

Four Assumptive Worlds of Psychopathy IV: The World of Social Deviation

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The first two assumptive worlds are both focused on psychopathy being manifest in the behavior of individuals in societies. The source and cause of this aberrant behavior might be external (evil spirits) or internal (inappropriate or ineffective practices)—but it always concerns the behavior of an individual person. What then, might be said about the society in which an individual resides? Could the pathology be traced to the social structure or could the pathology be just a convenient social construction used by a specific society to discourage or thwart the display of certain behaviors? Our third assumption world is based precisely on this broader societal perspective.

Medicine, Culture and Anxiety

A first point to be made is that medicine (and in particular psychiatry) is not completely out of the picture regarding this third assumptive world. As Gregory Zilboorg (1941, p. 94) noted: “medical psychology bears a much more intimate relationship to cultural changes than does any other branch of medicine. Specifically, the boundaries between madness and criminal activities have never been very clear—as we can observe in the contemporary struggle with “insanity” pleas in court rooms around the world.

It is also a matter of addressing the challenge of diffuse anxiety (as Zilboorg has noted). In returning once more to this pervasive theme of anxiety management, we are also returning to the attendant theme of power management. When we are anxious (as a society) we are also likely to look to powerful individuals and institutions to reduce (or at least buffer) this anxiety--and power tends to have more legitimacy if it is engaged to confront illegality rather than insanity.

Societal Uncertainty and Anxiety

We can turn at this point to the broader question: when is anxiety most likely to be pervasive in a specific society? Certainly, anxiety is increased during times of war and economic collapse. It also increases during times of what Zilboorg identifies as times of societal uncertainty—when established norms and institutions are being questioned and when it is unclear if “the center will hold.” Zilboorg observes that: “the Malleus [witches hammer] was a reaction against the disquieting signs of growing instability of the established order, and hundreds of thousands of mental sick fell victim to this violent reaction.” (p 153)

With this broad framework in place—the interplay of anxiety and power—we can turn to several specific ways in which psychopathy was identified as a form of social deviation—and even as a crime. I first address the relationship between psychopathy and poverty, and then address the relationship between psychopathy and “polite society” as well as that between psychopathy and alienation. I conclude by exploring the powerful and pervasive societal connection between psychopathy and both social control and social class.

Psychopathy and Poverty

Erving Goffman (1986) wrote several revelatory books about how societies operate. One of these books was called *Stigma*. It is to this term that I first turn. It seems that psychopathology and poverty are both stigmatized. Especially in the European Protestant Church, poverty was often viewed as a sign either of laziness (sloth) or ignorance (stupidity). These were framed as the “sin of poverty”—with the decision to be poor viewed from the perspective of an internal locus of control. With poverty being a choice rather than an outcome of societal malfunction, there was reluctance on the part of most leaders of European societies for many centuries to do much about addressing the terrible costs of poverty: malnutrition, inadequate housing and miserable medical care. There were some acts of charity—but these were mostly engaged to blunt any social uprising (or at least reduce petty crime).

The Theology of Poverty

It should be noted that there was a competing appraisal of poverty in European societies that were strongly influenced by the Protestant ethic and, in particular, the theological precept called “pre-destination.” This precept offered a more “charitable” account of poverty—engaging an external locus of control perspective as a way of reframing this condition. It was God’s will and decision that some people would be assigned to an after-life in heaven and some to an after-life in hell.

John Calvin, co-founder of the Protestant Church (with Martin Luther) lived in Geneva, Switzerland, the watch-making capital of Europe. Calvin was a lawyer. This was a “perfect storm” for framing a theology that was highly ordered, rational and controlling. If God is perfect (like the maker of a high-priced watch and a well-prepared lawyer), then he (not she) would certainly not leave anything up to chance. God would have determined before someone is born what their post-life status would be: there would be none of this messy free will with mere human beings determining where they go after death. There must be order in the court and a properly ticking watch in one’s pocket!

Calvin was not only the proponent of this pre-destination doctrine, he (and in particular, his successors) suggested that God would let people know about his after-life plans for them. As a God of not only

justice, but also compassion, he would offer wealth to some members of society. This would be a sign that these men and woman are among those blessed with eternal salvation (residing in heaven). Sadly, other members of society would be offered very little, thus living a life of poverty. God has assigned these wretched souls to an eternity in hell: they might as well grow accustomed to the abuses of eternal damnation while still living on earth. One of the remarkable social analysts of the 20th Century, Max Weber (), has written extensively about this theology of power and control in *The Protestant Ethic and the Spirit of Capitalism*. As the name of his book implies, Weber considered this “ethic” to be the primary source of our current alignment with capitalism and the societally productive accumulation of wealth.

The Stigma of Madness

All of this points to the association between the stigma of poverty and the stigma of sin (internal locus of control) or the stigma of damnation (external locus of control). It is not very hard to move from this stigma to the stigma of psychopathy (especially given the dominance of our first assumptive world for many centuries in Europe). If some members of our society are “mad” because they have been possessed or have been sinful, then a stigma is immediately assigned to them. They either deserve to be “mad” (internal locus of control) or sadly have been victims of a villainous intrusion (external locus of control). In either case, these psychopaths must be isolated, controlled and in all ways, cast aside—much like those who are poor.

There is very specific and tangible evidence regarding the interplay between poverty and psychopathy. Many of the early “asylums” established in Europe (and the United States) during the centuries following the middle ages housed both the poor and mentally “unfit”. In France of the 18th and 19th Century, for instance, we find poor houses that were filled with those who could not pay their debts and those who were delusional and irrationally violent. They all lived together and often exacerbated each other’s maladies. These incarcerated souls were indeed preparing for a post-life in hell. They were already becoming acquainted, through their pain and suffering, with their future, eternal co-inhabitants in the land ruled by Hades.

Psychopathy as Behavior Not Aligned with “Polite” Society

In Nineteenth and early Twentieth Century Europe and, in particular, 19th and early 20th Century England (the Victorian era), there was a strong (often suffocating) emphasis on decorum and decency. While this emphasis was certainly present throughout European history (especially with the introduction of strict Protestant rule in many countries), there was a new brand of formality and a new set of informally observed and reinforced rules about etiquette and manners.

Public and Private Lives

The astute American social commentator, Richard Sennett (2017), captured the essence of this shift in his book about *The Fall of Public Man*. He noted that prior to the 18th Century the residents of cities in Europe would dress up in private—but remain quite casual in public. With the filth and squalor of most European cities, it made sense that one did not wear formal clothes when treading through muddy streets and stepping over the waste products being thrown onto the streets from windows and doors. Sennett noted that even at public events (such as the theater), citizens would engage in transparent acts—such as yelling at the actors or throwing tomatoes at entertainers they didn't like (we see the remnants of this behavior in our contemporary, but nostalgic, replay of “melodramas”).

Conversely, we know that citizens dressed quite formally in private—at least if they had the financial means to dress up. Even the children were adorned with formal attire (small versions of their parents). Formal place settings were always arranged at the table located in the dining room. There was no equivalence to sitting around the TV set with lap trays and fast food cuisine. Care was taken by the gentlemen and gentlewoman in applying the proper makeup (heavily used by both women and men) and perfumery (needed given the lack of frequent bathing).

According to Sennett, all of this began to change during the 18th Century. The public man, who had been quite informal, began to become much more guarded and formal. He (and she) dressed up before venturing out into the public world—going to work, shopping or meeting with friends. In the public sites of entertainment, the lights were dimmed in the audience and spotlights were placed specifically on the actors and entertainers. The audience was to remain silent, except for applause. Hissing, booing and vegetable tossing were not allowed. Life within the home likewise began to change. Members of the family began to dress down and dinner became a much more relaxed affair. While citizens of 18th and 19th Century Europe were not quite ready for sweatpants or TV dinners, they were ready for less makeup and more informal dinners (with even a few leftover meals). The public man had become private and the private man had become public.

There was a particularly intriguing observation made by Sennett with regard to this reversal in roles. He suggested that there was one class of citizens who did remain quite open in public. These were the men and women who had become famous – as actors, politicians, sports heroes, etc. While these famous people usually were rewarded with great wealth and power (formal or informal), they had to pay a price: they became “celebrities” and in this capacity had to forfeit any vestige of a private life.

Long before there was tabloid journalism, the lives of celebrities were open completely to gossip and were subject (a bit later) to being photographed and written about (without their permission). Everyone

could go into hiding except the celebrities—with everyone living vicariously off the exploits, affairs, mistakes, marriages, divorces, illnesses and even childbirths of their favorite celebrities.

I would suggest that there was one other class of citizens who were declared public rather than private beginning in the 18th Century. These were the citizens identified as “crazy” or (to use a more restrained and socially acceptable term) “abnormal.” Their life was subject to public inspection in large part because their “abnormal” behaviors did not conform to societally-expected standards of conduct—they were not declared “normal” given their violation of the social norms of their society. Often displaying their aberrant behavior on city streets (begging for food or money) or in “asylums” (which became sources of entertainment for paying, “normal” visitors), these men and women were portrayed as untamed beasts and, as a result, were often subject to physical abuse as a “taming” device. While these “abnormal” men, women (and even children) might not be considered possessed (by the Devil) or evildoers (punished by God), they were considered in some sense “out of their minds” for daring to live outside the confines of polite society.

Societal Enmeshment

Let’s step back a bit from this social analysis of deviance, to reflect on the nature of the societies in which these “abnormal” people lived. Put much too simply, some societies at specific points in their history tend to be highly enmeshed. As I noted in the first essay, high levels of enmeshment are to be found in societies where residents are interdependent and the behavior of any one individual in this society can be easily predicted by the behavior observed among other residents of this society. This means that the degree of enmeshment (collectivism) in any society helps to determine the strength of social norms in that society.

The greater the degree of enmeshment in a society the less tolerance there is for social deviance. Those who deviate are punished or cast off (placed in a prison or asylum). Enmeshment is most commonly found in societies where tradition is highly valued, where there are major power differences, and where people live in close proximity to one another (such as in many Asian societies). However, as I noted in my first essay, enmeshment is also likely to be intensified in societies that are undergoing major transitions. We are back to the dynamics involved in the societal management of anxiety.

Richard Sennett has suggested that there was the fall of public man in 18th Century Europe. What was the cause for this fall? Sennett and many other social analysts have suggested that shifts in economic power and the rise of industrialism (and accompanying worker alienation) were major sources of anxiety—and may have helped to accelerate the fall of public man. I would suggest that these changes also helped to increase the intolerance of deviant behavior and led to the creation of a third assumptive world about

psychopathy: an equation of social deviance (in many forms) with psychopathy. As I will note shortly, the forces of alienation in an industrialized society also may have helped create the conditions that produce or intensify psychopathy.

We can also turn to the other end of the spectrum: societies in which there is considerable social disengagement. As I noted in my previous essay, the culture of disengagement involves a focus on individual rights (rather than on the collective responsibility found in an enmeshed society). A society in which the culture of disengagement is dominant is often the most tolerant of social deviance. This culture is most commonly found in societies where there is not a strong unifying tradition, where there is minimal power differential, and where people tend to be spread out from one another.

A society that tends toward disengagement is inclined to embrace an even more dis-engaging set of norms and expectations when confronted with diffuse anxiety (caused by wide-spread social change). Under these conditions, the dis-engaged society is likely to produce psychopathy. It is not the case of stricter enforcement of social norms (as is found in an enmeshed society); rather it is a case of psychopathy being caused or exacerbated by the isolation and alienation to be found in a disengaged society. I turn now to this alternative perspective on an assumptive world that focused on societal norms and structures.

Psychopathology and Alienation

One of the most profound and disturbing of the social deviant perspectives on psychopathy is offered by those who are identified as social critical analysts. Building on their own neo-Marxist foundation, these social critics turn to issues regarding the distribution of wealth and power in society. They are particularly inclined to focus on alienation—a term that is now being used widely by social scientists in general. While many of the latter group of scientists (psychologists and sociologists) attend primarily to the estrangement of human beings from one another in our modern world, or more philosophically, on the experiences of existential dread regarding life and death, the neo-Marxist social critics focus primarily on the workplace.

The Industrial, Corporate and Agrarian Worker

The Neo-Marxists point out how people during the industrial era (and increasingly in our contemporary world) become isolated from the product of their work. In modern corporations and large public and human service bureaucracies, the “owners” and leaders of an organization are the only ones who can truly take pride in the work being done. Even they are often isolated from the achievements – with stockholders somehow (and often quite indirectly) being the beneficiaries of organizational productive.

By contrast, in a traditional agrarian and trades-based society (or even further back in a hunter-gatherer societies) the product is closely aligned with one's own efforts and ingenuity. We still find this to be the case in small businesses and in the work being done by many professionals (if they operate independently) and artisans. Unfortunately, many contemporary workers are employed in large organizations that offer little in the way of direct purpose or achievement. In such an environment there is a loss of meaning and little sense of one's reason for being alive. The alienated worker finds little at the end of the day in which to take pride—unless it is with how one's children are being raised or how one has contributed (as a volunteer) to some community-based activity.

Even when one turns to the family for a sense of purpose, the specter of alienation often appears. In an agrarian society, all members of a family participate in the “family business.” The same can be said for those who operated craft shops or relied on the extraction of nature resources for the generation of income. Typically, fishing, mining, and herding were a family business, as were shops specializing in stone carvings or finely woven fabric. This is rarely the case in contemporary societies. Today, in an urban or suburban setting, parents go off to work and children go to school. At the end of the day, children are likely to witness only their parents trying to escape from the drudgery of work (through consumption of alcohol, watching TV or trolling on the Internet). The children, in turn, are likely to have homework to do or they too slip off to the distraction of the Internet or Tweeting. Members of the family thus become isolated from one another. Alienation exists even with the family unit.

Life Purpose, Indifference and Psychopathy

What then does this have to do with psychopathy? I would suggest (in alignment with many social critics) that pervasive alienation leads not just to a loss of meaning and life purpose, but also to the potential diminution of one's mental capacities and a dampening of one's emotions and passions. We become depressed and find no support for our deep grieving among significant others in our life. We substitute substances that are mind and mood altering for a sense of life purpose, and soon become addicted—which leads to exacerbation of our own proclivities toward depression and delusional thought.

There is one final dynamic of alienation that I wish to bring forth. In describing this dynamic, I turn once again to the writing of Richard Sennett. In his insightful and often disturbing book on *Authority*, Sennett (1980) describes various ways in which this social force has operated throughout Western history. Much as he has done in describing the shift from public to private self, Sennett suggests that the very nature of authority has changed over the past few centuries in Western societies.

Sennett suggests that authority is often applied in an indifferent manner: “as your boss, I don't really care what you do, but I am required to offer you some guidance and must set some goals against which your

performance will be judged – though I don't really take any of this seriously. You can do pretty much what you have always done.” Under these conditions, alienation is manifest in the lack of any concern by people who ultimately have considerable power over our own life. It is not only our personal lack of purpose that pervades our sense of self. There is also a lack of purpose on the part of those who potentially hold some control over our actions: there is neither an internal nor an external locus of control.

Is this not a source of disturbing stress and paradox in our life—what Gregory Bateson (1987), would describe as a *schizophrenogenic* setting? At the very least, this indifferent authority forces us to look inside our self for some sense of guidance and even identity: what happens if we find that there is nothing there when we look inside our self. Is this the ultimate source of alienation: we are alienated from our self? As the social critic, Christopher Lasch (1984), would suggest, our sense of self is minimized and easily dismissed. The scene is set for “madness” and what another social critic, Michael Foucault (1988) would call an “internalization of the chains.” I now turn to the perspective that Foucault contributes to this analysis of an assumptive world of psychopathy that is based on social deviance.

Psychopathy and Social Control

At a foundational level, the social deviance assumption is about control and the identification, isolation and treatment of psychopathy as a vehicle for establishing a certain form of social order and authority. Often articulated alongside the other social deviance perspectives, the premise of social control represents not just the obvious use of force (police powers) and authority (judicial system) to determine and reinforce “proper” and “legal” behavior, it also represents the movement of an external locus of control to an internal locus.

The Panopticon

Perhaps the first representation of this internalization of control came from the noted social philosopher and reformer, Jerome Bentham. In his advocacy of more “humane” treatment of those who are prisoner, work in a factory, or are students in an educational system, Bentham portrayed a hypothetical building (that he called a *Panopticon*) which would be a circular building with an open area in the middle. A high tower would be placed in the middle of this open area. From the top of this tower, one could look directly into every room of the circular building (which would have large windows looking out on the open space).

With this architectural design in place, one could look down upon all residents of the circular building, yet not be seen by them in return. The behavior of prisoners, workers or students would thus be open to

inspection at any time. An external locus of control would be deeply embedded in the culture operating in this building and would have a profound influence over the behavior of the residents.

Here is where Bentham's Panopticon becomes particularly intriguing (and perhaps becomes a source of deep concern). Bentham notes that there does not ever have to be anyone in the tower! Just the prospect of being observed from the tower would keep the residents vigilant about their own behavior. In essence, the presence of the tower and the inability to observe the observers leads to an internalization of control. One could say that the residents become their own observers and controlled their own behavior. We see something like the Panopticon operating in contemporary organizations that make use of open, module designs. Without any walls, the "boss" can see the work being done by their subordinates and, if their module and desk are properly arranged, their subordinates can't tell if they are being observed (unless they stand up and walk over toward their supervisors desk—a sure sign of guilt.)

The Salpetriere and Internalization of the Chains

This turning of observation and control from an external source to an internal source was also portrayed quite vividly by the social critic I have already introduced, Michael Foucault. This noted neo-Marxist turns to the dictums offered by the reformers of psychopathic treatment offered at the Salpetriere in France. Every introduction to psychology textbook is required to represent the famous painting in which the chains placed on the inmates of the Salpetriere are being shattered, so that these suffering men and women can become "free." Envisioned and led by Philip Pinel, this shattering of the chains became iconic in the literature on institutional reform. With more than 10,000 residents, the Salpetriere was home to the mixture of social deviance I described earlier: the "insane", prostitutes, petty criminals, and those with low IQs, epilepsy or other socially "disturbing" disabilities.

All of this is quite commendable, at one level, as was the "humane" Panopticon described by Bentham. However, Foucault offers a disturbing portrayal of Pinel's actual strategy of reform. In Pinel's own words, the breaking of the chains is accompanied by pronouncements and practices that were intended to internalize the chains. According to Pinel, residents of the Salpetriere could be made to feel shame for the behavior that led them to this institution. With this shame in place, there was no need for external chains. While there was little chance that residents of the Salpetriere would ever see "the light of day" (or true freedom), they could encourage, in alignment with leaders and institutional "therapists", to create and maintain an environment of decorum and constraint.

One can imagine that these imprisoned men and women could act violently and impulsively when chained up (much as an animal can be more aggressive when constrained by a leash). What happens when there are no longer the chains? One must monitor their own behavior or be considered "mad" by all those

around them. It no longer does any good to lash out or scream. As Richard Sennett (1980) noted with regard to indifferent authority, why would anyone scream if there is no one to really care or pay attention. If I am not a sideshow, then I am left to rot in a large, impersonal institution like the “Salpetriere. This is the ultimate source of alienation and minimalization of self.

In modern mental institutions (and prisons), the malady being exhibited most often by a patient (or inmate) after six to eight months of confinement is likely to be attributable not to the entering behavioral problem but instead to the environment in which this patient is now living (“institutionally-induced madness”). As human beings, we are quite adaptable in response to the unique pressures and opportunities offered by the setting in which we find ourselves. Thus, the powerful and quite controlling setting in which patients (and inmates) find themselves can produce its own unique behavior patterns. Those who are ‘Mad’ (social deviants) in the outside world, become perfectly adjusted to the “madness” of the institution in which they now dwell. There is truly an internalization of the chains—whether at the 18th Century Salpetriere or 20th Century mental hospital portrayed (with considerable accuracy) by Ken Kesey (1963) in the novel, play and movie, *One Flew Over the Cuckoo’s Nest*.

Psychopathy and Social-Class

The assumptive world of social deviance is ultimately about social class. Social control is exerted most successfully in a setting where there is a disparity in economic status and political power. The mixing up of poverty and madness in European (and American) societies was no accident—this mixture, as I have noted, was sprinkled with either sin or predestination, just as the internalization of chains through inculcation of shame was directed primarily at those who had no control over the institutional chains (hospital or asylum) in which they were imprisoned.

Social class also impacts on psychopathy in a more universal and destructive way. Recent epidemiological studies point to an important correlation between sources of pathology (such as sustained stress) and social class. If you are poor, then you are more likely to exhibit signs of chronic stress (e.g. high blood pressure and elevated glucocorticoids), which, in turn, lead to such psychopathological states as incapacitating anxiety and depression. For those in the lower social economic classes there is also less accessibility to treatment of these states and fewer treatment options are available.

As we turn specifically to the treatment of psychopathy, we find that psychopharmacological and psychotherapeutic treatments either can’t be afforded or are not readily available where these people live. It is a simple and tragic formula: the lower the social-economic level, the greater the stress and vulnerability--and the less accessible are appropriate and effective treatment plans. I would suggest that the third assumptive world of psychopathy with its focus on social deviance is often a cover for the

deeper, more pernicious, correlation between social class, stress, and both physical and mental dysfunction.

Some of the Most Interesting People

Before leaving this often-dispiriting assessment of social deviance and psychopathy, I want to offer some of my own personal reflections on working within institutions that treat psychopathy. I found, to my initial surprise, that the residents of these institutions are among the most interesting people with whom I have ever had the pleasure and honor of associating. Groucho Marx is purported to have declared that he would never join a club that would allow him to be a member. I would suggest that one of the most interesting clubs to join would be the club that is open only to those people who would be denied access to most clubs – these people being those who are declared to be psychopathic and social deviants.

Jokes, Courage and Tragedies

I personally have had the opportunity to work in two mental institutions. One was a highly prestigious institutions in New England (affiliated with an even more prestigious university). The other was a Veterans administration hospital in the Western United States (on which *One Flew Over the Cuckoo's Nest* was partially based). Some of the most memorable people I have met in my long life were residents of these two institutions. I vividly remember the day when residents of the prestigious institution (along with several of the staff) decided to pull a joke on the many visitors who routinely visited their ward. The staff became the “inmates”.

They began playing with toys brought to the ward by a child who was living on the ward with her mother (one of the “crazy” residents). Several of the residents, in turn, put on the white coats of the staff (complete with stethoscope and clip board). These new “staff members” would comment to visitors about the very regressed condition of the “insane” patient playing with the toys. Technical, mental health terms were bandied about by these reverse-role staff members – to the delight of the visitors (who were finally seeing the “reality” of a mental institution). This reverse role playing was a source of great joy for both the patients and the staff – and may have been “therapeutic” for both the healers and those being healed.

I also remember the very traumatic day of John F Kennedy’s assassination. One of the women on the ward had envisioned herself as Jacqueline Kennedy (having faced massive trauma and neglect in her own life). Now, even her fantasized husband had been killed. Nothing was safe for her in real life or fantasy. I witnessed a woman of remarkable courage and poise in the midst of this death-of-a-fantasy. Her behavior on the ward was just as dignified as that manifest by the real Jacqueline Kennedy. And she was treated with respect and a great deal of compassion by both the staff of this hospital and her fellow patients.

At the Veterans Administration hospital, I had the privilege of witnessing additional manifestations of courage. I got to know some men who were suffering from what would soon be known as PTSD. Carlie, for instance, had been wrongly reassigned to the hell hole war on the Korean peninsula, five more times (in terms of accumulated stress points) than was allowed by the US government. Then there was Glenn—an angry man who had served in World War II and had never lost his sense of betrayal regarding decisions made by his commanding officer (leading to the death of his closest squad mates).

I vividly remember Frank. He shook up my entire perspective regarding the nature and treatment of psychopathy. I met Frank on the surgery ward. He was strapped to the bed, having been tearing off the skin on his arms and legs. As a veteran of World War II, Frank had wanted to spend some time alone when he returned home (probably suffering from “shell shock” – aka PTSD). He wanted to live for a while in the cottage behind his house. Frank’s mother objected and eventually had Frank committed (temporarily) to a nearby VA hospital. Frank was a very big and very strong man, with a fiery disposition. As a result, he was the recipient of every mood-altering drug (including massive doses of Thorazine), along with a lobotomy and multiple sessions of electroshock.

Coupled with (and I would suggest a result of) these “beneficial” treatments, were multiple days by Frank spent in isolation, often placed in a straight jacket. His indomitable spirit was still evident, even though he was now strapped down to a bed. I looked at Frank’s very large file, documenting massive, intrusive treatment over a thirty-year period of time in this hospital. At this point, I became radically aware of the control function served by many mental hospitals and came to understand what is meant by “iatrogenic” (physician-induced) disease. As one of the remarkable physicians with whom I was working noted, the primary mental disease suffered by most patients in this hospital after the first six months of hospitalization were induced by the environment and by those providing treatment. My identification of this third assumptive world began with reviewing the life led by Frank at the hospital and with this physician’s observation.

Stories and Fabrications

I also met and got to know many memorable characters at both hospitals. There was “Banana Joe” who was a veteran of World War II and a seller of bananas. He had been traveling up and down the Mississippi and Ohio rivers before the war and had many wonderful stories to tell (some of which were probably true). I got to know Mario, a veteran and consummate wine drinker. This Italian American was suffering from a saturated liver and brain—but he still had a wonderful sense of humor and, like Banana Joe, could weave a great tale.

Finally, there was Janet, an early twenties college student at the prestigious New England hospital. She had started a fire in her dormitory and supposedly believed that her best friend had died in the fire. I got to know Janet (who was only several years younger than me) and probably fell a bit in love with her. Janet revealed to me that she was fully aware of not having killed her best friend. She was telling the staff this lie because she wanted to stay in the hospital—being a bit afraid of the world she would face if discharged from the hospital (including criminal charges regarding the fire).

Conclusions

These men and women were all “social deviances.” They had been cast out of “polite society” and were declared to be incapable of living safely outside the hospital. Those citizens who were not cautious (“politically correct”) about the term they assign to these cast-off citizens, would call them “insane” or “mad” or “crazy.” I called them “courageous”, “captivating”, “energetic”, “creative” and “wounded.” Each of them was seeking like the rest of us to make some sense of the challenging world in which they were living--both inside the hospital and perhaps, someday, outside the hospital. Each of them led me to question everything I had been taught about the nature and treatment of psychopathy—which came from the fourth assumptive world to which I now turn. This the world in which psychopathy is considered a “mental illness” and is relegated to the halls of medicine.

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