The Psychological Treatment of Abnormal Offenders

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THIS PAPER IS ABOUT the treatment of abnormal offenders, and I shall suggest some of the reasons why psychiatric treatment in prison is often ineffective and describe how we are trying to overcome these difficulties in Grendon. Grendon is a prison to which offenders are referred for psychiatric treatment; and I have been working there as a Prison Medical Officer since it opened in 1962.

Our purpose in this prison, for prison it must be, since the public need protection and many of our inmates would leave if there were no prison wall—our purpose is the reformation of offenders through psychiatric and casework techniques. I shall not trouble you by questioning whether our work is a part of psychiatry at all: some people argue that delinquency is not a psychiatric diagnosis, and that the proper people to be in charge of an institution like Grendon are social psychologists. But to return to Grendon and our attempt to reform our inmates—there has been a growing understanding in recent years that when you send a man to prison the loss of liberty is painful enough to be in itself reformative, and that the more punitive and mortifying aspects of imprisonment are a hindrance to reformation. We now say that a man goes to prison as punishment rather than for punishment. More than this, some people doubt whether reformation can be achieved by imprisonment of any kind, however humane, since to deprive a man of his liberty can at best have only a neutral effect, and more positive steps must be taken if any change in attitude is to occur.

In general prisons have become more humane, with the introduction of welfare services and the starting of educational and vocational training classes, while amenities have been granted such as canteens, smoking, association of prisoners in the evening, radio, television and films; since it is now widely accepted that provided the community is safeguarded a less

repressive regime is preferable. But we must not delude ourselves by assuming that these measures will serve to reform our prisoners. In fact, many of the modern amenities have probably been given to serve what I may call custodial aims; payment for work with a canteen in which to spend earnings with the object of increasing prisoners' output: radio and television to maintain their morale, occupy their time and keep them out of mischief. These measures will in no way change prisoners' characters or alter their attitudes from criminal to non-criminal. They have merely made prison more tolerable.

If one is to understand the attitude of the individual prisoner one should begin by studying the inmate culture* as seen in the normal recidivist prison; for it is this culture built up through the years that is the main obstacle to reforming the population of our prisons. Perhaps it is not surprising that this culture is remarkably similar in most prisons in this country and in the United States, for it is the prisoner's way of adapting to the fact of imprisonment. It is based partly on the values and beliefs of the criminal classes outside prison, and partly on attitudes which imprisonment itself seems to create. The confirmed criminal firmly believes in the corruptibility of legal authority, and when he comes into prison he quickly applies this to the prison staff. He has a strong conviction of the widespread dishonesty of so-called law-abiding society, and he believes that if you can break the rules and get away with it you are justified. Many criminals have been led by their social background to accept the overt expression of aggression as an essential feature of their life, so that they carry into prison a belief in the efficacy of threats and violence which neither the staff nor other inmates will tolerate. Consequently their aggression in prison must either be restrained or, alternatively, is projected on to outgroups within or without the walls. There is thus present in the recidivist prisoner at the time of admission an anti-social ideology, a mistrust of authority and a belief in rule-breaking.

When he enters prison a prisoner is unlikely to suffer the brutalities which in the past aroused the anger of John Howard and other prison reformers, but he must inevitably undergo deprivations and frustrations which involve a profound attack on his self-esteem, and these psychological pains may be more threatening than physical maltreatment. He is removed from his family and normal associates and feels that society has rejected him. He is stripped of personal possessions which were formerly the mark of his worth and achievement. He is deprived of all heterosexual relationships, and even if he does not engage in overt homo-

sexuality he must suffer acute anxiety about his masculinity. He is stripped of his autonomy and every detail of his life is subject to a vast number of regulations made by prison officials. He is forced to live in the close company of sexual perverts, thieves, 'con' men and the like. As one inmate said, "the worst thing about prison is you have to live with the other prisoners".

In short, prison penalises a man in ways which go far beyond the fact of imprisonment. Social rejection, material deprivation, sexual frustration, loss of autonomy and of personal security form a set of harsh conditions to which adjustment must be made if the individual is to preserve his self-esteem, and it is in this process of adjustment that the powerful inmate culture is evolved with its dominant theme of loyalty of prisoner to prisoner against the staff, and such maxims as:

Never rat on a con.
Keep off a man's back.
No good con speaks to a screw.

This code does not merely reflect criminal attitudes, it represents a system of group values aimed at mitigating the pains of imprisonment by encouraging opposition to staff and so restoring the prisoner's self-esteem. The problem facing the prisoner is that of coping with his feelings of social rejection. The inmate culture is a way of transforming the situation so that the inmate does not convert his feeling of social rejection into one of self-rejection. In effect it permits the inmate to reject his rejectors.

With the emergence of an inmate system dominated by anti-social values the recidivist prison is composed of two groups facing each other with a great deal of mutual distrust and suspicion. The staff's code is not dissimilar from that of the inmates. Vis-a-vis the inmates the staff are always loyal to each other: and just as "no good con speaks to a screw", so the staff are formally required to maintain their distance from the men in their charge, and talking across boundaries is officially discouraged. The traditional view of a recidivist prison as a place where prisoners exercise their anti-social propensities if they can get away with it is the view of most of the staff and inmates. In fact, a recent survey† carried out in an American prison showed that the staff tended to perceive the men as being more anti-social than in reality they were, while the men thought of their custodians as more harshly authoritarian than was the case, thus supporting and reinforcing the tradition of conflict.

To undertake treatment in such an anti-therapeutic atmosphere requires a determined, many would say foolhardy, psychiatrist. At first a few small psychiatric units were set up in selected prisons to which prisoners were referred for treatment by visiting psychiatrists. But there have been too many factors

militating against success. The visiting psychiatrist may see his patient for an hour a week, but the patient is at all times subject to the strong social pressures of the inmate culture which regards the acceptance of treatment as the equivalent of going over to the enemy. In consequence the men referred for treatment have usually been isolates or those who for some reason have not adjusted well to the inmate system, and they are despised by their fellow-inmates. Treatment may become for them a form of escape. The psychiatrist takes a long time to understand the social climate of the prison of which he is not an integral member. It is not easy for him to have time to meet the prison staff, who in consequence may suspect his intentions.

After psychiatric units had been established in selected prisons it became clear that comparatively few patients were able to benefit from the available treatment, and that these measures were not in themselves sufficient to meet the demand that prisons should reform their inmates as well as punish them. It was in answer to that demand that a number of penal establishments were set up, first on the Continent, then in the U.S.A., and now in England at Grendon, in which direction is in the hands of treatment personnel, and all the inmates are under treatment.

I should like to outline the conditions which I believe to be necessary if treatment in prison is to be effective and to give some illustrations from our experience in Grendon. But first, I should say that Grendon has not been open long and we have no figures at this stage which throw light on the efficacy of our regime in comparison with that of any other institution; in fact, in the absence of properly matched controls we cannot provide proof that our results are better than if no treatment were given at all. Our failure, that is, our reconviction rate, is at present about one in four, which is a very great improvement on that of an ordinary recidivist prison; but it might be argued that by admitting only those patients who are thought suitable for treatment we are taking the cream, and that our sample is not representative.

One of the crucial questions is "who is in need of treatment?" The mentally ill, the subnormal and those suffering from a psychopathic disorder should not be sent to prison, and if diagnosed after admission are usually transferred to hospital under the provisions of the Mental Health Act. That leaves a variety of personality disorders and sexual deviations who would not be admitted to a mental hospital, and who are usually classified together as 'abnormal offenders'. This is an unsatisfactory term because I question whether any chronic offender can be considered

psychologically normal. It is unrealistic to regard prisoners as falling into two neat groups—the psychologically abnormal, and normal prisoners who are merely following the pattern of their sub-culture.

We admit 'abnormal offenders', and figures we have collected show that our patients are rather more neurotic than the population of a recidivist prison, and we have a greater share of violent and sexual offenders. But the only firm criterion we apply in deciding whether to admit a patient to Grendon is whether he will fit into a community in which there is a minimum of supervision and whether he is genuinely anxious to receive treatment. When a recidivist decides that he has had enough and wants to change we think that we may be able to help him. This criterion is not applied to men who are in prison for the first time, since figures show that some 80 per cent of these do not come back. We therefore do not accept first-timers, or star prisoners as we call them, because there is a four to one chance that they will in any case not return to prison. There are exceptions to this, when an offence appears manifestly out of character, or bizarre or without motive. We have at present for instance, three young offenders without previous convictions, each of whom made an unprovoked attack with a knife on a passing girl, apparently with no sexual or other motive. Such cases clearly need investigation. Arson and incest are two other offences which should come to us for investigation.

We regard our inmates as persons whose emotional needs have not been met in the world outside, and their delinquency is often the consequence of this deprivation. It is illogical to deprive such men further while they are in prison. Rather, the regime should be so arranged as to cause a minimum of deprivation with a maximum opportunity for therapeutic handling, to help inmates to become psychologically mature, rather than reduce them to dependency. One of our alcoholics recently told his therapist that loneliness outside made prison seem like home: he loved prison and he felt a load of worries lift when he walked through the gates. Many inmates admit that they find this escape from freedom the easy alternative. One of the dangers we have to guard against at Grendon is lest the environment becomes so anxiety-free that the inmates no longer feel the urgency of reforming themselves.

The fundamental dilemma facing a treatment prison is how to combine imprisonment with the concept of treatment. Some people would solve the dilemma by abandoning the idea of punishment altogether: their model is the mental hospital and they assume that all offenders

are mentally ill and need treatment for their illness.

An American psychiatrist‡ has written:

"Imprisonment and punishment do not present themselves as the proper methods of dealing with criminals. We have to treat them as sick people, which in every respect they are. It is no more reasonable to punish these individuals for behaviour over which they have no control than it is to punish an individual for breathing through his mouth because of enlarged adenoids. It is the hope of the more progressive elements in psychopathology and criminology that the guard and jailer will be replaced by the nurse and the judge by the psychiatrist."

Shades of Erehwon! I imagine that few progressives in this country will go as far as that. The public would not accept the psychiatrist in place of the judge. And in what sense is it true that all criminals are sick men who cannot help their behaviour? Yet we are gradually moving towards the situation in which the prison resembles a mental hospital. When that happens the warder will take on the role of nurse: and in some institutions, Grendon among them, he is already beginning to do so. Unfortunately, the Prison Officer is required to adopt the roles of both warder and nurse, and these appear incompatible.

Our task in Grendon has been, not to replace Prison Officers with therapists, but rather to involve Prison Officers in therapy by modifying custodial roles to include treatment. To enable treatment to proceed in prison there must be a supportive and 'therapeutic' community in which inmates are handled individually according to their needs, in which communications are opened up both horizontally and vertically and across the staff-inmate barrier, in which decisions are discussed and made democratically, and responsibility, as much as they can handle, given to the inmates. But in asking Prison Officers to participate in a community like this one is asking a great deal of them, and it is natural that at times they look back wistfully to the 'good old days' when the inmates knew where they stood and the officers knew where they stood. In the ordinary prison staff and inmates may be in conflict over values, but both groups profit from a stable institution, and both reach an accommodation whereby the staff use the inmate leaders for the control of other inmates in return for protection of the leaders' position of power. As treatment advances the inmate code gradually crumbles: this code regulates unofficial sanctions on inmates' behaviour, and when the concensus on which it is based goes the code lapses. As the status of inmate leaders diminishes they can no

longer resolve conflicts among the inmates, and the prisoner community can no longer govern itself. This is why the inmate society in a prison devoted to treatment is more unstable and explosive and a larger number of prison officers is needed: and the more staff you have the more progressive in treatment you can afford to be.

Our regime is permissive, but permissiveness breeds anxiety in the staff, and the question is always arising "how permissive can one expect prison staff to be? They are required to handle constructively the kind of behaviour which in another prison is sternly suppressed, and newly arrived inmates soon begin to test out the limits of the staff's permissiveness. Staff are uncertain how permissive they should be, how far they should encourage, how far set limits to spontaneous behaviour, how friendly they should be with patients. Faced with these new problems the staff need continual support, and regular staff meetings and staff groups are necessary to ventilate their difficulties: without this support they would in time revert to being warders.

Many prisoners complain that the judge lectures them in court about their responsibilities, but when they enter prison all responsibility is taken away from them; then, having passed a care-free irresponsible period inside they are expected to go out and assume full responsibility again. I agree with their complaint—life in most prisons unfits a man for responsible life in the community. We encourage our patients to accept responsibility. I work for the most part in the Boys' Wing where we have from 30 to 50 boys aged from 16 to 21, mainly from borstal. When we opened, the responsibility for the running of the wing, the cleanliness of the rooms and landings, the punctuality and turn-out of the boys rested with the staff, and the boys did as they were told. The rooms and the wing as a whole would have done credit to an Army barrack. The boys then said that since we were pressing them to behave responsibly we ought to entrust them with some responsibility. The inspection of rooms was accordingly discontinued and the cleanliness of the wing was left to the boys. The effect was disastrous, and after a lot of discussion the boys asked whether they might impose sanctions on those who failed to keep their room or landing clean. Now sanctions such as an hour's extra cleaning during free time or an evening's loss of television are used, and while the wing is no longer as clean as an Army barrack it is cleaner and tidier, I think than the average home. Borstal boys serve an indeterminate sentence, and may be released whenever we consider them ready at any time between their sixth and 24th month. At first the staff used to sit as a Release Board, interview each boy and decided whether he

was fit for release. We felt that this procedure was a traumatic one for some of the boys, and bordered on the farcical because we knew and the boys knew that we went into the boardroom with our minds made up. The boys asked whether their groups could be included in the process of assessment. The present procedure is that when a boy considers that he is fit for release the group to which he belongs meet with their two Group Officers and the Principal Officer of the Wing and the Doctor, and The final decision still remains discuss whether the boy is ready. with the staff, but they hear the opinions of the group; and the boys participate in the process and are able to learn from their mistakes. Early on, one of the groups recommended two boys for home leave, and although we felt strong reservations we granted the leave. Neither boy returned from leave, and the group admitted they had been wrong and are now more cautious.

In a treatment institution nonconformity with institutional rules may in theory be regarded as the acting out of emotional conflicts, the consequence of psychological illness, not intentional badness. This is significant, because if nonconforming is regarded as unintentional the response is one of treatment or education, whereas the response to intentional badness is punishment. Yet one must recognise that in an institution like Grendon certain types of behaviour cannot be accepted, because security would be threatened and the situation would become intolerable for prison officers. Aggressive behaviour if it cannot be contained must be punished. Similarly stealing or homosexuality may have to be punished even though it may be regarded as the consquence of personal problems and in need of treatment. Punishment, however, might take the form of transfer away from Grendon.

We said to the boys' wing, optimistically perhaps, that we felt they were wrong in putting the onus of punishment on the staff: if a boy offended against the community, the community should punish him. The boys accepted this challenge and set up a Rules Committee which drew up a body of rules with a tariff of punishments for offenders. One unfortunate boy was punished, the next offender refused to accept his punishment, and the system broke down. We then decided to divide the rules into two—those for which the staff are responsible, and the remainder for which the boys are responsible and can impose sanctions on offenders. This system appears to work, although some boys have pointed out that it is usually the weak, inadequate boy whom they punish, while the popular boy goes scot-free.

We have had a proliferation of groups at Grendon. On the boys' wing there is a wing meeting of staff and boys every morning and

each of the three groups meets every afternoon after work with its two group officers. In addition there are two staff meetings every week. On the men's wings meetings are rather less frequent. We argue a great deal whether we are holding too many groups and too many meetings, and one or two of the therapists think that we are. It cuts down the time for individual psychotherapy and other forms of treatment. We try to see our patients for psychotherapy at least once a week; but I find that on the boys' wing groups and meetings take up so much of the boys' time that I can see them individually only once a fortnight, sometimes only once a month. There is no proof that group therapy or group counselling is an effective way of treating personality disorders, sexual deviations and the like. There is in fact no real evidence that any form of psychotherapy is effective. But in the absence of such evidence there are great advantages in using group methods. An important factor is the sweetening effect which group-counselling has on staff-inmate relationships. But the chief advantage arises from the fact that we can only break the hold of the all pervading inmate culture on our patients if we form stable groups which are able to stand up to and resist what I may call the inmate group. So long as the inmate group remains the only group powerful enough to offer the inmate a sense of security he will identify with it and no change in his values can be expected. As E. H. Sutherland§ has written:

> "From the therapeutic point of view, the attempt to change individuals one at a time when their group and their culture remain unchanged is generally futile. It proceeds as though the individual lived in a vacuum".

If treatment is not to be carried on in a vacuum positive groups must be provided to attract the allegiance of the inmate. This I believe is the chief value of groups in our work. Groups of course form only the framework in which a therapeutic exchange may occur. When a group spends the time swapping accounts of big-time robberies or complaining of the tyranny of the police or prison staff little therapeutic purpose is served. But we have moved on from that kind of group at Grendon, and any criticism now is usually patient-directed. An important difference between the ordinary prison and a psychiatric prison is that in the one an inmate need only comply with certain standards of action, the motive with which he acts is his own concern—in the other the inmate's private feelings are at issue and mere compliance is not enough. Patients may behave in a conformist way without accepting or agreeing with the values underlying the required behaviour, and a group is more likely to discern the motive behind an act of compliance than the prison officer or the psychia-

trist. That is why many inmates look on these group sessions as an intolerable intrusion into their privacy.

I have referred earlier to the lack of proof of the efficacy of our treatment at Grendon. I don't want to leave you with the idea that we ourselves think that our treatment is ineffective. It could of course be made more effective in ways which we hope to discover. Our psychiatric social worker has recently carried out a survey of the patients who were released from Grendon during the first six months of 1964, when Grendon had been open for about 21 months. She visited the patients, interviewed families and probation officers and has since attempted to ascertain the factors which distinguish the men who have settled back into the community from those who have been reimprisoned. Some of the significant factors could have been anticpated. Men with fewer previous convictions and imprisonments, for instance, have done better than those with more; men with a home and family to go to have done better than those without. It is interesting that age seems to be corralated with success; about 30 per cent of the successful group were in their late thirties or forties. The most significant factor in distinguishing success from failure has been the time spent at Grendon, and there is no evidence of a maximum above which time spent there is harmful; 25 per cent of the successful group had spent over 18 months at Grendon.

It is important that we should continue to look on Grendon as an experimental institution where different regimes and modes of treatment may be tried out, and if unsuccessful, discarded; if successful, they may be applied elsewhere. We hope that Grendon will not become too much a part of the Establishment.

FOOTNOTE

This article is based on a paper read to the Howard League on the 16th March, 1966. The views expressed are the writer's own, and are not necessarily held by the Prison Department.

REFERENCES

* Much attention has been paid in recent literature to such aspects of prison life as the "inmate culture" and the "inmate code". For a good account the reader may refer to Richard A. Howard et al. "Theoretical Studies in Social Organisation of the Prison": Pamphlet 15 of the Social Science Research Council, New York, 1960.

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§ E. H. Sutherland, "The Person and the Situation in the Treatment of Prisoners", The Sutherland Papers, Indiana University Press, 1956.