

THE SOCIAL MISFIT

The word 'psychopath' has become part of ordinary language. In the law courts doctors frequently plead psychopathy as a defence against criminal charges, but in many cases they succeed only in alienating the court from their patient because of the vagueness of the concept and, in drawing derisive comment from the Bench, bring psychiatry into disrepute.

In popular speech the term 'psychopath' conveys implications of low moral standards and often of criminality. Psychiatrists have found it virtually impossible to agree on a definition of 'the psychopath'; to state that although he cannot define the term, every experienced psychiatrist can recognize a psychopath when he sees one, is special pleading which is inadmissible. The 'psychopathic tenth' of our community, who break laws, require social support, and offend against the codes of the community, have become the concern of too many lawyers, social workers, doctors and other social agents to be left so obscure. Psychopaths are very real and are common enough to affect almost everybody. To discard this tarnished word and utilize another less emotive term such as 'sociopath', still leaves us with the task of medically understanding the people who have personalities which deviate from the average and who, although not sick, cannot fit into our social organization.

In his famous German classic,<sup>1</sup> first published in 1923 but only now translated into English, Professor Schneider expressed views on the concept of psychopathy which remain important. Three distinct elements make up one human individual: intelligence, personality, and the physical organism (soma). An individual's personality is abnormal (and in scientific usage 'abnormal' should imply deviation from the average—whether good or bad being immaterial to the issue) when there is an excess or deficiency of certain personal qualities. The saint, the poet and the criminal are all abnormal in the sense that they fall outside the range of average personality. Schneider therefore conceives that all persons of note may, in this scientific sense, be classed as abnormal personalities. Abnormal personalities are very numerous, but fall into two well-defined groups; those who suffer personally because of their own abnormality, and those who make the community suffer because of it.

Is psychopathy an illness? The social misfit is not ill or sick in any customary sense; his failure to meet the requirements of a given society cannot be equated with any disturbance of bodily function. No morbid change in the body has been demonstrated in psychopaths. Schneider considers the term 'illness' altogether inappropriate for psychopathic personality, and also such catchwords as degeneration or impoverished stock.

People who have suffered from encephalitis lethargica may show residual mental disturbance (usually undirected hyperkinetic activity, which from the outside may be mistaken for meaningful restlessness or motivated tension). In the post-encephalitic pseudo-psychopath the restless drive is blind; the behaviour is not expressive of symbolic emotional content.

Schneider, after having pointed out that there is no brain disorder in psychopathy, asserts that the primary causation is of a genetic nature. Psychopathy is a biological variation. This emphasis on heredity has been much disputed by later writers. Schneider ascribes no more than minor effects to personal history, education and life events. Interested not in interpreting but in observing, his real contribution to this field lies in his description of psychopathic personalities. He attempts no rigid classification, holding that the human personality cannot be labelled diagnostically. 'The same label does not always denote the same psychological situation. For example, people may be "depressed" in more senses than one'.

While he insists that 'we ourselves have never maintained that the psychopathies are to be ascribed wholly to hereditary disposition', Schneider in the main does appear to regard the psychopath as having an inborn disposition, from which stems his vulnerable personality. The psychopath's characteristic constitutional anomaly is exhibited by him as behaviour with some relative continuity. For example, those abnormal personalities, the hyperthymes, who show undue good humour and optimism, remain so throughout life. The affectionless psychopaths, who show emotional blunting, are probably equally unvarying. In other types of abnormal personality there may be less continuity. Insecure, attention-seeking psychopaths (hysterical personalities) may, in later life, lose their need to drag their egos into the centre of every situation they encounter. In losing their heightened emotional response, their delight in novelty and their gushing enthusiasm, they become better adjusted persons. Personality traits are moulded by experience; some are weakened with maturity, some reinforced. The traits of insecurity, depression, self-concern and hypochondria are all modifiable.

Schneider's pen-portraits of psychopathic people and the way they behave are of great medical relevance. His phenomenological descriptions enable the doctor to recognize a psychopath when he sees one, and to assign the psychopathic individual to a particular category.

Research has extended our understanding of psychopathy beyond superficial clinical description by a detached medical observer. Contemporary psychiatry has developed methods for discovering the *motivation* of behaviour, and genetic explanations of causation of psychopathy are considered inadequate. A source contributing rich information has been psychoanalysis. A searching study of the introspections of psychopathic persons on the psychoanalytic couch has demonstrated in what way the conscience of the psychopath deviates from the normal. The psychopath's conscience is a poor instrument which fails to inhibit the occurrence of socially irresponsible behaviour. The sense of guilt does not develop adequately, and in consequence the psychopath lacks self-critical capacities.<sup>2</sup> Bowlby<sup>3</sup> has demonstrated the effect of separation from the mother as a cause of delinquent behaviour in later life, and the 'affectionless characters' of children growing up in orphanages is amply documented. Sociological evidence<sup>4</sup> suggests that psychopathy

('the acting-out disorders') is commonest in the lower socio-economic levels. Certain cultural influences can, however, prevent the development of psychopathic tendencies. In a certain Anabaptist religious sect in which self-expression and personal ambition is taboo, the Hutterites, antisocial psychopathy is not seen.<sup>5</sup>

In most societies the problem of psychopathy is troublesome to the community, to relatives and to doctors attempting to aid these emotionally-handicapped people. In South Africa there are no separate institutional facilities for psychopaths who are accepted as such by the courts on the evidence

given by doctors called as expert witnesses. Psychopathic offenders often go to gaol although their psychiatric disability is recognized; others are admitted to mental hospitals, where they are miserable, a nuisance to the hospital authorities, and a disturbance to the mentally-ill patients.

1. Schneider, K. (1958): *Psychopathic Personalities*. London: Cassell.
2. Greenacre, P. (1953): *Trauma, Growth and Personality*. London: The Hogarth Press.
3. Bowlby, J. (1944): *Int. J. Psycho-anal.*, 25, 19.
4. Myers, J. K. and Roberts, B. H. (1959): *Family and Class Dynamics in Mental Illness*. New York: John Wiley.
5. Eaton, J. W. and Weil, R. J. (1955): *Culture and Mental Disorders*. Glencoe, Ill.: Free Press.

### PSIGOPATIESE GEDRAG

Een van die moeilikste geneeskundige-maatskaplike vraagstukke om te hanteer is die probleem van daardie ongevoelige groep mense na wie dikwels as psigopate verwys word. Hulle is die mense wat nie kan aanpas by die normale gangbare waardes van die samelewing waarin hulle leef nie en wat om hierdie rede nimmereindigende verdriet en smart en ellende veroorsaak.

Daar is baie redes waarom dit moeilik is om hierdie mense te verstaan. In die eerste plek is daar gewoonlik niks met hulle verstand as sodanig verkeerd nie. Heel dikwels is hulle selfs begaafde en besondere knap mense. Hulle maak ook gewoonlik, oppervlakkig beskou, 'n baie goeie indruk omdat hulle dikwels hulle woord baie goed kan doen en wel ter tale is. Hulle ly ook nie aan die een of ander spesifieke geestesversteuring wat ons kan omskryf nie.

Die persoonlikheidstrekke van psigopatiese persone val eger in duidelike 'afwykings'-patrone. En die persoonlikheid en lewenstyl van hierdie soort persone sou waarskynlik op die beste manier as volg beskryf kon word: 'n psigopaat is iemand wat van kleins af 'n volslae gebrek toon aan die algemene gangbare waardes van eerlikheid en betroubaarheid waarop die gewone lewensgang van die groep waaraan hy behoort, berus. Hy kan hierdie gebrek nie aanvul nie omdat hy nie leer deur ondervinding nie; ook het tug en strafmaatreëls geen uitwerking op hom nie. Hy sien net sy eie belange raak, hy is uiters selfsugtig en 'n opperste egoïs en hy sal geen morele oorweging ontsien om sy eie doel te bereik nie. Hy ken geen berou nie. Wet en orde en sedelike oorwegings beteken vir hom slegs die belemmering van sy eie nooit-vervalde strewe na botviering en persoonlike gewin. Die belangrike vraag, wat ons betref, is natuurlik of psigopatie 'n siekte is, of dit berus op aangebore eienskappe, en of dit basies die gevolg is van skewe

aanpassingsreaksies. In sy klassieke werk oor hierdie onderwerp, wat reeds al in 1923 verskyn het maar nou eers in Engels vertaal is, dui professor Schneider<sup>1</sup> aan dat hy van mening is dat die grondliggende faktor by die psigopaat van 'n genetiese aard is. Die feit dat hierdie opvatting van professor Schneider sedertdien gekritiseer is, doen nie veel afbreuk aan die waarde van sy boek nie, want die groot verdienste van sy werk lê daarin dat hy psigopatiese persone en hulle gedragpatrone op 'n manier beskryf het wat nou heeltemal klassiek geword het. Vir almal wat in hierdie probleem belangstel, en dit geld veral vir geneeshere en maatskaplike werkers, sal die lees van hierdie boek van groot waarde wees.

As gevolg van uitgebreide navorsingswerk in die moderne psigiatrie wat nie net geïnteresseerd is in patrone van gedrag en entiteite van siekte nie, maar ook in die motivering van gedrag, het ons insig en kennis van hierdie probleem ontwikkel en uitgebrei. Maar, ten spyte hiervan, weet ons nog nie genoeg om ons in staat te stel om hierdie probleem op 'n bevredigende vlak te hanteer nie. Meer navorsingswerk moet nog gedoen word en terselfdertyd moet die probleem van psigopatiese gedrag op so 'n manier hanteer word dat dit die samelewing beskerm teen uitbuiting en dat vraagstukke in hierdie verband tog op 'n beskaafde manier benader kan word. Om hierdie rede is dit noodsaaklik dat ons moet aandring op die oprigting van spesiale inrigtings waarin psigopatiese persone behandel en bestudeer kan word. Op die oomblik dryf hierdie persone na die tronke en na inrigtings vir geestesversteurdes waar hulle eintlik grootliks misplaaste mense is en waar hulle teenwoordigheid negatiewe faktore vorm ten opsigte van die hantering en behandeling van die nie-psigopatiese inwoners van die tronke en van geestesversteurde pasiënte.

1. Schneider, K. (1958): *Psychopathic Personalities*. London: Cassell.