

Katariina Parhi

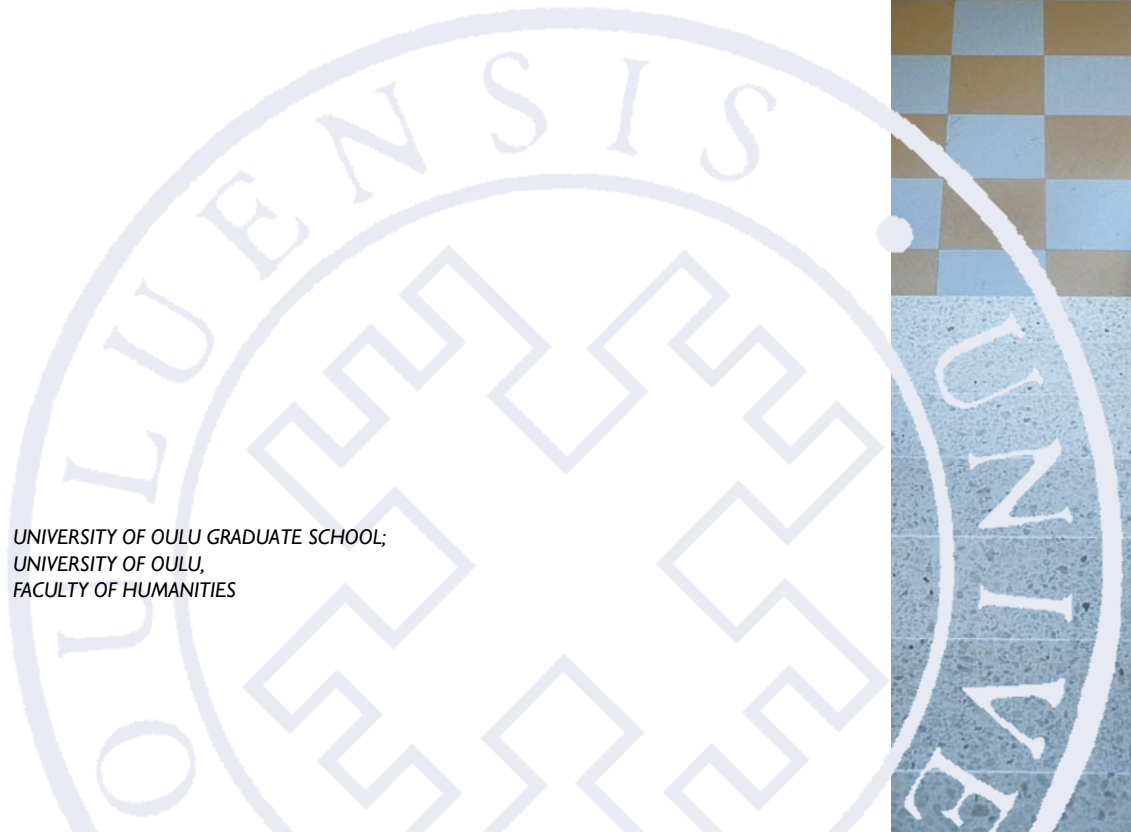
BORN TO BE DEVIANT

*HISTORIES OF THE DIAGNOSIS OF PSYCHOPATHY
IN FINLAND*

UNIVERSITY OF OULU GRADUATE SCHOOL;
UNIVERSITY OF OULU,
FACULTY OF HUMANITIES

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KATARIINA PARHI

BORN TO BE DEVIANT

Histories of the diagnosis of psychopathy in Finland

Academic dissertation to be presented with the assent of the Doctoral Training Committee of Human Sciences of the University of Oulu for public defence in Keckmaninsali (HU106), Linnanmaa, on 16 June 2018, at 12 noon

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Supervised by
Professor Petteri Pietikäinen
Docent Heini Hakosalo
Docent Hannu Lauerma

Reviewed by
Professor Greg Eghigian
Docent Minna Harjula

Opponent
Professor Elizabeth Lunbeck

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University of Oulu, P.O. Box 8000, FI-90014 University of Oulu, Finland

Abstract

This dissertation analyzes the history of the diagnosis of psychopathy in Finland in four different contexts from the late-nineteenth century until the end of the 1960s. Due to the broad scope of the diagnosis of psychopathy, it has been used in various contexts. This study takes a look at the early history of forensic psychiatry, the pathologizing of child suicides, the use of the diagnosis in northern Finland as a form of social control after the Second World War, and patients diagnosed with transvestism, classified as a subcategory of psychopathy, and their treatment. The main constants in the use of the diagnosis have been deviance, permanence, the borderland between mental health and illness, intervention, the congenital nature of the condition, and abnormality, which manifests itself as the abnormality of the emotions, drives, and volition. The dissertation examines the background, methods, and significance of the use of the diagnosis as part in the development of the Finnish welfare state. The conceptually broad diagnosis of psychopathy should not be seen as a wastebasket diagnosis only, but should be analyzed separately in each context.

Keywords: deviance, Finland, history of science, personality disorders, psychiatry, psychopathy

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Tiivistelmä

Väitöskirja tarkastelee psykopatiadiagnoosin historian vaiheita Suomessa neljässä eri yhteydessä 1800-luvun loppupuolelta 1960-luvun loppuun. Lukuisista eri konteksteista, joissa diagnoosia on käytetty, tarkastellaan tarkemmin oikeuspsykiatrian alkutaivalta, lasten itsemurhien patologisointia, diagnoosin käyttöä toisen maailmansodan jälkeisessä Pohjois-Suomessa sosiaalisen kontrollin muotona, sekä Transvestitismus-alakategorian potilaita ja hoitoa. Yhteisiä nimittäjiä psykopatiadiagnoosin käytössä ovat olleet poikkeavuus, mielenterveyden ja mielisairauden välinen rajatila, interventio, pysyvyys, synnynnäisyys sekä epänormaalius, joka liittyy tunteisiin, vietteihin ja tahtoon. Väitöskirjassa tarkastellaan psykopatiadiagnoosin käytön taustoja, tapoja ja merkitystä osana suomalaisyhteiskunnan kehitystä kohti hyvinvointivaltiota ja korostetaan, että käsitteellisesti laajan diagnoosin historiaa tulisi tarkastella aina käyttökontekstin kautta, ei pelkänä kaatoluokan historiana.

Asiasanat: persoonallisuushäiriöt, poikkeavuus, psykiatria, psykopatia, Suomi, tieteenhistoria

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April 27, 2018

Katariina Parhi

Publications

This thesis is based on the following publications, which are referred throughout the text by their Roman numerals:

- I Parhi, K. (2018). Young Man M. Political Violence, Moral Insanity, and Criminal Law in Finnish Psychiatry in the 1870s and 1880s. *Scandinavian Journal of History*, <https://doi.org/10.1080/03468755.2018.1430582>.
- II Myllykangas, M., Parhi, K. (2016). The Unjustified Emotions. Child Suicide in Finnish Psychiatry from the 1930s until the 1970s. *Journal of the History of Childhood and Youth*, 9 (3), 489–508.
- III Parhi, K., Pietikainen, P. (2017). Socialising the Anti-Social. Psychopathy, Psychiatry and Social Engineering in Finland, 1945-1968. *Social History of Medicine*, 30 (3), 637–660.
- IV Parhi, K. (2018). Boyish Mannerisms and Womanly Coquetry. Patients with the Diagnosis of *Transvestitismus* in the Helsinki Psychiatric Clinic in Finland, 1954-1968. *Medical History*, 62 (1), 50–66.

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1 Introduction

What links alcoholics, badly behaving children, criminals, and homosexuals? It is a challenge to explain the broad scope of the diagnosis of psychopathy, and the difference between the psychopathy of the past and the psychopathy of today in particular. This is because the psychopathy of the past used to mean something different. The modern concept of psychopathy – including traits such as callousness, impulsivity, and lack of empathy – was included and acknowledged. But it was conceptualized differently, and got less attention in its present form.

The historical diagnosis of psychopathy is known as a wastebasket diagnosis that could be used arbitrarily. Many attempts to explain the history of psychopathy lack detail. Millon, Simonsen and Birket-Smith (2003, 3) describe the history of psychopathy as a varied collection of behaviors that “have little in common other than being viewed as repugnant to the social mores of the time.” Such descriptions do not explain why it continued to be used, and why there could be such a varied collection of behaviors under the same name. My study shows how the diagnosis of psychopathy functioned similarly as diagnoses of personality disorders do today: it had specifying subcategories, and it used to justify intervention.

The publications included in this dissertation illustrate some varieties in the use of the diagnosis. They show how psychiatrists diagnosed criminals, children, maladjusted citizens, and sexual identities. And these are only some of the categories that the diagnosis was used to cover. In this part I aim to make sense of the variety and illuminate the logic in the usage of the diagnosis. By looking at four different contexts, I analyze the use in each of them. I describe what the diagnosis was used for, and what its context was. My aim with this approach is to find common denominators in the use of the diagnosis, and clarify how the different uses were interconnected. Then I look at intervention and what it meant in these different contexts. Finally, I address the perennial question that has troubled throughout time, and has been of particular importance in the context of psychopathy: can people change? By portraying different uses of the diagnosis of psychopathy, I aim to clear up some of the confusion surrounding the diagnosis, and to justify my understanding of it as a tool that was used to manage and solve social problems.

This study takes the reader beyond the borders of health, and stops before the borders of “real” mental disorders. The histories of the diagnosis of psychopathy are histories of non-insanity in Finland in the twentieth century: histories of individuals whose condition needed to be medically described, but who were not

mentally ill. Far from being marginal, the diagnosis was commonly used to explain the behavior of individuals who caught the attention of people around them, and in its heyday the diagnosis could cover a quarter of all patients in all the mental hospitals in the country: in 1953, 26.4 percent of all new patients were diagnosed with psychopathy. Psychopathy was the second biggest diagnosis right after schizophrenia, which was diagnosed in 40.7 percent of the patients (SVT Official Statistics of Finland XI, 57, 43. Type of disease of patients admitted to mental hospitals, 1953).

By portraying pathology in various ways, the diagnosis of psychopathy simultaneously offers insights into conceptions of normality. Abnormality seems to have been easier to define, and normality remains enigmatic. The history of psychopathy focuses on boundaries between normality and abnormality, but final truths were never discovered. Right after the Second World War, the Finnish psychiatrist Martti Kaila (1900–1978) defined normality as an abstraction:

The norm and normal are words that are used in two different meanings. Literally it means a guideline, a rule, or a model. Thus, the normal has to fit in a model. In this sense normal is an abstraction, an ideal concept that has no equivalent in the reality. Then again, normal is understood as average, which has to be understood as a quantity that lies within certain borders. What remains outside those borders is abnormal. Whether an individual is normal or abnormal is dependent on how those borders are drawn (translation by the author) (Kaila, 1946, 17).

Present-day psychiatry defines normal personality both directly using health ideals, indirectly, as the opposite to deviant personality, or statistically, by comparison to the most common behaviors (Cloninger and Svrakic, 2009, 2217). Experts of psychopathy have defined abnormality in similar ways. German psychiatrist Julius Ludwig August Koch (1841–1908) stressed that “psychopathic”, a term he had coined in the 1880s, was always a relative term, and his main intention with introducing it, he said, was to help psychopathically inferior individuals (Koch, 1891, III–XIII). The German psychiatrist Emil Kraepelin (1856–1926), whose work was eagerly followed and whose textbooks were also in active use in Finland, included psychopathy in his 1904 edition of *Psychiatrie*. The edition was published at a time when research on psychopathic personalities was still in its very early days. Kraepelin stressed the gradual and arbitrary nature of diagnosing a psychopathic personality. For him, the difference in psychopathy was no longer the deviation from the person’s personality before the change; instead, the general

deviance could be differentiated from health (Kraepelin, 1904, 815-816). In the 1920s, Kurt Schneider (1887–1967), a German psychiatrist and author of the influential book *Die psychopathischen Persönlichkeiten* (1923), defined normal as the middle of maximum and minimum, and norm as a purely quantitative concept. Rather than defining a certain point, according to Schneider, normality varies within a certain scope. Abnormal personalities are variations, deviations from the average, which cannot be measured more precisely (Schneider, 1923, 12–13). This type of relativistic approach may have been Schneider’s intention. In practice, as I show in the publications, the change from normal to abnormal was more striking than something that vacillates to and fro, meaning that one could be viewed as abnormal for a while and then revert to normal again without any trouble. Hospitalization could and often did change peoples’ lives. This is exemplified in the sociologist Jutta Ahlbeck’s study of a female psychopath, whose life course and behavior defined her whole life (Ahlbeck, 2015).

Historian Elizabeth Lunbeck goes as far as to say that between the 1900s and the 1930s, psychopathy provided a framework for fashioning a new psychiatry from the old. In the nineteenth century, psychiatry had mostly made distinctions between sanity and insanity. The new psychiatry in the United States, or the psychiatry of normality, focused on the relations between the normal and the abnormal, not only on actual diseases. This is what Lunbeck describes as “concomitant reorganization around a metric concept of the normal” (Lunbeck, 1994).

Similarly, in Finland the diagnosis of psychopathy had an important role as the term for individuals who were seen to disrupt the norms and functioning of society, but who were not mentally ill. Next I describe different ways to understand psychopathy, as the ways affect the historical interpretations.

1.1 Psychopathy as a concept, phenomenon, and term

There have been various attempts to track down the historical origin of psychopathy. The historiographical depictions vary depending on the way psychopathy is understood. The history looks different depending on whether one approaches psychopathy as a concept, or a phenomenon, or a term, a linguistic entity. These alternatives are not mere separate wholes: terms intersect with concepts and theories, and psychopathy could also be seen as not just cultural but also a timeless natural phenomenon that exists independent of environmental factors.

1.1.1 Terminological history

The related terminological history in the nineteenth century is mostly connected to studies on sexuality. In 1844 in Leipzig, physician Heinrich Kaan (1816–1893) published a book called *Psychopathia sexualis*. One significant form of sexual psychopathy he identified was onanism (Foucault, 2003, 233-234), and Kaan discussed different therapeutic methods for such a problem (Gutmann, 2008, 49–84). Although already Kaan’s work analyzed sexual deviance, it was psychiatrist Richard von Krafft-Ebing’s (1840–1902) book of the same name, *Psychopathia Sexualis* (1886) that became significant in the fields of sexology, psychiatry, and the law. Psychopathy remained closely connected with sexuality, before the term was renewed. As late as 1902, the dermatologist Iwan Bloch (1872–1922) published his own version *Beiträge zur Aetiologie der Psychopathia sexualis*, taking a stand on the etiology of sexual anomalies and claiming that not only degeneration or modernity could explain them (see Bloch, 1902). These historical details are relevant to the history of psychopathy as a whole, but offer only a narrow perspective. Sexual anomalies were a part of the use of the diagnosis of psychopathy in Finland until the very end of the 1960s, but they were only one strand.

Many scholars begin the history of psychopathy with Julius Ludwig August Koch (Braig, 1978, 1; Eghigian, 2015a; Wulf, 2016, 187-188). This is also my preference, as it is tied to disciplinary practice and also emphasizes the use value of the diagnosis. It was Koch who started using the term psychopathy in a continuum that has lasted until this day, although there has been conceptual change along the way. A terminological outline helps in piecing together a consistent historiography of a disease that was both a non-disease and a compilation of symptoms, all grouped under “degeneration in the central nervous system”.

Koch created his own classification system. It did not gain ground, but the term he used, *psychopathische Minderwertigkeiten* (or just *Minderwertigkeit* for short), did indeed take off (Wetzell, 2000, 48). There were terminological ambiguities in Koch’s writings, and even contemporaries had difficulties in reading them; overall, few contemporaries took notice of Koch’s writings (Gutmann, 2008, 209, 213). In this light, it is fascinating how one of his terms, *Psychopathie*, was taken into active use. Greg Eghigian has explained Koch’s need for the diagnosis by reference to the nature of nosology: anomalies invariably appear when categories are made, and thus refinements to the classificatory system become necessary (Eghigian, 2015a,

286). Perhaps Koch's psychopathy just happened to appear at a time when others shared this need and had use for the diagnosis.

As stated, many German-speaking scholars adopted the term psychopathy. One of them was psychiatrist Emil Kraepelin. Kraepelin's expertise in new kind of nosology and mental state examinations was undoubtedly of huge significance to the development of Finnish forensic psychiatry, but his views on psychopathy were not ahead of his contemporaries. The term psychopathy did not appear in his famous books before the 1904 edition of *Psychiatrie*, and his writings on psychopathy mostly relied on other researchers. But because he acknowledged psychopathy and wrote about it, it also reinforced the adoption of psychopathy in Finland. Kraepelin defined psychopathy as the kind of *Zwischengebiet*, a borderland state, which was not a sudden change from a healthier life but was a more general deviation from health (Kraepelin, 1904, 815–816). This definition referred to a permanent condition that had always been prevalent. Kraepelin discussed psychopathy mostly in the context of *Entartung* [degeneration], and most of the writing was on the Italian criminologist Cesaro Lombroso (1835–1909) and born criminals. Besides the born criminal kind of psychopaths, Kraepelin listed the reckless kinds, which referred to the weakness of the will, pathological liars and swindlers, and pseudoquerulants (Kraepelin, 1904, 815–841).

Different scholars defined psychopathy in different ways. For example, in the 1920s, the German psychiatrist Kurt Schneider came up with subcategories of psychopathy, but it was his generalizing definition of psychopathy that became particularly popular among psychiatrists: psychopaths caused suffering either to themselves or to society (Schneider 1923, 16). It can be summarized that there seems to have been sufficient consensus of the definition of psychopathy, and it persisted. It took many forms, and for example in Great Britain, it was just one term among others, as discussions in the first half of the twentieth century show (see Weston 2014). Although the use and the status differed in different countries, the term was widely known – and still is. Next, I analyze psychopathy more broadly as a concept.

1.1.2 The concept of psychopathy

The conceptual history of psychopathy reaches further back in time, and reveals interesting developments. But first one needs to ask – what is the concept? There are various attempts to sketch the conceptual past of psychopathy. In many, the history begins in the early nineteenth century and with the French physician

Philippe Pinel's (1745–1826) *manie sans délire*, insanity without delirium, as well as Jean-Étienne Dominique Esquirol's (1772–1840) *monomania*. Moral insanity became widely known with James Cowles Prichard and his work *A Treatise on Insanity and Other Disorders Affecting the Mind*, published in 1835. To Prichard, moral insanity consisted of “morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect or knowing and reasoning faculties, and particularly without any insane illusion or hallucination” (Prichard, 1835, 6).

The criminologist Nicole Rafter goes as far as to say that moral insanity became the basis of psychopathy and later the core of antisocial personality disorder (Rafter, 2004, 1003). David W. Jones takes this further by referring to a “problem” that has been known at different times with different names such as moral insanity, psychopathy, and antisocial personality disorder (Jones, 2015, Preface). Although it is somewhat simplified to claim that moral insanity represents the conceptual predecessor of psychopathy, the history of moral insanity does deserve some attention. This is why I have covered its history in the Finnish context in publication I. Unlike Rafter and Jones, I think that there was only partial overlap between moral insanity and psychopathy, as the latter concept was broader, more significant, and more flexible in dealing with various social issues. Psychopathy was a new mindset, a distillation and reformulation of various trains of theories and thought.

Henry Werlinder has dealt the conceptual history of psychopathy by dividing it into several concepts. He differentiates between three different conceptual traditions: affective disorders, hereditary mental anomalies, and the most recent, Anglo-Saxon one, which stresses inadequate control of impulses and an inability to empathize (Werlinder, 1978). The work illuminates the conceptual chaos, offers perspectives to the different varieties, and gives valuable insights to those interested in the conceptual history of psychopathy. It also helps to understand why depictions of the history of psychopathy are sometimes confusing. Some of them skip the hereditary mental anomalies altogether, although that particular conceptual tradition was highly influential.

1.1.3 Psychopathy as a natural phenomenon

Finally, perceiving psychopathy as a natural phenomenon deserves some thought. What if psychopathy was something that has always existed in nature, a natural kind? For historians, this approach may become problematic, but this sort of

sketching seems somewhat applicable in the field of medicine. Some authors have played with the idea. For example, Millon and al. have referred their conceptual view of psychopathy back to Antiquity. *Characters*, a book attributed to Aristotle's student Theophrastus, describes the Shameless Man, a personality that could be understood as antisocial (see Jebb, 1909). Quoting it fits well the idea of psychopathy as something known already a long time ago.

Even just by looking at diseases of the past one can track traces of psychopathy and personality disorders, depending on which signs of them one wants to see. By skimming through the impressive list of illnesses that the American psychiatrist Karl Menninger has compiled, one could play with the idea that elements of psychopathy have travelled through time in various guises. Maybe elements of psychopathy were already there in Hippocrates' classification, possibly in some sub-class of mania or melancholia, or even epilepsy? In the seventeenth century, psychopathy was perhaps hidden under Paolo Zacchias' classification of insania, group C passions, iracundia, i.e. anger. In the eighteenth century, those carrying psychopathy might have hidden under François Boissier de Sauvages' order II: disturbances in the instinctual and emotional life (see Menninger's list Menninger, 1972, 419-489).

There are also cases in the Finnish history that could be interpreted as modern psychopathy. Juhani Adaminpoika or Kerpeikkari, the executioner, as he was known among the Finns at the time, killed twelve people in 1849. His motives were never known and the murders were widely discussed as the deeds of serial killers and mass murderers are today. Juhani Adaminpoika was closely examined and analyzed by a doctor, but was never diagnosed – which is not surprising, as psychiatry barely existed in Finland at that time. It has been suggested that based on the nose on a facial sketch of him, Adaminpoika may have suffered from congenital syphilis (Keskisarja, 2008). Another conjecture is that Adaminpoika was a nineteenth-century psychopath – that is, if psychopathy is to be understood as a natural phenomenon, as something that existed before the diagnosis came into use.

I do not support this kind of thinking as a solid way to do research, but playing with the idea may bring new insights. As Ian Hacking puts it, natural kinds, such as diseases, are moving targets: they keep on changing the whole time that we are trying to understand what they are (Hacking, 2000). The concept of moving targets gives the impression that there is something natural in the moving target. Possibly in the future, with new knowledge, it may be possible to think of psychopathy as more of a natural phenomenon, albeit never entirely natural. I do not think that there

will ever be research that completely rejects environmental or social constructionist viewpoints – at least I hope so. But focusing on the “natural” sides of psychopathy may help in finding new solutions how unwanted behavior may be inhibited in ways that benefit both the individual as well as society.

Biological perspectives regarding personality disorders illustrate the possibilities to look at psychopathy as a natural phenomenon. However, there seems to be a consensus that environmental factors play a role. Psychologists E. Viding and J. McCrory review recent neurocognitive and genetically informative studies that explain why the psychopathy we know today emerges. Although they state that there are no genes that give rise to the development of psychopathy, genes code for proteins that influence characteristics, which may then increase the risk of psychopathic features (Viding and McCrory, 2017). Research into twins suggests that some traits behind antisocial behavior – now chosen as one of the criteria for psychopathy of the past and present alike – are hereditary, and that lack of empathy and impulsivity seem to have a genetic component. There is also research on the significance of monoamine oxidase, morphological or functional abnormalities of the amygdala and orbitofrontal cortex (Kolla, Patel, Meyer, and Chakravarty, 2017), dopamine receptor gene variation, other genetic factors (Tiihonen, 2015), and asymmetry in the hippocampus and other hippocampal anomalies, to mention a few.

The aforementioned examples are undoubtedly useful in understanding personality disorders, but psychopathy should not be interpreted as an ahistorical phenomenon. The following image illustrates the problem of tracking familiar symptoms from the past and claiming that they match with the concept in question. Some symptoms are left out for the sake of symmetry, but this does not mean that the odd bits did not exist. This is a way of misinterpreting the past.

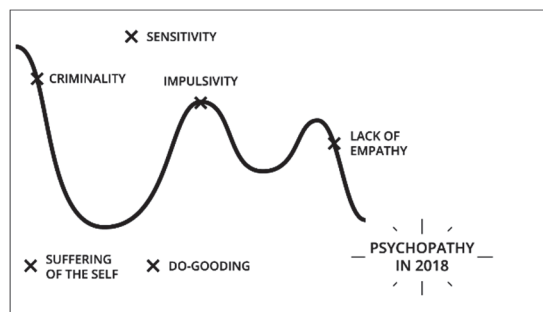


Fig. 1. Choosing those traits from the past that fit in the current concept while leaving other, less fitting traits out.

Equally, the same risk applies to any concept we project onto the past. Retrospective diagnosis or retrodiagnosis, can, in the words of Peter Elmer, become “little more than a game, with ill-defined rules and little academic credibility” (Elmer, 2004, xv). An example of another diagnosis opens this problematic further. If the history of epilepsy was interpreted only as neurological disorders that are characterized by epileptic seizures, we would lose not only track of the contemporary understanding of epilepsy, but also the multifaceted essence and richness of the disease entity in the past (see e.g. Hacking, 1999; Kassir, 2018). In the case of psychopathy, this kind of richness has been interpreted as arbitrariness. It should also be seen differently, as specialization and scientific evolution. I will come back to this thought.

A further complication in the history of psychopathy is that although the diagnostic use of the term was discontinued in 1968, it still exists in professional use. Why is this? This question leads us to the present-day understanding of psychopathy, which will be examined next.

1.2 Psychopathy as the predecessor of personality disorders

The closest counterparts of pre-1968 psychopathy in present-day diagnostic classifications are personality disorders. Today, personality disorders are far from being irrelevant in psychiatry: according to some estimates, they occur in 10–20 percent of the general population, and in about half of all psychiatric patients, inpatients and outpatients combined. They are seen as predisposing influences on many other psychiatric disorders, such as substance use, suicide, affective disorders, anxiety disorders, and psychotic disorders. Comorbid personality disorders affect treatment outcomes and increase personal incapacitation, mortality, and morbidity (Cloninger and Svrakic, 2009). Finnish estimates regarding the prevalence of personality disorders are lower. For example, the online health library of the Finnish Medical Society Duodecim gives estimates of 5–10 percent prevalence (Huttunen, 2016).

As Cloninger and Svrakic describe, problems in the contemporary society differ from what they were a hundred years ago: individuals may struggle more with the lack of purpose than with guilt, are more likely to be ambivalent than inhibited, feel empty instead of sad, and struggle with an inability to learn from their mistakes, repeating their maladaptive behaviors over and over again (Cloninger and Svrakic, 2009, 2197). Although personality disorders have a bad reputation regarding effectiveness of treatment, it is perceived that some

personality disorders can be treated. One example is borderline personality disorder, which has been successfully treated also in northern Finland through both individual therapy sessions and psychoeducational group sessions (see Leppänen, 2015); this does not mean that there is no disagreement about what the personality disorder entails, and how it should be treated.

Personality disorder is simultaneously a useful and complicated concept in explaining what psychopathy used to mean. According to Philip Gutmann, J.L.A. Koch's work on psychopathic inferiorities was fundamental to developing the concept of personality disorders (Gutmann, 2008, 202). Theodore Millon et al. claim that psychopathy was the first personality disorder to be recognized in psychiatry (Millon et al., 2003, 28). As illuminating as this claim may be to those unaware of the changes in the history of psychopathy, it is also problematic. Considering the conceptual changes in the history of psychopathy, what is the "psychopathy" they refer to? The diagnosis of psychopathy evolved in changing medical, cultural and societal currents. Personality disorders as they are now understood were unknown in the past. There is therefore a risk of anachronism in explaining something with modern medical terminology.

Nevertheless, Gutmann and Millon are right in a way, because no other current psychiatric concept covers the historical psychopathy better than personality disorders do. But the match is not perfect. The psychopathy of the past is broader, as it covers phenomena that are not included in present-day personality disorders, such as transvestism, covered in publication IV, or children's psychiatric problems, analyzed in publication II.

Before the current term of psychopathy emerged, the old one had to disappear. Since the 1940s, especially in the United States but also in Sweden, there was strong criticism against the use of the diagnosis of psychopathy. For example, the supplement issue of *Acta Psychiatrica et Neurologica Scandinavica* published critical articles on psychopathy right after the Second World War. Olof Kinberg, the Swedish professor of psychiatry, criticized that psychopathy derived from "medical thoughtlessness and muddled thought" and should be altogether abandoned (Kinberg, 1947, 16). Publication III discusses criticism in more detail. Psychopathy was not included in the International Classification of Diseases -6 as a term, instead, personality disorders were used. Finland is an anomaly, because personality disorders replaced psychopathy only in the end of the 1960s. This also exemplifies the close connection between psychopathy and personality disorders.

Personality disorders have sustained, and there are no signs that they would be discarded. Both of the most used nomenclatures, the International Classification of

Diseases, and the Diagnostic and Statistical Manual of Mental Disorders, contain a list of personality disorders. Some are described in similar ways as psychopathy was in the 1910s as well as in the 1960s. Others, such as homosexuality, have either disappeared from the list or been redefined. Some, like narcissistic personality disorder and borderline personality disorder, have risen and, to some extent, fallen since the diagnosis of psychopathy was abandoned. In the United States, they have been connected with cultural and characterological decline, described with features such as superficiality, emptiness, and futility (Lunbeck, 2006; Lunbeck, 2014).

The history of antisocial personality disorder is more unequivocal than of many other personality disorders as its connectedness to crime has always been evident and thus in a way simple to define. Today, Finnish psychiatry still perceives, much the same way as in the 1920s, antisocial personality disorder as a descriptive disorder that can manifest itself in criminal behavior, but it may also mean impatience in relationships, inability to endure frustration, tendency to lose one's temper, explosiveness, and possibly also indifference, irresponsibility and sugar-coating one's actions (Repo-Tiihonen and Hallikainen, 2016). Antisocial personality disorder has remained so similar, because its definition has always throughout its terminological existence been connected to criminality. The law is much less affected by cultural values that drift through constant changes, which is not to say that the law is immune to cultural changes. The limits between what is irritating, awkward and disturbing are much more on a sliding scale than for example manslaughter and its consequences to the killer. Another question is whether criminal behavior should be a component of a personality disorder. For example, Jennifer L. Skeem and David J. Cooke argue that diagnosing a personality disorder should be distinct from predicting violence. According to them, the PCL-R, the Psychopathy Checklist Revised, measures criminal behavior, but not personality pathology and, thus, does not distinguish between constructs and measures (Skeem and Cooke, 2010).

Finally, one can ask to what extent the present-day psychopathy is related to the psychopathy of the past. It can be stated that these histories of psychopathy are also the history of the psychopathy we nowadays understand as manipulateness, lack of empathy, and lack of remorse. What Henry Werlinder defines as the Anglo-Saxon concept of psychopathy owes to researchers like Adolf Meyer, Hervey Cleckley and Robert D. Hare, to name a few. It was their work that narrowed psychopathy down in the Anglo-Saxon context, the psychopathy we know today.

We can assume that the concept of psychopathy has not evolved into perfection. Henry Werlinder lists over 170 terms that over the course of time have somehow

been in contact with his three concepts of psychopathy, and all of those terms have different meanings. The list includes characterizations like morbid personality, impulse-ridden personality, and defective personality (Werlinder, 1978, appendix). This study does not cover all varieties of psychopathy. However, by looking at common denominators in different patient groups and in the use of the diagnosis, I aim to clarify why I think that seeing the history of psychopathy as specialization is important, particularly in the Finnish context.

1.3 Psychiatry as a discipline in Finland

Around the turn of the twentieth century, Finnish physicians were particularly active on psychiatric study trips, and the German Reich was the most common destination for those who wished to increase their expertise in psychiatry. Between the years 1900 and 1914, before the outbreak of the First World War, those Finnish physicians specializing in psychiatry travelled abroad a total of twenty-one times, mostly to Germany, but also to Sweden and Denmark. Trips to France and England were far less common. The preferred destination in all branches of Finnish science from the late nineteenth century until the end of the Second World War was the same. Germany was the example to follow (Hirvonen, 2014, 79–82).

The birth of psychiatric clinics in Imperial Germany had a major impact on the development of psychiatry as a scientific discipline. At the turn of the century, the chances to specialize in psychiatry in Finland were non-existent, and those who wished to gain expertise in the field, went abroad. The destinations included asylums, prisons, and different forms of family care, but most of all psychiatric clinics.

The Lapinlahti Hospital was founded in 1841 in Helsinki, the capital of the Grand Duchy of Finland, and it was the leading mental hospital. The other hospitals studied in this dissertation were also significant. The Pitkäniemi State Mental Hospital in Nokia, southern Finland, was founded in 1900. The Oulu District Mental Hospital was founded in 1925. Its catchment area was the northern half of the country, which consisted of a sparsely inhabited area of over 150,000 square kilometers.

The number of patients went from 90 per year in the whole country in 1840 to 2068 per year by 1918 (see the statistics cited in Sarvilinna, 1938, 667-669). By 1934, there were eight state-run mental hospitals, twenty communal mental hospitals, and one private hospital, Kammio (SVT Official Statistics of Finland XI. Taulu XII).

Clinical training was organized after Alexander III of Russia decreed in 1893 that such training should be given in Lapinlahti. Since 1894, bachelors of medicine were taught psychiatry for three months (Hirvonen, 2014, 71–72). Lapinlahti was still far from being a fully developed psychiatric clinic, but this was to change soon as psychiatric knowledge increased and clinic-like practices were copied from the modern European clinics.

In Germany, clinics were places for generating and testing psychiatric knowledge. This knowledge was disseminated to students (Engstrom, 2003, 7), including Finnish physicians. Engstrom defines German psychiatric clinics as facilities that were corporate structures of universities where professional elites were educated and in which research on insanity was conducted, and which possessed institutional control over patients. Institutional control was to change its character towards socio-medical problems as a whole generation of professionals changed. Many major figures of the time died, retired, or otherwise left the scene, and were replaced by younger ones who had mostly been trained in psychiatric asylums. These psychiatrists no longer regarded mental diseases only as diseases of the brain. Due to the strong influence of degeneration theory, the new generation of psychiatrists focused more on prophylaxis and socio-biological education (Engstrom, 2003).

The birth of the diagnosis of psychopathy in Finland coincided with the aforementioned developments in psychiatry, and can be explained with the Finnish interest in German psychiatry. The term *psykopati/psykopatia* began to be used in Finland, albeit inconsistently at first. In some contexts the term was used as a basis for mental illnesses, whereas in others it was seen as an illness in itself. A survey of Finnish journals and newspapers shows that the term *psykopati* changed its meaning over the course of the 1890s. Whereas the term had been occasionally used when referring to something that was psychopathological (Hougberg, 1890), the term became more frequent once its meaning had changed. The German influence is evident. The term was used in contexts that were related to German expertise, such as the alcohol question, or the influence of alcohol on psychopaths (*Hufvudstadsbladet*, 8 January 1896), or the description on puberty and its relationship with psychopathic characteristics and degeneration (*Östra Finland*, 10 October 1910). Sexual psychopathy was mentioned in relation to the proliferation of pornography in the Russian book markets (*Argus*, 1 August 1908), and as early as 1900, psychopathy and degeneration were mentioned in the context of a court case in Russia (*Wiipuri*, 20 October 1900). In many cases, psychopathy was linked to German child psychology (e.g. *Hufvudstadsbladet*, 24 November 1900; *Suomen*

aistivalliskoulujen lehti, 1 May 1895) and criminality (e.g. *Hufvudstadsbladet*, 28 September 1897; *Nya Pressen*, 16 November 1888; *Lördagen*, 3 December 1904). The Swedish-speaking publications were more active in the use of the term (*psykopati*), whereas in a Finnish-speaking newspaper the term (*psykopatia*) was mentioned as a medical foreign word that should not be used (*Kotimaa*, 8.11.1909). The article in which this was stated was a review of a German-language book that concerned the education of children, and although the use of such a medical term was considered unnecessary, it shows that Finns were following the German discourses in different fields of science, and that psychopathy spread in different directions.

The following chronological outline of the history of the diagnosis of psychopathy clarifies the history of the diagnosis in the Finnish disease nomenclature, which essentially directed the use of the diagnosis.

1.4 The history of the diagnosis in the disease nomenclature

Before the diagnosis of psychopathy disappeared in 1969, its name changed three times. The diagnoses of *Degeneratio psychopathica*, or simply *Psychopathia*, were used from the early 1900s until 1930. For example, the chief physician of the Lapinlahti Hospital Christian Sibelius (1869–1922), started using the diagnosis in the 1900s. In another state hospital, the Fagernäs centralanstalt för sinnessjuka, nowadays known as the Niuvanniemi Hospital, the diagnosis came into use as late as the 1920s (Niuvanniemi patient records, The Niuvanniemi Hospital Archives, 1900-1930).

Degeneratio referred to a theory that had enormous impact not only on medical but also cultural and societal spheres in Europe – the theory of degeneration. It was used in the human sciences, in fictional narratives, and in socio-political commentaries (Pick, 1989, 7). In Finland, psychopathy was one of the medicalized forms of degeneration, and thus was of crucial importance to the theory's success. Already in the early nineteenth century, heredity had been an acknowledged cause of insanity, but by the 1850s, it gained priority. In 1857, Bénédict Augustin Morel (1809–1873) published *Traité des dégénérescences*, in which he linked heredity, the environment, and racial decline. Morel stressed the recent rise of mental disorders and connected it to regressive tendencies in individuals and modern societies (Harris, 1991, 51). Morel's degeneration theory caught on in Germany, where two prominent figures, Wilhelm Griesinger (1817–1868) and Richard von

Krafft-Ebing, enhanced its significance as the underlying cause for mental illnesses (Wetzell, 2000, 47).

The step from Germany to Finland was short. In Finland, the term degeneration appeared for the first time in medical context in the 1880s, but it came in active use in the early twentieth century (Harjula, 1996, 130–133; see also works by Marjatta Hietala). Degeneration was connected to crime, class, gender, mental illness, poverty, prostitution, eugenics, intellectual disability, and alcoholism (Ahlbeck, Lappalainen, Launis and Tuohela, 2013, 4). In 1924, the nurse Karin Neuman-Rahn (1876–1963) who wrote a book on treating the mentally ill, defined degeneration as being either mental or physical. According to her, it manifested itself as self-indulgence, capriciousness, dishonesty, or in short, as moral and intellectual inferiority (Neuman-Rahn, 2003, 152).

Also physical signs of degeneration were tracked until the 1920s to find proof of degenerated nervous system and thus psychopathy. The German psychiatrist Theodor Ziehen's (1865–1950) list of degeneration signs gives a comprehensive picture of physical signs of degeneration, which he referred to as *Degenerationszeichen*. Among those signs were abnormalities in the genitals, such as small genitals, only one-sided *descensus* of the testicles, late puberty, frigidity, premature menstruation, premature sexual drive, and malformed genitalia. Other signs, which were all described with more detail, included abnormalities in the form of the skull, teeth, oral cavity, hair, eyes, ears, bones, joints, and organs. In addition to bodily signs, also anomalies in the innervation, bedwetting, pollakiuria (frequent urination), cramps, and vagosympathetic irritability, were listed under degeneration signs (Ziehen, 1917, 350–358). Again, in principle, normality meant lacking any bodily deviations. A normal body was flawless, a body that was stripped of casting defects. Ziehen's list implies that the extent to which physical abnormalities were studied was great. In the Lapinlahti Hospital, physical signs of degeneration were a diagnostic tool, an additional aid in making the diagnosis. However, there are no examinations among the Lapinlahti Hospital forensic psychiatric assessment cases in which the analyzed physical signs of degeneration would have been crucial. Instead, they were additional evidence.

Internationally, the First World War ended the dominance of degeneration, as it seemed evident that nations did not degenerate. Attempts to trace a tainted heredity became difficult to sustain (Pick, 1989). In Finland, the belief in degeneration continued (see Harjula, 2007, 40–54). *Lääkintöhallitus* [The Finnish National Board of Health] had been founded in 1878 to be in charge for medical issues. Its tasks included preventing and opposing circumstances that were harmful

to health, checking the forensic psychiatric assessments, supporting study abroad, and making sure that only certificated doctors operated as physicians. The National Board of Health was also responsible for collecting annual health-related data for the Senate of Finland (Tiitta, 2009, 40). By request of the Ministry of the Interior, the Board modernized Finnish morbidity statistics by renewing them to follow The International List of Causes of Death (1929) (Tiitta, 2009, 118–119). In 1931, the Board published a similar list of diseases, thus synchronizing and unifying diagnostics in Finnish medicine. This is significant, because it unified the use of diagnoses, and thus the history of psychopathy in Finland is clearly tied to official diagnoses, not just terminological discussion. Psychopathy was divided into *Constitutio psychopathica*, the constitutional form of psychopathy, and *Reactio psychogenea*, the psychogenic reaction. The constitutional psychopathy shared the fundamental idea of degeneration that psychopathy was congenital and hereditary, but physical signs of degeneration were no longer searched for. Psychogenic psychopathy could be a one-off reaction to a shocking event, and the individual in question was not necessarily diagnosed for life.

In this dissertation, my focus is on the constitutional form of psychopathy, although I have also examined the psychogenic reaction to some extent. There are two reasons for this emphasis: the permanence of psychopathy was stressed in the constitutional form, which enables a more coherent conceptual scrutiny; secondly, the psychogenic reaction ceased to exist in the ICD-6, whereas the constitutional form would last until 1968.

Constitution was nothing new as such, as it had coexisted at the same time as degeneration did (see e.g. Wulf 2016, 188). This was the case in Finland, too. For example, in 1915, physician Ernst V. Knape referred to psychopathic constitution as a form of degeneration (Knape, 1915). In 1926, physician Lars Ringbom analyzed the concept of constitution thoroughly and concluded that it is a concept that deals with the whole psychophysical entity. The constitution of the individual consists of the endocrine system and the vegetative and central nervous systems. They have an essential influence on the individual's capability to self-regulate (Ringbom, 1926). The approach was very biologically oriented, and stressed the importance of heredity. This was to be seen in Finnish eugenics, as well. Psychopathy was in close relation to eugenics, as publication III exemplifies (more on the topic, see Mattila, 1999).

Table 1. Diagnoses of *Constitutio psychopathica* on all new patients in Finnish mental hospitals in the 1930s (SVT Official Statistics of Finland XI,. 51, 53, 55).

| Diagnoses of <i>Constitutio psychopathica</i> | n | % |
|---|-----|-----|
| 1934 | 311 | 7.2 |
| 1936 | 339 | 6.7 |
| 1938 | 329 | 6.6 |

Table 2. Diagnoses of *Reactio psychogenea* (including paranoia, psychosis querulans, and formae aliae) on all new patients in Finnish mental hospitals in the 1930s (SVT Official Statistics of Finland XI. 51, 53, 55).

| Diagnoses of <i>Reactio psychogenea</i> | n | % |
|---|-----|-----|
| 1934 | 163 | 3.8 |
| 1936 | 206 | 4.1 |
| 1938 | 242 | 4.9 |

As can be seen in Table 1 and Table 2, around ten percent of the patients in Finnish mental hospitals in the 1930s were diagnosed with psychopathy. The majority of these were diagnosed with the constitutional rather than the psychogenic form. In the 1930s, the psychogenic form was further classified into *paranoia* and *psychosis querulans*; these stand as good examples of specifications that have changed over time.

In 1948, the International Conference for the Sixth Revision of the International Lists of Diseases and Causes of Death convened in Paris. The outcome was the International Classification of Diseases, Revision 6 (ICD-6), which would also be used in Finland, as requested by the National Board of Health. In 1954, all Finnish mental hospitals started using ICD-6. Whereas the international version categorized different types of “pathological personalities,” the Finnish version of the ICD-6, *Tautinimistö*, used *Constitutio psychopathica* instead, thus continuing to use the term psychopathy. In both cases, the eight subcategories were similar: schizoid, paranoid, cyclothymic/unstable, inferior, antisocial, asocial, sexually abnormal, and other, undefined types (Tautinimistö 1953, 40). This was a significant conceptual change, and it shows clearly in numbers. For example, the number of psychopaths in the statistics of the Oulu District Mental Hospital dropped dramatically. In 1953, 20.7 percent of the patients were diagnosed with either constitutional or psychogenic psychopathy. Two years later, in 1955, the percentage was only 2.7, and even the highest percentage, 4.5, which was recorded in 1963, meant a total of 110 diagnoses of psychopathy that year (Annual reports of the Oulu District Mental Hospital, 1953–1963). The national statistics show a

similar pattern, as the percentage of psychopathy diagnoses in Finnish mental hospitals dropped to 2–6 during 1954-1968, as shown in Table 3. This conceptual change is analyzed more broadly in publication III.

The percentage of psychopathic patients in the post-war years is similar to the pre-war years, presented in Table 1. Although there were some changes in identifying the constitutional form of psychopathy, the number of patients who were not seen as mentally ill but whose condition was permanent stayed the same.

Table 3. Diagnoses of *Constitutio psychopathica* (ICD-6) on all new patients in Finnish mental hospitals, 1954–1968 (SVT Official Statistics of Finland XI. 57, 62, 67, 71).

| Diagnoses of <i>Constitutio psychopathica</i> | n | % |
|---|-----|-----|
| 1954 | 576 | 6 |
| 1959 | 333 | 4.1 |
| 1964 | 305 | 2.8 |
| 1968 | 302 | 2.3 |

In 1969, the ICD-6 was changed to the ICD-8, and *Tautiluokitus* listed eight subcategories under the title *Persona pathologica* [pathological personalities]. In everyday medical language, they were mostly referred to as *luonneviat* [character defects]. The subcategories consisted of paranoid, affective, schizoid, explosive, anankastic, hysterical, asthenic, antisocial, immature, other undefined forms, and NUD (Tauti- ja kuolinsyyluokitus 1969, 40). From then on, psychopathy as a term was no longer used in the medical language, unless for clarifying historical aspects and resemblances.

1.5 Who were they?

This dissertation focuses on a case study of an offender, on children who were seen as deviant, on northern citizens who were portrayed as maladjusted, and on individuals who felt they were of different gender than their assigned one at birth. To fit these individuals in the bigger picture, it is best to give a short overview of those to whom the diagnosis of psychopathy was applied.

It is important to note that psychopathy was not originally a class issue. Similarly, historian Richard Wetzell points out that in Europe, degeneration was a social problem that concerned everyone, and was not just a way of creating distance between the normal and the abnormal lower-class degenerates (Wetzell, 2000, 71). Obviously class issues were still present. It was exactly the same with psychopathy,

although class issues became more prominent later on. Similar tendencies have been observed in state-led interventions, which were often closely connected with the so-called psychopaths. According to the historian Markku Mattila, sterilization policies in 1935–1970 in Finland were not originally targeted at any specific groups. In practice, women and lower social classes were the targets (Mattila, 2005).

Originally, deviance from the norm concerned all who deviated in a way not accepted by the surroundings. In Lapinlahti, for example, wealthy patients received better treatment, but that did not stop them being seen as psychopaths. The following description by the chief physician Christian Sibelius illustrates a middle- or upper-class psychopath's life in the ward in 1919:

Although she was given more privileges than any other patient, one of the best rooms, better and more substantial portions of food than to anyone else; although she was waited on more than enough, although the doctors sacrificed their time to her a lot more than to any other inmate; even though everybody always tried to react with reason and patience, even when she was occasionally extremely derogatory, slandering, accusing, and threatening, even though she had the freedom to go wherever she wanted, although she was many times told that the one who has voluntarily come here can also leave when one wants to – despite all this she thought that her hypochondric pain is due to our circumstances, our doctors, she keeps on claiming that the doctors are bullying her so that her resolution would be as bad as possible (translation by the author) (The Lapinlahti Hospital Archives, Sibelius, 1919).

Sibelius' elaboration on the patient's behavior clarifies why she was diagnosed with psychopathy instead of being given some milder diagnosis such as neurasthenia. The patient herself was convinced she was suffering from weak nerves. The example also illustrates how members of better-off families were not spared from unfavorable diagnoses.

Throughout its history, the diagnosis of psychopathy has been more often given in Finland to men than women. The reasons for this are manifold, and a thorough analysis on the matter would bring new insights regarding the role of men and women in Finnish society. On a general level, it is clear that although there are many differences, such as the widespread disapproval of sexual activity in women and the higher rate of criminality in men, there are also lots of similarities and ambiguities. For example, men were not usually taken to hospital because they were sexually active, but they could be hospitalized because of anxiety related to venereal diseases. Men were not free of norms and moral codes regarding sexuality

– and they feared and suffered from the consequences of their activities. Also, although many men were hospitalized because of their violent behavior, there were also violent daughters and wives, as I show in publication III. This dissertation focuses on children and patients diagnosed with transvestism rather than gender differences as such. It is best to be cautious about gender-related assumptions: as is emphasized in publication IV, the past has been more pluralistic than one might expect. Table 3 illustrates gender differences in the use of the diagnosis before and after the Second World War. As can be seen, men represented two thirds of all patients diagnosed with *Constitutio psychopathica*, but this does not apply to all years, especially during the Second World War, when there were fewer resources for civilians and the focus was mainly on soldiers.

Table 4. Number of diagnoses of *Constitutio psychopathica* in Finnish mental hospitals by gender, 1939—1968 (SVT Official Statistics of Finland, 1939–1968).

| Diagnoses of <i>Constitutio psychopathica</i> | male | female |
|---|------|--------|
| 1939 | 194 | 118 |
| 1944 | 594 | 134 |
| 1949 | 521 | 323 |
| 1954 | 387 | 189 |
| 1959 | 213 | 120 |
| 1964 | 198 | 107 |
| 1968 | 234 | 68 |

It is obvious that my articles offer only a limited range of cases, which makes overall impressions impossible. Instead of trying to offer a complete picture of the history of psychopathy, my vignettes illustrate the scope in variety. However, by answering to the research questions of this compilation part, I also aim to illuminate the logic in the use of one diagnosis for so many different kinds of symptoms and problems. I will now present the research questions.

1.6 Objectives and research questions

This dissertation focuses on some specific uses of the diagnosis of psychopathy. The main aim is to show how the diagnosis was used differently for different purposes, and one should examine each context separately. As the diagnosis of psychopathy has been interpreted in very different ways, there is a risk of simplifying it to a general synonym for psychopathology, or a vaguely used wastebasket diagnosis.

It is intriguing how the diagnosis of psychopathy was favored and how it thrived for so long, especially as it has been criticized as a catchall diagnosis. Greg Eghigian explains the success of the diagnosis by its vagueness and plasticity, although some psychiatrists tried to restrict its usage (Eghigian, 2015a). I agree with the vagueness, for my own findings support this view, but at the same time, my research allows a different interpretation. As I will show, the diagnosis could be very specific and have a very pragmatic use value in some contexts.

Publication I explores the early history of the diagnosis of psychopathy, because the diagnosis of moral insanity set the stage for the use of psychopathy. It explicates how a whole new category of mental disorders that could diminish criminal responsibility arose in the public discourse. In practice, psychopathy became the most significant diagnosis to which the category of diminished responsibility was applied. Although I claim that moral insanity was not the conceptual predecessor of psychopathy in Finland, moral insanity created a category, which was soon taken over by psychopathy.

Publication II shows how the diagnosis of psychopathy was used to explain deviance in children and how it was essential in the early development of child psychiatry. It also analyzes the change in interpreting children as psychopaths, and how the diagnosis was seen no longer to apply to children.

Publication III analyzes the overall use of the diagnosis in the context of maladjustment in one hospital, the Oulu District Mental Hospital in northern Finland after the Second World War. It illustrates the whys and hows of intervention in the more rural, poorest parts of society.

Publication IV exemplifies a very specific use of the diagnosis of psychopathy in treating individuals who would later become known as trans and gender nonconforming persons and who were then diagnosed with transvestism, a subcategory of psychopathy.

The research questions that this dissertation aims to answer are the following:

1. What was the diagnosis of psychopathy used for, and in what context?
2. What were the common denominators in the use of the diagnosis of psychopathy?
3. What forms of intervention took place in the cases studied?
4. Could psychopaths, according to the experts, change?

The purpose of these questions is to tie some knots between the articles and to show the similarities that earlier research has not sufficiently emphasized. My goal is to map the history of one diagnosis to a broader understanding of the role of an

individual in modern society. By looking at different contexts, I sketch the outlines of the so-called maladjusted citizens and their chances of fitting into society. I emphasize that these different contexts were more specific than mere “wastebaskets”, and served specific purposes. The pendulum between the wellbeing of the individual and society was constant in treatment, and varying emphases between the two also guided the use of the diagnosis.

I have co-written two of the articles. Although it is impossible to separate my input from the whole, or to exclude my co-authors’ input from the parts that I have been primarily responsible for, there are some areas of expertise that can be distinguished. In publication II, Mikko Myllykangas has focused particularly on the history of suicide studies. In publication III, Petteri Pietikäinen has focused on social engineering, and my focus has been more on the patients and the Oulu District Mental Hospital. A more detailed description is provided in the appendices of the application for the permission to defend.

2 Theoretical background

Ludwik Fleck has stated that “epistemology without historical and comparative investigations is no more than an empty play on words or an epistemology of the imagination” (Fleck, 1979, 21). I take comfort in the thought, for it defends the importance of historical thinking. Both theoretically and methodologically, historians are criticized by philosophers, sociologists, and, in the case of medical humanities, occasionally also by practitioners of medicine. Yet, historical representations of the past in the medical publications are typically defective, even faulty. For example, a recent article on antisocial personality disorder in the most significant Finnish medical journal *Duodecim* attempts to give a historical outline of the history of the disorder, but fails doing so. For example, the article states that antisocial personality and psychopathy used to be synonyms (Repo-Tiihonen and Hallikainen, 2016). Although there is some logic behind the statement, it is an oversimplification; antisocial personality was just one of the many kinds of personality types categorized as psychopathy. This is not to say that the article makes otherwise no sense, quite the contrary, the psychiatric expertise of the writers is evident. This is to say, however, that the field of medicine needs historical research to help understand the past, and not only the past, but psychiatry as such.

While I want to stress the importance of historical analysis and perspective, I admit that theoretically, historians are just as much subjects to the currents of our time as are other human sciences – and psychiatry, for that matter. Friedrich Nietzsche referred to the Greco-Roman myth of Arachne, an excellent weaver, whom Athena, the goddess of wisdom and crafts, turned into a spider. Nietzsche turned the myth into a spider metaphor: our consciousness is as limited as that of a spinning spider. The spider lives with the wisdom of spinning the web, but primarily it aims to hunt, to fulfill its pleasures. Knowledge is only a detour to ourselves (Nietzsche excerpt from Schmitt, 2006, 61). Historians, as any other thinking beings, use the knowledge they have managed to acquire, and they use it to support their observations and hypotheses. Knowledge beyond their reach cannot be made use of.

This work is largely based on the use of primary sources with less focus on theoretical discussions. I base my dissertation on three more general theoretical premises. Firstly, I think of psychiatry as a scientific discipline and practice without questioning its position as science. Instead, I take its position as science as given and focus on the way psychiatry was practiced. Secondly, I perceive the connection between the diagnosis of psychopathy and of emotions as close. History of

emotions as a field of historical research has offered a framework, which is evident particularly in publication II, but also as kind of a zeitgeist in historical research at the moment. Thirdly, I see the diagnosis of psychopathy as a product of and a tool in societal development. Together with Petteri Pietikäinen, I use the concept of social engineering in trying to understand the history of the diagnosis.

Before introducing these premises, I will present previous research on psychopathy.

2.1 Previous research

This dissertation is the first more thorough study on the history of the diagnosis of psychopathy in Finland. Internationally, this is most probably the first study that uses very different kinds of patient records and makes conclusions based on the variety; Henry Werlinder has comprehensively analyzed the conceptual history of psychopathy in the scholarly context (Werlinder, 1978), but his work does not take a stand on the extent and ways that the different concepts have been used.

Part of the challenge to define previous research is tied to defining the diagnosis itself. Conceptually, the closest ones to Finnish psychopathy are those heavily influenced by German psychiatry. Greg Eghigian has done research on the German history of psychopathy and its application in medicine, scientific research, social welfare, and criminal justice (Eghigian, 2015a). Stefan Wulf has used the patient records of the Hamburg Staatskrankenanstalt Friedrichsberg [State Hospital Friedrichsberg] in his study of drug addiction in Germany in the 1920s (Wulf, 2016). Urs Germann has taken a closer look at psychopathic personalities in psychiatry and the law in Switzerland (Germann, 2016). Christel Braig has focused on psychopathy in child psychiatry (Braig, 1978). Other Nordic countries were also influenced by German psychiatry: Bolette Frydendahl Larsen has studied psychopathy as a pragmatic solution to institutional problems at Vejstrup Re-education Home in Denmark (Frydendahl Larsen, 2017), and Annika Berg has studied cases of psychopathy in the 1930s Sweden (Berg, 2016). The case of Norway, however, illustrates the problem of defining psychopathy. One of the diagnoses in use in Norway in the early twentieth century was *Insania degenerativa* (Dahl, 2017), and it shared many features with psychopathy, although it had a different name. As can be concluded from these examples, research on the history of psychopathy spreads in very different directions.

The American context offers another view to look at the history of psychopathy. Elizabeth Lunbeck has studied the Boston Psychopathic Hospital in the United

States. She concludes that psychiatry reorganized around the normal and the everyday life (Lunbeck, 1994), as also in Germany, where psychiatry extended from proper mental illnesses into the borderland of mental abnormalities (Wetzell, 2000). However, already the name Boston Psychopathic Hospital caused a lot of confusion, and even a psychiatrist working there replied, when asked, what the word “psychopathic” means, that she is not a Greek scholar. The term had many meanings in the United States, but the usage fell more or less in line with the German (Lunbeck, 1994). This would change later.

Apart from historians, criminologists like Nicole Hahn Rafter have focused on the history of moral insanity, psychopathy, antisocial personality disorder, and criminality in general (see e.g. Rafter, 2004). In addition, many psychological, psychiatric, and criminological studies that discuss some aspect of psychopathy also refer to the past.

In Finland, there is some research related to the diagnosis of psychopathy, although no thorough studies exist. In *Battled Nerves*, Ville Kivimäki analyzes Finnish soldiers’ traumatic war experiences and the uses of different diagnoses, including psychopathy, in military psychiatry (Kivimäki, 2013). The psychiatrist Hannu Lauerma has briefly analyzed the history of psychopathy in a book dedicated to the present-day psychopathy (Lauerma, 2009). Mika Ojakangas has examined children’s adjustment (Ojakangas, 1998) and Jutta Ahlbeck has covered psychiatry, including psychopathy, from a historical perspective in various publications (Ahlbeck et al., 2013; Ahlbeck, 2015; Ahlbeck-Rehn, 2006).

Because of its long history and wide conceptual coverage, the history of the diagnosis of psychopathy is closely connected to innumerable Finnish research topics. For example, Toivo Nygård has written on the history of deviants in Finland, stating that there has always been conflict between the deviants and the so-called normal (Nygård, 1998, 11). The history of psychopathy is in many ways tied to the history of the mentally deficient, sex workers, and the Romany. Many of Nygård’s observations are thus in relation to psychopathy as well, but his work overlooks the medical context. Minna Uimonen has covered the history of another significant borderland state in the medical context, that of neurosis and nervousness (Uimonen, 1999). Markku Mattila’s research on racial hygiene (1999) is to a large extent a study of psychopathy, while Minna Harjula’s (1996) and Heli Leppälä’s (2014) dissertations on disability are also relevant, especially in the context of comorbidity of psychopathy and other disabilities, and the borders between them. This list could be made much longer, but already these few examples portray the thematic vastness of the diagnosis.

2.2 Psychiatry and scientific practice

One of my premises is to accept the diagnosis of psychopathy as part of scientific practices and science. I take Hasok Chang's approach and examine the ways psychiatrists made theory choice. In other words, I study what was done with theories. Chang perceives scientific work as a collection of activities. In science, there are systems of practice that are formed by a coherent set of epistemic activities. These activities are performed with a view of achieving certain aims (Chang, 2012). In the case of psychiatry, these activities include collecting data about the patient, observing the patient, diagnosing him or her, describing the condition, evaluating the need for medication and prescribing medicine, and explaining the patient's behavior in medical terms. In publication I, I use Chang's perception to emphasize how the chief physician Thiodolf Saelan used psychiatric activities to achieve his political aim.

The reasons for this approach are twofold. Firstly, the focus of my work is in the patient records. They reveal above all the practices and the ways theories were applied, and the reasons for applying. Secondly, the diagnosis of psychopathy was imported from Germany, after which it altered in the Finnish cultural influence. My aim has been to look at the interpretations and implications of the theories, not the theories themselves.

Many theories of science emphasize the role of community. Lorraine Daston and Peter Galison describe the history of objectivity as the suppression of the self and the practice of the scientific self, but at the same time, behind knowledge has stood not only the scientist but also a certain collective way of knowing (Daston and Galison, 2007, 38,53). Similarly, Ludwik Fleck describes *Denkkollektiv* and *Denkstil*, or thought collective and thought style, which define the functions of a scientific community. Thought collective means a community of researchers exchanging ideas. Thought style means the readiness for directed perception characteristic of a thought collective. When there is a closed system of opinions, it is resistant to any contradictions. Scientific knowledge is not about logic but about "stylized units", as Fleck calls them, which then develop or atrophy (Fleck et al., 1979, *passim*). Fleck's way of thinking is close to Nietzsche and his views on *Arachne*, the spinning spider, and is evident in publication IV in particular. It describes how new scientific knowledge reached Finnish psychiatrists in phases.

I also refer to works by Ian Hacking, and particularly to his notions of interactive kinds and moving targets (Hacking, 2000), which help in illustrating the changes in the diagnosis of psychopathy, not just in society and in the scientific

community. Instead of analyzing the extent to which psychopathy is socially constructed or not, I aim to present the interaction between society, scientific community and the individual as intricate interplay.

2.3 History of emotions

History of emotions is a field of research that emphasizes the historical and cultural role of emotions. Jan Plamper describes history of emotions as a new emotional turn that took place after 9/11 (Plamper, 2015, 297). Frank Furedi states that in Britain, public emotionalism began already in 1997, when the Brits openly mourned Princess Diana (Furedi, 2004, 18–19). There is vital research on the history of emotions, and conferences and workshops related to this dissertation have taken me to listen to talks and discussions on the topic. Although history of emotions is perhaps more a field of research than theoretical framework – and the historian Barbara Rosenwein argues that it should be integrated into other sorts of histories, like social and intellectual (Rosenwein, 2017) – I aim to briefly introduce history of emotions in the context of the diagnosis of psychopathy.

Essentially, history of emotions is about emotions, the expressions of emotions, and their change. Research on the history of emotions comprises both social constructivist and universalistic viewpoints (Plamper, 2015). Emotions can be problematic, as different categories have different intensions and extensions (On the differences between passions and emotions, see Dixon, 2006). Differences with categories such as “passion”, “affection”, “sentiment”, “agitation” and “feeling” are actively discussed in the field of history of emotions. The research field studying feelings has remained somewhat turbulent and polarity remains: conceptions are hard-soft, essentialist-anti-essentialist, determinist-anti-determinist, universal-culturally conditioned (Plamper, 2015, 5).

The use of “emotion” as a psychological category in the English-speaking context is only around two hundred years old (Dixon, 2006). The Finnish research field is still new and until recently also somewhat unorganized, but a Finnish Network for the History of Emotions has been established, having brought the field to life. The Finnish term *tunne* [emotion] has many connotations, and these are not all similar to those of “emotion”. The different meanings include knowing, being acquainted with, knowing one’s way around, feeling, sensing, and recognizing. In other words, Finnish emotions at the turn of the twentieth century were different than e.g. the secularized British ones; morally disengaged, bodily, non-cognitive and involuntary feelings (Dixon, 2006, 3).

Contemporary conceptions on pathological emotions were essential in the understanding of psychopathy. The first Finnish handbook to discuss pathological emotions was Akseli Nikula's *Mielisairaat ja niiden hoito* [The mentally ill and their treatment] in 1918. Emotional disorders were everything that was not seen as "normal" and acceptable behavior. According to Nikula, emotional disorders included gloominess, melancholy, anxiousness, gustiness, anger, altered tactile sensations, excessive sensibility or monotony of emotions, and emotional dementia (Nikula, 1918, 32). To a gloomy individual everything in life was depressing. Everything, even sunshine and birdsong, added to his or her self-accusations and mental pain, or "suffering of the soul", as Nikula described. Some suffered from a low self-esteem. Some felt pains, which made them agitated and restless. Anger manifested itself either as loud and uncontrolled behavior or as insidiousness, "under a closed shell". Nikula grouped dissatisfaction, general skepticism and deep wrath towards certain people under emotional disorders. The pathologically gusty had high self-esteem, never felt down and were never affected by any troubles. Changes in tactile sensations could be very common, especially at the beginning of a mental illness. The body could feel leaden or light as feather, or the person could feel tiny or too big to fit in the room, or even like a rock or a corpse – some felt that they did not exist at all (Nikula, 1918, 33–34). Nikula classified oversensitivity as an "illness of the emotions". He characterized it by sudden changes in mood. Its opposite was monotony of emotions, in which nothing affected the emotions. When emotions became demented, the individual no longer hoped for anything and felt nothing, one could only feel sensations like thirst or hunger. When the so-called higher emotions were demented, the patient no longer looked after one's clothes, committed moral mistakes, and forgot his responsibilities towards himself, his family, and society (Nikula, 1918, 34).

As is obvious from the vast list of different kinds of emotions, problems in the Finnish *tunne-elämä* [emotional life] could be very divergent. The physical sensation of a feathery feeling was grouped together with anger. Emotions have been localized in different parts of the body. The philosopher René Descartes localized emotions in the little gland in the middle of the brain, and David Hartley believed them to be external stimuli (Plamper, 2015, 31). What seemed to connect the emotional pathologies, was the lack of reason. This lets assume that a well-functioning individual was rational, stable, and even-tempered. Emotions as such were not negatively perceived. "Natural emotions" were part of normal human life, and they resulted in "natural" behavior.

For the physicians at the turn of the twentieth century, the central nervous system was to blame for pathological emotions. In a way, the mind was possessed by the nervous system, the body. The body was in control instead of the mind, and this kind of possession made the individual in many ways inferior. The central nervous system made the individual unable to resist certain urges.

Abnormal emotions were one of the focuses in examining psychopathy. The emotional seesaw was to be understood as partially involuntary turmoil, but it had its societal, unacceptable consequences, which also needed to be taken into account.

2.4 Social engineering and the state

This dissertation is part of a bigger research project called MenSoc: Mental Health, Medicine, and Social Engineering in 20th Century Finland (2014–2017), funded by Kone Foundation and the Eudaimonia Research Centre for the Human Sciences. Following the definition by historian Thomas Etzemüller, the components of social engineering were experts, planning, and the imperative for order (Etzemüller, 2014). The focus of the MenSoc project has been on the public policies designed by academically trained experts and policy makers, whose primary goal was to organize and stabilize society as well as shape patterns of citizen behavior.

The following description by Hannes Heikinheimo, the long-term chief physician of the Mental Hospital for Prisoners, nowadays known as the Psychiatric Hospital for Prisoners in Turku, Finland, illustrates the close relationship between the diagnosis of psychopathy and the state. Heikinheimo divided psychopaths into three groups (although this division was not originally his own) – antisocial, asocial, and social. Antisocial psychopaths were harmful or even dangerous to society. Their unconscious motives led them to violence and other forms of crime. Asocial psychopaths were useless to society. They could not take care of themselves or their families, and they always needed help although they should have been able to help themselves. Social psychopaths could be “decent citizens”, who tried their best, but they suffered from their difficult tendencies and emotions (Heikinheimo, 1946, 245–251). This emphasized role of society helps in understanding why there was a constant search of institutions responsible for the so-called psychopaths. In this dissertation, and particularly in publication III in the context of northern Finland, social engineering is understood as a bottom-up policy, which means that power structures were less affected by the state and more by communities and municipalities.

On a more general level, social engineers offer vantage points to the contemporary understandings of normality, which help in contextualizing interpretations of psychopathy and abnormality. One of the goals of the social engineers was to get individuals condition themselves so that they behaved in a “normal” manner (Etzemüller, 2014, 8). To exemplify this, I portray normal sexual life, presented by Rakele Jalas (1892–1955), a doctor and soon-to-be MP – a true social engineer. Jalas’ book *Sukuelämä terveeksi* [Healthy Sexual Life] offers an insightful point of view regarding the ideal citizen. The book was written in 1939 and published some time later in 1941, before the Continuation War (1941–1944) broke out. Jalas was ascertained that society would develop in a healthy way only if marital life was healthy, and permanent homes offered care for the children (Jalas, 1941). Jalas’ arguments were thoroughly affected by both eugenics and social engineering. She was concerned with the degeneration of human kind in Finnish society, and metaphorically stated that permanent marriages were like a “lovely garden that had become overgrown with weeds.” Those inferior individuals, wrote Jalas, who lacked the judgment to control reproduction, continued populating the country with “inferior ingredients” while those who lived in the right manner, controlled the amount of children in the family. Although the Sterilization Law, enacted in 1935, was a solution of a kind, Jalas called for state-led measures that would tackle the problem (Jalas, 1941).

Jalas’ book represents both racial hygiene as well as population policy, which, according to Minna Harjula, dominated Finnish health politics from the 1920s until the 1960s (Harjula, 2007). Jalas was of the opinion that all weak, irresponsible, selfish or negative individuals should be labeled “enemies of the state”, and society should fight against these individuals. Children should be brought up to become healthy, responsible and selfless men and women – real fathers and mothers. The parents and the teachers alike should participate in this “construction work” in order to avoid degeneration (Jalas, 1941). Although Jalas referred to degeneration, she did not mean that only hereditarily degenerate individuals – including the so-called psychopaths – were to blame. She was referring also to bad environment, bad upbringing, ignorance, and distorted information from grown-ups (Jalas, 1941, 69).

These ideals affected the Finns’ perceptions on individuals who would not adjust in the aforementioned ideals. As Anna Maria Viljanen points out in her comparative study of cultural factors in forensic psychiatry, it is impossible to separate the psychiatrists’ views from those of other actors in society. For example, in making forensic psychiatric assessments, psychiatrists make use of documents that have been created by social workers, who have searched for information from

schools, health care, prisons, the military, employers, relatives, neighbors, and acquaintances. In some cases, the ignorance and negative attitudes towards the Romani people, the focus of Viljanen's study, cumulated (Viljanen, 1994, 184). Likewise, in studying the role of psychiatry, it is important that one looks at society as a whole and not just the person whose role it is to write down a name for a condition that has been observed, reported, and condemned by many. This is what is meant by bottom-up policies, inspired by social engineers.

3 Material and methods

Finnish historian Jorma Kalela sets two guidelines for historians: fairness and prudence. Fairness guides the relationship between the researcher and those whom the researcher studies (Kalela, 2017). My contemplation of the historian's own emotional reactions, which I present in this chapter, is a commentary on fairness. It is the way I perceive the relationship between the researcher and the patients described in the records – my suggested way of trying to avoid uncontrolled emotional reactions that would lead to interpretations that do no justice to the research and the researched individuals. The best way to avoid these interpretations is by admittance of emotional reactions. Recognizing and analyzing emotions as a method is one of the discoveries of my dissertation. Admitted, accepted and processed emotional reactions become controlled, a tool to use in analysis. They are as much products of our time and culture as any other research tools we have at hand and that we can use in analyzing the past.

Kalela's prudence focuses on the message that the researcher delivers to the audience. Prudence means connection between the researcher and the audience of the research. The researcher should contemplate his or her motives, and to whom the research is targeted. Kalela stresses the importance of the acknowledgement of this message, which can be seen as a moral duty (Kalela, 2017, 92–112). In my dissertation, the thought that has guided me in the process is the one I stress in my analysis: showing the use value as such, for medicine, for society, and for the individuals, of the diagnosis of psychopathy, analyzed separately in each context. This is why I emphasize psychiatric practices.

In this chapter, I will introduce the most essential research materials and methods I have used in this dissertation. I will explain how I was granted the permission to access the materials, what I collected from the materials, how the materials were controlled, and what kind of ethical issues I have had to consider while doing my research. These are all tied to the responsible conduct of research guidelines. Coming closer to autoethnography, I will also contemplate my position as a historian reading patient records of people I have never met nor never meet, and the ways that interaction – metaphorically – takes place without the presence of the patient in question.

3.1 Archives

I settled on using patient records mainly from two different mental hospitals, although I had done research on five. The reason for eventually selecting two only is pragmatic: the articles related to these two hospitals were first accepted for publication and were written in English.

There is an exception to my otherwise largely archive-based work: I have not used any unpublished patient records in publication I. It is largely based on one published assessment of one individual's mental health. Besides analyzing the case, the focus of publication I is on the reasons why the case was made public. Although this is not apparent in the article, my knowledge of patient records in the Lapinlahti Hospital, where the study of young man M was conducted, has affected my analysis in indirect ways. In particular, the knowledge of the almost nonexistent numbers of cases of moral insanity, and the later rising numbers of the diagnosis of psychopathy, have guided the research process.

I have backed up the arguments in publication II with archival work. I have searched for findings of child suicide, suicide attempts, or notes on self-harm in the Lapinlahti Hospital and in the Pitkänieni Hospital's children's ward, and gone through all child patients with the diagnosis of psychopathy.

Publications III and IV are largely based on archival findings. Publication III is based on a thorough study of patients diagnosed with psychopathy in the Oulu District Mental Hospital. I have studied altogether over one thousand patient records with the diagnosis of psychopathy. Although not analyzed in quantitative methods, this huge number shows the changes and differences in the use of the diagnosis.

Records that I used in publication IV were found while studying the diagnosis of psychopathy in the Lapinlahti Hospital, which at the time was named the Psychiatric Clinic of the Helsinki University Central Hospital. I then realized I have found something important that has not been researched before, and collected all cases with the subcategory of transvestism. To understand the significance of this find, it was useful to know that I had not found similar diagnoses in other hospitals I studied – the exceptions are analyzed in publication IV. This gave reason to believe that the patients who were diagnosed with transvestism knew that Lapinlahti was the place where help might be found.

Besides these aforementioned archives, I have studied patient records in the Psychiatric Hospital for Prisoners in Turku as well as in the Niuvanniemi Hospital. Although not included in this dissertation, I have published or am about to publish

my results and think of them as part of the same research project, because all my findings have supported each other and have backed up my arguments.

In collecting and using the data, I have followed the Finnish Personal Data Act (523/1999), which guarantees the protection of private life. I have also followed the guidelines for responsible conduct of research, as advised by the Finnish Advisory Board on Research Integrity. I have notified the Data Protection Ombudsman about the transfer of data as required. The National Institute for Health and Welfare has granted me a research permit (THL/735/5.05.00/2013). In addition to this permit, I have separate permits from the Northern Ostrobothnia Hospital District (135/2013), The Hospital District of Helsinki and Uusimaa (78/13/01/2014), the National Archives of Finland, Tampere University Hospital (RI3553), and the Niuvanniemi Hospital.

I have anonymized the records already at the time of collecting data. I have marked down the subcategory of the diagnosis of psychopathy, if mentioned, age, profession, gender, place of birth, incidence of insanity in the family, symptoms and behavior, and care at the ward. Additionally, I have collected anamnesis passages, passages from letters of the patients, their family as well as of the hospital staff and of different institutions interacting with the hospital. As is often with archival material, collecting this type of data has been less systematic due to the variance and differing amount of data in the records. In the publications, I have avoided using any data that would enable the identification of the patient. For example, I have not published any information on the place of birth, as in the case of small towns, this might make it possible to identify the patient. In the case of the patients diagnosed with transvestism, a very small sample of individuals, I have also omitted other data that could lead to identification of the patients, including case file numbers that would make it possible to combine pieces of information and thereby make an identification. Finding the cases is still possible, though, due to their small amount, and with the aid of the patient journals of the psychiatric clinic.

Besides working on archival material, I have used many other kinds of sources. I will briefly introduce these before moving on to the results of my dissertation.

3.2 Journals, dissertations, fuzzy searches

Although some source materials, such as the Finnish medical *Duodecim*, are digitized, the searches are not necessarily trustworthy. Therefore I have skimmed systematically through the most common medical publications, especially *Duodecim*, *Suomen Lääkärilehti* [Finnish Medical Journal], and *Finska*

Läkarsällskapets Handlingar [Proceedings of the Finnish Medical Society]. I have also systematically searched for all dissertations in the field of psychiatry, as well as skimmed through the bibliographies available.

Although I collected the major part of my sources by skimming material manually, I have also used digitized materials. The application of new digital data management technologies in humanities, also known as digital humanities, is constantly growing and developing. In my dissertation, of particular importance are the National Library Digital Collections, which use a combination of technologies including optimal character recognition, enabling fuzzy searches. The National Library of Finland has digitized Finnish newspapers. The collections are tremendously useful in charting the popularity of words showing up in newspaper articles. I used an endless amount of search words while working on publications I and IV, trying to find out if certain topics were discussed in the print media. I have also based some of my arguments on these findings, such as my claim in publication IV that the patient Impi was not aware of scientific works published in German, or in publication IV, that chief physician Thiodolf Saelan's article on moral insanity was of crucial importance in spreading information about conditions that might affect criminal responsibility.

I conclude my chapter on material and methods with a commentary on the significance of acknowledging the historian's own emotions – in connection to the principle of fairness that I already discussed in the beginning of this chapter. Although I did not write a research diary as a method of autoethnography, which as far as I know is common in some fields, in hindsight I would recommend doing so to other scholars. My reason for this is that consciously focusing on your own emotions helps in distancing yourself from them.

3.3 A commentary on the historian's emotional reactions

Unlike in some other branches of science, such as in anthropology and ethnology, it is not automatically expected that historians openly reflect upon their own role and their own emotions in the research process. On the contrary, some even think that the researcher's own reflections and emotions are irrelevant.

To some historians, emotions are important for methodological reasons. For example, historian Mona Gleason argues that we need to be imaginative readers, and she calls for emphatic inference as a method for gaining results (Gleason, 2016, 446–459). Historian Maarit Leskelä-Kärki argues that experiencing similar emotions as the subjects of her research is impossible, especially if there is a

hundred years' time difference in their lives. Instead, she has three goals in research: encountering and connecting with the subject, attempting to make his or her life present, and trying to understand the subject in the context of his or her historical background (Leskelä-Kärki, 2005, 323). All these goals require personal input. Similarly, I perceive reading patients' very personal and intimate files as interaction. It was essential to see cases as people, not just as past or a piece of paper. It had to do with respect but also research: I think I was a better researcher when I was present, when I interacted. The research results are attempts to understand, even if, as any "real" interaction, they result in misinterpretations. Interpretations are renewable, as any research results.

In historical research, interaction cannot be seen as two persons acting upon another, because the other person cannot influence the situation and the interpretations. The sources are also problematic in the sense that interaction is not voluntary: the subject of study has no choice. Interaction is a metaphor, a metaphor of trying to understand and interpret. The influence that the person in the records has on the researcher does not bounce back to that person, but instead, shows in the research. I see interaction as an attempt to avoid arbitrary, self-driven interpretations. Philosopher Kalle Pihlainen argues that there is no real access to the past, the past cannot partake in a conversation, and researchers attribute significance to the texts of the past on the basis of their needs (Pihlainen, 2014). It has to be stated that it is an amusing thought that historians strive to look for meanings that have primarily personal interest to them, as if they never got results that contradict their needs. Unlike Pihlainen, I do not see a need for abandoning interaction as a metaphor, as metaphors by definition are not literally true.

There are at least two significant methodological grounds for the self-reflection of emotions. Firstly, emotional reactions can be seen as tools that help in paying attention to focal points in research. In studying the history of psychopathy, interaction between the patient and other members of society from family members to doctors has a crucial role, because psychopathy was closely associated with social maladjustment. Stronger emotional reactions may function as indicators of research finds. For instance, in the case of publication II, the interpretations of the contemporaries of the psychopathic children led to focus on the logic in the interpretations, and the historical context behind them. The emotional reaction related to the conception of suicidal children as psychopaths forced to thoroughly search for the historical background for that conception. Emotional reactions may also lead to hypotheses. The patients with the diagnosis of transvestism, discussed in publication IV, were so certain of their identity, despite the lack of knowledge at

the time, that this led to my hypothesis of the awareness of a concept before there are words for it. The expressed emotions in the sources were convincing enough to evoke emotions in the researcher.

Secondly, emotions can help in understanding the subject of study better, although it can never be stated that the emotions are exactly the same. The anthropologist Renato Rosaldo emphasized this when only the death of his wife made him understand what the Ilongots in the Philippines meant by rage that is born of grief. The sudden death made him realize something he had ignored for years, changing his perception of the Ilongots' need to go headhunting (Rosaldo, 2007, 219–227). Some of the emotional experiences are more intimate and more sensitive than others, which might make approaching the emotion-evoking issues more problematic. In the case of psychiatry, it has to be accepted that the emotions might be related to the researcher's personal problems. At the same time, risks between emotional reactions and presentism are apparent: one should be aware of the former in order to be able to avoid the latter.

Research deserves careful reflection. It should not be driven by the emotions, driven in the sense that they dominate interpretations – perhaps this would be close to what Kalle Pihlainen means by attributing significance to the past on the basis of one's own needs. Emotions should be nourished, analyzed, and made part of work. Denying emotions does not mean they do not exist and affect the work. Recognizing and using them is a skill. This is a method used in psychiatry as well, and although the extent of “scientific” can of course be questioned, it is difficult to imagine skilled psychiatrists without this capacity.

Self-reflection is not only methodologically important – working on emotions that the research material evokes is important for the researcher's own sake as well. In short, the process matters. Patient records are particularly sensitive sources, because for many, hospitals are safe places for self-expression. Although records are mediated sources, and their discourse is medical, they are private, non-mediated in the sense that they lack the need to behave and adjust, which most of people try to do outside the hospital. There surely are rules, but the rules differ from the outside world. The sources used in this dissertation include detailed descriptions of different types of violence and abuse, such as murder, rape, incest, suicide attempts, as well as different types of “antisocial” behavior, such as pyromania, prostitution, political beliefs considered antisocial, and criminality.

The diagnosis of psychopathy used to imply causing suffering not only to others but also to oneself, as the psychiatrist Kurt Schneider once defined, and the majority of psychopaths in the sources were themselves suffering. The anamneses

in particular portray human life as a multi-layered interpretation of the life course of the patients, including devastated family members, frustrated teachers, battered fiancés, and the patient in agony. To make these voices comprehensible, one needs emotions.

History as a discipline sets no predefined boundaries between the researcher's comfort zone and topics the researcher is unable to cope with, unlike in psychiatry, in which the boundaries between patients and psychiatrists are explicitly defined. The aim is to protect the psychiatrist and to keep a certain distance. Emotions are dealt with somewhere else than in the patient-psychiatrist relationship. Some ways to do this are with colleagues (you never work alone when treating patients that are considered demanding to deal with), supervision of work (discussing professional, often confidential issues with a supervisor), constant training, and therapy. Some less official ways are also used, such as a hedonistic lifestyle, as recommended by a member in my follow-up group. There are no professional guidelines among historians, especially not among those doing research on a grant, as they are not entitled to occupational health care.

The ethnologists Billy Ehn and Orvar Löfgren describe academia as an environment in which “feelings are either denied or denigrated. In the academic mode of producing knowledge, emphasis is put on rationality, scientific objectivity and a constant rhetoric about keeping ‘person and thing’ separate” (Ehn & Löfgren, 2007, 102). It is a matter of strength, not weakness to admit that research creates emotions. The emotions are personal emotions, despite the position as a researcher. It is okay to have them, to reflect on them, and to work on them. Eventually, this will make the work better – it is a way to control arbitrariness in interpretations. Historians need to be proactive in getting help to process emotions. They can talk to people they trust, apply the idea of supervision of work (confidential professional discussions with an experienced person), if possible, create networks with people doing similar kind of work, and avoid working completely alone.

My take on emotions in research is normative, because the belief in omnipotent rationality of the researcher in interpreting patient records can be ethically questionable. I want to emphasize the role of analyzing emotions as a method, because emotions help in seeing others as subjects, not mere objects of study. The metaphor of interaction brings this ethical responsibility to the fore. It is not an ethical question only, because emotions also deepen analytical abilities and help in clarifying the role and significance of the researcher in the interpretations, which is one of the discoveries of this dissertation.

4 Results

In this chapter I seek answers to my research questions and aim to clarify some reasons why the wastebasket interpretation of the diagnosis of psychopathy should be rejected or at least critically reassessed. This is not to say that the diagnosis was never used for just about anything, as there are many cases in which diagnoses were made without more thorough examination of the individual. In his research on the history of electroencephalography of psychopathy, delinquency, and immorality, Felix Schirrmann describes the critique towards psychopathy in the United States and in Great Britain in the 1940s and 1950s (Schirrmann, 2014). It is obvious that many of the contemporary psychiatrists perceived the equivocality of psychopathy as highly problematic. Wastebasket was a commonly used term. For example, in the 1950s, psychologist Robert M. Lindner stated that “the diagnosis of psychopathic personality is perhaps the most notorious waste-basket in psychiatry and clinical psychology” (Lindner, 1994, 329).

Contemporaries discussed the problems, and the discussions led to changes in concepts and terminology. As stated, the diagnosis of psychopathy disappeared in Finland, and reemerged later in different, Anglo-Saxon form. Some historiographical illustrations refer to the contemporaries and to their critical perceptions (see e.g. Gacono and Meloy, 1994, 143), and make them directly their own interpretation of the past. This means repeating the interpretations of contemporary psychiatrists, making historiographical assumptions based on contemporary criticism, instead of reevaluating the diagnosis. Historian Joanna Bourke describes the diagnosis as “purely out of convenience” (Bourke, 2008). This critique brings to an interesting point: indeed, it might have been convenient to diagnose someone with psychopathy in certain circumstances. But convenience needs to be defined. By the time the individual entered the hospital, there was already a reason for hospitalization. The pressure to diagnose, to think of grounds for the individual’s symptoms and behavior, came most often from the world outside. Nosology set limits, so did the availability of other kinds of care. Diagnosing with psychopathy served specific purposes, and those purposes aimed at serving the good of society – which, in many cases, was different than the good of the individual in question.

Criticizing diagnoses of being wastebasket, or trashcan diagnoses, has not disappeared. Antisocial personality disorder, which could be seen as offspring of the diagnosis of psychopathy, is criticized for much the same reasons as

psychopathy was criticized decades ago. For recent discussion of it, see, for example, Patrick and Drislane (2015, 686).

Next I will go through some interpretations of psychopathy that the Finnish disease nosology – setting the limits in the use of the diagnosis – allowed. What might seem arbitrary at first followed certain rules. I will introduce characteristics that are shared by the use analyzed in the articles.

4.1 The uses and contexts of the diagnosis

All cases share one essential prerequisite: psychopathy was diagnosed in individuals who were, for one reason or another, in need of hospitalization. Historian Urs Germann interprets the whole rise of the concept of psychopathy in Switzerland as the specialization of intervention strategies (Germann, 2016, 218). Hospitalization was one of those strategies, although Germann's analysis is clever – many so-called psychopaths were indeed sent from one institution to another. But without doctors there were no diagnoses, official labels. The interpretation of psychopathy as specialization of intervention stresses the importance of the institutions, but it was just as much protest by the people who lived with the so-called psychopaths – neighbors, spouses, parents, and social board members.

As explained in publication I, deportations to Siberia, for example, were no longer an option in the twentieth century. Hospitalization was a new kind of intervention strategy, enabled by new mental hospitals in Finland, but this does not mean that there were no strategies before the time of institutionalization.

Publication I presents a different diagnosis to psychopathy, but the key to seeing the similarities between moral insanity and psychopathy is the interconnectedness of criminality and mental abnormality. What I argue is that moral insanity represented a new category of borderland disorders in the late nineteenth-century Finland. Whereas the diagnosis of moral insanity was never commonly used in Finland, the context of the singular case of young man M is important. Thiodolf Saelan, the chief physician in the Lapinlahti Hospital, used his expertise in the area of forensic psychiatry and M's case in his argument for the need of the category of diminished responsibility. Not only did he give a speech and publish on the topic in the medical context, he also analyzed M's case in a newspaper. Saelan was successful in his aim, and the category of diminished responsibility became part of the Criminal Code of Finland (39/1889). The category of diminished responsibility has remained until today, and used to be widely applied on those diagnosed with psychopathy. This would cause a lot of discussion over the

course of the twentieth century, because perpetrators diagnosed with psychopathy were likely to get shorter sentences, and this resulted in disputes. Although I do not focus on forensic psychiatry in my dissertation, the history of forensic psychiatry in Finland is very closely tied with that of psychopathy (see also Parhi and Lauerma, 2016).

Publication II explicates the use of the diagnosis of psychopathy on children, and child suicide in particular. The diagnosis of psychopathy has indeed been applied on children with problems, as also Christel Braig (Braig, 1978) has shown. Historian Kaisa Vehkalahti has described how there was a more general division between defenseless and delinquent children in Finland. The defenseless could be orphans or suffered from poor a poor living environment, and lacked sufficient care and education. The delinquent children were a threat to society and other children (Vehkalahti, 2009, 2–3). Following the lines of mental hygiene, it was believed that many children could be helped and suicides prevented. Society should try to tackle poverty and unfavorable environments. But this was so only in the case of psychogenic reactions, not constitutional psychopaths, because those children were perceived as untreatable. Mikko Myllykangas and I argue that between the 1930s and 1970s, there was a change in cultural ideas of emotions. In the 1930s, psychiatrists interpreted some emotions as psychopathy, whereas by the 1970s, emotions were interpreted as symptoms of social injustice, and they meant expressions of the self rather than something that should be restrained by reason like before. We refer to the “structure of feeling” by Raymond Williams, which means social experiences that are private but nevertheless share common characteristics, and to “emotional communities” by Barbara Rosenwein, which means a group of people who share the same norms of expressing emotions. Both illustrate the change in conceptions regarding emotional norms in Finnish psychiatry (Johannisson, 2012, 14; Plamper, 2015, 68-69).

Publication III examines the Oulu District Mental Hospital as an operator of social control. When the Second World War was over, northern Finland was trying to solve issues related to different kinds of maladjustment, including domestic violence, promiscuous sexual behavior, and alcoholism – the patient records portray the truly broad scope of the diagnosis. Some of the patients diagnosed with psychopathy could be helped, but there was a constant discussion on suitable institution and forms of help, because the chief physician Konrad von Bagh did not think that the mental hospital was the right place for the psychopaths. Publication III exemplifies what Urs Germann means by specialization of intervention strategies; the Oulu District Mental Hospital expressed their need. Historian

Thomas Etzemüller points out that the Swedish social engineers thought of themselves as individuals who controlled the machinery of social change (Etzemüller, 2014). This confidence was not evident among all Finnish experts. As we illustrate in publication III, von Bagh did not think of himself as an engineer of any kind of change. Yet, his role was crucial as the social engineer in the north, especially in applying permissions to sterilize and in deciding lobotomy surgeries – which were never performed on patients with the diagnosis of psychopathy in Oulu (V. Salminen, personal communication, November 17 2017). He was not a big believer in mental hygiene, which was a form of positive eugenics, but in his annual reports, he actively took a stand on health politics in northern Finland, bringing up issues such as poverty and unemployment (The Oulu District Mental Hospital annual reports, 1963). Publication III is particularly concerned with public policies and their role in treating individuals in need of hospitalization. We look at psychiatrists as representatives of the municipalities and the state and delve into the case of the diagnosis of psychopathy. We conclude that social engineering was a failed attempt in adjusting the so-called psychopaths in society – on the contrary, the chief physician von Bagh was worried about the increasing maladjustment in his district in the post-war years.

Finally, publication IV exemplifies a very specific use of the diagnosis of psychopathy. The subcategory transvestism was diagnosed in patients who felt that their identity did not match their sex assigned at birth. From the 1950s onwards, there were individuals who sought for help, because they had heard of others with similar fate. The Psychiatric Clinic in Helsinki specialized in sexuality-related matters, and publication IV shows how the psychiatrists changed their views on the patients and their condition. Although these patients, too, were seen as maladjusted, the role of social control was different, and the focus was more on helping the patient. Specializing in such cases, as was possible in the Clinic, was of crucial importance. The subcategory of *Transvestitismus* was introduced, and the time period serves as an example of new scientific knowledge and its production.

The wastebasket interpretation implies that anything could be diagnosed as psychopathy. What are the similarities, the constants, in the medical use of the diagnosis of psychopathy?

4.2 The common denominators of psychopaths

One of the early concepts connected with psychopathy in Finland is *deviance*. Already in 1914, psychiatrist Ernst Therman studied murderers and described most

of his cases as psychopaths, whom he defined as deviants (Therman, 1914, 451). Deviance is something that cases in the publications share, but they differ in the kind of deviance. Deviance alone was no marker of psychopathy, at least not in the pathological sense – more was needed.

Another denominator for psychopaths was the concept of the *borderland*, the uncertain areas where mental health and mental illness come up against each other. As a category, it was broad and entailed other diagnoses than just psychopathy. The borderland was known in Europe as a concept referring to condition between health and illness, but it did not necessarily become known as psychopathy. In Britain, the concept of borderland was known, but the diagnosis of psychopathy had less status than in Finland. Already in 1875, the physician Andrew Wynter published *The Borderlands of Insanity and Other Allied Papers*, in which he described that “struggles with the inward fiend, which the reason finds it cannot exorcise, must be far more appalling than a condition of absolute madness, in which, very often, the mental delusions are of a pleasing character” (Wynter, 1875, 5). Over time, the diagnosis of psychopathy became the most significant borderland diagnosis in Finland. This did not happen in Britain.

The borderland condition was also used as a synonym of psychopathy. It is evident that psychiatrist Akseli Nikula was referring to psychopathy in his handbook *Mielisairaat ja niiden hoito* [Mental illnesses and their treatment]. It was also the first handbook on the treatment of mental illnesses that was published in Finnish. As the pioneer of Finnish forensic psychiatry, Nikula wanted to enlighten those working among the insane in the municipalities. Nikula was probably of the opinion that the term psychopathy was too obscure to use. According to the book, the milder conditions between illness and health could be “raised socially acceptable” in a sanatorium. The more difficult conditions had to be guided to healthier ways of living by force (Nikula, 1918, 15). Nikula defined individuals suffering from the borderland conditions as imaginative inventors and do-gooders, obsessives, pathological liars, vagabonds, pathological troublemakers, morphinists, people with sexual anomalies, and habitual criminals. Such degenerates were, according to Nikula, a heavy burden to society (Nikula, 1918, 46).

Just being a little different from the others was never the sole cause for diagnosing anyone as a psychopath. Deviation from the norm had to be so severe that *intervention* was needed. For example, young man M, presented in publication I, posed a threat to another person, and not just any person, but a prominent political figure. M’s greater task, however, was to represent others to whom the category of diminished responsibility in criminal law would be applied. The chief physician

Thiodolf Saelan used young man M as an example of people whose borderland condition should be taken into consideration when the length of their sentence was evaluated.

Psychopathy, except the psychogenic reactions, which could be one-off reactions to difficulties in life, was also seen as *permanent*. To many experts, it was a question of curability, corrigibility – and incorrigibility (Eghigian, 2015b; Frydendahl Larsen, 2017). To exemplify the perceived unlikeliness of the curability of the constitutional psychopaths, Table 5 illustrates the number of cured patients diagnosed with psychopathy in the year 1937 in the whole of Finland. The number of constitutional psychopaths who were categorized as cured is significantly lower than the number of patients with the psychogenic reaction, although the intake of patients with constitutional psychopathy was 360, and 238 of patients with psychogenic psychopathy (SVT Official Statistics of Finland XI. Taulukko XII). It is not clear what was meant by “cured”, but it would be an interesting topic for further research to compare the criteria.

Table 5. The number of cured psychopaths in 1937 (SVT Official Statistics of Finland XI, 54, Taulukko XVII).

| Diagnosis | men | women |
|----------------------------------|-----|-------|
| <i>Constitutio psychopathica</i> | 9 | 5 |
| <i>Reactio psychogenea</i> | 79 | 42 |

Permanence was also questioned. This is evident particularly in publication II: it was found out that not all children diagnosed as psychopaths showed psychopathic symptoms later in their lives. Use of the diagnosis on children was discontinued. However, this did not mean that psychopathy was no longer seen as essentially *congenital*, which was another important denominator in psychopaths. Throughout the twentieth century, this was emphasized by referring to degeneration, constitution, and hereditary factors, although it was always criticized. As early as 1915, Sulo Salmensaari, an educator and later a head of division at the Finnish National Board of Education, was critical of how doctors were quick to say that certain problems have a congenital background, and how this can be perplexing. Salmensaari argued that this was misleading, since it gave the impression that only doctors can do something about those problems, not educators. “Even if bad behavior was caused by congenital features, bodily lacks, it does not mean that upbringing has no effect”, Salmensaari stated (Salmensaari, 1915, 64–65).

Abnormality was defined through different aspects. Three remained from the 1900s until the end of the 1960s: *abnormal will, emotions, and drives*. Publication II shows how emotions had an essential role in recognizing a psychopathic child, and we argue that there were emotions that society perceived as justified, and emotions that were seen as unjustified. Psychopathy could manifest itself as suicide, as psychiatrist Sven Erkkilä concluded from many of the child cases. Suicide was just one form of manifestation. Abnormal will, emotions, and drives manifested in many kinds of maladjusted behavior. Publication III describes several examples, including criminality, violence, hyperactive sexuality, and other modes of behavior that were seen as harmful to self or others, following German psychiatrist Kurt Schneider's definition of psychopathy as suffering.

There are also cases of psychopathy where the diagnosis was not based on the above criteria. They may explain why psychopathy earned its status as a wastebasket diagnosis. This "wastebasket use" could be related to the development of the Finnish disease nomenclature. When ICD-6 was taken into use in 1954, chief physician Konrad von Bagh stated that finally the nomenclature made more sense (The Oulu District Mental Hospital annual reports, 1954). The earlier nomenclature had become old-fashioned and was no longer accurate enough. The diagnosis of psychopathy had to be used because of the lack of other suitable diagnoses. Neuroses, as analyzed in publication III, replaced some of the psychopathy diagnoses.

Greg Eghigian describes different usages of the diagnosis of psychopathy in Germany as a result of public institutions of confinement being called on to solve difficulties of mass society and its institutionalized individuals – or those believed to be in need of institutionalization. Eghigian sees it as rubric that was capacious enough for such appliance (Eghigian, 2015a, 307). Utilizing Hasok Chang's definition of epistemic iteration, which starts with a system of knowledge that is recognized as imperfect and faulty and becomes a process in which successive stages of knowledge are created, I see the history of the diagnosis of psychopathy also as attempts to improve its use (Chang, 2012) and as attempts to improve psychiatry. This can be seen in publication IV, for example: transvestism, a subcategory of psychopathy, developed into a diagnosis that could help individuals suffering from their assigned sex. What looked like rubric entailed specific knowledge that could help individuals, not just problems of mass society. It is also important to note that there was always someone who called on the public institutions, because the hospitals were often reluctant to admit "psychopathic" individuals. The role of the institutions can therefore be questioned, especially if

the everyday life at the hospital meant dealing with representatives of municipalities, who tried to force the hospital to admit their patients, as described in publication III.

Although the definition of the modern concept of psychopathy is more specific, the discussion regarding its essence is ongoing. A different question is, what will be the benefit of it; who will benefit from further differentiations, and why are they made. In all diagnoses, the unifying constant is change. As Ian Hacking described the development of the DSM-5, it is “a living, organic creature, kept alive by myriad worker bees” (Hacking, 2013, 7–8).

Next, I will look at the different ways of intervention, which were always the *sine qua non* for hospitalization: who intervened, how the intervention took place, and what can be concluded from the different cases.

4.3 The many forms of intervention

The child psychologist Erkki Saari defined deviant children as those who needed special procedures in order to succeed as individuals and as members of society (Saari, 1952, 7). If there had not been some kind of intervention, there would be no patient records with diagnoses of psychopathy. Intervention is the prerequisite for psychopathy. It is therefore essential to ask what forms of intervention took place in the studied cases.

As publication I illustrates, young man M was caught by the police and then brought to the Lapinlahti Hospital in 1875. He posed a threat to the Governor-General Nikolay Adlerberg, because he planned to assassinate him. A letter that young man M wrote revealed his urge. The chief physician Thiodolf Saelan was very interested in the case and later used M as an exemplar of an individual who should not be held responsible for what he had planned to do. The case was not only political, thus of interest to the Grand Duchy of Finland, as well as the Russian empire, but also very closely tied to the development of forensic psychiatry and the Criminal Code of Finland. In his case, it was the police who suspected that M should be taken to a mental hospital. The police were interested in him because of the purported threat of political violence. The turns, as I argue, resulted in the category of diminished responsibility. Together with the psychiatrist Hannu Lauerma, I have outlined the significance of the diagnosis of psychopathy in Finnish forensic psychiatry, and the results show the significance of both the category of diminished responsibility and the diagnosis of psychopathy in Finnish forensic psychiatry (Parhi and Lauerma, 2016). M’s case represents all those who

were taken into forensic psychiatric assessments because they were accused of crime, and who were then perceived as only partially responsible for the crime. But although criminality is a dominant part of the history of the diagnosis of psychopathy, and of the reasons leading to intervention, it is by no means the only one.

Publication II portrays perceptions of the abnormality of children, especially in the context of child suicides. While the focus in the analyses is in the children who were already deceased, they were not of interest only because of their death, but also because of the reasons that led to the act. The psychiatrist Sven Erkkilä believed that psychopathy lurked in the background of many of the deceased children. This brings a more elaborate topic to the fore: the problem children, or the so called difficult children, or psychopathic children. The intervention strategies were different during different decades. In the 1930s, Erkkilä argued that practices and organizations that promoted mental hygiene, such as the Scout Association, could help prevent child suicide. By the 1970s, child psychiatry was influenced by social psychiatric perspectives that stressed the importance of proactive social actions. Family dynamics were seen as being most important of all. In her articles on child suicides, the psychiatrist Vappu Taipale even demanded that Finnish cultural norms should be changed.

Publication III presents different reasons for the hospitalization of northern individuals diagnosed with psychopathy, as well as signs of psychopathy. Among them were inefficiency of treatment, harm that the symptoms caused to the individual or to others, hyperactive sexual behavior – in cases of women, domestic violence, abusing the welfare system by simulating symptoms, and criminality. Every case was different. Every once in a while the police brought people to the hospital, at other times the local social boards had a significant role. Often the family of the patient wanted hospitalization. As publication IV illustrates and is also evident in publication III, some of those who perceived themselves as deviants as much as their environment saw them as such, were themselves willing to get treatment. The unwillingness of the psychiatrists to treat people diagnosed as psychopaths is also shared by many of the cases, more evident in publication III than the others.

As I argue in publication IV, the fact that someone intervened does not mean that everyone else in the community shared the opinion that there was a need for intervention. Impi, a case study from the 1910s, shows us that some of the patients who did not feel that their assigned sex matched with their identity lived in many ways a satisfactory life, for example, had no difficulty in finding a partner, and

caused no trouble to most people. Similarly, many patients diagnosed with transvestism in the 1950s and 1960s, had found ways to adjust in society on their own terms. The problems could be machinated by the social board, or the mother, or someone at work. Whether society in the past was more or less tolerant than now or not is a tricky question. Certainly, some disapproved, but at the same time society could play by different rules. As Jan Löffström has shown in his studies on homosexuality in agrarian Finland, what we now understand by homosexuality did not exist in the same way as it now does. This silence, as Löffström defines it, was due to the marginality in the significance of homosexuality. It did not culturally signify the same as it came to signify in society after the Second World War (Löffström, 2015). Although the histories of homosexuality and trans and gender nonconforming issues in Finland differ to some extent, Löffström's perception of silence can be shared already by the fact that there were no words which might have set norms or created stereotypes. Instead, the silence may have enabled some alternative ways of living. Medical records do not show them, because psychiatry is always tied to problems.

Interventionist policies, especially those that used to be state-led, seem now historical, but they are still everywhere, albeit in different forms. Although we think there is now more freedom regarding most of our life choices in the Western world than there used to be, we are constrained by other ideals. Those ideals may not be tied so much to how we want to define our gender identity, as an example, but to issues of self-control. Our freedom as such is also questionable. Paul Verhaeghe, for example, claims that modern mental disorders are in many ways connected to the times of neoliberal meritocracy. The tension between the individual and society has changed to tension between the individual and the organization. While we strive to enjoy, or more to the point, consume, we are required to follow the rules of the organization. The organization, driven by neoliberal morality, limits the individual and operates in the interest of the organization only. This kind of society produces individual consumers who compete with each other. One is determined to be either a winner or a loser, both at a price (Verhaeghe 2017, 55–63). In other words, although interventionist policies are less intrusive than they used to be, control is ever present.

Regarding the history of psychopathy, it is essential to realize that all interventions were unique, all psychiatrists were different, and despite the consensus in the thought collective, following Fleck, there were also differing norms. While a psychiatrist in northern Finland wrote that a young woman who was accused of being unfaithful to her husband was a “parading, frivolous

flibbertigibbet”, another psychiatrist at the same time was trying to help the patient in a similar situation, not the husband. Whereas there may be some common understanding of prevailing morals at different times, these morals are more diverse than one would first think; quite often, morals are determined by the loudest. As historian Pirjo Markkola writes, research on the so-called marginal individuals helps us understand the different norms and morals in society (Markkola, 1996, 16). I add that this is the case in also revealing polyphony.

What can be concluded from all the different forms of intervention? Some of the forms, such as sterilization plans in case of unwanted children, as presented in publication III, were more ideologically driven, than others. Some were strongly driven by bottom-up activity, as is analyzed in publication III. Some, as illustrated in publication IV, searched actively for help. And most of all, interventions consist of thousands and thousands of microhistories, which all take different turns.

The final question, which I will answer next, is related to degeneration, constitution, and genes: can people change, or are we predestined from birth?

4.4 Could psychopaths change

Both the theory of degeneration and constitution stressed permanence. To laymen, personality disorders might seem like a life sentence; no one speaks of “cured” psychopaths, for example. It is therefore essential to ask if psychopaths could, according to the experts, ever change.

During the first half of the twentieth century, Finnish psychiatry was to a great extent biologically oriented. Although psychiatrists were aware of environmental factors, they were not stressed. For example, in the Oulu District Mental Hospital, the patients’ tragic life events were written down in the anamnesis part of the record, but otherwise ignored. The patients’ hereditary taints were stressed as causes. Perceptions of the relationship between hereditary and environmental factors varied from one expert to another. Professor Martti Kaila expressed a medium: he was convinced that deviant behavior was a result of the combination of constitutional factors and the life course events during years of the individual’s development (Kaila, 1946, 171–184).

As publication I illustrates, the chief physician Thiodolf Saelan portrayed young man M’s life since early childhood, aiming to show that his condition was not passing but had been part of him ever since he was a small child. Similarly, psychiatrists tracked the childhood experiences of all patients. Some of these

experiences were considered to signal psychopathy, such as bed-wetting and sleepwalking.

Because the physicians were convinced that psychopathy was congenital, it was hardly subject to change. What was evaluated, though, was the question whether the individual was dangerous or not, and the idea was to protect society for as long as necessary. Dangerousness became a prominent issue in the 1920s. The dangerousness could vanish, and in that sense the individual was seen as subject to change, to a degree.

Publication II shows us that psychiatrists did start to believe that children can change – at least could. Two experts at the Pitkäniemi children's psychiatric ward, Saara Torma and Gunvor Vuoristo, began to question the practice of diagnosing children as psychopaths. Their own questionnaire proved that many of the 'psychopathic' children did well later in their lives. They argued that it was challenging to diagnose children with psychopathy, as it was impossible to tell psychopathic children from those with similar symptoms. A change followed and children at the ward were later diagnosed with diagnoses like acute maladaptation.

Lack of belief in malleability did not mean that no treatment was given. As we argue in publication III, psychopaths were an endless frustration for Konrad von Bagh. Although he did not want the hospital admit psychopaths – because of his firm belief that psychopaths cannot be cured – a certain proportion of the patients were diagnosed with psychopathy each year. One can ask why these individuals were treated in the first place, if it was believed they could not be cured. Publication III analyzes different kinds of reasons, for example, comorbidity. If the patient was anxious, it was possible to alleviate anxiety, but not cure the underlying psychopathy. The hospital also attempted to solve social problems, but, as we argue, with little results. Then again, some of the attempts had practical consequences: if a woman held promiscuous was sterilized as a result of the hospital's request, her psychopathy was not seen as cured, but the hospital alleviated the worries of the woman's family or the woman herself, as women were often proactive in getting the sterilization permit.

Further question is, if this inability to change could ever lead to anything positive for the patient. Psychiatrists did not believe that individuals diagnosed with the subcategory of transvestism would ever change, as shown in publication IV. As marked down in their records, most of these patients had despised their assigned sex already in childhood, and although they did not necessarily know how to put it in words, they were aware of their identity. The failure to change had direct consequences in the willingness of the psychiatrists to treat them in the ways they

wanted to be treated. While Finnish psychiatrists tried to “cure” homosexuals, they did not try to “cure” transvestism – at least not as evidently as homosexuals. This view could be challenged by studying polyclinic treatment and individuals who possibly wanted to change, but I have found no such evidence in my materials.

The concepts of adjustment and maladjustment became increasingly important in treating psychopaths, implicitly before the Second World War, explicitly after it. Maybe, if their constitution could not be changed, they would cope in a more suitable environment. If the person would not change, maybe the environment could be changed to meet the needs of the individual. During the Continuation War in 1943, a separate work company for psychopaths was formed, because they could not be kept with the others (Ponteva, 1977, 70). There was also discussion regarding the foundation of institutions for psychopaths, because they did not adjust in mental hospitals or in the prisons (see e.g. Kalpa, 1950). They were never established. These were all attempts to find solutions for behavior that was considered problematic. The question of maladjustment could, however, be looked from a different angle as well. As Konrad von Bagh argued and as described in publication III, the amount of maladjustment in society kept on increasing. This may have been a trigger to look at psychopathy differently – something else than permanent flaw had to cause maladjustment.

As a final commentary regarding change, I come back to Ian Hacking’s notion of interactive kinds. Hacking argues that people act under descriptions. In other words, their ways of being are not independent of the available descriptions under which they may act. We are affected by ways we are seen and evaluated. The kinds of people who may evolve their actions and feelings because of the way they are being classified, are called interactive kinds. According to Hacking, there is a pressure of fixed targets, kinds that are true to nature. However, because kinds are interactive, they move. When the notion of “the psychopath” becomes known to the people classified, it affects their behavior, which may bring about changes in the classificatory categories – what Hacking calls the looping effect (Hacking, 2000).

The personality of a psychopath has really been a moving target all along. It is difficult to capture the essence of the psychopathic agency. Yet its importance in deciding an individual’s fate, and in understanding behavior that is otherwise often impossible to understand, has held up and increased the popularity of the diagnosis. Are we now any closer to a more “natural” essence of psychopathy? At least the psychopath’s agency is still perceived as a strange and scary enigma, and this applies to a few other personality disorders, as well.

I end with a case from the Lapinlahti Hospital in 1913. V was one of the first individuals in Finland diagnosed as a psychopath. He was accused of multiple thefts.

According to the psychiatric assessment, V was a degenerate – diagnosed with *Degeneratio psychopathica* and *Psychosis manico-depressiva* – and should be considered insane, especially in the light of his delusions and “illusions”, such as his belief that there were snakes inside his mattress. Since it was unlikely that V would give up his criminal lifestyle, it was decided that he should be considered a dangerous individual and institutionalized.

V wrote a series of letters that were included in his file. They show how the interaction between V and the hospital shaped the way V regarded himself. Being diagnosed and institutionalized, he changed his behavior in ways which, in turn, influenced the way psychopathy was understood in Finland. Given the importance of clinical cases in general and V’s case in particular on the early development of Finnish forensic psychiatry, we can regard V’s case as an example of a short-term effect of interactive kinds. To tie this to the history of emotions, Jan Plamper has suggested that conceptions of emotion have an impact upon the way emotion is experienced in the self-perception of the feeling subject (Plamper, 2015, 32). We cannot claim that V did not shape his perceptions of himself through interaction with others. These emotions could be co-existent, but evidently they were not born only in his head.

At the beginning of his stay V considered himself a wise man who should be let out immediately:

I ask to be let out of this place already tomorrow as it is disgraceful how I am being kept here among the nutters, a wise man, because I have been called splendidly wise, and that is why so many people came to watch me in the court, to see what he looks like (translation by the author) (This and the following excerpts, The Lapinlahti Hospital Archives, Forensic psychiatric assessments, 1913).

V was given a pen and a piece of paper. The following excerpt shows that V was aware of recent developments in psychiatry. Here he questions the chief physician’s ability to diagnose him.

You Sipelius [sic; the chief physician Christian Sibelius] are the brother of the musician Sipelius [the composer Jean Sibelius] and you have written a book on insanity in German. And you want me to clarify how I have realized being

insane. But I am telling you – what use is it for me if I know it or not, knowing that will not make me better, it is better not to think about it.

Later V reflected on his own mental state. He no longer called himself a wise man.

Do you remember that I have been crazy? I asked to be let out at least once after I came here, but you did not let me go. You must have noticed my insanity.

Quite the contrary, his view of himself shifted from self-respect to self-loathing.

And anyone would understand – who would become friends with me, I am worse than a rotten devil who can only steal, rob and lie, so fucking much, so fucking much!

Prior to hospitalization, a priest had tried to discuss V's badness with him, a view most likely shared by most members of society. It was obvious that the priest had tried to talk about V's criminality, but with little success.

Except that I got angry at the priest in the prison when he started to impress on me the meaning of hell. I told the geezer everything about material life in the universe, and the poor codger did not know what a socialist means. He did know what a condom was, though.

Of course we cannot know if any of the excerpts express what V truly felt. They are only traces of interaction that have shaped and reshaped psychopathy, both in the field of psychiatry and in society. The voices of the physicians, nurses, priests, judges and family members are between the lines. V had a family, he had encounters both inside the prison walls, in the hospital, and in freedom, before he committed crimes. All of these encounters shaped who he was and how his condition was understood. V came in the hospital expressing grandiose thoughts about himself and his trial. Knowing that Sibelius was examining him, he questioned his expertise but it seems like he either started to feel he was unwell and a bad person, a “rotten devil”, or perhaps he expressed that because he wanted the staff to believe he did.

What is inability to change anyway – inability to change behavior patterns, or, perhaps, inability to learn? Being doomed to fail in life already from birth? People make judgments about each other every day. Change becomes a matter of belief. Some people betray us even if we believe in their change, some gain our trust. Diagnoses may be an attempt to help, but simultaneously they take a stand on deviance from the norm, on abnormality. They also express our lack of faith in change.

5 Concluding remarks

In this dissertation, I have analyzed the use of the diagnosis of psychopathy beginning from its early history in the late nineteenth century, when another diagnosis, moral insanity, was in use, and ending in 1968, when the diagnosis of psychopathy ceased to exist in the Finnish disease nomenclature. The diagnosis of psychopathy was adopted from German psychiatry and it was tied to the assumption that some individuals are permanently abnormal, untreatable, and incurable – born to be deviant. The biological interpretation stressed the individual's own responsibility; either degeneration or poor constitution was to blame. The influence of hereditary factors was seen as more significant than that of the environment. This could, however, also work in favor of the individual in question, for example, often the diagnosis led to a shorter sentence. Psychopathy was a label, and often also a stigma, but sometimes the care provided in mental hospitals also helped individuals through difficult times. The label expressed non-insanity, and Finnish society needed it to explain behavior it interpreted as deviant, behavior that was seen to need hospitalization or at least evaluation. This need was increasingly tied to societal development. The history of psychopathy has to be seen simultaneously as both: as an attempt to find scientific explanations for deviant behavior, and as ways to try to control this behavior by different kinds of state- and community-led policies. These two tasks often contradicted each other.

The definition of deviance without a mental illness proper led the individuals in question in kind of an in-between state, as the publications show. Their responsibility was seen as diminished, their suicides were results of emotional volatility, weak will or strong drives but not illness, their inability or unwillingness to conform to the rules of society was seen as pathological maladjustment, and their sexuality was seen as abnormal. This often left these individuals hanging, and they changed place from one institution to another.

The articles portray a huge change in the relationship between the individual and the state. The topic raised in the 1880s was tied to moral insanity and illustrates psychiatry's dual role: abnormal emotions and drives were simultaneously factors that affected the individual's responsibility, but the same factors were a significant threat to the safety of society. Finland gained independence in 1917, but suffered from Civil War in the following year. The early years of independence were spent building the foundations for more peaceful future, and among questions asked was whether society should be protected from the wrong kinds of people – those who were useless and even dangerous. Prior to the Second World War, adjustment was

called for, because it was the duty of an individual to adjust in the rules and requirements of society. A well-functioning society was the ultimate goal.

As decades passed, the well-being of the individual came increasingly to the fore. In the field of psychiatry, there was now more clinical ability, which included an almost voyeuristic interest in personal problems, not just those that threatened society as a whole. For example, psychiatrists wanted to help *Transvestitismus* patients to adjust, so that they would feel better as individuals. Also the interpretation, analyzed in publication II, that sick society was to blame for children's problems, exemplifies this shift. The relationship between the individual and the social circumstances became clearer, and the biological interpretations, among those who still supported them, became weaker and less fundamental. For example, the chief physician Konrad von Bagh, a firm believer in the superiority of biological psychiatry, saw increase in general maladjustment during the post-war years. Instead of explaining it as rising pathologies, he analyzed the role of social changes and general lack of morale.

The rise of psychoanalytic theories after the Second World War had a role in shifting the focus from society to the individual, too, as the scrutiny of the Helsinki Psychiatric Clinic illustrates. The change did not, however, mean that all individuals diagnosed with psychopathy gained the sympathy of the psychiatrists as victims of society or bad upbringing. The enduring in-between state of the so-called psychopaths ensured that they could be seen as responsible for their troubles, especially if they posed a threat on society. This has remained in the interpretations of personality disorders, reminding us of the intricate ways how diagnoses are tied to cultural norms and values.

The picture of the history of the diagnosis of psychopathy provided in this work is far from complete. I have taken a closer look at four different contexts, and searched for common constants in them. This way has left many significant topics, such as eugenic and forensic questions, and problems in the family, lesser notice. However, there are also upsides in my approach. The differing contexts help in illuminating variation within one diagnosis. The fact that psychopathy served so many purposes means that it specialized in very different ways. One term covered innumerable psychiatric issues. The wastebasket metaphor is questionable, because it lets assume that the use of the diagnosis was arbitrary, as if there were no guidelines, and as if the whole point of the diagnosis was to condemn maladjusted persons. I am not trying to claim this never happened. The interpretation of the diagnosis of psychopathy as a wastebasket diagnosis would, however, risk the necessity of seeing the richness in psychiatric interpretations. This brings to another

point. These histories of the diagnosis of psychopathy show that to a great extent, the diagnosis served as a platform for the development of psychiatric expertise. The psychopathy umbrella enabled spaces for knowledge production.

The Finnish disease nomenclature was uniform, because the National Board of Health required all doctors to use the same medical terminology. Still, definitions and terms have a tendency to blur meanings, and these meanings changed in the everyday activities of the mental hospitals. The hospitals served as vantage points of society as a whole. On top of psychiatric specialization and knowledge production, encountering so-called psychopaths in mental hospitals and perceiving their condition as permanent and incurable also changed institutional structures. Further research is needed to deepen the understanding of the ways the diagnosis of psychopathy affected the birth and development of state and communal institutions such as workhouses, preventive detention, intellectual disability institutions, and residential shelters.

By 1969, the term psychopathy was gone in Finland, although it was to come back later, in updated form. Personality disorders replaced psychopathy, offering new, less contaminated terms for use. Finding new names does not always serve as a solution to mental health issues, although the ever-expanding nosology seems unavoidable. There is nothing new in abandoning terms and coming up with new ones. In the 1940s, Finnish philologist Ruben Nirvi analyzed the ways words have been forbidden in the Finnish language. Euphemisms at first, some words replace others, because the original words disappear. This happens when negative affects become too strongly attached to the original words. But also euphemisms become pejorative in the course of time, and their original function disappears (Nirvi, 1944). At the same time, new words carry complex connotations of the older words (Nirvi, 1950). Likewise, medical terminology is subject to this kind of horse race, and one can at least ask, how accurately terms can capture individual's existence. This is to say that less has changed in psychiatry than might seem on the surface.

This dissertation has shown that psychopathy was a significant diagnosis in twentieth-century Finnish psychiatry. Its use began as marginal and was mostly applied in forensic psychiatry, but soon spread in different directions. In its heydays, a quarter of patients in Finnish mental hospitals were diagnosed with psychopathy. And one day, after sixty years of active use, the diagnosis was suddenly gone. The post-psychopathy era begs for further investigation.

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- I Parhi, K. (2018). Young Man M. Political Violence, Moral Insanity, and Criminal Law in Finnish Psychiatry in the 1870s and 1880s. *Scandinavian Journal of History*, <https://doi.org/10.1080/03468755.2018.1430582>.
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- III Parhi, K., Pietikainen, P. (2017). Socialising the Anti-Social. Psychopathy, Psychiatry and Social Engineering in Finland, 1945-1968. *Social History of Medicine* 30 (3), 637-660.
- IV Parhi, K. (2018). Boyish Mannerisms and Womanly Coquetry. Patients with the Diagnosis of Transvestitismus in the Helsinki Psychiatric Clinic in Finland, 1954-1968. *Medical History*, 62 (1), 50-66.

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Original publications are not included in the electronic version of the dissertation.

148. Simuna, Erja (2017) *The many faces of a conflict : representations of the 1981 Northern Irish hunger strike in international press*
149. Suorsa, Anna (2017) *Interaction for knowledge creation : a phenomenological study in Knowledge Management*
150. Väre, Tiina (2017) *Osteobiography of Vicar Rungius : analyses of the bones and tissues of the mummy of an early 17th-century Northern Finnish clergyman using radiology and stable isotopes*
151. Tuomi, Pirjo (2017) *Kaunokirjallisuus suomalaiselle yleiselle kirjastolle haasteena, rasitteena ja mahdollisuutena : historiallis-argumentatiivinen tarkastelu suomalaisen yleisen kirjastolaitoksen suhteesta kaunokirjallisuuteen ja kirjalliseen järjestelmään*
152. Sarviaho, Samu (2017) *Ikuinen rauha : vuoden 1323 Pähkinäsaaren rauha suomalaisessa historiantutkimuksessa ja historiakulttuurissa 1800- ja 1900-luvuilla*
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