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Sensitive, Indifferent or Labile: Psychopathy and Emotions in Finnish Forensic Psychiatry, 1900s–1960s

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Abstract

Psychopathy was one of the most common diagnoses in Finnish forensic psychiatric examinations between the 1910s and 1960s. Abnormal categories of emotions such as sensitivity, indifference and the tendency to shift among different emotions or lability, were among the principal symptoms of psychopathy. This paper describes and analyses the ways in which Finnish forensic psychiatrists between the 1900s and 1930s perceived and portrayed the emotions of individuals they considered to be psychopaths, and how abnormal categories of emotions persisted until the end of the 1960s. Psychopathic categories of emotions were defined along a spectrum ranging between the extremes of sensitivity and of coldness and included volatility, which entailed rapid mood swings. Displaying either or both extremes of emotion defined psychopathy. The unifying category of abnormal emotions disappeared when the diagnosis of psychopathy ceased to exist in 1969, when it was replaced by the diagnostic category of personality disorders.

Keywords

psychopathy – psychiatry – emotions – personality disorders – Finland

1 Introduction

In 1920, a woman in Finland was accused of theft. Theft was a serious crime at the time in a country that had just become independent and was struggling with poverty and restlessness following the Finnish Civil War of 1918.

The woman could not say why she had committed the crime. To get a better sense of her motive, she was sent to a mental hospital located in the capital city, Helsinki, where the psychiatrist Akseli Nikula examined her. 'Her emotional life travels in natural spheres, but it also contains some features that deviate from the ordinary', Nikula wrote. He paid attention to the 'notable sensitivity of her emotions and the rapid fluctuation of her mood from one extreme to another'. Nikula concluded his long forensic assessment by stating that although the woman was not mentally ill, she suffered from psychopathy, a condition that he characterised as an inherently pathological mental life.¹

From the 1900s through to the 1960s, Finnish forensic psychiatrists diagnosed psychopathy in the vast majority of individuals whose mental states and capacities they were charged with assessing. Assessing patients' emotions was central to reaching this diagnosis, which was implicated in evaluations of patients' culpability – whether they should be sentenced for crimes and for how long, or instead sent to mental hospital. A diagnosis of psychopathy often resulted in a shorter prison term, in line with the Criminal Code of Finland (39/1889), which held that perpetrators who 'lacked full understanding' were to be sentenced more leniently. The significance of forensic psychiatry in the courts grew significantly in the first half of the twentieth century. The historian Svein Atle Skålevåg discusses the transformation process of legal accountability becoming a matter of first medical and then more specifically psychiatric authority. He refers to a marked materialist turn in the late-nineteenth-century medical sciences, which separated the mind and the body in a new way. This created a field for the psychiatrists to enter; they began co-operating with the law.² In 1900, only four examinations were conducted in Finland, but in 1919, there were already forty-three, and soon after the numbers ascended to hundreds. The significance of the diagnosis of psychopathy in forensic psychiatry increased, too. The total number of psychopaths among all examinations in Finland between 1895 and 1919 was around twenty percent.³ The number grew significantly, and by the 1950s one of the Finnish mental hospitals in charge of forensic psychiatric examinations raised concern that the proportion of psychopathy among all cases was close to 90 per cent (419 psychopathy cases in total between 1930 and 1949).⁴

1 The Lapinlahti Hospital Forensic Psychiatric Examinations, The Psychiatry Centre Archive, Helsinki University Hospital, Helsinki (hereafter HUS), 1920.

2 Svein Atle Skålevåg, 'The Matter of Forensic Psychiatry: A Historical Enquiry,' *Medical History* 50, no. 1 (2006): 49–68.

3 Sven Erkkilä, *Klinisch-statistische Untersuchung über die gerichtspychiatrisch Untersuchten Verbrecher in Finnland in den Jahren 1895–1919* (Helsinki: Mercatorin kirjapaino, 1938).

4 Ilmari Kalpa, 'Psykopaattien syntytaiteisuuden arvostelemisesta,' *Duodecim* 66 (1950): 424–31.

This essay describes and analyses the ways in which Finnish forensic psychiatrists in this period portrayed the emotions of individuals they deemed psychopaths. In reaching a diagnosis of psychopathy, they evaluated patients' volition and drives in addition to their emotions, drawing on reports from outside the hospital, on observations of patient behaviour in the ward, and on individuals' own accounts. The historian Michael Hau refers to the holistic gaze, a gaze that captured the individual qualities in a holistic way.⁵ During this process, the psychiatrists rendered emotionology, that is, attitudes and standards towards emotions and their appropriate expression, into medical expertise, and further, into legal matters, thus operating at the intersection between social, medical and judicial systems.⁶ My argument is that the psychiatrists defined and diagnosed psychopathy primarily on the basis of displays of 'extreme' emotions: from over-sensitivity at the one extreme, coldness or indifference at the other, and volatility, referring to rapid changes between these extremes, in the middle. My aim is to show how this system of classification based in emotion actually worked – what function it served in Finnish society at that time. Pathologising certain emotions was a way to partake in making decisions regarding the 'psychopaths' sentence, which helped in maintaining the status quo in society.

Studying the practical implementation of diagnoses deepens the understanding about why certain theoretical constructs thrived. Psychopathy was a construct that explained the discomfort of certain emotions witnessed by society. The understanding of psychopathic emotions can be found in the forensic psychiatric examinations of individuals who were diagnosed with psychopathy and accused of a crime in Lapinlahti Hospital in Helsinki between the 1900s and 1930s – this is where Nikula made his diagnosis. Lapinlahti is the oldest mental hospital in Finland and was at the time responsible for the majority of all forensic psychiatric examinations in the country. I have read all cases diagnosed as psychopaths to assess the ways abnormal emotions were perceived at the time. Typically, all evaluations on the so-called psychopaths included a separate section which analysed the emotional life. In order to show that focusing on the deviant emotions of so-called psychopaths was dominant in the profession until the 1960s, I also briefly refer to assessments written in the post-war years at the Niuvanniemi Hospital in Kuopio in eastern Finland. Niuvanniemi Hospital used to be, and still is, a nationwide provider of

5 Michael Hau, 'The Holistic Gaze in German Medicine, 1890–1930,' *Bulletin of the History of Medicine* 74, no. 3 (2000): 495–524.

6 Peter Stearns and Carol Stearns, 'Emotionology: Clarifying the History of Emotions and Emotional Standards,' *American Historical Review* 90, no. 4 (1985): 813–36 (813).

forensic psychiatric expertise and forensic psychiatric examinations. In addition to using forensic evaluations, I refer to textbooks and monographs written by prominent Finnish psychiatrists on psychopathy.

Finnish forensic psychiatric examinations are a valuable source in studying the history of psychopathy and psychopathic emotions. The diagnosis persisted for an exceptionally long time in Finland and can be found in the records under the same name. There were gradual changes over the decades in the use of the diagnosis, especially in 1931, when the diagnosis was divided into constitutional and psychogenic forms, and 1954. Finland was one of the rare exceptions that adopted the nosology of the International Classification of Diseases, Sixth Revision, in 1954 for diagnosing mental disorders: in the 1950s it was used only in Finland, Peru, Thailand and the United Kingdom.⁷ The Finnish version of the ICD-6 used the category of ‘constitutional psychopathy’ in Latin, whereas the English-speaking version of the ICD-6 had already introduced the category of ‘personality disorders’ by 1948.⁸ The difference in the two versions was terminological, but it was nonetheless significant, because in Finland it allowed the diagnosis to persist until 1969, when the ICD-8 was taken in use.⁹

The first section of this essay takes a closer look at the varied meanings of psychopathy at the beginning of the 1900s, when the diagnosis was first adopted in Finland. In the second and third sections, I discuss the use of psychopathic emotions at Lapinlahti Hospital in the first half of the twentieth century. The fourth section presents forensic psychiatrists’ views on psychopathic emotions after the Second World War in forensic psychiatry monographs and at Niuvanniemi Hospital, while the fourth section analyses the disappearance in 1969 of emotional pathologies as key to psychopathy, and the disappearance of psychopathy as a diagnostic category. The diagnosis of psychopathy had staying power because it succeeded in pathologising emotions and emotional expressions that were deplored in society.

2 A Hereditary Trait

When the diagnosis of psychopathy first took hold in Finland in the 1900s, it was based on a firm belief that some people were born with a hereditary

7 K. W. M. Fulford and Norman Sartorius, ‘The Secret History of ICD and the Hidden Future of DSM,’ in *Psychiatry as Cognitive Neuroscience: Philosophical Perspectives*, ed. Matthew Broome and Lisa Bortolotti (New York: Oxford University Press, 2009), 29–47.

8 *Tautinimistö* [Nomenclature of diseases] (Helsinki: Lääkintöhallitus, 1953).

9 *Tauti- ja kuolinsyylokitus* [Classification of diseases and causes of death] (Helsinki: Lääkintöhallitus, 1969).

disposition that explained their symptoms. German psychiatry was of particular interest to Finnish physicians at this time. The birth of psychiatric clinics in Germany had a crucial impact on the development of psychiatry as a scientific discipline, and Germany was the most common destination for Finnish psychiatrists seeking to increase their knowledge of psychiatry and then gain good positions in newly founded Finnish mental hospitals.¹⁰ The term ‘psychopathy’ was coined in Germany at the end of the nineteenth century, and it was the German psychiatrist J. L. A. Koch whose use of the term in the 1890s resulted in its becoming widespread.¹¹ The term itself is much older, but Koch modernised the meaning by discussing ‘psychopathic inferiorities’ (*psychopatische Minderwertigkeiten*), which were situated between sanity and insanity. German psychiatrists defined psychopathy in different ways. For example, Emil Kraepelin defined it as a borderland state (*Zwischengebiet*), which was a permanent and prevalent condition that deviated from health.¹² In the 1920s, Kurt Schneider introduced ten subcategories of psychopathy, including the callous, explosive and insecure types. Their applicability remained disputed, but Schneider’s general account of psychopathy became particularly popular among psychiatrists, including the Finns: the abnormality of the psychopaths caused suffering either to themselves or to society.¹³ Finnish physicians adopted the diagnosis of psychopathy both by visiting Germany and by reading works by German scholars. Similarly, the diagnosis spread to countries that followed German science, including German-speaking countries such as Switzerland,

10 Eric Engstrom, *Clinical Psychiatry in Imperial Germany* (Ithaca, NY: Cornell University Press, 2003); Helena Hirvonen, *Suomalaisen psykiatriatieteen juuria etsimässä: Psykiatria tieteenä ja käytäntönä 1800-luvulta vuoteen 1930* [Searching for the roots of Finnish psychiatry: Psychiatry as science and practice from the late nineteenth century until 1930] (Tampere: Juvenes Print, 2014), 79–82.

11 Greg Eghigian, ‘A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany,’ *Isis* 106, no. 2 (2015): 283–309; Katariina Parhi, *Born to Be Deviant: Histories of the Diagnosis of Psychopathy in Finland* (Oulu: Acta Universitatis Ouluensis B163 Humaniora, 2018), 16; Stefan Wulf, ‘Morphinismus und Kokainismus’ [Morphinism and cocaineism], in *Entgrenzungen des Wahnsinns*, ed. Heinz-Peter Schmiedebach (Berlin: De Gruyter, 2016), 185–208 (187–88); Christian Müller, *Verbrechensbekämpfung im Anstaltstaat: Psychiatrie, Kriminologie und Strafrechtsreform in Deutschland 1871–1933* [Crime prevention in the asylum state: Psychiatry, criminology, and criminal law reform in Germany 1871–1933] (Tübingen: Vandenhoeck & Ruprecht, 2014).

12 Emil Kraepelin, *Psychiatrie: Ein Lehrbuch für Studierende und Ärzte* [Psychiatry: a textbook for students and doctors] (Leipzig: Barth, 1904), 815–16.

13 Kurt Schneider, *Die psychopathischen Persönlichkeiten* [The psychopathic personalities] (Leipzig: Franz Deuticke, 1923), 16.

and in Nordic countries such as Sweden.¹⁴ In the United States, the Boston Psychopathic Hospital in Massachusetts incorporated the term in its name, although some employees were uncertain about the meaning of the term.¹⁵

The Finnish understanding of psychopathy focused first on the degeneration of the central nervous system. The theory of degeneration, which was of French origin, had an enormous impact in Europe. It was popular in the human sciences as well as in fictional narratives and socio-political commentaries.¹⁶ Degeneration linked together heredity, the environment and racial decline. It was believed to account for the rise in mental disorders.¹⁷ The fact that people were believed to be born with psychopathy explains how the symptoms, including emotional deviance, could vary to a great extent and still be interpreted as one diagnosis. As chief physician Christian Sibelius explained in one of his forensic psychiatric assessments, the clinical system aimed at grouping mental illnesses together based on their causes, development, general view and outcome, instead of looking at symptoms only.¹⁸ Although Finnish psychiatrists acknowledged the influence of unfavourable environmental factors to some extent, the theory of hereditary disposition dominated their interpretations. The biological interpretations that supported the theory of the cause of psychopathy were based on family background, such as insanity in the family, and signs of hereditary traits in the patient's anamnesis. Details of this sort were carefully noted in the patient files.

In 1931, Lääkintöhallitus, the Finnish National Board of Health, changed the Latin name of the diagnosis of psychopathy from the commonly used *degeneratio psychopathica*, and the shorter version *psychopathia*, to *constitutio psychopathica*. The constitutional form of psychopathy was coupled with the less permanent and less drastic *reactio psychogenea*, or psychogenic

14 Urs Germann, (2016). 'Umstrittene Grenzen: "Psychopathische Persönlichkeiten" zwischen Psychiatrie und Justiz. Zur inter-institutionellen Stabilisierung des Psychopathiekonzepts in der Schweiz vor dem ersten Weltkrieg' [The disputed borders: "Psychopathic personalities" between psychiatry and justice. Towards the interinstitutional stabilisation of the concept of psychopathy in Switzerland before the First World War], in *Entgrenzungen des Wahnsinns*, ed. Schmiedebach, 209–24; Annika Berg, *De samhällsbesvärliga: Förhandlingar om psykopati och kverulans i 1930- och 40-talens Sverige* [The antisocial: handling psychopathy and querulance in Sweden in the 1930s and 1940s] (Halmstad: Makadam, 2019).

15 Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America* (Princeton: Princeton University Press, 1994), 352–53.

16 Daniel Pick, *Faces of Degeneration: A European Disorder, c. 1848–c. 1918* (Cambridge: Cambridge University Press, 1989), 7.

17 Ruth Harris, *Murders and Madness* (Oxford: Clarendon Press, 1991), 51.

18 HUS, 1919.

reaction. ‘Constitution’ meant that people were born with a certain hereditary disposition, which was a concept that coexisted already with the notion of degeneration.¹⁹ Finnish physician Lars Ringbom referred to ‘constitution’ as a concept that entailed the whole psychophysical entity; an individual’s constitution consisted of the endocrine system and the vegetative and central nervous systems, which influenced the capability to self-regulate.²⁰ Like the theory of degeneration, the constitutional approach stressed the importance of heredity. Both before and after 1931, approaches to psychopathy were therefore based on a similar, heredity-based, model for diagnosing mental illnesses. The terminological replacement of ‘degeneration’ with a seemingly more neutral term, ‘constitution’, was, however, a way to update the diagnosis, and to get rid of its connection to the theory of degeneration, which had fallen out of fashion. As the historian Carsten Timmermann has shown, constitutional medicine, which located the origins of disease in the person, was a way to integrate different traditions – a hybrid of modernist and antimodernist thought. It helped in rationalising a society during the post-war years that feared degeneration.²¹ Both degeneration- and constitution-based theories offered the psychiatrists enough freedom to practise their holistic gaze. The approaches relied on heredity on one hand, and on the expertise of the psychiatrist’s intuition on the other. Through this process, the forensic psychiatric evaluations offer analyses of pathology-related emotionology.

3 Emotions in Forensic Psychiatric Examinations

This section shows that emotions were accepted as normal as long as they were natural and ethical. Almost all forensic psychiatric assessments during the period 1900s–1930s include analyses of what is termed the *tunne-elämä* in Finnish and *känslolif/känsloliv* in Swedish, here translated as ‘emotional life’. Historical terms for the emotions can be hard to interpret, as the meanings of terms change over time. Historian Rob Boddice points out the usefulness of the contextual analysis of language usage and of jettisoning preconceived

19 Wulf, ‘Morphinismus und Kokainismus,’ 188.

20 Lars Ringbom, ‘Vad menas med psykisk konstitution?’ [What is meant by a psychic constitution?], *Finska Läkaresällskapets Handlingar* 68 (1926): 231–45.

21 Carsten Timmermann, ‘Constitutional Medicine, Neoromanticism, and the Politics of Anti-mechanism in Interwar Germany,’ *Bulletin of the History of Medicine* 75, no. 4 (2001): 717–33.

meanings of emotion words.²² Forensic psychiatric examination reports included reasons for the use of each emotion term, such as behavioural patterns or facial expressions, which help in both contextualising terms and in translating them from Finnish or Swedish into English. These forensic examinations thus provide fruitful contexts for meaning-gathering.

Tunne could be a feeling or a bodily sensation, but also an affect-like outburst, erotic, or an ethical approach toward life. It could even be religious, as in the case of a woman diagnosed with psychopathy who even as a child had preached alone in the forest.²³ The definitions of *tunne*, and the equivalent *känsla* in the Swedish language that was also commonly spoken in Finland at the time, were complex, and not explicitly defined by contemporaries. Two other words, *emotioni* and *affekti*, were also used in forensic psychiatric examinations. A dictionary from 1924 explains the term *emotioni* as a 'severe movement of the mind,' and the term *affekti* as a 'strong movement of the mind, such as great sorrow, joy, or hate'.²⁴ These terms were both used in the context of the more general *tunne*. For example, an accused who had killed his former girlfriend and who was diagnosed with psychopathy had experienced a 'strong outburst of affect' (*vahva affekti*), but the affect was temporary, whereas his emotional life, *tunne-elämä*, was evaluated based on his whole life.²⁵ Both foreign terms, *emotioni* and *affekti*, were used to emphasise the intensity of the inner experience, whereas *tunne* could be less intense and less visible, and, as a general category of emotion, it carried a wide array of connotations.

Forensic psychiatrists used a variety of methods to observe and assess the emotions of the accused. As early as the 1910s, attempts were made to make forensic psychiatric examinations more experimental and systematic. For example, Christian Sibelius used association tests based on words believed to trigger emotional reactions to find out more about the emotional life of the accused. He was hoping to establish psychiatry as a branch of medicine that used refined research methods, as many other fields already did.²⁶ These association studies replicated German experiments and offered some hope that

22 Rob Boddice, *The History of Emotions* (Manchester: Manchester University Press, 2018), Kindle.

23 HUS, 1919.

24 *Tietosanakirja-Osakeyhtiön Sivistyssanakirja* [Encyclopedia of Limited Liability Company Education] (Helsinki: Tietosanakirja-Osakeyhtiö, 1924).

25 Forensic Psychiatric Examinations, The Lapinlahti Hospital Archives, The National Archives, Helsinki (hereafter NAH), He: 3.

26 Minna Uimonen, *Hermotumisen aikakausi: Neuroosit 1800- ja 1900-lukujen vaihteen suomalaisessa lääketieteessä* [The era of nervousness: Neuroses in Finnish medicine at the turn of the twentieth century] (Helsinki: Suomen Historiallinen Seura, 1999), 158–60.

one day the recesses of the human mind could be better understood. Similarly, alcohol tests were based on German methods. The accused were given alcohol doses and their emotional reactions were then observed.²⁷ There were also standardised sets of questions to assess both the emotions and the intelligence of the accused. Still, most of the observation methods were based on personal expertise, the holistic gaze. Although psychiatrists were the foremost experts on the matter, it is safe to assume that their evaluations were not restricted to their own perceptions, as forensic psychiatric examinations always included evaluations from different people, including the police, family members, colleagues, neighbours and others connected either to the individual or the crime.

A description from 1918 of an individual who was accused of theft and diagnosed as psychopathic provides an example of 'emotional life' that the evaluating psychiatrist in charge of most examinations, Akseli Nikula, perceived as 'natural' (*luonnollinen*). In other words, the individual had both normal and psychopathic emotions. The young woman's memory was normal, and she did not suffer from hallucinations or other signs of a severe mental disorder. On the contrary, she responded to all of the questions matter-of-factly, knew where she was, and why she was being detained in the hospital. Yet Nikula stated that her emotional life 'deviated from the normal'; she was sensitive and volatile, and her mood was often grumpy, even agitated. This earned her the diagnosis of psychopathy. There were, however, also 'natural' aspects in her emotions. Nikula described how the accused was very fond of nature and enjoyed her time in the park, which was a 'natural quality'. She was more sensitive than the average person, and easily got upset when she read the newspaper because she cared about the world – a quality that could be either normal or psychopathic from the physician's point of view. Sometimes she got upset when talking about her life, and was found under a blanket, weeping, but when she received a letter from someone outside the hospital, she was happy in a 'natural' way, and the joy lasted until the following day.²⁸ Hence, despite the volatility of her emotions, there were many natural elements in her emotional life, such as the joy of receiving a letter, which indicated the capability of enjoying social interaction, and the enjoyment the accused expressed when observing the beauty of nature. A warm tone expressed in her letters was recorded in the patient notes, as were kind words she said about other patients, whereas hitting and bullying others, which were related to the woman's grumpiness, were seen as

27 For example, W. E. Brotherus, 'Alkoholin vaikutuksesta psykopaatteihin: Muutamia alkoholikokeita' [The influence of alcohol on psychopaths: A few alcohol experiments], *Duodecim* 29, no. 12 (1913): 665–710.

28 HUS, 1918.

a sign of emotional abnormality and psychopathy. In other words, what was considered 'natural' was considered 'normal', and abnormal and normal emotions could coexist in the same person's emotional life.

Physicians evaluated ethical conceptions of the accused as part of the broader category of emotional life. Ethical topics were labelled as 'higher emotions', which implied normality. The report of an examination from the 1910s of a man who had killed his girlfriend in a burst of affect, which is why he was diagnosed with psychopathy, stated that the accused had no 'ethical defects [*eetilliset puutteellisuudet*] which could have had an impact on the development of the emotional life'. Instead, the patient loved company, was willing to live an active life, had a sense of cleanliness, and loved truth. Earlier reports of his life confirmed that he was generous toward people in need, kind to animals, and grateful toward those who had been kind to him.²⁹ These higher, or ethical, emotions had different developmental stages. In 1913, Christian Sibelius rated morality on a scale: those who were below average on the scale were brutal toward their family, or had a tendency to lie, or had a lively imagination, which probably referred to a tendency to confabulate.³⁰ Pity and *myötätunto* were signs of higher emotions. The term *myötätunto* translates literally as 'feeling with another'. In modern Finnish, it can be understood as either empathy or sympathy.

A set of questions, taken from an examination that was conducted in 1928, illuminates more criteria for an ethical life, used to evaluate whether the accused was a psychopath or not. The questions give a sense of what was expected of normalcy:

What duties do we have toward our parents? How can we show gratitude toward our parents? What duties do we have toward other people? What are your feelings about lying under oath? To whom do we have to be obedient? What does faithfulness mean? What circumstances make you feel happy? What would make you sad? What is the meaning of marriage? Why can't one burn one's own house down? What is the difference between hate and envy? How about the difference between frugality and greed?³¹

The questions show that respect, duty, honesty and obedience were all signs of an ethical mind and the higher emotions. Valuing marriage meant valuing

29 NAH, He: 3.

30 NAH, He: 6.

31 HUS, 1928.

decency and following society's rules. Some of the questions assessed the person's capability to recognise sadness and happiness in themselves, and the circumstances for such emotions. The difference between hate and envy was important because both emotions could lead to crime. Psychiatrists used the answers of the accused as indicators of normal and abnormal emotions and supported their own arguments regarding the diagnosis of the accused by using excerpts from the patients' answers.

In addition to normal emotions, there were also abnormal emotions that could be explained by transient causes, that is, not necessarily by psychopathy. One example was the term 'developmental years', which was used in the context of a girl who would nowadays be described as a teenager. Her 'impulses of the will' were agitated because of the 'emotion affects' (*tunneaffektit*) that were connected to them. She had an 'erotic', in other words abnormal emotional life, and her fondness for a young man led her to commit a crime.³² Despite her young age, she was diagnosed with psychopathy, but with the notion that her condition was not necessarily permanent. Among other transient causes were pregnancy and lactation, which, according to the psychiatrists, could make a woman behave in a way that was atypical of her. Males did not have equivalent bodily disturbances, but alcohol could influence behaviour, and commonly did so.

These forensic psychiatric examinations show that no strict dichotomy was postulated between emotions and the 'rational' mind. Emotions in general were essential for humans, as they helped individuals to make the right choices and to live a decent life. Even psychopaths could be seen to have 'normal' emotions.

4 Psychopathic Emotions

Three different kinds of categorisations of pathological (*sairaalloinen* in Finnish, *sjuklig* in Swedish), that is, psychopathic emotional life were prevalent in the inter-war forensic psychiatric examinations: sensitive, indifferent and labile. Sensitivity, or oversensitivity, was one major category of emotional response for psychopathy. Oversensitivity was not restricted to either gender in the forensic psychiatric examination reports. It was common among both males and females and could lead to criminality. Sensitivity could also be neutral, even positive in some cases, as it could mean, for example, that the individual liked feeding the birds and speaking to them fondly, which indicated

³² NAH, He: 6.

nurturing tendencies, not pathology.³³ Oversensitivity was excessive. It could mean constant crying and gloominess, a strong willingness to be alone, self-accusations, timidity, and inexplicable anger about any mention of the crime in question. It could also mean impulsive reactions or ceaseless worrying about the state of things, which was common among so-called do-gooders who ended up breaking the law while trying to change the world. Sensitivity could be so strong that the accused had trouble controlling it.

Antisocial character was a typical description of psychopathy. Those deemed antisocial were indifferent and lacking emotions, which indicated psychopathy. This was juxtaposed with emotional sensitivity. An indifferent emotional life was also described as superficial, deficient or 'detached', such as in the following case that the psychiatrist interpreted as indifferent:

Commits the crime in a cold manner and, when asked if he is sorry about what he has done, replies that he does not care about a man like that, but feels pity toward the man's wife, and himself. His whole behaviour thus indicates the degeneration of emotional life.³⁴

If patients lost their temper easily, the psychiatrist could also interpret it as an antisocial trait. Interpretation depended on the overall impression given by patients – if they exhibited 'natural' emotions such as longing for family members, their antisocial tendencies were stressed less, and the focus was on sensitivity. Antisocial individuals were portrayed as cunning, restless, easily provoked and bad-tempered. It is possible that psychiatrists favoured antisocial psychopathy as a diagnosis for those individuals who were less willing to cooperate with the staff than others. The lack of descriptions of emotional life in some assessment reports of course does not necessarily mean that the individuals lacked emotions but, rather, that they were unwilling to share them with the hospital.

The number of antisocial tendencies recorded among the accused who were diagnosed as psychopaths grew in the 1920s and 1930s. This was also an era when criminality in Finland reached its peak. The number of prisoners continued to rise from 1918, the year of the Finnish Civil War, until the 1950s. The rise was a result of social instability, caused by economic and political crises.³⁵

33 For example, HUS, 1919.

34 HUS, 1924.

35 Ilari Hannula, *Rikosoikeudellinen järjestelmä kriisissä: Tutkimus kansalaissodan ja 1930-luvun alun kriisin vaikutuksesta vankilukuun, rikoslainsäädäntöön ja oikeudenkäyttöön* [The criminal justice system in crisis: A study on the impact of the civil war and the crisis at the beginning of the 1930s on the number of prisoners, criminal law, and

accused was very enthusiastic about the Germans during the First World War and talked about them constantly.⁴³

Infantilism of the emotions was also common among individuals diagnosed as psychopaths. In such cases, psychiatrists perceived emotions as underdeveloped and childlike. Some of the accused were characterised with an intellectual deficiency, but some infantile individuals were intelligent, such as a young man in the mid-1930s who admired the criminal lifestyle. The psychiatrist concluded that the man's emotional life was underdeveloped.⁴⁴

The 'ethical defects' of psychopathic emotional life included a lack of remorse, bragging about prison experiences, lying and indecency, uncleanness and openness about the details of one's sex life. Eroticism was defined as a 'kind of emotion' and some individuals could not 'hold onto decency', meaning they openly shared their sexual experiences.⁴⁵ Thus, although eroticism was a kind of emotion, it was to be kept private. Similarly, an individual who was assessed in 1919 was perceived as 'deficient in the field of higher emotions' because he was unclean, indifferent toward his family and toward the fact that he had not seen his mother in eight years, and his attitude toward the crimes he had committed was indifferent.⁴⁶

Criminal conviction was additional proof of psychopathy. The diagnosis was not dependent on the kind of crime the individual had committed, although some crimes, such as those with political motives, drew more attention in the courts than more mundane offences, and those accused of these crimes were more likely to be referred for forensic psychiatric assessment. Physicians began by excluding somatic and mental illnesses and then supported their diagnosis of psychopathy by referencing the individual's tendency toward criminality. Those carrying out these psychiatric examinations were aware of the offender's crime, and their behaviour was interpreted in that light. The psychiatrists analysed emotional expressions at the ward and in society prior to the crime, as expressed by people they interviewed and as documented by the courts. The main task was to differentiate 'real' mental illnesses from psychopathy. It is important to understand that the psychiatrists explained various crimes by referring to abnormal emotions as the cause for crime. Pathological emotions had strong explanatory power as the construct of abnormal emotions lasted for six decades.

43 HUS, 1923.

44 HUS, 1935.

45 HUS, 1920.

46 HUS, 1919.

5 Post-war Emotions and Psychopathy

After the Second World War, deviant emotions were still significant in Finland in evaluating psychopathy. Deviant emotions were still mostly identified as deficiencies or intensities. Two monographs that exemplify this trend were published soon after the war. At the time, the status of Finnish forensic psychiatry was still modest, although some dissertations had been published already in the inter-war years. The two scientific publications, both based on empirical research, were a significant extension of the field. In a doctoral dissertation in 1946, the psychiatrist Martti Kaila focused on juvenile delinquency and its relationship to psychopathy. He reinforced the conception that abnormal emotions were an essential indicator of psychopathy by stating that ‘among the most common features of psychopaths is ... the disproportion between the impulse and reaction, which is based on a deviant emotional life, and which leads to either too strong or too weak emotional reactions’.⁴⁷ Kaila emphasised that it was not rare to find seemingly opposite emotional characteristics in a psychopath. An individual who was cold and did not experience emotions toward others, and who lacked the ability to be compassionate and empathetic, could simultaneously express strong outbursts of emotion when hurt or when their own needs were in question. According to Kaila, psychopathic emotions were essentially contradictory and out of proportion, instead of being defined as polarised at either end of the emotions spectrum – cold or oversensitive. The emotions were also strong in an unpredictable manner.⁴⁸

Some years later, a monograph by psychiatrist Aito Ahto (1951), studying ‘dangerous habitual criminals’, all of whom had been diagnosed with psychopathy, characterised psychopathic emotions as both volatile and cold, which was in line with inter-war definitions. Ahto’s work shows that instability and sensitivity, which he described as ‘emotionalism’, were still among the most significant signs of psychopathy. Ahto described unstable ‘habitual criminals’ as follows:

Instability. – It manifests itself either as changes of mood, resembling cyclothymia, from depression to optimism, high spirits to irritableness, uncommunicativeness to bustling activity, or as a state of constant flux, a shifting from one thing to another and an inclination toward powerful

47 Martti Kaila, *Nuorisrikollisuuden syyt yksilötutkimuksen valossa* [The causes of juvenile delinquency in the light of individual studies] (Porvoo: Werner Söderström Osakeyhtiö, 1946), 25.

48 Kaila, *Nuorisrikollisuuden syyt*, 183–94.

emotionalism, likely to end up in reactive conditions. This evidently is based on a fickleness of the emotional life.⁴⁹

Ahto described how symptoms of psychopathy manifested as surprising actions, the inability to make an effort, inconsistency, and as a tendency to become easily depressed. Those with ‘emotional deficiency’ – which closely resembles the ‘indifference’ descriptions of the inter-war years – could be characterised either as exhibiting ‘coldness of feeling’, ‘emotional shallowness’ and ‘indifference in regard to self and environment’. Some of the individuals Ahto studied were clearly ‘emotionally cold’, whereas he described the milder forms of psychopathy as apathetic and schizoid.⁵⁰ Lack of emotions was clearly not normal either, which implies that emotions were essential for normality, as long as they were the right kind:

During the course of a long and frequently repetitious conversation it is impossible to bring out any emotional signs in them. They neither grieve nor rejoice over anything. The only thing that can perk up and at least to some extent change their attitude is alcohol, under the influence of which they are somewhat able to loosen up and take part in life.⁵¹

In 1954, the diagnosis of psychopathy changed once again. The Finnish version of the International Classification of Diseases ICD-6 came into use and the diagnosis of psychopathy was divided into eight subcategories, which had already been termed ‘personality disorders’ in the English version – unlike in the Finnish version, which continued using the term ‘psychopathy’. The focus on deviant emotions, will and drives in assessing psychopathy lasted until the 1960s and thus remained constant. Emotions, will and drives were still mentioned in a textbook on psychiatry as late as the 1960s, and they were also analysed in forensic psychiatric examinations.⁵²

Assessments after the Second World War in Niuvanniemi Hospital in eastern Finland show both the gradual disappearance of the holistic gaze, replaced by a growing number of assessment methods, but also continuity in the way psychopathy was assessed. Forensic psychiatric examinations had evolved from the inter-war years to include both modern terminology and tests. Yet the

49 Aito Ahto, *Dangerous Habitual Criminals: A Psychopathologic and Sociologic Study of 216 Segregated Criminals* (Helsinki: K. F. Puromiehen kirjapaino, 1951), 131.

50 Ahto, *Dangerous Habitual Criminals*, 131.

51 Ahto, *Dangerous Habitual Criminals*, 135–36.

52 Martti Kaila, *Mielitaudit* [Mental illnesses] (Porvoo: WSOY, 1967).

assessment reports included similar descriptions of deviant emotions, drives and volition in psychopathy as were common before the war. Psychological tests, summarised in the examination reports as descriptions of personality, show changes in the use of language and terminology. For example, a young man who had raped and killed a woman was diagnosed with four conditions: *Constitutio psychopathica anti- et asocialis*, *Persona immatura (instabilis emotionalis)*, *Encephalopathia postraumatica* and *Amaurosis oc. dx. posttraumatica*. In his examination, which was conducted in 1968, the psychologist Marja-Leena Heino tested the accused using the Rorschach test, Wechsler Adult Intelligence Scale, Wartegg Zeichen Test, Bender Gestalt Test, Eysenck Personality Questionnaire, and Thematic Apperception Test. Heino concluded that the man's 'emotional qualities' were thwarted, and that he was suffering from strict emotional control, which resulted in his 'inability to express himself in a natural way'.⁵³ He was also described as impulsive, but these impulses were not aggressive or destructive, despite what he had done. The tests had other purposes besides evaluating emotions, such as testing intelligence and organic injuries. The two somatic diagnoses noted his head injuries, and the diagnosis of immature personality emphasised an unstable emotional life. Psychopathy was, however, the main diagnosis. The chief physician Gunnar Lindqvist made his own interpretation, which was based on an overall impression, including the patient's behaviour in the ward. He concluded that the accused was a 'reckless, weak-willed psychopath', who also had deviant drives and a deviant emotional life.⁵⁴ This statement confirms that the understanding of deviance through the drives, will and emotions persisted until the late 1960s, and it also exemplifies that the three were often intertwined.

Other assessment reports of diagnosed psychopaths from Niuvanniemi between the late 1940s and 1968 also show that the terminology remained similar to that used in the pre-war years. A female patient was described as cold, raw, and self-centred, and obstacles caused sudden outbursts of affects.⁵⁵ Emotions in general were mostly described as either cold or sensitive, or both, in a way similar to the earlier language of psychopathic emotions. For example, a male examined in 1968 was described as sensitive, fragile and inconsiderate of others. His emotional lability caused depressive anxiety, which led to

53 The Niuvanniemi Hospital Archive, Niuvanniemi Hospital, Kuopio, Finland (hereafter NH), 163/1968.

54 NH, 163/1968.

55 NH, 429/1956.

alcohol-related debauchery, theft and sexual offences.⁵⁶ Similarly, another male was described as sensitive and bottled up.⁵⁷

In 1969 Finland adopted the ICD-8, a later version of the ICD-6, and the diagnosis of psychopathy disappeared overnight. Personality disorders were the new, more modern term for a group of disorders that was formerly known as psychopathy. The definitions shared by all subcategories of psychopathy had included deviant emotions as an essential element, but this element was dropped in 1969. In 1969, *Persona pathologica*, or 'pathological personality', replaced the diagnosis of psychopathy in the Finnish version of the ICD-8, which is how the diagnosis of psychopathy ceased to exist. Getting rid of the outdated term helped to improve the image of the personality categorisations and reflected the wider liberalising societal changes of the 1960s – in this sense, the change of terminology was also a change in thinking. The diagnosis of psychopathy was discarded as moralistic and unscientific. It was related to over- and misuse, and connected to questionable procedures by the state, such as eugenics, confinements and other forms of social control.

Finnish psychiatrists defined character disorders and recharacterised deviant emotions as anxiety, phobias, apathy, depression, depersonalisation and elevated mood in *Psykiatria*, a new and widely used textbook on psychiatry. Instead of referring to deviant emotions as a symptom of psychopathy, the book discussed inferiority, depression, anxiety, vulnerability, hostility, lability, superficiality and the 'thirst for love based on oral needs of tenderness' as separate characteristics of distinct character disorders.⁵⁸ These tendencies were connected to emotions, but psychopathy was no longer referred to, and the unifying category of 'emotional life', which had earlier been commonly used, was no longer present. The disappearance of the overarching category is thus the most important shift and implies a change in the theoretical conceptualisation of emotions. Psychoanalytic theories penetrated the language and general understanding of the discussed disorders. Among the common attributes were psychoanalytic terms such as weak ego and superego, alloplasticism when dealing with contradictions, labile object relationships, and acting out.⁵⁹ The psychoanalytical approach gained dominance, and the shift in language also marked a shift in power to psychoanalytically trained psychiatrists in the profession.

56 NH, 420/1968.

57 NH, 341/1964.

58 *Psykiatria* [Psychiatry], ed. Kalle Achté, Yrjö Alanen, and Pekka Tienari (Porvoo: Werner Söderström Osakeyhtiö, 1971), 202–13.

59 *Psykiatria*, ed. Achté, Alanen, and Tienari, 199–200.

Some years later the psychoanalytical language was in turn challenged by the descriptive approach – the Diagnostic and Statistical Manual of Mental Disorders III, the DSM-III, published in 1980. Although psychiatrists in Finland followed the ICD-8, the DSM gained ground in psychiatric research. It was translated into Finnish in 1982. The DSM-III was based on consensus, the preface to the first translation of the DSM-III clarified, and not on ‘organic or dynamic’ theories of aetiology, unless the aetiology was clear and agreed upon.⁶⁰ The criteria for personality disorders in the DSM-III paid attention to behaviour but not so much to emotions.⁶¹ For example, the definition of antisocial personality disorder focused on lying, stealing, fighting, truancy and resisting authority. The criteria for borderline personality disorder paid attention to impulsivity, unpredictability, profligacy, sexual promiscuity, gambling, self-harm, unstable interpersonal relationships and inappropriate anger, presumably interpreted as such when ‘inappropriate’ behaviour was encountered. The earlier nosology and the holistic gaze of the forensic psychiatrist allowed more room for interpretation, because there were no specified criteria besides the broad categories of emotions, will and drives. The downside had been that the interpretations of psychopathic emotions during the inter-war years and of the ICD-6 had meant inconsistency and unreliability in the diagnosis.

The dominance of psychoanalytic theories and the shift toward more measurable and reliable methods help explain why and how the theory of the cause of abnormal emotions was discarded. The later changes also illuminate how uniform the years between the early 1900s and the 1960s were in explaining psychopathy as based on abnormal emotions and their purported cause, heredity, which then quite abruptly went out of fashion. From 1968 up till today, there are no common aetiological explanations for personality disorders that to a large extent are the heirs of psychopathy. Instead, there are findings that identify different causes of different personality disorders related to genetics, neurotransmitter function, childhood adversity, neuropsychology, attachment issues, emotional regulation and the like.⁶²

60 Ben Furman, Jouko Lönnqvist, and Matti Huttunen, ‘Johdanto’ [Introduction; the Finnish preface to the DSM-III], handout (1982).

61 *Diagnostic and Statistical Manual of Mental Disorders DSM-III* (Washington, DC: The American Psychiatric Association, 1981).

62 *Handbook of Personality Disorders: Theory, Research, and Treatment*, ed. W. John Livesley and Roseann Larstone (New York: Guilford Press, 2018), 101–68.

6 Conclusion

In Finland, between the 1900s and 1960s, the diagnosis of psychopathy proposed a uniform cause, heredity, for the abnormal emotions of those individuals who were not regarded as mentally ill, but who were nevertheless considered deviant or abnormal compared to 'normalcy'. Those emotions could be both sensitive or indifferent, and/or labile, swinging sharply between different emotional reactions. They could also be infantile. Psychiatrists paid close attention to emotions and wrote detailed descriptions of their impressions in forensic psychiatric examination reports. These descriptions are specific enough to reveal that within one broad category, psychopathy, psychiatrists perceived different types of pathological emotions, and although they were not necessarily denoted by any other name than psychopathy, they were certainly recognised. These examination reports portray some emotions as 'natural', and some even as necessary in order to lead an ethical life. The descriptions reveal cultural expectations of normal expressions of emotions, and widen the meanings connected to emotions and their history. As forensic psychiatric examination was and still is the most thorough form of psychiatric assessment, such examinations are valuable resources for the understanding of emotional life, and because the examination reports were based on various sources, they also offer a glimpse of the wider emotionology. The construct of psychopathy had a long life in Finland because it gave a scientific explanation to emotions that the community found hard to understand and tolerate and because it was useful in forensic psychiatry. The individual was to blame for bad deeds, but at the same time, as one had been born with the abnormality, one could not be held fully culpable in court, and therefore the category of diminished responsibility applied to most psychopathy cases. Forensic psychiatric examinations thus served an ethical purpose. The holistic gaze of the forensic psychiatrist enabled evaluating the emotional life of the defendant. Gradually the focus shifted from attempts to understand emotional life to describing behaviour patterns. One can at least ask if the classification-based shifts of focus from the internal experiences of emotions to the external expressions of emotions had wider influence on the ways that emotionology is rendered into diagnoses.

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