PART I

Conceptual History
The fascination and risks inherent in psychiatric thinking lie in the complex nature of psychiatric disorders, which is characterized by an intricate interplay of somatic functions, learning processes, acquired attitudes and situation-specific influences. This is particularly evident with accentuated personality constitutions which conceptually, nosologically and diagnostically transcend and touch on various disciplines: the broad range between the healthy condition and a pathological development, between successful adaptation and dissocial development, and between constitutional temper and character variants and psychiatric illness. Moreover, the field dealing with deviant personalities is susceptible to misinterpretation in terms of anthropology, sociopsychology and criminological policy: instead of as a physician, the psychiatrist can be perceived as an instrument with which to implement law and order. This is particularly important when dealing with dissocial behavior, which is why, in Der Mann ohne Eigenschaften (‘The Man without Features’), Musil warned our profession against becoming the backup angel of justice.

The concept of psychopathy results from a confluence of views entertained in the French, German and Anglo-American psychiatric traditions. Well into the twentieth century, sociocultural factors caused these concepts of psychopathy to develop more or less independently. This chapter deals with all three traditions – the development of standard nomenclatures and a brief enumeration of the main conceptual milestones is given in Table 1.1. A more detailed overview can be found in Saß (1987) and Saß and Herpertz (1995).
Table 1.1  Milestones in the history of the concepts of personality disorders and psychopathy

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<thead>
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<th>Concepts of personality disorders and psychopathy</th>
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<td><strong>French concepts</strong></td>
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<td>Manie sans délire [Mania without delirium]</td>
<td>(Pinel, 1809)</td>
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<tr>
<td>Les Monomanies [Monomania]</td>
<td>(Esquirol, 1839)</td>
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<td>Dégénérés [Degenerates]</td>
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<td>Delinquente nato [The born criminal]</td>
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<td>Déséquilibration mentale [Mental instability]</td>
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<td><strong>Anglo-American concepts</strong></td>
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<td>Moral alienation of the mind</td>
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<td>Moral insanity</td>
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<td>Sociopathy</td>
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<td>Psychopathic states</td>
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<td>Psychopathische Minderwertigkeiten [Psychopathic inferiorities]</td>
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<td>Konstitutionelle Degeneration [Constitutional degeneration]</td>
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<td>Psychopathische Persönlichkeiten [Psychopathic personalities]</td>
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THE FRENCH CONCEPT OF PSYCHOPATHY

Mania without Delirium

Pinel’s concept of a manie sans délire (mania without delirium) can be looked upon as the beginning of the scientific study of personality disorders (Pinel, 1809). For the first time in contemporary psychiatry the field of deranged personality was conceptualized as a nosologic entity.

According to its rationalistic way of thinking, the eighteenth century regarded mental diseases exclusively as disturbances of the intellect. Pinel was one of the first to stress that in some disorders it was the emotions which are primarily involved while the intellectual functions are essentially undisturbed. In his well-known dissertation ‘Medico-Philosophical Treatise on Mental Derangement’ (Traité médico-philosophique sur l’aliénation mentale) he distinguished between five nosological categories: melancholia, mania without delirium, mania with delirium, dementia and idiocy. Pinel gave some examples of what he regarded as mania without delirium; only one description of which stands out for extreme emotional instability, and dissocial tendency would probably fit our present diagnostic view, whereas today the other disorders would be considered to be cases of epilepsy and paranoid schizophrenia. Path-breaking was not Pinel’s diagnostic concept, but his empirical observation of a syndrome which shows disturbance of emotion and behavior without intellectual deficits.
With respect to etiology, Pinel considered an inadequate education or a perverse, unrestrained constitution and therefore alluded to the discussion of whether psychopathy is the result of psychosocial development or is primarily endogenous and hereditary-based. Despite the efforts of nineteenth-century psychiatrists such as Pinel, the definition of madness remained in the main cognitive in nature (Berrios, 1985). Indeed, to this day, disorders of affect have been rather neglected in psychiatric phenomenology, at least in comparison to the intensive concern with cognition and perception.

Monomania

Esquirol (1839), the most prominent student of Pinel, developed the idea of monomania, a diagnostic category, which in succession of his teacher also referred to disorders of the noncognitive side of personality. Esquirol presented his concept in his main work ‘Mental Diseases’ (Des Malades Mentales), wherein he proposed a distribution of mind in understanding, will and feeling. Defects of understanding were named ‘intellectual monomanias’. ‘Instinctive monomanias’ meant changes of will, so that subjects are forced to act and behave in a way that does not correspond to their wishes. The group of illnesses called ‘affective monomanias’ subsumed changes of emotions which cannot be controlled.

Finally Esquirol extended his theory of monomania to the point of circularity. He worked out conceptions of circumscribed monomanias so that a single behavioral disturbance became the only criterion needed to diagnose the condition. Well-known examples are pyromania, kleptomania, erotomania and even homicidal monomania. His concept of monomanias is seen in present classification systems with their diagnostic categories of disorders of impulse control, kleptomania and pathological gambling, for example. The idea of monomania also had great influence on the further scientific work on psychopathy at the turn of the twentieth century: the instinctive monomanias transitioned easily into ‘Impulsives Irressein’, that is the impulsive insanity of German psychiatry; the affective monomanias were one of the roots of the British concept of moral insanity.

Nevertheless, Esquirol’s concept of monomania also met with severe criticism from a psychopathological view as well as from medico-legal reasoning. One of the most significant critics was the great German psychiatrist Griesinger (1845), who can be looked upon as the founder of the biological epoch of psychiatric research. He emphasized that every single idée fixe is the expression of a deeply deranged psychic individuality and probably an indicator of an incipient form of mania. In regard to criminal law, he proposed that the procedure first look for evidence of a mental disease before and after the criminal act and not to consider the act itself as a significant criterion of a presumably abnormal state of mind.

The Theory of Degeneration

A work which proved to be of great significance for further concepts of abnormal personalities was Morel’s ‘Treatise on the Physical, Intellectual and Moral Human Degenerates and the Causes which Produce these Various Diseases’ (Traité des dégénérescences physiques, intellectuelles et morales de l’espèce humaine, 1857). Morel’s idea of degeneration was not primarily a scientific one but traced back to philosophical thinking and to a religious worldview. In close connection with Genesis, degeneration was looked upon as the true nature
and destiny of mankind after the Fall. Morel worked out a theory of degeneration which included three characteristics: (i) Degenerative alterations are pathological deviations from normality. (ii) Mental diseases are mostly hereditary. Originally caused by harmful external influences, the disorders are inscribed into the biology of the subject and are passed on from generation to generation, with ever increasing pathological deviation and even progressive deterioration within one’s own lifetime (hence, the idea of progressive degeneration). (iii) Degeneration not only occurs quantitatively, with the same symptoms getting worse, but also qualitatively, resulting in completely new disorders. According to Morel’s model, all variants of mental and even neurological syndromes can be traced back to one common hereditary origin (the idea of polymorphic heredity).

Consequently, his nosology of mental diseases was no longer symptom-based but was grounded in his hypothetical etiology of disorders. Morel divided the hereditary madnesses (les folies héréditaires) into different categories corresponding to an increasing degree of degeneration. He started with groups of individuals who presented with no severe defects of cognitive functions but rather stood out for their eccentricity, emotional instability, disregard for rules, unreliability and absence of sense of duty. They suffered from folie morale, a notion that was similar to the British concept of ‘moral insanity’.

In the middle of the nineteenth century Morel’s conception of progressive and polymorphic degeneration was generally accepted as the source of most mental illnesses. Second only to Morel, the psychiatrist Magnan (Magnan & Legrain, 1895) was the most famous representative of the theory of degeneration in France. Magnan dissociated himself, however, from Morel’s religious point of view and regarded himself as a disciple of Darwin. It was Magnan who formulated the concept of predisposition as a result of hereditary transformations, which could be either latent (not yet expressing themselves in any symptoms) or manifest since birth. Mental disorder was thus an expression of degenerative changes of cerebro-spinal centers as its neurophysiological substrate. It induced a fateful, lifelong fragility, which made the individual vulnerable to fail through difficult environmental influences. In his opinion the progressive evolution of man was constantly endangered by destructive influences which caused degeneration by ruining man’s mental equilibrium. Magnan also distinguished different degrees of degeneration, the least degenerated class being the ‘higher degenerates’ (dégénérés supérieurs), who appeared to have significant affective disturbance but no intellectual deficits.

Ideas of degeneration theory were also expressed by the well-known Italian psychiatrist Lombroso (1876) who developed the central idea of the ‘born criminal’ (delinquente nato). Inspired by Darwin’s evolutionism, he regarded a criminal individual as a form of human atavism, a step back in the phylogenesis of mankind. According to his opinion, criminal acts were rooted in biology and the criminal could be recognized by specific anatomical stigmata of degeneration. He was considered to lack higher nervous centers, which represent moral faculties. Social prognosis was very poor. Although Lombroso’s ‘social-Darwinistic’ concept was heavily criticized, his thoughts have obviously maintained some subliminal significance and have supported prejudice against mental illness and psychopathy.

After the First World War, Dupré (1925) was the true founder of the concept of mental instability (déséquilibra tion mentale). However, within the beginning of the twentieth century the idea of degeneration was abandoned. Instead the doctrine of constitution, which is connected with German views of a hereditary-based psychopathic constitution, gained in importance.
DEVELOPMENT OF PSYCHOPATHIC DISORDERS

Summary

The French psychiatry of the nineteenth and early twentieth centuries with its synthesis of
doctrines of Pinel, Esquirol, Morel and Magnan gave momentum to the development of
additional concepts of psychopathy. An important concept following that of mania without
delirium was Prichard’s ‘moral insanity’ (1835), which as well was influenced by the French
school, as it responded to the research on mental diseases in France. After other modifications
by German psychiatry the process of development went on from the concept of ‘higher
degenerates’ (dégénérés supérieurs) to ‘unbalanced degenerates’ (déséquilibrés dégénérés)
and eventually to the constitutionally unstable (déséquilibrés). In regard to the classification
of syndromes, the main element of the French concept is that psychopathy represents
disorders of emotion and social behavior while intellectual functions remain undisturbed.
From the pathogenetic point of view, the idea of an inborn constitution combined with
psychic instability and fragility was favored.

THE ANGLO-AMERICAN CONCEPT OF PSYCHOPATHY

Great Britain

The Concept of Moral Insanity

Prichard’s (1835) definition of ‘moral insanity’ was based in part on the earlier thoughts
of French psychiatry. He gave the following definition of moral insanity: ‘...madness,
consisting in a morbid perversion of the natural feelings, affections, inclinations, temper,
habits, moral dispositions, and natural impulses, without any remarkable disorder or defect
of the interest or knowing and reasoning faculties, and particularly without any insane
illusion or hallucinations’ (p. 6).

Lest ‘moral insanity’ be interpreted in purely moralistic terms, the reader must bear
in mind that the word ‘moral’ has various meanings in different languages. These various
possible meanings have given rise to confusion and misunderstandings. One can distinguish
between the following meanings: (i) ‘Moral’ can describe a method of treatment which
made use of psychological methods and environmental influences. (ii) In a nonbiased sense
‘moral’ was used for the affective and volitional, in contrast to the intellectual side of man’s
nature. (iii) In its limited context ‘moral’ was a synonym for ‘ethical’, which is also the
contemporary meaning of the word.

Prichard’s ‘moral insanity’ essentially denoted the second broad meaning of the word, and
can therefore be translated with terms such as ‘emotional’ and ‘affective’. Similar to Pinel,
he relinquished the view that mental disorders were only disturbances of the intellect, but
he considered other dysfunctions beyond just the cognitive (cf. Berrios, 1993). One might
speculate that today’s shift in meaning favored an early tendency to restrict the concept of
abnormal personality to a type of habitual social deviation and criminality. Etiologically
Prichard considered different causes of moral insanity, ranging from cases in which the
defect is constitutional to those with ‘a well-marked change of character’ resulting from
‘moral shock’ or from ‘fever’ (Tuke, 1884, p. 80). Epilepsy was associated with moral
insanity as well. Therefore, it seems to have been a broad heterogeneous group of mental diseases under which Prichard subsumed this nosological entity.

The well-known English psychiatrist Maudsley (1874) strove for clarification between evil as an expression of mental derangement in the sense of moral insanity on the one hand and as that of an eccentric and dissolute personality on the other hand. In his prominent medico-legal work, Responsibility in Mental Diseases, he resisted many lawyers of his day who considered moral insanity to be just a ‘groundless medical invention’ (p. 68) and argued for the acceptance of the concept of diminished criminal responsibility in English law. In contrast to his contemporaries, Maudsley believed that emotions and impulses alone, without disturbed reason, could drive one to commit criminal acts.

The Concept of Constitution and the Psychopathic State

For a long time in the twentieth century, the British concept of psychopathy was shaped by Henderson (1939), a Scottish disciple of the American psychiatrist Adolf Meyer (1903), Henderson considered ‘psychopathic states’ to be constitutional abnormalities. In contrast to others, especially German psychiatrists, he conceived of the constitution as resulting from both heredity and environment. He defined three psychopathic conditions: Those that were (i) predominantly aggressive; (ii) predominantly inadequate and (iii) predominantly creative. While the third type was not commonly applied, the inadequate and aggressive types of psychopathy entered into the Anglo-Saxon concepts of personality disorders that were mainly characterized by dissocial traits. The British ‘Mental Health Act’ still uses the term ‘psychopathic disorder’ exclusively in the sense of abnormally aggressive and irresponsible behavior. The term ‘psychopathic disorder’ is also used in psychiatric literature to refer to aspects of personality that have relevance in forensic psychiatry (Saß & Herpertz, 1994).

Even today the ambiguous meaning of the term ‘psychopathy’ has persisted. On the one hand it serves as a general term for different abnormalities of personality – both neurotic and psychopathic. On the other hand it is used as a specific term for the aggressive, dissocial type of offender who is prone to recidivism.

Besides its legal significance, Henderson assumed that psychopathic conditions hold special importance with regard to the prognosis of mental diseases in general: ‘It is the underlying psychopathic state which constitutes the rock on which our prognosis and treatment in relation to many psychoneurotic and psychotic states becomes shattered’ (Henderson, 1941, p. 37).

Understanding Psychopathy as a Dissocial Disorder

By providing inclusion and exclusion criteria, Craft (1966) formulated the first operational view of psychopathy in the sense of a dissocial disorder. As ‘primary’ features he identified lack of feeling towards other human beings and a tendency to act on impulse. As secondary features he listed aggressiveness, absence of shame and remorse, an inability to profit from experience and a deficit of drive or motivation. The presence of psychosis, a significant mental disability or normal criminal motivation excluded the diagnosis of psychopathy (Craft, 1966, p. 5).
North America

Disease of the Moral Faculty

Benjamin Rush (1812), known as the ‘father of American psychiatry’, was the first Anglo-American psychiatrist who studied individuals whose disturbances were primarily characterized by irresponsibility, unscrupulousness and aggressiveness. Rush spoke of ‘perversion of the moral faculties’ and of ‘moral alienation of the mind’. He believed that reprehensible acts were manifestations of mental diseases, which were committed without motive and were driven ‘by a kind of involuntary power’ (Rush, 1827, p. 261). As with historical British concepts, we find the main accent on dissocial and amoral aspects in early American ideas about psychopathy.

Moral Mania

By the change of the century in America, it was Ray’s idea of ‘moral mania’ which was most closely associated with European concepts of psychopathy (Ray, 1838). Based on his familiarity with phrenology, he believed in well-defined cerebral localizations for both intellectual and emotional faculties. This facilitated his acceptance of the idea of ‘moral insanity’. However, a lively dispute took place around him, which not only involved scientific assessments but also religious and philosophical ideals.

The Difference between Constitutional Inferiority and Neurosis

Adolf Meyer (1903) contributed to the subsequent distinction between psychopathy and neurosis. He designated neurasthenia, psychasthenia and hysteria as forms of neurosis that he distinguished from constitutional inferiority. Here he included a large group of various inferiorities, which were not sufficiently differentiated to be regarded as definite mental diseases. As views shifted away from the concept of definitely inherited conditions, the term constitution was conceived in the broad meaning of early and permanently fixed characteristics of the mind. Towards the end of the 1920s ‘constitutional inferiority’ was replaced by ‘psychopathic personality’ in the Anglo-American nomenclature. Partridge (1930) was one of the main advocates of the new concept of psychopathy. He described personalities whose abnormality was mainly expressed in impulsiveness and in moral deficiency.

Psychoanalytic Views on Psychopathy

After Freud’s work on Character and Anal Eroticism (1908), Alexander (1928) and Reich (1933) proposed the concept of ‘character neurosis’. They argued that neurosis manifests itself not only in circumscribed symptoms but also in the character as a whole.

Alexander limited his definition of ‘neurotic character’ to those cases wherein individuals act out their deviance with impulsive behavior. According to him most criminals suffer from
an unconscious conflict between parts of the ego, and they surely possess a superego. But, instead of suffering from symptoms, they disturb other people (actions instead of symptoms). Later the difference between the ego-syntonic psychopath and the ego-dystonic neurotic became established.

Reich (1933), in turn, regarded character primarily as a defensive structure against inner impulses and external stress. In contrast to Alexander, he rejected a principal difference between symptomatic neurosis and character neurosis and assumed that the neurotic character is the basis for every neurotic symptom. Based on this hypothesis, he developed a special form of character analysis. Reich was of the opinion that character neurosis stands for the integrated product of symptoms that can no longer be averted. Character neurosis can therefore be looked upon as the progressive effort at adjustment in contrast to the regressive symptom-neurosis.

Psychopathy and Sociopathy

As explained above, the concept of psychopathic personality was increasingly narrowed until it basically meant dissoical behavior. Therefore it seems to be consequent that Partridge proposed the notion ‘sociopathy’ for this main psychopathic group. ‘Sociopathy’ was defined as a persistent maladjustment that cannot be corrected and brought into normal social patterns by ordinary methods of education or by punishment. Although the sociological perspective with its focus on behavioral disturbances had existed since the beginning of the development of psychopathy concepts, it now gained more and more importance. Patridge wrote:

We might say that pragmatically the psychopath is mainly reduced to types which are of importance from the standpoint of society and the effect of personalities adversely upon the social life seems to be recognized as a justification for a category within the field of the psychopathological in its more individual and subjective aspects (p. 75).

From the time of Partridge, the emphasis has been on descriptions and etiological speculation has taken the back seat (e.g., concepts regarding degeneration, constitution, psychodynamic background).

To this day the restriction of ‘psychopathy’ to the dissocial ‘sociopathy’ dominates the Anglo-Saxon sphere, so that both expressions and also the new term ‘antisocial personality disorder’, of DSM-III (American Psychiatric Association, 1980), and later on in DSM-III-R/DSM-IV, are used virtually as synonyms.

Idiopathic and Symptomatic Forms of Psychopathy

Karpman (1941) suggested a distinction between idiopathic and symptomatic forms of psychopathy. Under ‘symptomatic psychopathy’, he grouped all those reactions that were basically neurotic and therefore could be traced back to intra-psychoic conflicts. According to Karpman there was another smaller group of true psychopaths whose behavior could not be explained by any psychodynamic formulations. He considered these ‘anethopaths’ to lack a conscience.
**The Idea of Semantic Dementia**

Cleckley (1976) had remarkable influence on American conceptualizations of psychopathy. His famous treatise, *The Mask of Sanity*, went through five editions, the last in 1976. It contained a number of case reports that reflected the clinical–intuitive procedure of the author and became the basis of empirical research on psychopathy in North America. Cleckley’s ‘psychopath’ was characterized by dissocial behavior which could not be deduced from any adequate motivation and which was caused neither by psychosis nor neurosis nor mental handicap. He listed 16 criteria which he thought to be typical and distinctive for psychopathy including: superficial charm and undisturbed intelligence; unreliability and insincerity; inability to accept blame or shame; failure to learn from experience; pathological egocentricity and incapacity for love; lack of emotions in general; impersonal and poorly integrated sexual relationships; inability to follow one’s aim in life. Indeed, the DSM-IV concept of antisocial personality disorder (American Psychiatric Association, 1994) includes most of these criteria. Cleckley was convinced that ‘psychopathy’ should be accepted as a ‘severe disease’ having the quality of a psychosis that had not manifested itself. Cleckley minted the speculative notion of ‘semantic dementia’. It described the incapacity of the psychopath to have central human experiences with any degree of emotional depth, even though intellectual understanding is undisturbed. A similar picture of the psychopath was offered by the sociologists McCord and McCord (1964) who researched the long-term association between psychopathy and criminality.

**The Concept of Dissocial Personality Disorder**

In his well-known monograph *Deviant Children Grown Up*, Robins (1979) described a population of more than 500 males who were observed over a period of 30 years. This data gave the most important empirical basis for the current concept of antisocial personality disorder in the United States. The conclusion of a synopsis of 29 great inquiries about course and prognosis of dissocial personality disorder was as follows: The degree of dissocial and especially aggressive behavior in childhood and youth can be looked upon as the best early predictor for developing a sociopathic disorder. This finding also supported the wide-spread supposition that disordered personality traits are stable and enduring.

**Summary**

The development of conceptions on ‘psychopathy’ proceeded quite homogeneously in the Anglo-American area. Significant was the early restriction of the concept of personality disorders to a type of habitual social deviation and criminality. This tendency already emerged in the narrow usage of the term ‘moral insanity’ and later in the concept of ‘psychopathy’ and finally ‘sociopathy’. Early on, American psychiatrists absorbed psychoanalytic views that were based on the idea that most abnormal personalities and even criminals suffer from a neurotic unconscious conflict. Therefore the differentiation between an idiopathic and a neurotic symptomatic form was accomplished. The basically neurotic psychopath
was supposed to act out his impulses in deviance. Beside psychoanalytic ideas etiological speculations such as the concept of ‘anethopathy’ or ‘semantic dementia’ refer to the assumption of a basic mental and spiritual defect which cannot be explained by any psychodynamic formulation and which is regarded as responsible for the individual’s inability to have central human experiences.

THE GERMAN CONCEPT OF PSYCHOPATHY

Psychopathic Inferiorities

In Germany the term and concept of ‘psychopathy’ came to embrace most forms of abnormal personalities. Up to the 1840s ‘psychopathy’ meant what the etymologist would expect: for von Feuchtersleben (1845) ‘psychopathy’ meant a psychological defect, psychosis or illness of personality. However, the current German meaning is traceable to Koch (1889) who first applied the term ‘psychopathic inferiorities’ (Psychopathische Minderwertigkeiten) for anomalies of personality in his Handbook of Psychiatry.

In Germany, through his monograph Psychopathische Minderwertigkeiten (1891–93), Koch gained recognition for his conceptualization of abnormal personalities, similar to his predecessors Pinel in France, Rush in the United States and Prichard in Great Britain. The German ideas of psychopathy influenced French and Anglo-American views. This was more noticeable after the 1930s when many German-speaking psychiatrists and psychoanalysts emigrated to these countries.

In his group of ‘psychopathic inferiorities’ Koch included a wide range of conditions that mostly stood out because of minor mental defects. It is remarkable that he already described some definite forms of psychopathic inferiority in the sense of our present concepts of psychopathy. Therefore, it was Koch who not only established our present notion of psychopathy as an integral part of today’s use of language in psychiatry, but he also contributed to the currently still valid concept of psychopathy in the manner of a typology.

Koch divided the ‘psychopathic inferiorities’ into congenital and acquired, and each of these categories into psychopathic predisposition, psychopathic defect and psychopathic degeneration. In his expositions many of the psychopathic types of later concepts were already identified. For example he referred to those individuals who are distinguished by psychic fragility (psychische Zartheit), as having a weak, vulnerable constitution.

In the 1840s, Griesinger (1845) defined ‘nervous constitution’, the ‘sensitive weakness’, as that individual predisposition that can lead to mental suffering and to loss of mental stability. Griesinger and Koch’s concepts corresponded somewhat with the French ideas of mental instability (désequilibration mentale) and to the idea of asthenia which gained considerable importance later in German psychiatry.

In contrast to the Anglo-American sphere, the German concept of personality disorders was thus broader, and included far more than disocial criteria. Nevertheless, Koch’s term ‘inferiority’ also led to negative connotations and even moral condemnation. Although one does not encounter explicitly pejorative intentions in the writings of Koch, it was probably also he who provided the unfortunate amalgamation of aspects of amorality, inferiority and socially harmful behavior.
**Psychopathic Constitutions**

Ziehen (1906) developed Koch’s views one step further but preferred to speak of ‘psychopathic constitutions’ which were also considered to be genetic in nature. In his writing *Mental Diseases of Childhood (Geisteskrankheiten des Kindesalters)*, Ziehen presented 12 forms of psychopathic constitutions, among them the hysterical, the neurasthenic, the depressive, the hyperthymic, the paranoid and the obsessive types.

**Psychopathic Personalities**

*A Predominantly Social-Judgment Concept of Psychopathy*

Kraepelin’s concept of psychopathy was influenced by the French theory of degeneration (Kraepelin, 1896) and in turn formed the basis of Kurt Schneider’s typology, and through the latter, of today’s well-established German view of psychopathy.

In successive editions of his textbook Kraepelin continued to develop his concept of ‘psychopathic conditions’ in the meaning of our current view on abnormal personalities. The expression *Die psychopathischen Zustände* appeared for the first time in the fifth edition (1896) and consisted of compulsive conditions, impulsive insanity, homosexuality and disturbances of the mood, the so-called *konstitutionellen Verstimmungen*. In the seventh edition (Vol. 2, 1904), under the heading ‘Insanity of Degeneration (*Entartungsirresein*)’, he treated the anomalies of personality considerably in the tradition of the theory of degeneration. After that an innovation was introduced: henceforth, Kraepelin distinguished between ‘original disease conditions’ (*Originäre Krankheitszustände*) – the group he had earlier called psychopathic states – and psychopathic personalities (*Psychopathische Persönlichkeiten*). The latter were regarded as stable psychopathic conditions corresponding to personality defects. Kraepelin employed the term ‘psychopathic personalities’ in a predominantly socially judgmental sense. In the seventh edition he subsumed under this well-known designation the inborn delinquents, the unstable individuals, the liars, the swindlers and the pseudo-querulants. In the eighth edition (1909–15), he named the following types of psychopathic personalities besides those who were dissocial *Gesellschaftsfeinde*: the excitable, the unstable, the *Triebmenschen* (‘driven persons’, relating to impulsive insanity), the eccentrics, the liars and swindlers and the quarrelsome. It is remarkable that Kraepelin now considered the states of disturbed mood – today’s subaffective disorders – not to be psychopathic conditions but primarily attenuated phases of manic-depressive diseases. This change corresponds with current classification systems of mental diseases (cf. Akiskal, 1981).

Birnbaum (1926) also researched the social aspects of psychopathy and in his monograph, *The Psychopathic Offender (Die psychopathischen Verbrecher)*, he concerned himself with the forensic significance of abnormal personality. Birnbaum assumed that psychopathic personalities show constitutionally conditioned deviations in personality of a moderate degree. Following the French theory of degeneration, the criterion of an abnormal, inherited predisposition was of decisive importance for Birnbaum and the psychiatric schools in Germany that followed. Moreover, according to Dupré’s concept of mental instability (*déséquilibration mentale*), he also paid attention to disharmony of personality traits and abnormal lability of mental stability.
During this period there also appeared various forms of systematic typologies. This means that the different psychopathic modes of appearance were inferred from prototypic ideas about the structure of personality. Foremost amongst these is Kretschmer’s *konstitutionstypologisches Modell* (1921). But there were many others. Gruhle (1956) deduced his types from fundamental characteristics of the human mind such as activity, basic mood, affective responsiveness, willpower and so on. Other psychiatrists such as Kahn (1928), Schultz (1928), Homburger (1929) and Rothacker (1947) proposed a hierarchical model of personality (*Schichttypologien*). Others such as Kretschmer (1925) and Ewald (1924) also introduced the notion of ‘Typologies of Reaction’ (*Reaktionstypologien*) which referred to different ways of digesting experiences. After Kurt Schneider’s monograph (1923) was published, the systematic typologies lost most of their significance.

Kretschmer suggested that there was a specific correlation between body type and personality and he divided all people into one of three body types: the pyknic, the leptosomic and the athletic type. The pyknic body type was associated with the cyclothymic character. In Kretschmer’s opinion the boundaries between the normal cyclothymic character, the abnormal cycloid variant and the manic-depressive psychosis were fluid so that mental health and illness were regarded as a continuous phenomenon. Correspondingly the leptosomic and athletic body type were related to a schizothymic temperament and therefore to the schizoid form of psychopathy and finally to schizophrenia.

Kurt Schneider’s famous monograph, *The Psychopathic Personalities* (*Die psychopathischen Persönlichkeiten*) (first published in 1923), takes root in his earlier studies on *The Personality and Fate of Registered Prostitutes* (*Persönlichkeit und Schicksal eingeschriebener Prostituierte*) (1921) wherein he already recognized 12 characterological types. Schneider, like Kraepelin, used a typology approach. However, in contrast to Kraepelin’s predominantly socially judgmental concept with its sociological forms of psychopathic states, Schneider intended to maintain a value-free concept. Therefore, he also incorporated some non-dissocial forms into his typology.

Approaching the problem of psychopathy from the perspective of the normal personality, Schneider regarded abnormal personalities as statistical deviations from an estimated average norm, although this norm was only vaguely conceptualized. For Schneider, however, who also regarded eminently creative or intelligent individuals as abnormal, not all abnormal personalities were of psychiatric significance: ‘Psychopathic personalities are those abnormal personalities that suffer from their abnormality or whose abnormality causes society to suffer’ (1923, p. 6).

Schneider did not consider psychopathy to be a mental illness because according to his idea illnesses were necessarily associated with somatic injury or disease process. In this he opposed Kretschmer and Bleuler who believed psychosis and psychopathy were just different degrees on a continuous scale of derangement.
Schneider’s typology differentiated in detail 10 forms of psychopathic personalities which were based on clinical views and were not intended to be of systematic quality: the hypothyrmic and depressive psychopaths with their stable deviations of mood and activity; the insecure psychopaths with their subgroups of the sensitive and anankastic psychopaths; the fanatics; the self-assertive psychopaths; the emotionally unstable psychopaths; the explosive; the callous; the weak-willed; and the asthenic psychopaths. Especially the subtle descriptions of Petrilowitsch (1966) deepened Schneider’s typology portrayals from the perspective of character pathology.

Schneider’s doctrine influenced all future descriptive typologies. The current classification systems DSM-IV and ICD-10 have also integrated many essential parts of Schneider’s work on psychopathy into their conceptions of personality disorders.

Summary

Our current connotations of the term ‘psychopathy’ trace back to Koch’s ‘psychopathic inferiorities’ which represented a first attempt at a descriptive typology. It is remarkable that already Koch addressed precursor concepts of psychasthenia. Early German writings on psychopathy were highly influenced by the French theory of degeneration. Later French concepts were replaced by German concepts in many respects. Kraepelin’s and Birnbaum’s writings focussed on the social aspects of psychopathy and especially Kraepelin’s dissocial psychopath – der Gesellschaftsfeind – gained special importance. Schneider intended to maintain a value-free concept of psychopathy, however, he did not completely succeed in erasing immoral and pejorative connotations. Until today Schneider’s unsystematic typology has received great interest and caused earlier systematic typologies to fade away. In contrast to Kretschmer and Bleuler, Schneider did not regard psychopathy as a mental disease but as a deviation from average. Thus, he gave up the idea of a continuous scale between psychopathy and psychosis. Up to the present day the German traditional views of psychopathy – especially in the form of Schneider’s concept – have continued to influence psychopathological research on abnormal personalities.

CONCLUSIONS

This last section is intended to deal with some selected historical and conceptual aspects of psychopathy that have developed a special significance for today’s research on personality disorders.

The Strong Emphasis Placed on the Sociological Aspects of Personality Disorder

As we have argued in detail, the concepts of personality disorders have tended towards an unfavorable amalgamation of psychopathological disturbances and social deviation through the nineteenth and twentieth century. Even though the sociological perspective especially dominated the Anglo-American sphere, this historical line of development was to be found
in the French view of degeneration and in the German tradition as well. The strong emphasis placed on the sociological aspects of personality disorder can be demonstrated impressively by the concept of ‘moral insanity’. The disturbance of man’s affective side, in contrast to his intellectual side, was originally regarded as the characteristic of moral insanity. This idea evolved into a predominantly ethical insanity in the sense of a socially reprehensible propensity towards criminality. In spite of contrary intentions, which often remained only as lip service, the emphasis on the harmful social aspects also crept into the German view of psychopathy. Kraepelin explicitly gave up the differentiation between the sociological and psychopathological aspects. The different editions of his textbook present an increasing limitation on his own originally broader concept of socially harmful forms of psychopathy. In the course of time, some primarily psychopathic types, especially those with disturbed mood, were no longer subsumed under disorders of personality but were looked upon as preliminary stages of endogenous psychoses. In contrast to Kraepelin’s late writings Kurt Schneider favored a value-free psychological and characterological point of view that comprised subaffective disturbances. Distinguishing two forms of psychopaths – those who suffer from their psychic abnormality and those from whom society suffers – Schneider achieved a conceptual break and in this way also combined psychopathological and sociological aspects (cf. Saß, 1987).

Nevertheless, the German tradition was constructed more broadly from the very beginning, by introducing a second significant type beside the dissocial forms. This type was the asthenic, feeble psychopath to whom the group of subaffective abnormalities of personality was added later on. One could suppose that this completion contributed to the greater significance the concept of psychopathy achieved in German-speaking countries.

Probably in the Anglo-American sphere the early distinction between the suffering, ego-dystonic neurotic and the disturbing, ego-syntonic psychopath supported the American restriction of the concept of psychopathy to forms of persistent maladjustment to society. Contrary to American development, Schneider’s concept contains the two manifestations of psychopathy mentioned above which partly overlap with the Anglo-Saxon differentiation between neurosis and psychopathy. Thus many of the ego-dystonic neurotics correspond with Schneider’s criteria of psychopathy.

Personality Disorder and Endogenous Psychosis

Psychiatric Concepts

Personality disorders present conditions which belong to a border zone between mental health and current phenomena of everyday life on the one hand and specific mental diseases on the other hand. While fluid transitions between normal and slightly abnormal personalities are generally accepted, the borderland at the other end of the continuum of psychiatric disturbances – including most severe pathology of character and endogenous psychoses – causes greater difficulties (cf. Saß & Koehler, 1983).

The different facets of an ‘idea of continuum’ especially concerned the German tradition of psychiatry beginning with the unitarian concepts of Zeller (1840) and Griesinger (1845) (cf. Saß, 1990). The French theory of degeneration and its idea of polymorphic heredity considered all varieties of mental and neurological syndromes to trace back to one unitary hereditary origin. The French notion of manie sans délire as the forerunner of the later term
‘psychopathy’ stood for the broad field of mental derangement, which was not yet definitely conceptualized but represented a low level on a continuous scale of increasing degeneration. In the development of the German concept of psychopathy, two lines can be distinguished from one another. The first one, above all linked to Kretschmer, claimed gradual transitions between normal personality traits, psychopathies and endogenous psychoses. The other one, represented by Kurt Schneider but also by Birnbaum, Jaspers (1959) and Gruhle, rejected any possibility of a continuous development of endogenous psychosis through intensifying psychopathic traits but insisted on categorical differences. Conceding only a few cases of diagnostic doubt, Schneider challenged psychiatrists to reach a decision as to whether a patient has an abnormal personality or an endogenous psychosis.

Empirical research over the recent decades did not find a significant accumulation of specific personality disorders in the approaches of schizophrenia, for instance in the sense of Kretschmer’s schizoid dimension. Nevertheless, characteristics of increased psychic vulnerability were found. In the field of affective psychoses, typical pre-morbid traits of personality could be ascertained more likely. (cf. Akiskal, Hirschfeld, Yerevanian, 1983) Already Kraepelin referred to subaffective states of disturbed mood as personality features in his early writings.

In the discussion of the concept of unitary psychosis and the ‘idea of continuum’, the structural–dynamic concept, worked out by Janzarik (1988), is worth mentioning. This structural–dynamic approach differentiates the mental whole into two aspects, the dynamic and the structural. Simplistically, ‘dynamics’ means the vital, mostly constitutionally based affective side of man, whereas ‘structure’ refers to the intentions, attitudes and values that are determined to a large extent by life history. Pre-morbid traits of personality are characterized by dynamic and structural peculiarities. Considering the dynamic side, the vulnerability to developing an endogenous psychosis seems to be determined by a basic instability and proneness to psychic derailment. Whether instability leads to a mental disease or not, depends on the situational and personal history factors and on the qualities of the ‘structure’. It is also ‘structure’ which determines the kind of psychotic disorder (e.g., schizophrenic or affective) the individual displays (cf. Saß, 1992).

The completion of purely criteria-based diagnostics of personality through fundamental and ganzheitliche models of personality could usher in a new access to the understanding of mental diseases. Faced with today’s level of knowledge, however, it seems to be useful to base diagnostic classification systems on a multiaxial assessment which registers ‘states’ and ‘traits’ independently and therefore enables further research on possible associations.

**Psychoanalytic Theory of Infantile Development**

From 1913 until 1923 Freud worked out his conception of infantile psychological development which he described as a succession of organization forms of libido under the priority of erogenous (oral, anal, genital) areas. During recent decades psychoanalytic interest shifted from the dominance of sexual drive to the leading role of object relationship and its influence on emotional development. Common to all psychoanalytic schools is the thought that the roots of all psychiatric disorders lie in disturbances during the early formative years. That means specifically that distortions and arrests during these early developmental stages cause conflicts which arise over unresolved infantile sexual drives and especially relationships leading to neurotic or psychotic symptoms in adult life. In this special sense of an ‘idea of continuum’, psychoanalysts have established a continuous sequence of psychiatric
disorders extending over neurosis, psychopathy and psychosis, the severity of the disorder depending on the time when significant traumas were experienced.

**Categories and Dimensions: Two Different Models of Personality**

Historical concepts of personality disorders predominantly present classical typology descriptions of special types of personality. These categorical systems have developed naturally without a systematic and comprehensive scheme. Especially academic psychology promotes dimensional models of personality which conceptualize personality disorders in relation to normally occurring traits, and the dimensions therefore are better suited for empirical verification and broader generalizability. One of the best-known dimensional models of personality is that of Eysenck (1952), who, using factor analysis, reduced the variety of possible traits to the dimensions of extraversion, neuroticism and psychoticism. During the last decade some other dimensional models of personality were proposed which can be related to some extent to one another. Millon (1981) proposes the following three dimensions: ‘self–other orientations’, ‘activity–passivity’ and ‘pleasure–pain’. Widinger et al. (1987) present a differentiated, methodologically demanding attempt to dimensionalize personality disorders. He refers to the dimensions: ‘high social involvement vs. low social involvement’, ‘high assertion or dominance vs. low assertion or dominance’, ‘anxious rumination vs. behavioral acting out’. Cloninger (1987) correlates three dimensions of personality with the neurotransmitter systems and neurogenic mechanisms of learning: ‘novelty seeking’ (dopamergic system), ‘harm avoidance’ (noradrenergic system) and ‘reward dependence’ (serotonergic system). The five-factor model (McCrae & Costa, 1989) derives from Eysenck’s three dimensions and the two dimensions of the interpersonal circumplex model (Wiggins, 1982) and consists of neuroticism, extraversion, openness, agreeableness and conscientiousness. Because of their high level of abstraction, dimensional models still seem removed from clinical realities and remain of secondary importance in clinical usage in comparison with categorical models. New developments in personality research attempt to combine categorical and dimensional elements. Widinger (1991) for example proposes to retain the categorical format of today’s international classification systems but to add weighting diagnostic criteria including a measure of ‘prototypicality’. In this way dimensional elements could improve present categorical prototypic models that are characterized by a clear set of definitional features which ‘are not considered to be singly necessary or jointly sufficient’ (Widinger & Frances, 1985, p. 616). This polythetic rather than monothetic method permits multiple personality diagnoses. From the historical perspective, it is remarkable that the first conceptual roots of prototypic models can be found in the writings of Max Weber and Jaspers (1959) on ‘ideal’ personality types.

**Standardization of Nomenclature**

Until the middle of the twentieth century no single standard nomenclature of mental disorders prevailed. In the United States at least three separate nomenclatures were in use: a standard nomenclature of disease, a project initiated by the New York Academy of Medicine in 1927; a nomenclature developed for use in the Armed Forces; and the Veterans Administration nomenclature (American Psychiatric Association, 1952). Clinicians tended to use diagnostic terms and concepts taught at their medical schools and residency programs,
and the terminology of various educational centers was far from uniform. This frustrated attempts to learn and advance knowledge by sharing information through publications and seminars. It also impeded research because the resulting babble did not allow accurate comparisons of investigative results from different centers. Eventually the American Psychiatric Association developed its nomenclature in the form of its first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I, 1952).

A challenge in gaining general acceptance of any new nomenclature was the disharmony in theoretical orientation of mental health professionals. Names and criteria of mental disorders can reflect etiological assumptions. Adolf Meyer’s psychobiological approach was thought to be more unifying than a strictly biological or psychodynamic model, for example, would have been. Thus, disorders were termed ‘reactions’. Symptoms and aberrant behaviors were considered to contribute to total adaptive reactions to internal (biological) or external (psychological) stresses.

In the first DSM, personality disorders were considered to be pathological conditions, usually lifelong, with little stress or distress, characterized more by behavioral features than subjective symptoms. Three main groups within the category of personality disorders were the sociopathic personality disturbances characterized by failure to conform to social norms. Four disturbances within the sociopathic personality disturbance were antisocial reaction, dissocial reaction, sexual deviation and addiction. Antisocial reaction was described by Clecklian features, such as chronic antisocial behavior, failure to learn from adverse experience and callousness. The condition previously designated as ‘constitutional psychopathic state’ would henceforth be known as antisocial reaction (American Psychiatric Association, 1952).

Less familiar to North Americans, because the term has long been discarded, was ‘dissocial reaction’, a condition wherein a person disregards norms of the prevailing culture, because he or she was brought up in a contrary moral environment. A Mafia family member, for example, would be considered a product of social learning from a deviant subculture rather than mentally disordered in a pathological sense.

By 1968 the concept of dissocial reaction was dropped from the DSM, now in its second edition. The salient pathological antisocial condition, no longer a reaction, was now one of several personality disorders. The diagnostic criteria for the DSM II’s antisocial personality were essentially the same as those for the DSM I’s antisocial reaction. The condition, ‘group delinquent reaction of childhood’, which retained the etiological implication of a ‘reaction’, had to be ruled out before settling on the diagnosis of antisocial personality (American Psychiatric Association, 1968).

The most significant change in diagnostic criteria and method occurred in the third edition in which all pathological personality disturbances, indeed most mental conditions, became known as disorders. Reflecting the seminal research of Robins (1979) described above, the criteria for the DSM III’s antisocial personality disorder (American Psychiatric Association, 1980) included childhood behaviors that establish the lifelong course of the disorder. Out of concern that the diagnosis could be falsely made based on subjective impressions and unclear inferences about psychological functions, DSM III criteria were

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1 ‘Dissocial’ was not even included in the later DSM editions’ glossary of technical terms. A current definition from a psychology dictionary is: An obsolescent term for a personality disorder characterized by a seriously distorted sense of ethics and morality. Often applied to ‘professional criminals’ because, although they might display honored values such as loyalty and courage, they tend to do so in socially undesirable ways (Reber & Reber, 2001, pp. 223–4).
essentially behavioral. Methodological consistency in diagnosis and objective signs was thought to result in more accurate diagnoses and improved interrater reliability. Subsequent editions of the DSM have continued this basic methodological and conceptual approach to antisocial personality disorder.

Antisocial personality disorder is not to be found in the current *International Classification of Mental Disorders* (ICD-10, World Health Organization, 1989). The closest diagnostic condition is dissocial personality disorder, the criteria of which are much more like those of the earlier DSM’s APD than those of dyssocial reaction in the first DSM. Included within the ICD-10’s concept of dissocial personality disorder are the sociopathic, asocial, dissocial and psychopathic disorders. Incidentally, the diagnostic method is much more like that in the pre-1980 versions of the DSM and, therefore, relatively flexible. Important to note, however, are the altogether different meanings of the earlier dyssocial reaction of the DSM and the current dissocial personality disorder of the ICD.

Parenthetically, but importantly for conceptual clarity, the term ‘dissocial behavior’, as used in the final formulation of this chapter could be somewhat confusing to some readers for several reasons. At least in North American common and technical language usage, the term has all but disappeared. To English readers, the term is ambiguous, meaning neither ‘dyssocial reaction’ of the earlier DSM nor ‘dissocial personality disorder’ of the current ICD. In fact our use of dissocial behavior is not intended to suggest any disorder whatsoever. Finally, there is already a widely used term to mean essentially what is intended and that is ‘antisocial behavior’, behavior that may be criminal when produced by adults, delinquent when done by youths, but not necessarily in violation of the law. Basically it is behavior that is offensive to others and violates social norms. It may but does not have to be the result of a disorder. The behavior itself, not its cause, is indicated by the term. However, because the prefix ‘anti’ means ‘against’ and in keeping earlier writings of Saß’ formulation of concepts of psychopathic disorders (see Felthous, Kröber & Saß, 2001, Vol. 1, p. 297), the seemingly less pejorative descriptor ‘dissocial’ is retained.

**FINAL COMMENT**

**Differentiation of Personality Disorders and Psychopathy**

The meshing of the concepts of abnormal personality and social deviance was treated in detail in the section on history of ideas (especially in discussing the Anglo-American theories of psychopathy). The socially deviant personalities are now described by different diagnostic criteria, that is, antisocial personality disorder (DSM-IV); dissocial personality disorder (ICD-10); and the core group ‘psychopathy’ in the sense of Hare (1970, 1991). The differentiation of personality disorders from only dissocial behavior without additional psychopathological peculiarities is of importance, especially in forensic psychiatry. This requires a differentiation into more pathological and more antisocial abnormal personality variants (Saß, 1987), thus yielding the following differentiations which we illustrated in Figure 1.1:

1. Personality disorders occur in individuals who suffer from their psychopathological peculiarities and/or whose social life is impaired by these peculiarities. Their symptoms resemble those of psychiatric patients in the strict sense.
2. Moreover, some of these individuals show a potential for social conflict, as their behavior is marked by deviance and criminality and is evidently related to psychopathological abnormalities. Due to the close correlation between social deviance and psychopathological abnormalities, the designation antisocial personality disorder (DSM-IV-TR) would seem justified.

3. Some individuals show a clear and persistent disposition towards deviant and delinquent behavior without psychopathologically relevant abnormalities throughout their lives. This criminologically important core group corresponds to the ‘psychopathy’ described by Hare (1970, 1991) in the strict sense: it usually shows a ‘dissocial character structure’ and is now also defined quite well biologically (Herpertz and Saß, 1999b, Herpertz et al., 2001).

Only by means of a differentiation such as this can forensic questions of culpability, prognosis and therapy (Saß, 1987) be settled. On no account should we speak of a personality disorder when dealing with only recurring social deviance and criminality, as shown by chronic repeat offenders or professional criminals, since this diagnostic term can lead to erroneous connotations of an illness-like disorder.

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