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DRUG THERAPY FOR SOCIOPATHIC OFFENDERS:
AN EXPERIMENTAL TREATMENT PROGRAM
UTILIZING IMIPRAMINE HYDROCHLORIDE

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

Thomas W. Foster, B.S, M.A.

* * * * * *

The Ohio State University

1975

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For Joyce, Cindy and Mark
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PUBLICATIONS


FIELDS OF STUDY

Major Fields: Criminology, Social Theory, Social Organization
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CHAPTER I

INTRODUCTION

Background

"Failure" may be the most apt word that can be used to describe the situation of corrections in the United States today. Despite the expenditure of untold billions of dollars and incalculable man-hours, no approach, treatment or rehabilitative framework has been demonstrably successful in preventing, reducing and controlling recidivism. Popular, as well as scholarly, writers routinely condemn the entire correctional enterprise as being both ineffective, and worse, as unjust. Many social scientists view the total institution as an historical aberration and believe it must be completely eliminated. Yet, today, more than ever these institutions are inundated with dangerous, intractable offenders. Terms like therapy, treatment, rehabilitation and reformation have become empty platitudes, believed neither by the public, clinicians, correctional personnel or inmates.

The major traditional intervention techniques--individual counseling, group psychotherapy, guided group interaction, education, vocational and other such programs--have rarely been effectively implemented; even when they were, they have basically failed. As a result
of such persistent failure, we are witnessing some extreme responses. On the one hand, some neoclassicists advocate the passage of legislation which would result in the virtual abandonment of involuntary treatment (yet involuntary imprisonment would continue) while, on the other hand, certain researchers have introduced aversive conditioning, electronic monitoring, behavior modification, psychosurgery, and other radical procedures.

Neither response is satisfactory from the author's perspective: the first is essentially irrational, since it negates the potential contributions of science to treatment and clings to an ineffective, outmoded (and inhumane) penal philosophy, the second is fraught with overwhelming moral dangers. Moreover, there is yet no reason to believe that these more recent and more personally intrusive techniques will be any more successful than the moral, educational and psychic interventions of the past.

Despite a general pessimism about treatment, the author is of the opinion that a limited number of well-defined chronic anti-social offenders and patients are amenable to specific amelioration of symptoms and control of anti-social behavior by pharmacologic means. This guarded optimism is based upon the findings of the present research—a long-term, experimental treatment of sociopathy—by means of an arousal-producing drug,
imipramine hydrochloride. The subjects who completed this study included nine clinically-diagnosed, sociopathic male prisoners and sixteen non-sociopathic controls, all of whom were incarcerated at a medium-security correctional institution in southern Ohio. The nine sociopathic subjects met the clinical criteria established for antisocial personality in The American Psychiatric Association's Manual.* In addition to these official standards, the project psychiatrist employed several more refined diagnostic criteria which were developed in previous Ohio State University sociopathy studies, to arrive at final diagnoses. All subjects in the present research were paid volunteers who were fully informed of the purpose and nature of the study, as well as the possible risks involved. The experimentally employed therapeutic agent, imipramine hydrochloride, had been approved for medical use by the FDA some ten years earlier, and had subsequently gained wide acceptance among clinical psychiatrists as an antidepressant. However, imipramine had not previously been used in the treatment of sociopathy, hence the therapy was necessarily designated as being "experimental."

The initial request for the development of an effective treatment plan for habitually antisocial inmates originated with Ohio Department of Correction officials. (However these officials did not specifically ask for the establishment of a program of drug therapy and the idea of establishing a chemotherapeutic regimen was solely that of the investigators.) The Ohio State University interdisciplinary research

*See Appendix, page 301 for official current diagnostic criteria.
team, which responded to this request, and conducted the present study, had already been inquiring into the biob­
social correlates of sociopathy for more than a decade. Prior research by Drs. Allen, Dinitz, Goldman and Lindner provided a conceptual foundation upon which the experi­
mental treatment program would be based. Among the most significant earlier findings, and of paramount importance in the decision to employ a drug treatment, was the dis­
covery, during a 1968 Ohio Penitentiary study, of the existence of two distinct types of sociopaths. Only one of these types (designated as a "simple" sociopath) showed exaggerated cardiovascular responsivity to adrenaline. It was further concluded, on the basis of both the above­
mentioned research and the evidence of other investi­
gators, who had also studied autonomic indices, that the subtype with the unusual cardiovascular responsivity was also unable to make graded responses to emotion­laden stimuli. On these and other grounds it was decided that this so­called "simple" sociopath type was possibly sensorily hypoaroused as well. In brief, the simple sociopath mimicked, and perhaps was, an adult version of an untreated, hyperactive child. Since hyperactivity in children had lent itself to effective treatment by drugs which produced arousal, there was reason to believe that the simple sociopath also could be symptomatically treated by chemotherapeutic arousal.
The identification of the simple sociopath provided (in addition to new diagnostic criteria and a new rationale for treatment) a fresh theoretical perspective for thinking about sociopathic behavior. For example, if the simple sociopath is assumed to exist in a chronic state of physiological and psychological hypoarousal, then his (seemingly) senseless, sensation-seeking behavior acquires possible meaning; he may be attempting to use his environment to stimulate himself in an effort to elevate his low arousal level (perhaps by causing adrenalin to be released) and to thereby avoid the pain of stimulus deprivation. Although the etiology of the disorder remained unclear, it seemed probable to the interdisciplinary investigators that simple sociopaths indulged in high risk, sometimes criminal, behaviors primarily to attain more satisfactory and rewarding levels of psychophysical functioning. Based upon such considerations, then, the research team decided that a carefully-controlled program of drug therapy, employing clinically-diagnosed simple sociopaths as subjects, and using arousal-producing drugs, such as amphetamine or imipramine, might result in the subjects' attaining improved levels of arousal and general functioning. The researchers harbored no illusions, however, about the possibility of instantly rehabilitating sociopathic criminals through chemotherapy. In the words of Professor Dinitz, "Altered normative standards for behavior are not
conferred by molecular structures. It was, however, anticipated that any increase in the subjects' (internal) arousal levels would also increase their responsiveness to their environment—including their sensitivity to other people in the social environment—and would, therefore, make them more amenable to socialization or resocialization.

The above propositions were incorporated into a formal experimental treatment proposal that was submitted to officials of the Ohio Department of Correction and Rehabilitation during late 1971. This proposal was endorsed by the Corrections Department (which also suggested several possible locations for the study). The medium-security correctional institute in southern Ohio that was finally selected as the site for the research housed some 1200 older, recidivistic, often medically-impaired inmates. By January 1972, the field phase of the study began when Dr. Lindner and two research assistants initiated the process of reviewing and abstracting the files of (consecutively admitted) inmates at the prison record room.

Dr. Simon Dinitz, the author's Graduate Advisor, in the Department of Sociology (and a leading member of the sociopathy research team) invited him to participate in this study and to serve in the role of Field Coordinator on May 24, 1972. As Field Coordinator, the author's
duties included, but were not limited to: abstracting inmates' records; recruiting subjects, including the conducting of consent interviews; implementing schedules for physiological and psychometric testing; maintaining field research rooms and equipment; conducting side effects interviews; and transporting (pre-packaged) drugs from university laboratories to the prison "pill center."

As anyone who has attempted to conduct a scientific study in a prison environment soon discovers, prisons are not laboratories and events seldom follow a planned course. Unfortunately, the present study was no exception in this respect: strikes (by both inmates and guards), racial antagonisms (between inmate groups and toward the researchers), a politicized inmate population, and official cold feet, were but a few of the obstacles encountered. There were certainly times when such problems threatened to subvert the scientific integrity of the entire project but, thanks mainly to Professor Dinitz's leadership and experience, viable solutions inevitably emerged.

By February 1974, all field work was completed and on 25 February an interim report of research findings was presented before the criminology section of the American Association for the Advancement of Science. Dr. Lindner read this (team-authored) interim report, which, although it described the outcome of the study in very tentative and cautious (yet moderately positive) terms, was received with
interest and enthusiasm by the assembled scientific dele-
gates. Media representatives noted the cautious optimism
of the report and seized on its newsworthiness; the perhaps
inevitable result was that the study received national, but
often distorted, press publicity. (Some newspapers described
the findings as evidence that a drug might be used to "cure"
habitual criminals). Since the presentation of the AAAS in-
terim report, which was largely based upon clinical observa-
tions, additional statistical data have been analyzed and
these should permit a more complete and objective assessment
of the treatment program's outcome. Most of these new data
have been incorporated into the framework of this disserta-
tion, however, some data remains in process (e.g., computer
analyses of subjects' physiological reactions to complex
audio-visual stimuli under drug and non-drug conditions) and
are not included here. Diagnostic techniques have also been
further refined and are being currently employed for conduct-
ing diagnoses in an on-going study, in a psychiatric hospital,
in which imipramine is being administered to sociopathic
patient volunteers.

Before proceeding with a description of the present
study, relevant materials selected from the vast literature
on sociopathy will be briefly reviewed. Space considerations
preclude any attempt to comprehensively review even the more
significant writings on the topic for, despite a lack of
progress in understanding etiology or of developing effective
treatment modalities, sociopathy is a disorder with a long history.

**Early Writings**

In the 18th Century Pinel and Esquirol observed that certain of their mental patients were often in trouble with social authorities and, while the behavior of these patients was characteristically bizarre and aggressive, they did not evidence the cognitive disturbances typical of psychoses. To these early clinicians, such individuals seemed to be suffering from a "mania without delirium" or a "moral imbecility." 7

The American physician Benjamin Rush also recognized a condition of "moral alienation" and believed that mental illness could involve a defective organization of the moral faculties without intellectual deterioration. 8

Similarly, in 1878 Gouster described what he considered to be the clinical symptoms of moral insanity; he depicted the moral imbecile to be "morally perverted, delighted with mischief and given to excitement and passion." 9

And, Cesare Lombroso, the Italian physician and criminologist seemed to be describing the sociopathic personality when he characterized the typical criminal as being: "A moral imbecile; guiltless; highly aggressive; impulsive; boastful; and particularly insensitive to social criticism and physical pain." 10
Raffaele Garafalo, Lombroso's student, suggested that moral imbecility might have a biological basis; he also commented upon the seeming normality of these patients, excepting the moral defect, and he noted that such persons appear to be born with "ferocious instincts."\(^{11}\)

Writing at the turn of the century, the German psychiatrist Koch introduced the term psychopathic inferiority to replace earlier terminologies. A popular synthesis of Koch's concepts gave rise to the expression "constitutional psychopathic inferiority."\(^{12}\) This label, in somewhat modified form, would persist as "psychopathic personality disturbance," in American psychiatric terminology, until 1952 when it would be replaced by the American Psychiatric Association with the category "sociopathic personality disorders." Unlike most of their European counterparts, American clinicians generally tended to emphasize the psychological and social maladjustments accompanying sociopathy and to develop etiological theories based upon psychoanalytic and sociological formulations. This tendency has persisted to the present day.

**Clinical Formulations**

The most inclusive contemporary conceptualization of the sociopathic personality was provided by Cleckley in his now classic book *The Mask of Sanity*, first published in 1941. The sociopath, according to Cleckley is characterized by:\(^{13}\)

1. Superficial charm and good intelligence
2. Absence of delusions and other signs of irrational thinking
3. Absence of nervousness and other psychoneurotic manifestations
4. Unreliability
5. Untruthfulness and insincerity
6. Lack of remorse or shame
7. Inadequately motivated anti-social behavior
8. Poor judgment and failure to learn by experience
9. Pathologic egocentricity and incapacity for love
10. General poverty of major affective relations
11. Specific loss of insight
12. Unresponsiveness in general interpersonal relations
13. Fantastic and uninviting behavior, with drink and sometimes without
14. Suicide rarely carried out
15. Sex life impersonal, trivial and poorly integrated
16. Failure to follow any life plan.

Cleckley described the sociopath as being capable of logical reasoning and, frequently, as being intelligent and verbally fluent. He can foresee the consequences of his actions and can verbalize the correct responses to hypothetical situations involving moral choices; however, his words do not often translate into deeds. This discrepancy between expressed attitudes and actions, although not unknown among normal subjects, becomes pathologically extreme in sociopathy. The sociopath habitually lies, sometimes with no apparent purpose but that of "putting one over" on a naive listener. Or, after vowing that he has reformed, with the greatest
sincerity, the sociopath may go out and commit a petty crime for low stakes and at great personal risk to himself.

Cleckley also pointed out the sociopath's inability to develop a life plan or to formulate long-range goals. He seems to drift through life, grasping at short-term, immediate pleasures and forming no permanent attachments to other people. He is unreliable and irresponsible and seems to feel little remorse over his actions. In fact, the sociopath seems incapable of deep and genuine feeling of any kind, including love; he is impoverished in affective reactions.

Cleckley employed the term "semantic disorder" to describe these clinical characteristics of sociopathy. The sociopath presumably knows the difference between right and wrong in the intellectual—but not in the emotional—sense. (Or, as a psychiatrist with a sense of humor once aptly put it, "He knows the words but not the music.") Hence, the sociopath wears a "mask of sanity" he seems normal but, in fact, he is not because he does not experience life as others do; he encounters a different reality and conceives of himself, and others, in a manner that is less than fully human.

Other well-known clinical formulations include the works of Lindner, a psychiatrist who developed a psychoanalytic interpretation of sociopathy during the 1950s and those of Karpman who postulated the existence of neurotic and idiopathic types of sociopaths. (The latter type being reserved for those cases in which no clear psychic determinants could be identified.)
The sociological writings of Gough \(^{16}\) also belong to this period. Gough utilized the theories of Cooley and Mead to hypothesize that sociopaths are pathologically defective in role-taking ability and that they cannot view themselves as objects or understand other people's perspectives.

One of the most controversial social research projects of the 1950s, *The Authoritarian Personality*, contained this observation on sociopathy:

> Failure in superego integration, inability to establish emotional relationships with others and over compensatory reactions to weakness and passivity are among the important sources of potentially fascist trends within the personality . . . The most extreme failures in superego integration are found in the psychopathic personality.\(^{17}\)

The authors of this study viewed the sociopath as representing the epitome of authoritarianism. This tendency of sociopathic personalities to gravitate toward extremes, not only attitudinally but in the sphere of everyday behavior, has been noted by most clinical observers (and could reflect a physiological inability to make graded emotional responses to moderate environmental stimuli).

In 1959, Albert, Brigante and Chase\(^{18}\) conducted a content analysis of journal articles and books to identify specific areas of agreement or disagreement in the definition of sociopathy. These researchers concluded that there was general agreement regarding the sociopath's antisocial and aggressive behavior, lack of ability to delay gratification, lack of insight, inadequacy in superego functioning,
deficiency in planning ability, and callousness and hyperactivity. Disagreements were found among writers with respect to the presence of conflict and anxiety in the sociopath and his ability to change his behavior.

More recently (1972) Vetter has described sociopathy as being typified by:

Impulsivity, antisocial tendencies, immorality and a seemingly self-destructive failure to modify this pattern in spite of repeated painful consequences.

Incidence of Sociopathy

About one to three percent of the general population and from ten to twenty percent of inmate populations are estimated to be sociopaths. The disruptive effects of sociopathy are well-known. For example, in the U.S. Navy alone:

Behavior and character disorders account for 90 percent of punitive discharges, rank first in invalidations from service, produce the second largest number of sick days and rank fourth as the cause of new admissions to medical facilities.

In civilian society, sociopaths contribute greatly to the costs of administering police services, courts, hospitals for the criminally insane and prisons. Research has disclosed that institutionalized sociopaths are high escape risks and their actions probably often have blocked public support of needed institutional reforms and prevented the development of enlightened programs of community rehabilitation. The specific incidence of simple sociopathy—the subtype which is of central concern to the present study—awaits more
precise determination through further research. In the (earlier) Ohio Penitentiary study, hostile sociopaths outnumbered simple sociopaths by a factor of two to one but this finding was not substantiated in the present study. The Ohio Penitentiary study did, however, diagnose a larger number of subjects, (n = 277) employing objective diagnostic techniques. Of these 277 subjects, forty-seven were categorized as hostile and twenty-three as simple sociopaths, while sixty-six were found to be of a mixed type and the remainder were considered non-sociopaths. Also to be resolved is the distribution of these various forms of sociopathy between the sexes, in different age groupings, among specialized institutional populations and within the general population.

Etiology

While there is general agreement concerning the major clinical dimensions of sociopathy, there is widespread disagreement regarding the mechanisms presumed to control this behavior. Theories of causation are often divided into the following categories: constitutional, psychodynamic, psychological, sociological and sociopsychological. The details of these theories will not be reviewed here, except to note that there has been a revival of interest in constitutional factors due to recent studies which indicate a higher incidence of males of XYY karotype in institutions than in the general population. Moreover, XYY males have been described as being impulsive, dependent, immature and sociopathic. Although these findings appear promising,
further research will be required to more adequately assess the distribution of XYY males in the larger population and to explain the occasional appearance of seemingly normal individuals who possess an extra Y chromosome.

The theory guiding the present research has come to be known as the "Juice Model" and this perspective grew out of the research teams earlier investigations at the Ohio Penitentiary. The Juice Model which is not an etiologic but a functional, theory, hypothesizes that both the unusual physiology and behavior of the simple sociopath are due to a single, underlying defect of the autonomic nervous system, more specifically, to the reduced functioning of catecholamine-secreting neurons, including those involved with sensory receptors.

Such a sympathetic denervation would produce a denervation sensitivity of the structures innervated by these neurons, of a sort long familiar to physiologists. Such a supersensitivity—of whatever origin—is testable by current technology. This hypothesis in no way precludes extension of the defect to monoaminergic inter-neurons modulating both sensory input and motor output at higher levels of nervous system integration... one result of such a general sympathetic nervous system defect would be a reduction and distortion of incoming stimuli in the simple sociopath... such diminution and distortion of sensory data on a chronic basis must markedly modify conditioned responses to emotion-laden stimuli, thereby distorting the attitudes and values erected during the formative years.24

As a consequence of this autonomic defect, simple sociopaths may be assumed to perceive reduced sensory input, in response to which they may be expected to seek stimulation in
an effort to optimize their input. Furthermore, sociopaths will perceive emotional coloration only for events strong enough to "trigger adrenal medullary secretion." They will also perceive all such events as having a single-leveled maximum emotion. That is, they may be expected to demonstrate "on-off" labile, impulsive behavior and be quite unable to make graded emotional responses.  

The cause of the postulated "defect" is not specified by the Juice Model and there is presently insufficient evidence to narrow the range of possibilities posed by the numerous etiological theories. "It is as conceivable that the defect is congenital and innate as that it is environmental or acquired."  

Related Research

American social scientists have seldom studied the biological substrates of criminal behavior, despite the interest of European investigators in this area of research. One of the reasons for this neglect is that academic criminology in the United States is located in departments of sociology rather than in schools of medicine or law, as occurs in Europe. American psychiatry has likewise neglected the biological perspective, possibly because of its dominant psychodynamic orientation. Even when biologically-oriented research has been initiated, it has often had a "sorry history," as Dinitz has put it, making "extravagant claims," producing "meager empirical evidence" and often containing "stated or
implied concepts of racial and ethnic inferiority. Despite these constraints and limitations, some important empirical studies have been carried out.

In 1949, Funkenstein, a psychiatrist, and his colleagues reported a study of fifteen sociopaths (thirteen men and two women) selected from court referrals to a Boston institution for psychopathic offenders. The subjects were described as hostile recidivists, with a mean age of twenty-five. Subjects received intravenous injections of 50 milligrams of epinephrine, thirteen of the fifteen sustained a systolic blood pressure rise of 75 mm Hg as compared to only nineteen of eighty-five psychotic and neurotic patients and five of fifteen controls.

Lykken, a psychologist, reported (in 1955) on the performance of nineteen "primary" sociopathic felons, (twelve of whom were men) and fifteen noninstitutionalized student controls (eight of whom were men) on eight assorted psychologic tests. On two tests measuring autonomic function, the primary sociopaths recorded a decreased galvanic skin response to lying and a diminished conditionability of the GSR in comparison to the controls.

Schacter and Latane, social psychologists, reported, in 1964, that fifteen incarcerated male sociopaths demonstrated larger increases in pulse rates following an epinephrine injection than did fifteen inmate control subjects.

In 1965, Lippert, a psychologist, compared twenty-one sociopathic delinquents with an equal number of non-
sociopathic delinquents, and found that their patterns of spontaneous GSR frequency were characterized by (1) lower resting levels (2) lesser increases during experimental manipulation, (3) decreases to below resting levels following experimental manipulation and (4) increased adaptation to repeated stimuli.

A study by Hare (1968) found that, at rest, twenty-one primary psychopaths had higher skin resistance and less variability than did twelve non-psychopathic controls. In addition, the psychopaths' GSR, cardiovascular and orienting responses to mild stimuli, e.g. arithmetic problems, were less than those of controls.

Finally, the aforementioned Ohio Penitentiary study, which was conducted by Ohio State University researchers in 1967-1969, screened 1375 new admissions of whom forty-three met all general eligibility requirements. (These requirements included: age under 35, I.Q. over 100, good general health, and a score—on Cleckley's list of clinical criteria—which would rate subjects as being either sociopathic, (i.e., over 12) or non-sociopathic, (i.e. under 12 ). In addition, to be finally classified as a sociopath, each of the experimental subjects had to score above the median on all selection variables, including Lykken Scale scores, number of arrests since age 18 and percentage of adult life incarcerated, or on a minimum of two of these three major and at least two of the three minor criteria (those weighted one-twelfth in the classification weights: MMPI scales 4 minus 7 subscale scores, escapes, and Cleckley criteria).
The forty-three experimental subjects were subsequently categorized as nineteen sociopaths, ten mixed and fourteen nonsociopaths. Subjects were given injections of 0.5 ml of sterile saline in the nondominant shoulder. Half of the injections also contained 0.5 mg epinephrine, assigned on a random basis. Following epinephrine injections, the heart rate of the sociopaths increased by 9.92 beats per minute while the heart rate of controls increased an average of only 5.21 beats per minute. Despite this difference of 4.71 beats per minute, the two groups did not differ significantly from each other in heart rate. Because this finding did not accord with the earlier results of Schacter and Latane, investigators reexamined the responses of all subjects and found considerable variability among the supposedly homogeneous sociopaths. Further review showed that the sociopathic group markedly differed internally on the Lykken Scale, with eight scoring above the institutional median and eleven below it. When the heart rate increase of these eleven subjects was recorded, it was found that their increase of 12.81 beats per minute corresponded closely to the value reported by Schacter and Latane. Thus, the heart rate increase of the eleven low scorers was significantly different \((p=.05)\) from that of the other groups. The nineteen sociopaths were consequently divided into two groups on the basis of Lykken Scale scores, with the high scorers being designated as "hostile" and the low scorers as "simple" sociopaths. This physiologic finding, in turn, led to the discovery of behavioral
differences between the two types of sociopaths. For example, the hostile sociopaths were married less than half as often, were far less likely to come from intact family backgrounds and had better military and employment records than did the simple sociopaths. Moreover, the simple sociopaths had more prior arrests, had more frequently committed offenses against persons and had spent more of their lives incarcerated than the hostile type, while both types displayed unique profiles on the MMPI. (The hostiles showed elevations on clinical scales four (Pd), and nine (Ma), while the simples most pronounced elevation was on the nine scale.) Using an even larger sample of 277 inmates, the above noted differences were substantiated.

An effort by Schultz to replicate the Ohio Penitentiary Study employing female subjects who were incarcerated at the Ohio Reformatory for Women failed to support the earlier findings with males. A lack of differential responses among subjects to injections of epinephrine was interpreted by Schultz as indicating that there may be few female simple sociopaths. It could also mean that female simple sociopaths receive differential treatment from social control agents and that they may be more often sent to hospitals rather than prisons. Schultz's findings raise the important question of whether or not simple sociopathy may be sex-linked and in some way related to certain male physiologic characteristics. This is an area which clearly deserves further
research. For instance, female mental hospital patients might be studied to more accurately determine the incidence of simple sociopathy among women.
NOTES


5. Ibid., p. 64.


9. Ibid., pp. 24-25.


21Ibid, p. 237


24Goldman and others, A Designed Treatment Program of Sociopathy by Means of Drugs, p. 24.
25 Ibid., p. 25.
27 Ibid., p. 3.
CHAPTER II

SETTING OF THE RESEARCH: THE PRISON

The medium-security institution selected as the setting for this research was chosen, not because it was in the most desirable location, nor because it could furnish the best subjects and facilities. Rather, it was chosen because it represented the best available compromise under the circumstances. The Ohio State Penitentiary, which would have been more conveniently located, and which might have provided more eligible subjects, was then in the process of being closed down by the Department of Corrections and the new state maximum security facility was not yet fully operational. However, the medium security prison selected did possess certain advantages: greater freedom of movement for research staff and subjects, the availability of physical space (for the exclusive use of the investigators) for interviewing, testing and medical consultations and, above all, the existence of a conveniently located "pill center," which would be used for the safe storage and dispensing of experimental medications. In size and functional arrangement, this 1200-man prison resembles
other Ohio medium-security institutions. The same kinds of high, chain-link fences, gun towers, brick buildings, industrial shops, uniformed custody officers and rural surroundings, with adjacent honor farms, characterize all, yet, this is a distinctive institution in other respects. The most apparent of these distinctions is a greater variety and heterogeneity among prisoners, especially in terms of such observable physical indices as age, race, mode of dress, general health and physical deformities and handicaps. There are a disproportionate number of older inmates, in comparison with other medium-security prisons and, although the average age is about 44, there are many geriatric prisoners that can be seen going slowly about the yard on canes and crutches. White heads and white beards are common and old men with deeply-lined faces go puttering around the flower beds on summer days, leaning often on their rakes or hoes. Prisoners stroll casually along the sidewalks in pleasant weather, and as they walk, there is often a great deal of loud, ribald joking and good-natured bantering among them. The guards seldom intervene, even when men engage in "roughhousing" that is sometimes difficult to distinguish from fighting. There is an unhurried, almost relaxed atmosphere and the feelings of tension and anxiety that many prisoners say they experienced at the penitentiary are apparently considerably diminished. (Many inmates
actually experience a decrease in blood pressure within a few weeks after their arrival from the penitentiary.) Most men have served prior penitentiary time and are transferred by correctional authorities because they are considered to be sufficiently institutionalized and to warrant a lesser degree of security and supervision. Many are serving out the final years or months of lengthy sentences for such serious offenses as homicide, rape or armed robbery.

Despite the fact that a majority of prisoners have committed serious offenses against persons, with armed robbery and homicide predominating, there are relatively few fights. When altercations do occur, they often represent conflicts which originate in homosexual relationships or they may grow out of power struggles among competing (organized) inmate factions.

The obvious variety of handicaps distributed among the inmate population prompted one of the investigators to remark, "If there is one best way to characterize these prisoners, it is that they are handicapped--physically, psychologically and socially." When inmate files were reviewed, the truth of this statement became even more apparent, and it was observed that criminal behaviors had often followed closely upon the onset, or worsening, of such handicaps. By way of contrast, reformatory inmates, whose files the author had just finished reviewing,
demonstrated considerably fewer handicaps, a greater degree of vocational competence and higher I.Q.'s. Prisoner medical and psychological handicaps became a particular problem to researchers at the stage of subject selection, when adherence to strict medical criteria (normal intelligence, under age 50, no history of cardiovascular illness or high blood pressure, no epilepsy, no history of diabetes, no chronic condition, etc.) eliminated many potential subjects. Table 1 summarizes the background characteristics of the prison population and is based upon information that was abstracted from the records of 412 consecutively admitted inmates.

The author identified four major inmate subcultures within the prison society. These were important to the research for two major reasons. First, membership in subcultures exercised an important influence on inmate attitudes and behaviors and sometimes affected whether or not men would volunteer for the study. Second, sociopathic subjects, as well as other subjects, often sought out informal subcultural roles which were compatible with their pathologies and it was necessary to observe subjects in these roles in order to better understand their behavior, as well as to better assess any behavioral changes. (Sometimes the friends and associates of subjects who were known members of "friendly" subcultural cliques volunteered information to the
Table 1: Selected Summary of Background Characteristics of 412 Consecutive Admissions (Most Frequent Counties of Commitment Hamilton, Cuyahoga)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>43.9</td>
</tr>
<tr>
<td>Mean Educational Level</td>
<td>8.2</td>
</tr>
<tr>
<td>Per cent White</td>
<td>58.8</td>
</tr>
<tr>
<td>Per cent Protestant</td>
<td>65.0</td>
</tr>
<tr>
<td>Per cent Urban Residence</td>
<td>59.0</td>
</tr>
<tr>
<td>Per cent Adult Life Incarcerated</td>
<td>38.3</td>
</tr>
<tr>
<td>Most Frequent Offense (Robbery) (Percent)</td>
<td>19.9</td>
</tr>
<tr>
<td>Family History of Criminality in Record (Percent)</td>
<td>28.9</td>
</tr>
<tr>
<td>Background of Childhood Institutionalization (Percent)</td>
<td>25.7</td>
</tr>
<tr>
<td>Evidence of Head Injury or Epilepsy (Percent)</td>
<td>16.3</td>
</tr>
<tr>
<td>Mean Psychopathic Deviantcy Score</td>
<td>72.0</td>
</tr>
<tr>
<td>Mean IQ Score</td>
<td>97.9</td>
</tr>
<tr>
<td>Mean Escapes from Adult Penal Institutions</td>
<td>.24</td>
</tr>
<tr>
<td>Evidence of Heroin Use (Percent)</td>
<td>9.5</td>
</tr>
<tr>
<td>Father's Mean Educational Level</td>
<td>8.2</td>
</tr>
<tr>
<td>Mean Number Full Siblings</td>
<td>3.7</td>
</tr>
<tr>
<td>Mean Adult Arrests</td>
<td>9.3</td>
</tr>
<tr>
<td>Mean Marriages</td>
<td>.77</td>
</tr>
<tr>
<td>Mean Cornell Medical Index Score</td>
<td>14.6</td>
</tr>
</tbody>
</table>
researchers regarding a subject's health, mood or behaviors. These additional "inside sources" of information proved to be fairly reliable and served as valuable checks on the investigators' own observations and knowledge. In general, the men who volunteered such information seemed to do so because they were genuinely concerned about a friend's health or because they noted a behavioral change which (they thought) might have been caused by the experimental medications. These reports were always taken seriously, noted and carefully reviewed, together with other evidence, in biweekly meetings of the research team.

The four subcultures identified by the author were: the thieves, the convicts, the black nationalists and the addicts.

Members of the thief subculture were well-known to each other, associated with one another socially and shared certain common values, although they were also apt to be quite individualistic. The thieves were typically respected, old-line, white, armed robbers who were regarded (by other prisoners) as being professional criminals (despite their usual records of failure). Thieves abhorred "snitches," sex offenders, homosexuals, "institutionalized convicts," hippies, and black nationalists. The thieves tended to be the (conservative) moral leaders of the institution, the "right guys" who did their "own time", maintained a criminal identity and went along with most
prison rules. Thieves usually evidenced disgust with prison life and were determined to complete their sentences as quickly as possible so that they could return to a life of crime "on the streets." Several of the thieves were likeable, charming sociopaths, who related well to interviewers, and, once convinced of the sincerity of the investigators, were often quick to volunteer for the study. Thieves would support one another when trouble threatened and would not hesitate to employ violence as a last resort. However, as a group, they were not highly cohesive. Instead, most thieves were rugged individualists; independent spirits who espoused traditional American political values, the cult of machismo, and goals of material success. Above all thieves valued order and privacy in the institution and seemed to fear disorder, non-conformity and the possible loss of their masculine identities, hence, "giving in" to homosexuals, "getting institutionalized" and "playing convict games" were often expressed sources of anxiety for them. Thus, most thieves represented a conservative force in the prison and many were respected, as being "hard workers," and "good cons" by the custody staff. (The exception was some of the younger thieves, who seemed to be developing their own subculture, based around the emerging Ohio Prisoner's Union. These younger men were apparently breaking with the old traditions of individualism and non-involvement in prison
politics that had governed the behavior of earlier generations of their counterparts.)

Those thieves who became subjects were generally dependable and asked few favors of the investigators. Although they were strongly anti-social in their orientations, thieves prided themselves on treating "good people" fairly (and, in time, several let it be known that the researchers were "good people"). In brief, the thieves comprised the largest of the inmate subcultures and they also became the single largest source of volunteer subjects for the study.

The convicts, on the other hand, consisted of a loosely associated network of prisoners for whom prison life had seemed to become an end in itself. These were the state-raised youths, now older, and the very institutionalized long-time inmates. Unlike the thieves, the convicts were not considered to be professionals who were oriented toward a life of crime in the larger society. Rather, the convicts were seemingly defined by others, and by themselves, in terms of their prison roles, e.g., "dealer," "politician," "fag," "queen," etc. Dealing (in contraband) seemed to be one of the most popular and profitable avocations among convicts. In fact, the norm of reciprocity seemed nowhere better developed than among members of this subculture, for if a favor is granted and it is accepted, the recipient must soon expect to return a favor to the donor. Perhaps, accordingly, members of
the convict subculture who volunteered for the research seemed to do so mainly because they wished to extract something in return from the investigators, e.g., letters to officials in their behalf, telephone calls to girlfriends, addresses of women with whom they could correspond, small loans, etc. Although the researchers denied these requests, the convicts seldom stopped manipulating and "agitating." When they discovered that they could not secure concessions from the research team, they usually responded by dropping out of the study. Most lasted only a few days or weeks and, in one case, a convict-subject became so abusive and disruptive to other subjects (during an early testing session) that the author had to tell him that he was being permanently discontinued from the program. (Clinical observations, as well as psychometric test scores, suggested a high incidence of immature, hysterical, neurotic behavior among the members of this group.)

Claiming a membership of some 250 inmates, the black nationalist subculture was probably the most politically effective and socially cohesive of the major inmate subsocieties. This group possessed a formal organization, with a clearly-defined rank structure and well-established links with outside black organizations. The black nationalists had even successfully negotiated with
the prison administration to obtain their own "Black Culture Center" (in a room adjacent to the library). This Center functioned as a combined meeting place and classroom and was used to teach classes in art, black history, the Muslim faith, and political theory.

The black nationalists were initially quite suspicious of the researchers' intentions and maintained a close watch on the movements and activities of research personnel. It soon became apparent, during the early phase of subject selection, that few, if any, black inmates could be recruited unless the black nationalists lent at least tacit approval to the study. Meetings were then arranged between members of the research staff and black nationalist leaders and the purposes of the study were clearly explained to them. Although the leaders nominally endorsed the study, they still expressed some reservations about it and, for instance, asked why there were no blacks included on the research staff. After these meetings, the leaders seemed to adopt a policy of non-interference and a "wait-and-see" attitude toward the project. This *laissez-faire* policy continued for the duration of the research, the result being that no active member of the black nationalists ever participated in the study, however, neither did the organization attempt in any way to interfere with the voluntary participation of other black inmates.
Probably the most inconspicuous of the prison's subcultures, and least known to the investigators, was the society of former heroin addicts. It consisted of sometime prison associates who had previously known each other "on the streets" or who had spent time together at the Federal Narcotics Hospital. There were only two subjects in the study who belonged to this social category and both were blacks with urban ghetto backgrounds. These inmates, and their counterparts, were kept under close surveillance by custody personnel and were sometimes "shaken down" to determine if they were in possession of narcotics or narcotics instruments. Both subjects proved to be "model prisoners," however, and were never found with illegal drugs; they were polite, cooperative and (superficially) friendly but, at the same time, remote, uncommunicative and difficult to know; both men would subsequently complete the research without incident.

It should be noted that the foregoing descriptions of subcultures are partial, idealized accounts and that the behavior of individual inmates did not usually conform to the roles described, except in a very inexact way. Many men simultaneously participated in two or more subcultures and some played multiple roles that seemed incompatible to the observer, e.g., professional thief, dealer, and inmate-politician! More detailed information
regarding the prison social behavior of individual subjects is included in the case histories on pages 77 to 187.

Finally, the nature of the relationships between researchers, prisoners and local and state correctional officials had an important influence on the conduct of the study and requires explanation. During the early days of the study, despite pledges of cooperation from higher-ranking prison officials, custody officers and work supervisors were reluctant to extend much assistance to the investigators. The expressed attitude was that giving inmates drugs would cause them to become excited, unruly and, possibly, violent, making the custody staff's work more difficult for them. This problem was quickly solved when the cooperation of a key custody sergeant (who wielded considerable informal power) was obtained. The sergeant's cooperation virtually guaranteed the compliance of lower-ranking correctional officers and administrative personnel and it had the additional benefit of serving as a positive signal to some (previously reluctant) potential subjects. (The potential inmate-subjects could at least be assured that, since custody personnel were visibly cooperating in the research, they could not get into serious trouble with custody if they volunteered.) Other inmates, and particularly several members of the thief subculture, had worked for the custody sergeant and were on fairly good terms with him; these men also
readily volunteered for the study. After securing these initial subjects, researchers met with increasing success in subject recruitment and, after publicizing the purposes of the study in the prison newspaper and by word-of-mouth, men volunteered in growing numbers, (the chief exceptions being members of the black nationalist organization, whose leaders, it was later discovered, considered the custody sergeant to be a "white racist" and one of their major adversaries.)

Despite the continuous power struggles that characterized daily relationships between the prison staff and the inmates, and especially between prisoners and custody personnel, most conflict remained controlled and institutionalized and seldom became overt or violent. However, on December 18, 1972, prisoners went on an unanticipated sitdown strike which threatened to erupt into prison-wide violence. The major grievances of the strikers were not local issues but instead represented their dissatisfaction with the policies and decisions of state correctional agencies and, particularly, with the state parole board. Although the strike was widely supported by inmates, it ended quickly, and peacefully, after a brief show of force by correctional authorities on December 22, 1972. Some of the strike's leaders were then transferred to the maximum security Southern Ohio Correctional Institute as a disciplinary measure.
Despite the fact that the research team could not enter the prison compound during the strike, the strike had a minimal effect on the course of the study. Experimental medications were rerouted to the prison hospital, which was located adjacent to the administration building and, fortunately, all subjects who were receiving medications before the strike continued to take them during the strike. There were no serious disruptions of the research procedures, other than some minor rescheduling, and no subject who was involved in the study received a disciplinary transfer to S.O.C.I. for taking part in the strike.
EXPERIMENTAL DESIGN AND PROCEDURES

Experimental Design

The solicited research proposal, as accepted by the Department of Rehabilitation and Correction and the specific prison administration, involved a double-blind experimental design initially utilizing five different pharmacologic agents. Inmates would be invited to participate as subjects if they met the criteria of sociopathy that had been established in previous investigations: number of arrests, percentage of adult-life institutionalized, number of attempted escapes, the MMPI profile with special emphasis on subscales four and nine, the Lykken Activity Preference Questionnaire and the Zuckerman Stimulus-Seeking Scale. Each prospective subject also had to pass a final diagnostic interview by the project psychiatrist; this screen replaced the previously-used Cleckley check-list which had proved unreliable in the past. Unlike previous studies by the research team, which employed a multiplicity of objective factors to determine diagnoses, this study would rely upon the clinical judgment of the project psychiatrist to arrive at final diagnoses. On the basis of these criteria and the additional criteria of age (-50 years), IQ (+85), board date
(+6 months) and medical eligibility (no cardiovascular disorders, reasonably good general health), the inmate population would be divided into (hostile and simple) sociopathic and non-sociopathic subjects. Abstracts would be prepared (in advance) from subjects' case folders on all relevant socio-demographic, criminal history, institutional adjustment and medical-psychiatric variables. After being interviewed for consent, subjects would be given a battery of tests in order to obtain baseline parameters for comparison with subsequent observations. These tests included (in addition to the MMPI and Lykken, and Zuckerman scales) the Lüscher Color Test, the State-Trait Anxiety Inventory, and a project-designed tactile perceptual (disc) task. Additionally, some of the more important variables that would be measured were cardiovascular and electrodermal responsivity to complex audio-visual stimuli. The audio-visual presentation was created to (hypothetically) circumvent the parenteral administration of adrenaline to subjects by provoking the activity of the sympathetic nervous system. Instantaneous heart rate and palmar resistance would be monitored continuously during the entire thirty minute audio-visual presentation which was divided into three approximately equal segments, with the middle section containing a variety of emotionally charged scenes. Most of these scenes illustrated a violent motif.
Once inducted, the study subjects were to receive a random sequence of four active substances and an inactive placebo during their six months on the project. The original protocol called for the oral administration of amphetamine, caffeine, imipramine, and chlorpromazine. It almost immediately became evident that the small number of eligible subjects would make so ambitious a protocol impossible to achieve. This, and difficulties with the Food and Drug Administration which delayed the start of drug administration for more than a year, forced the modification of the experimental design to include only imipramine or placebo in Orange Tang, which would be alternately administered to subjects over a six month period.

A majority of subjects, regardless of psychiatric diagnosis, were scheduled to receive medications, both placebo and drug, in the temporal order of placebo, drug, and final placebo. This was designed to increase subject exposure to the independent variable, permitting the investigators to maximize their observations of drug responses, despite the relatively small number of subjects. (A subgroup of three subjects was also scheduled to serve as a pure control group and to receive only placebo during their entire project participation.)

The hypothesis which guided the investigation, i.e., that clinically-diagnosed simple sociopaths would benefit more from treatment with an arousal-producing drug than control subjects, would be tested against the evidence of clinical
judgment, observer behavioral ratings, subject self-reports and psychometric test results. Assuming the validity and reliability of the relevant variables, as well as the proper use of experimental procedures, proof for the hypothesis would be obtained if: (1) sociopathic subjects started with different placebo parameters than controls and showed significant within-group improvement, as they moved from the placebo to the drug condition, (2) the parameters of sociopaths in the drug condition were significantly different from those of controls in this condition and, (3) any significant difference between sociopaths and controls during drug therapy were based upon more than a worsening in the status of the controls, that is, there would also have to be positive reactions on the part of the sociopaths to constitute meaningful improvement.

Procedures

During January 1972, research team members arrived at the institution and established a standardized, written format for systematically abstracting information from inmates' files. (See page 304.) Abstracts were prepared from the case folders on all relevant variables and, by December 1, 1972, (the delay resulting from difficulties with the FDA) the records of over 300 consecutive admissions had been abstracted. Simultaneously, efforts continued to obtain final FDA clearance for the oral administration of imipramine in the (less familiar) liquid form. The decision to administer the drug in a liquid
medium, rather than as a pill, was based upon the observation that some inmates were quite skilled at "cupping" and "cheeking" pills, whereas this would be impossible with a container full of liquid. "Cupping pills" refers to the practice of pretending to place a pill in the mouth while actually retaining it between the fingers of a cupped palm. Whereas "cheeking pills" consists actually of placing of a pill in the mouth but of keeping it in the cheek instead of swallowing it.) "Cupping" and "cheeking" are practiced, according to inmates, because some prisoners want to accumulate a large number of pills; these pills may then be consumed by the individual in a single, large dose or they may be sold or distributed to other prisoners.

During the same time period, the investigators completed the remodeling of space in a prison dormitory that was designed for use as a combined interviewing, testing and projection facility. The space was furnished in the style of a contemporary living room and was located across, the hall from the prison medication dispensary, the "pill center." A degree of privacy was obtained in the experimental room by installing drapes over the barred windows. Only one small window, located on the door that opened into the hallway, permitted correctional officers to occasionally look in. Experimental recording and projection devices were permanently installed in a smaller rear room, while terminals for the GSR, pulsemeter and stereophonic headsets— all components of the audio-visual pres-
entation—were inconspicuously built into a small end table in the experimental room. Other experimental devices and equipment, e.g., portable EKG machine, disc test apparatus, tape recorders, etc., were routinely stored in the rear room when not in use in an effort to maintain a relaxed atmosphere in the experimental room for interviewing and testing.

In anticipation of FDA approval, subject files were reviewed for eligibility in order of consecutive admission. All subjects who met the basic eligibility requirements of age, health, IQ and Parole Board date were interviewed for consent, regardless of whether their prison MMPI scores or behavior indicated they might be sociopaths. (Non-sociopathic subjects would be employed as controls. However, after an ample number of controls were enlisted, only those consecutively-admitted subjects who evidenced symptoms of sociopathy would be invited to participate. Three pilot subjects were finally selected to check out the experimental procedures and these subjects, after signing consents and taking baseline psychometric tests, began to receive placebo medications from the pill center on a twice-daily basis, beginning on November 1, 1972. By December 13, 1972, final FDA approval had been secured and the first contingent (of three) actual subjects began the drug treatment regimen. (The last contingent of regular subjects who would participate in the drug treatment program would not complete their six month series of medications until January 1, 1974.)
Of 412 consecutive admissions whose case folders had been carefully screened for eligibility, 132 cases were found to meet all requirements. Of these prospective subjects, informed consent was obtained from 79 men through personal interviews in which all of the procedures and risks were explicitly explained and all questions fully answered. These interviews were always witnessed and in some cases tape-recorded as patient safeguards, and to meet the researchers own stringent requirements concerning informed consent as well as those of The Ohio State University and the Department of Health, Education and Welfare. Copies of consent forms are included on page 303. The interviewees were always guaranteed total confidentiality of their records and performance in this study; this included complete anonymity. All abstracts, test scores and other identifying documents were assigned code numbers in lieu of subjects' names. Only one master list linking code numbers with names was maintained and this list was deposited in a safe at the university by the project psychiatrist. The only other records which identified individual subjects by name were consent forms and interview tapes; these, too, were transferred immediately to the university for safekeeping.

The subjects were informed that they would be paid $3.00 monthly and later were given an additional incentive of a carton of cigarettes per month (or its equivalent) for not missing more than two drug doses.
In all, 41 men or 51 per cent of those who originally consented, actually began the period of chemotherapy (subsequently, of these 41 subjects, 25 would complete the active drug phase of treatment and 22 subjects would finish the entire study). There were, in addition, the placebo-only subjects, included in the original 41, who also would substantially complete the study. These 41 men were tested on the instruments noted earlier and were then placed on placebo medication for a period of one month, after which they received imipramine for three months, followed by a final placebo of two months; a subgroup received placebo only during this period. The medication, drug and placebo, was prepared at The Ohio State University Neuroendocrinology Laboratory, under the supervision of Dr. Harold Goldman, and was delivered to the institution by the Field Coordinator on a thrice-weekly basis. The pre-mixed medication was first transferred to sealed, three-ounce plastic cups, containing individual dosages, which were marked with inmates' institutional numbers and the time at which each dose was to be administered. These plastic cups were then placed in specially fabricated, styrofoam trays which were designed to insulate them against temperature extremes during transport to the prison's pill center. At the pill center, the medications were stored in a small refrigerator which had been placed there by the researchers and which was
reserved for their exclusive use. Medications were dis­
pensed by pill center personnel on a twice-daily schedule
in accordance with the researcher's instructions. When­
ever fresh medications were delivered, a member of the
research team counted and permanently recorded the num­
bbers of subjects who had "left over" medications and the
specific quantities and times of the medications that had
been missed. Subjects were then immediately interviewed to
determine why they had not taken all of their medications
and this information was conveyed to Dr. Goldman, to­
gether with any indication of side-effects. (It should again
be emphasized that neither the Field Coordinator nor his
assistants were aware of whether or not any subject was
receiving drug or placebo at any given time.)

Pill center personnel who dispensed medications
were required to recognize subjects who were in the treat­
ment program on sight and to check each man's medication
record when he appeared at the center to ensure that sub­
jects were not receiving any other prescribed drugs. As
an additional precaution, the researchers personally
reviewed the prison medication records of subjects bi­
weekly, and checked with the prison hospital nurses week­
ly. If prescribed drugs did appear on the medication
record, this information was transmitted to Drs. Goldman
and Lindner, who, in turn, consulted with prison phy­
sicians, and rendered a medical decision (as to any pos­
sible interactive effects of the drugs and as to whether
the experimental medication dosage should be reduced.)

Since all subjects had received prior medical clearance from both project and prison physicians, problems of this type were few.

Of equal concern to the investigators was the possibility that some subjects might also use unknown, illegally-obtained drugs. This potentially dangerous possibility could not be eliminated, however. The close clinical monitoring of the subjects, together with the establishment of good rapport with the men were regarded by the researchers as being their best defenses against such practices. (In addition, inmates were always warned of the possible hazards of drug interactions during consent interviews.)

Standardized clinical procedures and checks were developed to: (1) serve as dependent variables for measuring the effects of the experimental medication, (2) serve as a means of detecting illicitly-obtained drugs and, (3) provide a method for monitoring the general health and psychological condition of all subjects. These standardized clinical procedures and checks included:

1. Bi-weekly interviews of thirty minutes each for all subjects who were receiving medication, to identify any possible changes in health, anxiety level, mood, attitudes or behaviors. Before being interviewed (by the author or project psychiatrist) subjects completed a written symptom check list on which were listed the
various known physical side effects of imipramine, to­
gether with a variety of other symptoms, not known to be 
common side effects. If a subject failed to mention a 
symptom during the interview, but checked it off on the 
written symptom check list, he was queried about the 
symptom before the interview was terminated. Conversely, 
if a subject mentioned a symptom in conversation, but did 
not check it off on the list (or record it under "com­
ments"), then the interviewer would record the symptom 
on the list, together with any other pertinent observa­
tions which he made during the interview. See page 302.

2. Weekly physical examinations of all subjects 
taking medication by the project physician-psychiatrist, 
including measurement of heart rate and blood pressure.

3. Monthly electrocardiograms for subjects on 
medication.

4. Weekly hospital checks by staff members (to 
determine if any subjects had been there for treatment, 
etc.).

5. Routinized psychometric testing of all sub­
jects. The State-Trait Anxiety Inventory\(^1\) was adminis­
tered bi-weekly (as an additional index of anxiety); 
the MMPI\(^2\) was administered monthly to monitor more 
generalized personality changes; and the Lüscher Color 
Test\(^3\) and the disc test\(^*\) were given only during the

\(^*\)See page 236, for a description of the disc test.
placebo, drug, and post-drug periods of the treatment program. See pages 302-319 for examples of test instruments and other forms.

Drug dosage was individually titrated on the basis of reported symptoms—-and observed physical status. The close clinical monitoring of subjects enabled Dr. Goldman and his staff to accurately adjust individual drug dosages to maximally effective levels while minimizing the influence of side effects. This was accomplished by increasing dosages, during active drug phase, at an average rate of about 50 milligrams per week, to a point at which subjects either (1) began to experience side-effects or (2) adjusted (without side effects) to the maximum permissible dosage of 200 mg per day. If appreciable side effects continued for more than a day, the dosage would be gradually reduced until the side effects disappeared and the individual's tolerance level was reached. Most subjects were "brought up" to maximal dosage levels over a four-week period, were maintained at these levels (usually 200 mg per day) for four weeks, and were "tapered off" for four weeks, after which they resumed taking placebo medication for up to two months.

Detailed procedures for the presentation of the audio-visual stimuli are not reviewed here but it should be noted that these procedures occupied a significant portion of the experimenters' time (due, in part, to a series of equipment failures). Although these data are
still being analyzed, it is the author's opinion that reactions to these presentations will probably not differ significantly between sociopaths and non-sociopaths. (Several subjects commented that they were not affected by the A-V presentations, a few even fell asleep during the showings, and others opined that sexual, as opposed to violent, themes would have provoked more inmate interest. "We're used to violence," said one prisoner.)
NOTES


CHAPTER IV

POPULATION AND SUBJECT CHARACTERISTICS

Tables 2 through 31 present the major statistical characteristics of four inmate population groups. These groups include: 412 consecutive admissions, 79 consenting inmates, 25 experimental subjects (those who completed the active drug phase of the program) and 9 sociopathic subjects (part of the above group of 25 experimental subjects).

Tables 2 through 31 demonstrate that the consenting inmates were not precisely representative of the larger institutional population, as represented by the 412 consecutive admissions. For example, the consecutive admissions were older, more physically handicapped, had lower IQs and had less formal education than the consenting subjects. However, the above differences are direct reflections of the selection criteria that were employed by the investigators, that is, only those inmates who met the minimal IQ and health requirements, and who were under the upper age limit, were interviewed for consent. Also, as might be expected from their higher average age, the consecutive admissions more frequently had rural backgrounds and were more likely to be homicide or sex offenders. Other differences between these groups indicate
that the consenting inmates were somewhat less stable and predictable in their past behaviors and life-styles. Thus, the consenting inmates married (and divorced) more often, served fewer months in the military and received fewer Honorable Discharges; they had also been more frequently institutionalized (both in children's institutions and prisons), were more often admitted to mental hospitals, used drugs to a greater extent and evidenced a higher number of escapes from confinement. Some of the foregoing differences could have occurred if the consenting inmates included a larger number of sociopaths within their ranks (prison diagnoses notwithstanding) than were (proportionally) represented among the overall inmate population, but this remains unknown.* On the other hand, since sociopaths had seldom been admitted to mental hospitals, the consenting group may also have experienced other forms of mental disorders to a greater extent than the consecutive admissions. This is the author's interpretation, at any rate, based upon his observations of subjects; some had wanted to participate in the study because they wanted help with emotional problems, and this prompted them to volunteer despite the fact that they were fully informed—intellectually at least—that no subject could expect to receive any form of treatment (he might become a control) and that no psychotherapy or counseling was included in the program. Other men who

*The 412 consecutive admissions were not diagnosed by the project psychiatrist.
became subjects seemed lonely and isolated and the prospect of interacting socially with outsiders obviously appealed to them and, no doubt, influenced their decision to participate. This is not meant to imply that the consenting inmates differed grossly from the inmate population as a whole. There were clearly more similarities than differences between them, e.g., MMPI scores were nearly identical, indicating no major differences between the contingents on these commonly measured psychological variables. (The MMPI did not, however, prove to be a useful instrument for diagnosing sociopathy within a population that had almost uniformly high Pd scores.) Racially, the consenting inmates did include a smaller percentage of blacks (31.6 per cent) than the consecutive admissions (41.2 per cent), quite probably for reasons that were discussed earlier.

A further review of the data reveals that the 25 experimental subjects were essentially similar in background to the 79 consenting inmates. Differences in racial distributions indicate that the staff was less successful in keeping black subjects involved in the program (Table 3) while the higher mean escapes of the 25 subjects (Table 23) probably reflects the higher percentage of diagnosed sociopaths included in this latter group. (Thirty-six per cent of the latter, as opposed to 20 per cent of the former, were sociopaths.)
Table 32 illustrates that a statistical analysis of the differences in background variables between 16 sociopaths, included among the 79 consenting inmates, and 63 non-sociopaths from this same group resulted in few statistically significant findings. Sociopaths had a higher number of escapes (P=.01), a higher rate of incarceration (P=.01) and a lower number of mental hospital admissions (P=.01). Baseline psychometric scores for the MMPI, the Lykken Scale and the Cornell Medical Index did not result in significant findings; however, the Zuckerman Scale did significantly distinguish between sociopaths and non-sociopaths (P=.05).

Finally, when the nine diagnosed, sociopathic subjects were compared with the sixteen non-sociopathic experimental subjects, the only statistically significant differences that emerged were mean number of escapes (P=.05, sociopaths were higher) and mean number of mental hospital admissions (P=.01, sociopaths were lower). (Zuckerman scores were in the anticipated direction but did not attain statistical significance.)

A summary of project psychiatric diagnoses for the 79 consenting inmates is presented in Table 33. These diagnoses bear little resemblance to those routinely made by prison psychologists. (See Table 24.) For instance, while the project psychiatrist diagnosed 20.3 per cent of this group as being sociopathic personalities, prison psychologists placed only 5.1 per cent of the inmates into this category. One
prison psychologist remarked that he and most of his colleagues were reluctant to diagnose anyone as being a sociopath because of the stigma that is associated with this diagnosis. As checks on the reliability of project psychiatric diagnoses, independent diagnoses were performed by Dr. Helmut Schmidt, M.D. and by the author (who is neither a psychiatrist nor a diagnostician, but who has worked with sociopathic offenders for several years, in both correctional and research settings). In the several cases diagnosed by Dr. Schmidt, there was almost perfect agreement between him and Dr. Lindner, and, when the author independently diagnosed each of the 41 subjects who had started the experimental medications, he failed in only one instance to diagnose a sociopathic subject previously identified by Dr. Lindner! There was, however, less consensus concerning which of the sociopathic subjects should be considered "simple," "hostile" or "mixed" and concerning labels for non-sociopaths.

The project psychiatrist's final diagnosis for each of the 41 subjects is included on a separate data sheet which precedes a detailed case history that was prepared for individual subjects by the author. Case histories of the 25 experimental subjects follow, while the remaining cases are incorporated into the Appendix.
<table>
<thead>
<tr>
<th>Group</th>
<th>Rank</th>
<th>Offense</th>
<th>Percent of All Offenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>1</td>
<td>Robbery</td>
<td>19.9</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Homicide</td>
<td>18.2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Sex Offenses</td>
<td>17.0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Burglary</td>
<td>15.0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Larceny</td>
<td>7.3</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>1</td>
<td>Robbery</td>
<td>36.4</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Burglary</td>
<td>13.9</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Larceny</td>
<td>12.7</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Aggravated Assault</td>
<td>11.4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Homicide</td>
<td>11.4</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>1</td>
<td>Robbery</td>
<td>29.3</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Burglary</td>
<td>19.5</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Forgery</td>
<td>12.2</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Larceny</td>
<td>6.5</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Homicide</td>
<td>4.9</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>1</td>
<td>Robbery</td>
<td>22.2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Forgery</td>
<td>22.2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Burglary</td>
<td>16.7</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Arson</td>
<td>11.1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Larceny</td>
<td>5.5</td>
</tr>
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Table 3: Rank Order of Four Most Frequent Counties of Commitment for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Rank</th>
<th>County</th>
<th>Percent of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>1</td>
<td>Hamilton</td>
<td>16.26</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Cuyahoga</td>
<td>14.32</td>
</tr>
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<td></td>
<td>3</td>
<td>Franklin</td>
<td>9.22</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Montgomery</td>
<td>5.58</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>1</td>
<td>Franklin</td>
<td>16.50</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Cuyahoga</td>
<td>12.70</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Hamilton</td>
<td>8.90</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Summit</td>
<td>7.60</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>1</td>
<td>Franklin</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Summit</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Montgomery</td>
<td>15.00</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Hamilton</td>
<td>10.00</td>
</tr>
<tr>
<td>4. Sociopaths</td>
<td>1</td>
<td>Summit</td>
<td>22.00</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Franklin</td>
<td>11.11</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Hamilton</td>
<td>11.11</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Montgomery</td>
<td>11.11</td>
</tr>
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</table>
Table 4 : Mean Age of Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>43.86</td>
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<tr>
<td>2. 79 Consenting Inmates</td>
<td>37.46</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>38.00</td>
</tr>
<tr>
<td>4. Sociopaths</td>
<td>37.77</td>
</tr>
</tbody>
</table>

Table 5 : Racial Distribution of Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Black</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>58.8%</td>
<td>41.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>68.4</td>
<td>31.6</td>
<td>100.0</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>80.0</td>
<td>20.0</td>
<td>100.0</td>
</tr>
<tr>
<td>4. Sociopaths</td>
<td>88.9</td>
<td>11.1</td>
<td>100.0</td>
</tr>
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</table>
Table 6: Residential Background of Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Urban</th>
<th>Small Town</th>
<th>Rural</th>
<th>Total Percent</th>
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<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>59.0</td>
<td>33.1</td>
<td>7.9</td>
<td>100.0</td>
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<tr>
<td>2. 79 Consenting Inmates</td>
<td>62.0</td>
<td>30.4</td>
<td>7.6</td>
<td>100.0</td>
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<tr>
<td>3. Experimental Subjects</td>
<td>64.0</td>
<td>24.0</td>
<td>12.0</td>
<td>100.0</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>66.7</td>
<td>22.2</td>
<td>11.1</td>
<td>100.0</td>
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Table 7: Mean Marriages for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
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<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>.777</td>
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<td>2. 79 Consenting Inmates</td>
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<tr>
<td>3. 25 Experimental Subjects</td>
<td>1.12</td>
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<td>4. 9 Sociopaths</td>
<td>1.67</td>
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Table 8: Mean Years of Formal Education of Subject for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
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<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>8.19</td>
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<tr>
<td>2. 79 Consenting Inmates</td>
<td>9.97</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>9.88</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>9.67</td>
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Table 9: Mean Years of Formal Education of Father for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>8.21</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>9.00</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>7.90</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>7.33</td>
</tr>
</tbody>
</table>
Table 10: Mean Years of Formal Education of Mother for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>9.33</td>
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<td>2. 79 Consenting Inmates</td>
<td>9.42</td>
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<tr>
<td>3. 25 Experimental Subjects</td>
<td>10.15</td>
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<tr>
<td>4. 9 Sociopaths</td>
<td>10.00</td>
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Table 11: Religion of Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Protestant</th>
<th>Catholic</th>
<th>Jewish</th>
<th>Other</th>
<th>Total Percent</th>
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</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>65.0</td>
<td>25.0</td>
<td>5.0</td>
<td>5.0</td>
<td>100.0</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>58.3</td>
<td>22.2</td>
<td>5.5</td>
<td>14.0</td>
<td>100.0</td>
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<tr>
<td>3. 25 Experimental Subjects</td>
<td>60.0</td>
<td>24.0</td>
<td>8.0</td>
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<td>100.0</td>
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<td>4. 9 Sociopaths</td>
<td>44.5</td>
<td>33.3</td>
<td>11.1</td>
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Table 12: Mean Number of Full Siblings for Four Population Groups

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<td>2. 79 Consenting Inmates</td>
<td>3.70</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
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</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>4.77</td>
</tr>
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</table>

Table 13: Mean Months of Military Service for Four Population Groups

<table>
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<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>13.00</td>
</tr>
<tr>
<td>2. Consenting Inmates</td>
<td>13.33</td>
</tr>
<tr>
<td>3. Experimental Subjects</td>
<td>11.00</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>10.22</td>
</tr>
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</table>
Table 14: Distribution of Honorable Military Discharges Among Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Honorable or Under Honorable Conditions</th>
<th>Less Than Honorable</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>53.2</td>
<td>46.8</td>
<td>100.0</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>44.3</td>
<td>55.7</td>
<td>100.0</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>57.1</td>
<td>42.9</td>
<td>100.0</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>33.3</td>
<td>66.7</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 15: Evidence of Family History of Criminality for Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Criminality</th>
<th>No Criminality</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>28.9</td>
<td>71.1</td>
<td>100.0</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>26.6</td>
<td>73.4</td>
<td>100.0</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>28.0</td>
<td>72.0</td>
<td>100.0</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 16: Mean Adult Arrests of Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>9.33</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>8.69</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>7.72</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>6.56</td>
</tr>
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</table>

Table 17: Mean Arrest Rate of Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>.0326</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>.0440</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>.0329</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>.0285</td>
</tr>
</tbody>
</table>
Table 18: Evidence of Head Injury or Epilepsy for Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Evidence</th>
<th>No Evidence</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>16.3</td>
<td>83.7</td>
<td>100.0</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>20.3</td>
<td>79.7</td>
<td>100.0</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>24.0</td>
<td>76.0</td>
<td>100.0</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>0.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 19: Mean Number of Current Offenses of Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>1.37</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>1.50</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>1.64</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>2.00</td>
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</table>
### Table 20: Background of Childhood Institutionalization for Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Not Institutionalized</th>
<th>Institutionalized</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>25.7</td>
<td>74.3</td>
<td>100.0</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>43.0</td>
<td>57.0</td>
<td>100.0</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>44.0</td>
<td>56.0</td>
<td>100.0</td>
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<tr>
<td>4. 9 Sociopaths</td>
<td>33.0</td>
<td>67.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 21: Mean Mental Hospital Admissions for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>.134</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>.215</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>.240</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>.000</td>
</tr>
</tbody>
</table>
Table 22: Mean Adult Incarceration Rate for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>.3829</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>.4350</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>.4791</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>.4792</td>
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Table 23: Mean Escapes from Adult Correctional Institutions for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>.236</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>.487</td>
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<tr>
<td>3. 25 Experimental Subjects</td>
<td>.600</td>
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<tr>
<td>4. 9 Sociopaths</td>
<td>1.000</td>
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</table>
Table 24: A Comparison of Prison Diagnoses of Sociopathy (301.7) and Study Diagnoses of Sociopathy for Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Prison</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>6.19</td>
<td>Not Diagnosed</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>5.10</td>
<td>20.30</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>4.00</td>
<td>36.00</td>
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<tr>
<td>4. 9 Sociopaths</td>
<td>11.11</td>
<td>100.0</td>
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Table 25: Mean IQ Scores of Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>97.86</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>105.81</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>108.32</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>110.40</td>
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</tbody>
</table>
Table 26: Mean Lykken Scores of Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>10.69</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>12.00</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>11.42</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>10.78</td>
</tr>
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Table 27: Mean CMI Scores for Three Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 79 Consenting Inmates</td>
<td>14.64</td>
</tr>
<tr>
<td>2. 25 Experimental Subjects</td>
<td>12.29</td>
</tr>
<tr>
<td>3. 9 Sociopaths</td>
<td>10.44</td>
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</table>
Table 28: Mean Zuckerman Scores for Three Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 79 Consenting Inmates</td>
<td>13.41</td>
</tr>
<tr>
<td>2. 25 Experimental Subjects</td>
<td>14.71</td>
</tr>
<tr>
<td>3. 9 Sociopaths</td>
<td>16.00</td>
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</tbody>
</table>

Table 29: Mean Court Calls for Three Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 79 Consenting Inmates</td>
<td>3.07</td>
</tr>
<tr>
<td>2. 25 Experimental Subjects</td>
<td>3.80</td>
</tr>
<tr>
<td>3. 9 Sociopaths</td>
<td>3.22</td>
</tr>
</tbody>
</table>
Table 30: Drugs Used By Four Population Groups (In Percentages)

<table>
<thead>
<tr>
<th>Group</th>
<th>Alcohol</th>
<th>Heroin</th>
<th>Amphetamines</th>
<th>Cocaine</th>
<th>Morphine</th>
<th>Tranquilizers</th>
<th>All Drugs Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>53.6</td>
<td>9.5</td>
<td>1.7</td>
<td>2.2</td>
<td>1.9</td>
<td>1.5</td>
<td>70.4</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>59.5</td>
<td>10.0</td>
<td>16.5</td>
<td>8.9</td>
<td>2.5</td>
<td>8.9</td>
<td>115.3</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>44.0</td>
<td>8.0</td>
<td>20.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>84.0</td>
</tr>
<tr>
<td>4. 9 Sociopaths</td>
<td>77.8</td>
<td>0.0</td>
<td>33.3</td>
<td>0.0</td>
<td>0.0</td>
<td>11.1</td>
<td>122.2</td>
</tr>
</tbody>
</table>
Table 31: Mean Institutional MMPI Scores for Four Population Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean Scale Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>L</td>
</tr>
<tr>
<td>1. 412 Consecutive Admissions</td>
<td>50</td>
</tr>
<tr>
<td>2. 79 Consenting Inmates</td>
<td>52</td>
</tr>
<tr>
<td>3. 25 Experimental Subjects</td>
<td>50</td>
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<tr>
<td>4. 9 Sociopaths</td>
<td>49</td>
</tr>
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</table>
Table 32: Statistically Significant Baseline Differences between 16 Sociopaths and 63 Non-Sociopaths

<table>
<thead>
<tr>
<th>Variable</th>
<th>t Score</th>
<th>Chi Square</th>
<th>Level of Significance</th>
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</thead>
<tbody>
<tr>
<td>1. Mean Number of Escapes</td>
<td>3.75</td>
<td></td>
<td>.01</td>
</tr>
<tr>
<td>2. Rate of Incarceration</td>
<td>2.19</td>
<td></td>
<td>.01</td>
</tr>
<tr>
<td>3. Mean Number Mental Hospital Admissions</td>
<td>5.64</td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>4. Mean Zuckerman Scale Score</td>
<td>2.24</td>
<td>.05</td>
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</tbody>
</table>

Table 33: Psychiatric Diagnoses for 79 Consenting Inmates

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>Relative Frequency (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial Personality (hostile and simple)</td>
<td>16</td>
<td>20.3</td>
</tr>
<tr>
<td>Other Personality Disorder</td>
<td>10</td>
<td>12.7</td>
</tr>
<tr>
<td>Neurosis</td>
<td>12</td>
<td>15.2</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>9</td>
<td>11.4</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>16.5</td>
</tr>
<tr>
<td>No Final Diagnosis Specified</td>
<td>19</td>
<td>24.1</td>
</tr>
</tbody>
</table>
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2229

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 127
BETA:
WAIS:
SAT:
CMI: 8-1-1
LYKKEN: 11
ZUCKERMAN: 13

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)

PRISON DIAGNOSIS: Passive-aggressive Personality
X was a 33 year old white, married skilled laborer from a small resort community in northwestern Ohio. X. presented the impression of being an easy-going, relaxed, stoical individual of seemingly stable temperament who had been reared in a lower class, rural environment. X. described himself as being "plain lazy" and was a friendly, co-operative subject who impressed as being of low average intelligence and as being quite harmless. Paradoxically, X. was of above-average to superior intelligence and had a history of crimes involving violence, including Armed Robbery and Cutting with Intent to Wound. Furthermore, X. had a reputation, among inmates, of being "dangerous when crossed or cornered," and he regularly associated with "tough," experienced prisoners who adhered to a thieves'code. He had one escape on his record, but he generally complied with institutional rules and was not regarded as being a behavior problem by the prison staff.

X pled Guilty to Armed Robbery in Hardin County, receiving a 10-25 year sentence. He neither admitted nor denied participation in present offense and no details of the offense were available in prison records.

There was no indication of a juvenile police record. X.'s first adult arrest, at age twenty, was for Intoxication. He was arrested a few months later for Cutting to Wound, was convicted of this offense, and sentenced to Lebanon Correctional Institute, from which he subsequently escaped but was recaptured within weeks. He served an additional two and a half years, following this escape, being paroled in December, 1964. Instant offense occurred five years after this parole, in November 1969.

X once told a prison psychologist that alcohol had been the source of his difficulty with the law. He reportedly said that he couldn't drink one beer without getting drunk. X. was apparently in good physical health. On the C.M.I. questionnaire, he indicated that he drank more than six cups of coffee per day. A psychological examination, in March, 1970, resulted in a diagnosis of inadequate personality. X. admitted to research staff that he became drunk with very little alcohol and wondered why this occurred. He denied the use of other drugs.

X was born on January 2, 1940 in a small, northwestern Ohio community to native-born parents. His parents divorced when X. was age six and he was raised by his mother in a small-town environment. His mother reportedly had a twelfth grade education and was employed as a dietician; his father was a Deputy Sheriff. X. left home at age seventeen to join the Army but was reportedly honorably discharged a year later because of "low I.Q." If accurate, this information is
difficult to reconcile with X.'s subsequent I.Q. score (O.P.C.T. 127) obtained by prison psychologists.

X was married in May, 1966 to a woman who had three children by a prior marriage. No children were born of this union which was reportedly still intact. X. never spoke of his relationships with the members of his family and was vague about the details of his past. As far as is known, there was no history of hereditary illness or criminality among other family members. If X. was visited by any family members, it must have been infrequently as there was no record of recent visits.

X indicated that he was of the Protestant faith, but there was no evidence that he actively took part in formal religious observances. He had a tenth grade education and claimed employment as a boat mechanic. In prison, his job assignments included working in the print shop and on the institutional farm.

Considering his inmate associates, his "good" adjustment to the institution and his masculine interests and mannerisms, it seemed apparent that X. had a heterosexual orientation. He obviously enjoyed engaging female staff members in trivial conversations but he was invariably polite and reserved, revealing little of himself to others. X. was popular among older cons most of whom were serving long sentences for Armed Robbery and who generally abhorred "homosexuals, snitches and trouble-makers." He seemed to enjoy participating in prison athletic events and frequently engaged in rough "horseplay" with his friends. While working on the farm, X. was said to have entertained himself by "bulldogging" steers and by riding cows. He stated that he didn't like farm work (or any kind of work), being "lazy" by nature. (Despite his professed aversion to work, X. was considered a satisfactory worker by his prison supervisors.) Aside from athletics, X. shunned participation in formal institutional organizations: he quit Jaycees after playing softball on their team for a short term.

X was of medium height and of muscular physique. He seemed to epitomize an easy-going calmness, having the relaxed posture and the pleasant, weathered face of a farmer or outdoor laborer. He was somewhat careless of, or indifferent to, his personal appearance. At times he neglected to shave and other inmates joked with him about his ragged, disreputable uniforms. X. took this joking in good humor and continued to wear a pair of old trousers with ripped-out seams for several weeks maintaining that these were the best the state would provide for him.
X was a dependable and cooperative subject; yet, he maintained a subtle defensiveness and aloofness that made it extremely difficult to "know" him as a person. Superficial bantering and "kidding," although of a "good-natured," "sociable" variety, usually masked his emotional state. Two or three times, X left interviews without say much to staff and other inmates said that he was "pulling some hard time" but it was difficult to detect any definite mood changes with certainty. Perceptual processes seemed normal, except that X sometimes gave an impression of inertness and indifference to his surroundings. Although well-oriented in all respects, X seemed, at times, to be very bored and somewhat reluctant to communicate with others. X manifested no symptoms of severe depression or anxiety and there were no apparent evidences of psychoses. X's characteristic slowness of speech and movement—his general inertness—made it seem as if he were of low (or of low-average) intelligence. As previously noted, however, X was of good intelligence and was reputed to be capable of moving very rapidly when angered or aroused. He could obviously reason logically but avoided serious conversations requiring involved conceptualizations. X was concretely and physically oriented, yet his "hell-raising" behaviors, e.g., riding cattle and rough horseplay, demonstrated a taste for excitement and risk taking that indicated a certain lack of "common sense."
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2297

MMPI PROFILE (PLACEBO):

IQ:

- OPCT: 112
- BETA:
- WAIS:
- SAT: 10.9
- CMI: 31-1-7
- LYKKEN: 12
- ZUCKERMAN: 24

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)
PRISON DIAGNOSIS: Anti-social Personality
G was a 43 year old, twice-divorced, white inmate of above average intelligence. He had no permanent address or occupation but had spent most of his life as a lone transient, moving restlessly about the country within deviant and criminal subcultures. G's criminal record began in his teens, and he had an extensive history of mixed criminality, multiple incarcerations, alcohol and drug abuse, and occupational and sexual instability. G strove to impart a romantic image of himself as a cool, controlled, professional criminal, experienced in the techniques of crime, an expert with firearms and irresistible to women. However, G was observably tense and anxious, was easily frustrated and had an explosive temper.

G pled Guilty to a charge of Unarmed Robbery from Jefferson County, but he allegedly carried a gun in this offense. He readily admitted to his involvement in present offense. G's hostility to social authority was extreme—he customarily referred to police as "pigs" and to guards as "hacks"; he also worked on legal writs in an attempt to reduce his sentence of 1-25 years. There were no accomplices in present offense, and a parole violation detailer was on file from California authorities. G claimed that he was "gassed up" on alcohol and acid at the time of the offense.

G's first incarceration occurred at age 16 when he was sentenced to the Ionia (Michigan) Reformatory. He had eight adult arrests, including two for Forgery, one Burglary, an Armed Robbery, and an Unarmed Robbery, for a total of five felony convictions. He escaped from Jackson Penitentiary in 1962 and was captured in California.

G claimed to have had jaundice, kidney or bladder disease, and varicose veins. He indicated that he had frequent nosebleeds, the result of having been a boxer in prison. Ohio Penitentiary medical records indicated that he was hospitalized in 1963 for a stomach ulcer. A prison psychiatric examination in April, 1971 resulted in a diagnosis of antisocial personality.

G stated that he suffered from hay fever, smoked about a pack of cigarettes per day, and drank about six cups of coffee or tea daily. He reported that he had used marijuana regularly and L.S.D. "two or three times," but there was no evidence of institutional use.

G was born in Steubenville, Ohio on September 1, 1930, the third of eight children. He was raised primarily by an aunt and uncle because (he said) his father hated him, believing him to be another man's child. He stated that his natural parents lived on relief because his father suffered from a
chronic heart condition. G. reported no close ties to any of the members of his family, with the exception of the uncle who raised him.

G was married in 1949 to a night club singer who divorced him in 1956. One child was born of this union. He was remarried in 1958 to a woman who worked at a gambling casino in Las Vegas. She had allegedly divorced her husband to marry G. but later divorced G. (in 1969) due, in part, to his extramarital affairs. G. bragged that he had also "lived with" three young "go-go girls," acting as their booking agent and pimp, and living off their earnings. From time to time, G. said he returned to live with his second wife but he considered the money "good" in "show business" and felt "restless" whenever he had to remain in one place for over a few months. He stated that being an agent for "go-go girls" was a difficult job because the girls were so unstable and moody. "Every now and then," G. said, he had to "get the girls in line" by administering a sound beating to one of them. "I've really worked with some bitches!" G. commented. There were no further evidences of criminality or hereditary disease among the immediate members of G's family (one brother, five sisters).

G's nickname within the institution was "Super Jew," and he prided himself upon his cultural association with Jewish traditions, although he did not practice his religion faithfully. (G's mother was Jewish, but his father was not.) G. claimed to be well-acquainted with several successful Jewish businessmen whom, he said, had helped him financially and socially. G. had an eighth grade education and work experience as a barber, truckdriver, clerk and theatrical agent. Typically, he would work for a short period of time, then grow restless and wander off, obtaining money for his travels through a variety of illegal means: stealing, forgery, pimping, etc.

Within the institution, G. was regarded as one of the "tough, smart, old cons" who "pulled their own time." He was very sociable and friendly with other inmates, with the exception of "black militants" and "homosexuals," both of whom he said he despised. G. worked in the pre-parole office, a position which permitted him to confer favors upon his friends. He enjoyed playing putt-putt golf and participating in other informal sports with a clique of older, white armed robbers who, like himself, attempted to obey prison rules and to maintain the status quo of existing power relationships.

G's appearance was always neat, and his physique was medium and muscular. He attempted to maintain a jesting, jovial, cheerful attitude toward research staff. Yet, G. was often
visibly irritated or angry due, usually, to the actions of another inmate or a prison official. When, in G's opinion, a black inmate once "got out of line" with a female member of the research staff, G. privately warned a male researcher that: "You'd better do something about that black son-of-a-bitch, or I'll have to kill him, and I wouldn't want to mess up my chances for parole." Furthermore, G's puns and witticisms, though frequently clever and sharp, were often edged with a caustic bitterness or an overt hostility. G. often alluded to his extreme restlessness and to the nomadic quality of his life, but he could offer no explanation for his life-style, attributing it only to "my nature."

G. was of above average intelligence and impressed as functioning at that level. There were no apparent distortions of perception or intellection, and G. was characteristically alert and well-oriented. G. was capable of sustained clerical work within the prison pre-parole office; however, agitation and restlessness were manifest through nervous gestures, rough horseplay with other prisoners, facial tics and flushing of the face.

G. seemed to view himself, ideally, as a "big spender" who "knew the ropes," was "tough," a "real pro" and a "swinger." He appeared to identify with the kinds of professional gamblers, showmen, and hustlers, who are employed in and about the casinos of Las Vegas. G. sought admiration and approval from his peers and not from institutional officials or from any other members of legitimate society; his values seemed to be largely subcultural, his reputation as a successful "pro" being of paramount importance to him.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2320

MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 118
- BETA:
- WAIS:

SAT: 9.8

CMI: 24-4-5

LYKKEN: 11

ZUCKERMAN: 17

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)

PRISON DIAGNOSIS: Hysterical Personality
D was a 39 year old white transient of no known permanent address or occupation. Born in West Virginia, D had spent his life as a solitary, roving criminal and in penal institutions. D's criminal history extended to 1947 and included convictions for Auto Theft, Burglary, Forgery, and Armed Robbery (twice). He had previously served time in juvenile institutions, at Englewood Correctional Institute, at San Quentin, at Cannon City Penitentiary and at the Ohio Penitentiary. At the time of present study, D had been incarcerated for Armed Robbery for the prior ten years. He had distinguished himself, as an inmate, for being a very capable, calm, efficient and dependable, administrative clerk, who performed his duties with dispatch and intelligence. D was pleasant and reserved, yet "hard" and he was particularly admired by other inmates for the impeccable "toolness" of his style. D was handsome, dapper, and polite. He seemed direct, sharp, quick-witted and self-confident, and he could be charming, but he was also reputed to be a "hard nose," who could readily "cut down" those he disliked, either verbally or physically. D was definitely not regarded as being a troublemaker or a bully, however, and was said to "do his own time." Said by officials to "work well under pressure," D was respected by inmates as being a man of his word, as being "all business," and as being "cold and dangerous."

D was serving a 40-100 year sentence for four counts of Armed Robbery from Franklin County to which he pled not guilty. D neither admitted nor denied present offense. There were no accomplices. Detainers had been placed by the Colorado Parole Authority and the Division of Police, Louisville, Ky.

As a juvenile, D spent time in institutions in Warwick New York and Lancaster, Ohio. He had three previous adult arrests, with three prior adult felony convictions, one for Forgery and two for Armed Robbery. D was reputed to be an escape risk; however, there were no escapes from major penal institutions reported in prison files. D had apparently preferred to plan and execute his robberies alone. He had been highly mobile and allegedly carried a .357 Magnum.

D had reportedly been shot by police on at least five occasions since 1948. The most recent shooting occurred in 1956 at which time he was wounded in the right chest and right axilla. As a consequence of being wounded in 1956, D stated that he lost over fifty pounds and that he afterward experienced difficulty in attempting to regain this lost weight. D also said that he became "a lot more nervous" as a result of being wounded.

D had rheumatic fever in 1945 and was supposed to have had two subsequent years of decreased activity; however, D's juvenile history (of multiple runaways) makes it seem unlikely
that his physical activity was significantly curtailed during this time period. D complained of swollen joints on an Ohio Penitentiary health questionnaire in 1964 and he also indicated that he had had mumps, whooping cough, frequent headaches, sinus trouble, chest pain, and that he was nervous.

A prison psychiatric examination conducted in June, 1970 showed a diagnosis of hysterical personality with schizoid features.

D reported that he drank over six cups of coffee per day and smoked about a pack of cigarettes per day. He denied ever using alcohol excessively, characterizing himself as a "social drinker" in civilian life. D said that narcotics seemed to have a minimal effect upon him, e.g., that morphine, used as a pain-killer had little noticeable effect on him. D's "favorite" drugs, both on the streets and in the institution (when available), were of the stimulant category: Benzadrine, Benzadrex Inhalers, Dexadrine, etc. D claimed that he often used stimulants to prepare himself for a crime and that he usually shunned depressants. He said that he did enjoy smoking marijuana, sometimes in conjunction with a stimulant.

D was raised by his parents in Ohio until age thirteen when he was first institutionalized. D estimated that he ran away from home 75-100 times between ages eight and thirteen. His father was reputedly an alcoholic, and his mother was characterized, in official records, as being "morally promiscuous," "abusive," and "punitive." D was placed in numerous foster homes and orphanages, and, most frequently, he ran away from them. Eventually, he was incarcerated at the Boys Industrial School, Lancaster, Ohio and, at age seventeen, he was convicted of the Dyer Act and sentenced to the Federal Correctional Institute, Englewood, Colorado.

D had one older sister who resided in Columbus, Ohio. D said his sister was to have furnished an alibi for him regarding the present offense but that she refused because she was "mad" at him and thought he would only get a "few years."

D was allegedly married during a "drunken spree" in 1950. He lived with his wife for just one week. His wife was believed to have bore him a son, whom he never saw and who, it was rumored, was killed in a shoot-out with the police.

D classified himself as an atheist. He said that he once "studied under a Yogi" at San Quentin but that he no longer studied Yoga because of "limited time." (D spent long hours at his clerk's job.)
D had a seventh grade education. He enlisted in the Army at age sixteen and served from May, 1950 until September, 1950 before receiving a discharge for being under age. D listed his occupation as "salesman," but he once commented that he had "never been able to work for anybody." This statement contradicted his excellent institutional work record. For example, D was responsible for knowing the whereabouts of every inmate within the prison walls at any given moment. In addition, he received numerous letters of commendation from prison work supervisors.

D was not active in institutional organizations and was generally thought of as being a "loner." His hobbies were solitary: writing and weight-lifting. While at the penitentiary, he once requested a job assignment as "death house caretaker." Nevertheless, D did socialize, at least superficially, with many of the "old thieves." These "old thieves" particularly respected D's ability to judge others, and one once remarked, "If D likes you, you're probably good people. At The Walls (the Ohio Penitentiary), we knew that anybody they put in a cell with D had to be good people if he lasted three days. If he wasn't people, he'd be begging the guards to get him outa that cell."

D presented a neat, well-groomed appearance, despite the drab prison garb. His posture was both erect and relaxed, his movements fluid yet controlled. He was alert, well-oriented, and exuded a subdued self-confidence. His voice was steady, low, pleasant and well-modulated. He rarely evidenced the slightest trace of emotionality, either by his voice inflections, facial expressions, or posture, during interviews. An even, bland alertness characterized his expression, regardless of the topic under discussion; yet, his responses seemed to be intellectually appropriate. Contrary to his outward appearance of calmness and equanimity, D frequently reported, but only if asked, that he didn't feel well, didn't sleep well and that he was quite nervous. D reported these symptoms as if they were not his, in a detached, objective, almost clinical, manner.

D was of superior I.Q. and impressed as functioning at that level. Memory for detail was excellent. On a few occasions, D did lapse into long monologues during which he boasted of his criminal exploits. At these times, D often evidenced considerable grandiosity; for example, he once stated that he believed he would become a "multimillionaire" while in prison. D's scheme for coming into control of "hundreds of millions" revolved about a plan to advertise that he was a real estate broker in the Wall Street Journal. By arranging meetings between buyers and sellers of large properties and
then, by excusing himself from these meetings (through various pretenses, D said that he would be able to collect "enormous" commissions and become rich while an inmate.

Above all, D valued privacy, order and the structure of a "tight" prison social organization. He frequently complained about those in prison who would disturb order and who, he said, made it more difficult for others to do their time: e.g., "black nationalists, homosexuals, snitches, and nuts..." Inflexible in categorizing others, D placed most people in one of two categories, the good and the bad.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2365

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 88
BETA:
WAIS:
SAT: 5.5
CMI: 9-0-2
LYKKEN: 9
ZUCKERMAN: 13

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)
PRISON DIAGNOSIS: Passive-aggressive Personality
B was a 45 year old white truckdriver from Akron, Ohio who had been married and divorced three times. He had a record of Burglary and Armed Robbery and was a multiple (x3) escapee. Openly criminal in his value-orientation, this subject was very popular and well-liked by inmates who were members of the "thief subculture."

B was serving a 10-25 year sentence for Armed Robbery from Summit county. He pled not guilty and denied participation in present offense which involved the robbery of a financial institution. Subject was alleged to have had one accomplice in this robbery.

B had six previous arrests on his record and two prior felony convictions. All of his offenses involved some form of theft or robbery. B carried a gun during his last two (armed) robberies.

B was apparently in reasonably good physical health; he had pneumonia and typhoid fever as a child and an appendectomy in 1956. He had scars on both forearms which he claimed he sustained in knife-fights at the Ohio Penitentiary. A prison psychiatric examination, performed in May 1970, resulted in a diagnosis of passive-aggressive personality. B frequently complained of being sleepy; he stated that he took naps often and that he drank over six cups of tea per day. He smoked a minimum of two packs of cigarettes per day and sometimes drank prison-made "brandy." He denied the use of drugs, other than the moderate use of alcohol, either in civilian life or within the institution.

B was the second of five children born to native-born parents; his father was reputed to be a bootlegger and a heavy drinker. The father died when B was a child, and he was raised by his mother and stepfather in a poor socio-economic environment. B was married and divorced three times between 1953 and 1963. He fathered one child by his first wife, three by his second wife, and two children by his third wife. His second wife was alleged to have committed suicide. B commented that he was separated from his second wife at the time of her death. He also jokingly said, "I'm a bastard, and if you don't believe it, just look at what happened to my wife. I drove her nuts." B's son had been recently discharged from the Army and was one of his few visitors. B told us that his son had probably heard that he (B) got some money from a bank job and that he "wanted to cut himself in on some of it."

B was Irish-Catholic and had an eighth grade education. He claimed to have served honorably in the Army from 1945-1948, but his military service was not verified in the institutional records.
B stated that he had stayed out of trouble with the law for six years preceding present offense and that he had work experience as a truck driver, pipefitter, waiter and laborer.

There was no evidence that B ever participated in homosexual activities during his periods of incarceration. He often expressed an intense dislike of homosexuals and sex offenders for whom he believed the death penalty would be appropriate. B and his prison associates prided themselves upon their masculinity and toughness. B was well-like by others like himself: seasoned armed robbers in their thirties and forties who adhered to a strict inmate code. "Sissies," "squealers," "sex offenders," "black nationalists" and "nuts" were anathema to these men. A real man or "real people" were those whose word was good, who could be depended upon in an emergency, who mistrusted prison authorities, and who knew how to "do their own time" without undue complaining.

Although B belonged to few formal organizations in the institution, he was a recognized leader in the informal clique of older, white armed robbers. The men of this clique attempted to make "doing time" as comfortable and easy as circumstances would permit. They accepted positions of responsibility mainly to obtain bargaining power and personal comforts and, sometimes, to pass time more quickly. In B's case, he maneuvered himself into positions in which he could perform certain illegal, but profitable, services for other inmates. B's only formal associations were the Jaycees and the prison baseball team. He also enjoyed playing basketball and putt-putt golf, informally, with his cronies. These informal, daily athletic competitions and the ribald "kid-ding" of losers, which invariably accompanied them, were a major social ritual among the "old cons."

B was generally animated and alert but, at times, complained of being "sleepy." He was somewhat careless of, or indifferent to, his appearance. He often appeared with his shirt-tails out, unshaven and wearing tennis shoes; however, he appeared to keep himself clean. He was extremely defensive during an initial interview, but, after several interviews, he became quite friendly and cooperative. B indicated that most people are "no good," that, in general, he "hates people," but that there are a few "real people," both in prison and "on the street." Eventually, B informed our staff that he regarded us as being "real people." The inmates he named as being "real people" were predominantly hardened, "tough" armed robbers with long criminal and institutional records; several had been diagnosed as being sociopaths by prison psychologists.
B customarily spoke in a low, almost "conspiratorial" tone of voice, even when discussing emotion-laded topics. He was of low-average I.Q. but impressed as being of average intelligence. There was no evidence of memory impairment and he was capable of abstract reasoning. B did exhibit an apparent lack of common sense, the inability to make "reasonable," sound judgments, and a grandiosity associated with unrealistic aspirations. For example, B sometimes said that his ambition was to "become an explorer." He stated that he wanted to explore, and to live, in the wilderness of the American West after his release from prison. When asked how he would finance his explorations, he replied, "with a gun." B also said that he was a "poet" and a "writer" and that someday he would write the "true story" of prison life. B was usually cheerful, with some blunting of affect, but he was not regarded as being "cold" by others. While expressing little sympathy for people in general, he was loyal and sympathetic to those he liked. B was consistently suspicious of, and hostile toward, police and correctional authorities.

B was capable of carrying on a conversation without dominating it; however, whenever conversation began to lag, B typically became restless and excused himself. He stated that he had been "born in the wrong century," that he should have been born in an age of exploration or in the days of the American Frontier.

B's self-concept was basically criminal, e.g., he said that he was capable of "going straight" but that it wasn't worth the effort and that he was "too old to change." His code of ethics included the protection of younger inmates (whom he thought were often the targets of predatory homosexuals). If a youthful inmate wanted to be "left alone," B said, then he and his friends would make sure that no one would "lean" on that inmate. When necessary, force would be employed against the aggressive homosexual, e.g., "He might be found with a fractured skull, like happened once at O.P." (but only if the troublemaker ignored prior warnings and only as a last resort).

B was of the opinion that most inmates were "sick" and that they "couldn't think past their next carton of cigarettes." He characterized the institution as a "zoo" and the majority of inmates as "animals." B firmly believed in the law of cause and effect and said that if the correctional system really attempted to understand the causes of a criminal's behavior, they would be able to rehabilitate him. Like many offenders, he was convinced of the corruptness of American society and its leaders; he was especially incensed about Watergate and the "lenient" treatment of defendants.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2478

MMPI PROFILE (PLACEBO):

IQ: Bright - normal to superior

OPCT:

BETA:

WAIS:

SAT: 13.0

CMI: 2-0-0

LYKKEN: 15

ZUCKERMANN: 22

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)

PRISON DIAGNOSIS: Hysterical Personality
W was a 43-year old white, twice-divorced, one-time clerk from Akron, Ohio who had spent a total of over thirteen years in prison for Second Degree Murder and a variety of theft charges. W's first adult arrest did not occur until he was twenty-six years old but, after that, he was involved in a series of property crimes, incarcerations and parole violations. Essentially a thief, W apparently became involved in murder as a consequence of an attempted burglary. He was of superior intelligence, presented a good personal appearance and seemed to have a sincere, middle-class orientation. Actually, W was "ingrained in the ways of the criminal sub-culture" to quote a Prison Reception Committee Report. After serving a ten-year sentence for murder and theft charges, W was paroled, in 1971, but was rearrested a year later on a new burglary charge. At that time, W's parole officer commented, "His involvement in this offense is a complete surprise." Closer familiarity with W revealed that he was usually rational and controlled, yet at times became anxious, moody, reckless, defensive, and hyperactive; he apparently gambled on a final "big score," after his most recent parole, and lost. He once described himself to a prison psychologist as "a dreamer who has failed in life." W's personality seemed to a remarkable extent, like that of any ambitious, materialistic, middle-class citizen who tries to "better himself" and "get ahead." But, his abilities and opportunities were apparently not nearly equal to W's high ambitions.

W had no known juvenile police record. He had eight adult arrests and two major convictions; these two convictions included charges of: 1) Murder in the Second Degree, Breaking and Entering in the Night Season, Grand Larceny, Possession of Burglary Tools, and 2) Attempted Entry of a Financial Institution. For the first series of offenses, W served ten years in prison, and, for the second series, he received a life sentence. He refused to discuss present offenses, to which he had pled Not Guilty in Licking County Courts, stating only that he was attempting to appeal his case. There was allegedly one accomplice in present offenses, and there were no known precipitating factors.

W was in good physical condition for his age and jogged three or four miles every afternoon. He complained of sinusitis and a routine physical examination revealed a heart murmur but his condition was regarded as sufficiently normal for "unlimited duty."

Prison psychologists described W as being a "mildly hysterical personality with some paranoid features" and as being "restlessly hyperactive."
W admitted to the moderate use of alcohol but stated that drinking posed no problem for him. He denied the use of other drugs.

W was born on January 17, 1930 in Akron, Ohio and was raised by his parents in an "average, urban home environment." Reportedly W's father was seldom home, except on weekends because he had a "heavy work schedule." The father was able to provide adequate provisionings for the family; his educational level was unknown, but W's mother was a high school graduate. W left home at age sixteen to enlist in the Army but was honorably discharged eighteen months later for "ineptness." He married three years later in 1951, but was divorced in 1955. (It was at about this time that W's difficulties with the law began.) One child, a daughter, was born of this first marriage. W remarried in 1956 and was again divorced in 1960; no children were born of this union. W did not receive visits from family members while institutionalized; however, he was very close-mouthed about who visited and about his personal life in general. There was no known history of hereditary disease or criminality in W's immediate family.

W listed his faith as Catholic, and he attended mass regularly. He had a twelfth grade education (G.E.D.). He indicated work experience as a clerk and wine steward.

W related socially to a wide variety of inmates and outsiders, but most of these relationships seemed to be of a superficial, formal nature. It is not known if he had any close friends within the institution. He seemed to be perpetually busy, working on organizational projects for prisoner welfare or writing legal briefs for his own case. In fact, W created the impression that he was "too busy" to waste time talking; when he came to interviews, he was "all business" and hurried away at the first opportunity. He indicated that his major interests were prison reform and the social rehabilitation of former offenders and said that he would work toward these goals through his membership in the inmate-oriented "Seven Steps" organization. W seemed to play the roles of "teacher" and "para-professional social worker" within the institution, but his efforts were respected by other inmates, probably because he was known to be competent, highly suspicious of prison authorities, and quite discreet.

There was no evidence that W had ever been involved in any form of homosexual activity, and he impressed as being decidedly masculine in sexual orientation.

W presented a neat, well-groomed appearance and was of medium height and medium-muscular build. He was pleasant-looking
and smiled often, but his facial muscles were characteristically tense; he moved about rapidly and seldom seemed to physically relax.

Perception seemed normal but W's preoccupation with "projects" detracted from his relating to the immediate situation and forming a closer relationship with members of research staff and possibly with others as well. There were no evidences of disorientation and, except for some anxiety, suspiciousness and defensiveness, none of which could be regarded as approaching psychotic proportions, no symptoms of severe mental pathology.

W was neat to the point of compulsivity, and his conversations revealed that he was capable of planful, logical thinking. Because he was unwilling or unable to express his feelings, he often took refuge in logic, officiousness, and overformality. Despite W's defensiveness, strong mood oscillations were apparent and much of his activity and preoccupation with "projects" probably served to control recurrent depressions.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2487

MMPI PROFILE (PLACEBO):

90.
70.
50.
30.
10.

IQ:
OPCT: 97
BETA:
WAIS:
SAT: 10.5
CMI: 1-0-0
LYKKEN: 14
ZUCKERMAN: 9

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)
PRISON DIAGNOSIS: Hysterical Personality
N was a 34 year old black, divorced electronics repairman from Cincinnati, Ohio. In prison, N was friendly, personable, and dependable; he had spent over twelve years of his adult life in penal institutions on a wide variety of charges. Although N had usually committed property offenses, he had most recently been incarcerated for attempting to set fire to the house of his estranged wife when he found her with another man. N gained prestige in the institution by casting horoscopes for other inmates and by "counseling" them after consulting their astrological charts. (N was, assuredly, an astute observer of human behavior and had developed some rather remarkable powers of psychological observation and insight.) Prison psychologists described him as a passive-aggressive personality who tried to control and manipulate people; there were also ample evidences of sociopathic characteristics.

N was found Guilty of Arson and Attempting to Burn Property, in Hamilton County Courts, in March, 1970. He readily admitted instant offense, stating that he went to visit his wife shortly after being paroled from London Correctional Institution (where he had been incarcerated on a charge of Larceny by Trick) but that he found her with another man and became tremendously angry. He said that he then went out and purchased a can of gasoline, returned, poured it around the house, then ignited it. Prison records indicated that no one was injured in the resultant fire. N attributed his actions to his "horrible temper" which, he explained, had always gotten him into trouble. But, despite N's assertion that his temper had been the cause of his undoing with the law, it was apparent that his other major convictions (for Mail Theft, Burglary, and Larceny by Trick) were not "crimes of passion." N's juvenile record dated to 1960; he served eleven months at B.I.S. for Burglary and Truancy. He was arrested six times as an adult and served one brief Workhouse sentence for Assault and Battery (in addition to the extensive prison time served for the above major felonies).

Although N attempted to create the impression that he had developed a "civilian orientation," he apparently had been involved in far more criminal activity than the record indicated, e.g., he once bragged that he had impersonated an Army Officer to cash a large number of bogus checks.

N suffered from chronic arthritis and a probable stomach ulcer. He was unable to walk without pain due to arthritic knees. The C.M.I. showed no additional medical problems. Psychological examinations in April, 1970 and in November, 1971 resulted in respective diagnoses of neurosthenia and passive-aggressive personality. N denied any psychiatric
hospitalizations or treatments. He admitted using alcohol moderately but said that he was strongly opposed to the use of narcotic drugs because his brother had died of a heroin overdose.

N was born in Selma, Alabama on July 12, 1939, the first of eleven children. N stated that he never knew his natural father and that his sibs were actually half-brothers and sisters. He was raised by his mother and stepfather in a black slum of Cincinnati. The stepfather was employed as a construction laborer and the mother as a nurse's aide. N claimed a fair relationship with his sibs and a good relationship with his mother but added that she "wasn't very understanding." He left home at age eighteen to get married.

N was married in 1957 but divorced soon afterward. He remarried in 1968, and his second wife obtained a divorce in 1971. Six children were born of this union.

N listed Protestant as his religious affiliation; however, he was not active in observing religious traditions. Astrology apparently acquired a mystical, religious significance for N. At times he said that he didn't know just "how much" he believed in his own horoscopes but that he knew there was "something to them." He believed himself to be capable of determining an individual's Zodiac sign solely from their physical appearance, as well as being able to describe the individual's personality traits based upon the sign. "You can easily tell a Pisces," N explained, "because they always have round, full fish-like mouths and protruding eyes."

Appropos of his own sign, Cancer, N stated that Cancers could be "possessive, jealous, petty, ill-tempered and volatile" and that the best way for a Cancer, like himself, to avoid his "lower impulses" was for him to avoid tempting or potentially troublesome situations. "I wouldn't want honor status," N said, "and if I was offered it, I would have to turn it down because I know that once I was outside of that fence, I would have to keep going."

N successfully passed the high school General Equivalency Examination. He had no military experience. He claimed civilian work experience as a television repairman and electronics technician. Within the institution, he had an excellent work record as a kitchen worker and administration building porter. He also earned extra money repairing televisions and radios for other prisoners.

N attributed his present difficulty to his "Cancer personality" which, he thought, caused him to be excessively possessive toward members of the opposite sex. There was no indication of prison homosexuality, misbehavior, or rule
infractions of any kind in N's institutional records. N was well-known in the institution and seemed to have a good reputation among peers and corrections staff; he appeared to avoid trouble, controversy and confrontation. He did not seem to have any close friends.

N was not particularly active in formal institutional organizations but he did serve for a time on Inmate Council. N did not seem to enjoy his work with Inmate Council, but he made an effort to disseminate administrative and legal information to his peers that would enable them to "make their own decisions." He was regarded (by other inmates) as an "individualist" who dealt with people as individuals and was not "color conscious."

N was of medium height and slender build. He walked somewhat stiffly due to arthritic knees. He was neat, clean, and well-groomed. His facial expression was usually relaxed and pleasant, and he smiled frequently. N related well during interviews, answering questions readily, although he was somewhat guarded and defensive about his past life. He was extremely observant and preferred to turn the conversation toward the qualities and characteristics of those who were conducting the interviews rather than talking about himself. He often surprised staff members by his insights into minor details of their personalities, insisting that he had arrived at these insights through astrology. Referring to his astrology, N once asked an interviewer "Do you think I'm crazy?" This question seemed entirely rhetorical, however, and there were no obvious manifestations of psychoses or disorientation. Intellect and memory seemed normal. N expressed an interest in seeking employment as a television repairman upon his release, and he said he intended to supplement these earnings by becoming a "licensed astrologer." He was seeking to acquire a license through a British association of astrologers.

N read voraciously, especially about occult subjects, and his dominant mood was an even seriousness. He was suspicious of others' motives but not to the extent that it interfered with interpersonal relationships. He was fairly energetic except that his arthritis often made it difficult for him to perform manual work. He enjoyed contacts with research staff because they gave him an opportunity to discuss psychology, astrology and the occult with them. He also greatly enjoyed assuming the "role of the sage," who seemed to "know" far more than he could ever communicate. N seemed able to sublimate his energies into work with a fair degree of efficiency and he possessed the ability to control his hostilities, at least within the institution. (But N also possessed the insight to realize that his self-control in prison might vanish once he got "on the other side of the fence.")
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2494

MMPI PROFILE (PLACEBO):

90
-
70
-
50
-
30
-
10
-

L F K Hs D Hy Pd Mf Pa Pt Sc Ma Si

IQ:
OPCT: 110
BETA: 8.2
WAIS:
SAT: 5-0-2
CMI: 8
LYKKEN: 12
ZUCKERMAN:

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)
PRISON DIAGNOSIS: Passive-aggressive Personality
K was a 33 year old divorced, white, unskilled laborer of above-average intelligence. He had been a nomadic "check man" for thirteen years but had never been involved in offenses of a personal nature. K was a man of gargantuan size (over 300 pounds), appetites and physical strength (more than twice the average grip strength in each hand). He could be an expansive, charming, likeable, amusing, extraverted rogue, who obviously enjoyed joking about his own devious exploits, and who fully understood the vicarious enjoyment that "straights" derived from listening to exaggerated tales about "beating the system." But, when in a bad mood, K became surly and obstructionistic, insisting upon getting his own way. Despite his intelligence, K did not seem to learn from negative experiences. He repeatedly cashed illegal small checks in the same cities and persisted, despite warnings, until prosecuted. His exaggerations, at times, became self-aggrandizing lies; yet, K was so personable and so frankly and cheerfully devious, that it was difficult not to like and to trust him. Nevertheless, K had repeatedly violated the trust of others, as was apparent from his past history: military, occupational, marital and legal. K had been termed "sociopathic" and "hysterical" by prison psychologists. He had two escapes on his record.

K was serving the third year of a 1-29 year sentence for Issuing Checks with Insufficient Funds. He was also serving time, concurrently, on lesser sentences for Forgery and Uttering and Publishing. Charges were filed in Guernsey and Stark Counties, and K pled Guilty.

K stated that the reason that he was not yet paroled was because he refused to pay back the "big money" that he and his two accomplices obtained from cashing stolen payroll checks across the country. K said he was "earning this money" by "doing time." He claimed that his two accomplices in present offense visited him regularly and kept him supplied with his personal needs while in prison. But K's statement was of questionable validity. (He also told a member of the research staff that his first imprisonment, in 1960, was for embezzling over $35,000 while acting as manager of a small loan company. Actually, K was first convicted of Issuing Checks without Funds, then convicted of Violating Probation, twice, by issuing still more worthless checks.) K apparently wished to create the impression that his crimes were far more lucrative and far more intelligently planned and executed than they, in fact, were. K's offenses seem to have been poorly planned, "small time," "penny ante affairs"; many of the checks he cashed were under $60.00 in value, and he frequently served time in jail or paid restitution for them. At the time of his arrest for present offenses, K said that
he cashed worthless checks because he was not working and his family needed food and clothing. This statement also conflicted with many of his subsequent comments and it was, therefore, difficult to assess whether or not poverty played any precipitating role in present offenses.

There was no indication of a juvenile offense history. There were six prior adult arrests and two previous felony convictions (for bad checks).

K listed a medical history of whooping cough and obesity on an O.P. health examination form. His blood pressure was 158/90 in September, 1971. K's father, a laborer, reportedly died of a heart attack at age 41. K said that he participated in cancer research while at the penitentiary, and he exhibited a scar on his left arm where, he said, cancerous tissue had been implanted but had failed to grow. A psychological examination in December, 1970, resulted in a diagnosis of passive-aggressive personality and an examination in November, 1971, resulted in a diagnosis of hysterical personality. K denied any addictions, said he used alcohol moderately and that he had taken "uppers" for weight control. He indicated that he smoked about a pack of cigarettes per day.

K was born in a small rural Ohio town on February 12, 1940. He was raised in what has been termed a "seemingly stable home environment by his mother and stepfather. K first lived in a rural area, and then in an urban neighborhood, of Marietta, Ohio. Socioeconomic status was said to be fair. K had two sisters, one brother and a half sister. He left home, at age 17, after quitting high school to join the Marines. K said he enjoyed a good relationship with the members of his family. There was no evidence of criminality or hereditary illness among other family members.

K was married in 1958 and said he had just obtained a divorce from his wife, however, his marital status was unclear because a divorce action was first filed in 1958 but refused, refilled in 1968 and refused and filed again in 1969 and again refused. K said he got a divorce from his wife so that the "insurance people couldn't get their hands on my money." He implied that he and his (ex-wife) "might get together again" upon his release. K reported his wife had two children from a previous marriage whom he legally adopted. He also said that he and his wife had taken the two daughters of his sister when she and her husband were killed in an automobile accident. He claimed no children were born as a result of this marriage but said the institutional records were "still messed up about that."
K was Protestant but he did not practice religion by observing formal traditions. He had a verified eleventh grade education and served actively in the Marines from February, 1957 to December, 1958; he received a Bad Conduct Discharge, after a lengthy A.W.O.L., in December, 1960, while at Mansfield Reformatory. K had no verified occupation but stated that he had worked as a short order cook. Within the institution he was employed in the kitchen and as driver of the food delivery truck. He made the most of his prison job by delivering illegal snacks to his friends (staff as well as inmates), at all hours, in exchange for favors from them. K was particularly diligent about "taking care" of his friends in the hospital by smuggling steak sandwiches to them and, understandably, K was very popular with most inmates. Whenever guards threatened to report K for "dealing," he successfully obtained protection from his work supervisors who, apparently, were of the opinion that there was no one more qualified than K for the job, which entailed lifting heavy steel containers of food and garbage.

K was clearly capable of forming affectional ties with others but this did not seem to deter him from "conning" them. He often bragged that he had "never hurt anyone" and that he was "a non-violent person." "Usually, just hurt the insurance companies," said K, "and, everybody knows what big rackets they are."

K was active in Jaycees and in a biracial prisoner discussion group within which he viewed himself as spokesman for "the white point-of-view."

K's personal appearance was highly variable and ranged from outright sloppiness to good grooming. Being so heavy (over 300 pounds) for his medium height, it was difficult for him to get proper fitting clothing; moreover, he often came to interviews directly from work or from the gym where he lifted weights as a hobby. When in a bad mood, K was apt to remain unshaven and he would find any excuse to leave early. But when K was in a good mood, he was talkative, smiling and eager for attention and conversation. At these times, he was utterly bombastic in his enthusiasms. K's voice was deep, resonant and masculine, and he had a hearty, frequent laugh. K's attention was normally directed outward, to the people and objects of his immediate surroundings; he was alert and observant, always quick to lend a hand when others needed help. K was well-oriented and evidenced no obvious symptoms of psychoses; generally, his emotional responses seemed appropriate. O.P.C.T. was 110, and K impressed as being of slightly above-average intelligence; his capacity for abstract thought and
memory seemed normal. However, K had repeatedly exhibited deficiencies in judgment and an inability to work toward distant goals. Instead, K had grasped at immediate, momentary rewards at great expense to himself. When frustrated by others, K tended to react childishly, e.g., by sabotaging another's work or through some other form of covert obstructionism. While emotional responses seemed appropriate, there was some excessive tendency toward emotional oscillation, i.e., toward elation and depression. As with many inmate subjects, there was also a tendency toward self-aggrandizement, a need to lie to others about how successful and clever one had been (as a criminal) when the facts clearly pointed only to a succession of impulsive, irrational acts that resulted in trivial monetary gains and disproportionate punishments.

K's best friends within the institution bore several interesting resemblances to him. Two had records of multiple escapes, all were more or less openly, guilelessly criminal in their orientations, all bragged of their illegal exploits to staff, and all exhibited considerable grandiosity.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2497

MMPI PROFILE (PLACEBO):

IQ:

OPCT: 88
BETA: 
WAIS: 
SAT: 6.0
CMI: 6-0-3
LYKKEN: 5
ZUCKERMAN: 9

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)
PRISON DIAGNOSIS: Inadequate Personality
V was a 35 year old white, divorced, skilled laborer from Dayton, Ohio who was of dull-normal intelligence and a three-time parole violator. V had repeatedly been in legal difficulty, since 1955, for public intoxication, driving while drunk, escape, forgery and drug abuse. V was, in his own words, "unable to make paper," that is, to successfully complete a period of parole. He had little insight into his own behavior, blaming his difficulties on over-strict parole regulations (that would keep him out of taverns) and "old-fashioned" parole officers. Yet, V's record indicated that alcohol had been a factor in at least some of his offenses and that it would not have seemed unreasonable for parole authorities to insist that he avoid taverns and drinking companions with criminal records. V maintained that practically all of his "buddies" had been in trouble with the law "once in awhile" and that he had lived in a "rough neighborhood" where "everybody hangs out in the bars." He said that he saw "nothing wrong" with this and that he wasn't going to give up his "friends" to make a parole.

V pleaded Guilty to Forgery and Escape from Confinement in Montgomery and Madison Counties. These offenses constituted his only major convictions and occurred in 1964; however, he subsequently violated parole on these charges three times, with fugitive warrants being issued twice. V had two juvenile arrests for Intoxication and Drunk Driving and eight adult arrests, including Assault and Battery, Forgery, Possession of Dangerous Drugs, and Fugitive.

V was in good physical health. He had an appendectomy in 1965, and a physical examination showed some bilateral scar-ring of the tympanic membranes. On the C.M.I. Questionnaire, he indicated that he had had ear infections and nose bleeds. He smoked over twenty cigarettes per day and drank six or more cups of coffee daily. V admitted that he sometimes "smoked grass" and his record showed that he was once apprehended with a variety of sedative pills; however, V denied the use of hard drugs or any form of addiction. In February, 1971, a prison psychologist commented that V had been "intoxicated almost every weekend" and that he was an "inadequate personality" who viewed the world simplistically and had a "subcultural orientation."

V was born in a small, rural Kentucky community on March 25, 1938, the eleventh of thirteen children. He was raised in the home of his parents in Kentucky. V's father reportedly provided adequately for the family and was an iron worker; his mother was a housewife. There was no known history of alcoholism, hereditary illness, emotional instability, or criminality in V's immediate family. The home environment
was reportedly stable; both of V's parents were still living, in good health, and still married; neither used alcohol. V was married in 1956; his wife was a high school graduate and four children were born of this union (which ended in divorce in 1965). It was observed that V seldom, if ever, was visited by members of his family.

V indicated that he was of the Pentecostal denomination. He quit school after completing the ninth grade but stated that he had always been able to find work as a sheet metal fabricator. He had a verified employment record in sheet metal work from 1954 to 1964.

V was not reputed to be a homosexual in prison and he seemed to relate normally, although superficially, to both sexes. V's best friend among the prisoners was an ex-prizefighter, with a history of barroom brawling and alcoholism, who was about ten years his senior. Although V participated in meetings of Alcoholics Anonymous while incarcerated, his remarks indicated that he really did not consider himself to be an alcoholic.

V was of medium height and build, posture and movements were normal, and his features were even and unremarkable. V consistently presented a neat personal appearance; his hair was cut and combed, his trousers neatly pressed, and he was clean shaven. V was alert, concretely and outwardly oriented; he demonstrated no severe symptoms of mental pathology. There were some evidences of moderate tension and anxiety (nailbiting and/or facial tension), but these were not remarkable when considered in relation to the symptoms manifested by his peers. V was hostile toward legal authority figures whom, he said, had treated him harshly and unjustly. He vowed that he would "never crawl" before the Parole Board and thus compromise his integrity as a man. V seemed to have a rather short attention span and impressed as being of dull-normal intelligence (tested I.Q. was 88). There were no apparent thought disorders involving the ability to reason; however, V seemed to lack empathetic insight into behavior of others and into his own unproductive behavior. Emotionally, V was relatively stable, with no wide mood variations and some flatness and blunting of affect. Emotional responses were usually "shallow," although generally appropriate in direction, e.g., V seldom responded strongly to anything, he rarely laughed heartily or demonstrated excitement or intense interest in anything. V did not seem to be unduly active, or lazy, and he satisfactorily performed his prison job assignments of Barber and Clothing Room Attendant in a routine manner.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2538

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 134
BETA:
WAIS:
SAT: 11.8
CMI: 8-0-3
LYKKEN: 12
ZUCKERMAN: 25

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)
PRISON DIAGNOSIS: Hysterical Personality
Z was a 35 year old white, twice-divorced leader of an "outlaw" motorcycle gang from Cleveland. Z was of superior intelligence and exhibited leadership qualities both in and out of prison. Although present offense grew out of an altercation between rival cycle gangs, Z's arrest record indicated that he had more frequently been involved in thefts or burglaries and that he was not usually physically assaultive. (Z also avoided fights and serious trouble after being incarcerated.) Good-looking and generally relaxed and amiable, Z had a powerful, athletic physique and, when sufficiently provoked, could become hostile and physically assaultive. Impulsive, egocentric and immature, Z stated that he demanded a life of freedom, excitement, and adventure. Yet, Z adhered to a rigid gang code which placed severe limitations on his freedom and which may have been a primary factor in his involvement in present offense. Because Z was raised in a succession of children's institutions and foster homes, it seems possible that he found greater acceptance and emotional support within a gang structure than he experienced elsewhere; the gang comprised a well-developed subculture and its members were, in Z's words, "all brothers."

Z pled Guilty in Cuyahoga County Courts of Assault with a Dangerous Weapon and was sentenced for 1-5 years. Z was reportedly in possession of a rifle during the confrontation between cycle gangs. Z told interviewers that the reason he was in prison was because he single-handedly beat up two members of the rival gang who attacked him without provocation. Z felt that he had been treated unjustly by the Parole Board who should have released him long ago. Z explained that being a "biker" was a way of life and that nothing was every going to change him, not even prison.

Z had a lengthy criminal record, with his first juvenile arrest for Burglary, occurring in 1956; after that, there were nine adult arrests, one prior major prison sentence, and a jail break. Most offenses were burglaries but Z was known to carry weapons.

Z was apparently in reasonably good physical health. According to Ohio Penitentiary physical history data taken in September, 1972, he had an eye operation in 1968, when, due to trauma, the left orbit had to be reconstructed. There was also lameness in the left knee as a consequence of gunshot wounds. The knee was operated on in December, 1972 to remove gunshot fragments.

Z had no psychiatric history. A psychological examination performed in October, 1972 resulted in a diagnosis of hysterical personality. It was said that Z was "impulsive, immature, dependent"; had "prominent feelings of hostility"
and "strong feelings of inadequacy." Officially, Z denied the use of drugs but privately admitted that he enjoyed using marijuana, amphetamines and other pills. He denied the use of hard drugs, smoked over a pack of cigarettes per day and drank over six cups of coffee per day. There was some clinical evidence (EKG) that Z had once used illegally obtained drugs while he was associated with the research project. His position as a hospital worker in the prison could have facilitated obtaining such drugs, but he never directly admitted using them.

Z was born in Pittsburgh, Pennsylvania, the first of three children. He had practically no contact with his mother and never knew his father. Virtually all of Z's childhood and adolescence were spent in institutions and foster homes.

Z first married in 1958 and was divorced in 1964; three children were born of this union. He was again married, in 1968, and divorced in 1970, there being one child born of this marriage. He also lived in a common-law relationship for nine months prior to his arrest for present offense.

Z was raised as a Catholic but was not observed to comply with religious traditions. He completed grade 11, had no military experience and only a sporadic employment record as a truck driver. Z's relationships with women appear to have been quite one-sided and superficial, e.g., he said he insisted on parking his "hogs" (Harley Davidson cycles) in the middle of his living room during the winter months, regardless of what his wife thought of the idea; furthermore, he said that he always went where he wanted to, when he wanted to, with or without, his wife. "There were always plenty of 'mamas' around," he explained, then added to the interviewer, "I believe you'd like to meet some of them!"

Z's entire civilian life revolved around his membership and leadership in the gang. His sense of identity, security and belonging were inextricably tied to the gang. The gang was, at once, freedom and security, manhood and brotherly support, independence and dependence. Fighting for the honor of the gang, even though one had nothing personal against one's opponents, seemed, for Z at least, to assume the importance of a life or death credo. To Z, the gang represented a means for the expression of a great many of his feelings, needs, talents, and frustrations. Even in prison, Z was never seen wearing any other footwear than his motorcycle boots. "The first thing I'm going to do when I get out," he said, "is jump on that hog and take off down that highway. I even told the Parole Board I wasn't going to quit" (the gang). "Being a
biker," he continued, "is a way of life that gets into your blood, and nothing can change that. You can trust your brothers—really trust them—even with your woman. If I leave a girl with my brothers, and they know she's my property, don't worry, she'll be safe whenever I get back. Mamas are different, though; they're anybody's property."

In prison, Z associated with some of the more intelligent, "tough cons" who worked at the hospital. It was rumored that one of Z's co-workers, a highly articulate lab technician, who was serving a murder sentence, had tried to convince Z that his gang membership had been detrimental to his own best interests. Reportedly, Z was badly shaken following one of his discussions with this inmate and supposedly once admitted that he was no longer sure about rejoining the gang. (This rumor, it should be noted, could easily have been contrived by the two inmates since Z had been previously turned own by the Parole Board, in part, because of his gang membership.)

Z was customarily neat and well-groomed. He sometimes wore tight-fitting "muscle shirts" over his powerful torso and there were the ever-present, heavy cycle boots that seemed to function as a badge of identity. Z's facial musculature was always somewhat tense, especially around his thin mouth and sharply penetrating eyes; his jaw had a hard, solid set and his alert watchfulness gave him the overall appearance of a hawk-like gladiator or a Roman Centurion. In contrast to his alert expression, Z's posture and body movements were exceedingly relaxed, as if he wished to demonstrate his casual "coolness" and indifference. His voice was low, clear and masculine. He enjoyed opening conversations with stinging witticisms and he attempted to joke with interviewers, whenever possible, artfully steering discussions away from serious topics. Z seemed to enjoy trivial bantering and "kidding" with interviewers, but he apparently was concerned with the impressions that he was creating. (He did not brag of past criminal exploits, as many inmates did, nor were there any indications of the grandiosity that the research staff had so often encountered among Z's peers.) Rather, Z attempted to portray himself as a man who "marched to a different drum beat," a person who had voluntarily chosen a "free" life style for himself. Z seemed to understand exactly what he would return to "on the streets," there were no illusions about riches or power, only the power and prestige that he would derive from being a leader in the gang. In contrast to most thieves, Z seemed indifferent to "making one big score"; for Z., it was merely the thrill of "raising hell," of following his own immediate impulses to "do his own thing," that mattered. Drug and sex orgies, powerful Harleys, speeding through the night to unknown destinations, brothers
in freedom, defying all "square" conventions: such were Z's ideas of the "good life."

In brief, it was the lust for experience, in its strongest, wildest and most varied forms, that seemed to possess Z. "We have a giant picture of Hitler, hanging in our clubroom," said Z.

Z was obviously free of any of the common manifestations of psychosis. He was oriented in all respects. He clearly recognized his own impulsivity and, perhaps, had begun to question the direction, or lack of direction, his life had taken. His intellect and memory seemed entirely normal. Z was emotionally controlled in prison but labile and potentially hostile; he was quickly moved to anger by guards and authority figures but he usually managed to avoid direct confrontations. Z's childhood had been marked by stimulus deprivation and interpersonal instability; his adult life by stimulus-seeking and (perhaps) by security-seeking among gang members like himself.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2174

MMPI PROFILE (PLACEBO):

90
70
50
30
10
L F K Hs D Hy Pd Mf Pa Pt Sc Ma Si

IQ:
OPCT: 114
BETA:
WAIS:

SAT:
CMI: 9-0-6
LYKKEN: 18
ZUCKERMAN: 11

PROJECT DIAGNOSIS: Neurosis
PRISON DIAGNOSIS: Sexual Deviation, Sadism
L was a 28 year old, white, unskilled laborer from Newark, Ohio who had been married three times. He had a history of drug and alcohol abuse, transitory sexual relationships, thievery and generalized personal disorganization. L seems to have led an almost directionless, semi-hedonistic life, working sporadically in a junkyard, taking and dealing in illegal drugs, becoming sexually involved with a succession of married women, etc. L was of above-average intelligence but was extremely changeable, confused, negativistic and fatalistic in his attitudes and opinions. He evidenced little insight into the behavior which led to his incarceration, blaming the police, the courts and the correctional system, for his situation. L was an immature, demanding, manipulative "agitator" who typically drew attention to himself through a variety of disruptive behaviors. Childish and emotionally shallow, L seemed to relate to others in a superficial, callous, heedless manner.

L was originally charged with Kidnap and Rape by Licking County authorities but pled Guilty to Carrying a Concealed Weapon for which he received a three to ten year sentence. L had two prior arrests and one previous conviction for Burglary in the Night Season. Referring to present offense, L said that he had been railroaded back to prison by an over-strict parole officer just because "I didn't know it was illegal for me to own a gun."

L indicated that he was in good physical health. He listed a history of venereal disease and complained that his nose was often stuffed up.

A psychiatric report from Lima State Hospital, dated April, 1971, resulted in a diagnosis of sexual deviation, sadism, and a subsequent diagnosis by a prison psychologist, in November 1971 was passive-aggressive personality. L stated that he was sent to Lima State Hospital because he had suffered a "nervous breakdown."

L said that he smoked two packs of cigarettes per day and that he drank six or more cups of coffee per day. He stated that he enjoyed the effects of certain pills more than the effects of alcohol; these pills included amphetamines of various types and L.S.D. Although termed an "alcoholic" in prison records, L said that the main reason he frequented bars was to make contacts for selling drugs. There was no record of institutional drug use in L's prison file. He denied the use of opiates and denied that he had ever been addicted to any drug.

L was born on July 16, 1941 at Newark, Ohio and resided there all of his life, with the exception of two years spent in
the Navy. He was raised by his mother and father, until age three when his parents divorced, after which he went to live with mother and stepfather. He left home at age seventeen to join the Navy being discharged two years later. (It is not known if L's military discharge was honorable.) L. had two natural sibs and eight half sibs but said that he was not close to the members of his parental family. L was first married in 1961, divorced two years later, remarried in 1964, divorced in 1969, and married, again, in 1970. He and his wife had five children, and the family went on welfare during L's imprisonment. L's wife visited him regularly, bringing him gifts of various sorts, including, he said, a $350.00 diamond ring that she purchased on credit.

L was Protestant but did not observe any religious traditions. He was believed to have a tenth grade education.

L once stated that "The only good it does to have me locked up is that it keeps me from being out there screwing some other guy's wife, that's all." This quote illustrated something of L's sexual orientation. Sex and drugs apparently formed the nucleus around which his life revolved.

L had no known organizational affiliations in prison. He had many acquaintances among the inmate population but probably no lasting friends. L was a chronic complainer and his complaints embraced nearly every aspect of prison life, causing other inmates, as well as staff members, to grow weary of listening and to avoid L when possible. Those who could not avoid L were subject to a tedious barrage of trivial gripes and sham indignations. He was of the opinion that the prison was being laxly administered, that what it needed was more rules and a better enforcement of rules. He said that he would prefer to do time in a "tight joint," like the Ohio Penitentiary, where everybody knew where they stood, rather than in a place run by "queers and squealers."

L was tall, of medium build and posture and movement was normal. He was usually neat and his facial expression was guarded but pleasant. His voice was low and well-modulated but, at times, became loud and strident. He seemed to disagree with most ideas that others advanced and had no hesitancy about voicing his disagreements. L was well-oriented, alert and outward-directed. He said that he had "nothing to do" most of the time, especially in the dorm, because he hated reading. He did spend several hours per week working in "mushfake," making wooden objects to sell to visitors, and his regular prison job was Power Plant Attendant.

L was of above-average intelligence and memory and intellect appeared normal, except for some conceptual cloudiness and
an apparent disregard for logic, unless it favored his position. There was a tendency to leap to conclusions without giving due consideration to facts, logic or the opinions and feelings of others. There were no bizarre elements in the thought process, only a childish insistence that "things must be the way I know they are" (often followed by a somewhat illogical and confused defense of his position). There was a strong resistance to recognizing errors of any type, even when clearly pointed out by others, and a lack of real communication with others. (L did not listen to what others said; he was apparently too preoccupied with expressing his own animosities and opinions, e.g., using the research staff as an audience for his complaining.) Preoccupied with "here and now," "concrete" situations, there was a lack of common sense and good judgment, as illustrated by some of the "plans" L had for dealing drugs in the future (in the same community).

L exhibited definite tendencies toward restlessness and agitation and he jokingly termed himself a "born agitator." He often stood up or walked around during interviews or evidenced other forms of restlessness. L was emotionally-labile, but his feelings appeared to lack depth, as if they were insincere. He sometimes laughed inappropriately when criticized or after he had angered someone. L had few interests outside of recalling his past exploits and complaining. He expressed little affection for his wife and children and said that he would not be able to earn enough to support them after his release. He often complained about his wife's nagging, the fact that she was overweight, spent too much money, wouldn't listen to him, etc. He seldom, if ever, spoke favorably of his children (or of anyone else).

In summary, L impressed as being an immature, self-centered hedonist who had seldom oriented himself toward any goal but immediate gratification and who had not successfully communicated with, and related to, other people. L favored the rigid, external controls of a maximum security prison to the greater freedom of choice provided by a medium security institution, as if he felt himself to be incapable of dealing with choice, conflict and diversity. Inadequate, opini­onated, disorganized, irresponsible and seemingly without insight into the causes of his own behavior or the behavior of others, L responded to being in prison with child-like indignation.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2180

MMPI PROFILE (PLACEBO):

IQ:
  OPCT: 107
  BETA:
  WAIS:

SAT:
  CMI: 22-0-6
  LYKKEN: 6
  ZUCKERMAN: 10

PROJECT DIAGNOSIS: Schizophrenia
PRISON DIAGNOSIS: Neurosis, Depressive
C was a 40-year-old white, skilled craftsman from Cleveland, Ohio who had been separated from his wife for over twelve years. C was extremely shy and experienced difficulty in relating to others, especially to women. C attempted to favorably impress others but evidenced marked feelings of anxiety and inferiority in social situations. C's posture, gait, speech and facial expressions suggested a tense rigidity bordering upon catatonia. He allegedly attempted suicide in February 1969 and was arrested for Armed Robbery the following May.

C was serving a 10-25 year sentence for Armed Robbery from Jefferson County. He pled Not Guilty and claimed amnesia for events leading up to the present offense. C stated that a woman that he knew introduced him to morphine and that he became completely disoriented for time and place for a period of about two weeks as a consequence of injecting morphine. It was during this time, C said, that he was alleged to have committed an armed robbery.

C had six prior arrests and two previous felony convictions (for Shoplifting and B&E). C's offenses were primarily directed against property, however, they became progressively more serious.

C was in good physical health except for a history of frequent colds, chest congestion and coughing. He was a compulsive smoker: cigarettes, cigars and a pipe. C had back surgery for a slipped disc in 1970 and received a gunshot wound in the right leg in 1964. There was no obvious functional impairment as a result of these injuries.

C was alleged to have attempted suicide in February 1969. This was before his arrest, however, and cannot be verified. Prison psychologists described him as being "schizoid," "depressed," "neurotic," and "suicidal." A psychiatric diagnosis, in February 1970, was neurosis, depressive.

C denied any addictions. He did admit to using morphine, alcohol, benzedrine, and dexadrine. He said that the only time he had tried an opiate was during the period of the present offense and that he had been "talked into it" by his girlfriend. C did not have a reputation for using drugs within the institution.

Of his family life, C commented, "Our family was not very close." C was the third of ten children born to native-born parents. His father was a laborer and sometime coalminer in an impoverished area near New Cumberland, West Virginia. C recalled that
several of his male relatives had worked in the mines and had developed respiratory diseases. C stated that he was raised by his parents in extreme poverty and that most of the people in the region had to go on welfare after the coal mines were shut down. C's father was reportedly extremely jealous and difficult to get along with but C said that he enjoyed a close relationship with one of his brothers. C corresponded with two of his sisters, but he did not consider himself to be close to them. There was no evidence of hereditary illness or criminality among other family members. C was married in 1957 but stated he had not seen his wife since 1960 and did not know if she had obtained a divorce. Although C sometimes spoke of other family members, he never mentioned his wife. There was no record of any children having been born of this union.

C was Protestant and said that he often prayed. He had a verified 8th grade education. He entered the Army in 1949 and received a Bad Conduct Discharge in 1952. He received two courts-martial for A.W.O.L. and one court-martial for theft of a watch. C claimed foreign service in Korea and Japan. He reportedly sent his entire prison pay of twelve dollars per month to Korea to support a Korean orphan girl. He earned money for his personal expenses through the sale of items which he made in "mushfake" (the institutional hobby shop).

C was proud of the fact that he was a union carpenter, and he relied upon his carpentry skills to gain prestige within the institution and to pass time constructively. He indicated that getting a job would be no problem for him after release and that his problems were more of a "personal" nature. (C's responses to the Cornell Medical Index suggested that he was chronically nervous, especially in group situations or when in the presence of a superior.)

After being institutionalized, C got into difficulty twice as a consequence of trying to form close attachments to females who worked within the prison. In both cases, C made gifts for the women who interested him but, in both cases, the employees were obliged not to accept the gifts—which hurt and angered C. (In one of these instances, C started a vicious rumor about the woman who refused his gift.) C formed a few close, loyal friendships among other inmates, his best friend being an Armed Robber with a long institutional history who was quiet and introverted, like himself, but who, unlike C, was regarded by staff as being extremely explosive and preoccupied with violence.

C was almost puritanical in his attitude toward sex. He disapproved of "dirty" talk and "dirty" jokes and fell silent whenever another inmate ventured a risque comment. C was of the opinion that most inmates had no respect for women.
C was viewed by several inmates as being "a sick man" who needed psychiatric help. However, his skills as a carpenter were respected and he was generally regarded as being a "nice guy" by his peers. C's obvious need for friendship and acceptance from certain members of the prison staff caused other inmates to be somewhat wary of what they said around C. He was not considered to be a "snitch" but he was thought to be prone to "talk too much to the wrong people." C had little interest in prison organizations or activities; his days were spent working in the carpentry shop and his evenings in "mushfake." During interviews, C attempted to prolong his stays as long as possible; he obviously enjoyed the attentions of the research staff.

C's posture and walk varied from nearly normal to a rigidity symptomatic of schizophrenia. His facial expressions were usually strained and tense and he frequently seemed to be forcing a smile. His voice was low, at times, barely audible and he evidenced a slight stutter which became more pronounced when he became upset. However, there was no evidence of disorientation for time and place, no indication of hallucinations or delusions and memory seemed intact. Intelligence tests registered an I.Q. of 107 and C appeared to be functioning at that level. Except for some blocking and difficulty in expressing himself, C's thought processes seemed relatively normal. C did exhibit an inappropriateness of affect and a fear of giving way to any feeling. For example, he often assumed a forced smile when relating unhappy incidents in his life.

C's self-concept was closely associated with his occupational role as a "union carpenter." He did not view himself as a criminal but, rather, as an "outsider" who had received more than his share of hard luck. C stated that he needed psychiatric treatment for his "nervousness" and asked interviewers if they could recommend a center where he could go for therapy after being paroled. He expressed a fear of "not being able to make it" without help. It was obvious that C eventually derived some therapeutic benefit from his relationship with research staff: that he had "transferred" to the interviewers over and beyond the reality determinants.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2271

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 109
BETA:
WAIS:
SAT: 9.5
CMI: 3-0-0
LYKKEN: 12
ZUCKERMAN: 14

PROJECT DIAGNOSIS: Opiate Addiction
PRISON DIAGNOSIS: Opiate Addiction
E was a 44-year old black, dock worker from Toledo, Ohio, with a long history of heroin addiction, who was serving time for Narcotics Possession (heroin). He was of medium build and stature and presented a neat, pleasant, unremarkable appearance. E was well-oriented, of above-average intelligence and his prison reputation was that of a good worker, who steered clear of trouble, obeyed institutional rules and usually kept to himself. E seemed mature and fairly stable, in relation to many of his peers and was quiet, reserved and inoffensive. E related to others in a friendly, seemingly relaxed manner, however, he always remained somewhat distant, detached and uninvolved, as if assuming the role of an observer.

E pled guilty to Unlawful Possession of Narcotics concurrent with Illegal Possession of Instruments for Administering Drugs; he received a 2-15 year sentence from Lucas County. E claimed that he had been framed by his common-law wife. He said that she had "planted her works" on him and had called the police because they hadn't been getting along. At the time of his arrest, police found narcotics instruments on E and a woman, not his wife, unconscious in a bedroom. E was on probation for a previous narcotics violation when arrested. According to prison records, E told a counselor that he had been using opiates since 1946 and that he had become increasingly dependent upon heroin since 1968.

E had been arrested ten times as an adult and had two drug-related felony convictions. There were several misdemeanors for minor property crimes and for A & B. On one occasion, E reportedly black-jacked a store manager who had arrested his common-law wife for shoplifting.

Ohio Penitentiary physical examination records revealed that E had a hernia operation in January, 1972. He also reported that he had had appendicitis and rheumatism and that he suffered from frequent headaches. A psychiatric examination, in January, 1972, resulted in a diagnosis of passive-aggressive personality, "drug-dependent, stubborn and irresponsible."

During interviews with project personnel, E admitted that he had used cocaine and that he had been addicted to heroin. He denied the use of narcotics after being institutionalized and there was no evidence that he had ever used illegal narcotics while in prison. E spent six months at the Lexington Federal Narcotics Rehabilitation Center in connection with a previous offense in 1969. He reportedly made an excellent institutional adjustment there, however, after his release from Lexington, he began treatment at a Toledo Methadone Clinic where he was termed "unresponsive." E's probation officer commented that he "couldn't or wouldn't break his habit" and
that "no rehabilitation (is) likely." While at Lexington, E was diagnosed as being "addicted to opiates."

E was raised by his parents in a predominantly lower class, black neighborhood of Toledo. He had one older sister and both parents were still living. E's father was a retired mechanic and E stated that he had always had a good relationship with his parents. There was no evidence of criminality or hereditary illness in the family and E's father was reputed to be a good provider. E left home at age 17, after dropping out of high school, to join the Army. It was at this time that he had his first encounter with opiates.

E was married in 1951 and, after the death of his first wife, he remained a widower for ten years. One child, a son, was born of this marriage; E said that this son was attending a technical school. E's problems with the law dated to 1952 however, the frequency of arrests greatly increased after 1968, presumably the time during which he became associated with his second, common-law wife, who also used drugs. No children were born of this union. During an interview E said that he and his second wife "lived for drugs." There was "no sex" for nearly two years. E explained that a person has no interest in or physical capability for sex when they are on heroin but that "after you start to come down, that's all you want to do." E seldom spoke of his drug habit but he seemed particularly impressed with the power of heroin to negate the sex drive. He added, "Of course women prostitute themselves (when on heroin) but that's just to get money--they don't enjoy it."

E listed his religion as Protestant but he never expressed his views on religious matters. He attended school until grade twelve but had a tested educational achievement of grade nine. He served in the Army during 1946-1947 and reportedly received an Honorable Discharge, however, this information was not verified. E indicated that he had worked in hospitals as a physical therapy aide and as a "spot laborer" on the Toledo docks. In Toledo, many of the black dockworkers are addicts.

E moved in a circle of known addicts, pimps and prostitutes in the Toledo ghetto. When the interviewer mentioned a black man whom he (the interviewer) admired (because this man had acquired an education and surmounted his ghetto upbringing), E responded, "He's a Tom, but, now, his brother--he's really black." In this instance, the brother to whom E referred was reputed to be one of the most notorious pimps in the Toledo area, moreover, he had been incarcerated twice for narcotics-related felonies. The pimp whom E termed "really black" customarily rode around in a customized Cadillac with his
stable of "holes." Of superior intelligence, this pimp reportedly could quote verbatim from Shakespeare's more popular plays, an ability that caused him to be viewed as something of a genius among his peers. Yet, E evidenced none of the ostentatiousness and flashy style of the pimp he admired. E's hair was closely cropped and his dress, manners, and movements were plain and direct, that of a simple workingman. E seemed to fully belong neither to the ghetto criminal subculture nor to the "straight workingman" subculture, although he had participated, at various times, in both. E's quiet aloofness, his basic conservatism and his relative social isolation from other inmates separated him from the "ghetto blacks," within the institution, while his mistrust of authorities and his admiration of certain criminals that he thought were successful prevented him from having what prison officials term a "civilian orientation." E's only organizational affiliation within the institution was with the "Self-Help Drug Program," which he helped to institute.

E's perceptual and intellectual processes appeared intact. He seemed to be in good health and was well-oriented in all respects. He was alert, observant and free of any obvious symptom of mental pathology. Yet, there was a marked emotional blandness, an absence of any of the customary manifestations of anxiety, anger, excitement or enthusiasm. He was best characterized by what appeared to be an even, somewhat sad, calmness. There were no enthusiastic plans or projects for the present, or for the future, only a kind of fatalistic resignation to whatever might be. There were hints of unhappiness, of disgust with prison life and of being unfairly oppressed but no severe depression was in evidence.

E's relationship to project personnel could best be described as pleasant, cooperative, and businesslike. He seemed moderately interested in our activities and goals but he seldom asked questions. He did exactly what he was asked to do but nothing more. He volunteered no information but would answer direct questions. He was of the opinion that he was in prison mainly because of his wife and because of an over-strict probation officer.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2294

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 101 Wechsler
BETA: 101
WAIS:
SAT: 3
CMI: 17-1-4
LYKKEN: 14
ZUCKERMAN: 15

PROJECT DIAGNOSIS: Schizophrenia
PRISON DIAGNOSIS: Hysterical Personality
U was a 33-year old, white, divorced semi-skilled laborer from a small town in Georgia. Raised in institutions and in a disorganized, violent and impoverished family environment, U was, in the words of prison psychologists, "tense," "anti-social," "impulsive," and "apt to lose emotional control." U attempted to maintain a calm, stoical attitude toward others but, when he experienced stress, he either withdrew or became hostile, verbally abusive and somewhat hysterical. U seemed to be utterly fascinated with instruments of power and with situations involving possible danger or violence: auto racing, whiskey running, shooting firearms and crime were his favorite topics of conversation. U was decidedly atypical for a robber, and, although he was not regarded as being psychotic by prison psychologists, several inmates, as well as two research staff members, observed that U was mentally abnormal. He was variously characterized by inmates as being "a little crazy," "wild" and "kind of strange," while the staff members agreed that U demonstrated definite "schizoid tendencies." U's best friend in the institution was 2180, an individual with marked schizoid characteristics.

U pled Guilty to a charge of Armed Robbery in Lorrain County in 1965, receiving a sentence of ten to twenty-five years. He had a total of seven adult arrests and two previous felony convictions (both for Larceny). Instant offense resulted in U's third major prison confinement. U was severely wounded during a gun battle with police during the commission of present offense. He not only admitted, but bragged, about committing this robbery, which left him physically handicapped and stated that he did it "for the money."

U had a long history of physical injuries and ailments. He sustained a gunshot fracture of the left leg, having suffered bullet wounds in both legs during the above robbery. U claimed that a physician had advised amputation of the left leg following the shooting but that he refused to give his consent, demanding that the "best" orthopedic surgeon be made available. According to U, when he proved to the attending physician that he had "plenty of money" (to pay the bone specialist), one was made available and successfully operated. Despite the questionable veracity of U's entire account, physical examination revealed the left leg to be shorter than the right and bullet scars were visible on both. U wore a corrective, orthopedic shoe and had a moderate limp, some loss of mobility and recurring lower back pain. U indicated that he contracted spinal meningitis and pneumonia at age four which he believed to be responsible for his premature baldness. Other illnesses and symptoms listed by U (on routine physical histories and the C.M.I. Questionnaire) were: mumps, jaundice, frequent headaches, pain in limbs, feelings
of faintness, extreme nail-biting, bedwetting past adolescence, nervousness, clumsiness, feelings easily hurt and going to pieces if (you) don't constantly control yourself. A psychological examination, performed in March, 1965, resulted in a diagnosis of hysterical personality. U denied the use of drugs, other than alcohol, and there was no evidence of alcoholism or drug addiction. (U. boasted that he could consume a fifth or more of "good whiskey" without ill effects but that he could easily get along without it.)

U was born in Chattanooga, Tennessee on August 8, 1940, the ninth of ten children. His parents separated when U was five and he was sent to live in a state children's home where he remained until returned to the custody of his mother at age twelve. Sometime after returning to live with his mother, U was sent to a Nashville Reform School. He was later arrested for Auto Theft in Alabama, at age sixteen, but no disposition of this offense appeared on official records. U married in December, 1962, was separated in September of 1963 and divorced in October, 1970. One child, a son, was born of this union. U claimed that his ex-wife had been writing to him and that she wanted him to rejoin her when he got paroled.

U indicated that he was Protestant. He had the tested equivalent of a third grade education and was barely literate; however, I.Q. tests showed him to be of average intelligence. U denied any military service and official records showed that he had been arrested and investigated for Violation of the Selective Service Act in 1959 but released. He claimed occupational experience as an auto mechanic and packing house worker. (Some of his statements suggested that he once was involved in an auto theft ring that involved some of the largest auto dealerships in the South.) In the institution, U worked in the Kitchen and Paint Shop and was regarded as a satisfactory worker.

There was no evidence that U participated in homosexual activities in prison and he seemed masculine in his interests and mannerisms. He related that he often dreamed of being able to rejoin his former wife. U was usually very quiet, but his close friend, 2180, was even more withdrawn and over-sensitive to possible rejection and criticism. These two inmates spent much of their free time together, working in "Mushfake" or attending planned recreational activities. Neither man was interested in joining any staff-sponsored organizations and both expressed mistrust of the prison staff.
U was clean but not meticulous about his appearance; his shirttails often flapped out and he frequently did not shave. He was short, balding and moderately overweight with a pronounced paunchiness. Posture and movement were partially restricted by his shorter left leg and his orthopedic shoe.

U characteristically spoke softly, politely and quietly and fully cooperated during interviews. In unstructured situations, when he began to speak of his past activities, U became flushed and animated, but he never raised his voice. He was alert and well-oriented with no evidence of delusions or hallucinations. Beta and Wechsler tests both placed his I.Q. score at 101, and he evidenced no obvious disorders of reason. Memory for remote and immediate events was good. U did become quite grandiose and garrulous when he began to relate the details of his past offenses; at such times he tended to dominate conversations and to glorify his exploits of daring and violent acts. On these occasions, U seemed to lose his bearings somewhat, talking ever-more rapidly and intensely about violence, his eyes glittering with excitement. During such a monologue, U once said, "I don't give a damn about grown-up people, killing them is O.K. if they get in your way, but kids are different. Anyone who hurts or kills a kid should be put to death." U went on to laughingly describe a variety of acts of violence in which he claimed to have been involved, including beatings, stabbings and shootings. U's affectual tone during this tale was one of un-concealed, sadistic pleasure. Indeed, U's typical response to reports of violent acts or crimes was one of bemused curiosity.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2318

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 123
BETA:
WAIS:
SAT: 7.9
CMI: 5-0-1
LYKKEN: 11
ZUCKERMAN: 20

PROJECT DIAGNOSIS: Neurosis
PRISON DIAGNOSIS: Hysterical Personality
AC was a 31-year-old, white, single subject with minimal work experience as a laborer from rural Southern Ohio. This subject was exceptionally "up tight," anxious, and (potentially) emotionally explosive. AC was intelligent but grossly immature and visibly disturbed. (He had been incarcerated since 1962.) AC's difficulties with the law apparently started shortly after his parents were divorced in 1957.

AC pled guilty in Clermont County Courts to charges of Breaking and Entering in the Night Season, Armed Robbery (X2), Larceny, Auto Theft and Breaking and Entering in the Day Season. He received a life sentence for these offenses, his accomplice being an inadequate, older man who was also a subject in present study (number 2341). AC had one previous adult arrest and conviction for Breaking and Entering and he served a term at B.I.S. at age fifteen. AC never denied that he had been involved in instant offenses and he sometimes bragged about his exploits as a burglar.

AC's medical records indicated that he was in good physical health. He sustained two head injuries (while skating and as a result of an auto accident) but there were no obvious signs of impairment that would signal significant brain damage. A psychological examination, performed in December, 1971, resulted in a diagnosis of hysterical personality. AC was said to be "emotionally unstable," "insecure," and "hostile." He denied the use of narcotic drugs and the excessive use of alcohol and there was no evidence of an addiction problem; he was a heavy smoker. AC had received 30 court calls for "fighting," "threatening" and "contraband" while at the Ohio Penitentiary (from 1962-1970) but, after 1970, his behavior improved and he was the recipient of "several exceptional service awards and commendations."

AC was born on October 28, 1942, the third of seven children. His father was a high school graduate and was employed as a truckdriver. The parents separated several times before being divorced in 1957 and, one year later, AC was sent to B.I.S. Reportedly, AC never got along with his natural father, and he related several incidents of being beaten by his father and uncle. AC did maintain a regular correspondence with his mother and sibs. AC never married and there was no record of any lasting, common-law relationships. (He was not believed to be homosexual by prison psychologists, however.) It was rumored that AC's father was incarcerated at Moundsville Penitentiary but this information was never verified.

AC listed his religion as Protestant; his father had been Catholic, and his mother Seventh Day Adventist. He had an eighth grade education and limited work experience as a
construction laborer; he denied military service. Within the institution, AC had worked in the Warehouse and (for a short time) as editor of the newspaper. He was regarded by prison supervisors as being a very capable, diligent worker.

AC experienced extreme anxiety over sex. He found it nearly impossible to converse with females, or even to look at them because of the frustration and mental anguish that, he said, always seemed to follow. He once told a male interviewer that the only way that he could remain sane and "pull his time" was to keep all thoughts of females out of his mind. When female staff members were present, AC averted his gaze, staring sullenly at the floor or wall and, at the same time, he would sharply inquire, "Is that all you want me for?" and he would quickly depart. AC was of the opinion that men would be better off (in prison) if they never saw women—an opinion that was certainly not shared by many of his peers—most of whom were very pleased by the presence of female investigators.

Socially, AC still associated with his accomplice and with other inmates who described themselves as "hillbillies." AC said that he used to help his father make "moonshine" and that he considered himself to be a "hillbilly." He stated that there had been some "big-time crooks" in his family background and that he came by crime "naturally," e.g., some of his relatives, he said, had even worked for John Dillinger.

AC was young-looking, appearing at least five years younger than his chronological age. He had even, strong features, was of medium muscular build and of medium height. He was neat and well-groomed most of the time. AC's extreme tension and anxiety were manifested through muscular rigidity and facial tics, as well as through rapid, clipped speech-patterns. He often seemed "ready to explode" and appeared barely able to contain himself. Despite these symptoms, AC was able to function effectively in his work and he avoided overt, physical confrontations. Whether he could long continue functioning at such an extreme level of anger and anxiety seemed quite doubtful; yet, he remained well-oriented while a subject and could not be considered psychotic. Perception and intellection were normal; AC had an above-average I.Q., and he demonstrated in conversations and by his newspaper articles that he was capable of abstract, logical reasoning. Emotionally, however, AC was exceedingly immature, his behavior often resembling that of a fifteen-year-old delinquent; for example, he wore tee shirts on which he had painted "monsters," he "played with matches," lighting them and throwing them in a wastebasket or at other inmates and he sometimes committed childish pranks on
prisoners he knew well. Briefly, AC seemed to be a "31-year-old juvenile delinquent" whose neurotic acting-out probably had its roots in childhood emotional trauma. It seemed apparent that further punishment and deprivation would not help AC and would probably only render him increasingly dangerous in the future. After spending three months in the study, AC was transferred to the Moundsville Penitentiary in West Virginia where he was wanted as a parole violator.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2366

MMPI PROFILE (PLACEBO):

IQ:
  OPCT: 98
  BETA:
  WAIS:
  SAT: 7
  CMI: 6-0-0
  LYKKEN: 11
  ZUCKERMAN: 13

PROJECT DIAGNOSIS: Neurosis
PRISON DIAGNOSIS: Hystericlal Personality
F was a 37 year old single, black, skilled laborer from Columbus, Ohio, who had been an armed robber since 1960. F was discharged from the Air Force in 1959 for homosexual activities and his arrest record also began at that time. F was of muscular physique and masculine appearance; he did not appear "effeminate," but many of his interests would ordinarily be considered feminine, e.g., dress design, hairdressing, women's styles, etc. Moreover, he regularly associated with a younger, "pretty," black inmate who was believed to be homosexual. F seemed anxious, insecure, suggestible and somewhat hysterical.

F had been arrested a total of four times as an adult, the latter two arrests culminating in convictions for Armed Robbery (in July, 1960 and July, 1969). There were two accomplices in present offense which allegedly involved the robbery of a financial institution.

F seemed to be in good physical health, with the exception of stomach problems, for which he took neutralizers. He indicated a history of gonorrhea and indigestion and stated that a physician once told him that he had an ulcer. F denied the use of illegal narcotics in any form and there was no indication of alcoholism. A prison psychiatric diagnosis, performed in 1969, was hysterical personality and another in 1972 was (also) hysterical personality.

F was the third of five children born to literate parents in a small West Virginia community. His father was a coal miner and laborer and F was raised by his parents in a lower class, residential area of Columbus. F had a half-brother who was also incarcerated (at the Ohio Penitentiary). There was no other known criminality or history of hereditary illness within the family. As far as was known, F had never been married nor had he entered into any common-law relationships.

F had a tenth grade education and a tested educational achievement of grade seven. He served in the Air Force for five years and was twice court-martialled for homosexual acts, receiving a Dishonorable Discharge in 1959.

F listed his occupation as "welder" but said that he wished to seek employment as a designer of women's clothing. His prison occupations were that of Clothing Room Attendant and Fireman.

There was no direct evidence that F participated in homosexual activities during his immediate incarceration; however he was regarded as being homosexual by other inmates and his choice of associates suggested an overt homosexual orientation.
F was fairly sociable with other inmates and was active in officially-sanctioned institutional organizations. He was elected representative to Inmate Council, a prisoner self-government and welfare organization. F took his job as Inmate Council Representative quite seriously, regarding himself as being a liberal spokesman for all inmates. He did not, however, seem to enjoy the full confidence of many of his constituents and, particularly, the confidence of older, white prisoners who tended to view Inmate Council as being a puppet organization "controlled by the administration and packed with queers, black nationalists and snitches." F's position on Inmate Council, then, was hardly enviable or prestigious and he seemed to have obtained it mainly because there was little competition for such positions. F did not belong to the more "radical" and prisoner-sponsored Black Culture and History Group, which was generally regarded as being an "anti-administration" bloc dedicated to "Black Power." F stated that he had no quarrel with those black inmates who were members of Black Culture but that he viewed the task of improving conditions for convicts as requiring the combined efforts of all inmates, regardless of race.

F presented an excellent personal appearance. He was clean and fastidious in grooming, and he sometimes added a colorful shirt to his drab prison uniform. He exercised regularly to keep his muscular physique in trim.

F seemed constantly "on the go," nervously rushing to organizational meetings or activities, so that he often gave the impression of being hurried, harried and excessively busy. He was fairly dependable in arriving at interviews on time and he seemed to derive considerable enjoyment from conversations with research staff members. (He typically discussed politics with male interviewers and women's styles with female interviewers.) He was usually smiling, pleasant, and cooperative but he evidenced some anxiety and suspiciousness over what he regarded as being the "true purpose" of the research, as if suspecting that the researchers' actual purposes were being somehow hidden from him. Nevertheless, F often said that he "believed in scientific research" and hoped that the present study would benefit someone. Despite his tendency to over-react F was generally sufficiently polite and controlled to be a "good conversationalist." He evidenced an interest in others, as well as in current political and intellectual matters, although his fund of information was rather limited. He laughed readily and there were no indications of any persistent or severe depression, no signs of psychoses or disorientation and abstract processes and memory seemed normal. F had an average I.Q. and impressed as functioning at that level. Like many persons who have long existed within deviant subcultures, F made many astute
and bitter observations about the larger society and its leaders. Perhaps partly because he was a member of three distinct "outgroup" subcultures: black, convict and homosexual, F retained a full measure of defensiveness, mistrust and skepticism toward others, despite his efforts to be open and friendly.

F's feelings of inadequacy, his persistent anxiety and his limited self-confidence were evident. He compromised on nearly every issue and quickly modified his opinions to please others; he avoided disagreement whenever possible, seeking signs of approval. He impressed as being quite suggestible when confronted by a person of greater conviction. F's personal disorganization and role confusion were further evidenced by his lack of ability to plan realistically for the future. Although he sometimes expressed doubt concerning the feasibility of ever becoming a woman's fashion designer, he invariably seemed to return to talking about an idealized conception of himself as a fashion artist. At one point F did speak of becoming a "woman's tailor," an occupation that might be considered more realistic for him, however, his preoccupation with women's clothing and styles might also represent trans-sexual and transvestite fantasies, rather than concrete occupational interests.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2443

MMPI PROFILE (PLACEDO):

IQ:
- OPCT:
- BETA: 110
- WAIS:
- SAT: 11.5
- CMI: 20-3-3
- LYKKEN: 13
- ZUCKERMAN: 15

PROJECT DIAGNOSIS: Neurosis
PRISON DIAGNOSIS: Alcoholism
H had been a burglar and thief for at least seventeen of his thirty-five years. H blamed alcoholism for his difficulties with the law. H's uncle was his father, that is, he was the offspring of a drunken, incestuous union between brother and sister. Raised in an extremely disorganized, lower class, white family environment in Columbus, Ohio, H was rejected by his relatives and was repeatedly institutionalized as a child. Of bright normal intelligence, H had never departed from his characteristic offense of burglary. He was termed a "passive-aggressive alcoholic" and an "asocial sociopathic personality" by prison psychologists. He was single, had formed no permanent relationships with women and had no occupational skills.

H was serving a 2-30 year sentence for Burglary in the Night Season, consecutive with Breaking and Entering in the Night Season, from Erie and Franklin Counties. He pled Not Guilty to these offenses. H denied any knowledge of these crimes, maintaining that he had committed them while drunk, during a "blackout." There were no accomplices.

As a juvenile, H was sent to a children's home in Ohio at age nine, to Boys' Town in Nebraska at age sixteen and to the Boys' Industrial School in Lancaster, Ohio at age seventeen. H had five adult arrests for Burglary, several of which occurred while he was on parole, and two prior felony convictions. Although H was never known to injure anyone, he reportedly carried a gun during the course of some burglaries.

H indicated a medical history of gonorrhea, asthma, chronic coughing, and frequent, severe headaches. He was hospitalized with bronchitis in 1961 and a medical examination in January, 1971 revealed "bilateral scattered wheezing." He was subject to frequent colds.

A psychological examination, in 1971, resulted in a diagnosis of alcoholism. It was noted that H's longest term of employment was ten months, because of his drinking habit, but that he was "capable of functioning at a fully skilled level." The psychologist's report further stated that H was "passive" and "dependent" and "very easily frustrated by minor stress." Prior to present offense, H had started working in a T.V. repair shop and was attending electronics school at night, however, "both of the people (that H) had come to rely upon for support (fellow A.A. members) were out of town one night and he became intoxicated."

H listed an allergy to penicillin on the C.M.I. form and indicated that he was a late bedwetter as a child. He complained
of excessive sweating, of liver and gall bladder trouble and of feeling bloated after eating. He considered himself to be definitely overweight although he appeared to be only moderately overweight. H responded (on the C.M.I.) that he was "not troubled with any serious bodily deformities," but it was obvious that he limped and that he wore a special, built-up shoe on one foot. During the course of an interview, H once said, "Inbreeding in animals produces deformities," implying that he believed his own deformity could have been the result of his incestuous origin. H smoked two packs of cigarettes per day and drank six or more cups of coffee daily. He denied the use of drugs, other than alcohol, either "on the streets" or within the institution. He readily admitted being "an alcoholic" but was of the opinion that he could stay competely away from alcohol with the help of A.A. There was no evidence that he drank illegally obtained alcohol in prison.

H was born in Cleveland, Ohio on September 11, 1938, the product of brother-sister incest. His mother was an alcoholic who had been in a state training school for mental defectives as a minor. He was raised by his mother and her husband until they divorced seven years later, then was sent to live with an aunt and uncle two years before being sent to a children's home at age nine. H apparently was treated with shame and contempt by his relatives and stated that his grandmother was particularly cruel to him. H evidently hated his relatives, with the exception of his mother, toward whom he evidenced the most extreme ambivalence. H's mother lived with a succession of men, some of whom beat H and she was often drunk, but at times she displayed affection toward him. H returned to his mother again and again through the years, in an attempt to "help her with her problems" and to "give her money," but their relationship had, in H's opinion, "only dragged (me) down." H had two half-sibs, but he said that he had only limited contact with them.

H's relationships with women only resulted in further rejection and unhappiness. He typically "fell in love" with girls he met casually, usually at bars. He once lived with a girl for eight months and maintained that he was in love with her but she deserted him. While H was not reputed to be a homosexual, he reportedly was observed "kissing and hugging another inmate" in 1958.

H was Catholic and acted as assistant to the Catholic Chaplin in prison. The Chaplin took an interest in him and attempted to convince H that he should try to forget the past, seek new associates and pursue his interest in T.V. repair in a different environment. H maintained that he was sincere in
his religious convictions and said that, with "God's help," he would overcome his drinking problem.

H completed the eighth grade and served in the Army, in 1955, for eight months before receiving an Undesirable Discharge. The Undesirable Discharge followed H's conviction in civil courts, on a charge of Burglary.

H was particularly active in a variety of institutional organizations. He was a leader in Alcoholics Anonymous, belonged to Jaycees, participated in "speak outs" at local high schools and wrote columns on prison life for several high school newspapers. H was a tireless crusader for A.A. and often lectured other inmates on the nature and treatment of alcoholism. He helped organize a tropical fish club and assisted the Chaplin in counseling sessions. As a consequence of his experiences in these organizations, H said that he had obtained a great deal of insight into his own problems and that he had gained sufficient confidence in himself to stay out of trouble in the future. However, inmates who were acquainted with H sometimes expressed doubt as to his supposed rehabilitation.

H was not very well-liked by other inmates, perhaps because he constantly preached upon the evils of drinking. H did not seem to have any close friends among his peers despite the fact that he was well-known.

H tried to appear as a cheerful, colorful individualist with a basically civilian orientation who had reformed and rehabilitated himself. Of short, stocky stature, he generally wore a pleasant, open expression on his broad, innocent face. He often donned jauntily-colored, hand-knitted prison hats and wore "smile" buttons on his lapels to complete the impression of cheerfulness. On holidays, he always sent greetings cards to research staff members, e.g. Father's Day, Easter, Christmas, etc. Nevertheless, H was not entirely successful in disguising his hostilities, particularly toward women. He often made "cutting" remarks to female staff members or implied that he was "tough and dangerous" and sometimes tried to dominate the conversation by acting like an "authority." At other times, H could be very pleasant and it was discovered that his moods closely paralleled the tone of letters that he received from a female acquaintance.

As the Catholic Chaplin observed, H seemed "to lack any common sense where women (are) concerned." He was attracted to women with questionable backgrounds and of low moral standards, yet, he became disappointed when they did not measure
up to the qualities which he thought a "good wife" should ideally possess. Time and again, H said that he wished only to find a woman who could love him and that if he could but find this woman, she would help him "settle down." H's vain search for the "ideal woman"—in the wrong places—bore a curious resemblance to the disappointing "love-hate" relationship that he experienced with his mother. In brief, H seemed to be compulsively repeating the patterns of disappointment and failure that had characterized his life since birth.
SUBJECT NUMBER: 2456

MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 100
- BETA:
- WAIS:

SAT: 5.8

CMI: 21-3-4

LYKKEN: 12

ZUCKERMAN: 17

PROJECT DIAGNOSIS: Opiate Addiction

PRISON DIAGNOSIS: Schizoid Personality
T was a 37-year old black, married heroin addict from Akron, Ohio with no significant record of employment. He had been arrested some twenty-three times as an adult, most frequently for burglary. T had been characterized as "withdrawn" and "schizoid" by prison psychologists. He had been shooting heroin, except for jail and prison terms, since 1951.

T's instant offenses included Breaking and Entering, Housebreaking, Malicious Entry, and Possession of a Firearm by a Felon. He pled Guilty to these charges in Summit and Cuyahoga County Courts and received a three to twelve year sentence. This was T's seventh adult felony conviction and prison sentence; as a juvenile, he served a term at B.I.S. for an unknown offense. There were no accomplices in present offense.

T made no attempt to hide the fact that he was a heroin addict and once stated that it was society's attitudes toward the addict that kept him in prison. He was of the opinion that opiates should be made available to addicts without cost, at medical clinics, as occurs in England.

Physical examination records revealed that T was prone to allergies, had a history of convulsions (but not since 1968) and underwent a hemorrhoidectomy in 1952. The fourth digit of T's right hand was amputated in 1952. The right typanic membrane was dulled, with the cervical nodes enlarged and tender (August, 1972). A recent EEG was "normal" and the institutional physician stated there was "no present seizure problem." T had a family history of diabetes; his sister died of diabetic complications at age fifteen. On the C.M.I. Questionnaire T indicated a symptomatology of bad nose bleeds, poor teeth, late bedwetting, and hernia. He also marked a family history of heart trouble, arthritis, and nervousness and further indicated that people usually misunderstood him and that his feelings were easily hurt. Psychological examinations, in 1968 and in 1972, resulted in (respective) diagnoses of schizoid personality and possessive-aggressive personality. T had been variously termed "anxious and hostile," "hysterical," "lacking in self-confidence," and "psychosexually confused" by prison psychologists.

T denied addictions to drugs other than heroin but said that he sometimes mixed cocaine with heroin. It was not known if T ever used drugs illegally within the institution but there was no physical or medical evidence of institutional use. Moreover, heroin was not a readily available drug within the prison and maintaining a "habit" would have been difficult.
T was born in Akron, Ohio on November 11, 1936, the elder of two children. He was reportedly illegitimate but was raised by his mother and stepfather in an "adequate" home environment in Akron. T's stepfather was a factory worker, and his mother worked as a domestic. The stepfather was said to be "very punitive," and T left home at age sixteen to join the Army (but was twice court-martialed for A.W.O.L. and was given an Undesirable Discharge in 1954). T had had two "commonlaw" wives and claimed that he was legally married in 1972 while awaiting present charges in a county jail. T carried on a regular correspondence with his wife and proudly showed photographs of her to interviewers; she visited him occasionally. T fathered no children by any of his wives. There was no other indication of criminality in T's family.

T gave his religion as Protestant. He attended public schools to grade 8 and had no regular, verified employment record.

There was no evidence of homosexuality in T's institutional file; furthermore, he stayed out of trouble in prison, with one psychologist remarking, "He seems to adjust better in institutions than he does outside." T's "psychosexual confusion," alluded to earlier, referred primarily to what a psychologist believed was "repressed hostility directed again the opposite sex"; however, this hostility, if it indeed existed, did not seem to manifest itself in homosexual mannerisms or in homosexual activity.

T became a member of a "transactional analysis" group, organized by a university psychologist who regularly came to the prison. This group and T's young wife seemed to be the only two bright spots in his existence. He was characteristically repressed and morose but, after attending group meetings, he became cheerful, talkative and hopeful. "People were starting to communicate there," he said. T seemed to know few other people with whom he could communicate.

T's physical appearance was not revelatory of all that he had been through but there was extensive needle scarring of the forearms. He was tall and slender and was usually well-groomed and neat. His face expressed sadness, hurt and depression; sometimes, he seemed unable to talk, as if it were not worth the effort to speak. When T did speak, he often blurted out sentences suddenly, stuttering and grasping for words to convey his meanings. T was preoccupied with his own difficulties but he was oriented for time and place and there were no indications of hallucinations or delusions. T was of average intelligence (O.P.C.T. 100) and conversations demonstrated that he was capable of logical
reasoning. He stated that he would need psychiatric help upon being released if he were ever to cope with his drug problem but he was pessimistic about receiving this help. (Ideally, T would probably have preferred to continue taking drugs but under medical supervision as he admired the British system of dealing with opiate addiction.) Despite his moroseness and recurrent depressions, T was still able to function effectively within the context of the institution and performed institutional job assignments satisfactorily.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2472

MMPI PROFILE (PLACEBO):

IQ: AGCT 88
    OPCT: 80
    BETA: 85,
    WAIS:

SAT: 7
CMI: 12-1-3
LYKKEN: 9
ZUCKERMAN: 11

PROJECT DIAGNOSIS: Neurosis
PRISON DIAGNOSIS: Passive-aggressive Personality
P was a 34-year-old white, divorced, truck driver from a small town in southern Michigan. P had been in prison since 1968 following his conviction for Armed Robbery, and he was "doing hard time," in the words of one of his friends. P was of dull-normal-intelligence, was often depressed and anxious and was termed "passive-aggressive" and "antisocial" by institutional psychologists; he was also an almost chronic complainer and, at times, became demanding and manipulative.

P was convicted of Armed Robbery in Lucas County and received a sentence of 10-25 years. P minimized his part in the offense and frequently complained that, although his accomplice had assumed a more active role in the robbery than he, the accomplice received probation. P said that he once wanted to seek revenge on his accomplice for "setting [him] up" but that he no longer cared about the past, his only goal being to get out of prison before it drove him "crazy." This was P's second conviction for robbery and his second minor incarceration; he had five prior arrests as an adult and one escape on his record as well as an attempted escape. P was vehemently anti-authority and was of the opinion that he had been railroaded into prison and made to suffer far beyond what "any man should have to take."

P's right arm was withered and he had virtually no grip strength in his right hand; he claimed that his arm had been injured in an industrial accident in California in 1957. (P was nineteen at the time of this accident, and his arrest record began in early 1958.) On both the C.M.I. and the O.P. physical examination records, P indicated that he experienced recurring migraine headaches. His C.M.I. responses also signified that he viewed himself as being "extremely shy or sensitive." P was a vegetarian and said that he had not been able to eat meat since early childhood because it made him feel "sick and nauseated"; he did eat eggs and cheese, however. P smoked over a pack of cigarettes per day and drank more than six cups of coffee daily. He admitted using amphetamines "on the streets" and stated that he had used alcohol moderately. He denied the use of hard drugs or any addictions; he admitted that he sometimes drank illicitly obtained alcohol in prison. Psychological examinations by two different prison psychologists resulted in identical diagnoses of passive-aggressive personality.

P was born in a small Missouri community on December 31, 1938, the third of five children. He was raised by his parents in Missouri and Michigan. P's father was a heavy equipment operator who died of a heart attack at age 44. His mother remarried and was reportedly in poor health (making it difficult for her to visit P). P's brothers and sisters visited him regularly. There were no further evidences of hereditary
illness or criminality in P's family. P married in 1957 and was divorced in 1968; there were no children born of this union but P had a twelve-year-old daughter by another woman, whom he had lived with, in 1961.

P listed his religion as Protestant. He had a tenth grade education and denied any military service. He indicated work experience as a truck driver and house painter. Within the institution, P worked as a Kitchen Helper; this work assignment helped him procure food for a vegetarian diet.

P was somewhat unique in that he often verbalized his sexual frustrations to male members of the research staff. (P was of the opinion that one of the most agonizing features of prison life was the sexual deprivation.) P might have been involved in some homosexual activity while at the Ohio Penitentiary, for he once received a court call there for "possession of love letters"; however, he received no subsequent court calls after his transfer and did not, in any way, impress as being homosexual.

Despite the fact that P was a "complainer," he did have a sense of humor and was usually able to joke about his own problems and frustrations. Perhaps it was this latter ability that permitted P to enter into friendship relationships with several other inmates, his best friend being number 2494. P avoided participation in formal prison organizations.

P was tall, about 6'4', and of slender build; posture and movement were normal with the exception of his partially paralyzed right arm. His facial expression usually reflected both tension and depression, however, he gradually relaxed during interviews, becoming more spontaneous and talkative toward the end of the sessions. There were no evidences of perceptual distortion nor any other indication of psychosis; intellection and memory also seemed normal. P's anxiety, his physical and mental "uptightness" and a moderate depression were the paramount symptoms.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2480

MMPI PROFILE (PLACEBO):

IQ:

OPCT: 119
BETA:
WAIS: 103
SAT: 11.1

CMI:
LYKKEN:
ZUCKERMAN:

PROJECT DIAGNOSIS: Passive-aggressive Personality
PRISON DIAGNOSIS: Cyclothymic Personality
YB was a 34 year old, black, married, unskilled laborer who was of above average intelligence, had a minimal arrest record and was honorably discharged from the Air Force. YB's behavior during interviews with research staff revealed a relatively stable personality which adhered to subcultural, and antisocial values. YB demonstrated considerable independence of thought and enjoyed intellectual puzzles, conversations, and diversions. YB readily admitted using and enjoying the effects of a wide variety of drugs, including heroin and cocaine but he denied any addictions and was not known to use illegal drugs in prison. Institutional psychologists described YB as being "competitive, narcissistic, and a cyclo-thymic personality" who demonstrated a characteristically "hypomanic mood." Although research interviewers observed that YB was, indeed, moderately narcissistic, and somewhat lethargic, he evidenced no radical mood changes or other symptoms of psychosis during interviews. Furthermore, YB was a very sociable, straight-forward, cooperative and dependable subject, who did not attempt to dominate or manipulate staff members or inmates. YB seemed capable of forming friendships and loyalties to others; however, his system of values would no doubt be considered antisocial (and politically radical) from the perspective of the dominant culture.

YB was convicted of Robbery of A Financial Institution and Armed Robbery at Hamilton County in 1969 for which he received a sentence of 30 to 45 years. He claimed that he drove a car for a friend who, although he did not know it, was planning to enter and rob a bank. He also claimed that evidence in instant offense was obtained by illegal search and seizure. YB stated that his accomplice got probation. He had no known juvenile history and only two prior misdemeanors, with present offense resulting in his first felony conviction.

YB was apparently in good physical health. He listed childhood pneumonia as his only illness on the O.P. medical questionnaire. A psychological examination in May, 1969 resulted in a diagnosis of cyclo-thymic personality.

Although YB did not have a reputation as being a drug user within the institution, he did once allude to a "lost weekend" which implied that he might have once used any number of substances which were illegally available within the prison. He spoke enthusiastically of civilian drug use, including marijuana, cocaine, heroin, and pills (including uppers and downers) but he denied using L.S.D. or any hallucinogens. YB stated emphatically that he had never been addicted to the use of any drug and that he used them strictly for the enjoyment that he obtained from them or for the additional enjoyment which he derived from sexual activity as a consequence of using a drug (like cocaine).
YB was born on February 8, 1939 at Cincinnati, Ohio. His parents were separated when he was eight years old, and he lived with his mother and father until age eight. He then lived with his father until he left home at age seventeen to join the Air Force. Socio-economic environment was a lower class, black ghetto in the Cincinnati area. YB's parents never married but lived in a common-law relationship. His mother's first husband was said to have been killed during World War II; his natural father was an Alabaman with a sixth grade education who worked as a janitor and porter. His mother was a native of Kentucky, had a ninth grade education, and worked as a domestic. YB had no natural brothers and sisters, but had a half-sister and a half-brother from his mother's prior marriage. YB allegedly had very little parental guidance and grew up on his own in the streets of the ghetto. There was no known history of physical or mental illness or criminality in the immediate family.

YB was married in June, 1963, with two sons being born of the union and there was one stepchild, his wife's daughter by a former marriage or liaison. YB converted from the Protestant faith to the Sunna Muslim religion in 1972 while incarcerated and he once received a court call for praying with a group of Muslims in the dormitory. YB claimed that he had completed the ninth grade and that he had attended welding school in 1967 and 1968. He served in the United States Air Force from February, 1956 to March, 1958 at which time he received an Honorable Discharge. During military service he was given one summary court-martial for A.W.O.L. He listed civilian work experience as a bus boy, laborer, and factory worker. His prison occupation was that of a hydraulics worker; however, he indicated that the hydraulics division that was supposed to repair dump trucks had for all practical purposes been deactivated and they really didn't have any significant repair work to do.

There was no indication that YB was involved in any form of homosexual activity while an inmate and he seemed to be heterosexual in his orientation. YB was not known to be a member of any formal institutional organizations. He was socially active (in an informal sense) among other inmates; for instance, he enjoyed playing bridge and chess with other men in the dormitory. Although YB was somewhat narcissistic and proud of his own intellectual abilities, especially with regard to his ability as a chess player, he could not be termed a "loner" as he seemed to have a number of friends within the institution. (YB's friends did not include members of the institutional staff but only other inmates.) When asked why he was not a member of the (supposedly) militant black nationalist group within the prison, YB responded that he had nothing against them but that he had gotten beyond the question of color in his own political thinking.
YB was of medium height and build. He had a pleasant, unremarkable appearance, and his clothing was generally neat. His posture and facial expression were relaxed; at times he seemed tired and sleepy but stated that he was simply bored. He quite obviously enjoyed the company of the research staff and frequently initiated intellectual and political discussions; he was dependable and on time for interviews and often seemed reluctant to leave. Perception and intellection seemed normal, and there were no evidences of psychosis or serious mental pathology. At times YB appeared disinterested, but he quickly became alert whenever a topic interested him. There was some emotional blunting or blandness, but this may have been more apparent than genuine. YB described himself as being "a naturally lazy person" who "enjoyed thinking." Intelligence tests showed him to be of above-average intelligence and there were no disorders of judgment or common sense in evidence. He had a good fund of general information, especially considering his limited formal education; he was logical and coherent in discussions without being garrulous or argumentative. YB did not exhibit any of the grandiosity which many other inmates demonstrated when they bragged of criminal offenses they had committed in the past. When he did brag, it was apt to be about his intellectual ability or about his enjoyment of drugs or sex. Considering the total pattern of YB's life, especially his subcultural background, he emerged among the inmate subjects as a relatively normal, well-integrated personality.
SUBJECT NUMBER: 2504

MMPI PROFILE (PLACEBO):

90
70
50
30
10
L F K Hs D Hy Pd Mf Pa Pt Sc Ma Si

IQ:
OPCT: 125
BETA:
WAIS:
SAT: 10.5
CMI: 25-1-19
LYKKEN: 9
ZUCKERMAN: 9

PROJECT DIAGNOSIS: Schizophrenia
PRISON DIAGNOSIS: Hysterical Personality
Q was a 29-year-old, white, single, skilled laborer from Ashland, Kentucky. He was by far the most hysterical subject encountered during the course of present study as well as being extremely manic. Q had been described by institutional psychologists as being a "hysterical personality" and as being "hyper-active." Raised in a large, impoverished, and disorganized family environment, Q evidenced very strong feelings of inferiority and dependency. When in stressful life situations he had characteristically reacted, in the past, by committing passive-aggressive, self-defeating property offenses.

Q pled guilty in Franklin County to a charge of Uttering Illegal Checks and received a sentence of 1-20 years. Q stated that he committed this offense because his nineteen-year-old girlfriend had caused him to spend his money on her and had then jilted him. He said that his girlfriend alone was responsible for his imprisonment because she had forced him into debt at a time when he needed money to contribute to the support of his parental family. Q had been a self-employed roofing contractor when arrested and by his own admission had earned a rather substantial income; however, Q apparently squandered his money on "girlfriends" and "cronies" as fast as he received it. When queried about his motives, Q commented, "Winter was coming on, and I was broke. What else could I do?" Q had an extensive arrest record (ten adult arrests) for Auto Theft, Larceny, Burglary, Disorderly Conduct, and Forgery. This was his seventh felony conviction and seventh major incarceration.

Q had a medical history of psychosomatic disorders: his eyes blinked frequently, his facial and shoulder muscles twitched involuntarily and he was subject to frequent headaches; he also suffered from chronic insomnia. C.M.I. responses indicated a family history of mental disorders, extreme nervousness, shyness and sensitivity and overdependency on others. Extreme feelings of inferiority and inadequacy were further evident from subject's answers to the C.M.I., while there were also symptoms of suspiciousness, irritability, and a low frustration tolerance. A psychological examination, performed in April, 1972, resulted in a diagnosis of hysterical personality, "with some schizoid and neurotic features of the anxiety type." Projective tests showed that subject was over-dependent, excessively susceptible to peer group pressures and that he had not resolved "many adolescent crises." Somewhat surprisingly, Q had never been institutionalized for psychiatric reasons, nor had he ever received psychiatric treatment. Although Q denied the use of drugs or alcohol when questioned by prison psychologists, he told research staff that he used to enjoy drinking beer "because just one or two bottles made [him] feel like Superman."
However, he denied the use of illicit drugs or alcohol within the institution. Q also informed researchers that he had always been "restless and jumpy" and that he once sought medical treatment for hyperactivity (two years ago) but that the prescribed medication only seemed to aggravate his condition. Q was a compulsive smoker and he drank up to two cups of coffee per hour every day.

Q was born in Ashland, Kentucky on February 10, 1944, the fourth of twelve children; his father was disabled and the family subsisted on welfare. He was raised by his parents until he left home at age fifteen to roam around the country with carnivals and circuses. A school investigator reportedly found the home "very poor, filthy, and unsanitary." At age thirteen, Q was institutionalized at Kentucky Village for an unknown offense and, according to prison records, was "forced to participate in anal sodomy as the passive partner ...by four white males." It was further believed that Q (who was physically small and fearful of violence) had been repeatedly victimized by aggressive homosexuals during subsequent periods of institutionalization. It was not known if Q actively participated in homosexual activities during present study; however, he seemed to be striving to achieve a masculine identity and said that he corresponded regularly with a number of teen-age "girlfriends," some being as young as thirteen or fourteen. Q had never been married, and it seemed probable that his relationships with females had been of a transitory, superficial nature. Q never fathered any children and the possibility that he was sterile (or impotent with females) could not be discounted.

Q gave his religion as Baptist and stated that he had an eleventh grade education; testing confirmed an educational level of 10.5. He denied any military service and listed occupational experience as a carnival and circus worker, laborer and self-employed roofing contractor.

Socially, Q was an outcast and a misfit in the eyes of his fellow inmates. He seemed to have no close friends and other inmates often walked away whenever he began to speak. This was apparently due to Q's tendency to embark upon rambling accounts of his personal problems or of his nomadic past, without giving others the opportunity to talk. Q, in fact, seemed totally unable to participate in the give and take of ordinary conversations; he was only capable of producing vast, rapidly-delivered monologues that were almost always socially inappropriate and irrelevant to the purpose at hand. Q was so preoccupied with himself that he frequently could not recall other people's names, even though his memory for past events seemed normal. Yet, Q was oriented for time and place and was not considered psychotic by prison psychologists. Despite the fact that Q was of above-average to
superior intelligence, his egocentrism and his anxiety were so pronounced that he generally seemed to function at a much lower level. He was capable of logical reasoning but tended to "free associate" somewhat autistically, seldom employing logic. Although Q was a virtual "social imbecile," he did respond appropriately on the emotional level (when it was possible for the interviewer to quiet him long enough to gain his attention). Moreover, Q had a personal moral philosophy which, he said, prevented him from ever injuring anyone (physically). Finally, it was noted that Q tried to employ interviews as "cathartic sessions" and, when it was not possible to listen to him recount his many problems, he often left abruptly. Eventually Q attached himself to a sympathetic male interviewer and greeted this researcher warmly whenever he saw him entering the compound, calling him "my buddy" and "my friend."
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2526

MMPI PROFILE (PLACEBO):

IQ:
  * OPCT: 95
  * BETA:
  * WAIS:

SAT: 5.3
CMI: 11-0-3
LYKKEN: 12
ZUCKERMAN: 18

PROJECT DIAGNOSIS: Schizophrenia
PRISON DIAGNOSIS: Passive-aggressive Personality
GK was a 28-year-old, white, single, sometime welder and semi-professional thief from Akron, Ohio. GK was raised in children's institutions and was characterized by prison psychologists as being "insecure, dependent and withdrawn." While in prison, this subject developed an intense interest in religion, mental telepathy, fortune-telling and the occult. He claimed to have powers of clairvoyance, and he obtained a "Minister of the Gospel" certificate from a correspondence school (which permitted him to present himself as a clergyman).

GK pled guilty in Summit County to Operating Motor Vehicle without Owner's Consent and Malicious Entry. He received a 1-20 year sentence and had been in prison for over two years at the time of his entry into the study. Subject readily admitted instant offenses, stating that he had broken into an auto dealership and was apprehended by police while loading new cars into a car carrier. GK said that he had been drinking prior to the offense because this helped to calm him and to steady his nerves. He said, however, that he decided to put a life of crime behind him when he became a minister (during his most recent period of imprisonment). GK had a juvenile record for Auto Theft; he was arrested eight times as an adult, mostly for Auto Theft and Burglary. Instant offense resulted in GK's third major period of incarceration. At the time of his arrest, GK was carrying "an unloaded pellet gun." (GK was proud of the fact that he had never committed an offense directed against persons.)

GK listed the following illnesses and operations: scarlet fever, mumps, pneumonia (1946), and auto accident (1965). Physical examination disclosed (L) apical posterior rales. GK indicated (on the C.M.I.) that he once experienced difficulty with his kidneys and that he urinated frequently. He also indicated that he found it impossible to rest regularly during the day and that he had to be on guard, even with friends. GK smoked over a pack of cigarettes per day and (reportedly) had been an excessive drinker, however, he was not known to use illicit alcohol within the institution. GK denied the use of narcotic drugs. A psychological examination, performed in April, 1971, resulted in a diagnosis of passive-aggressive personality. GK was said to be "withdrawn," to have "poor impulse control," to be "insecure," and to indulge in "passive-aggressive acting-out under alcohol." Subject was also characterized as a loner with "few friends," who had an "anti-social orientation" and whose judgment was "impaired."

GK was born at Akron, Ohio on February 5, 1945, the fourth of five children. The family was reportedly impoverished, and GK was sent to a children's institution at an early age. He
repeatedly ran away from children's homes between the ages of eleven and fourteen. He was arrested for Auto Theft at age fourteen and spent three weeks in juvenile detention before being released to the custody of his mother. GK's adult criminal record began four years later with another Auto Theft. GK never married but stated that he was seriously considering marriage, to a woman he was corresponding with, upon being paroled. He expressed the fear that women (in general) were untrustworthy and said that he told his girlfriend that if she ever cheated on him, he would have to "kill somebody." GK seemed extremely fearful of being rejected by a woman. "That's the one thing," he said, "that I just can't take." GK's fear of rejection and abandonment was not without justification in terms of his past experiences: besides being rejected by his mother, he went on a drinking binge after a girlfriend left him, shortly before present offense occurred.

GK claimed to be a Baptist Minister but often stated, "I don't preach to no one." He said that his new goal in life was to help other prisoners like himself. GK said that a religious organization called Man-to-Man Associates had helped in arranging a parole plan for him. GK had the equivalent of a high school education (G.E.D.). He denied military service and had an unstable civilian work record as a welder; in prison, he was employed in the Welding Shop.

There was no evidence of a homosexual orientation in GK's prison file and he impressed as being heterosexual in overt mannerisms. GK had few friends among his peers but he did form at least one close friendship (with a middle-aged inmate who had a drinking problem). Otherwise, GK related well to researchers of both sexes and even confided many details of his personal life to a male researcher. GK did not belong to any formal institutional organizations and he definitely did not trust prison officials or policemen.

GK was short and of medium build. In some respects, he appeared to be the very stereotype of a burglar and sneak-thief. His eyes darted about furtively whenever he entered a room, as if he had first to satisfy his suspicions about those present before he could utter a word. Moreover, GK was heavily tattooed in the style of the criminal subculture. At first, GK was exceedingly suspicious of the researchers but, as he came to know the research staff better, he adopted a very friendly and cooperative attitude toward them and attempted to assist the investigators in every possible way. He customarily spoke in low, conspiratorial tones and revealed that "on the streets" he had, indeed, moved in an underworld of "pimps, hookers, gamblers, pushers, fences and hired gunmen." "You name a crime," said GK, "And I probably know
someone who has committed it." "But," GK continued, "I've never gotten involved in all that stuff myself. I've always stuck to being a thief and I stayed clear of drugs, gambling, and whores." GK believed that man's unconscious mind could foretell the future, and he offered to tell this investigator's "fortune" through the medium of playing cards. He also thought that he could "see" past events in his mind when he encountered "strong vibrations" from another person.

GK was always serious, regarding life as a great mystery and man as a creature who was surrounded by mysterious forces. Although he could perhaps be considered somewhat autistic and schizoid, GK's "psychic" beliefs did not differ markedly from those of many persons in the larger culture. Moreover, GK was well-oriented and capable of abstract reasoning and he did not exhibit the severe personality disorganization that characterizes schizophrenia. GK impressed as being a sensitive person who had been repeatedly rejected and rebuffed by others. He had, however, found friendship and support among persons like himself, the misfits and deviants of society. GK was probably sincere in his desire to "minister" to these people without "preaching" to them yet, GK's own emotional instability--his fear of being "hurt"--caused him to be suspicious, wary, and withdrawn. He was hopeful that Man-to-Man Associates would be able to employ him as a traveling prison minister. In a structured situation such as this GK might prove capable of functioning effectively.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2550

MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 98
- BETA:
- WAIS:

SAT: 7

CMI: 16-1-4

LYKKEN: 15

ZUCKERMAN: 10

PROJECT DIAGNOSIS: Neurosis

PRISON DIAGNOSIS: Hysterical Personality
LG was a 41-year-old white, single, sometime "plumber," and semi-professional thief from Lansing, Illinois. Subject had a long offense history and was thoroughly integrated into the criminal subculture. LG had a disorganized family background; three of his brothers had also been in prison, the youngest brother having been subject's accomplice in present offense.

LG pled guilty to Armed Robbery in Wood County, receiving a 10-25 year sentence. LG's brother was also sentenced for this offense but was sent to a different institution. LG had four juvenile arrests and a total of six arrests as an adult. (Most of these offenses were for Auto Theft and Armed Robbery.) During his long criminal career, LG had served a total of over 18 years in such prisons as the Lewisberg, Leavenworth, Joliet (X2), and Ohio, penitentiaries.

Physical examination records indicated the following operations, injuries and illnesses: mumps, whooping cough, pneumonia, fractured skull and right leg (auto accident, 1938), appendectomy (1959) and malaria (in conjunction with a malaria research project in 1962). On the C.M.I. Questionnaire, LG indicated painful feet, sensitive skin, nailbiting, stuttering, jumpiness and a family history of asthma (brother), heart trouble (father) and mental illness (sister). A psychological examination, performed in 1967, resulted in a diagnosis of hysterical personality. Testing by institutional psychologists revealed that LG was a "defensive, basically anxious individual who has difficulties in relating to females" and "has an intense desire to compensate for felt weakness." LG stated that he seldom used alcohol, even moderately and he denied the use of narcotic drugs in any form. He smoked over a pack of cigarettes per day and drank six or more cups of coffee per day.

LG was born in Chicago, Illinois on July 18, 1932, the seventh of fifteen children. His parents separated when subject was six and he was placed in a children's home for several years. He ran away from the children's home when he was about 11 years old and was then sent to a reform school for a year and a half. LG claimed a good relationship with his mother and stepfather (his actual father died at age 65 of a heart attack). Subject also stated that he corresponded regularly with his sibs. LG's father had been employed as a night watchman and his stepfather was an illiterate vegetable peddler; his mother was employed as a factory worker. LG never spoke of ever having been married or of having any female friends, yet he was not reputed to be a homosexual.
LG stated that he was of the Jewish faith; he had an eighth grade education and limited civilian work experience as a plumber. His prison job assignment was in the plumbing shop, and he denied any military service.

LG was well-liked by the older clique of recidivistic, white property offenders, most of whom were armed robbers. He enjoyed socializing with his peers and was manager of the prison softball team which was sponsored by the Jaycees. LG was known by his peers as a "right guy" who could be trusted and depended upon. He was quiet but friendly and cooperative with researchers, yet he was careful not to divulge any information that might prove harmful or embarrassing to himself or to other inmates. On the other hand, LG attempted to help his fellow inmates with their problems and to convince researchers that they should also try to help whenever possible.

LG was of short stature and of medium muscular build; he was neat, pleasant-looking, and smiled readily. One of his major interests was athletics, and he was reputed to be an excellent softball player. However, LG's facial expressions indicated that he was frequently tense, anxious, and, at times, depressed. At no time, however, did LG display irritation or impatience with the research staff; he did what was expected of him even when he said that he wasn't feeling well; he would then politely excuse himself at the first opportunity. Moreover, LG was friendly to researchers of both sexes and displayed no hostility that was directed toward the investigators.

Intellectually, LG impressed as functioning at an average level, but he was concretely oriented and evidenced no interest in abstract discussions. He was well-oriented and his emotional responses were shallow yet appropriate; however, he never relaxed sufficiently so that the interviewers could get to know him well. LG's emotional blandness seemed to be secondary to his extreme defensiveness rather than being due to inability to respond. Indeed, he seemed perfectly capable of forming close friendships and loyalties with other prisoners whom he liked, and it was at the suggestion of one of his inmate friends that he volunteered for the present study. Quiet, unassuming, and helpful, yet also somewhat given to the somaticizing of his anxieties, LG impressed as having been strongly influenced by subcultural factors, beginning with his childhood institutionalization. His past years in prison and the fact that he was facing another long sentence no doubt greatly contributed to his anxieties.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2557

MMPI PROFILE (PLACEBO):

IQ:

OPCT:

BETA: 106

WAIS:

SAT: 6.2

CMI: 22-4-7

LYKKEN: 17

ZUCKERMAN: 16

PROJECT DIAGNOSIS:

PRISON DIAGNOSIS: Passive-aggressive Personality
KN was a 39-year-old, white, divorced salesman from Dayton, Ohio who was convicted of Rape. Like many sex offenders, this subject had a good employment record and espoused middle-class values. His personal background and psychological testing suggested that KN harbored considerable resentment against women and a degree of psychosexual confusion. Subject claimed to be under great situational stress at the time of the offense and said that he had been taking amphetamines and drinking heavily.

KN was found guilty of Rape and Assault with A Dangerous Weapon in Montgomery County. As a juvenile, subject had several traffic violations and he was arrested on at least five previous occasions as an adult. His prior adult arrests included traffic violations, Non-support, Assault and Battery, Breaking and Entering/Night Season, and Rape. For these prior offenses, KN received only one major conviction, and this was for B. & E.; he served a year in the Ohio State Reformatory subsequent to this conviction and instant offense occurred nine years later.

KN admitted instant offense, stating that he had been under financial and personal pressures at the time. He said that he had been an outpatient at a psychiatric clinic for four months preceding the event and that he was acquainted with the victim, a 23-year-old woman who lived in the same apartment building. KN recounted that he had just had an argument with his girlfriend and had been drinking heavily and taking stimulants when he decided that he wanted to talk to the victim. He said that when he arrived at her apartment, she recognized him and invited him in. Once inside, he announced that he was going to rape her. He said that he then tied her to a bed with nylon stockings but had second thoughts and released her. After he released the victim and she had calmed down, KN said that, for reasons unknown to him, he suddenly knocked her across the bed and raped her. KN claimed that he did not beat or severely injure the victim and he knew that she could identify him.

KN's medical records showed the following illnesses and injuries: mumps, whooping cough, pneumonia, eye trouble (R 20/50, L 20/300), heart palpitations, stomach trouble, head injury (at age 23, no seizures), and severe, recurring migraine headaches. KN stated that his mother sent him to a blind school when he was nine years old and that "the place was run like a detention center." On the C.M.I. Questionnaire, KN indicated frequent chest colds, painful feet, a family history of migraine headaches, chronic fatigue, and nervousness. He stated that he had a cousin who was epileptic and a maternal aunt who spent six months in a mental institution. KN said he
was allergic to sulfa and in civilian life he was accustomed
to taking two or more alcoholic drinks per day. Aside from
amphetamines, which he said had been prescribed for weight
control and alcohol, KN denied the use of drugs. KN was sent
to Lima State Hospital for 60 days observation following
present offense; there he was adjudged as being "not psychotic
and not psychopathic." Psychological examinations by a Lima
State Hospital psychiatrist and by a prison psychologist,
during 1971, resulted in identical diagnoses of inadequate
personality. A later examination by another prison psycholo-
gist found KN to be a hysterical personality. This examiner
commented that subject was "hysterical, narcissistic and over-
reactive," however, KN did not display these traits during
interviews with research personnel.

KN was born in Cincinnati, Ohio on March 12, 1934. His father
died in an auto accident when subject was an infant, and his
mother remarried five years later. KN claimed to have had a
very poor relationship with his stepfather, who was a Scot-
tish immigrant and was employed as a railroad engineer. He
said that his relationship with his mother had been "fairly
good." KN left home at age 20 to join the Army and was Honor-
ably Discharged two years later. A year after being released
from the military, subject married a 16-year-old girl who
was pregnant at the time of the wedding. Two children were
born of this union which ended in divorce two-and-a-half
years later.

KN stated that he had "no religion." He was a high school
graduate and listed civilian work experience as a salesman;
apparently, subject had been fairly successful in selling
expensive swimming pools; however, he pointed out that the
swimming pool market was extremely susceptible to fluctuations
in the economy and that the business was often "feast or
famine." KN said he used to spend much of his time in cock-
tail lounges, attempting to convince wealthy clients that his
line of swimming pools were superior in quality, value, etc.
KN's appearance, vocabulary, and middle-class mannerisms,
suggested that he could, indeed, have mingled socially with
the patrons of a "businessman's bar."

KN was not severely stigmatized within the institution. He
simply did not fit the superficial stereotype of the socially
inadequate, shy, guilt-ridden, middle-class sex offender;
neither did he exhibit the aggressive, predatory, hostile
behavior of some lower-class sex offenders. Instead, KN was
polite, soft-spoken, friendly, and cooperative, and if he was
anxious, his anxiety was not evidenced by his overt mannerisms.
Nevertheless, the psychologist who examined him was of the
opinion that KN harbored deep feelings of inadequacy and re-
jection. Although KN had no known close friends among the
inmate population, he stated that he had many friends "on the streets" and, in fact, he impressed as having a basically "civilian orientation." In prison, KN was employed in the Dining Room and was considered a good worker by his supervisors.

KN was of medium height, weight, and body build; he presented an excellent personal experience and was always well-groomed, alert, and oriented. He related well to others and reacted appropriately in social situations; there were no outward manifestations of anxiety, depression, or severe mood fluctuations. Yet, the fact that KN reported many somatic symptoms on health questionnaires and the fact that he was chronically fatigued suggested that he harbored considerable anxiety which he had more or less succeeded in masking. KN had been curious about his own motivations in committing instant offense and he admitted that he had earlier experienced difficulty with heterosexual relationships, however he seemed to lack any real insight into the possible causes of his actions. Intellectually, KN impressed as being of somewhat above-average intelligence and as being capable of abstract reasoning. Memory was normal and emotional responses seemed appropriate and genuine. In summary, KN displayed no generalized personality disorganization, rather, his problems seemed more closely allied to a deep-seated anxiety centering around his sexual identity and his past disturbed relationships with women.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2567

MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 123
- BETA: 
- WAIS: 

SAT: 9.0

CMI: 8-0-2

LYKKEN: 11

ZUCKERMAN: 14

PROJECT DIAGNOSIS: Neurosis

PRISON DIAGNOSIS: Dyssocial Behavior
MB was a 43-year-old, white, divorced, sometime clerk, truck driver, construction worker, bartender, and semi-professional burglar from Hamilton, Ohio. This subject was intelligent, industrious and relatively well-adjusted to an institutional regime. His philosophy of life was simple and straightforward: "Get all the pleasure that you can out of life because you won't get another chance." MB had no motivation to change his ways, according to prison psychologists. He was considered "dyssocial, immature, irresponsible, unstable and impulsive." A long-time thief, MB was a short-term hedonist whose disarming frankness about his criminal and sexual escapades suggested that he had few inhibitions or moral scruples.

MB was found guilty in Butler County Courts of Burglary of an Inhabited Dwelling; he received a life sentence for this offense. MB had six adult arrests and had served over sixteen years in various penal institutions for property crimes, mostly burglaries. MB neither admitted nor denied instant offense but said that he could do his time "like a man."

Physical examination records disclosed the following symptoms and operations: sinusitis, shortness of breath, heart palpitations, scarlet fever, tuleremia (1940), left inguinal hernia and tonsillectomy. In 1961, a psychologist stated that subject had many "psychopathic character traits." A later psychological evaluation, in 1969, resulted in a diagnosis of dyssocial behavior. The latter psychologist noted that MB exhibited some "compulsive defensiveness" in an effort to control his impulses. MB stated that he enjoyed moderate drinking and that his favorite job had been that of bartender. He boasted that he could "run the roughest bars around" because he knew how to handle the customers. "I never had any trouble from them," said MB, "because they knew I had control of the situation. Of course, I always kept a pistol or a shotgun handy." MB stated that he had never used illicitly-obtained narcotics but that, whenever physicians had prescribed such analgesics as morphine or novocaine for him, these drugs seemed to have no effect upon him. He indicated that several physicians and dentists had expressed amazement because of his apparent insensitivity to these substances. MB smoked at least a pack of cigarettes per day and was a chronic coffee drinker. He stated that coffee did not affect his sleep, even when he drank it before retiring.

MB was born at Hamilton, Ohio on February 1, 1930, the fifth of nine children. He was raised by his parents in what was described as "a stable home environment," and his father, who
was a tool and die maker, reportedly provided adequately for the family. MB's mother was steadily employed as a nurse. One of subject's brothers was also believed to have a criminal record; however, the nature of the brother's legal difficulty was not available from prison files. MB left home at age 19 to join the Army but was discharged a year later when he was sentenced to a Federal Reformatory for violation of the Dyer Act. Shortly after being paroled from the reformatory, he married (in 1951) and two children were born of this union which terminated in divorce in 1959. Subject entered into a common-law relationship in 1967 and one child was born of this liaison. MB stated that he had actually "lived with quite a few women" for short periods of time. He said that one of his girlfriends was "waiting for him" but that he also kept up a correspondence with several other women.

MB gave his religion as Protestant, he had a seventh grade education and was dishonorably discharged from the Army after a civil conviction in 1948. He claimed a great variety of civilian work experiences and was employed as an administrative clerk within the institution.

MB was fairly gregarious and extraverted but he was exceptionally dogmatic and rigid in his opinions. When MB began on an anti-communist or an anti-black tirade, he became increasingly more strident and hostile as he talked and would not permit others to speak until he had finished. In fact, MB stated that he had read several books by and about Hitler and that he considered Hitler to be a "genius" who was "for his country." MB was assuredly an overbearing, aggressive, assertive personality who lacked the psychological flexibility to ever admit that he might be wrong and who automatically resisted accepting most of the ideas set forth by others. The only friend that MB seemed to have among his peers was 2575, a subject who was psychologically passive and physically weak. In many ways, MB fit the stereotype of the callous, forceful criminal who lived according to the dictates of his own primitive impulses, however, MB apparently lacked the controls and flexibility that might have rendered him a more successful criminal. MB's defenses were too brittle and superficial, he lacked self-control and his interpersonal relationships with men were disturbed by his need to assert direct dominance over them.

Physically, MB was of medium stature and of muscular physique. He had a dark, heavy beard and masculine features and mannerisms. He impressed as being a man who had strong physical appetites and who satisfied these passions in the most expeditious manner possible. He evidenced basically heterosexual orientation and experienced tension over heterosexual
deprivation, complaining that all that he could do in prison was to write "sexy" letters to his female "pen pals." It was also possible that he was homosexually involved with 2575 but there was no direct evidence of this.

Intellectually, MB impressed as functioning at an above-average to superior level of intelligence and he was capable of abstract reasoning. However, whenever MB embarked upon a discussion of an "outgroup," he quickly abandoned reason and indulged in hostile, emotional tirades.

MB's emotional responses were generally shallow except when an interviewer touched upon one of his prejudices. He did seem to look forward to interviews, using research staff members as sounding boards for his ideas and he was always dependable and prompt. One of MB's pet theories was that a "strong man" could control the minds of weaker men, even against their wills, through a type of "reverse hypnosis." Significantly, MB once revealed that he had been practicing this form of hypnosis upon his "friend," 2575. Despite these eccentricities, MB was relatively calm, well-oriented, and free of any obvious symptom of psychosis.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2575

MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 134
- BETA:
- WAIS: 108
- SAT: 11
- CMI: 4-0-2
- LYKKEN: 18
- ZUCKERMAN: 16

PROJECT DIAGNOSIS: Schizophrenia
PRISON DIAGNOSIS: Passive-aggressive Personality
HL was a 39-year-old, white, divorced clerk from Dayton, Ohio who was convicted of shooting a man in a bar following an altercation. HL's problems seemed to center, in part, around his youthful appearance and his rather feminine-looking physique. Prison psychologists noted that this subject felt "inadequate" in terms of his "masculine identity" and "small size." HL was once observed engaging in overt homosexual behavior with another inmate; he had been in prison eight years at the time of his entry into the study.

HL pled guilty to Second Degree Murder in Montgomery County Courts. Victim in the offense was a man who had been subject's rival in seeking the attentions of a barmaid. According to HL, he had been drinking all day and was carrying a gun for self-defense when the victim entered the bar. After exchanging remarks, the victim turned to leave and HL stated that he shot him "in the back." HL said that he had carried the gun only because he was afraid of the victim (who was larger than he) but that he had no prior intention of using it. "I was so drunk that I didn't know what I was doing," said HL.

HL was arrested as a juvenile for Auto Theft and Runaway. He had two previous adult arrests for Fraudulent Checks and Embezzlement, but instant offense resulted in his first incarceration.

HL listed the following illnesses and injuries on an O.P. medical form: whooping cough, nose and throat trouble, hay fever, broken jaw and perforated ear drum (sustained in a fight). HL stated that he was allergic to ragweed, cat fur and soap powders. He said that his mother had suffered a nervous breakdown in 1944 and that she had been a state hospital patient for one year. HL was sent to Lima State Hospital for 30 days observation after instant offense and was returned to court being "without psychosis." A psychological examination in 1965 resulted in a diagnosis of passive-aggressive personality (of the dependent type). HL admitted that he had been a heavy drinker but denied the use of narcotics.

HL was born in Akron, Ohio on April 7, 1934, the eldest of two children. He was raised by his parents in "average socio-economic circumstances." HL's father had a tenth grade education and was reportedly employed in "advertising": his mother was a high school graduate and a housewife. HL left home at age 19 to join the Navy. He married a 21-year-old clerk, in 1955, and no children were born of this union which ended in divorce in 1965.

HL gave his religion as Protestant. He was a high school graduate and served in the Navy for one year before receiving a General Discharge for A.W.O.L. He had civilian work
experience as an office clerk and was employed in that capacity within the institution.

HL had engaged in overt homosexual behavior while in prison. At the Ohio Penitentiary, he was once observed "masturbating another inmate." Other inmates also said that HL had been in difficulty in the past because of homosexual liaisons.

HL was said by prison officials to have a "civilian orientation," however, he was involved in a mail fraud scheme while at "The Walls," and this, in conjunction with his sexual acting-out and his prior police record, would hardly suggest a conventional civilian orientation.

Socially, HL was rather aloof, cold and superficial. One of the men he worked with was often seen with HL and this inmate defended him against the criticisms of others, however, the nature of their relationship could not be determined.

HL was short and had round, narrow shoulders and a broad pelvis; he was slightly overweight. HL was also small-boned, and his hands were slender and delicate. Most frequently, he appeared to be preoccupied with his own thoughts and did not wish to spend time conversing with investigators. Otherwise, HL was well-oriented and presented no apparent symptoms of psychosis. Intelect and memory seemed normal, and he impressed as functioning at an average or above-average level of intelligence. Emotionally, HL was bland, flat and superficial; in brief, he was a cold, colorless person who demonstrated no depth of emotional response nor any sign of affection for others.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2412

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 
BETA: 108
WAIS: 
SAT: 8.9
CMI: 11-1-3
LYKKEN: 3
ZUCKERMAN: 17

PROJECT DIAGNOSIS: Neurosis
PRISON DIAGNOSIS: Anti-social Personality
A was a 42-year-old, black, single subject with minimal work experience as an employment counselor from Canton, Ohio. A experienced psychological difficulty with his racial identity as a child, and (he believed that) this caused him to develop a severe stuttering problem. Upon reaching adolescence, A found himself rejected by his former friends and classmates in a predominantly white high school, and he reacted by seeking out older black role models who were antisocial and criminally-oriented. A stated that he was tutored in Armed Robbery by semi-professionals; one of whom, he said, "retired" without receiving a single conviction. But A was less fortunate. He described himself as "a loser."

A pled guilty to charges of Armed Robbery, Forgery, and Uttering and Publishing in Stark and Franklin Counties, receiving a sentence of 11-45 years. A readily admitted that he had lived as an armed robber, stating that he committed many more offenses than his record implied. He said that he had never been apprehended during the actual course of a robbery but only afterward, usually as a consequence of someone turning him in or as a result of an accomplice talking too freely.

As a juvenile, A was arrested for Car Prowling and Carrying Concealed Weapon; he was subsequently sent to a state industrial school from which he repeatedly escaped. A had a total of five adult arrests, three of which were for Armed Robbery. Instant offense resulted in subject's fourth major period of imprisonment.

Physical examination records showed that A underwent a hernia operation in 1944 and an appendectomy in 1945. An examination, in October, 1971, revealed an atrophic right testicle, a heart murmur (systolic click over apex), a bullet scar on the left leg and scars from stab wounds on the left side and right knee. A also reported the following symptoms: sinus and bronchial trouble, eye trouble (he wore glasses), and occasional high blood pressure. On the C.M.I., A indicated that people usually misunderstood him. A psychological examination in October, 1971 resulted in a diagnosis of antisocial personality. However, A's speech disorder, his poor self-concept and his communication difficulty were far more characteristic of schizoid symptomatology than of sociopathy.

A denied the use of narcotic drugs and the excessive use of alcohol, and there was no indication of any addiction problem in his prison file. He stated that he had "smoked grass" a few times and that he had enjoyed its effects.

A was born on February 4, 1931 at Canton, Ohio, the second of three children. He was raised by his parents in an urban environment, and the home was reportedly adequately furnished and clean. A's parents were described as "religious"; his
father was employed as a factory laborer, and his mother was a housewife. A said that he lived in a common-law relationship in 1963-1964, but this relationship was never verified; there were no children born of this union.

A considered himself to be a practicing Catholic. He had a twelfth grade education (G.E.D.) and had taken and successfully completed a number of educational and vocational courses in prison including: metallurgy, nursing, Dale Carnegie, psychology, and sociology. A used some of his learnings in his prison occupation: he worked as a nurse in the prison hospital and seemed to feel a sense of responsibility and concern for his duties and the patients being treated there. A evidenced a strong interest in psychology, sociology, and criminology and expressed hope that he would eventually be able to work with criminal offenders in some type of rehabilitative program. A's interest in these fields was significant of his intellectual curiosity and introspection; however, he expressed a fear that his difficulty with communication would prevent him from being effective in working with other offenders.

A tended to form close personal relationships with only a few people, but when he liked someone, he expressed affection toward them warmly and openly. He was quite wary of the research staff initially, but after several interviews, he began to confide in staff members and said that he admired them for the way in which they were able to "draw out the men's problems." A became a dependable, helpful, loyal subject, and it was obvious that he found the research interesting and that he developed positive feelings toward the staff, especially toward a male staff member. A may have been homosexual, latently homosexual, or bisexual, for he developed strong emotional attachments to his male friends; however, he was not reputed to be (overtly) homosexual within the institution.

A was successful in helping to organize and finance a self-help program for drug addicts within the prison. He was not active in other formal organizations.

A was tall, about 6'3", and of medium-slender build. He walked erectly and seemed constantly serious, alert, and vigilant. He was clean and fastidious in grooming: his graying hair, neatly trimmed moustache, and dark-rimmed glasses lent him a distinguished, scholarly appearance. If dressed differently, A could well have been taken for a professor or lawyer. A still stuttered at times, and he often cleared his throat before speaking; in general, however, he succeeded in controlling his stuttering, and his speech was measured and precise. A's voice was even and masculine, and his words were carefully chosen and well-pronounced as if he were overcompensating for
his earlier impediment. There were no evidences of disorientation or grandiosity, but A was sometimes self-denigrating and moderately depressed. He was invariably polite and considerate of others, and he expressed an interest in the activities and feelings of other people. A never attempted to dominate conversations or to manipulate the researchers. When he wanted something, he asked for it directly and if the favor could not be granted, he accepted the researchers' explanations without becoming angry or upset. A was of average intelligence and evidenced an interest in logical, abstract thinking; he enjoyed intellectual discussions and was an avid reader. He stated that he particularly liked reading in the social sciences but that he did not care for fiction. There were no apparent disorders of thought or judgment except for a tendency to be somewhat over-introspective and self-critical, as if A were still searching for his identity and still trying to understand the reasons underlying the direction that his life had taken.

In summary, A impressed as being an oversensitive, anxious individual who had originally reacted against society's rejection of him by becoming a criminal. As a part of the criminal subculture, A strove to be "tough" and "professional," but his personality was not well-suited to the role of "professional criminal." Moreover, he seemed beset by, and preoccupied with, a host of internal conflicts that seemed to center upon identity confusion, feelings of worthlessness, and questions of personal morality.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2563

MMPI PROFILE (PLACEBO):

IQ: None

OPCT: None

BETA: None

WAIS: None

SAT: None

CMI: 3-0-0

LYKKEN: 14

ZUCKERMAN: 6

PROJECT DIAGNOSIS: Passive-Aggressive Personality

PRISON DIAGNOSIS: Passive-Aggressive Personality
EG was a 50-year-old, white, thrice-divorced factory worker from Lancaster, Ohio. This subject was extremely mild-mannered, polite, and "well-institutionalized." He had a lengthy police record for larceny-type offenses and forgeries, dating back to his teenage years. Apparently, EG committed such offenses whenever he perceived himself to be in stressful economic and/or personal circumstances.

EG pled guilty to Breaking and Entering in the Night Season in Fairfield County, receiving a sentence of 1-15 years. He had been on probation for Auto Theft as a juvenile and had a total of 22 adult arrests; this was his fifth major period of incarceration. Subject's arrest record indicated that he often got into difficulty with the law as a result of—or in conjunction with—excessive drinking, although he denied having a problem with alcohol. EG claimed innocence in present offense, telling the receiving officer that "A state-appointed lawyer got me to cop out with a promise of only doing jail-time if I did."

Physical examination records showed that EG was in generally good health. He indicated that he had whooping cough in childhood, malaria in 1949, and that he had been treated for hemorrhoids in 1960. He was examined in September, 1973, with a barium enema being used for diagnostic purposes; Maalox was prescribed, but no diagnosis was noted. He stated that he had been knocked unconscious in an auto accident in 1941 but that he did not sustain a skull fracture or lapse into a coma. He said that he had not suffered recurrences of malaria and that he had been given this disease as part of an experiment which he volunteered for during a previous imprisonment. (It should be noted, however, that EG was not imprisoned in 1949 except for a 60-day workhouse sentence; therefore, if EG had, in fact, volunteered for a malaria experiment, it must have been during a prior, or a subsequent, imprisonment.) A recent psychological examination resulted in a diagnosis of passive-aggressive personality. EG denied ever receiving psychiatric treatment or treatment for alcoholism. He denied the use of narcotic drugs and was not reputed to use drugs or alcohol within the institution.

EG was born in Marion, Indiana on April 2, 1924, the third of four children. He was raised in Indiana, by his parents, leaving home at age "17 or 18" to join the Civilian Conservation Corps. His parents were divorced (date not given) with the two boys going with the father and the two girls with the mother. The father remarried and subject's sister stated that EG was "unjustly punished by my stepmother. I truly feel he felt unwanted by everyone." EG's two sisters were currently living in Lancaster; they corresponded and visited regularly. EG's one brother was deceased. EG was married for the third time on May 2, 1969 to a 29-year-old woman with a 9th grade education. He sent her money regularly and often sent her
gifts. Subject thought he had a good relationship with his wife, until he received notification from the court that she was suing for divorce. Subject related that he had lost a former wife under similar conditions of arrest and incarceration. There was no information recorded on EG's first two marriages. No children were born of any of these unions.

EG gave his religious affiliation as Protestant. He had an eighth grade education and sporadic work experience as a factory laborer. He served honorably in the Army for one year (1942-1943).

Although EG was mild and passive, he was masculine in his appearance and mannerisms. And while he was superficially friendly toward both male and female researchers, he consistently maintained an aloof, defensive attitude toward others. EG was not observed to have any close friends among his peers, and no one seemed to "know" him very well. He did not belong to institutional organizations, and a prison psychologist once quoted EG's sister as saying "He never was a joiner." EG's prison occupation was that of "power plant worker," and he reportedly performed this job satisfactorily. By minding his own business and by maintaining a social distance between himself and other prisoners, EG was able to maintain a clear conduct record within the institution. Indeed, EG was so relaxed and so resigned to his situation that he seemed, at least, to be well-adjusted to the institutional regime. EG appeared to be the type of prisoner that another inmate alluded to when he said, "There are men here who really don't mind being locked up. These people are so institutionalized they can't think past their next carton of cigarettes."

EG was of medium height and of medium muscular build; his clothing was neat, and he was always well-groomed. EG seemed very much at ease during interviews, and there were no signs of unusual muscular tension or any other symptoms of agitation or anxiety. He answered questions readily and pleasantly but divulged no additional information about himself. Interviews revealed that EG was well-oriented, relaxed, and stable. He was, however, extremely oriented toward the immediate, concrete aspects of his participation in the study. For example, EG insisted upon keeping an accurate personal record of everything he did in the study to insure that he would be adequately compensated for his efforts. He seemed not to trust the researchers in this respect.

EG's intellectual functioning appeared normal but concrete, simplistic, and primitive, reflecting his concern for obtaining immediate gratification. He evidenced little interest in the procedures or goals of the study and, in fact, was not much interested in hearing about the possible disadvantages of being a subject; his only question seemed to be, "What's in it for me?"
Emotionally, EG was somewhat unresponsive and flat, and there were no apparent mood variations over time. He did smile at appropriate intervals and otherwise demonstrated the expected direction of emotional responses to social situations. However, there was no real depth, or intensity, of feeling in evidence but only a passive, bland acceptance of getting on with the business at hand, regardless of what it might entail.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2580

MMPI PROFILE (PLACEBO):

IQ:
  OPCT: 102
  BETA:
  WAIS:

SAT: 5.8
CMI: 17-0-6
LYKKEN: 10
ZUCKERMAN: 16

PROJECT DIAGNOSIS: No Mental Disorder, Marital Maladjustment
PRISON DIAGNOSIS: Passive-aggressive Personality
RT was a 32-year-old, Mexican-American, divorced, semi-skilled laborer from Alliance, Ohio. This subject had a decidedly criminal-subcultural orientation and was well-integrated into the older clique of hard-core thieves and armed robbers. Subject had a pleasant, outgoing personality and was liked by most of his peers, being regarded as "good people." He did have a record of "fighting to avoid sex" while an inmate at the Ohio Penitentiary, and he developed a reputation while there as a "dorm bully." However, following his transfer from the penitentiary, RT stayed out of trouble and diligently applied himself to a vocational training program as an office machine repairman. He did not seem to be unduly aggressive or hostile and in no sense impressed as being a "bully." Perhaps because of his youthful appearance and small, slight stature, RT had been forced to adopt the role of a "heavy" while at the penitentiary.

RT was found guilty of Armed Robbery in Stark County and received a 10-25 year sentence. He neither admitted nor denied instant offense in which he was said to have had one accomplice. RT had been incarcerated for nearly five years at the time of his entry into the study and had a total of twelve adult arrests, mostly for burglary and robbery. Instant offense resulted in his fifth major period of imprisonment.

Physical examination records disclosed the following illnesses and symptoms: hepatitis (1964), arthritis, hernia (1945 and 1962), gastric hernia (1969), and sinusitis. On the C.M.I. Questionnaire, subject indicated that he usually felt "unhappy and depressed," that his feelings were easily hurt, and that people usually misunderstood him. RT did not usually manifest any of these feelings in his everyday social interactions however, and the only overt indication of anxiety was a rather extreme concern over his health. A psychological examination in 1968 resulted in a diagnosis of passive-aggressive personality and a later examination in 1972 concluded in a diagnosis of dyssocial behavior. Both psychologists noted that subject had a "dyssocial orientation" and a "subcultural, criminal identification." RT stated that he took two or more alcoholic drinks per day when "on the streets" and that he had also used heroin "sometimes" for a period of three years.

RT was born on June 29, 1941 at San Antonio, Texas, the youngest of two children. He was raised in an extremely impoverished rural environment in Texas, and his parents divorced when he was three years old. RT's mother remarried when he was age 15, and he lived with his mother and stepfather until he married at age 23. RT's stepfather had been employed as a painter and his mother as a nurses' aide. RT lived with his wife for about a year before separating from her; one child
was born of this union, and a divorce was finalized four years later. RT's actual father was reportedly incarcerated at Huntsville Penitentiary on a charge of Auto Theft.

RT was Catholic and attended church services; he had an eighth grade education and sporadic civilian work experience as a painter and floor finisher. In the institution, he attended classes that were designed to prepare him for civilian employment as an office machine repairman. RT denied any military service.

RT was socially active in prison, especially in athletics and in the craft shop. His best friend was subject 2550, a close-mouthed, "old time con" who shared his interests and activities. RT and 2550 were often seen together and stated that they had known each other for several years, having become acquainted at the Ohio Penitentiary. The two men said their decision to enter the study had been influenced by subject 2365, who had been a good friend of both since their stay at the Penitentiary. Although RT demonstrated some initial apprehension and reluctance concerning the study, he proved to be cooperative and dependable once enrolled, and he related well to researchers of both sexes.

As noted, RT's slight stature and build had probably forced him to defend himself against aggressive homosexuals. (The same might have been true of his friend, 2550.) Because of his past difficulty with homosexuals and his masculine interests, it seemed quite unlikely that RT was involved in any current homosexual relationship.

RT's intellectual functioning and memory appeared normal, and he impressed as being of average intelligence. Although he indicated some anxiety and depression on the C.M.I., he was well-oriented, alert, and able to cope with his tensions quite effectively in relation to most of his peers. He functioned well in his work, and he demonstrated an interest in it and in other people; he was even able to laugh at himself and to joke heartily with others over prison situations, demonstrating perhaps that his defenses served him well (or that he was not quite as unhappy as he reported himself to be on the C.M.I.). Despite RT's reported anxieties and tensions, he impressed as being a relatively normal individual who had been able to maintain his mental equilibrium under extremely stressful circumstances.
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*Designates Placebo-Only Subjects
CHAPTER V

RESULTS AND CONCLUSIONS

Analysis of results consists in (1) a case-by-case review of individual medication reactions for the twenty-five experimental subjects (and three placebo-only subjects) followed by (2) summaries of various group reactions to the treatment program, including an examination of the subgroup which did not complete the medication regimen.

Case Review of Medication Reactions

The nine sociopathic subjects' reactions are presented first, followed by the controls and the three placebo-only subjects. Only the final thirty days of each placebo period are reviewed, together with the final thirty days of maximum drug dosage. Psychometric test scores (MMPI, STAI) are summarized for each case.

Project Diagnosis: Antisocial Personality (simple type)
Maximum Drug Dosage: 200 Milligrams Per Day

X evidenced a decrease in the variety of reported physical side-effects from the initial placebo to the drug condition. Sleep-related side-effects entirely disappeared but subject did complain of increased irritability. (See

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Table 38, page 222) It is noteworthy that there were no reported side-effects during the final week at maximum dosage, suggesting that X may either have developed increased drug tolerance by this time or that the earlier irritability was the result of some other factor or factors. There were no other remarkable changes in X's attitudes and behaviors during treatment and no consistent psychometric changes. On July 4, 1973, about two weeks after completing active drug treatment, X and another sociopathic subject (Number 2365) escaped from the institution by commandeering an aluminum canoe and floating down a nearby river. The two had planned their escape to coincide with the prison's holiday routine and, since both were honor inmates, they experienced no difficulty in leaving the fenced compound or in securing the canoe (from the prison's sewage treatment facility). Following a month-long manhunt, which involved the authorities of several states, X surrendered to Ohio prison officials. (Number 2365 was apprehended shortly afterward during the course of a burglary in another state. After his capture he allegedly threatened to kill X for "making a deal" with the authorities and for divulging his whereabouts.)

#2297

Project Diagnosis: Antisocial Personality (simple type)

Maximum Drug Dosage: 150 Milligrams Per Day
There was some decrease in the variety of side-effects which G reported during the drug period but there were still fewer reports by him during final placebo. (See Tables 37-39, page 22L.) The only objectively noticeable change in G's condition while he was taking imipramine seemed to be a somewhat higher level of tension which was reflected in MMPI elevations on the Pt and Ma scales. (The former increased from 46 to 54 and the latter from 60 to 73.) Nevertheless, G consistently stated that he felt "fine" and he was extremely friendly toward the researchers as well as being a highly dependable subject. Because he was being transferred to another state to face charges, there was insufficient time to increase his dosage to the maximum level of 200 mg per day. G completed the transition to the post-treatment state without difficulty.

#2320

Project Diagnosis: Antisocial Personality (simple type)

Maximum Drug Dosage: 200 Milligrams Per Day

D demonstrated a dramatic improvement during the course of drug therapy on virtually all clinical dimensions. His physical appearance, mood and performance improved and were often commented upon by both inmates and prison staff members. Side-effects were minimal during the drug period and significantly increased during the placebo phases. (Table 38, page 222.) D himself commented that he "felt great"
(on May 3, 5 and 18, at 200 mg) and that he had "more energy" could "do more work" and had a "better appetite." D also stated that he was gaining weight despite the fact that physicians once told him he would not be able to do so (that is, after he was shot). D appeared at interviews to be more relaxed and more alert; he smiled more frequently and began to express his feelings more readily. In addition, the STAI confirmed a reduction in D's anxiety level. D was able to sense the removal of active drug medication and he became extremely tense and irritable in the post-drug phase. He reported a plethora of physical and psychological complaints during this stage which did not diminish even after thirty days had elapsed. D told investigators that he felt, "absolutely lousy" and he demanded to be continued on drug therapy past the conclusion of the study. The STAI scores increased sharply at this time. D's request was taken into consideration by project and prison physicians and subsequently approved. At last report, D was still taking imipramine and the project psychiatrist, who recently visited the prison to examine him, stated that D appears to have continued his improvement, e.g., that he was more sociable, had gained more weight, looked better than before and seemed to be happier and more emotionally stable.

B had an obviously favorable reaction to drug treatment. There were no side-effects reported during active treatment
but he reported decreased energy and sleep disturbances for both placebo periods. Psychometric tests registered no consistent changes but B stated that he "was feeling fine," "sleeping soundly at night but less in the day time" and that he was "gaining weight." There was a marked reduction in the level of irritability and hostility which B expressed in interviews and he became considerably more open and friendly with the research staff. B's mood seemed to improve and he evidenced a higher level of physical energy and activity. In addition, B was assigned to a lower level of custody during the drug phase, becoming an honor inmate and being assigned to work at the prison sewage treatment facility (outside the fence). When B's drug dosage was reduced, he sensed the change in his condition and requested to be restored to full drug status. When this request was not granted, B again began to complain of being sleepy and of having no initiative, etc. Perhaps as a joke, B asked the author to bring him some fishing tackle (because, he said, he had been given permission to fish in a nearby river). The author complied, bringing him a cigar box full of lines, hooks and bobbers, but two days later the real reason that B wanted the fishing supplies became apparent when he and number 2229 escaped by floating down river in the prison's aluminum canoe.

Project Diagnosis: Antisocial Personality (simple type)
W reported few side effects throughout the medication regimen (and none during drug treatment). Typically polite, busy, and exceptionally well-behaved as a prisoner, W evidenced no observable behavioral changes while taking imipramine but he did report some major subjective changes. W stated that his moodiness had "leveled off" and that he was no longer undergoing the "emotional cycles" that had previously accompanied his imprisonment. STAI scores also indicated a substantial reduction in anxiety during the drug phase. W experienced the transition to the post-drug state smoothly and without difficulty.

Project Diagnosis: Antisocial Personality (Simple type)

At maximum drug dosage, N said "I've never felt so good in my life. It seems like I've always wanted to feel like this." He also stated that he was "enjoying life" and that people were no longer "bugging" him (as they usually did). N was a highly-institutionalized prisoner and there were no obvious behavioral changes, but during interviews N expressed surprise, pleasure (and perhaps some fear) concerning his newly experienced subjective state. Although N did not "officially" report any side-effects throughout the entire medication schedule, it was (later) discovered that N first began to experience difficulty when his arthritis became
painful, which necessitated the prescription of regular and large dosages of aspirin by a prison physician. At this point there was a possible interaction between the drugs which might have caused N to become nauseous. As a consequence, N became frightened and arbitrarily--and suddenly--discontinued his project medication which may have further contributed to his nausea. N's reaction to these developments was to attempt to avoid the research staff and to resist taking any further medication. A week later, N sheepishly apologized for his behavior but explained that he had been very sick and that he believed the cause of his illness to be "an overdose" of the experimental medication. (It may be significant that N's brother reportedly died as a result of an overdose of heroin.) Psychometric tests did not register appreciable changes and N did not re-enter the study because he remained under treatment for his arthritic condition.

Project Diagnosis: Antisocial Personality (simple type)
Maximum Drug Dosage: 200 Milligrams Per Day

K seemed entirely free of side-effects while taking the prescribed medication. He did report a number of positive reactions during the drug phase of treatment, including: "increased energy," "feeling fine," "need less sleep" and "eating less and losing weight." The STAI recorded a marked reduction in K's level of anxiety and K was particularly pleased that he had lost thirty-one pounds in as many days
(which brought his weight down to 269 pounds). Interviews with K were always interesting but he was especially robust, energetic and amusing during drug treatment. He boasted that he had never been more optimistic or confident in his life and that he was only sleeping two or three hours a night. He became almost fanatically exuberant and enthusiastic about the future, e.g., he opined that his parole was imminent, that after his release he would quickly reconcile with his wife and that he would ultimately be successful in his own business. In the institution, K further accelerated his busy work schedule and, when not lifting heavy food trays (for his assigned prison job), he could often be found at the gym, lifting barbells. At other times, K could be observed "dealing" in illegal food or merchandise with his fellow inmates.

The reason behind K's unusual display of energy was finally discovered by a member of the research staff. It seemed that K had convinced a part-time prison physician to prescribe an amphetamine for him, ostensibly to assist him in his "program" of weight loss. Presumably the physician was unaware of K's participation in the research project because he prescribed a full dosage of 75 mg per day (of diethylpropion hydrochloride), an amount sufficient in conjunction with imipramine, to produce near-euphoria and manic behavior on the part of K. When this was brought to his attention, the prison physician immediately cancelled K's amphetamine prescription; but K became annoyed when told that he could no longer
take both medications. In retaliation against the researchers, K then began to pour half of his project medications into a drinking fountain. After a week of such negative behavior, K resumed the medication schedule, continued to show improvement— but less excitement— and completed the treatment program without further incident.

Project Diagnosis: Antisocial Personality (simple type)
Maximum Drug Dosage: 200 Milligrams Per Day

V reported only one side-effect while taking experimental medications— this was during the initial placebo stage. A friend of V's, number 2323, had complained of blurred vision and V soon registered a similar complaint, except that in V's case only Orange Tang was being administered. Similarly, V resigned from the project when his friend did "because of visual problems." A month later, however, V reconsidered and asked to be readmitted to the study because, he said, he could "use the money." V was readmitted on the condition that he would attempt to complete the entire study, which he agreed to do. Shortly after rejoining the study, V took the author aside and asked him if what he had heard about the experimental medication was true, that is, that it "causes the penis to shrink." After being assured that this particular effect was unknown to the medical literature, and was probably very unlikely, V seemed satisfied and he resumed taking his medications.
Three weeks later, and just after completing drug treatment, V was apprehended by custody officers with an illegally-obtained drug—dilatin—an act for which he subsequently served a week in an isolation cell. Following his release from isolation, V continued placebo medication and eventually completed the entire treatment regimen. V had seemed more animated during drug therapy and had been able to stay out of trouble with prison authorities throughout this period. V's STAI scores showed an increase in tension during treatment. V's pretreatment anxiety scores were so low that it would seem inappropriate to state that he experienced an increase in anxiety during treatment. Even after treatment V evidenced a notable lack of anxiety but his behavior and test scores suggested that drug therapy may have had a partial equilibrating* effect upon him. Because V had the lowest anxiety score of any subject in the study (21) and, despite the fact that this score had increased by nearly nine points with treatment, the latter score must still be regarded as extremely low, hence V was still relatively "anxiety-free," e.g., he remained bored, sullen and indifferent to others.

*V's reaction illustrated a trend that was observed with other (simple) sociopathic subjects, that is, imipramine seemed to produce a variety of equilibrating effects upon these individuals. For example, subject #2320, who was underweight, gained weight while receiving the drug, whereas #2494, who was overweight, lost weight during drug treatment. Another example was subject #2365, who reported a decrease in his (extreme) sleepiness during the day and more restful sleep at night.
Project Diagnosis: Antisocial Personality (simple type)

Maximum Drug Dosage: 200 Milligrams Per Day

Z reported only one side-effect—irritability—and this occurred after he missed two consecutive dosages of imipramine when he was accustomed to taking the maximum daily dosage. (Z missed these medications through no fault of his own and, in fact, was a fairly reliable subject who generally followed the investigator's instructions.)

There were several discussions among the researchers regarding Z's professed attitudinal changes during drug therapy. At the beginning of the study, Z was emphatic about his determination to maintain his identity as the leader of an "outlaw" motorcycle gang but toward the end of drug therapy Z openly declared that he intended to change his life-style and that he was "through with the gang." Z's reformation may have been partially prompted by the fact that the Parole Board had refused to release him (for the second time) because of his continued association with gang members. Also, it was known that subject #2602, who worked at the hospital with Z, had been attempting to convince Z to drop his gang association or, at least, to inform others that he would discontinue it. Staff members agreed that Z did seem to go through a difficult and genuine period of self-doubt before announcing a "final decision" about his future. But the question of whether drug therapy played any
part in Z's decision remains unclear. Z did not seem to recognize any change in himself while receiving active medication and his psychometric test scores stayed relatively constant. There were no other signs of attitudinal or behavioral change.

Project Diagnosis: Neurosis
Maximum Drug Dosage: 200 Milligrams Per Day

L experienced only minor side-effects for over one month at maximum dosage until he was refused parole, after which he became somewhat hysterical and began to attribute a wide variety of effects to the medication. He then refused to take any medication for two weeks but returned to the project and continued medication for three more weeks, following which he again quit, complaining of chest pains, dizziness, malaise, sweating and nausea. (This performance was repeated two more times before subject finally completed the treatment schedule.) There were no other signs of behavioral or attitudinal change during the course of treatment but the STAI recorded an increase in L's anxiety level for both the drug and final placebo periods. It seemed likely that L's increasing anxiety was a direct response to not being paroled; much of this anxiety was then displaced onto the researchers and the research situation.

Project Diagnosis: Schizophrenia
Maximum Drug Dosage: 200 Milligrams Per Day
C reported a variety of side-effects during initial placebo which diminished during drug treatment. He did report sleeping less at night and waking up at night during drug therapy. C's behavior and emotional state did not (observably) improve during reatment. He manifested the same rigidity of posture, gait, and facial musculature that characterizes some types of schizophrenic patients. He continued to experience emotional and interpersonal difficulties and once quit the study, briefly, after a female research assistant informed him that she could not become intimate with him or accept his gifts. C's anxiety level, although declining moderately, remained pathologically high throughout the course of treatment, according to STAI scores. There were no other changes, either clinical or psychometric that would indicate improvement.

Project Diagnosis: Drug Dependence
Maximum Drug Dosage: 200 Milligrams Per Day

E reported frequent headaches and blurred vision during drug treatment. (Health records indicated that E had suffered from headaches in the past, however.) E was advised to reduce his intake of coffee and cigarettes and, after this was accomplished, the headaches and vision problems ceased. E did not seem to evidence any positive change during treatment and all indices recorded the persistence of a fairly steady, stable state.
Project Diagnosis: Schizophrenia
Maximum Drug Dosage: 200 Milligrams Per Day

U reported no side-effects—and no positive reactions—until the final days of the "tapering off" period. On the day that U's dosage was reduced from 25 to 0 mg, he began to report nausea and headaches. Three days later, he became unusually hostile, excited, abusive, and argumentative with members of the research staff. These symptoms gradually abated and after a week U reported "no problems." It was the author's impression, based upon interview data, that U had been able to control his hostilities somewhat more effectively while taking imipramine (and STAI scores showed a slight decrease in anxiety during drug treatment) but that otherwise there were no recognizable changes in U's attitudes or behaviors.

Project Diagnosis: Neurosis
Maximum Drug Dosage: 125 Milligrams Per Day

AC reported a wide variety and number of side-effects for both placebo periods and an even larger number during drug treatment. (See Table 41, page 225.) Psychometric tests indicated that AC had become increasingly anxious during drug treatment, e.g., MMPI Pt scores increased six points and the Pd ten points. Moreover, his heart rate increased from an
average of 100 to 116 beats per minute. Observations of AC during interviews further confirmed that he had become more and more tense while on drug. Conversely, AC's anxiety level declined, as measured by both MMPI and STAI scores, as he progressed through final placebo medications. AC had been one of the most anxious of the subjects. Drug treatment only seemed to exacerbate his intense anxiety, even at moderate dosages.

Project Diagnosis: Neurosis

Maximum Drug Dosage: 175 Milligrams Per Day

F reported no side-effects during either placebo period but mentioned sixteen side-effects while receiving imipramine. F experienced profuse sweating, sleep disturbances and constipation, as well as other symptoms, most of which are shown in Table 41. He made no comments of a positive nature. STAI and MMPI (Pt scores) showed increases during drug therapy and decreases for the placebo phases. F apparently had a low physiological tolerance for imipramine and his symptoms engendered considerable anxiety. He was able to complete the course of treatment but only after a great deal of encouragement and support from the research staff (who assured him that such side-effects were typically of a temporary nature and that his dosage, if he was on drug, would be appropriately adjusted). Even after repeated reductions in dosage levels, F continued to report side-effects and these did not disappear until he received a straight placebo.
Project Diagnosis: Neurosis

Maximum Drug Dosage: 100 Milligrams Per Day

H reported a variety of side-effects during the initial placebo series but his symptoms became more specific while taking imipramine. Increased perspiration, resulting in dryness of the mouth and general dehydration were H's principal complaints. Although he was advised to increase his intake of liquids, H's symptoms persisted until his dosage was eventually lowered to 25 milligrams per day. Even at this minimal level, H presented some symptoms of dehydration and these side-effects did not disappear until the post-drug stage. The only positive reports given by H occurred in late February, 1973, when he commented that he was "tranquil" (on 2-23-73) and "alert" (on 2-25-73) but on both of these dates H was taking only placebo medications. There were no evidences of significant changes in H's behavior or attitudes. He continued to struggle to maintain a cheerful, optimistic disposition but easily lapsed into sullenness and depression. Psychometric tests showed no pattern of consistent change. Although H was paroled at the completion of the project, he was back in police custody within three weeks after his release. He had broken into a liquor store while drunk.

Project Diagnosis: Drug Dependence

Maximum Drug Dosage: 200 Milligrams Per Day
T reported no side-effects during drug treatment but indicated difficulty in falling asleep at night and sleepiness during the day for both placebo periods. Drug therapy appeared to have a stabilizing effect on T. At interviews, he seemed more rested and less depressed and he remained a very reliable subject—until final placebo—when he became uncharacteristically loud and disruptive, complaining about lack of sleep and fatigue. T had claimed that he was making progress in solving his personal problems (in a transactional analysis group) during drug treatment. There were no other behavior changes and psychometric test scores remained constant.

Project Diagnosis: Neurosis

Maximum Drug Dosage: 200 Milligrams Per Day

P reported no side-effects for the initial placebo period but he mentioned lack of sleep, drowsiness and decreased energy while undergoing drug therapy. At maximum dosage he complained of being "exhausted for a week because of not enough sleep." When P's dosage was reduced, he became dizzy and stated that he felt faint. He continued to report dizziness for the last week of drug administration (25-50 mg per day) and for the first week of final placebo. Complicating this reaction was P's admission that he had been drinking "too much bad (prison-made) whiskey" during this period. (P stated that he was depressed at the time because he had failed to make parole.) There were no other noteworthy changes in P's
behavior or psychometric scores. P continued to attempt to manipulate the research staff and became even more demanding of favors during the late drug and final placebo periods.

Project Diagnosis: Passive-Aggressive Personality
Maximum Drug Dosage: 200 Milligrams Per Day

YB mentioned few side-effects throughout the course of medications. When he finally complained of "ringing in the ears" he had not been receiving any active medication for over a week and was ending his study participation. This symptom was not considered to be a likely drug effect and YB was advised to consult the prison physician for further medical tests. YB seemed to tolerate all stages of treatment well and his STAI scores indicated a moderate reduction of anxiety during drug therapy. YB apparently derived great enjoyment from his conversations with staff members and was a very dependable subject in all respects. He usually reported that he felt well, "except for being locked up," but he did not seem to evidence any substantial transformation of mood, attitudes or behaviors.

Project Diagnosis: Schizophrenia
Maximum Drug Dosage: 200 Milligrams Per Day

Q reported minimal side-effects, but inmates who knew Q and worked with him daily, told the investigators (on 7-10-73)
that he was becoming "more nervous," was "stuttering more" and was more "over-active." This report coincided with Q's third week at maximal drug dosage but these symptoms had not been previously noted by the research staff, perhaps because Q usually seemed to function at a very high level of excitement and confusion. MMPI and STAI scores showed only slight elevations. Although it was not possible to determine if Q was, in fact, becoming more agitated it was quite clear that he was not becoming calmer. (And in Q's case, it was obvious that successful treatment would necessarily have to produce some calming effect upon him.) Despite his excited, often disorganized behavior, Q was able to continue to perform his prison job assignments satisfactorily. He also functioned reasonably well as a subject, taking his medications faithfully and completing his role in the project uneventfully.

Project Diagnosis: Schizophrenia

Maximum Drug Dosage: 200 Milligrams Per Day

GK reported only one side-effect during initial placebo but twenty-seven over the period of drug treatment. See Table , page . GK tended to exaggerate whatever symptoms he experienced and seemed to attach undue significance to the most minute changes in his physical or mental state. Perhaps this was related to the fact that GK regarded himself as being "sensitive" and as possessing "psychic powers." He believed that he could detect "psychic vibrations" and he regularly
attributed profound or magical meanings to ordinary, everyday events. (GK also told fortunes and "saw" auras.) But all of this appeared to be fairly "normal" behavior for GK, who did not seem to undergo any discernible form of personality change during treatment. GK refused to take any more medication after a week at maximum drug dosage; he reported over a dozen somatic complaints. After removing himself from the medication schedule, GK continued to express an interest in the research and maintained a friendly attitude toward the investigators. At the same time, he would not agree to take any more medications.

Project Diagnosis: Neurosis
Maximum Drug Dosage: 200 Milligrams Per Day

LG reported more side-effects while taking imipramine than did any other experimental subject. He registered thirty reports in the drug phase which represented a six-fold increase over initial placebo. But, during final placebo, LG continued to report side-effects (39) which led the investigators to conclude that LG's somatic complaints were not a direct drug reaction but a response to increasing anxiety. Lending support to this interpretation was the fact that his most frequently reported side-effect, blurred vision, which was mentioned eight times while on drug, had been previously reported twice during initial placebo. LG even stated (while on placebo) that it seemed as if a film were covering his eyes. LG's
psychological deterioration was further evidenced by a progressive elevation in his MMPI scores, especially the Pt scale, which climbed from 53 in the pre-drug stage to 84 a month after drug therapy. STAI scores similarly increased, also indicating a growing level of anxiety. It soon became apparent (to inmates, as well as to the investigators) that LG was verging on the brink of a complete physical and psychological collapse. His physical appearance deteriorated, his hands trembled and he seemed constantly preoccupied, worried and depressed. Efforts by staff members to uncover other factors, of a social or psychogenic nature, which were contributing to LG's discomfort proved futile. He either did not know what was wrong (as he often said) or his problems were too threatening for him to discuss. At the conclusion of the study, LG had shown little progress toward recovery but, at last report, he was improving and, fortunately, he did not suffer the breakdown that had earlier seemed imminent.

Project Diagnosis: Neurosis

Maximum Drug Dosage: 200 Milligrams Per Day

KN reported no side-effects after initial placebo. He appeared to tolerate drug treatment well and usually seemed relaxed and communicative at interviews. He did, at times, evidence anxiety over the possible causes of his offense—rape—and seemed particularly disturbed because a psychiatrist had once told him that he harbored a deep-seated, long-standing
hostility against women. Psychometric test scores indicated a moderate increase in anxiety level during drug therapy. There were no other known changes in KN's attitudes or behavior during treatment and he completed the medication schedule without difficulty.

Project Diagnosis: Neurosis
Maximum Drug Dosage: 200 Milligrams Per Day

MB reported no side-effects throughout the course of treatment. It is possible that he could have experienced side-effects while not reporting them, due to his "superman philosophy." Thus, MB's admiration of Hitler and the Nazis, and his beliefs in the power of "mind over matter" and the power of "will," may have caused him to view the reporting of minor physical symptoms as being unmanly or weak. MB did seem to become intellectually and emotionally stimulated during drug therapy, judging from his behavior at interviews. For example, he became increasingly vocal in expressing his fairly well-organized opinions on political and moral issues. Yet MB did not engage others in conversations; he, rather, embarked upon what can only be termed fanatical tirades, working himself into near-frenzies of excitement, as he loudly and dogmatically expounded upon the qualities of the Superman. Sometimes these tirades seemed delusional but, on the other hand, MB was expressing himself more freely, more frequently and with seemingly greater clarity than before. Moreover,
his political philosophies were logically organized and could hardly be considered novel or unique. In other respects, MB remained well-oriented and he continued to perform his prison job assignments satisfactorily. MB's Ma on the MMPI increased from 63 (at placebo) to 76 (at maximum drug dosage), which further evidenced his growing mental activity. At the same time, the Pt score remained relatively normal and constant, as did his STAI scores, which indicated that MB was probably not experiencing undue anxiety. When asked about how he felt, MB always smilingly replied that he was "O.K." or "always the same." Whether MB's reactions to treatment constituted "improvement" or not would, therefore, seem to remain a question of interpretation.

Project Diagnosis: Schizophrenia

Maximum Drug Dosage: 175 Milligrams Per Day

After an unremarkable initial placebo period, HL presented an inconsistent series of reactions during drug administration. First, he reported feeling well, stating that, "This is the best thing that ever happened to me." (100 mg per day.) Next, he reported a variety of adverse symptoms, including nervousness, excessive perspiration and depression (150 mg per day). Finally, he (allegedly) "began to hallucinate," according to correctional officers (100 mg per day). As a consequence of these "hallucinations," HL was placed in a psychiatric unit of the prison where he told a psychiatrist
that he was suffering from "withdrawal symptoms" and asked to be given the "same drug" that he had been taking in the research project. A placebo was then given to HL and his "withdrawal symptoms" almost immediately disappeared. Several guards and inmates who were well-acquainted with HL were of the opinion that he had planned to deliberately have himself committed to the psychiatric unit to avoid a possibly dangerous confrontation with some other inmates, with whom he was (said to be) homosexually involved. Whatever the truth of the matter, HL's monthly MMPI scores did not suggest that he was actively and acutely psychotic during drug treatment and his STAI scores showed little change from basal levels. HL was returned to the general prison population after a few days in the psychiatric unit and even resumed his participation in the project, completing the final placebo phase with few complaints and making an uneventful transition to post-treatment status.

#2412

Project Diagnosis: Neurosis

Maximum Drug Dosage: No Drug

A reported three symptoms during initial placebo and stated that he did not attribute these to medications. He reported no other side-effects for the duration of the project. A was a proud, hypersensitive subject who was easily offended by others and, when angry, tended to suddenly overreact. A behaved characteristically during his study participation.
For example, he once felt that he had been offended by a nurse (who criticized his work at the prison hospital) and he informed her, rather threateningly, to leave him alone and not interfere with his work. As a result, A was placed in an isolation cell for two weeks. He experienced other interpersonal difficulties, as well, for although he normally repaid kindness and consideration with like behavior, he could not tolerate the slightest criticism. Psychometric tests also indicated minimal change on the part of A.

Project Diagnosis: Passive-Aggressive Personality

Maximum Drug Dosage: No Drug

EG reported five kinds of side-effects for middle placebo, with a doubling of frequency, and an increasing variety and number of symptoms for final placebo. He then refused to take any more medications, stating that the "drug" was making him "want to sleep all the time" (which, he said, prevented him from staying awake during the night shift at the prison power plant where he worked). He also frequently complained of excessive sweating, itching, nervousness and vivid dreaming (about his wife). During this period, EG received divorce papers from his wife and this in turn may have contributed to his anxiety, which found expression in somatic complaints. In addition, EG was, to use his own expression, "sweating out a (possible) parole." EG could not be convinced to take any
further medications, although he did appear for interviews. There were no other known changes in his behavior or attitudes but after EG learned that his wife was divorcing him, elevations in the MMPI(D) scale indicated a deepening depression.

#2580

Project Diagnosis: No Evidence of Psychiatric Disorder

Maximum Drug Dosage: No Drug

RT reported three types of side-effects for initial placebo, two kinds for middle placebo and three for final placebo. Although RT was one of the better-integrated and most personable of the subjects, his side-effects indicated a degree of anxiety connected with past health problems. Most side-effects represented a "return" of symptoms which RT had previously suffered at some time in the past, for example, "painful liver" (he had once had hepatitis). These symptoms were not assumed to be of psychogenic origin by the researchers and arrangements were made for RT to undergo medical tests at the prison hospital; the results of these tests proved negative. There were no other differences that were noted in RT's behavior or test scores. He remained somewhat unique among his peers: a well-integrated personality with emotional warmth, enthusiasm and a lively, but kindly sense of humor.
Group Reactions to Treatment

A review of the foregoing case reactions illustrates that, while some individuals from both the sociopathic and control groups may have experienced a degree of improved functioning during imipramine therapy, the improvement was far more extensive, consistent and dramatic, in the instance of the sociopaths. Thus, sociopaths ingested maximum drug dosages more often than controls yet reported fewer negative symptoms; they also made more positive remarks concerning their physical and psychological conditions and were more frequently considered improved by their peers and prison work supervisors. In addition, sociopaths under treatment were generally less hostile and manipulative and more cooperative than controls; they also evidenced less tendency to "self-medicate" themselves with depressant drugs or alcohol. In the author's opinion, a conservative interpretation of the clinical evidence indicates that there were four cases of clear improvement among the sociopaths, two cases of moderate improvement and three cases of possible improvement. There were no obvious cases of no change and no clear cases of deterioration among the sociopaths. Conversely, there were no clearly-improved non-sociopaths, six of these subjects seemed to become worse while on drugs and seven showed no change in their status. Only three non-sociopaths evidenced some minor degree of improvement. Of course, these judgments are necessarily subjective and it is not anticipated that each case reaction would receive an identical interpretation from each of the project investigators.
Yet, following a preliminary review of the clinical data, which occurred shortly before the end of the study, there was general agreement among the (field and laboratory) researchers that the sociopathic subjects had benefitted more from treatment than the controls. Beyond this, there was also a consensus concerning which subjects had reacted most favorably to imipramine medications (2320, 2365, 2487, 2494) and all of these individuals had previously been diagnosed as being anti-social personalities.

We now turn to a more detailed analysis of project data, including group side-effects, and psychometric tests. Turning first to Table 35, page 322, which compares the number of sociopaths and controls who began and finished medication treatment, it can be seen that the percentage of sociopaths finishing treatment was higher than the base percentage, while the opposite was true for the controls. It can also be seen that thirteen subjects did not complete treatment. The reasons for subjects not completing treatment are listed in Table 36, page 323. It seems noteworthy that only one simple sociopath did not complete the medication regimen (given the typical unreliability of these subjects) and this inmate received an unrequested administrative transfer to another institution. There were two hostile sociopaths who did not finish the full course of medications: both became hostile, anxious and manipulative on minimal drug dosages (75 mg per day and 25 mg per day, respectively), with the
Table 35: Number of Subjects Completing and Not Completing Treatment by Diagnostic Category

<table>
<thead>
<tr>
<th>Subject Status</th>
<th>Simple Sociopaths</th>
<th>Hostile Sociopaths</th>
<th>Non-Sociopaths</th>
<th>Total (all subjects)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Began medication regimen</td>
<td>10</td>
<td>2</td>
<td>29</td>
<td>41</td>
</tr>
<tr>
<td>Completed Medication Regimen</td>
<td>9</td>
<td>0</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Did not complete medication regimen</td>
<td>1*</td>
<td>2</td>
<td>10</td>
<td>13</td>
</tr>
</tbody>
</table>

*The only simple sociopath who did not substantially complete the medication schedule was transferred by correctional authorities to another institution.
Table 36: Thirteen Subjects Beginning, but Not Completing, Medication Regimen and Reason

<table>
<thead>
<tr>
<th>Subject Number</th>
<th>Phase and Time (in Days) of Regimen Completed</th>
<th>Project Psychiatric Diagnosis</th>
<th>Maximum Drug Dosage (in Milligrams)</th>
<th>Reason for Non-Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1919</td>
<td>Drug 17</td>
<td>Neurosis</td>
<td>200</td>
<td>Administrative transfer by correctional authorities.</td>
</tr>
<tr>
<td>2323</td>
<td>Drug 49</td>
<td>Alcoholism</td>
<td>50</td>
<td>Resigned after complaining of &quot;blurred vision.&quot;</td>
</tr>
<tr>
<td>2341</td>
<td>Drug 7</td>
<td>Alcoholism</td>
<td>50</td>
<td>Terminated by research staff after being hospitalized for excessive use of tranquilizers.</td>
</tr>
<tr>
<td>2346</td>
<td>Drug 10</td>
<td>Antisocial Personality(h)</td>
<td>75</td>
<td>Resigned after complaining of &quot;shrinking penis&quot; and &quot;headaches.&quot;</td>
</tr>
<tr>
<td>2439</td>
<td>Initial 21 Placebo</td>
<td>Schizophrenia</td>
<td>0</td>
<td>Terminated by research staff; did not take medications.</td>
</tr>
<tr>
<td>2462</td>
<td>Drug 2</td>
<td>Antisocial Personality(h)</td>
<td>25</td>
<td>Terminated by research staff due to non-cooperation and manipulativeness.</td>
</tr>
<tr>
<td>2465</td>
<td>Initial 56 Placebo</td>
<td>Alcoholism</td>
<td>0</td>
<td>Resigned after female research assistant rebuffed his amorous advances.</td>
</tr>
<tr>
<td>2533</td>
<td>Drug 14</td>
<td>Schizophrenia (chronic)</td>
<td>100</td>
<td>Transferred by correctional authorities to Ohio Penitentiary Hospital for operation.</td>
</tr>
<tr>
<td>2535</td>
<td>Initial 30 Placebo</td>
<td>Hysterical Personality</td>
<td>0</td>
<td>Terminated by research staff as dependable.</td>
</tr>
<tr>
<td>2540</td>
<td>Initial 60 Placebo</td>
<td>Passive-Aggressive Personality</td>
<td>0</td>
<td>Transferred by correctional authorities to Ohio Penitentiary Hospital (varicose veins).</td>
</tr>
<tr>
<td>2541</td>
<td>Drug 7</td>
<td>Neurosis (neurasthenia)</td>
<td>75</td>
<td>Terminated by research staff after EKG abnormalities were detected.</td>
</tr>
<tr>
<td>2560</td>
<td>Initial 7 Placebo</td>
<td>Schizophrenia</td>
<td>0</td>
<td>Terminated by research staff as dependable.</td>
</tr>
<tr>
<td>2602</td>
<td>Initial 56 Placebo</td>
<td>Antisocial Personality(s)</td>
<td>0</td>
<td>Administrative transfer by correctional authorities.</td>
</tr>
</tbody>
</table>
result that one subject resigned and the other was terminated by the research staff. Table 36 also shows that alcoholics fared poorly in the study. One resigned while on placebo because he became "too attached" to a female investigator, the other resigned after registering a number of physical complaints and evidencing extreme irritability (at a 50 mg imipramine dosage). A third was terminated by the researchers after he was hospitalized for ingesting illegally-obtained tranquilizers (at a 50 mg imipramine dosage). Of the remaining seven subjects in Table 36, one was terminated by researchers for health reasons, three were transferred by correctional authorities and three were terminated by the investigators for not taking their medications regularly. However, all three of the latter were taking only initial placebo medications.

A comparison of self-reported side-effects for sociopaths and non-sociopaths, under three experimental conditions, is presented in Tables 37 through 42. Although both groups completed a thirty-day initial placebo period with an almost identical mean frequency of self-reported side-effects (2.8, 2.9), the sociopaths' mean declined (to 1.7) during thirty days at maximum drug dosage, while the controls' mean sharply increased (to 9.4). (See Tables 43 and 44.) Similarly, in the post-drug placebo period, sociopaths reported a higher mean frequency of side-effects than they had during the drug period, while the reverse was true for non-sociopaths.
Table 37: Major Side-Effects Reported by Nine Sociopathic Subjects During Initial Placebo Period

<table>
<thead>
<tr>
<th>Side-Effects</th>
<th>2229</th>
<th>2297</th>
<th>2320</th>
<th>2365</th>
<th>2478</th>
<th>2487</th>
<th>2494</th>
<th>2497</th>
<th>2538</th>
<th>Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waking up at night</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Sleeping more at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Sleeping less at night</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Sleeping &quot;too much&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Drowsy during day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Difficult to fall asleep at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Dreaming more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unusual or unpleasant dreams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Dry mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Blurred vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Increased irritability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Forgetfulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>Sore throat</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Coughing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Increased eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Decreased eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>0</td>
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<tr>
<td>Increased sweating</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
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<tr>
<td>Decreased energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Nervousness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Itching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Ringing in ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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Table 38: Major Side-Effects Reported by Nine Sociopathic Subjects During Drug Period

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Table 39: Major Side-Effects Reported by Nine Sociopathic Subjects During Final Placebo Period

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Table 40: Major Side-Effects Reported by Sixteen Non-Sociopathic Subjects During Initial Placebo Period

| Side-Effects                          | 2174 | 2180 | 2271 | 2294 | 2318 | 2366 | 2443 | 2456 | 2472 | 2480 | 2504 | 2526 | 2550 | 2557 | 2567 | 2575 | Raw Totals |
|---------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|
| Waking up at night                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     | 0      |
| Sleeping more at night               |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Sleeping less at night               | 2    | 4    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 6     |
| Sleeping "too much"                  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     |
| Drowsy during day                    |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      | 2     |
| Difficult to fall asleep at night    |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      | 5     |
| Dreaming more                        |      |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Unusual or unpleasant dreams         |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Dry mouth                            |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Blurred vision                       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2     |
| Nausea                               |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     |
| Vomiting                             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     |
| Increased irritability               |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Forgetfulness                        |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     |
| Sore throat                          |      |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Coughing                             |      |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      |      | 1     |
| Increased eating                     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3     |
| Decreased eating                     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3     |
| Diarrhea                             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Headache                             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Increased sweating                  | 4    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 7     |
| Constipation                         |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      |      |      | 1     |
| Decreased energy                     |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      | 5     |
| Nervousness                          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Itching                              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     |
| Dizziness                            |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     |
| Ringing in ears                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     |
| Other                                |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3     |

| Column Totals                        | 0    | 6    | 1    | 0    | 11   | 0    | 9    | 5    | 0    | 2    | 1    | 1    | 6    | 4    | 0    | 1    | 47   |
Table 41: Major Side-Effects Reported by Sixteen Non-Sociopathic Subjects During Drug Period

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<td>0</td>
<td>0</td>
<td>1</td>
<td>80</td>
</tr>
</tbody>
</table>
Table 43: Types and Mean Number of Side-Effects Reported by Nine Sociopaths During Three Experimental Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Different Types of Side Effects Reported</th>
<th>Numbers of Mean Side-Effects Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Placebo</td>
<td>13</td>
<td>2.8</td>
</tr>
<tr>
<td>Drug</td>
<td>7</td>
<td>1.7</td>
</tr>
<tr>
<td>Final Placebo</td>
<td>12</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Table 44: Types and Mean Number of Side-Effects Reported by Sixteen Non-Sociopaths During Three Experimental Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Different Types of Side Effects Reported</th>
<th>Numbers of Mean Side-Effects Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Placebo</td>
<td>20</td>
<td>2.9</td>
</tr>
<tr>
<td>Drug</td>
<td>23</td>
<td>9.4</td>
</tr>
<tr>
<td>Final Placebo</td>
<td>21</td>
<td>5.0</td>
</tr>
</tbody>
</table>
Table 45: Sleep Related Side-Effects Reported by Nine Sociopaths During Three Experimental Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Sleep Related Side-Effects Reported</th>
<th>Mean Number Sleep Related Side-Effects Reported</th>
<th>Percentage Reporting Sleep Related Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Placebo</td>
<td>15</td>
<td>1.6</td>
<td>55</td>
</tr>
<tr>
<td>Drug</td>
<td>1</td>
<td>0.1</td>
<td>11</td>
</tr>
<tr>
<td>Final Placebo</td>
<td>11</td>
<td>1.2</td>
<td>22</td>
</tr>
</tbody>
</table>

Table 46: Sleep Related Side-Effects Reported by Sixteen Non-Sociopaths During Three Experimental Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Sleep Related Side-Effects Reported</th>
<th>Mean Number Sleep Related Side-Effects Reported</th>
<th>Percentage Reporting Sleep Related Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Placebo</td>
<td>16</td>
<td>1.0</td>
<td>44</td>
</tr>
<tr>
<td>Drug</td>
<td>54</td>
<td>3.4</td>
<td>50</td>
</tr>
<tr>
<td>Final Placebo</td>
<td>24</td>
<td>1.5</td>
<td>38</td>
</tr>
</tbody>
</table>
Forty-four percent of the sociopaths and thirty-one per cent of the controls reported no side-effects in the thirty-day (maximum) drug period. On the other hand, of the seven subjects reporting the highest frequencies of side-effects during drug therapy, all were non-sociopaths.

The types, as well as the frequencies, of self-reported side-effects differed between the two experimental groups, as indicated in Tables 43 and 44. Thus, the variety of side-effects mentioned by sociopaths (who were taking imipramine) decreased forty-six per cent (from initial placebo levels), while the corresponding basal percentage for non-sociopaths increased by fifteen per cent. When specific types of side-effects are individually considered, it can be seen in Table 38 and 41 that none of the sociopaths reported decreased energy while taking drug medications, but that twenty-five per cent of the controls reported this symptom. Increased sweating, the single most frequently reported side-effect of nonsociopaths (in the drug phase), was reported only once by sociopaths. Finally, one of the most striking differences between the experimental groups' (self-reported) drug reactions was the near-disappearance, among sociopaths, of sleep-related side-effects, while non-sociopaths complained of increased sleep difficulties. These differences can be observed in Tables 38 & 41, and are detailed in Tables 45 & 46. It should also be noted that the sociopaths reported more sleep problems than controls during both the initial, and
post-placebo periods.

Two observations seem relevant with respect to the reported sleep changes of the sociopaths; first, imipramine has been used successfully in the clinical treatment of children with sleep disorders,\(^1\) lending added credibility to the present findings and second, Hare has written that the characteristic stimulation-seeking behavior of sociopaths may be related to "disturbances in REM sleep activity." REM sleep may, according to Hare, serve as "an endogeneous source of functional (cortical) excitation and the lack of REM sleep may bring about a (compensatory) seeking of "inordinate amounts of sensory input during the waking hours."\(^2\) The mechanisms of action of imipramine in sleep disorders is not yet clear and Hare's speculation about the possible role of REM sleep in sociopathy also awaits clarification. However, the present findings do suggest that sociopaths may experience, or at least report, a higher number of sleep disturbances than non-sociopaths and that these sleep problems may be treatable with an arousal-producing drug, such as imipramine. (Sociopaths in the present sample did not report an increase in the frequency of dreams while undergoing imipramine treatment, a finding which might have been expected if REM sleep were, in fact, increasing.) Although based upon limited (and admittedly inconclusive) data, these sleep findings are provocative, mainly because of their implications for further research.
The placebo-only subjects, with one exception, reported a relatively constant number of side-effects in the three thirty-day placebo periods. Field researchers observed few unexpected behavioral or emotional changes among these inmates. One man did become depressed after receiving notification that his wife was divorcing him and this seemed to adversely affect his response to placebo medication. There was also a pronounced tendency (for two of the subjects) to project health fears and anxieties into the research situation and to blame the (imaginary) "drug" for symptoms that were probably of psychogenic origin. Because of the small number of subjects included in this category, further generalization would seem unwarranted.

Of the four psychometric tests that were regularly administered to all subjects throughout each of the medication periods, three produced statistically significant differences between sociopaths and controls. These three tests included: the Minnesota Multiphasic Personality Inventory, the State-Trait Anxiety Inventory and the (project-designed) disc test. The short form of the Lüscher Color Test, which had also been used to record drug reactions, did not yield statistically significant differences and the Zuckerman test, which had previously proved effective was, unfortunately, not employed during the various experimental conditions. In discussing the psychometric test results, it is assumed that readers are familiar with the MMPI, but brief descriptions are provided of the disc test and the STAI.
Only the disc test significantly discriminated between the two experimental groups when they were being administered initial placebo medications \((p = .01)\). However, the MMPI and the STAI, as well as the disc test, produced significant results when the subjects were undergoing drug treatment. Tables 47 and 48 summarize the results of MMPI tests that were taken by all experimental subjects on a monthly basis. A \(t\) test analysis of within-group score changes, over the three different experimental conditions revealed no significant deviations from base placebo scores for sociopaths, yet the scores of non-sociopaths showed three statistically significant increases for the second (drug) condition. The three clinical MMPI scales that significantly increased were the Depression (D) Patient (Pt) and Schizophrenia (Sc) scales. These changes indicate that there was less psychological well-being (or a higher level of psychopathology) among the controls when they were being treated with imipramine than during placebo. This finding accords with both clinical observation and the foregoing analysis of subjects' self-reported side-effects.

The STAI is a standardized test which was designed to measure "two distinct anxiety concepts: state anxiety and trait anxiety." The trait scale consists of twenty statements that ask subjects to describe how they \textit{generally} feel. The state scale also consists of twenty statements, but the instructions require subjects to indicate how they feel at a \textit{particular moment in time}. Table 49 shows that the trait
Table 47: Mean MMPI Scores of Nine Sociopathic Subjects During Three Experimental Conditions

<table>
<thead>
<tr>
<th>MMPI Scale</th>
<th>1. Initial Placebo Mean</th>
<th>2. Drug Mean</th>
<th>(1 + 2) t</th>
<th>3. Final Placebo Mean</th>
<th>(2 + 3) t</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>53.8</td>
<td>49.0</td>
<td>2.13</td>
<td>48.0</td>
<td>0.51</td>
<td>-</td>
</tr>
<tr>
<td>F</td>
<td>64.6</td>
<td>65.1</td>
<td>0.12</td>
<td>65.8</td>
<td>0.33</td>
<td>-</td>
</tr>
<tr>
<td>K</td>
<td>57.9</td>
<td>57.0</td>
<td>0.33</td>
<td>56.2</td>
<td>0.45</td>
<td>-</td>
</tr>
<tr>
<td>1(Hs)</td>
<td>54.1</td>
<td>52.1</td>
<td>0.81</td>
<td>55.9</td>
<td>0.99</td>
<td>-</td>
</tr>
<tr>
<td>2(D)</td>
<td>55.3</td>
<td>54.0</td>
<td>0.24</td>
<td>54.3</td>
<td>0.06</td>
<td>-</td>
</tr>
<tr>
<td>3(Hy)</td>
<td>56.2</td>
<td>53.7</td>
<td>0.99</td>
<td>55.3</td>
<td>0.42</td>
<td>-</td>
</tr>
<tr>
<td>4(Pd)</td>
<td>68.6</td>
<td>69.1</td>
<td>0.30</td>
<td>71.1</td>
<td>0.66</td>
<td>-</td>
</tr>
<tr>
<td>5(Mf)</td>
<td>53.2</td>
<td>51.7</td>
<td>1.11</td>
<td>54.3</td>
<td>1.77</td>
<td>-</td>
</tr>
<tr>
<td>6(Pa)</td>
<td>51.7</td>
<td>51.3</td>
<td>0.21</td>
<td>56.8</td>
<td>1.56</td>
<td>-</td>
</tr>
<tr>
<td>7(Pt)</td>
<td>50.2</td>
<td>52.3</td>
<td>1.53</td>
<td>53.6</td>
<td>0.57</td>
<td>-</td>
</tr>
<tr>
<td>8(Sc)</td>
<td>58.0</td>
<td>62.9</td>
<td>1.53</td>
<td>63.8</td>
<td>0.48</td>
<td>-</td>
</tr>
<tr>
<td>9(Ma)</td>
<td>66.1</td>
<td>66.6</td>
<td>0.12</td>
<td>60.7</td>
<td>1.95</td>
<td>-</td>
</tr>
<tr>
<td>0(Si)</td>
<td>48.0</td>
<td>49.0</td>
<td>0.81</td>
<td>47.3</td>
<td>1.11</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 48: Mean MMPI Scores of Sixteen Non-Sociopathic Subjects During Three Experimental Conditions

<table>
<thead>
<tr>
<th>MMPI Scale</th>
<th>1. Initial Placebo Mean</th>
<th>2. Drug Mean</th>
<th>(1 + 2) t</th>
<th>3. Final Placebo Mean</th>
<th>(2 + 3) t</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>57.8</td>
<td>54.6</td>
<td>1.64</td>
<td>55.6</td>
<td>0.68</td>
<td>-</td>
</tr>
<tr>
<td>F</td>
<td>56.1</td>
<td>57.1</td>
<td>0.52</td>
<td>53.7</td>
<td>2.12</td>
<td>-</td>
</tr>
<tr>
<td>K</td>
<td>58.7</td>
<td>58.6</td>
<td>0.00</td>
<td>59.4</td>
<td>0.40</td>
<td>-</td>
</tr>
<tr>
<td>1(Hs)</td>
<td>51.8</td>
<td>52.3</td>
<td>0.20</td>
<td>52.9</td>
<td>0.24</td>
<td>-</td>
</tr>
<tr>
<td>2(D)</td>
<td>51.4</td>
<td>56.9</td>
<td>2.52*</td>
<td>56.3</td>
<td>0.28</td>
<td>p=.05*</td>
</tr>
<tr>
<td>3(Hy)</td>
<td>55.5</td>
<td>55.8</td>
<td>0.20</td>
<td>55.9</td>
<td>0.08</td>
<td>-</td>
</tr>
<tr>
<td>4(Pd)</td>
<td>71.6</td>
<td>71.8</td>
<td>0.08</td>
<td>73.4</td>
<td>0.56</td>
<td>-</td>
</tr>
<tr>
<td>5(Mf)</td>
<td>55.3</td>
<td>55.8</td>
<td>0.48</td>
<td>53.9</td>
<td>1.28</td>
<td>-</td>
</tr>
<tr>
<td>6(Pa)</td>
<td>51.9</td>
<td>53.1</td>
<td>0.48</td>
<td>51.3</td>
<td>0.80</td>
<td>-</td>
</tr>
<tr>
<td>7(Pt)</td>
<td>53.9</td>
<td>58.2</td>
<td>2.40*</td>
<td>55.6</td>
<td>1.24</td>
<td>p=.05*</td>
</tr>
<tr>
<td>8(Sc)</td>
<td>56.3</td>
<td>59.5</td>
<td>2.48*</td>
<td>55.8</td>
<td>1.80</td>
<td>p=.05*</td>
</tr>
<tr>
<td>9(Ma)</td>
<td>65.9</td>
<td>61.8</td>
<td>1.80</td>
<td>62.1</td>
<td>0.16</td>
<td>-</td>
</tr>
<tr>
<td>0(Si)</td>
<td>49.2</td>
<td>50.8</td>
<td>0.80</td>
<td>50.3</td>
<td>0.20</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 49: STAI Scores for Nine Sociopaths and Sixteen Non-Sociopaths Under Three Experimental Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>A Non-Sociopaths</th>
<th>B Sociopaths</th>
<th>(A-B)</th>
<th>t</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Placebo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Score</td>
<td>36.13</td>
<td>32.67</td>
<td>3.46</td>
<td>1.11</td>
<td></td>
</tr>
<tr>
<td>Trait Score</td>
<td>22.69</td>
<td>29.94</td>
<td>3.75</td>
<td>1.36</td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Score</td>
<td>38.37</td>
<td>31.71</td>
<td>6.66</td>
<td>2.42*</td>
<td>p = .05</td>
</tr>
<tr>
<td>Trait Score</td>
<td>33.82</td>
<td>29.20</td>
<td>4.62</td>
<td>1.46</td>
<td></td>
</tr>
<tr>
<td>Final Placebo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Score</td>
<td>36.53</td>
<td>33.77</td>
<td>2.76</td>
<td>0.78</td>
<td></td>
</tr>
<tr>
<td>Trait Score</td>
<td>34.89</td>
<td>30.68</td>
<td>4.21</td>
<td>1.33</td>
<td></td>
</tr>
</tbody>
</table>
scores, for both sociopaths and controls, remained fairly constant and did not differ significantly between groups. On the other hand, state scores varied more and the scores of sociopaths and non-sociopaths moved in opposite directions during the drug treatment, with the former decreasing and the latter increasing, which resulted in a statistically significant difference ($p = .05$) between groups. (There were no significant differences within groups.) The STAI results suggest that sociopaths perceived a significantly lower degree of apprehension during imipramine therapy than controls, a finding which fully agrees with the general observations of the investigators and with subject reports.

The disc test* data were not fully available to the author at the time of this writing, but an earlier analysis of these data, by Professor Goldman, disclosed that "performance on the disc test by sociopathic subjects became similar to that of non-sociopathic controls (during treatment); performance of the latter group was unchanged by imipramine." 4

These findings suggest that the sociopaths benefited more than the non-sociopaths from drug treatment. A discussion of these findings and their implications is to be found in the final chapter which follows.

*The disk test apparatus consists of a series of eleven coins of different diameters; a coin midway between the largest and smallest serves as the reference. The subjects manipulate each coin, hidden from view, with the non-dominant hand, estimating its diameter relative to that of the referent. In normal subjects the relationship between actual and estimated diameters is essentially logarithmic; sociopathic individuals, on the other hand, display a more non-linear
response than normals. By contrast, for hyperaroused individuals, this relationship appears to be almost linear. Thus, this simple perceptual test discriminates between hypo- and hyperaroused subjects and may have diagnostic utility, as well as reflecting the effectiveness of drug therapy. This test was devised by Dr. J. Shaffer as an outgrowth of his work with Dr. R. Fischer on drug-induced arousal states.
NOTES


4H. Goldman and others. A Designed Treatment of Socio-pathy by Means of Drugs, p. 69.
SUMMARY AND DISCUSSION

Introduction

The present study was designed to determine whether or not drug treatment with a commonly-employed antidepressant, imipramine hydrochloride, is an effective therapeutic modality for simple sociopathic subjects. The idea prompting the use of this drug is based on a series of studies conducted at the Ohio Penitentiary and at the Ohio Reformatory for Women, beginning in 1968. In those studies, which randomly utilized injections of epinephrine and of a placebo to objectively identify sociopathic and non-sociopathic inmates, investigators concluded that sociopathy may well be a disease of arousal. Both investigations, using a double-blind experimental design, tested the hypothesis that the sociopaths had a defect of the autonomic nervous system and that this defect was reflected in the unusual behavior long-identified with sociopathy. As a result of these experiments, the Ohio Department of Rehabilitation and Correction urged that a treatment program be instituted to remedy this hypothesized defect.
Recapitulation

Beginning in January 1972, an Ohio State University multidisciplinary research team, which included the author, undertook an experimental treatment program of sociopathic inmates and controls at a medium-security, southern Ohio correctional facility for older male offenders. The prison files of 412 consecutively-admitted inmates were carefully reviewed for eligibility and of these 132 cases met the program requirements, which included: good general health, minimum IQ of 85, maximum age of 50 and at least six months time remaining on current sentence. Most of the subjects meeting these criteria were invited to participate in the six-month treatment program in the order in which they had been admitted to the institution. In addition, all potential subjects who met the above requirements and who also were diagnosed as simple sociopaths, in accordance with standards established in previous investigations, were asked to join the study. A total of 79 inmates signed consents after being fully informed of the purposes of the investigation as well as the possible risks involved. Subjects were offered a stipend of $3.00 per month for their participation, plus the equivalent of an additional $3.00 monthly if they did not miss more than two medications.

Sociopathic subjects were objectively identified on the basis of number of arrests, percentage of adult-life incarcerated, number of attempted escapes, the Minnesota
Multiphasic Personality Inventory Profile, with emphasis on clinical scales four and nine, the Lykken Activity Preference Questionnaire and the Zuckerman Stimulus-Seeking Scale. Each prospective subject also had to undergo a diagnostic interview by the project psychiatrist whose clinical judgment was decisive in arriving at all final diagnoses.

A statistical profile of the 79 consenting inmates revealed that they were representative of the consecutive admissions in most respects, with little variation on most demographic variables and similar MMPI scores. There were some differences, however, e.g., the consenting inmates were younger than the consecutive admissions, with the mean age of the former being 37.5 years and that of the latter 43.9 years. The consenting prisoners were also somewhat less likely to be personal offenders, were slightly better educated and had higher mean IQ's (105.8 as compared with 97.9) than the institutional population. These differences between the groups were largely a reflection of the selection procedures employed, but there were 10 per cent fewer blacks among the volunteers, a fact which was attributed to the influence of a black inmate organization that (initially) opposed the research.

Because of repeated delays in obtaining clearance from the Food and Drug Administration to administer imipramine in (the less familiar) liquid form, many potential subjects were lost to the project (due mainly to paroles and transfers). When FDA approval was finally secured, 41 subjects
remained to begin the series of scheduled medication treatments. These 41 subjects were generally representative of the original group of 79 that had signed consents: 29 per cent of the former were sociopaths (of both types) and the remainder had received such diagnoses as: neurosis, inadequate personality, alcoholism, opiate dependence and schizophrenia. Both the sociopaths and the non-sociopathic controls tended to be highly recidivistic hard-core offenders, who had spent over 40 per cent of their adult lives in prison, with the most frequent current offenses being armed robbery, burglary and forgery.

The medication schedule consisted of initial placebo, drug and post-drug placebo periods. Three of the 41 subjects who began the medication regimen were given only placebo during their entire participation in the project. The other subjects took placebo medication for one month, after which they received imipramine for two to three months, with a maximum permissible dosage of 200 milligrams per day, followed by the post-drug placebo phase of two months. During active drug treatment, dosages were individually titrated and gradually increased until subjects either: (1) reached the maximum level of 200 milligrams daily, or, (2) experienced noticeable side-effects. In the latter instance, dosages were reduced until side-effects disappeared. At the conclusion of the active drug phase, subjects were slowly "tapered off" imipramine until they received only placebo.
All drug and placebo medications were prepared at a university laboratory, with Orange Tang serving as a liquid base for both substances. Precautions were taken to keep the field researchers ignorant of which subjects were undergoing drug therapy for example, field personnel were denied access to certain laboratory areas and to subject dosage records. Medications were prepared three times weekly and were placed in sealed plastic cups containing individual subject dosages. These cups were marked with subjects' institutional numbers and with the proper date and time for administration. Medications were then transported to the prison's pill center where they were refrigerated and subsequently dispensed to subjects (on a twice-daily basis) by regular pill center personnel.

Clinical monitoring procedures were developed to: (1) measure the effects of the experimental medications, (2) detect the effects of any illicitly obtained drugs and, (3) maintain systematic routine checks on the general health and psychological status of all subjects. These procedures consisted of: (1) at least biweekly side-effects interviews, including the completion of a written symptom checklist by all subjects; (2) weekly physical examinations (conducted by the project physician); (3) monthly electrocardiograms, (4) weekly hospital checks (to determine if any subjects had been there for treatment, etc.) and (5) routine psychometric testing of all subjects.
Psychometric instruments employed included the Minnesota Multiphasic Personality Inventory, which was administered monthly, the State-Trait Anxiety Inventory, administered biweekly, and a project designed test of perceptual judgment, the disc test, which was given only once during each of the three time periods (placebo-drug-placebo).

Further checks on subject behavior were regularly obtained from custody officers, prison work supervisors and other inmates.

Subject medication reactions were reported to the laboratory staff on the same day that they were observed in the field—any unusual responses were telephoned in—enabling laboratory personnel to efficiently adjust individual drug dosages to maximally effective levels while minimizing the influences of side effects. Dosage adjustments were made at an average rate of 50 milligrams per week, in 25 milligram increments, with the majority of subjects receiving the maximum allowable dosage of 200 milligrams daily. Of the 41 subjects who began medication treatment, 25 fully completed the active drug stage of therapy.

Findings

A major finding of this double-blind study is that nine male prisoners, who were psychiatrically diagnosed as (simple) sociopaths, benefitted significantly more than sixteen controls from treatment with the psychotropic drug, imipramine hydrochloride. The differences in the treatment
reactions of the experimental subjects were first observed clinically the field investigators and these initial observations were subsequently supported by additional, more objective evidence.

While taking active medications sociopathic subjects tolerated higher drug dosages and reported a lower variety and frequency of side-effects; they made more positive comments concerning their subjective states; evidenced greater behavioral improvement and presented fewer adverse physical symptoms than the non-sociopathic controls. In addition, the sociopaths were less overtly hostile and less often "self-medicated" themselves with illegally obtained depressant drugs. Several sociopaths reported increased alertness, greater energy and a feeling of well-being, as well as less moodiness and irritability, less impulsivity and more restful sleep. Not all of the nine sociopaths reported improvement in each of these specific areas, but for those who reported any improvement, such reports were consistent over time and ended only when active medication was tapered off prior to the substitution of the final placebo medication. In contrast, the non-sociopathic controls most often reported either no change or even a worsening in their psychological and physical status.

Psychometric test results tended to support the sources of research data. Monthly MMPIs, while not showing a statistically significant improvement among the sociopaths
during drug treatment, did indicate a significant decline in some psychological subscales for the controls. Significant improvement, in the sociopathic sample, was measured by a project designed test of perceptual judgment—the disc test—which showed that the performance of sociopaths became similar to that of the non-sociopaths during treatment, while performance of the latter group was unchanged by imipramine. Similarly, the STAI recorded a decrease in anxiety for sociopaths and an increase among controls that significantly differentiated the groups' responses to drug therapy.

In summary, the various criteria which were employed in the study to measure subject change consistently pointed to the same general finding: sociopaths and controls reacted differently to regularly administered, individually titrated dosages of imipramine and this was true whether the index of change was clinical observation, subject self-reports, psychometric test results or behavioral ratings by peers and prison work supervisors.

Before discussing the implications of these results, note should be taken of the limitations of this study. Three such limitations, in addition to the obvious constraint of sample size, are of particular importance.

**Limitations**

1. The project psychiatrist had full access to all prison records, including prior psychiatric diagnoses, medical records, etc. Some of these data could have biased his diagnostic judgments.
2. There were a few occasions when laboratory personnel discussed drug reactions, patient symptoms and complaints, including those side effects usually associated with imipramine administration in the presence of the project psychiatrist. In one or two instances, the type of information exchanged in these discussions might have conditioned his final diagnosis.

3. A few subjects were erratic in taking their medications and probably did not experience the full cumulative effects of the drug. However, it seems noteworthy that subjects diagnosed as simple sociopaths tended to take their medications religiously.

Discussion and Conclusions

How should the foregoing findings be interpreted? Although nine of forty-one experimental subjects represented a small fraction of the 412 consecutive admissions initially screened, it is important to note that the majority of consecutive admissions were rejected as subjects for age, medical reasons, and/or too short a stay in prison. It would certainly be inaccurate to conclude that sociopaths were few in the prison population. Given these constraints, the investigators are of the opinion that the forty-one experimental subjects were representative of the screened sociopaths and that the results of the study are generalizable to a larger segment of sociopaths in the institution.
With over 1200 men in the prison population studied, the successful treatment of nine sociopaths hardly represents a convincing therapeutic program. Nevertheless, the investigators found the differential treatment responses of sociopaths and controls to be quite remarkable. The results suggest that improvement might achieved in the treatment of anti-social sociopathy by the judicious use of drugs which produce nervous system arousal. However, it must be emphasized that these findings refer only to a certain carefully-defined type of chronic, simple sociopath and that individuals of this type were hypothesized to possess pathologically low levels of psychophysiological arousal. The data do not suggest that imipramine might be a generally effective agent in the treatment of other forms of sociopathy. On the contrary, the drug reactions of the hostile sociopaths who participated in the study, indicate that these subjects actually became more tense, anxious and irritable in response to treatment with imipramine. Furthermore, even among simple sociopaths, it would be premature to recommend this treatment modality as first choice or as universally applicable: a more extensive knowledge of the physiology of sociopathy is clearly required. It follows that this form of drug therapy should presently be reserved for the most intractable and physiologically-impaired of simple sociopaths. It would not seem to be an appropriate treatment for youthful antisocial patients, when diagnoses
are generally less certain and when at least moderate improvement can at times be obtained through the use of other methods and techniques. Of course, as with other drugs, the possible benefits of chemotherapy must be weighed carefully against the known medical risks to the individual patients involved. Finally, as has been repeatedly pointed out, effective drug treatment, in itself will not automatically result in restructuring of the individual's values. Drugs can improve psychophysical functioning which probably does render sensorily-impaired sociopaths more sensitive and more reactive to their social environments: this, indeed, is what seemed to occur among most sociopathic subjects in the present study. Increased sensitivity and reactivity to the social environment can, in turn, be expected to cause individuals to become more amenable to the effects of programs of education and resocialization. The optimal use of arousal-producing drugs in the treatment of sociopathy should, therefore, include a carefully planned program of resocialization, in conjunction with a schedule of drug administration. Resocialization, however, as has been argued previously, is more likely to occur only after such biomedical intervention.

Earlier research established the existence of certain physiologic correlates in chronic simple sociopathy, i.e., hyper-reactivity to epinephrine. The present study provides some small additional evidence for a biological substrate
in this disorder. More specifically, sociopaths responded more favorably to drug treatment in terms of such physiologic indicators as perspiration, appetite, and sleep habits. (The sleep findings were particularly interesting, with sociopaths complaining of more sleep problems than controls during the initial placebo period, including insomnia and daytime drowsiness. However, these symptoms dramatically abated when the sociopaths took imipramine, whereas the controls experienced even more severe, and more numerous, sleep problems when they were on the active drug.) Although the question of etiology remains unsolved, the present findings do lend some support to the theory that sociopathy is a "disease of arousal" and that "...the behavior of the sociopath may be most parsimoniously attributed to a single biological defect. This defect is most probably a diminished function (partial or total) of catecholamine-secreting nerve endings, including those involved with sensory receptors." Furthermore, imipramine is known to "potentiate the action of adrenergic agents, especially the catecholamines..."

Because the effects of the experimental treatment were not wholly consistent within the sociopathic sample and because they tended to be of a temporary nature, with a gradual return to the subjects' pre-drug mental and physical state during the final placebo period, the need for further research, employing a larger sample and other arousal-producing drugs, seems apparent. Nevertheless, there is
already some reason to believe, on the basis of on-going work with voluntary psychiatric patients, that the present findings may generalize to non-incarcerated sociopaths. Perhaps this approach will produce the same positive impact on the treatment of chronic sociopaths as chemotherapy has had, in the past, on the treatment of chronic schizophrenics and of severely hyperactive children.
NOTES


REFERENCES


University Microfilms, Ann Arbor, Michigan, No. 65-12921.

Lombroso, Cesare:  Crime: Its Causes and Remedies.  Boston:  
Little, Brown and Company, 1911.

House, 1969.

Lykken, D. T.  "A Study of Anxiety in Sociopathic Personality."  
Journal of Abnormal and Social Psychology,  
(1957), 55, pp. 6-10.

Lykken, D.T.  A Study of Anxiety in the Sociopathic Personality.  
Dissertation, University of Minnesota,  
Minneapolis, 1955.  University Microfilms, Ann Arbor,  
Michigan, No. 55-944.

McCord, William and Joan McCord, The Psychopath.  New York:  

Maughls, S.  "A Concept of Psychopathy and Psychopathic Personality: Its Evolution and Historical Development."  


Jones (ed.), Nebraska Symposium on Motivation.  
Lincoln, Nebraska: University of Nebraska Press,  
1964.

Schoenherr, J.  Avoidance of Noxious Stimulation in Psychopathic Personality.  Doctoral Dissertation,  
University of California at Los Angeles, 1965.  
University Microfilms, Ann Arbor, Michigan,  
No. 65-8334.


CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 1919
MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 108
- BETA: 8.5
- WAIS: 12-0-1
- SAT: 14
- CMI: 15

PROJECT DIAGNOSIS:
Neurosis

PRISON DIAGNOSIS:
Inadequate Personality
SC was a 34-year-old, black, single laborer from Columbus, Ohio. SC was an inadequate, addict-type personality who had spent much of his life in institutions for burglary and theft.

SC pled guilty to Burglary in the Night Season and received a 1-15 year sentence. He neither admitted nor denied instant offense. SC's arrest record dated back to his early teens, and present offense resulted in his sixth period of imprisonment. All previous offenses were directed against property, and there was no indication of violence in subject's background.

Physical examination records disclosed that subject was a "normal male" (although he appeared beardless and effeminate). On the C.M.I. Questionnaire, SC indicated that he had once been treated for intestinal worms and for venereal disease (unspecified). He also stated that he had stuttered as a child and that he had been a late bedwetter. He further indicated that he had frequently experienced a "numbness or tingling" in various parts of his body. A psychological examination, in 1971, resulted in a diagnosis of inadequate personality. The psychologist observed that subject was "inadequate, dyssocial and unstable" and that he displayed "low stamina." SC stated that he took two or more drinks a day "on the streets," and he was reputed to have a drinking problem. He denied narcotic addiction but admitted that he had used heroin for "a few months."

SC was born on January 16, 1939 in Columbus, Ohio; he was the eldest of three children. Subject's father died when he was three years old, and he was raised by his mother in a low-income, urban environment. SC's father had reportedly served time at the Ohio Reformatory for an unknown offense, and his brother was a juvenile ward of the state. SC was not known to have entered into any marriages or common-law relationships nor to have fathered any children.

SC stated that he was of the Islamic faith and he had the tested equivalent of an eighth grade education; he denied any military service. SC's only civilian work experience consisted of sporadic employment as a general laborer. Within the institution, SC was assigned a job as attendant in the Power House, and he apparently performed these duties satisfactorily.

It was not possible to adequately assess SC's social adjustment within the institution because he was not observed sufficiently. However, he appeared to be alone most of the time and did not seem to have any close friends. He was never in any difficulty with prison officials and, despite his appearance, he was not reputed to be a homosexual. SC's association with the Black Muslims suggested that he might, indeed, have had
friends or associates within the institution among his co-
religionists; yet, he was never observed socializing with
other inmates who professed to be Muslim.

SC was thin, small, and smooth-skinned; he was usually well-
groomed. There was customarily an expression of child-like in-
occence on his almost babyish face that caused him to appear
harmless and immature. Indeed, SC seemed guileless, sim-
plistic, and friendly; he was polite and cooperative with the
investigators in every way, and he seemed to enjoy having a
chance to talk with someone from the "outside." And, unlike
some of his peers, SC made no effort to manipulate the re-
searchers or to attempt to gain special privileges or favors
from them.

SC spoke quietly and rationally and impressed as being of aver-
age intelligence despite his obvious cultural deprivation and
his limited fund of knowledge. He was well-oriented, calm,
and concrete in his thinking, and seemed to be thoroughly in-
stitutionalized in the manner of "state-raised youth." Emo-
tionally, SC seemed exceedingly bland, and he never reacted
strongly to any known situation or stimuli, at least not
overtly. But whether SC was merely over-defensive and did
not display felt emotion, or whether he, in fact, did not
strongly experience emotion remained a question that could not
be readily resolved during initial interviews. In either
event, SC did not manifest any significant anxiety, tension,
depression, confusion, or any of the apparent signs of
psychosis.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2323

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 96
BETA:
WAIS:
SAT: 6.5
CMI: 2-0-0
LYKKEN: 15
ZUCKERMAN: 14

PROJECT DIAGNOSIS: Alcoholism
PRISON DIAGNOSIS: Inadequate Personality
R was a 40-year-old, white divorced subject with an extensive history of criminal behavior, excessive drinking, and nomadism. R was a onetime professional prizefighter and sometime barroom brawler whose badly scarred face and head offered mute testimony to his violent, disorganized life-style. R had repeatedly demonstrated poor judgment and an apparent inability to profit from experience.

R was found guilty of Armed Robbery in the Clermont County Courts. He had over twenty adult arrests and four previous felony convictions, including a prior conviction for Armed Robbery. R was alleged to have used a pistol to rob carryouts, but he denied instant offense, stating only that he was appealing his case. R had one escape (from Sheriff's Deputies) recorded on his institutional file.

R's medical record indicated that he had a family history of diabetes, had vision only in one eye, and that the index fingers of both hands had been amputated at the first joint. He complained of hemorrhoids, frequent urination, and sinusitis, and physical examination disclosed possible liver trichitis. A psychological examination, in 1971, resulted in a diagnosis of inadequate personality. R was said (by psychologists) to be "inadequate," "alcoholic," and "aloof." It was further said that he became "overconfident when drinking." R denied the use of narcotic drugs and did not consider himself to be an alcoholic but stated that he regularly drank illegally obtained alcohol within the institution. (There was no record of this in prison files, however.) R had been a patient at Kalamazoo State Hospital in 1969 and was alleged to have been treated for alcoholism there, but this hospitalization was involuntary, being "suggested" by a criminal court following R's conviction for Probation Violation.

R was born in a small Kentucky community on February 7, 1933, the third of six children. He was raised by his parents until leaving home at age seventeen. His father was reportedly a heavy equipment operator, and his mother was employed as a cook. The father was reportedly a heavy drinker; both parents were still living and still married; however, R's mother was believed to be in poor health with diabetes. R claimed a good relationship with his parents who, he said, had hired a lawyer to help him with his legal appeal. R married in 1952, and two children were born of the marriage which terminated in divorce in 1955.

R gave his religious affiliation as Protestant; his parents were Methodists. He had a tenth grade education and minimal work experience as a millwright and truck driver. He claimed that he was once a member of the National Guard, but there
was no verified military history. In the institution, R worked as a barber and apparently performed his duties satisfactorily. (He once boasted that he kept a gallon of "home brew" handy in the Prison Barber Shop, placing it in hair tonic bottles.)

R seemed masculine in his interests (leathercraft and sports) and in his personal mannerisms. He did not associate with known homosexuals in prison, and there was no evidence of homosexual behavior recorded in his institutional file. One of R's closest associates was 2497, an inmate subject with a history of excessive drinking related to antisocial behavior. Both R and 2497 seemed to be interested in "shooting angles" for themselves at every opportunity. Their participation in the research project might have been conditioned by such personal considerations, for both became disillusioned when they discovered that the researchers could do little to help them as individuals.

R was exceedingly hostile toward legal authority figures and belonged to no formal institutional organizations except Alcoholics Anonymous, and this affiliation was inferred to be for appearances. He did spend much of his spare time making and selling leather goods, and he sometimes brought purses, wallets, etc. to interviews in an attempt to sell them to research personnel.

R was short, of medium build, and was paunchy and overweight. His face and forehead were covered with battle scars, his nose had been broken, and his hair was plastered back with oil. His clothing was clean and neat, but, for some reason, he often wore houseslippers. R's conversations, at interviews, revealed that he had little interest in people or topics that were not of immediate concern to him. He quickly lost interest in what others said and left, unless the conversation directly related to him or to his immediate problems. He impressed as being extremely concrete in his thinking and as being childishly egocentric. He was capable of reasoning logically and had an average I.Q.; yet, he had repeatedly demonstrated a lack of good judgment in the past. R was well-oriented for time and place, and there were no apparent evidences of psychosis. R was well-oriented for time and place, and there were no apparent evidences of psychosis. R did seem eager to impress interviewers by telling them about the "important people" he indicated would provide him with money for an appeal and would provide employment for him upon his release. In view of R's past instability, the existence of such wealthy benefactors seemed unlikely, at best, and perhaps merely represented wistful, grandiose thinking on R's part.

Emotionally, R was labile and moody. When in a good mood, he was talkative and jovial, but, in a bad mood, he became irritable, contentious, and hostile. Nevertheless, R had been able
to avoid getting into fights within the institution, despite the availability of alcohol. (And, it soon became apparent that alcohol was available to him because he sometimes had the characteristic odor of it on his breath during interviews.)

R usually talked rapidly and often stated that he had to keep (physically) busy; furthermore, his quick movements suggested a moderate hyperkinesis. R's youthful career as a prize-fighter implied that R's hyperkinetic, irritable behavior may have been the result, or the partial result, of brain damage. It is further possible that R's drinking was, in effect, a form of self-tranquilization or self-medication.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2341
MMPI PROFILE (PLACEBO):

90
70
50
30
10
L F K Hs D Hy Pd MfPa PtSc MaSi

IQ:
OPCT: 117
BETA:
WAIS:
SAT: 8.8
CMI: 22-5-3
LYKKEN: 7
ZUCKERMAN: 12

PROJECT DIAGNOSIS: Alcoholism
PRISON DIAGNOSIS: Hysterical Personality
Y was a 45-year-old white, single unskilled laborer with a history of property offenses, drug and alcohol abuse, homosexuality, nomadism and "wild," disorganized behavior. Y had led a seemingly aimless, hedonistic life; after serving ten years of his most current prison sentence, he was variously characterized by prison psychologists as "inadequate," "dependent," "chronically anxious," "hysterical," "alcoholic," "depressed," "suicidal," "hyperactive," "over-reactive," and "hypochondriacal." The adjectives seem to fit Y, who was viewed by other inmates as being a pathetic, weak "pill head" who traded all of his pay and possessions for illegal tranquilizers and alcohol. Although the seriousness of Y's suicide attempts were questionable, as was the extent of his depression, there were ample evidences of anxiety, confusion, and addiction to depressants in his everyday behavior.

Y pled Guilty, in Clermont County in 1962, to Armed Robbery, Burglary of an Inhabited Dwelling N/S, Grand Larceny, Breaking and Entering Uninhabited Dwelling N/S, Escape from Confinement, Attempted Escape from Confinement and two charges of Assault with a Dangerous Weapon. He was given a Life Sentence for the combined offenses. Y's accomplice in these offenses was a youth of nineteen, suggesting that Y's homosexual orientation may not have been exclusive to his being incarcerated. Y readily admitted that he had "led a life of crime" and had "done it all," but asked, "What has it got me? I ain't got a damned cent, and I can't stand any more time in these places. I'm through with all this trouble! I'm just a nervous wreck!" (Y had spent a total of nearly nineteen years behind bars with major convictions for Auto Theft, Armed Robbery, Burglary, and instant offenses.)

Y stated that he had been involved in an auto accident while in the Army, fracturing his skull. He received an Undesirable Discharge in 1950 for A.W.O.L., and his criminal record began at that time, suggesting the possibility of brain damage and personality change; however, there were no objective clinical evidences of brain damage, and I.Q. tests indicated bright normal intelligence. Y was operated on for hemorrhoids in 1958 and hernia in 1957. On the C.M.I., he complained of frequent colds, chest congestion, heart palpitations, shortness of breath, cold hands and feet, indigestion, severe headaches and pressure in the head. Psychological examinations in August, 1971 and in April, 1972, resulted in identical diagnoses of hysterical personality. Y was admitted to the Corrections Psychiatric Unit in 1968 following an alleged suicide attempt at which time he was said to be extremely depressed. Shortly after volunteering for the present study, Y was admitted to the prison hospital, unconscious, following an overdose of unknown, illegally obtained medications; after treatment, he was released the next day and placed in a disciplinary
cell. Other inmates reported that Y would "swallow anything" and said that he sometimes mixed pills and alcohol. Y admitted that he took illegal drugs because he was "so nervous." Y was also a heavy cigarette smoker and drank over six cups of coffee per day. It is noteworthy that Y had escaped from two jails and two prisons prior to being incarcerated at the Ohio Penitentiary; perhaps his inability to effect an escape from that institution contributed to his suicide attempt there, in 1968.

Y was born in Cincinnati, Ohio on November 10, 1930. He never knew his real father and was raised by his grandparents in a lower class socio-economic environment until he left home at age fourteen. Y's mother was said to have been married at least four times. Y apparently was rejected by his grandparents and also lived with a succession of other relatives from time to time. Y claimed to have been married in 1956, but this union was never officially verified. While in prison, Y corresponded with one of his four half-brothers whom, he said, had offered him a construction job whenever he would be paroled. There was no other record of hereditary illness or criminality in Y's family background.

Y listed his religion as Protestant on official records, but he did not observe religious traditions. He completed high school (via correspondence) while at the Ohio Penitentiary in 1965. Y had virtually no occupational skills or civilian work record; he expressed an interest in learning to operate a backhoe for his half-brother's construction company if paroled.

Y became "institutionalized," in the sense that he stopped "fighting the penal system" in May, 1971. After that time, he received no new "court calls" for serious disciplinary infractions, with the exception of the drug incident. Prior to 1971, Y had amassed twenty court calls for a variety of offenses, including homosexual activities. Quite probably, Y gave up homosexual relationships and aggressive acting out at the O.P. so that he could obtain a transfer to lower security institution and enhance his chances for parole. Y seemed to view himself as a "broken" man, and, indeed, other inmates were apt to view him as a pitiful stereotype of what can happen to a prisoner who "gives up."

Y appeared to be at least ten years older than his chronological age. He was tall, thin, and hollow-cheeked and described himself as a "common man" and a "hillbilly." He seemed very anxious to please the interviewers and was almost desperate for conversation with someone from the "outside." He brought
photographs of persons with whom he had corresponded to show
interviewers, attempting to explain how he would begin a "new
life" if paroled. Y was usually oriented for time and place,
unless he had previously obtained illicit alcohol. He was
overactive and hyperalert, manifesting extreme anxiety and
worrying about the possibility of his pending parole hearing.
Intellect and memory seemed intact, and Y's plans for the
future did not seem unrealistic. But Y seemed perpetually
puzzled by his past behavior and by society's reactions to
his behavior. He lacked insight into his motives, saying only
that he had been "stupid," but he could not understand why
he should have been "locked up for so long." He expressed
fears of not being able to "make it" on the "outside," but
he was equally fearful of not being released. Y seemed to
be reaching toward a structure and meaning that would order
his existence, somehow, as well as meaningful human relation­
ships, although his past relationships had been transitory
and superficial. His participation in the project was soon
discontinued due to his drug habits and unreliability.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2346

MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 123
- BETA: 109
- WAIS:
- SAT: 12.1
- CMI: 32-5-4
- LYKKEN: 19
- ZUCKERMAN:

PROJECT DIAGNOSIS: Anti-social Personality (Hostile Type)
PRISON DIAGNOSIS: Antisocial Personality
O was a 45-year-old white, divorced, sometime truck driver, merchant sailor, bartender, amateur writer, and semi-professional thief from Cleveland, Ohio. O could be described as bold, charming, intelligent, imaginative, and adaptable, but he could alternately be described as hotheaded, impulsive, egocentric, and amoral. Both descriptions would probably be equally valid, for O's personality was a complex composite of many forces and experiences. O was assuredly shrewd, pragmatic, and tough; yet, he was also creative and productive enough to be a fair poet and editor of the prison newspaper. (He earned money writing and selling greeting card verses, short "fillers," and crossword puzzles.) O was a prison-wise, hard-nosed "con" who perhaps had been "mellowed" or "burned out" by a life filled with diverse experiences. At any rate, one was inclined to believe O when he said that he was a "reformed thief," for he backed up his assertion of reformation with plausible, logical reasoning; nevertheless, O was so deviously clever and so subtly self-serving that one could venture no confident predictions about him.

O pled guilty to Armed Robbery and Grand Larceny in Richland and Franklin Counties, receiving a sentence of 11-32 years. He had been incarcerated for the Armed Robbery offense since April, 1966, escaped for an eighteen month period of freedom following his escape from an Honor Camp in 1970. (This was O's second escape; his first had occurred in 1946.) O did not refer to instant offense but said that he had been a "common thief" until his reformation in 1970. After escaping from the Honor Camp, O claimed that he "worked and stayed out of trouble, found a good woman to live with, and spent [his] leisure time fishing." He stated that he no longer wanted to pursue "easy money, fast women, fancy clothes, and big cars," and continued, "I'd like to think I've become more human and more ready to accept people as individuals rather than dividing everyone into two categories--the insiders and the outsiders. Also, I grew up more in those eighteen months of freedom than in the prior forty years, and I've learned to control my temper better."

O had nine adult arrests and four previous felony convictions; all involved property crimes, including Auto Theft, Mail Theft, and Forgery.

O's physical examination records disclosed that he underwent an operation for herniated vertebral disc in 1968 and that he had an appendectomy in 1943. He was treated for gonorrhea in 1949 and for rectal disease in 1966. In addition, he claimed to have passed kidney stones or blood clots in his urine, and he complained of a trick knee, sinus trouble, chest pains, and chronic coughing. As a child, O said that he had pneumonia, scarlet fever (twice), and a tonsillectomy. The C.M.I. disclosed a family history of nervous disorders, and O further
indicated that he suffered from varicose veins, indigestion, fatigue, nervousness, back pain, high or low blood pressure, heart palpitations, and inflamed eyes. O's responses to health questionnaires were suggestive of hypochondria, but he was not normally given to complaining about his health nor did he visit the hospital frequently. The fact that O had long worked in institutional hospitals may have sensitized him to health problems, and (like some medical students) he may have identified with practically every symptom that he encountered in patients. Prison psychologists who examined O termed him "guiltless, amoral, and asocial" (1972) and "suspicious of authority figures, with a defective superego...pursues wants and needs at will" (1966).

O denied the use of narcotic drugs but stated that he did use alcohol "on the streets," "taking a couple of drinks" per day. In this connection, O received a court call while at the Ohio Penitentiary for stealing and drinking alcohol. He was also reputed to have abused such tranquilizers as valium, miltown, and meprobamate, and he received another court call in 1968 for illegal possession of valium. O drank six or more cups of coffee per day and was a heavy cigarette smoker.

O was born on August 10, 1928 at Cleveland, Ohio, and his father left his mother shortly after O was born. O's father was reportedly a "bootlegger," with an extensive arrest record, while his mother had been in the Ohio Girls' School and in a home for unwed mothers. She was said to have been "sexually promiscuous," and to have entered into numerous liaisons and marriages. O never knew his father but was raised by his mother and a stepfather who was a "heavy drinker." O had three half-sibs, and he claimed to have one full brother, but this was not verified.

O married in 1953, and one child, a son, was born of this union which ended in divorce in 1955. Subject also stated that he had an illegitimate son by a common-law liaison.

O considered himself to be a practicing Catholic. He had a high school education which he obtained while in prison. He enlisted in the Army in 1945 but was discharged "under conditions other than honorable" in 1947 due to a civil court conviction. O enlisted in the Air Force in 1949 but was discharged in 1950 because he had lied about his criminal record. Occupationally, O had truly been a "jack of all trades." He said that his favorite job had been that of "bar manager and bartender," and that he had worked in this capacity in Florida during his eighteen months as a fugitive.

O said that he had been "spoiled by having too much money too soon." After saving several thousand dollars as a teen-age
merchant sailor, O stated that he launched into a wild spending binge in New York, "blowing" his money on "drink and fast women." He said that he rapidly developed fancy, expensive tastes that required "big money" to sustain, and this meant crime. "I wasn't satisfied," said O, "unless I had stylish clothes, a new car, and a foxy blond on my arm." As O gained experience, however, he said that he learned that older, less attractive women were more appreciative of him, and, accordingly, he focused his attentions upon those who were "older, uglier, fatter, and richer." "I still prefer fat, kind of ugly girls," O mused. There was no evidence that O had ever participated in homosexual activities. He said that homosexuals had approached him at Mansfield Reformatory but that he beat one of them so badly that he developed a reputation for being a "crazy Pollock who should be left alone."

O's social adjustment within the institution would have been nearly ideal, except for an occasional tendency to dally with illicit drugs and alcohol. He had received numerous work commendations from his supervisors and was capable of performing almost any job assignment: clerical worker, nurse, maintenance man, newspaper editor, etc. Moreover, O was active in a host of formal institutional organizations, such as Jaycees, Tropical Fish Club, Association of Prison Newspaper Editors, and so forth. Beyond this, O corresponded with "concerned citizens" and "prison reformers" by the dozens; he even organized several "pen-pal clubs" between inmates and college students. O's activities within the institution were so numerous that it would prove exhaustive to list them; he maintained a full, busy schedule from dawn to dusk. But, in addition to his formal associations, O was well-known and well-liked by most of his peers. He seemed to fully subscribe to the inmate code, yet, he simultaneously maintained the respect of prison staff because he was a "hard worker." On the other hand, O did not seem to enter into close, emotionally meaningful relationships with other inmates.

O was tall and of slender, but muscular build; he moved with ease and assurance. His voice was low and masculine and, when he spoke, it was with a slight air of authority. He related quickly and spontaneously to others and was very likeable, except on those rare occasions when he was in a bad mood. He had a quick wit and a friendly, joking comment for almost every situation; he laughed readily, appropriately, and often. O was well-oriented in all respects, and there were no evidences of psychosis. He was of above-average intelligence, and he utilized his intellectual potential far more than did most of his peers; there were no symptoms of grandiosity, no obvious impairments of judgment and no signs of uncontrolled, autistic thinking. Emotionally O was somewhat cyclothymic and when he became hostile and depressed, he sought to obtain tranquilizing drugs, either legally or illegally.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2439

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 112

BETA:

WAIS:
SAT: 4.7

CMI: 2-0-1

LYKKEN: 15

ZUCKERMAN: 11

PROJECT DIAGNOSIS: Schizophrenia

PRISON DIAGNOSIS: Hysterical Personality
VL was a 27-year-old, black, single transient from a Detroit ghetto. VL was the product of a disorganized family environment and a criminally-oriented subculture. Although all of subject's offenses had been directed against property, he had not hesitated to employ violence to steal. In addition to VL's identification with a criminal life-style, he also had a history of excessive drinking and of mental pathology.

VL was found guilty of Armed Robbery in Franklin County, receiving a 10-25 year sentence. Subject had a total of six adult arrests, mainly for Breaking and Entering, and instant offense resulted in his third period of confinement. During the course of present offense, VL reportedly took $120 at knifepoint from the female owner of a bar. He neither admitted nor denied this offense. Subject had been in prison for over two years at the time of his entry into the study.

Physical examination records disclosed the following injuries, operations, and illnesses: fractured skull, central (1970); headaches, left central; "nervous breakdown," hospitalized five days at St. Francis in Detroit (1970); "nervous breakdown," hospitalized at Norville Michigan State Hospital (after brother was shot and killed); excision of bullet from back (1968); bullet wound scars, right side of neck (noted 1971). A psychological examination, in 1971, resulted in a diagnosis of hysterical personality. The psychologist stated that VL was "paranoid, hysterical, hostile, self-centered, and demanding." Subject's mother reportedly said that VL had committed his offenses while drinking and that his personality changed when he drank. Although VL was reputed to be a problem drinker "like his father," it was noteworthy that he denied regular drinking on the C.M.I. Questionnaire. VL also denied the use of narcotic drugs.

VL was born at Detroit, Michigan on November 9, 1945, the sixth of seven children. Subject's father was employed in an auto factory and was reportedly a heavy drinker. The parents separated when VL was nine, and he and his sibs were raised by their mother in a lower-class urban neighborhood. VL's father and two of his brothers were all subsequently sentenced to Jackson State Prison. The father was convicted of Manslaughter and was paroled in 1950; both brothers were convicted of larceny-type offenses: one was still an inmate at Jackson, and the other had been shot and killed shortly after being released. Although VL never married, he stated that he had lived with "various girlfriends."

VL gave his religion as Protestant; he claimed nine years of formal education but had a tested achievement level of grade
4.7. Subject denied military service and said that he had civilian work experience as a "minister, Bible salesman, cook, and laborer." In prison, VL was employed as a kitchen helper.

VL had maintained a clear conduct record in prison. His associates in the institution were mainly blacks from poor socio-cultural backgrounds like himself, and he seemed to be quite extraverted and sociable when in the company of his peers. One of VL's hobbies was drawing and painting "sexy-looking" black girls; he apparently had some talent for this work which, naturally, attracted the attention and interest of other inmates. However, VL was considerably more reserved and suspicious when he was with members of the research staff. Although it was felt by researchers that VL would probably not be a very dependable subject, it was decided that he should be given the opportunity to participate in the study (since he seemed quite eager to be enrolled).

VL customarily presented a disheveled, disorganized appearance; his hair stuck out wildly, his white uniform was often dirty, and he seemed generally sloppy and indifferent to his looks. Moreover, VL had lost most of his teeth, and the overall impression he created was that of a pathetic young man who had been deprived and handicapped in multiple ways.

Although VL attempted to be cheerful and to observe social amenities, his appearance, his facial expressions, and his M.M.P.I. scores indicated moderate depression and anxiety. VL was otherwise alert and well-oriented, and his conversations indicated that he was capable of logical reasoning. VL impressed as being of average intelligence.

It was not possible for research staff to establish a close rapport with VL due, in part, to his suspiciousness. This prevented investigators from directly observing subject's ability to relate emotionally to others; however, it was previously noted that VL had to be hospitalized with a "nervous breakdown" following the death of his brother, and this fact would, indeed, suggest that VL had some capacity for empathy.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2462

MMPI PROFILE (PLACEBO):

90 -
70 -
50 -
30 -
10 -

L F K Hs D Hy Pd MfPa PtSc MaSi

IQ:

OPCT:

BETA: 116

WAIS:

SAT: 9.3

CMI: 2-0-0

LYKKEN: 11

ZUCKERMAN: 13

PROJECT DIAGNOSIS: Anti-social personality (Hostile Type)

PRISON DIAGNOSIS: Passive-aggressive Personality
M was a 32-year-old, white, single, semi-skilled laborer from rural West Virginia. Of above-average intelligence, this inmate was devious, disruptive, argumentative, and manipulative in the extreme. Only a few weeks after volunteering as a subject, M's behavior became so disruptive that it was necessary for the Project Field Director to terminate M's association with the research. M was also exceedingly egocentric, priding himself upon his intelligence and his political "awareness"; he was childishly demanding of the attentions of project personnel. A braggart and show-off of the most extreme proportions, M seemed barely able, at times, to conceal his contempt for others, nearly all of whom he apparently regarded as being his intellectual inferiors. M's persistent, contentious verbal badgering of project personnel and inmate subjects made serious work virtually impossible whenever he was around. It sometimes seemed as if M had volunteered only to amuse and entertain himself by agitating the researchers in every possible way. M's disruptions had no apparent goals beyond the obvious and immediate ones of creating confusion and of engaging others in heated arguments and disputation. Whenever M succeeded in achieving these goals, he gloated with satisfaction; this truly seemed to be "rebellion without a cause." The "disruption game," which M played and with considerable success was not symptomatic of a psychotic state, however; rather, M acted in an organized, logical manner to produce disorganization, doubt and upset whenever possible.

M was serving time for Murder, and had one escape on his record. M pled Guilty to Second Degree Murder and received a life sentence from Cuyahoga County in March, 1965. He shot his girl friend's husband and the husband's brother. M did not speak of present offense but stated that he was "non-violent." M was vehemently anti-authority, terming police "pigs" and deploring the plight of "poor men," like himself, who had been "unjustly treated" by the correctional system.

M had seven prior arrests and one previous felony conviction for Burglary (reduced from Armed Robbery) in 1959. He violated parole twice, in 1961 and 1962, and absconded from parole supervision in 1964 a year before instant offense.

M had the following O.P. medical history: 1948 and 1949, typhoid fever, 1965, urinary tract infection, frequent headaches, slightly decreased breath sounds in right chest, tenderness and swelling right seminal vesicle, right O.V.A. tender, acute pyelonephritis. C.M.I. revealed no additional medical information.

On April, 1971, psychological examination found subject to be a passive-aggressive personality. Another psychologist wrote that M was "overdependent, potentially assaultive and ambivalent."
M denied the use of drugs, other than alcohol, either "on the streets" or in prison. He did not consider himself to be a problem drinker.

M was born in a small West Virginia town on February 2, 1941, the ninth of thirteen children born to native-born parents. Socio-economic standards were low, and the father, who was employed as a carpenter and coal miner, was reputed to be an "alcoholic and wife-beater." M's father died in 1948 or 1949, after being hit by a train, and his mother moved in with another man. M remained with his mother until age 14, when he left to begin on his own, and after that he led a nomadic life in West Virginia, Pennsylvania, Ohio, and Indiana. Most of M's life, after age 18, was spent behind bars. There was no other indication of criminality or hereditary illness within the family.

M stated that he lived "on and off" with his girlfriend whose husband and brother-in-law he killed. No children were born of this union, but a son was born to another woman.

M claimed to be of the Moslem faith. It is not known whether or not he observed the traditions of this religion. He had a ninth grade education and only minimal work experience as a laborer in a shoe factory. M joined the Navy in January, 1959 and was given an Undesirable Discharge in January, 1960 to face civilian charges. (Armed Robbery later reduced to Burglary.)

M impressed as being masculine in his sexual identification; however he was suspected of possible homosexual activities within the institution. He did carry on a regular correspondence with a French-Canadian girl. He was amused by the fact that her letters were written in French (which the guards couldn't read).

M was not active in any formal social organizations in prison. His associates were prisoners who, like himself, were extremely hostile to authorities and were highly manipulative, unstable "troublemakers." These men depicted themselves as "radicals," but they espoused no coherent political ideology and seemed too egocentric, too individualistic, and too disorganized (both personally and politically), to pose any serious group threat to the stability of the institution.

M was of medium stature, had regular features, and relaxed posture. He smiled often and upon first meeting seemed friendly and co-operative. He seemed eager to convince interviewers of the gross mistreatment and indignities that prisoners had to accept from "ignorant" guards and officials. He complained that society was "rotten" and that he should not be in prison when the "really big" criminals (the politicians) went free. He was not content that the interviewers merely listened to
his complaints, however, but attempted to persuade them that they should actively condemn the officials and do something to help men like himself.

When M was presented with an initial psychological test, he loudly remarked, "If you want to know about me, why in the hell don't you sit down and talk to me man-to-man instead of giving me this piece of shit?" He then embarked upon a loud and lengthy criticism of the prison system and society, without giving staff an opportunity to explain the nature and purpose of the test. Other inmates in the testing room soon became very annoyed with M, and it became necessary to accompany him to another room to avert a possible physical confrontation.

There were no indications of disorientation or psychoses, and M seemed alert and well-oriented; neither were there any signs of delusions or grandiosity. M stated that his only ambitions were to "get out of prison, get a job, and settle down."

Perception and intellection seemed normal. There was no bizarre ideation. However, M seemed almost indifferent to the opinions and feelings of others and was insensitive to the expectations of others within social situations. He viewed others as having ulterior, selfish motives and often winked knowingly whenever it was suggested that someone might be trying to help him. There were no peculiar or compulsive physical traits that characterized him and no physical evidences of anxiety or depression.

M later stated that he entered the study out of curiosity, "just to find out why you want to make guinea pigs out of us." This question, apparently, was never answered to his satisfaction, and he became increasingly negativistic and disruptive until he was informed that his participation in the study was no longer required.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2465
MMPI PROFILE (PLACEBO):

IQ:
- OPCT: 107
- BETA: 106
- WAIS:
- SAT: 11.8
- CMI: 23-1-17
- LYKKEN: 8
- ZUCKERMAN: 8

PROJECT DIAGNOSIS: Alcoholism
PRISON DIAGNOSIS: Passive-aggressive Personality
TH was a 45-year-old, white, divorced laborer from a small, rural Ohio community. Describing himself as the "town drunk" and the "black sheep" of his family, subject had a history of committing larceny-type felonies while intoxicated. TH was described by one prison psychologist as being a chronically anxious, sensitive individual who "could not handle stress and frustration." Normally reserved and polite, TH became overtly hostile and impulsive under the influence of alcohol.

TH pled guilty in Huron County to Burglary in the Night Season and to Breaking and Entering in the Night Season. He received a sentence of 2-30 years for these offenses. Subject had a total of sixteen arrests as an adult, and this was his fourth major period of confinement. TH would readily admit the offenses that he was convicted of (as well as others that he was never apprehended for). TH was almost puritanically remorseful for his past behaviors, and once asserted that he didn't "want to die as a drunk." Yet, despite several efforts at reformation, TH had repeatedly returned to alcohol—and for him—drinking also meant fighting and stealing.

Physical examination records disclosed the following illnesses: whooping cough, mumps, hemorrhoids, and asthma. On the C.M.I. Questionnaire, TH revealed that he had been twice hospitalized for alcoholism (at Toledo State Hospital and at Cleveland State Hospital). He also indicated that he was a shy, nervous individual who came from a "nervous" family. On the C.M.I., TH admitted that he was an extremely touchy person who easily became angered and quickly "flew off the handle." (Although a dependable worker within the institution, TH's work supervisors did find it necessary to warn him about his temper.) A psychological examination, conducted in 1971, resulted in a diagnosis of passive-aggressive personality. A psychiatrist commented that subject underwent a "role reversal" while drinking and he interpreted Rorschach responses as showing a "neurotic suppression of human relationship abilities." TH denied the use of narcotic drugs; he was a heavy cigarette smoker and drank six or more cups of coffee per day. There was no evidence that he obtained illicit alcohol within the institution.

TH was born in a small Northwestern Ohio community on March 2, 1928, the youngest of four children. His father was a factory worker and reportedly provided adequately for the family. Apparently, problem drinking ran in the family, for TH's sister was said to have severely injured both legs in an auto accident as a consequence of excessive drinking. However, no other member of the family was known to have a criminal record. TH left home at age 18 to join the Army; he was Honorably Discharged, and one year later he married (in 1951). This marriage ended in divorce in 1957 due to subject's "alcoholism and infidelity"; one child was born of this union.
TH gave his religion as Protestant and joked about not going to church "for some time." He was a high school graduate and had attended college for a few months. Although TH had (previously) successfully completed one tour of military duty, he was given an Undesirable Discharge from the Army in 1958, following a year's service, due to excessive drinking. TH had an unstable civilian work record as a laborer; yet, in the institution, he worked as an administrative clerk, and, except for some interpersonal difficulties and a few displays of anger, he performed his work assignments dutifully and efficiently.

TH seemed to be respected by other inmates and by several staff members who knew him well. He displayed a rare honesty concerning his own weaknesses and shortcomings, and he developed intense personal loyalties to persons whom he like. Moreover, some inmates respected TH because he would not permit himself to be "bullied" by anyone, despite his small size. TH associated mainly with other inmate clerks and attempted to avoid becoming involved in the larger inmate subculture. He attended institutional meetings of Alcoholics Anonymous and seemed anxious to discuss the problem of his alcoholism with members of our research staff. TH was initially hopeful that participation in the present study would somehow help him with his drinking problem; however, he consented to participate even after he was clearly informed that the study was in no sense designed to aid in the treatment of alcoholism.

Physically, TH was neat and trim and even somewhat distinguished-looking. He bore no obvious signs of the physical damage that normally results from long periods of sustained, chronic drinking. He was usually proper and polite and seemed sensitive to the needs of others. TH was, in fact, almost the personification of a "gentleman" and even seemed rather puritanical. When he was angry, however, TH was said to become "negativistic and obstructionistic," and, when sufficiently stressed, he was known to be "quick with his hands."

TH impressed as functioning at an above-average level of intelligence, and abstract thinking and memory seemed normal. There were no apparent symptoms of psychosis, but TH's compulsivity and bodily tension affirmed that he was chronically anxious, attentive, and on the defensive. In his relationships with research staff, TH experienced some difficulty in expressing his feelings, but it was apparent that he badly wanted, and needed, friendship. In brief, TH had defined himself as an alcoholic and seemed to use alcohol to reduce anxieties, frustrations, and (perhaps) guilt that he could not otherwise contend with. Beyond this, alcohol may have permitted him to "loosen up" an otherwise rigid and puritanical personality structure.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2533

MMPI PROFILE (PLACEBO):

90.
70.
50.
30.
10.

L F K  Hs  D  Hy  Pd  Mf  Pa  PtSc  Ma  Si

IQ:

OPCT:
BETA: 96
WAIS: dull normal, "organic impairment"
SAT: 2.6
CMI: 30-4-8
LYKKEN: 14
ZUCKERMAN: 9

PROJECT DIAGNOSIS: Schizophrenia (chronic, undifferentiated type)
PRISON DIAGNOSIS: Neurosis
NR was a 46-year-old, black, separated laborer from Cleveland, Ohio. Subject was convicted of sexually assaulting the 8-year-old daughter of his common-law wife. Aside from traffic violations, NR had no prior police record, and instant offense resulted in his first period of imprisonment.

NR pled guilty to Sodomy and Assault upon a Minor in Cuyahoga County, receiving a 1-20 year sentence. NR later maintained that he was innocent and had pled guilty only because his lawyer had so advised. He stated that the victim may have accused him at the instigation of her mother (his common-law wife) because the wife wanted him "out of the way."

Physical examination records indicated the following injuries and illnesses: gonorrhea, bilateral inguinal hernia, non-specific urethritis, atrophic testicle with epididymitis. C.M.I. Questionnaire responses generally supported clinical observations of subject: his eyes continually blinked and watered; there were nervous facial grimaces and tics; he reported chest pains, heart palpitations, dizziness, faintness, fatigue, restlessness, nervousness, feelings of isolation, social inadequacy, over-sensitivity, and defensiveness. NR also stated that he suffered a "nervous breakdown" at age 20 and received psychiatric treatment for two months. A psychological examination in July, 1971, resulted in a diagnosis of neurosis. The psychologist commented that NR had a "poor self image," "poor insight," "unconscious guilt," "unresolved inner conflicts," and that he "over-used psychic defense mechanisms," e.g., projection. Subject denied the use of alcohol, tobacco, or narcotic drugs.

NR was born at Beaufort, North Carolina on May 30, 1927, the seventh of nine children. He was raised by his parents in North Carolina and stated that his father had provided adequately for the family. NR entered into three consecutive common-law relationships during the following time periods: 1951-1953, 1960-1969, and 1970-1971. Two daughters were born of the first union, and the latter two were childless. NR (who was extremely defensive and evasive about personal matters) never talked about family relationships.

NR gave his religion as Protestant; he claimed an eighth grade education, but testing indicated an achievement level of 2.6 years. He denied military service but stated that he had worked as a steward on ocean-going ships and that he had a wide range of civilian work experience doing various types of "laboring jobs." Within the prison, NR worked as a mechanic in the hydraulics garage.

NR was regarded as a dangerous and perverse character by many of his fellow inmates but this opinion was somewhat at variance with the facts: NR was probably far less physically dangerous
than many of the men who mistrusted him for he had never committed any other crimes of violence. Significantly, NR had no other history of sex offenses involving children or adults, and his involvement with a child may have been symptomatic of a physical and psychological decline in middle age. Nevertheless, NR's "strange" behavior and his thinly-veiled hostility toward females caused other inmates to view him as a "germ" and a potential rapist who had to be "watched." Not surprisingly, NR was friendless and socially isolated, and he made others feel uncomfortable even when he tried to be sociable, e.g., his smiles were forced grimaces, and his conversations invariably expressed bizarre, hostile themes. For example, even when he attempted to "joke," NR's jokes usually proved to be more hostile than they were amusing. Most of NR's "conversations" simply puzzled others; he often launched into irrelevant flights of ideas, and his rapid speech sometimes became incoherent. There were ample evidences of alogical, autistic thought processes and a definite blurring of the boundaries that normally separate fantasy from everyday reality.

NR's rigid posture and movements also suggested mental pathology. His facial expressions were tense and sad, and he fidgeted about constantly, creating an overall impression of restlessness and agitated depression. Despite the plethora of symptoms presented by NR, he was apparently oriented for time and place and had made a marginal adjustment to the institution, steering clear of any official trouble.

Emotionally, NR's affect often seemed entirely "false" or inappropriate to the content of discussion, and he sometimes smiled or laughed for no apparent reason.

In brief, NR was depressed, agitated, paranoid, hostile, and autistic; beyond this, there seemed to be a pronounced split between cognition and affect.
SUBJECT NUMBER: 2535

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 85
BETA:
WAIS:
SAT: 7.0
CMI: 5-0-0
LYKKEN: 11
ZUCKERMAN: 7

PROJECT DIAGNOSIS: Hysterical Personality
PRISON DIAGNOSIS: Passive-aggressive Personality
WH was a 37-year-old, black, married, auto body repairman from Columbus, Ohio. Possibly because this subject had a good work record and was the father of four children, the courts dealt leniently with him following his conviction for Burglary in 1965. However, WH's offenses became increasingly more serious and assaultive thereafter, culminating in his conviction for First Degree Manslaughter in mid-1969. For reasons that were not clear from subject's background, he was said to harbor "much underlying hostility" by a prison psychologist. There was also evidence that WH had been involved in homosexual activities while at the Ohio Penitentiary.

WH pled Guilty to First Degree Manslaughter in Franklin County. The victim in instant offense had been shot following an altercation over a card game. WH had a total of eleven adult arrests, including two previous arrests for Assault with a Dangerous Weapon. (In one of these latter cases the charge was nollied, and in the other the charge was dismissed.) Despite his extensive arrest record, WH had previously served only two Workhouse sentences, i.e., ten months for Contributing and six months for Non-support. Subject walked away from the Workhouse due to "family problems" during one of these sentences.

Physical examination records disclosed the following illnesses and injuries: rectal disease, poor dental care, and muscle spasms in shoulder from accident. WH stated that he had used alcohol occasionally in civilian life; he denied ever using narcotics. A psychological examination in July, 1969, resulted in a diagnosis of passive-aggressive personality. The psychologist commented that subject was "impulsive (and) tense with moderate acting-out and much underlying hostility."

WH was born in Columbus, Ohio on May 10, 1936, the eldest of four children. WH's father worked on the railroad and was said to have provided well for his family; his mother was a housewife, and both parents were high school graduates. There was no history of mental disorder or hereditary illness in subject's family background; however, he reportedly had a brother who was incarcerated at a Federal Penitentiary for Auto Theft. WH left home at age 22 to get married; his wife was age 17 and was employed at the Columbus State School. Four children were born of this union which was still intact; in addition, WH had an illegitimate son as a consequence of a "long-standing extra-marital liaison." WH claimed a good relationship with his three sibs; it was not known if he was still on good terms with his wife.

WH gave his religion as Protestant; he had a ninth grade education and served in the Army from 1953-1955, receiving an
Undesirable Discharge for "Disobeying Orders, Failing to Go to Place of Duty, Breaking Restrictions, and Assault with a Dangerous Weapon." WH had a good civilian work record as an auto body repairman, a trade he practiced for three years. Within the institution, WH had worked in the Laundry and on the Prison Farm.

WH's social adjustment in the institution was not adequately determined. He was often seen in the company of other black inmates, but it was not known if he had any close friends. Although he stayed out of official trouble, it was noted that he had received a court call while at the Ohio Penitentiary for "kissing another inmate."

WH was of medium-slender build and of unremarkable appearance. His speech and movements were normal and masculine. During interviews, he did not impress as being unduly hostile, tense, or anxious but he was obviously suspicious of the investigators' purposes. WH was alert, well-oriented, and capable of logical reasoning; he impressed as functioning at a dull-normal intellectual level. Because of WH's reluctance to reveal anything pertinent about himself, good rapport was never established with this subject, and little can be said about his emotional responses except that he was extremely defensive during interviews. Subject's reasons for agreeing to join the study remained conjectural, for he seldom said anything and sometimes failed to appear for interviews. WH's quizzical facial expressions suggested that he might have joined the study out of idle curiosity, just to discover what the investigators were "up to." He carefully observed everything that the researchers did in the research room and would answer direct questions and comply with instructions, but he volunteered no information.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2540

MMPI PROFILE (PLACEBO):

IQ:

OPGT: 
BETA: 103
WAIS:

SAT: 10.4
CMI: 9-1-3
LYKKEN: 9
ZUCKERMAN: 12

PROJECT DIAGNOSIS: Passive-aggressive Personality
PRISON DIAGNOSIS: Passive-aggressive Personality
J was a 30-year-old, white, skilled laborer from Youngstown, Ohio, a high school and vocational school graduate of lower middle class background, who was incarcerated for Armed Robbery, Shooting with Intent to Kill, Abduction, and Rape. J was masculine but extremely guarded, aloof, and defensive. The research staff never established trust and rapport with this inmate, who was superficially friendly but who did not reveal anything of import about himself. J terminated his association with the research project after four weeks of participation.

J pled Not Guilty in Mahoning County Court and was found Guilty, on one count each of Armed Robbery, Abduction for Immoral Purposes, Shooting with Intent to Kill, and Rape. He was serving a 13-50 year sentence.

According to prison records, J was of the opinion that he was "set up"; he said a friend of his was "seeing the barmaid" (who was the victim of the crime); the friend and barmaid had a fight, after which the friend robbed the bar and beat the barmaid, then drove away in J's car. An inmate friend of J's also thought J had been "bum rapped," that rape wasn't in J's repertoire. J claimed the jury in his case was hung twice but that the judge demanded that they reach a verdict. He stated that he thought he would be acquitted on appeal.

There was no indication of a juvenile offense history. J had one prior conviction for Possession of Counterfeit Notes, in 1963. He was paroled from a Federal Reformatory (on the counterfeit charge) in August, 1965 and was rearrested, for parole violation and present charges in January, 1970.

During an Ohio Penitentiary physical examination, in May, 1971, J listed a history of lower back pain, the result of an auto accident which he said occurred in 1963. Shortly after volunteering for the present study, J complained of swollen legs and varicose veins. As a consequence of these problems, he decided to drop out of the study, informing staff that it would be necessary for him to go to the Ohio Penitentiary Hospital for an operation. J also said that he would resume participation in the study after his operation; this operation did not materialize, however, and J never attempted to re-enter the study. J did list varicose veins on the C.M.I. upon entering the study; he also listed a history of insomnia and fatigue upon awakening. J denied any addictions. He claimed to be only a moderate, social drinker. He smoked one pack of cigarettes daily and drank at least six cups of coffee per day.

A psychiatric examination, performed at Lima State Hospital, and dated March 4, 1971, showed a diagnosis of passive-
aggressive-personality. Another mental examination by a prison psychologist, three months later, resulted in an identical diagnosis. The latter commented that J "minimized his faults...had a potential for impulsive acting out... (and that) testing showed a rebellious, dissatisfied, emotionally shallow person."

J was the second of five children. He was born on August 24, 1943, at Youngstown, Ohio. J's father was a police officer for thirty years and was alleged to have had a violent, explosive temper. Reportedly the father beat the children and once pistol-whipped J's brother. The mother was a housewife and was said to have been under treatment for a "nervous condition." J was raised by his parents in a "respectable neighborhood" of Youngstown until he left home at age 17. He was not incarcerated until he was nearly twenty.

J married a school teacher who was a college graduate, in 1968, and was divorced from her in September of 1971. One child, a son, was born of this union.

J was Catholic and had a high school and vocational school education. He had no military experience and worked as a spot welder, an auto mechanic, and a factory laborer.

J presented an excellent personal appearance; he was tall and well-built, his clothes were pressed, he was clean-shaven, and his facial expression was pleasant; yet, he appeared to be somewhat cautious and guarded. His voice was calm and well-modulated; he responded readily to questions during interviews but volunteered no information; he seemed to withdraw or find an excuse for leaving before rapport could be established. J was always alert. He impressed as being of normal intelligence; there was no evidence of disorientation or psychoses and no obvious distortions of perception or cognition. There was an unwillingness (or an inability) to react emotionally to emotion-provoking stimuli, which might be viewed as an extreme defensiveness. J was reputed to be extremely hostile toward authority, and a prison social worker noted that he particularly evidenced this hostility while at the penitentiary (through his choice of associates). After arriving at X Prison, J became "Captain's Clerk," a job of "trust" requiring seven days work per week. His friends included tough "prison-wise clerks who were respected for their ability to accomplish things within the bureaucracy while, at the same time, adhering to the convict code. J was respected among his peers and bore none of the stigma that usually attached to persons suspected of being homosexuals, addicts or informers.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2541

MMPI PROFILE (PLACEBO):

IQ: 96
OPCT:       BE T A:  
vjais:
SAT: 6.8
CMI: 3.0.0
LYKKEN: 12
ZUCKERMAN: 11

PROJECT DIAGNOSIS: Neurosis (neurasthenia)
PRISON DIAGNOSIS: Alcoholism
WV was a 40-year-old, white, divorced union carpenter from a small, rural Ohio community. WV's excessive drinking caused him to lose his job and, in his opinion, to "run with the wrong crowd." Prison psychologists described WV as being an "inadequate, chronic alcoholic."

WV pleaded guilty to two counts of Armed Robbery and two counts of Grand Larceny in Butler County Courts for which he received a sentence of 10-25 years. Subject readily admitted that he and a companion "stuck up a loan company and a bar." WV had been arrested four times previously as an adult (for burglary-type offenses), but present offense resulted in his first period of incarceration. There was no juvenile police record.

WV did not identify with any of the inmate subcultures in the institution nor did he evidence a criminal self-concept. Rather, WV always spoke of himself as being "a working man" or a "union carpenter."

WV was in good health, according to prison hospital records, with the exception of bad teeth. Examinations by prison psychologists resulted in diagnoses of inadequate personality and alcoholism. WV stated that he had been drinking progressively more in the past twelve years; he said that he had experienced "the D.T.'s several times," yet there were no apparent physical symptoms accompanying this alcoholic deterioration.

WV was born in a small Ohio community on April 2, 1934. WV never knew who his father was and was raised by his mother and grandparents. His grandparents travelled about in a housetrailer and WV attended over fifteen different schools. His mother worked as a waitress and subsequently was married four times. WV married in 1957 and three children were born of this union (but his drinking led to a separation and final divorce in January, 1972).

WV stated that he was Protestant and claimed a twelfth grade education. He said that he received an Undesirable Discharge from the U.S. Army in 1956 due to excessive drinking. (WV had a very sporadic work record, estimating that he had worked for some 30-40 contractors over a fifteen-year period. He had other work experience as a railroad laborer, a produce clerk and a parachute packer.)

WV was customarily quiet, soft-spoken and very polite. He presented a neat personal appearance, carrying himself erectly and being of medium-slender build. He was well-
oriented in all respects and he could carry on an intelligent conversation (although he preferred not to speak unless spoken to).

WV impressed as being subdued, worried and anxious but also as keeping himself under tight control at all times, and as being reluctant to disclose any "weaknesses" to others. It seemed probable that WV was depressed as well, for he seldom smiled or laughed or expressed spontaneous emotion of any kind and his expression was typically sad.

There were no obvious psychological symptoms of alcoholic deterioration and memory and intelligence seemed normal. WV did seem isolated and friendless in the institution, although it was not known whether this was by choice or because he experienced difficulty in relating to other people.

Few conclusions are suggested regarding WV's personality for he would not reveal enough of himself to the interviewers to permit many observations. He was especially circumspect about the details of his family life. (Indeed, many of his later difficulties may have been an outgrowth of what seems to have been very disorganized and insecure family relationships in childhood.)
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2560

MMPI PROFILE (PLACEBO):

IQ:
OPCT: 110
BETA:
WAIS:
SAT: 8.8
CMI: 11-0-1
LYKKEN: 25
ZUCKERMAN: 14

PROJECT DIAGNOSIS: Schizophrenia
PRISON DIAGNOSIS: Dysocial Behavior
BH was a 41-year-old, black, married retail clerk from Cincinnati, Ohio whose criminal history dated to 1952, shortly after his release from the Army. Subject was chiefly a property offender who stole to support a cocaine-heroin habit.

BH was found guilty in Hamilton County of Burglary, Escape, and Possession of Hypodermic Needle. He received a 2-20 year sentence for these offenses. Subject had a total of 18 adult arrests and two previous imprisonments, the latter including charges of Forgery, Possession of Narcotics for Sale, and Grand Larceny. BH neither admitted nor denied instant offenses.

Physical examination records disclosed the following illnesses and symptoms: severe gastritis and poor appetite. In 1967, a psychologist commented that subject had "possible hostility or resentment" and a "dyssocial value system." BH stated that he had used marijuana for many years and that he began using cocaine and heroin in 1957. He said that he subsequently developed a $120/day habit. Subject stated that he seldom drank; he smoked about a pack of cigarettes per day.

BH was born in Birmingham, Alabama on August 29, 1932. He was not certain of the identity of his father but was raised by his mother and stepfather. BH's mother was employed as a domestic, and his stepfather was a coal miner. Both were reportedly literate and had no criminal records. BH left home at age 18 to join the Army and was Honorably Discharged in 1954. He married after his release from military service, and four children were born of this union which still was intact.

BH gave his religion as Protestant; he claimed a twelfth grade education but had a tested educational level of grade 8.8. BH had civilian work experience as a dry cleaner presser and clerk. In prison, he was employed as a commissary worker.

It was not possible to observe BH's social interactions within the institution or to adequately assess his personality characteristics, since he withdrew from the study almost immediately after he had agreed to participate (within ten days) and while initial interviews were still in progress. M.M.P.I. scores indicated that subject was somewhat hysterical and depressed; an early interview disclosed normal intellectual functioning and no apparent signs of severe mental pathology.
CASE HISTORY DATA SUMMARY SHEET

SUBJECT NUMBER: 2602

MMPI PROFILE (PLACEBO):

90
- 70
- 50
- 30
- 10

L F K Hs D Hy Pd Mf Pa Pt Sc Ma Si

IQ:

OPCT:

BETA:

WAIS: 111

SAT: "Beyond High School"

CMI: 7-0-2

LYKKEN: 10

ZUCKERMAN: 18

PROJECT DIAGNOSIS: Anti-social Personality (Simple Type)

PRISON DIAGNOSIS: Passive-aggressive Personality
FH was a 38-year-old white, married subject from Columbus, Ohio who had been in prison for most of the preceding eighteen years. He was one of the most impressive subjects who participated in the study: handsome, charming, and quick-witted, FH commanded an excellent vocabulary and was a most interesting conversationalist. Although this subject had practically no civilian work experience and only a tenth grade education, he could easily have been mistaken, upon first meeting, for a successful doctor, lawyer or businessman. In several respects, FH possessed what many inmates merely aspired to; he had style, subtlety, cleverness, and "class." Unless one probed into FH's background, it would have seemed natural to conclude that he was in prison because of some type of involved financial manipulation. Actually, FH was in prison because, as he satirically put it, "I murdered two beautiful people--my mother and my stepfather."

FH was found guilty of Second Degree Murder by a Franklin County Jury and was sentenced to life imprisonment. Details of the offense were not available from prison files, but there were notations to the effect that FH had chased his mother around the house with a butcher knife when he was only twelve years old. At age 17, FH was committed to the (Federal) National Training School for Boys, in Washington, D.C., for Interstate Transportation of a Stolen Motor Vehicle. Three years later, he returned to Ohio and committed instant offense. FH had one juvenile escape (from the Ohio Boys Industrial School) on his record and two adult escapes (from two Federal Honor Camps). (There was no indication of why subject had been sent to B.I.S.) FH received a parole for instant offense in 1969, but he was declared a parole violator in 1973 for his subsequent involvement in a larceny-type offense.

Physical examination records disclosed that FH had the following operations: right inguinal herniorrhaphy (1966), left shoulder tendon transplant (1965), repair of fractured nose (X4, late 1950's), and fractured leg with skin transplants. In addition, there were symptoms of gall bladder dysfunction and sinus arrhythmia. On the C.M.I., FH listed a family history of arthritis and cancer (paternal grandmother). A psychological examination in 1968 resulted in a diagnosis of passive aggressive personality. FH denied the use of narcotic drugs and stated that he used alcohol occasionally in civilian life. He smoked about one pack of cigarettes per day.

FH was born on October 20, 1935 at Columbus, Ohio; he was an only child. His parents were divorced when subject was six, and his mother remarried shortly afterward. There was reportedly considerable "parental strife" between subject's mother and stepfather. The stepfather was employed as a machine
operator, and FH's mother worked in a factory. FH married in 1970 when he was on parole and he had a 12-year-old stepdaughter. He claimed to be on excellent terms with his wife and said that she visited him frequently. There was no other indication of criminality in FH's family background.

FH gave his religion as Catholic; he had ten years of formal education, but testing revealed the equivalent of at least a high school education. He denied any military service and indicated civilian work experience as a laborer and employment counselor. In prison, FH worked as a hospital lab technician, and he was highly regarded for his skills in this area.

FH easily won the respect and admiration of other inmates, and there was ample evidence that he was capable of exercising a profound influence upon his peers. (Two inmates confided to an investigator that FH had helped them change their "way of thinking" which, they thought, would enable them to legitimately "make it" in civil life.) Why FH took it upon himself to enter into such intensive and often difficult emotional relationships with other prisoners remained somewhat of a mystery. Altruism could not be entirely ruled out, but it seemed more likely that FH viewed other people as "challenges"; thus, it might have been challenging for him to develop and exercise subtle, psychological controls over others. Moreover, there were obviously secondary rewards that could be obtained from FH's role as "therapist." However, despite his long period of imprisonment, there was no evidence in institutional records that would imply that FH ever exploited other inmates sexually. (It was unknown whether or not FH exploited his "charges" for other purposes, but this seemed quite likely.) In addition to helping his peers with their individual problems, FH also actively participated in the Seven Steps Program. "One of the major problems of convicts," said FH, "is to convince the public that we're human beings—not animals—and that we're deserving of job opportunities."

FH created an excellent personal impression. He was immaculately clean in his white hospital uniform, and he carried himself proudly. His wavy, graying hair and handsome features lent FH an air of distinction and experience, while his alert expression and penetrating eyes suggested good intelligence. FH was of medium height and build, and he kept himself in good physical condition; his movements were characteristically confident and certain, and at no time did he reveal any sign of vacillation or indecision. FH's voice also expressed confidence; it was pleasant, well-modulated, and masculine. Perceptually, FH was well-oriented and there were no apparent symptoms of psychosis or depression. Intellectual functioning impressed as being above-average to superior. There were no obvious disorders of abstract thought or of judgment, and
FH often reasoned his way through complex situations rapidly, verbalizing his thinking clearly and intelligently. (FH often charmed staff members and inmates alike with his astute observations on prison life and his ready witticisms.) FH presented no signs of anxiety, agitation, moodiness, or repressed hostility. In every respect, FH seemed to be calm, composed, and at ease yet, at the same time, fully alert and quite sensitive to the needs and reactions of others.

Socially, FH always seemed to sense the appropriate mood, remark, or action, and he was probably the most socially sophisticated subject encountered during the study. Nevertheless, it was possible to detect a certain superficiality and non-authenticity that occasionally manifested itself in the timing and depth of FH's emotional responses. One sometimes gained the impression that FH was "acting" and that, even though he was a fairly skillful actor, he did not always force himself to emote quite enough or at the proper places in the script. An intuitive layman might term FH a "phony," but the psychiatrist, Cleckley, pointed out that many subjects (like FH) are simply unable to emote naturally. Prison psychologists observed that FH was "egocentric" and "impulsive"; these characteristics, plus FH's "semantic dementia" and "superficial charm," noted above, are together symptomatic of the sociopathic personality.
The 1968 edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* uses the term *antisocial personality*, in place of the older label, *antisocial sociopathic personality*. The author has generally preferred to employ the popular version of the older, and more familiar, term, i.e., "sociopath," to refer to those individuals who are defined, by the 1968 *Manual*, as being: "basically unsocialized and whose behavior pattern brings them repeatedly into conflict with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment. Frustration tolerance is low. They tend to blame others or offer plausible rationalizations for their behavior. A mere history of repeated legal or social offenses is not sufficient to justify this diagnosis."
Self-Report Check List

(Check the word if it applies to you since your last interview)

Sleeping more
Sleeping less
Dreaming
Dry mouth
Nausea
Temper
Forgetfulness
Sore throat
Coughing
Eating more
Eating less
Diarrhea
Headache
Sweating
Constipation
Tired
Nervous
Dizzy
Itching
Rash
More energy
Less energy
Other
PATIENT OR VOLUNTEER
CONSENT TO SPECIAL TREATMENT OR PROCEDURES

Date 2-21-73 Time 13:35 P.M.

I authorize the performance upon _______________________
(myself or name of patient)
of the following treatment or procedure: ___________________________
(state nature or extent)
medications: magnesium pemoline, imipramine, caffeine, amphetamine, or placebo.
as part of an investigation entitled A Treatment Program for Antisocial
Behavior by Means of Drugs

This treatment or procedure is to be performed by, or under the direc­
tion of Dr. Lewis A. Lindner. He is authorized to use the services
of others in the performance of this procedure as he deems necessary.

The nature and purpose of the procedure or treatment, possible
alternative methods of treatment, the known risks involved, and the possibility
of complications have been explained to me, and I understand them. I fully
understand that the procedure or treatment to be performed is experimental and
unproven by medical experience, and that the consequences are unpredictable.
No guarantee or assurance has been given by anyone as to the results that may be
obtained. I understand that the known risks are:
unusual drug reaction.

Witness: __________________________
Witness: Fervish Rosen (investigator)
Prison Work Sheet

Date 12-1-'73

1. CAPITAL BACKGROUND

Date of Admission 12-31-'72 (1-1-'73)
Board date scheduled 1-1-'73

Total time incarcerated (mo/days) ___________
Total time delinquent ___________
Total time hospitals ___________
Total time prison, reform ___________

Total No.: Police contacts ___________
Arrests (N.B.) ___________
Parole violations ___________
Probation violations ___________

County of commitment: County ___________
Pledged: Guilty or Not Guilty ___________

Addictions: Tobacco ___________
Liquor ___________
Barbiturates ___________
Opiates ___________
Heroin ___________

Homosexual tendency: Custody: ________
Prison occupation (O:Overseer) ________
Lock change: (O) 1/2, (C): Over a C, O:Other ________

Notes: and criminal record, were on habitual routine at 12 years old. Below.

II. PERSONAL BACKGROUND

Birthdate: 11-2-54
Race: White

Education: Public, Grammar, High. Graduated 1971
Residence: Hamilton

Religion: Presbyterian
I.Q.: 60

Liasons: Marriage, marriage: II.

Sex: Wife or hus. No. of 6-73

Age of 1st marriage ________

Dispositions:_______

Current or divorce pending ________

Child: L 2-17 11

Disposition: ________

Child: L 3-17 11

Disposition: ________

Child: L 4-17 11

Disposition: ________

Child: L 5-17 11

Disposition: ________

Child: L 6-17 11

Disposition: ________

Child: L 7-17 11

Disposition: ________

Criminal record spouse ________
Prison Work Sheet 

Scars and Tattoos: 

Medications: 

Illnesses:

Blood Pressure 110/60, Pulse 154 (12.10)

Notes: 10-3-12, 4 PM (12.10) Inmate if

II FAMILY BACKGROUND

Duration Home Life (yrs) 20.30 By: Married unbial

No. of Sibs 1/2 ()

Inmate Left to (specify) military

Father: Being parents divorced when still born & that he never knew his father

Birthplace: Doesn't know

Criminal Record: Doesn't know

Occupation: Doesn't know

Incacity/Psychiatric: Doesn't know

Epilepsy: Doesn't know

Religion: Doesn't know

Living and date: from 16.40

Marital Status: Doesn't know

Sibs with Criminal Records:

Notes: Neither born (mother, step parents in rural areas, moved to cities)

Spouses in bad health, claimed he attended 8 schools, over the years: 1948-1951, moved frequently, then lost 7 years, moved from Ohio.

"Inclining in weight, self-centered, somewhat reserved", claiming DFS several times

"Basically he has a losing life pattern, and he was determined to live it out"

"addicted to alcohol with underlying inadequate personality" March 4, 1944
### Military Hx Record
- **USA**: 1955 Discharged
- **UD (alcohol)**: 1954

### MMPI (T-Scores)
- 1955
  - 306

### CMI
- LX
- SSS

### Record
<table>
<thead>
<tr>
<th>Date</th>
<th>Agency</th>
<th>Offense</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-23-56</td>
<td>Consol Rec Sec PR Dept Raleigh, NC</td>
<td><em>ste.</em> on C (misdemeanor)</td>
<td>12-18 months</td>
</tr>
<tr>
<td>8-17-71</td>
<td>PD, Middletown, O</td>
<td>Poss of burg. goods, Burg--2 charges</td>
<td>Withdrawal of request of pros. (2) GS $2500 bond each A.</td>
</tr>
<tr>
<td>8-20-71</td>
<td>SO, Hamilton, O</td>
<td>Burg N/S</td>
<td>9/13-71 5 yrs. prob.</td>
</tr>
<tr>
<td>10-23-71</td>
<td>Adult Prob Dept, Butler Co, O</td>
<td>B4 E</td>
<td></td>
</tr>
<tr>
<td>11-20-71</td>
<td>PD, Hamilton, C</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>12-22-71</td>
<td>PN, Columbus, O</td>
<td>NR + B4 E</td>
<td>10-25</td>
</tr>
</tbody>
</table>
PRETREATMENT OUTLINE FOR CASE STUDY

I. Biographical Information
   A. File number:
   B. Residence at time of arrest:
      Permanent residence:
   C. Race:
   D. Sex:
   E. Birthdate:
   F. Place of birth:
   G. Occupation:

II. Present Offense
   A. Legal description of offense(s) convicted of:
   B. County of prosecution:
   C. Length of sentence:
   D. Plea:
   E. Subject's current reaction to present offense(s); does he admit or deny participation? Indicate any marked discrepancies from official accounts:
   F. Subject's current reaction to his arrest, prosecution and conviction; does he state that he was denied due process or that he was unfairly treated by authorities?
   G. Number of accomplices:
   H. Detainers:
   I. Precipitating factors in offense, evidence of victim precipitation, alcohol, drugs, mental illness, etc.:

III. Criminal History
   A. Juvenile record:
   B. Number previous adult arrests:
      Felony convictions:
   C. Most frequent felony:
   D. Manner operandi:
   E. Weapons used:
   F. Type offenses: personal, property, mixed

IV. Past History
   A. Medical history
      1. Surgical/Trauma (date, anatomic location, extent):
      2. Major illness (date, diagnosis, duration, sequelae, except psychiatric):
3. Psychiatric illness and treatment (date, diagnosis, duration, hospitalization, sequelae, Rx):

4. Allergies:

5. Drug habits (alcohol, nicotine, caffeine, opiates, stimulants, depressants, distinguish institutional and civilian use):

R. Family history
1. Parents/surrogates (include institutions, chronologic account, SES, hereditary illnesses, criminal history):

2. Sibs (number full or half, number living, criminal history, hereditary illnesses):

3. Marital history (civil, ecc., common law, chronological sequence—beginning and ending dates, number children each, SES, criminal history of spouse):

C. Social history
1. Religion(s) (practice versus non-practice, conversions):

2. Education attained (last year completed):

3. Military (branch, years, type discharge):

4. Occupation(s):

5. Sexual history (subjective awareness, parental attitudes, quality and nature of relationships with same and opposite sex, capacity to form close relationships, to give and receive affection, reactions to puberty, masturbatory phantasies, marital adjustment):

6. Social adjustment (organizations, interests, civilian and institutional):

D. Review of systems
1. Cardiovascular:

2. Respiratory:

3. Gastrointestinal:
4. Reticuloendothelial:
5. Endocrine:
6. Integumentary:
7. Urogenital:
8. Musculoskeletal:
9. Nervous:

V. Physical Examination
A. General (Vital signs):
B. Head:
C. Thorax:
D. Abdomen:
E. Extremities:
F. Neurological:

G. Mental Status:
   1. General observations
      a. Appearance-personal appearance, clothing (neat, careless), posture, manner, facial expression, physical abnormality
      b. Accessibility-patient's attitudes and reactions to the interview
      c. Voice - loud, low, strained, well-modulated

   2. Perception
      a. Normal features: alertness, accuracy, direction of attention (inward or outward)
      b. Deficiencies: sensory (anaesthesia, anosmia, amusia, etc.); attention (distractibility, dullness, cloudiness); confusion, disorientation (time, place, person)
      c. Excesses and distortions: sensory (hyperesthesia); attention (hyperalertness); false perceptions, illusions, hallucinations, disorders of body image, estrangement, depersonalization

   3. Intellection
      a. Level and range
         1. Normal features: intelligence, memory (remote and immediate), capacity for abstract thinking, information and knowledge
         2. Deficiencies: stupidity, amnesia, hypnonesia, concretion
         3. Excesses: hyper-intelligence, hypernesia, syncretism
         4. Distortions: disorders of judgment ("common sense") Do not include delusions here)
b. Thought processes.
   1. Normal features: Tempo (rapidity of association and ideas), rhythm (spontaneous, hesitant, halting), organization (constricted, coherent, relevant, relation to goal).
   4. Distortions: perseveration, condensation, neologism, word salad, echolalia and stereotypy, catatonic logic.

b. Emotion (affective processes)
   a. Normal features: intensity, depth and modulation of emotional response; quality of prevailing mood (powerfulness, sadness, irritability, etc.)
   b. Deficiencies: blandness, blunting, apathy, coldness.
   c. Excesses: tendency to prevalent or oscillating elation, rage, depression, panic, worry, fear, apprehensiveness, suspiciousness.
   d. Inappropriateness: disharmony between affective response and its provocation, incongruity of feeling and action, dissimulation.

5. Action (expressive behavior)
   a. Normal features: energy level, vigor, persistence, constructiveness.
   b. Deficiencies: inertia, stupor, paralysis, inability to initiate action, inhibition, rigidity.
   c. Excesses: restlessness, hyperkinesis, agitation, assaultiveness, impulsiveness, destructiveness.
   d. Inappropriateness: convulsions, tics, rituals, mannerisms, peculiar habits (eating, smoking, excretory, sexual, others), stereotypy, catalepsy, posturing.

6. Relationships
   a. Relations to self
      1. Self-concept: What does the patient consider to be his "real" self? Does he feel he is being "himself"? What are the important activities and values which comprise the structure of the self? On what models has the patient based his ego-identity? What characterizes his body-image?
2. Ego-ideal: goals, level of aspiration, chief identification figures. Ethical standards and how justified. Degree to which ego-ideal has supplanted super-ego.

3. Super-ego: Strength, actual and relative. Predominant model (if known, e.g., father, aunt, brother). Characteristic type of placation required (penance or penitence, mourning, physical suffering, gestures, deprivation, bribery).

b. Relations to others.
1. Quantitative aspects: range, diversity, intensity, constancy, flexibility, etc.

2. Qualitative aspects: selectivity (type of object choice), prevalent modality (parasitic, predatory, possessive, patronizing, dominating, cruel, cooperative, masochistic, exploiting, masochistic, protective, tender, considerate), overt sexual patterns.

3. Love-hate pattern: dominance of which, and in which relationships; ambivalence manifestations (evidence of contrary unconscious attitude).

h. Transference paradigm: In what characteristic way does the patient relate himself to the examiner over and beyond the reality determinants?

c. Relations to things (sublimations).
1. Attitude toward possessions—his own and those of others.

2. Work patterns: interest, intensity, variety, consistency, skill, efficiency, satisfaction.

3. Play patterns: interest, intensity, variety, consistency, skill, efficiency, satisfaction, sportsmanship.

l. Philosophic, social and religious interests and values: form, scope, intensity, satisfaction.

VI. Laboratory
A. Psychometric
1. I.Q.'s (scores and dates):
2. S.A.T.:
3. M.M.P.I.'s:

4. M.M.I. profile:

5. Cornell Medical Index scores:
6. Lykken test score:
7. Zuckerman test score:
8. Luscher color test scores:

9. Disc test profile:
10. Slide Stimuli
   a. Questionnaire:
   b. Heart rate lability:
   c. Galvanic skin response: (graphic presentation)

B. Physical
C.

VII. Summary
A. Diagnosis:

B. Prognosis:

C. Prescription:
Lykken Scale

ACTIVITY PREFERENCE QUESTIONNAIRE

Directions: In each item below, there are two activities or occurrences listed. Many of them are more or less unpleasant. Imagine that, under normal circumstances, you were forced to do one or the other of each pair. Which one would you choose? Choose the one of each pair that you would rather do or have happen and write its letter (a or b) in the parentheses beside that item.

Example:
(a) 0. (a) Hitting your thumb with a hammer; (b) Being run over by a train.

(b) 1. (a) Having a gabby old woman sit down next to you on the bus; (b) Going out to dinner with someone for the first time.

(a) 2. (a) Cleaning up a spilled bottle of syrup; (b) Knocking over a glass in a restaurant.

(a) 3. (a) Having to cancel your vacation; (b) Standing on a ledge of the 25th floor of a building.

(a) 4. (a) Having to "go out" with a visiting relative; (b) Having to introduce someone whose name you've forgotten.

(b) 5. (a) Getting up to go to work in the morning; (b) Getting a Christmas present from someone you didn't give one to.

(a) 6. (a) Spending a week in solitary on bread and water; (b) Being broke and having to beg money on the street for a meal.

(a) 7. (a) Spending an evening with some boring people; (b) Being seen naked by a neighbor.

(a) 8. (a) Reading a dull book for a school report; (b) Getting a threatening letter.

(a) 9. (a) Losing some money through a hole in your pocket; (b) Being bawled out by a teacher.

(b) 10. (a) Whitewashing a long board fence; (b) Being called on in school.

(a) 11. (a) Putting 1000 names in alphabetical order; (b) Getting caught at something.

(a) 12. (a) Cleaning out a cess-pool; (b) Having an accident with a borrowed car.

(a) 13. (a) Having to stay home every night for two weeks with a sick relative; (b) Falling down and breaking your arm.

(a) 14. (a) Being bossed around by someone for a full day; (b) Being in an air raid.

(b) 15. (a) Getting up to answer the phone and finding it's a wrong number; (b) Having to ask where the bathroom is at a party.
Lykken Scale

16. (a) Getting stuck in traffic when you're in a hurry; (b) Finding you've lost your bus-fare when it's time to pay and get off.

17. (a) Washing the dinner dishes; (b) Walking alone late at night.

18. (a) Just sitting around with nothing to do on Sunday afternoon; (b) Being introduced to some new people.

19. (a) Working all day when it's 90 in the shade; (b) Asking someone to pay you money that he owes you.

20. (a) Having to walk five miles for gas; (b) Having a tooth pulled by the dentist.

21. (a) Waiting for an over-due bus; (b) Having to complain to the neighbors about being too noisy.

22. (a) Carrying a ton of coal from the backyard into the basement; (b) Finding a dead body in an alley.

23. (a) Having a sick headache; (b) Having your name in the papers for drunken driving.

24. (a) Sewing on a button; (b) Being interviewed for a job.

25. (a) Memorizing something for a test in school; (b) Being sent to the principal's office when you were in school.

26. (a) Banging your head on a cabinet door; (b) Going to work or to school with a black eye.

27. (a) Changing a baby's diaper; (b) Going to a doctor for a physical.

28. (a) Digging a big rubbish pit; (b) Making a parachute jump.

29. (a) Having a friendly dog jump up on you with wet and muddy feet; (b) Bringing home a bad report card.

30. (a) Run a steam pressor in a laundry for a week; (b) Breaking a lamp at someone else's home.

31. (a) Walking a mile when it's 15 degrees below zero; (b) Swimming where sharks have been reported.

32. (a) Having the phone ring when you're taking a bath; (b) Having a barking dog run after you while you are walking along the street.

33. (a) Wanting to go out some night and not having any money; (b) Telling a lie to somebody.
Zuckerman Scale

ACTIVITY PREFERENCE QUESTIONNAIRE II: Men

Directions: In each item below, there are two activities or occurrences listed. Many of them are more or less unpleasant. Imagine that you were forced to do one or the other of each pair. Which one would you choose? Choose the one of each pair that you would rather do or have happen and write its letter (a or b) in the parentheses beside that item.

Example:
(b) 0. (a) I enjoy watching football; (b) I prefer to play football rather than merely watch.

(a) 1. (a) I would like a job which would require a lot of traveling; (b) I would prefer a job in one location.
(b) 2. (a) I am invigorated by a brisk, cold day; (b) I can't wait to get into the indoors on a cold day.
(a) 3. (a) I find a certain pleasure in routine kinds of work; (b) Although it is sometimes necessary I usually dislike routine kinds of work.
(b) 4. (a) I often wish I could be a mountain climber; (b) I can't understand people who risk their necks climbing mountains.
(a) 5. (a) I dislike all body odors; (b) I like some of the earthy body smells.
(a) 6. (a) I get bored seeing the same old faces; (b) I like the comfortable familiarity of everyday friends.
(a) 7. (a) I like to explore a strange city or section of town by myself, even if it means getting lost; (b) I prefer a guide when I am in a place I don't know well.
(b) 8. (a) I would not like to try any drug which might produce strange and dangerous effects on me; (b) I would like to try some of the new drugs that produce hallucinations.
(a) 9. (a) I would prefer living in an ideal society where everyone is safe, secure, and happy; (b) I would have preferred living in the unsettled days of our history.
(b) 10. (a) I sometimes like to do things that are a little frightening; (b) A sensible person avoids activities that are dangerous.
(b) 11. (a) If I were a salesman I would prefer a straight salary, rather than the risk of making little or nothing on a commission basis; (b) If I were a salesman I would prefer working on a commission if I had a chance to make more money that I could on a salary.
(a) 12. (a) I would like to take up the sport of water skiing; (b) I would not like to take up water skiing.
(b) 13. (a) I don't like to argue with people whose beliefs are sharply divergent from mine since such arguments are never resolved; (b) I find people that disagree with my beliefs more stimulating than people who agree with me.
Zuckerman Scale

14. (a) When I go on a trip I like to plan my route and timetable fairly carefully; (b) I would like to take off on a trip with no preplanned or definite routes, or timetables.

15. (a) I would like to learn to fly an airplane; (b) I would not like to learn to fly an airplane.

16. (a) I would not like to be hypnotized; (b) I would like to have the experience of being hypnotized.

17. (a) The most important goal of life is to live it to the fullest and experience as much of it as you can; (b) The most important goal of life is to find peace and happiness.

18. (a) I would like to try parachute jumping; (b) I would never want to try jumping out of a plane, with or without a parachute.

19. (a) I enter cold water gradually giving myself time to get used to it; (b) I like to dive or jump right into the ocean or a cold pool.

20. (a) I prefer friends who are excitingly unpredictable; (b) I prefer friends who are reliable and predictable.

21. (a) I prefer people who are emotionally expressive even if they are a bit unstable; (b) I prefer people who are calm and even tempered.

22. (a) When I go on a vacation I prefer the comfort of a good room and bed; (b) When I go on a vacation I would prefer the change of camping out.

23. (a) The essence of good art is in its clarity, symmetry of form, and harmony of colors; (b) I often find beauty in the "clashing" colors and irregular forms of modern paintings.

24. (a) A good painting should shock or jolt the senses; (b) A good painting should give one a feeling of peace and security.

25. (a) When I feel discouraged I recover by relaxing and having some soothing diversion; (b) When I feel discouraged I recover by going out and doing something new and exciting.

26. (a) People who ride motorcycles must have some kind of an unconscious need to hurt themselves; (b) I would like to drive or ride on a motorcycle.
Projective Question

Imagine that you are asked to have a photograph taken that will be placed in a Time Capsule for 100 years - the purpose is to preserve an accurate record for future generations.

Assume you can have the picture taken any way you want. Describe the picture you would want to have included in this Time Capsule.

Where would you want the picture taken? Would it be primarily a picture of you? Would there be others in it? If so, who would they be? What would you or they be doing? In general, describe what would be included in this photograph as accurately as you can in a few sentences.

I would submit a picture of the country lane where I grew up. If you stood in the window frame you could photograph the small church on the left, bridge you photographed, the small house on the right, also a big white farm house, with apple trees next to the fence on the right there is a white house with a lush lawn in front and a national park in the...
SELF-EVALUATION QUESTIONNAIRE

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene

STAI FORM X-1

NAME ...............  DATE ...............  

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

1. I feel calm ..
2. I feel secure ..
3. I am tense ..
4. I am regretful ..
5. I feel at ease ..
6. I feel upset ..
7. I am presently worrying over possible misfortunes ..
8. I feel rested ..
9. I feel anxious ..
10. I feel comfortable ..
11. I feel self-confident ..
12. I feel nervous ..
13. I am jittery ..
14. I feel "high strung" ..
15. I am relaxed ..
16. I feel content ..
17. I am worried ..
18. I feel over-excited and rattled ..
19. I feel joyful ..
20. I feel pleasant ..

TIV. TENSION
E. EXTREME
S. SUSCEPTIBILITY
O. OTHER

(1) (2) (3) (4)
NAME .......................................................... DATE ..........................................

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

<table>
<thead>
<tr>
<th>Statement</th>
<th>ALMOST NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ALMOST ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I feel pleasant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. I tire quickly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. I feel like crying</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. I wish I could be as happy as others seem to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. I am losing out on things because I can't make up my mind soon enough</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. I feel rested</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. I am &quot;calm, cool, and collected&quot;</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28. I feel that difficulties are piling up so that I cannot overcome them</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. I worry too much over something that really doesn't matter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. I am happy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31. I am inclined to take things hard</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>32. I lack self-confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>33. I feel secure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>34. I try to avoid facing a crisis or difficulty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>35. I feel blue</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>36. I am content</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37. Some unimportant thought runs through my mind and bothers me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>38. I take disappointments so keenly that I can't put them out of my mind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>39. I am a steady person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>40. I become tense and upset when I think about my present concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>