



# From psyche to soma? Changing accounts of antisocial personality disorders in the *American Journal of Psychiatry*

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## Abstract

The history of psychiatry is often portrayed through the metaphor of a pendulum, the profession swinging back and forth between a concern with psyche and soma. Recent work critiquing the pendulum metaphor, however, suggests that it does not account for the complexity of psychiatry. This article explores the metaphor through an analysis of the changing aetiological accounts of personality disorders associated with antisocial behaviour advanced in the *American Journal of Psychiatry* from 1950 onwards. It is argued that the social, scientific and economic factors which help shape overarching professional trends in psychiatry only partly structure personality disorder discourse. If the pendulum swings, therefore, not all psychiatrists move with it.

## Keywords

*American Journal of Psychiatry*, Antisocial Personality Disorder, pendulum, psychopathy, sociopathy

## Introduction

The history of psychiatry has commonly been told using the metaphor of the pendulum, with psychiatrists' opinions on mental disorder portrayed as swinging back and forth between psychological and biological understandings. The pendulum is a dominant motif within both the historical and clinical literature, as well as that of other scholarly groups, such as sociologists. Recently, Jonathan Sadowsky (2005) in his study of electroconvulsive therapy has challenged this metaphor, arguing that its use both conceals continuities and exaggerates differences between biological and psychological traditions, reduces changes in research and practice to fashion, and lacks explanatory power.<sup>1</sup> Nicolas Rasmussen (2006) has drawn on Sadowsky's ideas and applied them to the history of depression in the 1940s and 1950s – a time when psychoanalysis was at its peak. He proposed that the wide use of amphetamine as an anti-depressant during this time suggests that the notion of a categorical divide between biologically-minded psychiatrists and their psychoanalyst colleagues requires revision.<sup>2</sup>

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Taking these historiographical concerns as a starting point, this article examines the changing models and diagnostics of personality disorders associated with antisocial behaviour. Psychiatrists used these diagnostics to classify disruptive, violent or generally law-breaking patients, and opinions, clinical reflections and research findings concerning personality disorders were often reported in the pages of professional journals. Here the models used to describe 'antisocial diagnostics' will be tracked by following debates and commentary on them in research articles, editorials and correspondence in the *American Journal of Psychiatry* (hereafter AJP), one of the most prestigious US journals of psychiatry and the professional publication of the American Psychiatric Association (APA).<sup>3</sup> Antisocial personality disorders are rich concepts to explore; during the period of this study, these disorders appeared recurrently within journals in different manifestations, and often attracted controversy. Furthermore, as traditionally 'psychological' categories, attempts to reformulate them using 'biological' theory are striking.

I focus on changes that took place from 1950 onwards, when – in the terms of the oft-invoked pendulum – psychiatry swayed from a primarily psychological understanding of mental disorder to a predominantly biological model.<sup>4</sup> This paper seeks to make a contribution to the historiographical challenge presented by Sadowsky and Rasmussen to emphasize the heterogeneity of practice. It builds on their work by exploring aetiology; specifically, it documents and analyses psychiatrists' changing ideas about the development of personality disorders, and juxtaposes them with broader changes within US psychiatry. The analysis will foreground the uneasy but long-standing co-existence of biological and psychological approaches in US psychiatry broadly, and exemplified in discourse on antisocial personality disorders. Though it will be argued that the precise distinction between 'biological' and 'psychological' psychiatry is difficult to maintain, this somewhat synthetic binary will nevertheless be employed; engaging with and critiquing the pendulum metaphor necessitates the employment of its conventional vocabulary, in order to reveal its limitations more cogently.<sup>5</sup>

I begin with an examination of psychoanalysis in the 1950s – a tradition commonly viewed as dominant within mid-century US psychiatry – before discussing psychopathic personality disorder (psychopathy). I then consider the increasing emphasis on biology in the 1960s and follow this with an examination of the changing nomenclature and ontological commitments characteristic of the 1970s, and the 1980s in particular. Finally I discuss the 1990s onwards, when the pendulum is often described as having swung completely to the domain of biology and, specifically, to neuroscience and genetics.

## Psychoanalysis

The psychoanalytic movement has come to resemble more a cult than a scientific discipline. Many orthodox analysts are compelled to submit their will and reason to as stern a discipline as are members of a religious order or a communistic or fascist group. The hierarchy inhabits a little world of its own out of touch with general medicine. Such isolation from medicine is a definite trend away from integration of psychiatry within general medicine. This trend is to be deplored; it does not further scientific progress in psychiatry. Our society represents a group dedicated to opposing the lack of balance between biological sciences and psychiatry. (Bennett, 1953: 245)

In Los Angeles in May 1953, Abram E. Bennett made a polemical attack on psychoanalytic psychiatry during his first Presidential Address before the Society of Biological Psychiatry. Founded in 1946, the society was led initially by Bennett and a group of prominent psychiatrists, neurologists

and neurophysiologists interested in the neuronal basis of psychiatric disorder (Grob, 1998).<sup>6</sup> Bennett's forceful denunciation of the 'psychoanalytic movement' came in an era in which the theoretical insights and psychotherapeutic interventions of psychoanalysts had been a dominant force within psychiatry. Earlier, pre-World War II US psychiatry had a biological bias; however, the war had illuminated how adverse environmental circumstances could shape the psyche of those who lived through them, engendering a shift which after the war saw psychiatrists turn towards psychological and social approaches to mental illness (Grob, 1987, 1998).

Psychiatrists espousing a psychological, particularly psychoanalytic, approach to practice came to dominate the profession, and they controlled the majority of university psychiatry departments (Hale, 1995).<sup>7</sup> The first (1952) edition of the APA *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published just a year before Bennett's address, was also overtly psychoanalytically orientated (Mayes and Horvitz, 2005). Indeed, Grob (1991a) has argued that the creation of the DSM was, in part, animated by the proliferation of diagnostic and nosological practices which grew out of the new post-war knowledge base in psychoanalysis.

The psychoanalytic tradition also benefited greatly from the support of the National Institute of Mental Health (NIMH), which provided extramural training grants, helping to establish psychoanalysis (Hale, 2000). Part of the National Institutes of Health (NIH), 'one of the most important, if not the most important, biomedical research organizations in the world' (Grob, 2004: xiii), the NIMH was created in 1949, building on the groundwork laid by the leading psychiatrist Lawrence Kolb (Felix, 1973; Grob, 1987) for a national mental health programme. Extremely well funded (Grob, 1991b: 68), the NIMH wielded strong influence on US psychiatry throughout the twentieth century.<sup>8</sup> While in the 1950s the NIMH funded a variety of 'biological' and 'psychological' research projects, psychological understandings of mental disorder were instantiated within many of the investigations it funded (Brown, 1976; Halpert, 1958).

Despite the prominence of psychoanalysis in the 1950s, and the significant attention historians have given to it, this style of psychiatry was far from hegemonic, as evidenced in part by Bennett's presidential address before the Society for Biological Psychiatry. Rather, biological theories popular in the late nineteenth and early twentieth centuries remained prevalent, and were sometimes strongly supported – for instance, by psychiatrists advocating the superior therapeutic efficacy of somatic interventions, resting upon biological models of mental disorder (Grob, 1991b: 146; Metzl, 2003; Sabshin, 1990).

While some 'biological psychiatrists' may have felt themselves to be marginalized by the psychoanalytic school(s), others were powerfully placed to advance a biological orientation towards mental disorder. In 1950, for instance, NIMH Director Robert Felix – a psychoanalytically-orientated psychiatrist – invited the well-respected Seymour S. Kety – an MD physiologist, not psychiatrist, very interested in biological research – to be Scientific Director. Reportedly, Felix believed that a physiologist was better suited than a psychiatrist to direct a scientific programme in mental disorder (Sokoloff, 2000). Kety – later regarded as a major contributor to the methodology of brain research and the genetics of schizophrenia – strongly influenced the research programme of the NIMH (Holzman, 2000). Appointments such as Kety's revealed not only the prominence and power that some biologically-orientated psychiatrists enjoyed, but also the complex professional and personal entanglements and alignments between professionals of different traditions.<sup>9</sup>

Theoretical dogmatism appeared less important to early NIMH officials than a commitment to the advancement of mental health through whatever approach(es) seemed efficacious. For instance, alongside its support of psychoanalysis, the even-handed NIMH also played a key role in lobbying the US government to recognize the potential value of knowledge produced from biological understandings of mental disorder to improve the nation's mental health (Grob, 1991b: 68). More

generally, a burgeoning research programme in psychopharmacology (funded in part through the NIMH) engendered a new therapeutic optimism among many psychiatrists (Porter, 1997: 521; Sabshin, 1990). Whatever the debates concerning the origins of mental disorder, many psychiatrists readily assimilated new treatments into their practice if they felt their patients would benefit from these interventions (Grob, 1991b); in the 1950s even psychoanalysts accepted tranquilizers such as ‘Miltown’ (meprobamate) (Metzl, 2003).<sup>10</sup> Such wedding of techniques that rested upon different models of mental disorder – and the co-funding of diverse approaches by the NIMH – underscores the pragmatism of psychiatrists, and renders problematic the precise demarcation of ‘biological’ and ‘psychological’ psychiatry.

## Psychopathy

Despite the use of drugs by some psychoanalysts, these psychiatrists continued to rely more on psychotherapy than psychopharmacology, a technique they maintained could treat numerous disorders, including disorders of conduct (Hale, 1995) such as psychopathic personality disorder (psychopathy). Psychopathy, diagnosed in individuals considered wanton and recidivist criminals who rarely showed signs of any other severe mental disorder, formed a principal focus for clinical psychiatry in relation to antisocial behaviour in the 1950s. Originating in nineteenth-century Europe, psychopathy was and remained an ambiguous concept (Werlinder, 1978). Psychiatrists had used and conceptualized it diversely across Europe and North America, and researchers and clinicians seeking to explain the characteristics and development of the disorder had advanced a kaleidoscope of biological and psychological theories regarding it (Berrios, 1996; Saß and Feltous, 2008). However, mid-twentieth century US literature on the development of psychopathy emphasized psychological or environmental causation, or a melding of these factors (Gough, 1948; O’Neal, Robins, King and Schafer, 1962; Smith, 1978). Ideas about psychopathy were therefore largely reconstituted in line with broader psychosocial shifts in US psychiatric theory, research and practice. Accordingly, investigating the changing developmental paths postulated for personality disorder casts fresh light on the changing ontological focus of psychiatry, but also more precisely illuminates any disjunctures between dominant understandings within the profession and the views of individual practitioners.

The ambiguity inherent to psychopathy ensured it was frequently discussed in the *AJP*. One source of uncertainty lay in its existence as a legal as well as clinical construct; for instance, in the ‘sexual psychopath’ laws introduced by several States, of which (some) psychiatrists were sceptical (Cole, 2000; Freedman, 1987).<sup>11</sup> As former American Psychiatric Association President Winfred Overholser remarked, with William J. T. Cody, in the 1957 APA Committee Report on Forensic Psychiatry: ‘The problem of the “sexual psychopath” continues to preoccupy all those who come into contact with it.’ (Overholser and Cody, 1957: 642). The dual existence of psychopathy in clinical and legal discourse pluralized the meanings of the term – a problem salient not just to US psychiatrists, but one that has recurrently troubled UK practitioners (Pickersgill, 2009a).

The ambiguity surrounding psychopathy made for difficulties in clinical practice. The diagnosis proved problematic, not least in regard to the categorization of adolescent antisocial personalities. Adolescents, in the 1950s increasingly the targets of psychoanalytic interest and theorization, were occasionally termed as having a ‘psychopathic personality’, but – as with adults – this was considered by some to be an ‘unsatisfactory diagnosis’ (Masterson, 1958: 1198).<sup>12</sup> The US Public Health Service (PHS), having considered that ‘much delinquent and unstable behavior is the result of the character disorder called psychopathic personality’, invested in studies that attempted to clarify the concept (PHS, 1952). In the same year, Karl Bowman – former President of the APA, an

associate editor of the AJP, founding member of the Society of Biological Psychiatry, and ‘one of the nation’s most distinguished psychiatrists’ (Simon, 1973: 717) – published an article with public health expert Milton Rose on sexual psychopathy. Bowman and Rose (1952) argued that the plurality of psychiatric opinion on sexual psychopathy meant that the term was diagnostically meaningless, and should only be used for administrative purposes.

We can see, then, that the ambiguity of psychopathy was cause for both frustration and reflection by many psychiatrists. Later in the 1950s, the third edition of Hervey Cleckley’s seminal *The Mask of Sanity* (1955) was thus received well by psychiatrists for its attempt to clarify some of the important definitional problems of psychopathy (Moore, 1956). Cleckley’s ideas were highly influential (Arrigo and Shipley, 2001; Smith, 1978); as the twentieth century progressed, his characterization of psychopathy became ever more synonymous with most psychiatrists views, over time decreasing the uncertainty and ambiguity with which it had heretofore been associated.

For all the discourse on psychopathy within the AJP in the 1950s, the diagnosis did not appear in the 1952 DSM-I. Instead, the DSM featured the more well-defined concept of Sociopathic Personality Disturbance. Colloquially known as sociopathy, this personality disorder was broken down into Antisocial and Dyssocial Reactions, and Sexual Deviation. Developed by the US psychologist G. E. Partridge in the 1930s to be a more specific concept than psychopathy, sociopathy was recognized as being expressed through antisocial behaviour and to develop through adverse socialization (Werlinger, 1978: 151).

Not only was sociopathy less ambiguous than psychopathy, therefore, it also had a distinct aetiological model embedded within it. Consequently, it was perhaps better suited to the aims of the APA for the DSM; as Grob (1991a) has argued, the text sought to standardize psychiatric discourse, and the understandings of sociopathy were less wide-ranging than for psychopathy. Nevertheless, it was not until the 1960s that sociopathy rather than psychopathy began to dominate AJP contributions regarding antisocial individuals, highlighting, therefore, the gaps that can arise between the formal codifications of psychiatric disorder within professional handbooks and the operative diagnostic norms of clinical practice (Freidson, 1988; Light, 1980: 175).

## From psyche to soma?

The dominant aetiological model of sociopathy (i.e., adverse socialization) was redolent of the psychosocial psychiatry so visible in the 1950s. However, the prominence of this ‘psychological’ tradition was such that all other psychiatric conceptual frameworks were relegated to the margins; as the preceding section makes clear, biological ideas were also apparent in post-war US psychiatry and were to become increasingly significant over the following decades. If the orientation of the pendulum favoured the realm of the psyche, its position was far from static. Despite the psychosocial assumptions built into the original sociopathy concept, as the 1950s closed a variety of aetiological mechanisms were advanced which sought to explain the development of the disorder. As the influential Patricia O’Neal from Washington University School of Medicine reflected: ‘The nature and cause of the disorder sociopathic personality have been sought with a wide variety of techniques including those which emphasize heredity, constitution, neuropsychology and relationship between parent and child.’ (O’Neal et al., 1962: 1114).

Like psychopathy, then, sociopathy also came to have diverse aetiological pathways ascribed to it. However, in the 1960s biological inflections within the aetiological narratives of personality disorder were increasingly evident. Nevertheless, contributors to the AJP on both sociopathy and psychopathy did not necessarily disregard psychology and sociology. Rather, they commonly

integrated these ideas with biological concepts in complex ways, underscoring again the difficulty in delineating 'psychological' and 'biological' psychiatry through the metaphor of the pendulum. A. D. Jonas, for example, responding to child psychologist Herbert C. Quay's (1965) thoughts on psychopathy, wove together psychic and somatic conceptions in his description of the causation of psychopathy: 'All these patients have in common a nervous system which is sensitized to register an unfiltered input of irrelevant bits of information. The psychopathic symptomology represents the attempt on the part of the so afflicted person to minimize the sensory overload.' (Jonas, 1965: 710).

Such accounts fitted well with the ways in which many psychiatrists thought about mental disorder more generally; as the 1960s progressed, US psychiatry became increasingly interested in biology. In the language of the pendulum metaphor, psychiatry was moving away from 'psychology'. But, as Grob (1998) has pointed out, the gradually more visible somatic psychiatry of the 1960s was a broad church, and the influences of interpersonal and environmental events and circumstances on mental illness were not excluded wholly from the aetiological models articulated by psychiatrists orientated towards biology. In spite of the growing prominence of biological understandings of psychiatric disorders, including personality disorders, it is clear that contributors to the *AJP* continued to draw on psychological themes to explain the development of the contested (Jones, 1962) disorder sociopathy. For instance, writers on sociopathic and 'delinquent' children and adolescents in particular commonly put forward causal accounts of the development of antisocial personalities that presented the individuals' circumstances rather than their bodies as psychopathogenic (e.g. Howells, 1966; O'Neal et al., 1962; Trunnell, 1967), implicitly endorsing psychosocial rather than biological models of the development of antisocial personalities.

In spite of this aetiological heterogeneity, it is nevertheless clear that psychiatrists sympathetic to biological approaches considered their subject matter more 'scientific' than that of their psychoanalytically-orientated colleagues. The 1960s saw the status of psychoanalysts decrease, in part due to their inability to 'prove' their therapeutic results according to the same evidentiary conventions of professionals advocating biological interventions (Grob, 1991b: 293; Mayes and Horvitz, 2005). As doubts about the scientific validity of psychoanalysis grew, funding for psychoanalytic training dwindled (Hale, 1995) and, although psychosocial investigations were still visible within the assortment of studies funded by the NIMH (PHS, 1964), the Institute lent increasing support to biological research (PHS, 1959, 1960, 1961, 1965, 1966). Indeed, a 1965 White House report to President Johnson on the activities of the National Institutes of Health (NIH) both reflected the disenchantment with psychoanalysis in the 1960s, and highlighted the importance attached to empirical scientific research in furthering the efficacy of psychiatry:

More recently (in the past 10 years) there has been a change in the leadership in American psychiatry, as profound as the change in its size, and this change has been very largely due to the research grant program of the NIH. Ten years ago the leadership resided in psychoanalytic institutes, organized by practitioners for the training of practitioners, with an essentially ideological rather than a scientific base, and strongly influenced by authoritarian considerations. In very large part because of differential success in competing for NIH research grant support, the leadership of American psychiatry has moved to the universities. The consequences of this move have been profound. The base of psychiatry has shifted from the ideological to the empirical. The field has been strengthened by close contact with other sciences. Larger numbers of more capable persons have been recruited. Finally, provisions for future leadership has been developed in a growing cadre of energetic young research psychiatrists. Indeed the greatest effect of these changes in psychiatry may lie precisely in its greatly expanded potentialities in the future. (The White House, 1965: 130-1)

Reflecting these wider shifts within psychiatry, the second edition of the DSM (DSM-II), published in 1968, was orientated less towards psychoanalysis than its 1952 forerunner. The formulation 'reaction', for instance, with its psychoanalytic connotations was generally removed from DSM-II, underscoring not only the move of US psychiatry away from psychoanalysis, but, as the official APA diagnostic text, encouraging the furthering of this distance. Psychological understandings of mental illness, however, were still embedded within the DSM-II, evidenced, for instance, in the retention of the term 'neurosis' (Mayes and Horvitz, 2005).<sup>13</sup>

In the new 1968 DSM-II, the diagnostic Sociopathic Personality Disturbance, Antisocial Reaction (colloquially, sociopathy) was altered to Personality Disorder, Antisocial Personality. This term referred to individuals 'who are basically unsocialized and whose behavior patterns bring them repeatedly into conflict with society' (APA, 1968: 43). Similar to sociopathy, individuals with Personality Disorder, Antisocial Personality, were considered 'grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment'. Notwithstanding the introduction of this new diagnostic category, the majority of contributors to the AJP continued to use the term sociopathy, repeating the disjuncture between the vocabularies of individual psychiatrists and the APA nomenclature that was evident in the 1950s, when psychiatrists wrote primarily of psychopathy despite the official endorsement of the sociopathy construct.

### **Towards the DSM-III**

The diversity of models used in the 1960s to explain the development of psychiatric disorder continued to characterize the field into the early 1970s; the NIMH, for instance, supported research ranging from cellular biology to 'the sick family' (Brown, 1976: 513). From the mid-1970s there was a partial rapprochement between biologically- and psychosocially-inclined psychiatrists, and clinicians and researchers more explicitly integrated biological and psychosocial approaches (Grob, 1991b: 298; Wilson, 1993). So-called 'biopsychosocial' psychiatry (Engel, 1977, 1980) maintained that an individual should not be divorced from their sociological and psychological circumstances by biomedical practitioners, and at a policy level psychiatry was considered within a public health rubric (Grob, 2005). However, in spite of these biopsychosocial ideas many psychiatrists were increasingly sympathetic towards 'biological' accounts of aetiology (Light, 1980: 338) and the 1970s saw psychiatrists increasingly using psychopharmacology to treat their patients as insurance funding for psychotherapy decreased (Micale, 2000).

The developmental accounts of antisocial personalities evident within the AJP confirm the heterogeneous views of US psychiatrists on psychiatric disorders more generally. Descriptions of the development and treatment of personality disorder continued to draw upon a range of biological and psychological themes (for example, Abrams, 1973; Lion, 1972). Largely, however, the tendency in previous decades to emphasize psychology remained (for instance, Kinzel, 1976), with AJP contributors also drawing increasingly on sociological notions of the development of social deviancy (such as Marohn, Offer and Ostrov, 1971). This trend continued into the 1980s, contrasting starkly with the increasingly biological orientation of US psychiatry more broadly.

In the 1980s, advances in genetics and neurosciences provided researchers with new tools, such as DNA sequencing technologies and positron emission tomography (PET), with which they could investigate psychiatric disorder. As Healy (2004: 220) has remarked, PET and other techniques 'appeared to attest to the reality of mental illness rather than just the existence of brains'. The technologies allowed investigators to 'see' inside the body; to locate and analyse correlates of disorder within the soma, producing arresting data that contributed to a biological ethic of research and practice.<sup>14</sup> Throughout the decade the potential somatic aspects of psychiatric disorder increasingly

became a subject of interest and research within the AJP. So-called 'biological psychiatry' was viewed as an efficient, efficacious and scientific approach to research and practice (Lewis, 2006). This move was facilitated by the publication of the third edition of the DSM in 1980. DSM-III helped to orientate the professional focus of US psychiatrists towards a more biological, 'scientific' psychiatry (Decker, 2007; Healy, 2004; Mayes and Horvitz, 2005). The straightforward list-like DSM-III categorizations were ideally suited for research – an explicit aim of the biologically-inclined psychiatrist Robert Spitzer, who led the 14 expert advisory committees authoring the criteria (Young, 1995: ch. 3).

The DSM-III washed away the remnants of psychoanalytic terms and ideas from the majority of the classifications, thereby removing the 'contamination of description and causations' (Klerman, 1989: 29) that, in light of the increased emphasis in US psychiatry on scientific research, was considered by many psychiatrists to make the DSM-II problematic. As others have argued (e.g. Cooper, 2004; Mayes and Horvitz, 2005), however, despite the portrayal of DSM-III by Klerman and others as 'atheoretical', biological assumptions about the causation of psychiatric disorder were implicit within it. Accordingly, the appearance of the DSM-III can be read as a flashpoint in the tensions between 'biological' psychiatrists and psychoanalysts. Yet, as has been shown here, the history of post-war US psychiatry was not one of a hegemonic psychoanalytic elite toppled by a group of biological rebels. Rather, it was apparent that the two traditions had co-existed for some time, maintaining an uneasy and at times fractious relationship.<sup>15</sup>

Aside from the changing ontological assumptions implicit within the DSM-III diagnostic formulations, the text also formally separated the personality disorders from other psychiatric conditions, such as depression, by placing them in a separate section or 'axis' (Axis II). A crucial innovation, this new positioning marked personality disorders out as noteworthy, and since the DSM-III delineation there has been a growing clinical and research focus on these psychopathologies (Livesley, Schroeder, Jackson and Kerry, 1994). This is evidenced, for example, in the growing number of publications in this area during the 1980s: in 1979–80, 1.2% of the articles in AJP concerned personality disorders, rising to 9.4% in 1989–90 (Pincus, Henderson, Blackwood and Dial, 1993). The annexing of personality disorders from the more general realm of psychopathology also suggested that they were in some way different from other conditions. Some influential commentators (e.g. Livesley et al., 1994) argued that while the DSM-III implicitly positioned mental illness as biologically based, the separation of personality disorders legitimized psychiatrists' continued understanding of these constructs as having a psychosocial aetiology. Critics such as Livesley et al. (1994) argued this to be a political strategy aimed at placating psychoanalysts and other psychiatrists who advocated psychological approaches by giving them a discrete set of disorders well suited for operating on with their therapeutic tools.

The 'new' personality disorders proved controversial; it was argued, for instance, that they were not clearly distinct from normality, or from each other (Frances, 1980). Especially contested was Antisocial Personality Disorder (ASPD), which replaced the DSM-II category, Personality Disorder, Antisocial Personality. Shaped markedly by the research of sociologist Lee N. Robins (1966), the diagnostic was particularly criticized for conflating antisocial *behaviour* with antisocial *personality* (e.g. Gerstley et al., 1989; Gerstley, Alterman, McLellan and Woody, 1990; Hare, 1983; Hume, 1990). Accordingly, some psychiatrists resisted both ASPD and the more general biological connotations of the DSM-III, preferring earlier diagnostic and aetiological formulations. In 1981, for example, Miller M. Ryans from Petersburg, Virginia, in his correspondence to the AJP put forward a model of antisocial behaviour stating, 'unsocialized superego activities [...] characterize the sociopath' (Ryans, 1981). Ryans used both the earlier category of sociopathy, and a psychoanalytic framework for understanding it. Nevertheless, as the 1980s progressed,

contributions to the *AJP* on ASPD increased. Similarly, writings on psychiatric disorder in general increasingly resonated with biological themes, particularly genetics and neuroscience.

### Techno-somatic psychiatry

An esteemed branch of biomedicine, neuroscience has been argued by observers of psychiatry to have reached new prominence in the late twentieth century (Hagner and Borck, 2001) and become central to the psychiatric clinical and research enterprise (Lewis, 2006; Micale, 2000; Rose, 2007). The ongoing and significant role of the NIMH in shaping the focus of US psychiatry is exemplified in its explicit encouragement of – and financial and institutional support for – neuroscience since the 1980s. In 1984, for instance, the NIMH released a document titled *The Neuroscience of Mental Health* in which the views of the NIMH concerning the importance of neuroscience were explicitly articulated. As NIMH Acting Director Larry B. Silver (1984: iii) wrote in the foreword: ‘Through the publication of this volume, the NIMH is establishing a major commitment to neuroscience research and hopes to gain increased interest and enhanced activity in the conduct of neuroscience research in the context of mental health and mental illness.’ These neurologic ambitions were fully supported by the National Advisory Mental Health Council (NAMHC), an advisory body to the US Secretary of Health, and the Directors of both NIH and NIMH. Following on from *The Neuroscience of Mental Health*, the NAMHC released a report to Congress entitled ‘Approaching the 21st Century: Opportunities for NIMH Neuroscience Research’. This celebratory report claimed that the US was ‘poised for neuroscience breakthroughs in the 1990s that will generate clinical successes during the twenty-first century’ (NAMHC, 1988: iii).

In the light of the promotion of neuroscience in the 1980s by NIMH, it was perhaps unsurprising that its activities in the 1990s – the ‘Decade of the Brain’ – were particularly focused on both brain research and the genetics of ‘brain disorders’ (Kolb, Frazier and Sirovalka, 2000).<sup>16</sup> The NIMH were unabashed in their position that such research would directly improve interventions for individuals with mental illness (NIMH, 1992). By borrowing the techniques of the neurosciences, psychiatrists sought to build bridges between their work and that of neurologists, restoring a former alliance between the two professions (Martin JB, 2002). In the process, psychiatry would be made more ‘medical’, closing the distance between psychiatry and medicine more broadly, which commentators such as Abram E. Bennett (1953) considered psychoanalysis to have widened, thereby enhancing the prestige of psychiatry.

Throughout the 1990s the tools of the neurosciences were employed by researchers seeking to investigate psychiatric disorder from a biological perspective. Psychiatry became increasingly ‘techno-somatic’ (Pickersgill, 2009b: 45); biological understandings of mental disorder informed and drove the use of neuro-technologies to investigate it, strengthening the claims of those psychiatrists articulating a biological approach to research and practice.<sup>17</sup> The *AJP* reproduced this wider psychiatric focus on neuroscience within its pages; University of Iowa neuroscientist and psychiatrist Nancy C. Andreasen edited the *AJP* from 1993 to 2006, during which time many editorials promoted neuroscience. These contributions generated hope and expectations regarding the potential of neuroscience to improve knowledge about the brain and psychiatric disorder, and enhance clinical practice (e.g. Cohen, Renshaw and Yurgelun-Todd, 1995; Nemeroff, Kilts and Berns, 1999) – a promissory discourse which continues to this day, in spite of the difficulties of translating neuroscientific knowledge into clinical work (Pickersgill, in press).

The biological approach of psychiatry also drew upon genetic research. In the 1990s, genetics, like neuroscience, was at the forefront of biomedical research, attracting scientists, funding, and policy and public interest. The NIH played a central role in genetic research in the USA; with the

Department of Energy, it initiated the Human Genome Project in 1990, the primary goal of which was to sequence the human genome. The NIH role was carried out by the National Center for Human Genome Research (now the National Human Genome Research Institute), a key instantiation of its focus on genetics.

One such interest was the role played by genes in the development and course of psychiatric disorder. In 1997 Steven Hyman, NIMH Director, appointed a genetics workgroup chaired by Samuel Barondes, an eminent clinical researcher with interests in psychiatric genetics and psychopharmacology. One of the most significant recommendations of the group was that the NIMH should bring psychiatric genetics into the purview of medical genetics more broadly (Barondes, 1999). This can perhaps be viewed as part of the broader techno-somatic reformulation of psychiatry, the effects of which Barondes viewed as ultimately beneficial to patients as well as scientists:

While we wait for the discovery of susceptibility genes for mental disorders, the growing interest in psychiatric genetics is already having a great impact on the field. Clinicians are beginning to think of their patients' symptoms as reflections of both genes and environment rather than environment alone. This is having a favorable effect on the way patients and families are being treated, and on the public's view of mental illness. (Barondes, 1999: 552)

In the terms of the pendulum, US psychiatry in the 1990s came to be repositioned over the somatic realm. However, as will become clear, this picture is more complex than the metaphor suggests.

### **Biological psychiatry, antisocial biology?**

Contributions to the *AJP* in the 1990s reflected the broad trend within US psychiatry of emphasizing the biological origins and correlates of mental disorder, including some articles on Personality Disorder.<sup>18</sup> Both Borderline and Schizotypal Personality Disorders were taken to be objects of neuroscientific interest; ASPD, however, generally was not, though some authors did use individuals characterized with ASPD in their investigations into links between serotonin and aggression (see: Coccaro, Kavoussi, Cooper and Hauger, 1997; Constantino, Morris and Murphy, 1997). Genetic understandings of ASPD as well were, on occasion, apparent within the *AJP* – evidenced most strikingly in the publications of neuroscientist and psychologist Adrian Raine's group at the University of Southern California. In 1990, for instance, Raine and colleagues reported research findings that criminals had lower skin conductance responses than non-criminals. The paper concluded, '[I]t seems possible that the genetic predisposition to criminal behavior finds its expression to some degree though the autonomic nervous system factors.' (Raine, Venables and Williams, 1990: 937). Other researchers also encouraged biological approaches to personality disorders, notably W. John Livesley (Livesley, Jung, Jackson and Vernon, 1993). Highlighting the tradition of psychiatrists interested in personality disorders to emphasize psychosocial factors in the development of these disorders, Livesley also suggested that it was clinically and scientifically necessary for psychiatrists to engage substantively with biological theory and methods of intervention and treatment:

Although interest in the biological basis of normal personality traits has been an ongoing aspect of the study of personality, the tendency until recently has been to emphasize the role of developmental psychosocial factors in the etiology of personality disorder. Investigation of the biological substrate of personality disorder, however, provides a complementary perspective on etiology that promises to have important implications for classification and treatment. (Livesley et al., 1993: 1826)

That even personality disorders were argued to be suitable targets of explicitly biological investigation attests to the enchantment of the US psychiatric profession with somatic thinking and explanations in the 1980s and 1990s.

The biological focus of psychiatry was not without critics, however (e.g. Levy, 1990; Lipowski, 1989; Schwartz, 1989). Some psychiatrists were concerned with what they perceived to be the over-representation of articles in a biological vein within the *AJP*, and the dangers of biological reductionism associated with this. While US psychiatry in the 1990s was keenly orientated towards biology, some psychiatrists continued to emphasize the salience of psychology as well as sociology in the development of psychiatric disorder, and often used these ideas in conjunction with biological explanations or interventions, continuing the longstanding practice of integrating 'biology' and 'psychology' together in heterogeneous ways. While so-called 'biological psychiatry' came to constitute the greatest part of US psychiatry, psychoanalysis also remained a visible component of the profession (Luhmann, 2000), part of the larger commitment towards 'psychological' approaches to theory, research and practice. Furthermore, in spite of the bias of the NIMH towards neuroscientific and genetic research, funding has also been continually commanded by behavioural investigators (Hyman, 2000; see also NAMHC, 2004).

The syncretism of 'biological' and 'psychological' ideas within psychiatry was particularly striking within the *AJP* contributions of clinicians and researchers interested in personality disorder, and the relatively small number (compared with DSM 'Axis I' categories) of biological studies of ASPD revealed the degree to which many US psychiatrists were wedded to 'psychological' understandings of the disorder. Explanations for antisocial behaviour that drew on psychological themes (such as the effects of abuse on the developing psyche) remained valued (e.g. Bernstein et al., 1996; Luntz and Widom, 1994; Pollock et al., 1990), even as they were alloyed with biological notions. In 1997, for instance, Glen O. Gabbard, an associate editor of the *AJP*, reflected on the propensity of psychiatrists interested in personality disorder to transcend aetiological and therapeutic dogma and integrate different psychological and biological (and sociological) approaches into their models of the development of disorder. Arguing that personality disorders, despite their amenability to 'psychological' explanation, could not be considered 'abiological', Gabbard suggested the very psychology that interacted with the environment to produce personality disorder itself had a partly biological basis:

What we refer to as personality is a complex mixture of biologically based temperament, the internalized record of the ravages of experience, including internal representations of self and others, conflicts involving wishes and defences against those wishes, and a variety of vulnerabilities and aspirations. Character traits tend to be unconscious and ego syntonic. (Gabbard, 1997: 891)

Reflecting the position of the APA set out in the 1994 DSM-IV (Micale, 2000), Gabbard recently authored a further conciliatory article, remarking that 'genes and environment are inextricably connected in the pathogenesis of antisocial behavior; a strict "either/or" dichotomy is specious' (Gabbard, 2005: 650).

## Conclusions

By weaving together an analysis of contributions within the *AJP* on personality disorder and primary sources and secondary literature on psychiatry more broadly, this paper has shown that while US psychiatry has had various theoretical, research and clinical preoccupations at different times, both 'psychological' and 'biological' approaches to the understanding of psychiatric

disorder are continuously evident within recent history. Although overarching professional trends – such as a turn to biology from the 1960s onwards – can be discerned, contrasting approaches remain recurrently visible. It is clear that these trends – powered both from within the profession and by the activities of the NIMH – have played roles in the structuring of the understandings of antisocial personality disorders evident within the AJP. As US psychiatry has placed increased emphasis upon neuroscience and genetic research, the ‘psychological’ personality disorder discourse so apparent in the 1950s has today become more (but not wholly) ‘biological’. Nevertheless, the continued co-existence of psychic and somatic traditions and the tendency of psychiatrists to draw on diverse themes is exemplified within writings on personality disorder: contributors to the AJP have continued to emphasize the role of psychological, as well as sociological, factors in explicit and implicit accounts of the development of antisocial personality disorders. Psychological understandings were dominant in the 1950s, and their continuance, their interaction and recombination with various biological approaches, acutely illustrates the problems inherent in precisely demarcating ‘psychological’ and ‘biological’ traditions (see also Pickersgill, in press).

By analysing discussions of and research relating to antisocial personality disorders within the AJP, it has been shown both that ‘biological’ and ‘psychological’ approaches to psychiatry have coexisted historically, and that common understandings of the development of one domain of mental disorder do not necessarily map well onto the views US psychiatry more widely. Consequently, while recognizing the heuristic value of the pendulum metaphor, this paper agrees with Sadowsky’s concerns that it conceals continuity within psychiatry, exaggerates difference, reduces changes in research and practice to fashion, and lacks explanatory power. A further caveat is also proposed; namely, that the metaphor collapses together discourses centring on a variety of psychiatric disorders. In the process, the research programmes advocated by institutions are confounded with the aetiological understandings of individual clinicians and the treatments they use in practice. This limitation is strikingly evident in recent years, where ‘psychological’ understandings of personality disorder remain prominent even as the NIMH more heavily promotes ‘biological’ understandings of psychiatric disorder. Indeed, the degree to which psychic and somatic ideas are integrated with one another renders problematic the easy and absolute distinction between these approaches (see also Pickersgill, 2009b).

It is concluded that the use of the pendulum metaphor to characterize the recent history of US psychiatry obfuscates, first, heterogeneity within theory, research and practice; second, the degree to which this itself is a catalyst for professional change; and third, the differences between discourse on personality disorder and psychiatry more broadly. Psychiatry is characterized by diversity, even within particular approaches and discourses; without this heterogeneity the psychiatric profession would not move between dominant professional programmes – without the multiplicity of perspectives the pendulum masks, it would not swing at all.

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## Notes

- 1 While Sadowsky shows how both biologically-inclined and psychoanalytic psychiatrists often used ECT in practice, Hirshbein and Sarvananda (2008) have shown that popular accounts of shock treatment similarly drew on both biological and psychological models.
- 2 See also Martin S (2007), who has illustrated the great extent to which psychiatrists integrate what might be considered theoretically-opposing ideas within research and practice.
- 3 For a discussion of the role of journals as organs for professional societies, see Bynum, Lock and Porter, 1992.
- 4 For histories of the emergence of twentieth-century US biological approaches to psychiatry, see: Braslow, 1997; Pressman, 1998.
- 5 It is also recognized that 'biological' and 'psychological' approaches umbrella a diverse array of often dissimilar perspectives; compare psychoanalysis and cognitive psychology, for instance, or phrenology and present-day developmental genetics. There is significant diversity even within these perspectives (psychoanalysis is a striking example). This uncomfortable grouping has nevertheless been made for purposes of brevity; an analysis of the full array of perspectives employed by psychiatrists interested in personality disorders over 50 years would necessitate the writing of a book rather than an article.
- 6 Early members also included Johannes Nielson, George Thompson, along with Percival Baily, Karl Bowman, Stanley Cobb, Harry Soloman and Samuel Wortis. Despite being a Society of Biological Psychiatry, at least one of these men also had psychoanalytic interests: Cobb played a significant role in introducing and promoting European psychoanalysis to the US psychiatric profession (White, 1984: 218), underscoring the degree to which individual psychiatrists could and often did hold both 'biological' and 'psychological' strategies to be convincing and therapeutically useful. The Society today still emphasizes the 'scientific' study of mental disorder, disseminating research through the high-impact journal, *Biological Psychiatry*.
- 7 And, consequently, psychiatric education; Grob, 1987.
- 8 The diverse personal and professional entanglements between APA and NIMH officials may also be significant in the early influence of the latter on US psychiatry. For instance, Robert Felix was Director of NIMH 1949–64, and President of the APA 1960–61; Francis Braceland was APA President 1956–57, and gave congressional testimonies in support of NIMH from 1959 to 1963. See also NIMH Oral History Program interviews listed in Primary sources. For reflections on the influence of the NIMH by some key figures in US psychiatry, see Kolb et al., 2000.
- 9 The extent to which there was any personal antagonism between physiologist Kety and his psychoanalyst colleagues is uncertain, though he apparently resisted institutional pressures to be analysed; Sokoloff, 2000.
- 10 For a detailed history of chlorpromazine, see Swazey, 1974.
- 11 However, see also Chauncey (1993) and Sutherland (1950) for claims regarding psychiatrists' complicity in these laws.
- 12 During the 1950s, juvenile delinquency attracted serious policy, media and public concern, and popular accounts of the making of antisocial adolescents emphasized the role of society, and family disintegration; Gilbert, 1986.
- 13 I do not imply, however, that the DSM should be uncritically viewed as a 'barometer' for the ontological conditions of US psychiatry. The DSM both reflects change and drives it; furthermore, its relevance for the practice of individual clinicians cannot be taken for granted.
- 14 Imaging techniques became increasingly important to medicine more broadly, not just to psychiatry; Doi, 2006; Kelves, 1997.
- 15 See also Braslow (1997), Grob (1998), Hale (1995), Metzl (2003), Scull (1994), who in different ways have all remarked on the endurance of biological models of mental disorder in US psychiatry, and the heterogeneity of the profession more broadly.

- 16 The contention that 'the brain is the organ of the mind' is a striking rehearsal of certain nineteenth-century notions; Rosenberg, 2007.
- 17 These changes were reflected within education; psychiatry students were increasingly expected to learn neuroscientific techniques, contributing to the numbers of future psychiatrists who identified more with the biological rather than psychological traditions within their profession; Micale, 2000.
- 18 As Berrios (1993) has noted, neurobiological understandings of personality structured ideas on psychopathy a hundred years before.

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