These same evidences of stigmata are, of course, frequently found in normal individuals, but they so often appear in our defective, dependent and delinquent classes that they may be considered as marks to differentiate the normal from the abnormal, and they at least suggest that the causes which produced them produced corresponding effects in the psyche.

The physiological abnormalities encountered are perversion of the sexual instinct, uncontrollable desires for liquors, migraine, disorders of the nervous system, insensibility to pain, defects of speech and reduced physiological tension. The psychic stigmata are more clearly defined here. We find exaggerated egotism, eccentricities, ill-balanced mental activities, irritability, inability of continuous application to mental or manual labor, emotional poverty, brutality and fatalism. The esthetic sense is often depraved, tattooing is quite frequent, eroticisms are shown by about 50 per cent of all tattoo marks. In addition to this threefold defective and fertile soil for mental disease, we will find that the habits of the criminal contribute in a large measure to the production of insanity. A tabulation of 2681 consecutive admissions to the Indiana State Prison, where criminals over 30, and murderers, are received, will be studied. I found out of this number that 2293 prisoners had used alcohol; 83 per cent of this number had used intoxicating liquors to excess, getting drunk at frequent intervals; 1362 admitted that they had been infected with gonorrhea; 476 admitted infection with syphilis, and we can safely surmise that nearly as many more had been infected, but denied their venereal history; 127 had admitted the use of narcotics; 1879 had been previously

convicted of criminal offences. This last fact shows a clear mental defect, namely, a lack of inhibitory control.

One hundred and fifty-three had been convicted of rape; 43 had been convicted of sodomy; 46 had been convicted of incest; making a total of 242 convictions for perversions and inversions of the sexual instinct. Pederasty is by no means uncommon among the recidivist and habitual criminals. 112 were actively insane at the time of admission, 47 were epileptics; 596 were classified as dull; nearly 50 as feeble-minded of varying degrees; five out of 1000 were high school graduates; 55 per cent had less than a common school education; 10 per cent were illiterate; 622 had relatives who were insane, feeble-minded or epileptic.

After a careful consideration of these figures we are not at all surprised at the large numbers of insanities which develop and are recognized in prison.

The study of the psychology of the criminal shows the egotism to be a predominant mental characteristic. Fatalism dominates his attitude toward life. Life is accepted as a mere wheel of fortune, the whirl of which may lead him into prison or release him; win or lose, it is all in his game. He accepts his prison sentence, for the most part, calmly and with indifference. The penologist, who by virtue of his intimacy with prisoners, gains an active working knowledge of them, and he fails to discover such an emotional state as true remorse for crimes committed. Instead of this virtue obtaining, the prisoner is usually possessed of an exceeding degree of self-justification and self-pity. The author has many times asked perpetrators of atrocious crimes if they were sorry for their deeds. Their invariable answers were, "I am sorry to be in prison; it's tough luck to be locked up," etc. Many of them, owing to their extreme egotism and love of notoriety, have confessed to crimes which they did not commit. Even condemned men, with death but a few hours distant, have made false confessions, thereby, if possible, to have their insatiable appetites for bravado and notoriety appeased.

Fregier, after long observation of criminals, states: "They are criminals just as others are good workingmen." Romagnosi remarks that "Actual punishment affects the instinctive criminals less than the menace of punishment, or does not affect them at all since they regard imprisonment as a natural risk of their occupa-

tions, as masons regard the fall of a roof, or as miners regard firedamp."

Gall remarked: "If criminals have remorse it is that they have not committed more crimes or that they have let themselves be caught."

Dostoeffsky, speaking from his intimate and sympathetic acquaintance with convicts, said: "During so many years I ought to have been able to see some indication, however fugitive, of regret or moral suffering. I perceived positively nothing."

This being true, the psychogenetic factors as worry, remorse, the loss of liberty, etc., have but little influence on the psyche of the criminal for the production of a psychogenetic psychosis. As stated above, the scarcity of air and exercise readily prepare the way for a breakdown, even in habitual criminals, would indicate, if true, one of the most pertinent contributive causes of insanity in prisoners, but on careful investigation do we find this indictment to be true, or does this statement show close acquaintanceship with the administration of modern prisons? The prisons of to-day, which are conducted on broad humanitarian plans, evolved from careful scientific study and experience, are based on two fundamental principles. First, that an artificial environment should be created in prison which should resemble those conditions existing in normal society; second, to provide such training for the hand and mind as will secure for the prisoner that degree of adaptability which will enable him to live in society without conflict with his environment when his prison sentence is finished.

The idea of retributive justice is no longer the dominant principle that governs our relations with the offenders; penology is no longer a mere matter of speculation, it penetrates deeply into the subjects of biology, eugenics, psychology and sociology; for crime is now recognized as a social disease. Therefore we have incorporated in our system of social therapeusis the same general principles which govern our treatment of the sick. The modern prisons have been styled, and rightly, too, "moral orthopedic institutes," where deformed and wayward feet are straightened out and put in proper paths.

Our penal institutions are sanitarily constructed, properly ventilated and scrupulously clean; wholesome and appetizing food is supplied in abundance, and of healthful variety. Few institutions

for the criminals nowadays are not supplied with circulating libraries of well selected books, weekly religious services, musical concerts and frequent entertainments, military drill and calisthenics; but better than all these mental diversions afforded the prison inmates is a daily and wholesome occupation which provides usually some small compensation. I regret to say, however, that many of our hospitals for the insane fail to provide useful and helpful employment for their inmates, who are forced to sit about in lifeless monotony in detention wards.

Under the régime of prison life with its healthful food, daily wholesome employment, regular hours for sleep, medical care, we find that many prisoners, who were on the verge of mental and physical breakdowns at the time of admission, owing to their vicious habits of intoxication, prostitution and drug ingestion, are restored to health.

After considering the characteristics of the criminal and touching briefly on the methods of administration, construction and sanitary conditions of prisons, we will study the type of prisoner who develops insanity while serving sentence in penal institutions.

In conformity with the theory of psychogenesis, we would conclude that those individuals in prison who meet the requirements for the evolution of a purely psychogenetic psychosis, would be the ones to develop the so-called "prison psychosis," and it is also logical to conclude that the most severe reaction, following any painful mental traumatism, will occur in that individual whose perceptive processes are keenest and whose psyche is most highly developed.

We do not expect the imbecile to experience much sorrow upon the death of his mother; or the low-grade individual to suffer much shock of his conscience on account of his wrongdoing; therefore we do not expect the moral anesthetic, or the individual of low-grade intelligence to develop a psychogenetic psychosis on account of the painful experience of remorse and introspection. If the psychogenetic factors were the real causes of insanities in prison, we would expect that the accidental criminal, the occasional criminal, or the criminal by passion, should develop insanity, for these individuals most clearly resemble the normal individual, or do not differ from him at all. But on the contrary, the facts do not admit of this argument, for the higher class of criminals who

are capable of emotional distress, rarely develop insanity, for these individuals possess what the normal individual possesses—that capacity for adaptation to the environment—and, possessing a clear conception of their condition as prisoners, they adjust themselves to their surroundings, conform to the rules and regulations peaceably, secure the easy berths in prison, become clerks and foremen, and fill other offices of trust. This last statement is borne out by those who have had long experiences of a practical nature with prisoners. The question then arises, what class of prisoners do develop insanity? Investigation will quickly dissipate the idea that remorse, sorrow and introspection for misdeeds stand in casual relationship to the development of insanities of convicts. We will, however, find that the lower grades of criminals, incapable of intense mental suffering, because of their low-grade mentalities and emotional poverty, are the ones to develop active insanities during confinement. If we study their histories we will find that their lives have been one uninterrupted series of conflicts with the law and morals of society. They are morally anesthetic, brutal in their passions and indifferent to ethics. Occasionally we will find an exception to this rule, so far as intellect is concerned, but the emotional poverty in these exceptional cases is ever in evidence. The episodic, psychotic symptoms which are exhibited in prison, are but one of the kaleidoscopic pictures of their criminal constitutionality which has been their heritage, or which they have acquired by evil environments, vicious habits and low ideals during the formative period of the mind. The mental symptoms which obtain in prison are merely the evidences of underlying grave psycho-physical pathology.

The insane in our prison population may be divided into two classes. First, those persons who are insane at the time of admission and whose mental disorders have been overlooked by the dispensers of justice. Nearly 5 per cent of admissions to penal institutions belong to this class. Our methods of dispensing justice to the offenders of the law are so distorted, entangled and confused by the technicalities of our legal system that the insane and mentally irresponsible suffer. Indeterminable amounts of time are spent in securing testimony and evidence as relate to the manner, mode and legal classification of crime, and the criminal himself is forgotten. The courts of justice largely deal with the symptoms of social dis-

ease instead of dealing with the real cause of crime, the pathology of our social system; and, as one of the results of our inadequate methods of dealing with the criminal problem we have cases of senile dementia, arteriosclerotic dementia, paresis, paranoia, epilepsy, dementia præcox sent to prison to be punished for crimes which were merely symptomatic expressions of alienation occurring in the evolution of their unrecognized and disregarded mental diseases. The second class comprises those who are potentially insane and who have escaped close observation in the outside world, and when brought in conflict with the law develop and exhibit their latent organic defects, and active psychoses come to light. This class is composed of persons afflicted with the degenerative psychoses, the various forms of hysteria, psychasthenia, imbecility, moral imbecility, nervous diseases and the sexual psychopaths. Many individuals who have had psychotic systems, have passed for sane, when at liberty, because their mental symptoms were not recognized; but upon coming to prison these episodic mental states, which have previously escaped detection, are noticed and frequently these acute exacerbations have been labelled as "prison psychoses." This last class with its prepared candidates for active mental disease furnish the majority of our insane criminals.

The diseases which have been most often termed the "prison psychosis" are the psychoses of degeneracy and hysteria.

Regis states that "The insanity of degenerates depends on grave mental infirmity; in the ordinary insane the psychosis is everything. Here it is only a secondary phenomenon superadded and often episodic. There are two distinct elements to be considered: the vice of organization and the mental disease."

Three arbitrary divisions of the degenerate psychosis may be made. However, no distinct line of demarcation can be drawn between them. In the acute hallucinatory form we have hallucinations, maniacal outbreaks, general distractibility, pronounced psycho-motor activity, mutism and delirious states; a paranoid form is oftentimes observed in this form; delusions of a persecutory nature obtain; the régime of prison discipline is misinterpreted; persecutory ideas are built on the flimsiest and most chimerical experiences; the paranoid ideas become systematized, and tenacious and more or less dangerous tendencies are shown by the

patient. The hysterical form of the degenerative psychosis is often exhibited. Here we find the hysterical stigmata, the restriction of the visual fields, confusional states, affective perversions and convulsive attacks. Seifert makes many more classifications, but these are practically subdivisions of the foregoing three.

The following cases, selected at random, will serve to illustrate the type of prisoners who go insane. They belong to the class of the habitual criminals and the recidivist, these being found in the most defective strata of criminal society. They do not belong to the class of higher criminals, as the accidental criminal, or the criminal by passion. Their whole life histories are such that we are almost forced to accept the theory of Lombroso, "That criminality is a psychosis in itself." The psychotic episodes which they manifest in prison are not new creations, but are merely fluctuations of their "disequilibrated mentalities."

CASE I. Murder.—White male, 20 years of age, parents living, father is a drunkard, mother is an epileptic, the patient is the third oldest of 11 children; one sister has tuberculosis, one brother was convicted of burglary, one maternal aunt is in an institution for feeble-minded, another maternal aunt is a prostitute and horse thief. She has served one term in prison.

Personal History.—Patient's birth was abnormal, forceps delivery, when one year of age had anterior-poliomyelitis, which left the patient paralyzed in left leg and arm; did not have the usual diseases of childhood; learned to talk at three years of age, learned to walk at the age of six. Attended school six years; reached the fifth grade. He was always abused and cruelly treated by his mother and brothers; when 15 years of age he had a serious quarrel with his mother over some alleged cruelty; said he assaulted his mother; after this affair he left home and hoboed about the country for about six months and then returned home. Shortly after his return he developed a psychotic episode which lasted about three weeks; during this period of time he was confused, delusional, homicidal and violent; was locked in the county jail for safe keeping, and steps were taken for his transfer to an insane asylum; but before this measure was carried out his symptoms subsided and he was released from jail. Upon his release he again resumed the life of a hobo, which he lived for four years, until admitted to prison. During his nomadic career he associated with criminals and prostitutes, drank to excess, indulged in venereal excesses, practiced pederasty and sodomy; he was arrested at least 60 times and was twice convicted of larceny and served jail sentences. February, 1911, while hoboing in Indiana, he spent all his funds for liquor and debauches and in order to secure money planned a robbery. He states that many times he heard his hobo friends tell how easy it was to do a hold up and secure some easy money. Acting upon these ideas, he entered the house of a gentleman un-

known to him and demanded money. His victim offered some resistance to the intrusion and the patient shot him, killing him instantly.

Physical Examination.—White male, 5 feet 4 $\frac{3}{8}$ inches.

Head, anterior-posterior diameter.....	18.5
Transverse diameter	14.2
Bi-mastoid	12
Bi-maxillary	12.2
Height of forehead	3.9
Length of nose	3.2
Right ear	3
Left ear	3.3
Cephalic index	77.66

Head, cranial type; mesaticephalic, marked plagiocephalic on left side and anteriorly, palate high, sharply arched and narrow, mal-occlusion of teeth, beard absent.

Body slender, left arm contracted and atrophied, slight contractures of fingers, atrophy of the left leg and contraction of tendo-achilles and tendons of toes, right scoliosis, lumbar region.

Neurological Examination.—Reflexes normal except for left patellar and tendo-achilles.

Mental Examination.—Consciousness clouded at times, feels as if he is in a dream or a trance. Says that something is wrong with his mind. Has vague ideas of persecution; feels obliged to do certain disagreeable acts; unable to control his actions; masturbates frequently; ideation limited and at times confused; his conversation is full of criminal slang; memory poor, moral sentiment almost lacking; he believes it is alright to steal if he escapes being caught. Lacks imagination except for the planning of some crime; emotional poverty evident; prefers idleness to profitable employment; accepts his imprisonment with indifference and unconcern.

Judging from this man's defective organization and history, I am of the opinion that he will, in a short course of time, develop more active psychotic symptoms than he displays at present, and if he does, these cannot be properly ascribed to his environment. The prison will merely serve as a mirror for his degenerate nature.

CASE II.—White Male, 38 years of age. Cranial measurements:

Anterior-posterior diameter	18.3
Transverse diameter	15
Bi-maxillary	13
Bi-mastoid	13.5
Left ear	3.4
Right ear	3.4
Cephalic index	81.42

Cranial type, brachycephalic.

History.—Nothing known of grandparents. Father drank to excess; criminal, had been convicted of larceny. Mother syphilitic, had miscarriages, seven children in family, one sister epileptic. Patient's birth

instrumental. Attended school four years, reached second grade. Played truant. Has masturbated since early life; never had normal sexual intercourse; led the life of a hobo ever since he was a child; was sent to reform school at 17 years of age; here he remained 16 months. After having enjoyed liberty for eight months he was convicted and sent to prison. Since 19 years of age he has been convicted three times for crime and has only enjoyed a few months of liberty since first conviction.

CASE III. *Voluntary Manslaughter*.—Exceedingly dull on admission. General arterio-sclerosis. Alcoholism and venereal history. One sister and two brothers insane; maternal aunt insane; father and mother epileptics.

CASE IV. *Sodomy*.—Insane on admission. Number of previous arrests five. Has journeyed about the country for the past 30 years, avoided large towns to escape persecution by Edison with telegraph wires. Persecutory ideas not discovered until he entered prison. He had used alcohol to excess; syphilitic history; maternal aunt insane.

CASE V. *Convicted of Rape*.—Five previous convictions. Alcoholism and syphilis, stigmata of degeneration and once in hospital for insane.

CASE VI. *Robbery*.—Three previous convictions; had epileptic fits when a child; mother insane.

If the limitations of this paper permitted I could furnish still more proof from the histories of prisoners that the primary cause of insanity among them in their active predisposition to mental disorders, and not the environmental influences of prison life, which are merely accidental.

I feel that I have emphasized certain points which will tend to dissipate the prevalent idea that prison life of itself produces insanity. The burden of proof is with those who support the prison psychotic-complex theory, but the preponderance of evidence is against such hypothesis, for the alleged psychogenetic factors, worry, remorse for crime, apprehension and introspection exert but little influence on the psyche of the convict who develops insanity.

The insane criminals are recruited from the ranks of the recidivist, who do not mentally suffer because their intellectual processes are below par, and their moral and ethical senses are blunted and poorly developed. But on the other hand I find that the high-grade criminal, as the accidental criminal and the criminal by passion, who are capable of emotional distress, and in whom the psychogenetic factors might, for the sake of argument, said to be operative, are not the ones who develop insanities.

It may be further noted that recoveries from mental disease among prisoners is quite rare from the fact that their mental dis-

orders are developed on fertile and degenerative soil. The essential insanities have their symptomatology somewhat modified by prison life; a paranoid coloring being observed in most cases.

This being true, it is rather difficult to accept the theory of the "prison psychosis."

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