

THE DEVELOPMENT OF AN EXPERIMENTAL SYSTEM OF
PERSONALITY CLASSIFICATION
FOR PRISON INMATES BASED ON THE
MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

A Thesis

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To: The University of Minnesota
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Approved

Committee

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To the students in advanced criminology and
penology classes at Sam Houston State Teachers College
A Thesis

during 1948 and 1949 who participated in the gathering
and processing of data, and to the officials and in-
mates of Sam Houston State Teachers College
in Partial Fulfillment of the Requirements
for the Degree
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other ways too numerous to mention.
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TABLE OF CONTENTS

Chapter	Page
ACKNOWLEDGEMENTS	iii
I. INTRODUCTION	
A program of improvement for the Texas Prison System	1
A psychometric testing project	2
II. BACKGROUND OF THE TESTING PROJECT	
Preliminary account	4
Instruments utilized	4
The Minnesota Multiphasic Personality Inventory	5
Composition	5
Scoring	5
Accuracy and value	6
Profile reading and interpretation by the separate score method	8
III. AN ANALYSIS AND COMPARISON OF SCORE DISTRIBUTIONS AMONG TWO GROUPS OF PROFILES	
Groups furnishing profiles	10
Validity of the comparison	10
Score ranges	11
Distributions of scores	12
For the hypochondriasis scale	12
For the depression scale	14
For the psychopathic deviation scale	16

For the masculinity-femininity scale	18
For the paranoia scale	20
For the psychasthenia scale	21
For the schizophrenia scale	22
For the hypomania scale	24
Significance of distributions	25
Comparison of means	26
Comparison of percentages of pathological scores	27
Summary and Conclusions	27
General prevalence of inmate abnormality	27
Special importance of psychopathic deviation	28
IV. AN EXTENDED CONCEPT OF PSYCHOPATHIC DEVIATION	
Psychopathic deviation as measured explicitly by the MMPI	30
Authors' explanation of the Pd scale	30
Questions affecting the Pd scale	31
A generalized psychiatric concept of psychopathic deviation	35
Difficulties in definition	35
Differentiation from other mental abnormality	37
Selected discussions of symptoms and characteristics	39
Summaries of criteria for a generalized concept	42

	vi
Relationship between MMPI criteria and a generalized psychiatric concept .	44
Exclusion of etiological factors . . .	45
Controversies over causation	46
Preference for theory of social causation	47
V. PSYCHIATRIC SUBCATEGORIES AND CLASSIFICATION SYSTEMS FOR PSYCHOPATHIC DEVIATION	
Lack of concensus	48
Sample of systems	49
Their unsuitability for application to Texas Prison System inmates	57
VI. POSSIBILITIES OF A SYSTEM OF CATEGORIES BASED ON THE PD SCORE	
Inadequacy of separate score profile reading	58
Profile pattern and inter-score relationship analysis	58
Existing experimental methods	58
Schneck's categories	61
Stable psychopath	62
Borderline stable psychopath . . .	62
Normal with stable psychopathic tendencies	63
Unstable psychopath	63
Experimental classification of profiles using Schneck's categories	61
VII. STEPS TOWARD THE CONSTRUCTION OF A MORE COMPREHENSIVE SYSTEM	
Extension and elaboration of Schneck's system	65
Criteria for the elaborated categories	66

Explanation of category elements	69
Type	69
Class	69
Relationship of the categories to those of Schneek	70
Original categories	70
Supplementary categories	70
Improved effectiveness in sorting	71
Distribution of categorized profiles	72
Numerical	72
Percentage	73
 VIII. PREDICTION OF PERSONALITY CHARACTERISTICS AND BEHAVIOR PATTERNS	
Establishment of areas of prediction	74
Stable psychopath	75
Unstable psychopath	75
Stable non-hypomanic psychopath	76
Unstable non-hypomanic psychopath	77
Neurotic	77
Psychotic	78
Complex, neurotic and psychotic	78
Limitations of present areas of prediction	78
 IX. FURTHER DEVELOPMENT OF THE CLASSIFICATION SYSTEM	
Verification, correction, and expansion of predictive areas	79
Revisions of the MMPI	80
Profile patterns outside of existing categories	80

X. SUMMARY AND CONCLUSIONS

Contributions of the testing project to the program of improvement	82
Demonstration of need for taking into account factors of inmate abnormality	82
Provision of data making classi- fication system possible	82
Contribution of the classification system	82
Device and techniques for categor- ization and prediction	82
Foundation for procedures	82
Examples of possible procedures . .	83
Present dependence on development .	84
Anticipation of further contribution . .	85
BIBLIOGRAPHY	86

THE DEVELOPMENT OF AN EXPERIMENTAL SYSTEM OF
PERSONALITY CLASSIFICATION
FOR PRISON INMATES BASED ON THE MMPI

Chapter I

Introduction

In recent years, under a new administration ably directed by General Manager O. B. Ellis, the Texas Prison System has undertaken a program of improvement, aimed at making the institution a more effective instrument for the reform and rehabilitation of its inmates, and at reducing administrative problems resulting from such inmate behavior as self-mutilation; "dope" smuggling, distribution, and use; homosexual activity; assault and murder; strikes and mutiny; and agitation and escape.

The approach to fulfillment of these aims has consisted of the creation of long-range plans for construction of new facilities and purchase of modern equipment, and for the development and introduction of more humane and scientific procedures in dealing with inmates. An outline of the initial stages of these plans may be found in A Program for the Improvement of the Texas Prison System.¹

¹ Ellis, O. B., A Program for the Improvement of the Texas Prison System, 12-13.

Some of the effects of those parts of the plans which have already been successfully implemented are clearly observable. For example, owing to better morale, improved living and working conditions, and changes in methods of dealing with mutilators, the number of self-mutilations was lowered from the 1946 peak of one hundred and nineteen, to which it had been rising steadily since the inception of the practice in 1932, to eighteen in 1948.²

The aspect of the program directed toward the improvement of procedures led to the introduction of an experimental project of psychometric testing, conducted with the assistance of the Sociology Department of Sam Houston State Teachers College, under the direction of Dr. Rupert C. Koeninger. The purposes of this project were to investigate inmate mental and psychological conditions, and to determine courses of action which might be indicated for the improvement of procedures to reduce problem producing behavior and to promote greater effectiveness in reform and rehabilitation.

This paper will be concerned with elements of the testing project leading up to the development of an experimental system of categories for classification of

² Koeninger, R. C., "Mutilators and Mutilations", an unpublished study in the files of the Department of Sociology, Sam Houston State Teachers College.

inmate personality types and for prediction of characteristics and behavior patterns, which may provide the basis for new techniques and procedures useful in implementation of the program's aims. ^{Chapter} Background of ^{set} the project may be found in Personality Survey of Prison Inmates by Use of the Minnesota Multiphasic Personality Inventory, an unpublished thesis by Alvin Cummings, Department of Sociology, Sam Houston State Teachers College, containing detailed explanations of the origins of the project, fundamentals of the tests used, testing procedures, and tabulations of early results.³ Before approaching the project's subsequent development a brief resume of its nature and method is in order.

The project has employed three testing instruments. The first two--the New Stanford Achievement Test, a measure of academic performance in standard primary and secondary school subjects, and the Otis Quick-Scoring Intelligence Test, a standard intelligence quotient test--are of secondary importance, being used only to determine whether the main test, which is not applicable to illiterate or to mental defectives, shall be administered.⁴

3. Cummings, Alvin
Personality Survey of Prison Inmates by Use of the Minnesota Multiphasic Personality Inventory, M. A. thesis, Sam Houston State Teachers College, 1947.

4. ibid., 29 ff.

Chapter II

Background of the Testing Project

A preliminary account of the project may be found in Personality Survey of Prison Inmates by Use of the Minnesota Multiphasic Personality Inventory, an unpublished thesis by Alvin Cummings, Department of Sociology, Sam Houston State Teachers College, containing detailed explanations of the origins of the project, fundamentals of the tests used, testing procedures, and tabulations of early results.³ Before approaching the project's subsequent development a brief resume of its nature and method is in order.

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3 Cummings, Alvin, Personality Survey of Prison Inmates by Use of the Minnesota Multiphasic Personality Inventory, an unpublished thesis in the library of Sam Houston State Teachers College.

4 Ibid., 29 ff.

The third and central test, the Minnesota Multiphasic Personality Inventory, which hereafter will be referred to as the MMPI, is a rating scale device developed in 1943 by J. C. McKinley and S. R. Hathaway of the University of Minnesota. It is designed to measure abnormality of personality in terms of the intensity of nine traits: hypochondriasis, depression, hysteria, psychopathic deviation, masculinity-femininity, paranoia, psychasthenia, schizophrenia, and hypomania. As measured by the test, these traits correspond in the main to current psychiatric definitions.⁵ Five hundred and sixty-six true-false questions derived from the symptom-trait associations (for example, persecution delusion to paranoia) of eight hundred neuro-psychiatric patients and nine hundred non-pathological members of the general population constitute the body of the test.⁶ Each of the significant questions has such a symptom relationship to one or more of the several traits.

The procedure for scoring the MMPI may be described briefly as follows: "Raw" scores for each trait are obtained by counting the answers to the relevant groups of questions, are corrected for the "K" factor (one of four validating scales), and are converted by use

5 Ibid., 11-27.

6 Hathaway, S. R., and McKinley, J. C., Manual for the Minnesota Multiphasic Personality Inventory, 2-3.

of a table into standard "T" scores, which are entered along with the other validating scores ("?", "F", and "L") on a graph or profile, of which the trait and validating scales form the vertical and numbers from zero to one hundred and twenty the horizontal axes.⁷

The instrument's diagnostic accuracy has been the subject of much investigation and controversial discussion.⁸ Probably the best study available to date is Benton and Probst's, in which psychiatric and MMPI diagnoses of seventy-six neuro-psychiatric patients were compared. The table on Page 7 shows the critical ratios of agreement arrived at in the comparison.⁹

From these figures it was concluded that the MMPI has an acceptably high diagnostic value when applied in quantified situations, and a significant though somewhat lower value in individual diagnosis, conclusions borne out by its widespread adoption as a diagnostic

7 Ibid., 7-8.

8 Houk, T. W., "Use of the MMPI in Diagnosis of Psychoneuroses", Northwest Medicine, Vol. 45, No. 4, April, 1946; Hunt, F. F., et. al., "A Study of the Differential Diagnostic Efficiency of the MMPI", Journal of Consulting Psychology, Vol. XII, No. 5, Sept.-Oct., 1948; Morris, W. W., "A Preliminary Evaluation of the MMPI", Journal of Clinical Psychology, Vol. III, No. 3, May, 1947; Benton, A. L., and Probst, K. A., "A Comparison of Psychiatric Ratings with MMPI Scores", Journal of Abnormal and Social Psychology, Vol. 41, No. 1, Jan., 1946.

9 Benton, A. L., and Probst, K. A., op. cit., 75-76.

<u>Trait</u>	<u>Critical Ratio</u>
Hypochondriasis	1.5
Depression	1.9
Hysteria	.3
Psychopathic Deviation	2.6
Masculinity-Femininity	1.5
Paranoia	3.2
Psychasthenia	1.3
Schizophrenia	3.2
Hypomania	(not rated)

device by clinical psychologists and psychiatrists, as well as by the Armed Forces and by many schools and industrial organizations. Final evaluation, of course, awaits more extensive accumulation and analysis of data. It will be noted in this connection that experimentation with and revision of the instrument, leading to its further improvement, is still in progress.

The MMPI is generally conceded to be second in diagnostic accuracy only to the Rorschach, over which it had, for our purposes, several distinct advantages. Its administration and scoring are mechanical, and may be performed by persons without extensive technical training. The scores, recorded numerically on uniform charts, are susceptible to standardized procedures of analysis, interpretation, and tabulation.

The MMPI was selected on the basis of these considerations as yielding adequately valid results, and as being in other respects the best adapted of available

instruments for the study of abnormal mental and psychological conditions among the inmates of the Texas Prison System.

Interpretation of test profiles was accomplished during the initial stage of the testing program by separate appraisal of each "T" score. The scoring system is so constructed as to give an "ideal normal" score--i.e., a score corresponding to the averages of the test's authors' basic group of normals--a value of fifty. Scores extending upward from fifty indicate proportionately serious increases in the intensity of the abnormality of the trait. Scores extending downward from fifty are considered to indicate "subnormality", in the sense that the subject has less than the "ideal normal" component of the trait in his personality make-up. Downward extending scores have not yet been assigned a more specific significance. There is no clinical concept alternative to "normal" to describe an absence of abnormal intensity of a trait, and more meaningful interpretation of such scores awaits further study.

Seventy is generally used as a line of demarcation between pathological and non-pathological intensity of upward deviation from "normal". This arbitrary boundary is suggested by the test's authors, who caution, however, against its too rigid use in all cases, suggesting that "...useful interpretation will always depend upon

75-468
the clinician's experience with a given group..." and pointing out that a score in the seventies may be a low or "borderline" pathological score.¹⁰ Situational factors which may have influenced the score must be taken into consideration when interpreting such a score. For example, the depression score of seventy-one of a recently convicted and incarcerated first offender should be viewed in the light of a possible "natural" or non-neurotic depression arising from the immediate situation. For quantified use, however, clearly defined objective criteria were essential, and adherence to this arbitrary line of demarcation in the interpretation of tabulated data could not be avoided.

Some results of application of the foregoing method of interpretation to two groups of profiles will be discussed in the succeeding chapter.

10 Hathaway, S. R., and McKinley, J. C., op. cit., 7.

Chapter III

An Analysis and Comparison of Score Distributions Among Two Groups of Profiles

Between November, 1948 and July, 1949 eight hundred and five of the consecutive male admissions to the Texas Prison System who were eligible in terms of literacy and IQ were administered the MMPI. Of the profiles thus obtained four hundred and eighty-two were valid; that is, all of the four validating scores on each of the tests were below seventy. Although it is possible that tests with validating scores above the seventy limit may render profiles accurate in whole or in part, satisfactory methods of verification and interpretation have not yet become available; therefore, profiles made from invalid tests were excluded from the study.¹¹

For comparison, a control group was made up of college students who were tested during the same period of time. The MMPI was administered to the male members of a number of classes at Sam Houston State Teachers College, for the most part in the Division of Social Sciences. Two hundred and seventy valid profiles were thus obtained.

Probable disadvantageous effects on the valid-

11 Ibid.

ity of the comparison resulting from the use of college students as a control group were taken into consideration; however, it was decided that in spite of general differences in socio-economic level and background the comparison would be sufficiently valid to suggest significant differences between an incarcerated sample and a general population sample. Plans are already under way for a comparison of prison inmates with comparable socio-economic groups in the non-criminal general population, to be performed under the joint auspices of the Sam Houston Sociology Department and the Texas Prison System, and a study of non-criminal siblings of tested inmates is in its preliminary stage. While it is hoped that these projects when completed will provide more extensive and accurate data, it was decided that the immediately accessible data would serve present purposes adequately.

For convenience in analysis and comparison of trait score distributions, numerical ranges were set up and given descriptive designations as follows:

20 through 29	"low subnormal"
30 through 39	"mid subnormal"
40 through 49	"high subnormal"
50 through 59	"normal and high normal"
60 through 69	"low abnormal"
70 through 79	"low pathological"
80 through 89	"high pathological"
90 through 99	"extreme pathological"
100 plus	"extreme pathological-plus"

These designations are extensions of the concepts "ideal normal", "subnormal", and "pathologically

abnormal." As they have not yet been related to clinical situations, they lack diagnostic equivalents, and are significant only relative to each other and in the present context.

The tables below represent the means and percentage distributions of inmate and control group scores for each trait in terms of these groupings.

For the hypochondriasis scale (Hs):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	.41	0
30-39 (mid subnormal)	5.17	7.40
40-49 (high subnormal)	29.19	37.37
50-59 (normal and high normal)	30.01	39.22
60-69 (low abnormal)	14.90	8.51
70-79 (low pathological)	13.04	5.55
80-89 (high pathological)	4.14	.74
90-99 (extreme pathological)	1.56	.37
100 plus (extreme pathological-plus)	1.03	.74
<u>Mean Score</u>	56.61	53.40

The mean scores of both groups fall within the normal and high normal range, but the mean score of the inmate group exceeds that of the control group by 3.21.

Forty-one one hundredths per cent of the inmate scores appear in the low subnormal range; none of the control group scores are in this range. Five and seventeen one hundredths per cent of the control group have scores in the mid subnormal range. The preponder-

ance of inmate scores over student scores is reversed as ideal normal is approached, 29.19 per cent of the inmates and 37.37 per cent of the students scoring in the high subnormal range. This relationship continues through the normal and high normal range, wherein fall 30.01 per cent of the inmate scores and 39.23 per cent of the control group scores. The trend is reversed in the low abnormal range, 14.9 per cent of the inmate scores appearing here to 8.51 per cent of the control group scores. This proportion is preserved as the degree of abnormality increases; in the low pathological range are 13.04 per cent of inmate scores and 5.55 per cent of the control group scores; in the high pathological range are 4.14 per cent of inmate scores and .74 per cent of control group scores; and in the extreme pathological range are 1.56 per cent of the inmate scores and .37 per cent of the control group scores. In the extreme pathological-plus range are 1.03 per cent of the inmate scores and .74 per cent of the control group scores. The total of scores in the pathological ranges: for the inmates, 19.8 per cent; and for the control group, 7.4 per cent.

The inmate group exhibits wider extremes of distribution in both subnormal and abnormal ranges; however, the greatest difference between the two groups lies in the distributions in the abnormal ranges. In terms both of ideal normal and of control group "normal", a signifi-

cantly high prevalence of abnormal intensity of the hypochondriasis trait among the inmate group is indicated.

For the depression scale (D):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	0	0
30-39 (mid subnormal)	1.24	6.29
40-49 (high subnormal)	12.42	29.97
50-59 (normal and high normal)	27.32	34.78
60-69 (low abnormal)	28.77	20.72
70-79 (low pathological)	21.94	7.40
80-89 (high pathological)	4.97	.37
90-99 (extreme pathological)	3.17	.37
100 plus (extreme pathological-plus)	1.41	0
<u>Mean Score</u>	63.06	53.90

The mean of the control group is only slightly above ideal normal; however, the mean of the inmate group falls in the low abnormal range, exceeding ideal normal by 13.06, and control group "normal" by 9.16.

Neither group has scores in the low subnormal range. Inmate scores in the mid subnormal range are exceeded by the control group scores in a ratio of 6.29 per cent to 1.24 per cent, in the high subnormal range by 29.97 per cent to 12.42 per cent, and in the normal and high normal range by 34.78 per cent to 27.32 per cent. As in the case of the hypochondriasis distribution, this trend is reversed in the abnormal and pathological ranges. Inmate scores in the low abnormal range are 28.77 per

cent; control group scores in the same range are 20.72 per cent. In the pathological ranges, the disproportion becomes more marked; in the low pathological range the ratio of inmate scores to student scores is 21.94 per cent to 7.40 per cent; in the high pathological range, 4.97 per cent to .37 per cent; in the extreme pathological range, 3.17 per cent to .37 per cent; and in the extreme pathological-plus range, 1.41 per cent to none.

The distributions show a significantly greater frequency and intensity of abnormality of the depression trait among the inmate group, even if an average allowance of five units is made for possible increases in depression resulting from incarceration.

For the hysteria scale (Hy):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	0	0
30-39 (mid subnormal)	1.86	1.48
40-49 (high subnormal)	24.23	24.79
50-59 (normal and high normal)	33.95	41.81
60-69 (low abnormal)	24.63	26.64
70-79 (low pathological)	11.39	4.44
80-89 (high pathological)	3.73	.74
90-99 (extreme pathological)	0	0
100 plus (extreme pathological-plus)	0	0
<u>Mean Score</u>	58.09	54.80

Although the means for both groups fall in the normal and high normal range, the mean for the inmate group again exceeds that of the control group, and in

greater degree the ideal normal of fifty.

Neither group has scores in the low subnormal range. The inmate group has 1.86 per cent of its scores in the mid subnormal range, only slightly above the 1.48 per cent of control group scores. Twenty-four and twenty-two one hundredths per cent of inmate scores occur in the high subnormal range, almost equaling the 24.79 per cent of control group scores. In the normal and high normal and low abnormal ranges control group scores are predominant: 41.81 per cent to 33.95 per cent, and 26.64 per cent to 24.63 per cent, respectively. The trend is reversed in the low pathological range and above, percentages of inmate scores predominating in increasing proportions for this and the next decile range. No scores for either group fall in the extreme pathological ranges.

For the hysteria trait both groups have roughly parallel patterns of score distributions in the lower ranges, exhibiting a peak of scores in the normal and high normal and low abnormal ranges. While the means and distributions of both groups in the non-pathological ranges show a similar tendency to abnormality in terms of ideal normal, the relatively high proportion of inmate scores in the pathological ranges appears as a significant differential between the two groups.

For the psychopathic deviation scale (Pd):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	0	.74
30-39 (mid subnormal)	0	1.11
40-49 (high subnormal)	1.24	17.39
50-59 (normal and high normal)	9.93	37.74
60-69 (low abnormal)	32.29	32.93
70-79 (low pathological)	34.56	9.25
80-89 (high pathological)	16.97	.74
90-99 (extreme pathological)	4.14	0
100 plus (extreme pathological-plus)	.41	0
<u>Mean Score</u>	71.29	52.90

The inmate mean of 71.29 shows an extreme divergence from both ideal normal and control group "normal". This represents the only instance encountered of a mean score falling within a pathological range. In contrast, the control group mean lies very close to ideal normal.

The inmate group shows no scores in the low or mid subnormal ranges, while the control group distributions there are generally comparable to those obtained for the Hs, D, and Hy scales. In the high subnormal range there is a heavy preponderance of control group scores over inmate scores (17.39 per cent to 1.24 per cent), which continues in the normal and high normal range (37.74 per cent to 9.93 per cent). The beginning of the reversal of this trend appears in the low abnormal range, where inmate and control group distributions are almost equal. In the low pathological range inmate scores exceed control group scores in the marked proportion of 34.56 per cent to

9.25 per cent. In the high pathological range the inmate distribution exceeds that of the control group in the ratio of 16.97 per cent to .74 per cent. In the extreme pathological ranges combined the inmate group has 4.14 per cent of its scores and the control group none. The total of inmate scores in the pathological ranges is 56.08; the total for the control group, only 9.99 per cent.

Both in the striking proportion of inmate scores in the abnormal and pathological ranges, and in the contrast of over-all distribution patterns, the scores obtained for this trait present the most significant differentiation between inmate group and control group encountered in the study.

For the masculinity-femininity scale (Mf):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	.20	0
30-39 (mid subnormal)	4.97	1.48
40-49 (high subnormal)	22.77	19.61
50-59 (normal and high normal)	41.61	39.96
60-69 (low abnormal)	25.87	28.12
70-79 (low pathological)	3.73	8.51
80-89 (high pathological)	.20	2.22
90-99 (extreme pathological)	.20	0
100 plus (extreme pathological-plus)	0	0
<u>Mean Score</u>	54.52	57.90

It will be noted that the masculinity-femininity scale offers the only instance in which a control

group mean exceeds an inmate mean. This might be explained through a sample listing of the MMPI questions relevant to the Mf trait, which because of their nature are more likely to be answered in a way indicating an abnormal tendency toward femininity by an aesthetically and intellectually more developed group, as represented by the student sample, than by a group less educated. Examples of such questions--which, if answered as indicated, increase the Mf score--are:¹²

I like poetry. (T)

I would like to be a journalist. (T)

I used to keep a diary. (T)

That the control group's scoring may have been "loaded" by questions of this kind suggests an especially definite invalidity for a comparison of scoring on this scale; it is probable that the inmate group would show comparatively more abnormal scoring if a control group of more comparable socio-economic composition had been used. On the other hand, that upward deviation on the Mf scale has no correlation with criminal behavior in any case is strongly suggested. If there were such a correlation, a higher incidence of criminality among the control group than among the inmates would be expected. In brief, the data of the Mf scale are highly ambiguous.

¹² Hathaway, S. R., and McKinley, J. G., Booklet for the Minnesota Multiphasic Personality Inventory.

On these grounds it was decided that Mf scores were of insufficient relevance to our concern to warrant continued attention at the current stage of investigation, and further consideration of the Mf results was omitted from the present project. However, projects for its study are planned, in view of the possible significance of the wider variation in score distributions for the inmate group.

For the paranoia scale (Pa):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	0	.37
30-39 (mid subnormal)	2.90	7.77
40-49 (high subnormal)	17.80	32.56
50-59 (normal and high normal)	40.98	47.36
60-69 (low abnormal)	25.87	10.73
70-79 (low pathological)	10.14	1.11
80-89 (high pathological)	2.07	0
90-99 (extreme pathological)	0	0
100 plus (extreme pathological-plus)	0	0
<u>Mean Score</u>	55.21	50.70

The mean scores of both groups fall within the normal and high normal range. The control group mean is only a fraction above ideal normal, but the inmate mean deviates by several units from both.

The general distribution pattern for both groups is similar to that observed on such preceding traits as Hs and D. Control group scores exceed inmate scores in a diminishing proportion as score ranges in-

crease: .37 per cent to none in the low subnormal range, 7.77 per cent to 2.9 per cent in the mid subnormal range, and 32.56 per cent to 17.8 per cent in the high subnormal range. In the normal and high normal range the ratio is 47.36 per cent for the control group to 40.98 per cent for the inmate group. The trend is reversed and inmate scores predominate as ranges above the normal and high normal are reached. The inmate group has 25.87 per cent of its scores in the low abnormal range and the control group 10.73 per cent. The divergence increases in the low pathological range, wherein the inmate group has 10.14 per cent and the control group 1.11 per cent. In the high pathological range the inmate group has 2.07 per cent and the control group none. Comparison of the distributions shows a preponderant incidence among the inmate group of the paranoia trait in abnormal and pathological degrees of intensity.

For the psychasthenia trait (Pt):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	0	0
30-39 (mid subnormal)	1.45	1.85
40-49 (high subnormal)	16.97	20.35
50-59 (normal and High normal)	32.91	41.44
60-69 (low abnormal)	28.98	22.94
70-79 (low pathological)	13.87	10.36
80-89 (high pathological)	4.14	2.59
90-99 (extreme pathological)	1.45	.37
100 plus (extreme pathological-plus)	0	0
<u>Mean Score</u>	59.58	56.90

The mean scores of both groups deviate considerably from ideal normal, but remain within the normal and high normal range.

Neither group has scores in the low subnormal range. In the mid subnormal range the control group distribution is the larger by a small margin, 1.85 per cent to 1.45 per cent. This relationship is preserved in the high subnormal range, 20.35 per cent to 16.97 per cent, and in the normal and high normal range, 41.44 per cent to 32.91 per cent. The predominance of inmate scores begins in the low abnormal range, 28.98 per cent to 22.94 per cent, and continues throughout the pathological ranges: 13.87 per cent to 10.36 per cent in the low pathological; 4.14 per cent to 2.59 per cent in the high pathological; and 1.45 per cent to .37 per cent in the extreme pathological.

As in the case of the distributions for hysteria, the scoring patterns of both groups show similarity, but the inmate group is differentiated by a higher frequency of abnormal and pathological scores.

The schizophrenia scale (Sc) follows on Page 23. The mean scores of this trait are unique in that the inmate group mean exceeds the control group mean by more units than it does ideal normal. The control group mean of 48.50 is the only instance encountered of a mean falling below ideal normal.

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	.41	0
30-39 (mid subnormal)	2.69	1.48
40-49 (high subnormal)	16.97	29.23
50-59 (normal and high normal)	36.60	46.99
60-69 (low abnormal)	25.05	15.54
70-79 (low pathological)	11.17	5.55
80-89 (high pathological)	6.21	1.11
90-99 (extreme pathological)	1.45	0
100 plus (extreme pathologi- cal-plus)	.20	0
<u>Mean Score</u>	58.38	48.50

The pattern of score distribution is similar to that for the Hs scale, with the inmate group having a wider distribution at both extremes of the scale. While the inmate group has .41 per cent of its scores in the low subnormal range and 2.69 per cent of its scores in the mid subnormal, the control group has no scores in the low subnormal range and only 1.48 per cent of its scores in the mid subnormal. As the normal and high normal range is reached, control group scores become predominant: in the high subnormal range, 29.23 per cent to 16.97 per cent; and in the normal and high normal range, 46.99 per cent to 36.60 per cent. Above the normal range the inmate score predominance is resumed, and becomes proportionally greater as the score ranges become numerically higher: 25.05 per cent to 15.54 per cent in the low abnormal range; 11.17 to 5.55 per cent in the low pathological; 6.21 per cent to 1.11 per cent in the high pathological; 1.45 per cent to none in the

extreme pathological, and .20 per cent to none in the extreme pathological-plus.

Comparison of the distributions shows a higher frequency of abnormal and pathological intensity of the schizophrenia trait for the inmate group.

For the hypomania scale (Ma):

<u>Range</u>	<u>Inmates</u>	<u>Control Group</u>
20-29 (low subnormal)	0	0
30-39 (mid subnormal)	1.66	2.96
40-49 (high subnormal)	9.94	15.91
50-59 (normal and high normal)	38.55	34.41
60-69 (low abnormal)	36.43	32.19
70-79 (low pathological)	19.25	13.32
80-89 (high pathological)	3.73	1.11
90-99 (extreme pathological)	.20	0
100 plus (extreme pathologi- cal-plus)	0	0
<u>Mean Score</u>	59.45	57.85

The inmate mean and the control group mean both fall in the normal and high normal range, but show considerable divergence from ideal normal.

Neither group has scores in the low subnormal range. At the "low" end of the scale, as in the case of Hs, Pd, and Pt traits, the control group scores show the heavier distributions. In the mid subnormal range the control group has 2.96 per cent of its scores, and the inmate group 1.66 per cent. In the high subnormal range the control group has 15.91 per cent, and the inmate

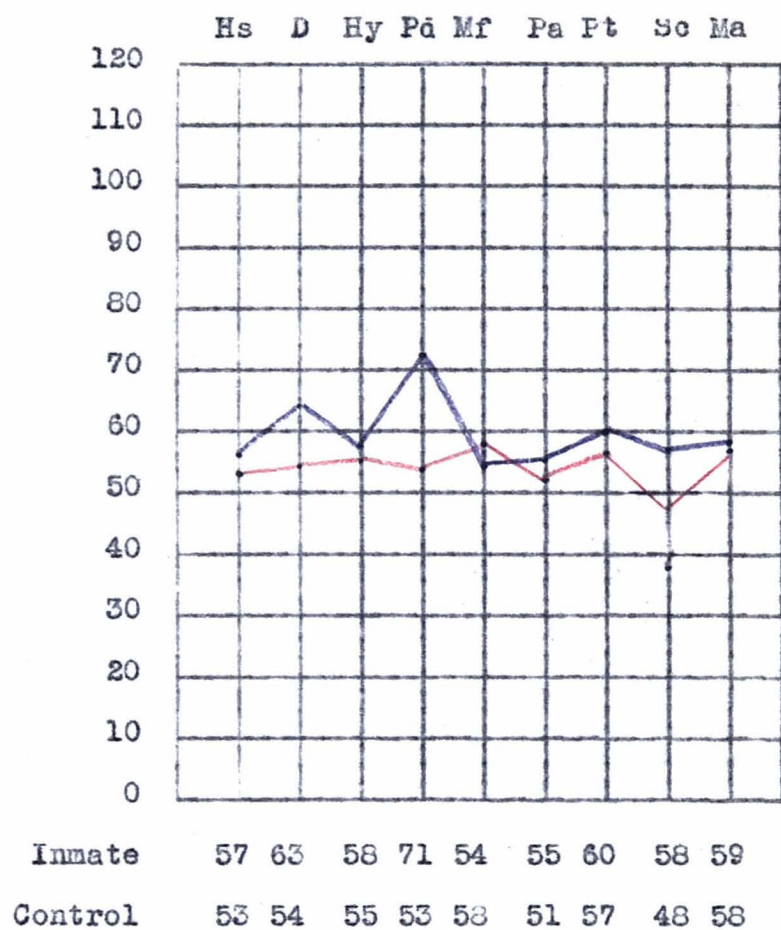
group 9.94 per cent; in the normal and high normal the control group has 34.41 per cent, and the inmate group 28.65 per cent. As the low abnormal range is reached the typical reversal appears. Here inmate scores are 38.43 per cent and control group scores 32.19 per cent. In the low pathological range the ratio of inmate scores to control group scores is 19.25 per cent to 13.32 per cent; in the high pathological, 3.73 per cent to 1.11 per cent; and in the extreme pathological, .2 per cent to none.

The distributions indicate a higher proportion of abnormal and pathological scores for the inmate group.

The means and distributions on all scales show a higher frequency of scoring in the abnormal and pathological ranges for the inmate group than for the control group, indicating a higher incidence among the former of abnormal and pathological intensity of these traits. In the case of all traits except *Mf*, a marked tendency toward abnormality on the part of the inmate group may be noted, viewed either in terms of a norm represented by ideal normal or in terms of a norm represented by the mean scoring of a non-incarcerated and "normal" population group.

The graph and table which follow are presented by way of further illustration.

Inmate and control group means:



Trait score percentages in pathological ranges
(seventy and above):

<u>Trait</u>	<u>Control Group</u>	<u>Inmate Group</u>
Hs	7.40	19.77
D	7.24	31.49
Hy	5.18	15.12
Pd	9.99	56.08
Mf	10.73	4.13
Pa	1.11	12.21
Pt	13.22	19.46
Sc	6.66	18.03
Ma	14.43	23.18

In a comparison of the mean scores of the two groups, inmate means (with the previously noted exception of the mean for the Mf scale) consistently exceed the means of the control group, as well as ideal normal, in degrees varying from a difference of 1.6 units for hypomania to a difference of 18.39 units for psychopathic deviation. In a comparison of the percentage weight of each group's score distribution in the pathological ranges, inmate percentages (again with the exception of that for the Mf scale) invariably exceed control group percentages by differences varying from 6.24 per cent for psychasthenia to 45.09 per cent for psychopathic deviation.

The foregoing data appear to indicate a high probability of a prevalence of psychological maladjustment and abnormality among the inmates of the Texas Prison System, by showing that significant differences in

personality as measured by the MMPI exist between a sample of inmates and a "normal", non-incarcerated population sample, as represented either by the control group of college students or by the basic group of normals used by Hathaway and McKinley to establish the interpretative basis for numerical score values on the profile.

The data further seem to suggest a high correlation between these personality differences, as indicated by abnormal and pathological scoring on the several trait-scales, and criminal behavior patterns, insofar as the latter are indicated by commitment to the Texas Prison.

Some of the data might be interpreted by this logic to be indicative also of a correlation between criminal behavior patterns and tendency to "subnormal" scoring on two of the scales, Hs and Sc, where the inmate group showed a heavier distribution of scores at the low extreme as well; however, the present inaccessibility of reliable information concerning subnormal scoring makes further consideration of this point, for the present at least, unprofitable.

The most significant factor of personality differentiation between the incarcerated and non-incarcerated samples, or, in different terms, the most significant correlation of abnormal and pathological intensity of trait-scoring with criminal behavior patterns, lies in

the data of the psychopathic deviation scale. Therefore, it was decided to make this trait a focal point for further study. While other traits exhibiting a similar though not so striking correlation were not eliminated from consideration, they were, for purposes of the immediately subsequent phase of study, relegated to a place of secondary importance. Psychopathic deviation seemed to be indicated as the trait of key importance, both with reference to the rehabilitative aspect of the prison's program of improvement, and with reference to the reduction of deviant forms of inmate behavior resulting in administrative problems. The latter aspect of its importance came to light in two ways. The first was a study of mutilations, conducted by Dr. R. C. Koeninger of Sam Houston State Teachers College as a subsidiary part of the testing project. The study obtained a mean Pd score of 76.6 from the thirty-one mutilators tested, which suggested a high correlation between scoring in the pathological ranges on the Pd scale and mutilation.¹³ The second was the observation of similarity between many of the problematic patterns of inmate behavior and characteristics of behavior attributed to psychopathic deviants. This similarity may be noted from the discussions of these characteristics in succeeding chapters.

13 Koeninger, R. C., op. cit.

Chapter IV

An Extended Concept of Psychopathic Deviation

As a result of the conclusion that the trait represented by the Pd scale was of primary importance among inmate abnormalities and should constitute a focal point of further study, construction of an extended concept of the trait was attempted.

An analysis of psychopathic deviation as measured explicitly by the MMPI provided an appropriate starting point. The authors of the test explain the scale as follows:¹⁴

The Pd scale measures the similarity of the subject to a group of persons whose main difficulty lies in their absence of deep emotional response, their inability to profit from experience, and their disregard of social mores. Although sometimes dangerous to themselves or others, these persons are commonly likable and intelligent. Except by use of an objective instrument of this sort, their trend toward the abnormal frequently is not detected until they are in serious trouble. They may often go on behaving like perfectly normal people for several years between one outbreak and another. Their most frequent digressions from the social mores are lying, stealing, alcohol and drug addiction, and sexual immorality. They may have short periods of true psychopathic excitement or depression following the discovery of a series of their asocial or antisocial deeds. They differ from some criminal types in their

14 Hathaway, S. R., and McKinley, J. C., op. cit., 5.

inability to profit from experience and in that they seem to commit asocial acts with little thought of possible gain to themselves or of avoiding discovery.

The questions listed below compose the MMPI's measure of psychopathic deviation.¹⁵ The true (T) or false (F) after each question represents the positive or "psychopathic" answer to the question; each question so answered increases the Pd score. If all the questions were to be answered as indicated, a "perfect" Pd score of one hundred and twenty would result. Two kinds of questions are listed: those relating to the Pd scale alone, and those relating to other trait or validating scales as well. For the latter kind positive answers for the additional scales are also given.

Questions affecting the psychopathic deviation scale alone:

- 33. I have had very peculiar and strange experiences. (F)
- 37. I have never been in trouble because of my sex behavior. (F)
- 38. During one period when I was a youngster I engaged in petty thievery. (T)
- 61. I have not lived the right kind of life. (T)
- 82. I am easily downed in an argument. (F)
- 84. These days I find it hard not to give up hope of amounting to something. (T)

¹⁵ Hathaway, S. R., and McKinley, J. C., Booklet for the Minnesota Multiphasic Personality Inventory.

- 91. I do not mind being made fun of. (F)
- 118. At school I was sometimes sent to the principal's office for cutting up. (T)
- 173. I liked school. (F)
- 216. There is very little love and companionship in my family compared to other homes. (T)
- 224. My parents have often objected to the kind of people I went around with. (T)
- 235. I have been quite independent and free from family rule. (F)
- 236. My relatives are nearly all in sympathy with me. (F)
- 244. My way of doing things is apt to be misunderstood. (T)
- 287. I have very few fears compared to my friends. (F)

Questions affecting psychopathic deviation and other scales:

- 8. My daily life is full of things that keep me interested. (Pd:F) (Hy:F) (Pt:F)
- 16. I am sure I get a raw deal from life. (Pd:T) (Pa:T)
- 20. My sex life is satisfactory. (Pd:F) (F:F)
- 21. At times I have very much wanted to leave home. (Pd:T) (Ma:T)
- 24. No one seems to understand me. (Pd:T) (Pa:T)
- 32. I find it hard to keep my mind on a task or job. (Pd:T) (Pt:T) (Hy:T)
- 35. If people had not had it in for me I would have been much more successful. (Pd:T) (F:T) (Pa:T)

42. My family does not like the work I have chosen (or the work I intend to choose) for my life work. (Pd:T) (F:T)
67. I wish I could be as happy as others seem to be. (Pd:T) (Pt:T) (D:T)
94. I do many things which I regret afterwards (I regret things more or more often than others seem to). (Pd:T) (Pt:T)
96. I have very few quarrels with members of my family. (Pd:F) (K:T)
102. My hardest battles are with myself. (Pd:T) (Pt:T)
106. Much of the time I feel as if I have done something wrong or evil. (Pd:T) (Pt:T)
107. I am happy most of the time. (Pd:F) (D:F) (Pa:F)
110. Someone has it in for me. (Pd:T) (Pa:T)
127. I know who is responsible for most of my troubles. (Pd:T) (Ma:T)
134. At times my thoughts have raced ahead faster than I could speak them. (Pd:F) (K:F) (Ma:T)
137. I believe that my home life is as pleasant as that of most people. (Pd:F) (Hy:F)
141. My conduct is largely controlled by the customs of those about me. (Pd:F) (Hy:F)
155. I am neither gaining nor losing weight. (Pd:F) (D:F) (Hs:F)
170. What others think of me does not bother me. (Pd:F) (K:F) (Hy:F)
171. It makes me uncomfortable to put on a stunt at a party, even when others are doing the same sort of things. (Pd:F) (K:F) (Ma:F)

180. I find it hard to make talk when I meet new people. (Pd:F) (K:F) (Ma:F) (Hy:F)
183. I am against giving money to beggars. (Pd:F) (K:F)
201. I wish I were not so shy. (Pd:F) (Hy:F)
215. I have used alcohol excessively. (Pd:T) (F:T)
231. I like to talk about sex. (Pd:F) (Mf:F)
239. I have been disappointed in love. (Pd:T) (Mf:T)
245. My parents and family find more fault with me than they should. (Pd:T) (F:T)
248. Sometimes without any reason or even when things are going wrong I feel excitedly happy, "on top of the world". (Pd:F) (D:F)
267. When I am in a group of people I have trouble thinking of the right things to talk about. (Pd:F) (K:F) (Ma:F) (Hy:F)
284. I am sure I'm being talked about. (Pd:T) (Pa:T)
289. I am always disgusted with the law when a criminal is freed thru the arguments of a lawyer. (Pd:F) (Ma:F) (Hy:F)
294. I have never been in trouble with the law. (Pd:F) (Pa:F)
298. I have periods in which I feel unusually cheerful without any special reason. (Pd:F) (D:F) (K:F)

It will be noted that the questions employed are of two types. One is designed to ascertain objective facts concerning the subject's background (e.g.: "I have very few quarrels with members of my family."; "I have never been in trouble with the law."); the

other, to bring out his subjective mental states, feelings, attitudes, and opinions (e.g.: "I find it hard to keep my mind on a task or job."; "I am happy most of the time."; "I am always disgusted with the law when a criminal is freed through the arguments of a lawyer."; "My way of doing things is apt to be misunderstood."; "I have periods in which I feel unusually cheerful without any special reason.").

These questions provide the basic criteria for psychopathic deviation as measured explicitly by the MMPI.

These criteria were compared with a representative sample of current psychiatric concepts of psychopathic deviation, in order to ascertain the relevance of the MMPI criteria, and to provide the basis of an amplified concept.

In psychiatric parlance, psychopathic deviation is also called psychopathy, psychopathic personality, constitutional psychopathic inferiority, neurotic character, semantic dementia, egopathy, anethopathy, sociopathy, moral defectiveness, moral mania, moral imbecility, and moral insanity. The variety of nomenclature is only one indication of the present lack of exact knowledge and scientific consensus regarding its nature and etiology.

A serious obstacle to arriving at a clearly

defined concept is presented by the fact that for many years psychopathy has been used as a catch-all classification, a residual category for the miscellaneous phenomena of mental abnormality and deviant behavior not otherwise readily classifiable. The difficulty is well summed up by Wilson and Pescor.¹⁶

The term psychopathic personality is applied to the members of an extremely heterogeneous group of half-crazy individuals who cannot be called legally insane, but who obviously have something queer about them... Sexual perverts, hoboes, habitual drunkards, drug addicts, cranks, malingerers, criminals, misanthropes, and a host of other mis-fits who apparently cannot be properly pigeon-holed elsewhere find themselves labeled constitutional psychopathic inferiors, or, less formally, psychopathic personalities. Naturally it is hard to find an appropriate definition covering the traits of such a miscellaneous assortment, and as a consequence many authors avoid the issue by giving verbose descriptions, by resorting to cliches such as "the psychiatrist's waste-basket", or by simply referring to the classification as a scientific way of calling a man a fighting name.

The selection of criteria which may have a uniform applicability in varying cultural situations presents another and related difficulty. As Lindner says, "All those characteristics which, by any count, may be considered the negative of qualities suitable for current civilized communal living have been as-

¹⁶ Wilson, J. G., and Pescor, M. J., Problems in Prison Psychiatry, 122.

signed to the individual called psychopath."¹⁷ However, the questions raised by this dependence of the definition on reference to a specific cultural context lay outside of the scope of the present project. Practical considerations dictated the assumption of the dominant culture patterns of our society as a norm.

Consideration of these difficulties did, however, serve to establish in a general way the outline of a conceptual definition. Psychopathy is socially deviant behavior which is not otherwise classifiable in terms of contemporary science, i.e., it can be differentiated from the psychoses and neuroses, and from mental deficiency. The following table, adapted from Wilson and Pescor, shows in part one system of differentiation between psychoses, neuroses, and psychopathy.¹⁸

<u>Psychoses</u>	<u>Neuroses</u>	<u>Psychopathy</u>
1. Mental conflict present as long as conscious mind is not completely dominated by subconscious. When complete subjugation occurs, conflict ceases and the victim reaches a state of chronicity spoken of as a "comfortable level of psychosis".	1. Mental conflict always present; subconscious on defensive.	1. No mental conflict.

17 Lindner, R. M., Rebel Without Cause, 2.

18 Wilson, J. G., and Pescor, M. J., op. cit., 129.

Psychoses

1. (continued)
Conscious mind is
on defensive.

2. More or less
complete loss of
contact with reality.

3. No insight. Un-
aware of maladjust-
ment.

4. Abnormality ex-
pressed in form of
delusions, halluci-
nations, and peculiar
behavior.

5. Intellectual de-
ficiency or deteri-
oration may be
present.

6. Inability to
carry on the ordi-
nary affairs of
life without danger
to self or others,
necessitating ins-
titutional care.

Neuroses

2. No loss of
contact with re-
ality except in
extreme cases,
then only tempo-
rary.

3. Good insight.
Aware of malad-
justment, but un-
willing to admit
symptoms are men-
tal rather than
physical because
of desire to re-
tain self-respect
and good opinion
of associates.

4. Abnormality ex-
pressed in form of
physical com-
plaints, vague
fears, and anxi-
eties.

5. Intellectual
faculties usually
intact.

6. Partial inabil-
ity to carry on
the affairs of
life, not necessari-
tating hospitali-
zation or segrega-
tion except in ex-
treme cases.

Psychopathy

2. No loss of
contact with
reality.

3. Good in-
sight. Aware
of maladjust-
ments, but in-
different to
society's opin-
ion.

4. Abnormality
expressed in
form of voli-
tional asocial
or antisocial
behavior.

5. Intellect-
ual faculties
usually intact.

6. Capable of
carrying on the
affairs of life
but if frustra-
ted will resort
to unacceptable
means of gain-
ing their ends,
which may nec-
essitate insti-
tutionalization.

Selections from standard psychiatric works show occasional divergences of professional opinion in some matters of detail. These divergences relate chiefly to matters of peripheral importance, and parts of quotations stressing differences in opinion have, in the main, been omitted from the representative discussions of the characteristics and symptomatology of psychopathy appearing below.

The pathology of the psychopathic personality usually manifests itself either in the social sphere in the form of social inadequacy or antagonism, or in the psychosexual sphere in the form of deviations of sexual impulse... The psychopath is characterized by defects of character and feeling-tone, by poverty of temperament, as well as by exaggerations and deviations in emotional and instinctive reactions... He does not develop the type or degree of social qualities necessary for the demands of life. As a result of these defects in integration the psychopath's responses to moral, ethical, and aesthetic considerations remain inadequate... The personality of the psychopath seems to be dominated by primitive basic drives to the exclusion of rational behavior. Certain lines of conduct, particularly of a socialized nature, are never learned. Neither persuasion or punishment is of avail. Some are sensitive, stubborn, given to tantrums or to outbursts of rage... The psychopath is typically selfish, ungrateful, narcissistic and exhibitionistic. He is egocentric, demanding much and giving little. His excess of demand is in fact an outstanding characteristic. He has not any critical awareness of his motives and lacks foresight and discriminating, reflective judgement. He lacks definiteness of objective... and sense of responsibility... He lives for the moment... He demands immediate and instant gratification of his desires with no concern as to the feelings and interest of others. He is often plausible and talkative but absolutely unreliable. Frequently the only environment to which he can

adjust himself is the one which he can dominate. Surprising irregularities of ability and inconsistencies of behavior are constantly demonstrated...The psychopath lacks the ability empathically to re-experience the situation of others or to feel himself into a social group. He projects his own insecurity by blaming others. He often conceals his own motives from himself by a superficial rationalization...¹⁹

We include under this description (psychopathic) persons who have been from childhood or early youth habitually abnormal in their emotional reaction...They constitute a rebellious, individualistic group who fail to conform to their social milieu...whose emotional instability is largely determined by a state of psychological immaturity which prevents them from adapting...(and) profiting from experience. They lack judgment, foresight, and ordinary prudence. The judicial, deciding, selecting processes described as intelligence, and the energizing, emotivating, driving powers called character do not work in harmony.²⁰

The psychopath...is a religious disobeyer of prevailing codes and standards...a rebel without a cause, an agitator without a slogan... In other words, his rebelliousness is aimed to achieve goals satisfactory to himself alone...All his efforts...represent investments designed to satisfy his immediate wishes and desires...The psychopath, like the child, cannot delay the pleasures of gratification; and this trait is one of his underlying, universal characteristics...With the psychopath...determined progress toward a goal--unless it is a selfish one capable of immediate realization by sharply accented spurt of activity, is lacking. Like the play pattern of the very young, he shows an intensiveness at the outset of work, but the performance rapidly falls apart into a fitful type of behavior...boredom follows rapidly after but a few possibilities

19 Noyes, A. P., Modern Clinical Psychiatry, 410-412.

20 Henderson, D. K., and Gillespie, R. D., A Text-book of Psychiatry, 381.

of the task or job have been exhausted. A perpetual need for the renewal of energy outlets is characteristic.²¹

In describing the symptomatology of psychopaths, the temptation is to become vituperative because of the natural dislike the average man has for non-conformists who threaten to unset well-established routine ways of living. The psychopath is a marked offender in this respect. He is habitually dissatisfied with everything, but instead of keeping it to himself he loudly proclaims that each little irritation is an intentional infringement upon his inalienable rights. If one element of his environment is adjusted to suit him, his contentment is only momentary, and, instead of being grateful, he accepts it as his just due. He will expend twice as much effort to compel others to help as it would take to help himself, only to discard or find fault with such aid when it is proffered. He becomes a source of discomfort to the members of his family...because of his innate restlessness and desire for new experiences. Psychopaths may be quarrelsome, fault-finding, pilfering, and untruthful, and yet be very ingratiating when they have some selfish end to gain thereby...They are so self-centered that they think the whole universe revolves about their personal desires. They are so wise in their own estimation that they never feel the need of advice, they may glibly ritualize moral formulae such as: Thou shalt not steal--Thou shalt not lie--Love thy neighbor as thyself; but without any true appreciation of their meaning... Personal experience...teaches them nothing. Their troubles are always projected upon their environment. They are slaves to their emotions, subject to unpredictable changes of mood. When frustrated, they fly into abnormal rages or become sullen and surly.²²

²¹ Lindner, R. M., op. cit., 2-4.

²² Wilson, J. G., and Pescor, M. J., op. cit., 131-132.

In spite of the peripheral differences of opinion, a general consensus regarding some main characteristic and symptomatic elements of psychopathy has been established. These elements have been summarized as follows:²³

Defective relationship with the community.

Inability to pursue socially acceptable goals.

Rejection of constituted authority.

Maladjustment and/or perversion in the sexual sphere.

Lack of appropriate emotional response.

Defective judgment as evidenced by marked imbalance between ego and social goals.

Verbal rather than emotional acceptance of social precepts.

Intelligence--as measured by tests--in the range of normal and superior.

Strong migratory tendencies.

Marked egocentricity.

Quick ability for rationalization.

A similar summary has been offered by Page:²⁴

1. Intelligence is not affected, and the symptoms do not correspond to those noted in Psychoses and Psychoneuroses.

²³ Gurvitz, M. S., "The Intelligence Factor in Psychopathic Personality", Journal of Clinical Psychology, Vol. III, No. 2, April, 1947, 194.

²⁴ Page, James D., Abnormal Psychology, 396.

2. The unchecked pursuit of pleasure, expressed by the immediate gratification of needs and desires irrespective of consequences to self or others, is the life motive. All means justify the end, no matter how personally harmful, unscrupulous, or illegal they may be, or how much suffering they entail for relatives and friends. In this respect psychopaths resemble spoiled children.

3. Because of the emphasis on immediate satisfactions regardless of consequences, their actions appear to others to indicate lack of foresight, poor judgment, and inability to profit from experience.

4. From early childhood, psychopaths exhibit disorders of conduct of an antisocial or asocial nature. They are constantly at odds with the world. They resent discipline and refuse to conform to accepted ethical and moral standards. Not only are they thoughtless of the welfare of others; they also seize every opportunity to deceive and exploit their associates. They do not hesitate to repay kindness with meanness. Devoid of honor and a sense of fair play, they experience no genuine remorse for their misdeeds.

5. Their lives lack stability, direction and tenacity of purpose, their ambitions are poorly defined and constantly shifting and they change jobs frequently and many lead a nomadic existence.

6. In their emotional responses, psychopaths are generally described as cold, callous, shallow, cruel, infantile, and flighty. They seem to have little control over their emotions, and their reactions are unpredictable. Trivial incidents produce rapid swings from elation to depression and from calmness to explosive anger or panic.

7. Sexual development is usually retarded or abnormal. Perversions of all types are common, and these are accepted without shame or conflict. Marriages are transient affairs that generally end in failure.

8. Many have ingratiating and charming manners that enable them to make favorable im-

pressions on their victims; others are aggressive, quarrelsome; and still others are weak, passive, inadequate individuals. Almost all are selfish, stubborn, and egocentric.

The elements in these summaries may be said to compose a generalized psychiatric concept of psychopathic deviation.

In order to establish a more definite relationship between explicit MMPI criteria and a generalized psychiatric concept of psychopathic deviation, the questions measuring Pd (listed on Pages 31-35) might be translated into more specifically symptomatic terms as shown in the following examples.

Pd trait-symptom: Boredom, lack of life interest, normal ambition and direction, measured by questions:

- 8. My daily life is full of things that keep me interested. (F)
- 67. I wish I could be as happy as others seem to be. (T)
- 107. I am happy most of the time. (F)
- 173. I liked school. (F)

Pd trait-symptom: Lack of integration and conformity, inadequate or defective socialization; measured by questions:

- 141. My conduct is largely controlled by the customs of those about me. (F)
- 289. I am always disgusted with the law when a criminal is freed through the arguments of a smart lawyer. (F)

Pd trait-symptom: Inability to accept responsibility for results of own actions, projection of blame for unsatisfactory situation on other persons or on situation; measured by questions:

- 16. I am sure I get a raw deal from life. (T)
- 24. No one seems to understand me. (T)
- 110. Someone has it in for me. (T)
- 127. I know who is responsible for most of my troubles. (T)

Pd trait-symptom: Sexually maladjusted, disoriented, or delinquent; measured by questions:

- 20. My sex life is satisfactory. (F)
- 37. I have never been in trouble because of my sex behavior. (F)
- 231. I like to talk about sex. (F)

This process might be continued at length, but its present extension seems sufficient to demonstrate the close relationship between the explicit MMPI criteria measuring psychopathic deviation, and the generalized psychiatric concept of syndromes of characteristics and symptoms to which the MMPI questions are indices.

The criteria of the MMPI questions and of the generalized psychiatric concept were considered together to compose an extended concept of psychopathic deviation.

It may be noted that the foregoing, making up the extended concept, is essentially descriptive, ex-

cluding etiological factors. While there is some consensus as to the general descriptive elements of psychopathy, for which generalized criteria may be posited, there is none with reference to the etiological. Therefore, such elements could not safely be included in an extended concept. For the purposes of this study, which is limited to an attempted identification and classification of psychopathy and other mental pathologies on a descriptive basis, the ambiguity and resultant conceptual exclusion of causal factors was not of great importance; there was no need for their inclusion. However, passing mention may be given to the problem of causation.

A number of conflicting schools of thought are engaged in controversy over causal factors, but as yet none have presented conclusive evidence as to the validity of their respective explanations. A comprehensive summary of the varying points of view is given by Lindner.²⁵ To go into this controversy in detail would be to exceed the limits of the present area of concern. It may be remarked, however, that of the two most clear-cut divergent explanations, the social or environmental--as opposed to the biological or organic (epitomized in the expression "Constitutional Psychopathic Inferior")--is

25 Lindner, R. M., op. cit., 2 ff.

avored by many psychologists and psychiatrists (including the psychoanalysts) and by most sociologists, and appears to be the sounder and the better demonstrated. This point of view represents psychopathy as the product of traumatic experience in social relationships (particularly within the family relationship during very early childhood), as opposed to the organic school's representation that it is the product of a constitutional defect or deterioration, possibly located in the structure and organization of the sub-cortical brain centers. These factors are each believed by the respective schools of thought to result in a defective socialization and consequent non-operation of the internalized mechanism of social control called by the Freudians the "super-ego", by the Meadians the "generalized other", and by the layman "conscience".

In phases of study which may develop later, and in the possible practical consequences of present and later studies for treatment of psychopaths in the Texas Prison System, the viewpoint of the social causation theory will probably prevail on the grounds of its preferability. If it has not been positively proven, at least it represents the best demonstrated of the theories, therapy based on it having served effectively in the treatment and rehabilitation of criminal psychopaths. Lindner's work is chiefly devoted to an account of such treatment and rehabilitation.

Chapter V

Psychiatric Subcategories and Classification Systems for Psychopathic Deviation

Numerous attempts have been made to divide psychopathic deviation into subcategories or types of psychopathy. In a brief survey of the relevant psychiatric literature, a number of divergent kinds of subcategories and systems of type classification were encountered. There is much less consensus regarding subcategories and their classification than in the matter of the main characteristics of the general category, although similarities may be noted. Noyes summarizes the situation as follows:²⁶

Any classification of the psychopathic personalities must be based on a descriptive grouping. When we consider the various factors, biological, psychological and social, innate and experiential, that contribute to the personality structure, and remember the numerous ways in which the personality may attempt to escape from its troubles, satisfy its irreconcilable demands, repair its defects, or attain its objectives, we appreciate that it may be warped in an almost unlimited variety of ways. We realize, too, that the extent to which these distorting processes may extend before the personality is to be called pathological is a matter of individual opinion and not determined by definite criteria. Similarly there are no fixed types determined by cause, process or result, so that any classification depends upon what manifestations one wishes to stress. As necessary as classifications are for descriptive

26 Noyes, A. P., op. cit., 415.

and teaching purposes, one should remember that they do not enable us to understand the individual psychopath, whose personality should be studied from the standpoint of genetic development, subjective experiences, psychological setting, and the purposes performed in the life of the individual by its different manifestations. Psychiatry has not yet reached a point where a classification of the psychopathic personalities can be based on these considerations. Not even from a clinically descriptive standpoint, either, is there yet any agreement as to classificatory division of the psychopaths, different observers grouping such special characteristics as have most impressed them.

One of the earliest classifications was suggested by Krapelin, who, as cited by Noyes, concluded that a number of syndromes occurred which could be described in terms of the most obvious presenting symptom. His grouping: "the excitable", "the unstable", "the impulsive", "the egocentric", "the liars and swindlers", "the antisocial", and "the quarrelsome", has been used as the basis for many subsequent classification systems, of which that of Noyes is a representative example. Eliminating what he considers the less distinct types, Noyes divides the psychopaths in the following manner.²⁷

1. Excitable psychopaths: characterized by an explosive intensity of emotional reaction to relatively slight external stimuli. Between outbursts, persons of this type are ordinarily outgoing, friendly, happy, and

²⁷ Noyes, A. P., op. cit., 413-416.

likeable. Their emotional tension is often normally at a high pitch, and may suddenly and unexpectedly break out in uncontrolled anger or other disproportionate affective display. In some cases the individual may become destructive and assaultive. Excitability may also be manifested in outbursts of sulkiness, irritability, or despair. Suicidal attempts in response to frustration or as an effort to relieve a situation regarded as intolerable are not rare, and jealousy and quarrels, particularly with those of the opposite sex, are common.

2. Inadequate personalities: characterized by defective judgment, dreaminess, and lack of ambition and initiative. Such individuals may have had average educational and social opportunities, and may show a normal intelligence as measured by psychometric tests, in spite of which they fail in economic, occupational, and social adjustments. They are often good-natured and easy-going, but are weak-willed and tire quickly. When it is clear that effort would be rewarded they lack sufficient perseverance to pursue the objective, the pleasure of the moment satisfies; they can

neither work nor wait for deferred pleasure or reward. Psychopaths of this type are defective in a sense of responsibility, both to themselves and to society.

3. Pathological liars and swindlers: characterized by extravagant, often apparently purposeless lying, frequently combined with swindling. Usually good-natured, of agreeable manners, optimistic, of a light-hearted geniality, they exhibit a marked excitability of imagination combined with an instability of will. A ready tongue, self-confident manner, assumed dignity, and misleading appearance of knowledge enable them to make social contacts easily, and to convince the credulous as to the veracity of their representations. They frequently acquire a smattering of art, literature, or technical parlance, which they glibly expand, representing themselves as authorities in the field. Some are guilty of sex offenses; (although not so specified, heterosexual are implied, as the homosexuals are given a separate classification), others obtain large sums of money under promise of marriage, or by other fraudulent means. When apprehended in delinquent acts they frequently

profess amnesia, and if charged with legal offense, often stage an emotionally affected exhibition designed to impress observers and to arouse sympathy. They are restless, unstable, incapable of exertion or responsibility, and unable to accept the limitations of reality. Their theatrical imitation, tendency to daydream, to boast, and to surround themselves with an imaginary world suggest a childish immaturity of personality, while their wish-fulfilling fabrications have much in common with the phantasy of childhood. The type of extravagant and often apparently purposeless romancing indulged in by these individuals is known as pseudologia phantastica. Although psychometric tests usually disclose normal or superior intellectual capacity, intelligence has little observable regulating influence on behavior.

4. Antisocial personalities: characterized by defects in sympathy and moral and ethical blunting. As children they are frequently truant, and often are involved in shoplifting or other petty crime. Their emotional life is superficial and affectively cold. They cannot organize an acceptable, constructive

expression of the aggressive drives. They lack socially oriented ambition, application, seriousness of purpose, and foresight. Arrogance, irritability, stubbornness, brutal egotism, a rebellious attitude toward authority and society, and a lack of remorse regarding past behavior are typical. Social and aesthetic sentiments--honor, shame, sympathy, affection, and gratitude--are defective or wholly lacking. Their offenses may constitute the whole register of crime--theft, embezzlement, forgery, robbery, brutal sexual attacks, and other acts of violence. Many take pleasure in their struggle with the law and feel pride in their accomplishments. Punishments are considered an expression of injustice and have no deterrent effect.

5. Sexual psychopaths: whose sexual impulses by choice, and because of a fundamental psycho-biological deviation, are directed toward an abnormal goal, as in homosexuality, or are gratified only by abnormal methods as in sadism, masochism and exhibitionism. No other specific traits are offered for this group.

Another method of classification similar to Krapelin's is offered by Kahn.²⁸ However, in addition to the purely descriptive distinctions, his system involves etiological differentiation, and for that reason its consideration was excluded.

Henderson and Gillespie approach the problem somewhat differently, suggesting that psychopaths be divided into three broad clinical groups before further subdivision, which may be described as follows:²⁹

1. Predominantly aggressive: composed of those who exhibit disorder of conduct involving a high degree of violence. The episodes of violent behavior are ordinarily not sustained, and may be followed by a period of relative calmness, often with considerable insight into the occurrence. The principal clinical features of this group are listed as suicide, homicide, alcoholism, drug addiction, epilepsy, and sexual perversion. Conduct since early childhood has been wayward and impulsive. To this group is ascribed the emotional shallowness mentioned by Moyer in con-

²⁸ Kahn, Eugene, Psychopathic Personalities, Yale University Press, 1931.

²⁹ Henderson, D. K., and Gillespie, R. D., op. cit., 380 ff.

nection with the "antisocial personalities."

2. Predominantly inadequate or passive:

divided into two main sub-types--the petty delinquent class with thieving, lying, and swindling propensities, and those who develop types of invalidism closely allied to psychoneurotic and psychotic states. The former is closely related to Noyes' "pathological liars and swindlers", and the latter has much in common with his "inadequate personalities."

3. Predominantly creative: consideration of this group again introduces the problem of psychopathy in relation to social definition and cultural situation. It seems possible that psychopathic manifestations of socially deviant behavior may be defined as criminal in one situation, and as genius or creative innovation in another. A portion of the authors' comment is quoted below:³⁰

At first sight it may seem strange to associate creativeness developed to a condition of genius with the aggressive and inadequate groups already described. Popularly, genius and "madness" have always been closely associated, but that is an overstatement, and

just as the aggressive and inadequate groups do not include madmen (as that term is generally used), neither does the creative group. We find, however, intense individualistic people who carve out a way for themselves irrespective of the obstacles which bestrew their path. Genius is in its truest sense a multiple quality, it has many facets, and associated with it there must be sufficient energy to accomplish whatever has been conceived. Such persons are not many in number... It is understandable that the sensitive nervous system of the genius is one which might quite well show vagaries in many directions. It is something which crops up in the process of variations... When we study the lives of those who have been famous in many diverse fields we find with singular regularity dispositional traits which are in fairly close conformity to psychosexual immaturity... emotional instability, and individuality of those termed psychopathic. Joan of Arc, Napoleon, Lawrence of Arabia, may all be taken as examples.

Alexander does not attempt a formal classification of psychopathy into a regular system of subcategories, but in his informal division of psychopathic personalities he also makes a suggestion apropos the social definition of psychopathy, remarking that it (or "neurotic character", as he prefers to call it) "...can be divided into two groups--psychopathic criminals and eccentrics... This is, however, only a practical division. Social position is important, for the more privileged express their hostility more frequently in eccentricity than in delinquency."³¹

³¹ Alexander, F., Fundamentals of Psychoanalysis, p. 237.

The foregoing sampling is sufficient to indicate something of the nature of psychiatric classification systems.

Numerous difficulties would inhere in the attempted application of any of these or similar systems of categorization and classification to the inmates of the Texas Prison System. In addition to the unspecific character of their criteria and the tendency of their categories to overlap, the subjective element necessary to their use makes them unsuitable for application in a quantified situation. An attempt to employ such systems would necessitate going beyond the data provided by the MMPI, the advantages of which lie precisely in their objective and specific character.

Chapter VI

Possibilities of a System of Categories Based on the Pd Score of the MMPI

Recognition of the advantages offered by criteria of a specific and objective nature suggested the possibility of constructing a classification system based on the data of the MMPI's Pd scale, establishing types of psychopathic deviant personality in terms of the amount of psychopathic deviation shown by the Pd score's level of intensity of abnormality.

Experimentation using the separate score method of profile reading as a basis for differentiating type categories of psychopathic deviants proved the impracticability of the method for this purpose. A sorting of profiles in terms of identical Pd scores resulted in a wide variety of profile patterns--indicative of a correspondingly wide variety of different personality types--falling into the same groupings.

It was concluded that any effective method of classification would have to take into account the pattern of the profile, or the relationships prevailing between several or all of the trait scores.

Consultation with several psychologists and reference to recommended literature showed that this was not a new idea. Experiments with several methods of

profile classification and categorization based on interscore relationships and profile pattern were being conducted.

The first to be considered was Gough's method.³² The introduction to his article explains the contrast between the separate score reading and pattern analysis methods of profile interpretation.³³

It is our opinion that much of the hesitance in utilizing the inventory (MMPI) is due to difficulty in its use and interpretation. There is, apparently, a tendency to consider sub-test (individual trait) scores independently, and to neglect the inter-relationships of sub-tests, or the pattern of test scores. It is the purpose of this paper to re-emphasize the importance of pattern analysis, and to describe certain patterns which were found to be diagnostically significant in a military environment.

His method was based on the profile pattern analysis of one hundred and thirty-six neuropsychiatric admissions to a military hospital and a control group of twenty-seven normal soldiers selected for equivalent age, rank and length of service. The subjects had been given independent psychiatric diagnoses, following which they were subjected to the MMPI. Scores were compared with each other and with the normal group on the basis of

32 Gough, H. G., "Diagnostic Patterns on the Minnesota Multiphasic Personality Inventory", Journal of Clinical Psychology, Vol. II, No. 1, January, 1946.

33 Ibid., 27.

dispositional and diagnostic categories, and ideal profile types for each category were constructed in terms of the mean scores of each diagnostic grouping.

This method of categorization seemed unsuitable for our purposes, the chief difficulty being an apparent lack of distinctness in profile differentiation between his diagnostic categories.

Another method of pattern analysis based on diagnostic categories had been developed at the Palo Alto Veterans Hospital by Hunt, Carp, Cass, Winder, and Canter.³⁴ Criteria used were impressionistically observed score-relationship differences among diagnosed patients. Sorting criteria were "crude and approximate", each sorter categorizing the profiles" according to his best judgment." "Ambiguous" profiles were placed in an "unclassified" category. These criteria when applied to "blind profiles" (profiles devoid of identifying data) enabled the "jury of psychologists" (the authors of the article) to sort correctly eighty-four through ninety-three per cent of the profiles into the categories "psychosis" and "non-psychosis".³⁵ The separation, however, did not attempt any less general differentiation, such as separating the group diagnosed as psychopathic personalities, and its

34 Hunt, et. al., op. cit.

35 Ibid., 333-334.

criteria were extremely unexplicit. Therefore, its method did not appear suited to our purposes.

A third pattern analysis method had been developed by Schneck in the course of a study of two hundred and twenty-one profiles of United States disciplinary barracks inmates. Based on his observation of a high frequency of correlation between elevated Pd and Ma scores and diagnosed types of psychopathic personality, the four profile type categories appearing on Pages 62 and 63 were devised.³⁶

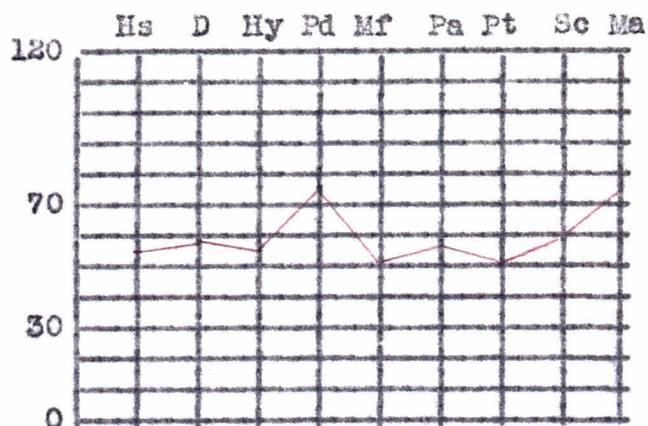
From consultation with psychologists regarding the employment of these types it was ascertained that they represented clinically significant sub-types of psychopathic personality, and that the profiles had considerable reliability in preliminary diagnosis and prediction of personality characteristics and behavior patterns, although no statistical accounts of the exact degree of reliability were yet available.

It was decided that of the several systems examined that of Schneck was best adapted to an attempt to classify types of psychopathic deviants.

Accordingly, a group of profiles were sorted in terms of the inter-score relationship criteria of the

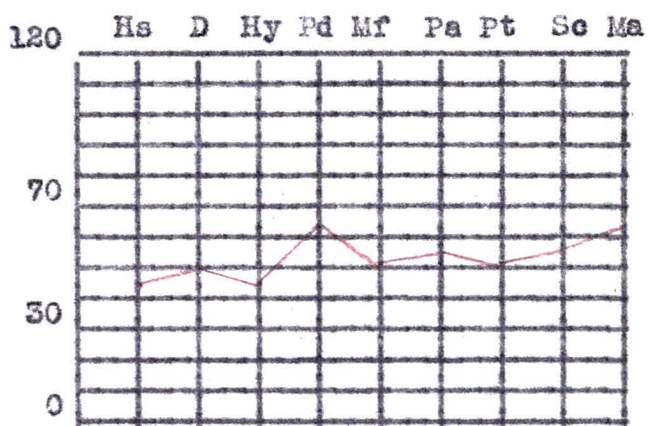
³⁶ Schneck, J., "Double-Spike Pattern on MMPI," The American Journal of Psychiatry, Vol. 104, No. 7, January, 1948, 444-445.

IA-Stable Psychopath



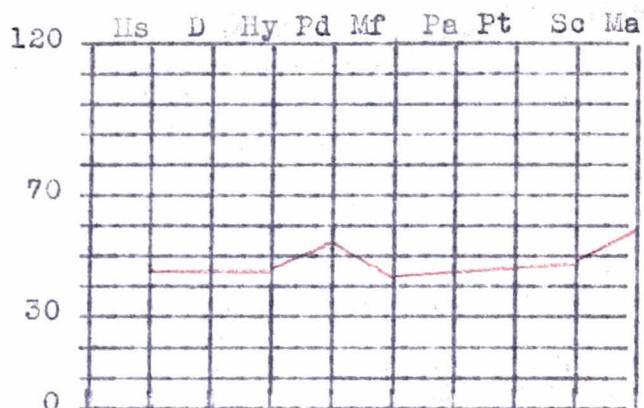
Criteria: Pd and Ma are 70 or above; other scores are below 70.

IB-Borderline Stable Psychopath



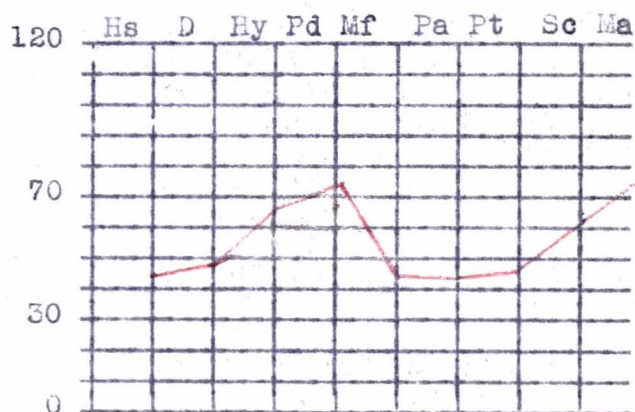
Criteria: Pd and Ma are between 60 and 70; other scores are below 60.

IC-Normal with Stable Psychopathic Tendencies



Criteria: Pd and Ma are between 50 and 60; other scores are below 50.

II-Unstable Psychopath



Criteria: Pd is greater than Hs, D, and Hy; Ma is greater than Mf, Pa, Pt, and Sc.

Schneck categories. While many profiles were sorted without difficulty and were found to correspond closely to the Schneck types, the sorting proved unsatisfactory in that the criteria were insufficiently explicit to prevent the accumulation of profiles with widely divergent patterns in the same category. It was further found that many profile patterns with Pd scores high relative either to other scores or to the pathological line (seventy) had no place in any of the Schneck categories and had to be sorted into an "unclassified" residual category. Ambiguous profiles, which appeared to fit equally well into either of several categories, were also frequently encountered.

Chapter VII

Steps Toward the Construction of a More Comprehensive System

Although Schneck's system appeared in some respects well suited to classification of the psychopaths represented by those of the Texas Prison System profiles which showed predominant Pd scores, it was made inadequate by several defects: the accumulation of divergent profile patterns in the same category, the frequent occurrence of ambiguous profiles which appeared to fit into several categories equally well, and the large residue of "unclassified" profiles, many of which had abnormal and pathological Pd scores but did not fit into any of the categories.

After some deliberation it was decided to attempt an extension and elaboration of the Schneck system, in order to make it more comprehensive, less ambiguous, and less likely to classify widely dissimilar profile patterns in the same category.

The extension and elaboration was performed on a twofold basis: the revision and subdivision of the original categories into subcategories with more precise criteria, and the creation of new categories, consistent with the logic of the original four, to reduce the number of "unclassified" profiles.

After much experimentation and card manipulation a system of categories with the following criteria was developed.

Type I Stable Psychopath

- A. Pd and Ma above 70; all other scores below 70.
- B. Pd or Ma above 70; other (Pd or Ma) in the 60-69 range; all other scores below 60.
- C. Pd and Ma in 60-69 range; all other scores below 60.
- D. Pd or Ma in 60-69 range; other (Pd or Ma) in 50-59 range; all other scores below 50.
- E. Pd and Ma in 50-59 range; all other scores below 50.
- F. Pd or Ma in 50-59 range; other (Pd or Ma) in 40-49 range; all other scores below 40.

Type II Unstable Psychopath (The following ratio applies to all sub-types in this group: Pd exceeds D, Hs, and Hy; Ma exceeds Pt, Pa, and Sc).

- A. Pd and Ma above 70; at least one other score above 70, but lower than Pd and Ma.
- B. Pd or Ma above 70; other (Pd or Ma) in 60-69 range; at least one other score above 60, but lower than Pd or Ma.
- C. Pd and Ma in 60-69 range; at least one other score above 60, but lower than Pd and Ma.
- D. Pd or Ma in 60-69 range; other (Pd or Ma) in 50-59 range, at least one other score above 50.

- E. Pd and Ma in 50-59 range; at least one other score above 50, but lower than Pd and Ma.
- F. Md or Ma in 50-59 range; other (Pd or Ma) in 40-49 range; at least one other score above 40 but lower than Pd or Ma.

Type III Non-hypomanic Stable Psychopath (The following ratios apply to all sub-types in this group: Pa and/or Pt and/or Sc exceed Ma).

- A. Pd above 70; all other scores below 70; Ma lower than other psychotic score(s).
- B. Pd in 60-69 range; all other scores below 60; Ma lower than other psychotic score(s).
- C. Pd in 50-59 range; all other scores below 50; Ma lower than other psychotic score(s).
- D. Pd in 40-49 range; all other scores below 40; Ma lower than other psychotic score(s).

Type IV Non-hypomanic Unstable Psychopath (Same ratio as in III applies).

- A. Pd above 70; one or more other scores above 70 but less than Pd; Ma lower than other psychotic score(s).
- B. Pd in 60-69 range; one or more other scores above 60 but less than Pd; Ma lower than other psychotic score(s).
- C. Pd in 50-59 range; one or more other scores above 50 but less than Pd; Ma lower than other psychotic score(s).
- D. Pd in 40-49 range; one or more other scores above 40 but less than Pd; Ma lower than other psychotic score(s).

Type V Neurotic (The following ratio applies to all sub-types in this group: Hy and/or Hs and/or D exceed Ma and Pd).

- A. Pd above 70; one or more psychotic scores above Pd.
- B. Pd in 60-69 range; one or more neurotic scores above Pd.
- C. Pd in 50-59 range; one or more neurotic scores above Pd.
- D. Pd in 40-49 range; one or more neurotic scores above Pd.

Type VI

Psychotic (The following ratio applies to all sub-types in this group: Pt and/or Pa and/or Sc exceed Pd and Ma).

- A. Pd above 70; one or more psychotic scores above Pd.
- B. Pd in 60-69 range; one or more psychotic scores above Pd.
- C. Pd in 50-59 range; one or more psychotic scores above Pd.
- D. Pd in 40-49 range; one or more psychotic scores above Pd.

Type VII

Complex, Neurotic and Psychotic

- A. Pd above 70; one or more psychotic and neurotic scores above Pd.
- B. Pd above 70; one or more neurotic (or psychotic) scores above Pd; one or more other (neurotic or psychotic) scores below Pd but above 70.
- C. Pd in 60-69 range; one or more neurotic and psychotic scores higher than Pd.
- D. Pd in 50-59 range; one or more neurotic and psychotic scores higher than Pd.
- E. Pd in 40-49 range; one or more neurotic and psychotic scores higher than Pd.
- F. Pd in 30-39 range; one or more neurotic and psychotic scores higher than Pd.

Type VIII Hypomanic

Ma above 70; all other scores below 60.

Each category includes two elements: type, represented by Roman numerals; and class, represented by letters. An exception, Category VIII, was constructed to account for an anomalous profile pattern encountered only a few times. Owing to the absence of similar profile patterns at lower levels of abnormal intensity it represents a type which has not been subdivided into classes.

Type is determined by the interrelationship of scores prominent in the profile pattern. Such scores are indicative of traits which are most likely to figure predominantly in personality characteristics and behavior patterns.

Class is determined by the relationship of the configuration of predominant trait scores with "ideal normal" (fifty) and "pathological" (seventy) on the numerical score axes. In descending order from Class A, which represents the trait configuration of any type at an extreme of pathological intensity in relation to the numerical axes, are classes for decreasing levels of abnormal intensity of the type. The lower classes of all types classify personalities which are "normal", in that they do not exhibit abnormal or pathological levels

of intensity for any of the traits which may be prominent on the profile. The type designation of these classes serves to indicate traits and corresponding personality characteristics and behavior patterns which may be predominant in the activity of subjects falling into the type category, even though the traits are not present at an abnormal or pathological level of intensity.

Schneck's four categories consisted of two types, one of which (I) subsumed three classes (A, B, and C), while the other (II) was not divided into classes. The criteria of type for these categories have not been changed; however, the criteria of class have been modified by the introduction of more rigid and specific number ranges and the creation and addition of new classes.

To supplement the original types two additional predominantly psychopathic types were constructed to account for profile patterns exhibiting predominant Pd scores but lacking a correlating high Ma score: Type III (Non-hypomanic Stable Psychopath), and Type IV (Non-hypomanic Unstable Psychopath).

In addition to these types, which provided categories for all predominantly psychopathic profiles, the following type categories were constructed for classification of profiles not predominantly psychopathic, i.e., profiles having a measure of psychopathic tendency

indicated by the Pd score, but overshadowed by tendencies indicated by the relatively higher scores of other scales: Type V, with predominant neurotic scores; Type VI, with predominant psychotic scores; Type VII, with both neurotic and psychotic scores predominant, and Type VIII, with a predominant hypomanic score. By the addition of these types, the system was expanded to provide not only for the classification of four predominantly psychopathic deviant types, but also for other abnormal personality types, in the profile patterns of which psychopathic deviation might play a subordinate though significant part.

The development and use of these categories made possible a sorting and classification of the four hundred and eighty-two inmate profiles with a minimum of ambiguity and no "unclassified" residual category.

The tables on Pages 72 and 73 show the number and per cent of profiles classified in each category.

It may be noted in passing that 73 per cent of the profiles fall in Classes A and B of the several types, indicating severe or pathological abnormality of the respective trait configurations, and 53 per cent fall into the four predominantly psychopathic types. The criteria for all Class A and most Class B profiles include Pd scores at the pathological level of intensity, whether they represent predominantly psychopathic types or not.

Numerical class and type distribution of four hundred and eighty-two inmate profiles:

Type	Class						Total
	A	B	C	D	E	F	
I	28	25	12	3	1		69
II	18	48	8	12	1		87
III	36	12	2				50
IV	55	11	1				67
V	23	21	5	2			51
VI	7	17	3				27
VII	23	29	46	25	3	1	127
VIII	4						4
TOTAL	194	163	77	42	5	1	482

Percentage class and type distribution of four hundred and eighty-two inmate profiles:

Type	Class						Total
	A	B	C	D	E	F	
I	5.79	5.17	2.48	.62	.21		14.28
II	3.72	9.93	1.65	2.48	.21		18.01
III	7.45	2.48	.41				10.35
IV	11.38	2.27	.21				13.87
V	4.78	4.34	1.03	.41			10.55
VI	1.45	3.52	.62				5.59
VII	4.78	6.00	9.52	5.17	.62	.21	26.29
VIII	.83						
TOTAL	40.14	33.71	15.92	8.68	1.04	.21	100.00

Chapter VIII

Prediction of Personality Characteristics and Behavior Patterns

The primary purpose in development of the classification system has been to establish criteria for categories to be used in the prediction of personality characteristics and behavior patterns. The value of such a system is proportional to its predictive effectiveness and accuracy.

As yet no quantitative data have been obtained serving to verify directly the system's predictive accuracy and effectiveness, owing to the recentness of its development and the consequent lack of time in which to test it.

However, it has been possible to establish certain limited areas of prediction for each category on the basis of the character of the traits figuring predominantly in the pattern determining each type. These areas of prediction were derived inferentially from the predictions of the several separate traits, as they have been designed by the authors of the MMPI³⁷

³⁷ Hathaway, S. R., and McKinley, J. C., Manual for the Minnesota Multiphasic Personality Inventory, 4 ff.

and clinically verified.³⁸ The initial predictive areas summarized below will provide the basis for extensive verification of the system's effectiveness and value, and will establish points from which prediction may be expanded in scope and detail. As presented here, the areas of prediction are suggestive of Class A intensities of the several types. Classes of lower order under each type may be expected to exhibit similar characteristics at correspondingly decreasing levels of intensity of abnormal tendency.

Type I. Stable Psychopath:

Predominant traits are Pd and Ma. Psychopathic characteristics and behavior (as described in Chapter IV) may be expected, in addition to which may be expected poor impulse control (indicated by Ma score).

Type II. Unstable Psychopath:

Predominant traits are Pd and Ma, on the basis of which may be expected characteristics simi-

38 Houk, T. W., "Use of the MMPI in Diagnosis of Psychoneuroses", Northwest Medicine, Vol. 45, No. 4, April, 1946; Hunt, F. F., et. al., "A Study of the Differential Diagnostic Efficiency of the MMPI", Journal of Consulting Psychology, Vol. XII, No. 5, Sept.-Oct., 1948; Morris, W. W., "A Preliminary Evaluation of the MMPI", Journal of Clinical Psychology, Vol. III, No. 3, May, 1947; Benton, A. L., and Probst, K. A., "A Comparison of Psychiatric Ratings with MMPI Scores", Journal of Abnormal and Social Psychology, Vol. 41, No. 1, Jan., 1946.

lar to those displayed by Type I. In addition, characteristics of one or more other prominent but secondary traits (neurotic or psychotic) may be expected to be manifested.

The table below indicates briefly the character attributed to these traits by the authors of the MMPI and verified by the studies cited in Chapter II.

Neurotic Traits:

Hypochondriasis (Hs): characterized by imaginary ailments used as a device for escaping reality.

Depression (D): characterized by a tendency toward abnormal (especially suicidal) depression, loss of interest in life, low level of optimism.

Hysteria (Hy): characterized by the conversion of mental conflict into real somatic disabilities, such as tics and paralyses.

Psychotic Traits:

Psychasthenia (Pt): characterized by compulsive and involuntary action.

Paranoia (Pa): characterized by systematized delusions, especially of reference, persecution, or grandeur.

Schizophrenia (Sc): characterized by multiple personality, unsystematized delusions, introversion, and loss of contact with reality.

Type III. Stable Non-hypomanic Psychopath:

Predominant trait is Pd, on the basis of which

may be expected characteristics similar to Type I, but with less defective impulse control.

Type IV. Unstable Non-hypomaniac Psychopath:

Predominant trait is Pd, on the basis of which may be expected characteristics similar to Type III. Additional characteristics of one or more prominent but secondary psychotic and/or neurotic traits may be expected (see Type II).

Type V. Neurotic:

Predominant trait or traits may be Hs, D, and/or Hy. Characteristics in accordance with these traits may be expected (see Type II). Secondary psychopathic characteristics and behavior may also be expected in proportion to the level of abnormal intensity indicated by the Pd score.

Type VI. Psychotic:

Predominant trait or traits may be Pt, Pa, and/or Sc. Characteristics in accordance with these traits may be expected (see Type II). Secondary psychopathic characteristics and behavior may also be expected in proportion to the level of abnormal intensity indicated by the Pd score.

Type VII. Complex, Neurotic and Psychotic:

Predominant traits will include one or more neurotic and one or more psychotic. Characteristics in accordance with these traits may be expected (see Type II). Secondary psychopathic characteristics and behavior may also be expected in proportion to the level of abnormal intensity indicated by the Pd score.

Type VIII. Hypomanic:

Predominant trait is Ma. Normal characteristics and behavior may be expected, with the exception of a pronounced tendency to lack of impulse control.

These areas of prediction are of limited value in their present state of development in several respects. They are inferentially based. As yet, they are unverified. In the succeeding chapter possibilities of their development beyond these limitations will be discussed.

Chapter IX

Further Development of the Classification System

In spite of existing limitations, the classification system comprised by these categories of type and class has possibilities for development into an effective device for the extensive prediction of personality characteristics and behavior patterns.

This development is contingent upon the classification of a larger group of inmate profiles, and verification of the areas of prediction summarized in the preceding chapter through detailed scrutiny of the personality characteristics and behavior patterns manifested by their subjects over an extended period of time.

Such verification will not only provide an empirical basis for correction of the present inferentially based areas of prediction, insofar as they may prove inaccurate, but will also make possible their extension in range and in detail, as bodies of data concerning subjects' characteristics and behavior patterns are built up which may be correlated with type and class categories. Kinds of data which will contribute to the verification will include social and medical case histories, psychiatric diagnoses, and the results of other personality tests, both of the projective and of the inventory kind.

Plans are also being made for application of the classification system to other groups, through which similar operations of verification may be performed and extension of the predictive areas accomplished. Such groups will include clinically diagnosed mental patients, inmates of other institutions, and samples of the general population.

Some other factors must be taken into account in considering further development of the classification system:

As has been noted earlier, the MMPI (on which the system is based) is itself an experimental device undergoing improvement, both in the revision of old and addition of new scales, and in methods of profile reading and interpretation. As such changes take place in the basic instrument, corresponding revisions and consequent improvements will result for the classification system.

A further source of development may lie in the sorting of more extensive groups of profiles in terms of the criteria of the present categories. As now set up, the system lays no claim to an absolute comprehensiveness. As the sorting of larger numbers of profiles takes place, there is a probability of encountering patterns of score combinations which lie outside of existing cate-

gories. These may require the modification of present categories or the addition of entirely new ones.

On the basis of these developments, the system may evolve into a device with a high level and wide range of categorizing and predictive effectiveness.

Chapter X

Summary and Conclusions

The testing project and the classification system which it has developed have made significant contributions to the Texas Prison System's program of improvement, and, it is believed, will continue to do so.

The earlier phases of the project contributed by gathering evidence of the prevalence of mental abnormalities and maladjustments among the inmates, by indicating the need for taking such factors into account in further planning and implementation of the program, and by providing the accumulation of data necessary to preliminary development of the classification system.

The contribution of the phase of the project represented by construction of the system itself lies in having taken the initial steps toward development of a device and techniques for the categorization of inmate personality types and prediction of corollary characteristics and behavior patterns. These steps have provided a foundation for the establishment of procedures with a potential value in effectuating the program's aims, both in making control and reduction of inmate behavior resulting in administrative problems more practicable, and in enabling the prison to function more effectively as

an instrument for the treatment, rehabilitation, and eventual return to freedom as happy and useful members of society of a maximum number of those committed to its care.

Some of the possible procedures whereby the device and its techniques might be used in implementation of these aims may be as follow:

The advance noting of incoming inmates with personality disorders which would result from the classification system's incorporation into the Prison's regular quarantine-period procedure would provide the administration with a basis for taking appropriate action. Inmates whose personality types indicated a probability of their manifesting problem producing behavior could be given special attention to divert, control, or modify their behavior, through segregation, special surveillance, and treatment. Those with personality types in pathological classes might be separated for psychiatric diagnosis and treatment, while those with less severe personality disturbances could be referred for counseling or other therapy. Not only could these procedures serve to diminish such problems produced by inmate behavior as were noted in Chapter I, but, insofar as they could lead to effective treatment, might also assist in reducing substantially the number of inmates who, committed to prison on account of criminal activity result-

ing from mental disorder, are returned to society upon the expiration of their sentence with the mental disorder unnoted, untreated, aggravated, or--at best--unchanged by the incarceration--only to be convicted again as a result of similar activity, and returned to prison.

Other procedures might include periodic re-testing and re-classification, to be performed whenever information is desired regarding the current stability and reliability of the personalities of inmates being considered for positions of responsibility, such as trusty or hospital orderly. The Board of Pardons and Paroles might also use re-tests and re-classifications as indices of inmates' rehabilitative status and prospects of successful parole adjustment, insofar as these may become predictable through use of the classification system.

It should be emphasized again that, in the current state of development of the system, its predictive effectiveness has not been subjected to rigid empirical verification. Therefore, it represents at present only a tentative experimental device with an as yet undetermined potential.

Thus, the preceding and other possible valuable procedures are as yet only in the planning stages, and their future implementation and consequent service to the program of improvement are dependent on the system's

further development as indicated in Chapter IX.

However, the work necessary to this development is being continued, and the eventual fulfillment of the device's potentialities and the incorporation of its expanded and verified techniques into the established procedures of the Texas Prison System are anticipated.

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