

The Structure And Function of the Psychopathic Clinic, Recorder's Court, Detroit, Michigan

ALAN CANTY*

HISTORY

The enabling legislation authorizing the establishment of the Psychopathic Clinic of the Recorder's Court, City of Detroit, was enacted by the Michigan State Legislature in 1919. The clinic started functioning in 1920 and became at that time the first psychiatric clinic ever to operate as an official department of a Criminal Court in the United States. The Recorder's Court is the Municipal Court in Detroit, but it differs from most Municipal Courts in that it has jurisdiction over all criminal offenses, felonies and misdemeanors alike, providing these offenses have been committed within the corporate limits of the City of Detroit. The Court has jurisdiction over adult offenders only, handling individuals seventeen years of age and older. The Criminal Division of the Court is staffed by ten judges elected to six-year terms and the affairs of the Traffic and Ordinance Division of the Court are administered by two additional judges elected to similar terms. The Psychopathic Clinic has occasion, therefore, to study individuals convicted of offenses ranging from murder through all the various felony and misdemeanor charges right on down to parking tickets.

STAFF

On the clinic staff there are three full-time psychiatrists and a fourth physician who does our physical examinations. There are five senior clinical psychologists and applicants must present the Ph.D. degree in psychology to become candidates for these positions. The five junior clinical psychologists must have master's degrees in psychology. In addition there are ten medical stenographers and an Executive Director. In addition to these 25 members of the clinic staff, three police officers are assigned to transport prisoners back and forth from the County Jail which is located in an adjacent building.

SOURCE OF REFERRALS

The subjects to be examined in the clinic are referred by the judges of the court subsequent to conviction and prior to sentence. Exceptions to this routine procedure occur in instances where counsel for the defense or the prosecution raises the issue of the de-

* Executive Director, Psychopathic Clinic, Recorder's Court, Detroit, Michigan.

fendant's mental competence. On these occasions a Sanity Commission consisting of three psychiatrists, one of whom is chosen from the clinic staff, are appointed to determine whether or not the defendant is sane and able to stand trial. In such a situation, the defendant is given the routine clinical examination which will be later described. A written report is submitted by the three commissioners who then appear in court and give testimony based on their findings.

It is, of course, not possible for the clinic staff to examine every convicted criminal passing through the Recorder's Court. In effect, those who are referred for examination have been selected by the trial judge who is asking for advice on the disposition of the matter prior to sentence. Virtually all people convicted of the crime of homicide, as well as all sex offenders, are routinely referred to the clinic. The seventeen year old with no previous record may be referred because the court is wondering whether or not he can be rehabilitated. Conversely, the chronic offender who has an extensive police record may be sent to the clinic because the court may suspect the presence of serious intellectual, mental, or emotional maladjustment associated with his recidivism. Sex offenders are referred largely in the hope that the court may be advised as to the outlook for the future. We attempt in these situations to give advice as to whether or not the offender's sexual maladjustment is of the type and magnitude which leads one to expect future offenses of a similar nature.

Of course, our report to the court is merely an advisory service. The judge may follow or disregard our recommendation as he chooses. However, the fact that he has in effect singled out this defendant and ordered that his case be given special study suggests that the judge is likely to be receptive to the clinic recommendation.

Giving service to ten judges in the Criminal Division of the Court, the larger part of our staff is occupied with the examination of criminal offenders. The examination of traffic and ordinance violators is conducted in a separate building where the Traffic Court is located, and this part of our operation will be discussed later.

Apart from referrals from the judges of the Criminal Court, we are occasionally called upon by the Women's Division of the Detroit Police Department to examine suspects held in custody but not as yet charged with any crime. Our assistance is sometimes requested during the investigation of a sex offense when the complaining witness happens to be a three, four, or five year old child. The Women's Police Division realize that this very young child will not make a satisfactory witness and yet they may have

reason to be concerned lest the suspect prove to be an individual who is dangerously maladjusted. In situations of this kind, if the suspect is willing voluntarily to submit to an examination in our clinic, the examination is carried out providing the suspect gives his consent in writing. The Wayne County Prosecutor's Office makes similar requests in some instances before a warrant is issued. Again, this can only be done with the full and written consent of the suspect.

Cases are occasionally referred by the judges of the Wayne County Circuit Court and examinations are sometimes requested by other social agencies in the community. Referrals from these outside agencies are done on a courtesy basis and no fees are charged. Our cooperation is freely offered whenever these outside referrals do not interfere with our service to the judges of the Criminal Court.

PROCEDURE

The complete clinical examination takes from three to six hours, with four to five hours being spent in the study of the average case. Each person referred to the clinic is given an intelligence test. We have available all of the standard psychological tests used for the purpose of measuring intelligence and a determination is made by the examining psychologist as to which test shall be given in an individual case. An attempt is made to fit the intelligence test to the individual's educational background and station in life. The psychologists are also trained in the use of so-called projective tests which are designed to reveal personality deviations and emotional maladjustment. Physical examinations are done in every case and blood tests are included to rule out the possibility of venereal disease.

A detailed psychiatric history is then taken by the psychologist. This is a time-consuming procedure, since the individual's entire life is studied. We obtain from him, or other informants, data with reference to his birth and development during early infancy. A careful health history covers illnesses, injuries and hospitalization, both during his childhood and as an adult. A study is made of the early family relationships with particular reference to the conditions in the home, both economic and emotional. We attempt to determine with some degree of understanding the subject's adjustment to his parents, his brothers and sisters, and to any others who may have been in the home. His school record is studied in some detail. We are not primarily concerned with his academic achievement per se, but are interested in how well he adjusted to his teachers and fellow students. Was he a problem child in school? Was it necessary that he be given special attention by the school supervisors?

After he left school, his occupational activities are listed in detail. Every job this individual had is discussed and the reasons why he left one position for another are brought out. How did he get along with his employer? What was his relationship to his fellow employees? Have there been frequent job changes and if so, why? This particular part of the interview is often productive of significant information. We sometimes find that our subject has left positions for superficial reasons or because he was unable to accept discipline. Perhaps he expected special consideration or, on the other hand, he may have had the feeling he was being unfairly treated.

Our patient's marital history is then discussed and here, again, our interest is in his ability to adjust to the responsibilities of marriage. Some of our subjects have been involved in several marital ventures—some legal, others extra-legal. We encourage these people to point out to us why each marital relationship was not successful. Routinely the marital partner is saddled with the blame for the marriage failure. A sympathetic attitude on the part of the interviewer at this point brings forth additional information and our patient, who may be maligning his marital partners one after another, does not realize that the examiner is gaining more insight with reference to the patient's attitudes and behavior traits.

His economic condition is discussed and, again, we are not so much interested in how much money the patient has in the bank, but more particularly how he budgets his funds. Is he heavily in debt? Is he living beyond his means, or is he dissipating his earnings in a frivolous manner?

Next, we study his habits, including the use of drugs and alcohol. Why has he resorted to the use of alcohol? Has his alcoholism contributed to his social, marital or industrial maladjustment?

His recreational activities are analyzed in some detail. How does he spend his spare time and with whom? What does he read? Conversation with reference to his associates and their activities often provides significant information concerning his susceptibility to unsocial or antisocial pressures.

Each patient's previous police record is cleared through the FBI and checked in the local record file. Any previous contacts with the law are discussed with him and his story as to the circumstances of his previous offenses is related in detail. Finally, we discuss with him the present trouble. This subject is usually taken up during the latter part of the interview for two reasons. On the one hand, the patient sometimes becomes emotionally disturbed when discussing the present offense, especially if this has been his first court experience. He may very well be overwhelmed by

thoughts of the possible effect upon his future, both from the standpoint of his employment and the attitude of his own family or other citizens in the community. If he becomes severely distressed, it is then impossible to continue with the examination. Secondly, we sometimes find that if the individual has the opportunity of presenting his story of the present trouble at the start of the interview he then is reluctant to cooperate with the examiner in a discussion of his parents, relatives, school record, or other aspects of his history.

This individual has now been given an intelligence test, a physical examination, and the detailed historical background has been compiled. At this point he is turned over to one of the three clinic psychiatrists for psychiatric examination. All of the available information is turned over to the psychiatrist. The psychiatrist rules out insanity and makes an evaluation of the patient's overall personality makeup. After the psychiatric examination has been completed, either the psychologist or the psychiatrist interviews the arresting officer, the complainant, relatives, employers, neighbors, or any others who have information that might be helpful.

Up to this point, the investigation has consisted of a fact-finding operation. All of the material is then presented at a staff meeting attended by the professionally trained members of the staff and each case is then analyzed. Present at this meeting are at least three people who have participated in the examination, the psychologist who conducted the intelligence test and took the history, the physician who did the physical examination, and the examining psychiatrist. The case is discussed in detail and out of this discussion comes a diagnosis, an opinion as to what is wrong with this individual, if anything; and, secondly, a recommendation. This recommendation may include suggestions as to whether or not we feel a jail sentence should be ordered, while in other cases probation is recommended. In some instances certain conditions to be met during the probationary period are suggested to the court. If medical or psychiatric treatment seems indicated, this is included as a part of our recommendation and if the court so desires, the clinic cooperates in arranging for such treatment. In some cases, of course, it is necessary that the individual be committed to a hospital for the mentally ill, to an epileptic or to a feebleminded institution. These commitment procedures are carried out by the clinic through the Wayne County Probate Court in misdemeanor cases. In felony cases this is handled by the appointment of a Sanity Commission with whom the clinic cooperates. The Commissioners have access to all the information gathered by the clinic examiners. Following our staff meeting, a written report is submitted to the trial judge. This report gives a brief synopsis of

the overall examination findings and concludes by making the advisory recommendation discussed above. The judge is, of course, under no obligation to accept or follow the clinic recommendation, but in referring the defendant to the clinic initially, there was implied the suggestion that the court would be receptive to advice on the matter of disposition. It is not surprising, therefore, that the clinic recommendations are followed in a very high percentage of the cases.

TRAFFIC CLINIC

When the Psychopathic Clinic was first established, traffic cases were handled by one of the judges of the Recorder's Court who was assigned to this activity. In 1930 the Recorder's Court was reorganized and a separate division known as the Traffic and Ordinance Division was established. During the early days of the clinic occasional traffic offenders were referred for examination, but this only when there was a question as to mental disease. The writer became associated with the clinic staff in 1930 and in 1933 suggested that a separate division of the clinic be established to give special study to these problem drivers. In October, 1936, an appropriation was granted by the Common Council and this new division of the Psychopathic Clinic, popularly known as the Traffic Clinic, was opened. The Detroit Traffic Court thus became the first organization of its kind to give special psychological and psychiatric study to problem drivers. This division of the clinic functions in the Detroit Traffic Court, which is located in a building geographically separated from the Criminal Court Building.

One of our three psychiatrists is assigned to full-time duty in the Traffic Clinic. In addition to conducting psychiatric examinations, he also does the physical examinations and writes the reports. Two of the ten psychologists on the clinic staff are assigned to traffic duty and two stenographers are permanently located in the traffic division of the clinic. This staff conducts the examinations of the traffic offenders. When this division first opened in 1936, there was a staff of three, but the case load has increased markedly in recent years and in the very near future additional personnel will be required.

Referrals are made by the two judges of the Traffic and Ordinance Division subsequent to the conviction of the individual but prior to sentence. The defendant with an extremely extensive traffic record may become suspect and referral for examination follows. In one instance, an examination was ordered for a commercial driver who had been ticketed on over two hundred occasions. His operator's license had been suspended, he had been fined, jailed, placed on probation, but continued to drive without a license and was of course arrested. Obvious physical defects, am-

putations, blindness or other handicaps as revealed during the defendant's presence in the court room may suggest to the trial judge that a clinical examination is in order. Diabetics who may have been in a coma or suffering from insulin shock are routinely referred. Epileptics or other individuals who display mental or emotional deviations, either in the court room or at the time of arrest may well be sent to the clinic for evaluation. Again, it is by no means possible to examine every defendant who comes through the Traffic Court, nor is such procedure at all necessary. There are usually very definite reasons for each referral and again the referring judge is asking for advice as to the disposition of the case.

The opening of the traffic division of the clinic was given national and local coverage in the public press. Very soon thereafter the Operator's License Bureau in the City of Detroit consulted with us as to whether or not it would be possible to examine some applicants for driver's licenses. In the State of Michigan, operator's licenses must be renewed once every three years with the Secretary of State's Office being charged with the responsibility for issuing the licenses. This responsibility is delegated out to local authorities who are appointed as license examiners. In the City of Detroit this operation is carried out by one of the bureaus of the Detroit Police Department. We were advised that occasionally these license examiners were concerned about the mental or emotional competence of an applicant. Perhaps he was able to meet the routine license requirements, passed the test of vision, and had adequate knowledge of the traffic regulations, but nevertheless there were certain behavioral traits or items of information contained in his application which warranted further investigation. The clinic has accepted these referrals on a courtesy basis, but the number of these examinations is limited by our responsibility to the court. As time has permitted, however, we have continued to accept referrals from the Operator's License Bureau during recent years.

We also have in Michigan a number of License Appeal Boards. It is possible for an individual whose application for a license has been rejected, to appeal to this Board for a hearing. The Board is made up of one representative from the Secretary of State's Office, a representative from the Michigan State Police, and a representative from the local law enforcement agency. The License Appeal Board, likewise, has asked us to examine certain problem individuals and this, too, has been done on a courtesy basis.

The Michigan State Police have referred problem drivers from faraway parts of the state. These are individuals who, by virtue of the repetitive nature of their driving misbehavior, have demon-

strated their questionable competence. In Michigan, if an applicant has been rejected by the License Bureau and License Appeal Board, he may appeal to the Circuit Court and have a jury trial, if he so desires, on the issue of whether or not an operator's license should be granted. The judges of the Wayne County Circuit Court, in situations of this kind, have asked us to co-operate by providing them with a report following a regular clinical examination. All of these services are granted on a non-fee basis as a courtesy to these various agencies providing, as stated above, that they do not interfere with our regular court work.

The traffic cases are handled in a manner similar to that described above. That is to say, the subject is given a physical examination, an intelligence test, and a detailed social history is taken. Additional areas are explored in relationship to the man's ownership of an automobile. We inquire as to whether or not he has insurance, to what extent he has been involved in traffic difficulties in the past, and discuss with him his previous violations. Psychiatric examinations are done in every case and interviews with interested parties are carried out.

In addition, each traffic offender referred to the clinic is examined on a battery of psychophysical tests. Here we measure his reaction time, his ability for judgment of speed and distance and his sensitivity to glare. We also check his ability for depth perception, that is to say, we determine whether or not he can differentiate between the relative positions of other cars at a distance from him on the road. We also investigate his color vision and his perimetric vision, determining whether or not he can see out of the corners of his eyes when looking straight ahead. This is a standard battery of tests which attempts to evaluate in a laboratory situation a number of factors which are thought to be related to the safe operation of a motor vehicle.

Again, these cases are discussed by the Traffic Clinic staff members, diagnoses and recommendations are made, and a written report is submitted to the trial judge or other referring agency. In these cases our recommendations are similar in that they may include suggestions as to jail sentences, probationary terms, fines, physical or psychiatric treatment and commitment to mental hospitals or other institutions. Additionally, in some cases we recommend a temporary suspension of the operator's license for disciplinary reasons or pending the result of the physical or psychiatric treatment mentioned above. In other instances, we may even suggest that the operator's license be permanently revoked. This recommendation, if accepted by the trial judge, is referred to the Secretary of State's Office for further attention.

CASE LOAD

In the criminal division of the clinic, the case load averages about 2500 per year. Of this number, approximately 500 are people who have been convicted of sex crimes. In the traffic clinic the case load has been increasing each year, and the figures for the last three calendar years show:

1950 — 625 cases;
 1951 — 735 cases;
 1952 — 835 cases.

The case load has markedly increased from year to year as additional demands are made by the two traffic judges. Referring again to our figures for the past three years, we have learned that approximately one per cent of the people seen in the traffic clinic are mentally ill to a committable degree. The figure in the Criminal Court clinic is closer to four per cent. These individuals require immediate hospitalization for their mental illness. We learned also that approximately eleven per cent of the traffic clinic subjects were either feebleminded or borderline feebleminded. The exact figures in this area were:

1950	Feebleminded	38
	Borderline feebleminded	28
		Total 66
1951	Feebleminded	48
	Borderline feebleminded	33
		Total 81
1952	Feebleminded	55
	Borderline feebleminded	46
		Total 101

There is no particular reason for repeated reference to figures for the last three years. These figures are typical and will serve for illustrative purposes.

It is interesting to note, in connection with the Operator's License Bureau referrals, the large number of individuals who were formerly insane and committed to mental hospitals. Subsequent to their release they became applicants for operator's licenses, and on the basis of their history of former insanity were referred to the clinic. The number of these cases examined during the past three years was as follows:

1950 — 88 cases;
 1951 — 82 cases;
 1952 — 48 cases.

The notable decrease in 1952 was directly traceable to the fact that License Bureau referrals were drastically curtailed because of increased demand upon our services by the two judges of the Traffic Court.

OBSERVATIONS

In the nearly seventeen years since the Traffic Clinic started operations, we have examined nearly 10,000 problem drivers. These individuals, as stated above, were studied for approximately five hours each. During this time we have found approximately one hundred committably insane individuals who were driving cars on the streets of Detroit. We have examined approximately 850 feeble-minded, or borderline feeble-minded drivers, and have seen about 1000 former inmates of hospitals for the insane. Some of these, while recovered from gross symptoms of insanity, were still not emotionally well enough stabilized to be operating cars. It occurs to the writer that liaison might well be established with mental hospitals throughout the country so that they could be alerted to this problem. It is perfectly true that, due to the shortage of hospital beds, there is sometimes a necessity for releasing people when their gross symptoms of illness have been alleviated. Nevertheless, I am sure that many hospital superintendents would demur if they were asked to certify that each parolee should be issued a driver's license.

After the feeble-minded, the borderline feeble-minded, the psychotic, the physically disqualified, and the psychophysically mal-adjusted individuals are eliminated, there are still large numbers of problem drivers whose misbehavior cannot be explained on the basis of the above findings. There is, for instance, the psychoneurotic and the emotionally unstable individual; the impulsive, irresponsible person; the day dreamer who is preoccupied by thoughts of financial distress, thoughts of marital discord, by business or sex problems when he is operating his car. We also find the alcoholic who is drinking to escape from an unpleasant reality because he cannot face his obligations, as well as the egocentric individual who is selfish and has no regard for the personal liberties or property rights of others. This is the "world owes me a living" type. He weaves in and out of traffic; he pulls up on the left of three lines of cars waiting at a red light, cuts in on an angle and when the light changes the other drivers must all wait until he gets out of the way.

We also see many people disturbed by feelings of inferiority. They may feel insecure because of their small stature; because of their physical appearance, poor clothing, lack of finances, or because they are driving an old dilapidated car. They sometimes compensate for their inferiority feelings by attempting to speed or to outwit the police. They are show-offs. They attempt to gain status from their companions by excelling in the daily driving contest. On the basis of our figures and years of observation, it

seems a safe conclusion that there are many mental, intellectual and emotional misfits driving cars on our streets and highways.

SUMMARY

The chronic violator is a social problem child. His traffic misbehavior is but a symptom of his personality maladjustment. The same factors which cause marital unhappiness, divorce and separations, frequent job changes, economic distress and unhealthy recreational activities contribute to his contempt for the social and legal conventions as exemplified by his chronic defiance of the traffic laws.

It has often been said that a person behaves in a manner totally different from his usual pattern when he is behind the wheel of his car. This is not so. His personality does not change. There is one significant difference. When the driver is in his own car there is more freedom of opportunity to demonstrate the presence of unsocial, irresponsible, or even antisocial traits.

If an individual has good control of his emotions, if personality deviations are not seriously apparent when he is at work, in his relations with his wife or in other social situations, he is unlikely to be a chronic problem child when operating his car.

The employee who will not obey the rules, who defies his employer, who cannot get along with his fellow workers is fired. He goes from job to job and never stays long in one place. At home he is likewise undependable. He is selfish in his relations with his marital partner and is unwilling to subordinate his own wishes to the welfare of the family. His wife leaves him and a divorce may follow. Or a hypothetical individual may be guilty of violations of the criminal code through a disregard for the rights and privileges of others.

If automobiles had never been invented, most of our violation-prone drivers would still be recognizable as problem children in our society through their inability to conform to the social and legal conventions. They merely demonstrate that they have not learned self-discipline, that they cannot be trusted with responsibility, that they are basically but little concerned for the safety and welfare of others. The automobile has by no means created a new and distinct kind of problem child who is a problem child only when he is behind the wheel. The complete clinical study to which the chronic offenders are subjected in the Traffic Division of the Psychopathic Clinic of the Recorder's Court in Detroit unmasks these people for what they really are — social misfits. If we know from a study of an individual's life that he has made a poor social, marital or industrial adjustment in the past, we can predict that he will be a problem driver in the future. One might speculate as

to how many of the chronic violators studied in our Traffic Clinic would be given favorable consideration if they were applying for a permit to carry a gun.