

The Orientation of Individual Psychology as Applied to the Reading of a Case Study in Criminal Psychopathology

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In reviewing any well prepared case history of criminal psychopathology, the Individual Psychologist takes to his task a technique which frequently enables him to discover psychogenetic factors which might escape workers using other diagnostic procedures. The broadening of the clinical picture by this school of thought may, as a result, provide the basis for a more successful approach to the problem of correction.

An exceedingly fertile source of material for the application of the methods of Individual Psychology by students and workers is "Case Studies in the Psychopathology of Crime," by Ben Karpman, M. D., issued by the Medical Science Press in 1944. This valuable and interesting accumulation of data consists largely of autobiographical writings of patients, as well as recordings of verbal production during analytic interviews. Four cases are covered, all the subjects being patients in St. Elizabeth's Hospital for the mentally ill, who had previously been in penal institutions.

Because space does not permit us to consider the whole book, let us discuss here the first case, that of Walter Manson, which carries a subtitle "Thief of U.S. Mail, Drug Addict." As with the other cases cited, this one is edited and arranged for increased readability. The papers are divided into four sections. Section I is five pages of the official record of the case, followed by the case as told by the patient, in thirty-eight chapters, most of them averaging about a page of double columns or less. A picture is given of the patient's life in chronological order, with such comments as indicate his behavior.

Section II consists of the patient's own narration of various aspects of his life, under such headings as Family, Sex, and Emotion, and Section III deals with his dreams.

Section IV is a 35-page essay entitled "The Criminal World from Within," written by the patient and interesting not only because of the light which it sheds on his viewpoint, but also because of the factual material it contains.

There is neither time nor space for a too detailed running commentary on a sentence-by-sentence perusal of the pages, such as Alfred

Adler made so successfully in "The Case of Miss R"¹ and certain of his other works. We will discuss the first case only in part, confining ourselves to the patient's earliest years and omitting even discussion of his dreams.

As we read the official record which opens the case, we note such objective facts as may be tentatively assumed to be important in forming the dynamic life pattern of the patient. This is a fundamental aspect of our orientation in Individual Psychology. We seek those experiences in the early years of life which seem to, as it were, outline the pattern. As each new fact comes to light, we examine it in the light of our hypothetical "style of life." We may have to discard our first few scientific guesses. On the other hand, subsequent facts which come to light may strengthen our original supposition, and the life pattern of the patient may then be so clearly seen that we may be able to understand his behavior in later life.

Let us first consider our patient's family. Normally, a child's first tie is with his mother. The first function of the mother, as Adler sees it, is to establish this tie. Her second function is to spread the child's interest to other members of the community, and this may usually be accomplished most easily through the father, siblings, and other near persons. Obviously, in this case the father could not serve his usual function since it is reported that the mother told Walter that his father had once had to be institutionalized, that she feared him so that at times she had to leave the home, and that one night he slashed the bed with a knife. At other times he deserted his family completely. He died when our patient was 7, and a year later the mother found it necessary to place her three children in an orphanage. His death was probably of less importance to the boy than the facts that his father was frequently absent and alcoholic, and that the marital relationship between his parents was far from harmonious.

It is among the siblings that we will look for further early influences. The exact order of the children is not stated in the official record, although we learn that the patient was the second born and had a brother and a sister. Fortunately for us, in the mass of frequently redundant autobiographical material which follows, the salient fact is not omitted that there was an older brother and a younger sister.

It is interesting at this point to apply our heuristic technique to hypothesize on the basis of our general knowledge of human behavior and then to check our assumption with the factual material later presented. Perhaps the oldest son felt displaced in his mother's affection when the patient was born. He may have succeeded in having some positive factors in his relation to his father. Our patient tells us that his older brother was "of a roving disposition" as was his father. Let

us assume some natural sibling rivalry between the two boys. Are there any facts to corroborate it? We must look to the very early years and not to the later ones, when patterns are fully formed and social influences have become so strong that the actual mechanics of behavior are more effectively concealed.

At the outset of his life story, on the very first page, Walter states that his mother told him that, when he was about 3 and still in the baby carriage, his brother wheeled his carriage in such a way that the infant was thrown against a red hot stove and lay there with his head on the stovepipe for about half an hour, until the doctor came and cut his head away from the stove. He repeats this story almost verbatim in Section II, when he surveys his life. The accuracy of the report may be doubted, but there is no doubt as to the importance of the fact that our patient recalls the event. "Ever since then the brother seemed to hold himself responsible for that thing and up to the time he went to France tried to look after me and help me."

He tells of many small incidents in which his brother's care for him is expressed. One time his brother was working on a lathe, and warned the younger boy not to stand so close to him. The chisel slipped, came over his shoulder, and struck Walter under the eyebrow. "It wasn't a very bad cut, and it didn't hurt very much, but he seemed to be real concerned about it. He took me to the hospital and I had the thing dressed, and the brother told me to take things easy."

Whatever the actual facts of the case are, and however concerned the older brother may or may not have been, Walter believed that he experienced at least two serious injuries at the hands of the older boy. It is further stated that during the two and a half years when the patient was in the reformatory, his brother came to see him only once, when he was seriously ill. On the other hand, we know that there was indication of a rather protective affection toward the younger brother. The picture, as presented, seems to be one of not unusual sibling rivalry.

In considering the patient's relationship to his younger sister, we are forcibly struck by the fact that we are dealing here not with the actual feelings of the patient, but with his report of those feelings, as given in retrospect and under very special present circumstances. Thus, when he says he had been brought up to consider himself the favorite child of the family and was even called the baby after his sister came, we wonder whether this is the report of actual experience or of a wish fulfillment. When we later discuss this man's early relationship to his mother, we will present material which may actually refute his statement.

Young as his sister may have been when she was removed from the home and turned over to her foster parents, this evidently was not done immediately after birth. Walter remembers jumping on the back of the baby carriage and riding with the baby. Certainly the motivation here

is simple. He wants to be in the baby's place. Why would he want to be in the baby's place if she had not displaced him, and where would she displace him except in his relation to his mother? He recalls trying to jump onto the carriage, missing it, falling on the floor and hurting himself severely. Let us consider this from the point of view of direction. He must climb up to reach the baby's place, and in so doing he falls down. The incident in and of itself may or may not have been important, but one is impressed by the fact that this is one of the few recollections he has of his younger sister.

An incident is retained in memory because it fits into the life pattern. We infer that at a very early age our patient felt himself to be unsuccessfully competing with his younger sister, as well as hurt by his older brother, toward whom he looked with admiration, if with no warm emotion. It is further to be remembered that, to an extent, the older brother probably represents the father, of whose hurting propensities his mother undoubtedly told him, even if the patient had no recollection of him. Suffice it to say that the father is conspicuously absent from the patient's own life story.

As the picture of this boy developing between an older brother and a younger sister emerges, it lacks clarity until we have established something about his earliest social relationship, namely that with his mother. He states that his earliest recollection of childhood was that his mother gave him things and then immediately adds, in the same sentence, that when he did not get them he would have thoughts of not being loved any more. Immediately afterward, he mentions his younger sister and then says he would have fits of rage and tantrums, get stubborn and defiant, and "when they were not looking, knowing where things I wanted were kept, I went and took them without them knowing anything about it." The "them" seems to refer to the mother and the younger sister. He indicates that this was the beginning of his stealing. He goes on to say that when he was caught stealing he was spanked, and that had he been spanked more often he would have learned to leave other people's things alone. In short, he is blaming his mother for his later misdemeanors.

Despite the fact that he insists he was the favorite, and that his life was like the fairy story of how the princess was granted everything she asked for, we cannot help doubting whether this expresses the patient's true feeling. Between the ages of 6 and 10 he was in an orphanage. His mother was working and would visit the children only occasionally. Despite his description of how she cared for him, one remark that he makes seems to us peculiarly striking. These are his words: "Some of the times she would come to visit us children, I would think of her as a friend. I was young then and hardly realized what it was all about. In fact, I never knew of her relationship to me till years later." This is an

extraordinary statement. How can one consistently reconcile the fact that this boy, when he was over 6, did not know his mother's relationship to him, with the statement that he was always considered her favorite and the baby of the family? Whatever this mother's feelings were toward her child, we have the impression that he experienced her rejection rather than her affection. We do know his report that she told him how he had caused her the most pain (of the three children) and that she nearly died (when he was born). He says that he was sickly nearly all the time when he was young, and that he caused his mother the most trouble in childbirth. He could have learned this only from her.

In the later pages of his autobiographical notes, he implies that the roots of his later criminal career, including drug addiction, alcoholism, and all the rest, lie in the fact that his mother overpampered him; but we cannot help feeling that we have here a child who experienced considerable maternal rejection. When we consider the facts that the alcoholic father is said to have mistreated the mother during pregnancy, and that the child was born into an underprivileged home where the mother had neither emotional nor financial security, we cannot but entertain some doubt that this was a home in which a secure, warm relationship with the mother of the family could be established, as the basis for future satisfactory social relationships.

The value of any discussion such as this lies, in the last analysis, in its pragmatic application. Can we, considering a little of the vast material at hand, by focusing simply on some of the material dealing only with the very early years of this man's life, reach even a tentative conclusion? Do we know anything about what chances exist for his becoming a useful, social human being? If this boy, whose first fundamental relationship with his mother seems to have been impaired at a very early period in his life, had had the benefits of the best therapeutic or re-educational techniques at the orphanage between the ages of 6 and 10, or earlier, what might have been his chances of being able to make a positive social adjustment? Are we to believe that this man's later history of delinquency, drug addiction, alcoholism, and sexual maladjustment could not have been prevented? Have we not even in this brief, superficial discussion of certain aspects of the case indicated the existence of psychogenetic factors which determined his later behavior? Furthermore, despite his apparent feeling of rejection by his mother, must there not, at one time, have been some strong feeling of attachment to her? If not, why was the advent of the younger sister so obviously traumatic?

We raise these questions because we believe they will be taken up in a later volume of comment and analysis of these cases in the manner followed in the *Individual Criminal*,² for the first volume of *Case Studies*.³ Not the least of Dr. Karpman's past literary contributions has dealt with his suggestion that psychopathy be separated into two clinical

types, the symptomatic and the ideopathic.⁴ The criteria for the latter small group seem to be the impossibility of eliciting "anything suggestive of psychogenesis of the behavior" and an absence of the "Oedipus situation." If one accepted such a clinical picture, one might readily assume that no amount of re-education or psychotherapy could help such an individual. On the other hand, the present writer, who admits to a definitely limited knowledge in the field, cannot help but wonder whether such "clinical types" are not less in reference to the patient's disorder than to the diagnostic limitations of the psychiatrist.

It is, however, in the light of the above that we may expect this case to be interpreted, and we have tried to bear this in mind in our discussion. While the Individual Psychologist's concept of the early mother-child relationship is not identical with the Oedipus complex, yet there exists a similarity, especially when they are considered as potential teleological factors in behavior. We are probably agreed that the existence of other psychogenetic factors are also subject to interpretation.

That such a small portion of a work can give rise to so much thought and discussion is an indication of the value of this source material, which should prove of interest to practitioner, research worker, and student alike. Having read it, we look forward with interest to the book of interpretation which is to follow.

¹Adler, Alfred "The Case of Miss R." Greenberg 1929.

²Karpman, Ben, "The Individual Criminal; Studies in the Psychogenetics of Crime" Nervous and Mental Disease. Pub. Co. 1935.

³Idem. *Case Studies in the Psychopathology of Crime*, Mimeograph Press, 1933.

⁴Karpman, Ben, "On the Need of Separating Psychopathy into Two Distinct Clinical Symptoms. The Symptomatic and Ideopathic." *Journal of Criminal Psychopathology*, Volume III, July, 1941.