

# The Institutional Treatment of Delinquents

(Part II)

by

THE STAFF OF GRENDON PRISON Y. P. WING

THIS ARTICLE is intended as a further chapter to Mr. Booth's paper on the same subject. We felt that Mr. Booth showed some obvious prejudice. He also appeared to demonstrate a certain amount of lack of appreciation both of criminal research generally, and of the implications that Grendon Prison could have for the Prison Service. We consider it is unnecessary to follow up the first allegation, but we would like to pursue the last.

We have the impression that our prison is regarded as apart from the rest of the Service; we are not blaming everyone apart from ourselves for this; communication on our side has, no doubt, left something to be desired, and it is the primary purpose of this article to contribute towards this deficiency. Mr. Booth remarks on the Ventura system; we are describing Grendon.

We, in this case, are the staff of the young prisoners' wing, and as such we feel it reasonable to describe our wing as a representative

part of Grendon. The adult wings are not identical to ours but the general philosophy is the same. Perhaps we have progressed faster, but this is probably because we are a small isolated group within the establishment.

To proceed to the wing; this has a maximum capacity of 50, but a practical level of 40 inmates. It is at present, equally divided between those serving Y.P. sentences of 18 months to life, and those serving sentences of borstal training. The only qualifications we ask for are that the man is in need of treatment and that he is, in some small way, motivated towards it. One can argue, however, that motivation can often be brought to the surface, and certainly increased, by a particular kind of regime. We would also add a rider that we do not feel we have much to offer the borderline or near borderline defective. If you say that we are ensuring ourselves against failure by this process of selection we can only say, firstly, that no one form of

treatment or training is suitable for everyone, and secondly, that the psychological tests show that we have a highly disturbed difficult population who are very much in need of treatment.

The theory of treatment on the wing is that an atmosphere must be provided which facilitates to the maximum degree of treatment offered. This atmosphere, which is in itself therapeutic, is built up at Grendon by an emphasis on acceptance and shared responsibility. We consider that to achieve optimum efficiency in any organisation everybody must be working towards the same aim, in this case treatment. Anything working against this aim must, as far as possible, be eliminated. This means in effect that everyone has a responsibility for running the wing administratively and therapeutically. Everyone, staff and inmates, is responsible for treatment and the rule of law. Everyone must thus be able to contribute toward any decision that is made; be it removing someone from Grendon, discharging a man, forming an entertainments group, alterations of pay, action on an unhygienic room or dealing with an highly disturbed patient acting out. Therefore, adequate communication situations must exist to enable this contribution to be made. The ultimate responsibility for the wing inevitably rests with the staff, how far this power is exercised, and how it is exercised, is a difficult skill. Everyone must be asked to bear as

much as they are capable. Everything is a learning process and flexibility is essential. However, this placing of responsibility, and trust on inmates must be real, i.e. things will go wrong and mistakes will be allowed. Pretence over this trust is harmful. This atmosphere of sharing is aimed at breaking the barriers between staff and inmates and so giving the maximum opportunity to everyone to build up relationships on a trusting, treatment orientated basis. This is not the abdication of authority but the sharing of authority with a definite aim in view.

Inevitably, in discussion of a treatment regime, the question of discipline arises. In fact Mr. Booth states in his article on page 5: "The need to establish good relationships with individual inmates is, *inevitably* (our italics) obstructed by the need to maintain authority in an institutional situation". We do not agree that this is inevitable. If the community deals with realistic rules, and if the staff are felt to be genuinely interested in the inmates and acting in their best interests, this conflict very rarely arises. Exceptions will occur in isolated instances. Then the whole community—staff and patients—will face the person concerned and question, in the open, his attitudes and actions. The split will then not be between authority and inmate, but between community and individual, which is a very different thing. The former is easy to rationalise, the second is far

harder to evade—"Can everyone else be wrong?" We do not deny that discipline has intervened with relationships here, but this is happening less and less as we ourselves become more secure, secure enough to act on our own initiative and to question past practice. We do have the occasional report on the wing, but these are discussed with the whole community and the advice of the therapist, staff and group are equally taken into consideration. The report is dealt with on a very informal basis and sanctions are very much designed for the individual, e.g. if someone abuses the community in a deliberate way he is temporarily expelled from the community until it is prepared to receive him back. However, everyone in the wing is agreed on the futility of punishment as anything but a temporary influence. It is merely a controlling factor usually used by the community when it becomes too frightened, or used for the individual, sometimes, when he is becoming frightened of himself.

The treatment method employed on the wing is a round-the-clock therapy to bring insight, in the broadest sense of the word, and to practise using this insight to evolve continued improvement. The treatment is a live organism and depends primarily on the staff which consists of a therapist, hospital principal officer, a woman social worker, six group officers (in theory) and a workshop instruc-

tor. The treatment is built round three work groups, consisting so far of 10 to 12 men. This was decided on as an ideal number and has proved satisfactory. There are three types of labour which are the garden party, workshop (which is the assembling of pictures in their frames) and wing cleaners. The groups have a month in the workshop and a fortnight on gardens and cleaners on a rotating basis.

There are two officers allocated to each group, both of different divisions, so in theory there is always one person regularly with the group. The officer's role on the group is hard to define, he has to be observer to all that is happening in and around the group. This is necessary if he is supplying any feed back into the group; confidant to each individual; no friendlier to any one individual as this is quickly noticed by the other members, as a child will soon tell who has the biggest portion of cake. An ideal simile to describe the role of the group officers is the perceptive father in a democratic, maturing family. Revolving round the groups is the principal officer who is wing father—a humane, but fairly directive, firm one. The social worker is a kind of mother figure. Both deliberately set themselves up as figures through whom, under the therapist, difficulties can be worked through and fed into the groups. An anti-authority man could be helped by the father, a man with

sexual difficulties might be helped by the mother, who is in fact also identified as a girl friend figure by many of the inmates. The psychiatrist tends to be the person on whom problems of which inmates are really ashamed are first tried out. He will do his best to help the man bring his problem to the group. He also helps those who are rejected by, or who themselves reject, the group, to overcome the problem.

The treatment structure itself consists of two meetings each day. A wing meeting in the morning in which the whole wing takes part and group meetings every evening from 4-5 p.m. This occurs from Monday to Friday, the week-end being devoted to sports.

In the morning wing meeting there is no chairman, although the therapist and staff attend. It can be, more or less, defined as a discussion group talking over a member's difficulties; giving advice or opinions, or even showing a person that this is a difficulty he has in common with others. It is surprising how many inmates think that their difficulties in life are unique and to be told that others feel the same helps a great deal.

The fear that speaking of their offences would result in them being looked down on or even becoming a victim of violence was difficult to erase. This particularly applied to sexual offenders, but gradually, after one or two had admitted that it was this latter type of offence that had got them into trouble,

these matters were accepted by the wing and only referred to in a discussion either on the wing or group meeting. Possibly it is one of the biggest attainments of the wing that it can look upon these usually unacceptable offences, consider the details, and still accept the person concerned as a friend or as an acquaintance.

Another barrier to talking about themselves on the wing meeting is the fear of ridicule. The inmates have a real fear of speaking in front of 30 others. This is generally overcome, but a minority do not overcome it readily. To lose face is the worst that can happen to a boy, as indeed no one wishes to lose face in any community.

It can be said that we have now reached the point where the definitely trivial things are no longer discussed on the meeting, but instead of these we have spells of silence which in themselves mean a lot. The difficulty here is to decide just what the meaning is. Sometimes the interpretation put by the staff, or at times by one of the inmates, is proved to be the correct one which can then spark off quite a lengthy discussion. At other times the correct interpretation cannot be found. Then the general feeling is that as a meeting it has been hopeless. Although these feelings are to be expected, they nevertheless cause disappointment to both the inmates and staff.

The group meetings differ from the wing meetings in that they consider the basic character of the

individual and try and help him to realize where his reasoning is wrong. In doing so the group members are unconsciously helping themselves. As has been said before it is very common for one person's difficulties in life to be shared by many others. So by discussing one particular individual they are making way for the truth about themselves to be more acceptable. This will enable them in time to face up to their own problems.

The atmosphere on the group meetings makes for more personal relationship than on the wing meetings. This enables the inmates to be more outspoken as the fear of reprisals is not as strong. If it were, the group as a work group would fall apart and this would lead to the collapse of the group in all its aspects, e.g. if A were to take offence at something B said, and then have to continue working with him during the day it could lead to the eventual splitting of the group into two sides. This sort of thing occurred when the groups were first started, but they have become sufficiently sophisticated to stop this developing without any outside interference.

We are told that it is to be expected that groups will, at times, appear not to be making any progress. Indeed, they may appear to be taking a backward step. If this is so the groups here are no exception. This has happened a few times but only in one aspect. If we look upon life here as having

two aspects, work and therapy, it has mostly been the work aspect which has slipped back. When the phase is over the group has progressed a step further until we now seem to be at a point where each new step seems harder than the last.

Looking back on the two years that the wing has been formed, there is a great improvement. This was not noticeable when one was working through each phase of the development. But comparing the wing in the beginning with its present state there can be seen a greater maturity of attitude in the members of the community, there is also a much happier atmosphere. The inmates are considerably more tolerant and understanding with each other and more willing to work as a group. Although they are not the same people as were originally admitted to the wing they are, generally speaking, the same type.

What is all this supposed to achieve?

If a disturbed man in need of treatment wishes to alter his mode of behaviour he must first of all accept, and be accepted, by the people who are involved in the treatment. He, and they, can then talk frankly about the difficulties and work out some kind of solution. When the patient has faced and understood his difficulties and put them into perspective, he must then have properly observed arenas in which to practice new methods

of solving problems. These trials can then be discussed with the staff and inmates who may have observed the actions of the person concerned. The *active* permissiveness—not passive *laissez faire*—of the wing allows people to experiment with the feeling that failure will neither be ridiculed nor punished. To this end several arenas are provided. The wing community is one and the work groups are another. There is an inmate-run social group which invites visitors—youth clubs, schools, students—into the wing so that the men can deliberately practice overcoming shyness, difficulties in mixing with women and so on. As an example of this group activity women visitors were asked into the wing for the first time last month for a social evening and dance. One inmate managed to dance for the first time without being boosted by drugs. Two were too nervous to appear. All three instances were discussed on the next morning's wing meeting. The degree with which some patients act as perceptive auxiliary therapists on these occasions is a surprising feature of the wing. As further trial arenas there are the normal responsibility-sharing groups to cover receptions, sports, entertainments and drama.

In addition to the community orientated treatment there are the normal mental hospital facilities available. These cover aversion therapies, drug treatments, E.C.T. and the hospital unit for remedial and cosmetic surgery of different kinds. For a majority of patients

these treatments are not necessary.

The treatment programme is carried on after release by references to outpatient clinics where necessary, and by the normal after-care arrangements. We reinforce the latter by bringing the after-care agents as far as practicable into the wing structure. This is done both by letters and by encouraging visits, when the associate can see the treatment community at work, attend the group, and talk to the doctor and staff. Similarly the parents or wives of inmates are encouraged to visit on the same basis. These two arrangements strengthen the after-care phase. Then, when necessary, the ex-inmate can in time of stress, telephone, or come back to Grendon for a day. The after-care agent can also contact the therapist at Grendon for consultation, or the group officer can, if the associate agrees, visit the ex-inmate outside. This mutual service is still to be considerably developed.

The staff on this wing of highly neurotic inmates (Mr. Booth please note they also have character disorders!) have an emotionally exhausting job. Nothing is ever static. Being a live organism the community is constantly improving, deteriorating, progressing and regressing; relationships are very real; we, the individual group officers have a direct responsibility for the treatment of the members of the group and for their support on release (in conjunction with after-care). The staff support structure

is thus very important. We have a group once a week devoted to the feelings of each staff member and our relationships with each other, and a staff meeting each week to deal with patient problems and administrative matters. In addition our doctor is always available to discuss an individual with the staff or on the respective therapy group. It is very much a team effort.

We have one big disadvantage at Grendon at present. Our inmates are not allowed outside the perimeter for any purpose except home leave and parole (compassionate leave, job interviews etc.). We consider it essential that during the last months of any sentence, the group support be gradually removed and normal working and living conditions be reimposed at a pace, and to a degree, that each individual can withstand. The department have been approached on this matter. We have made one small step in this direction inside the prison. We have set up a hostel dormitory for those in their last month. Here the only rule is that the members must work from 8 a.m. to 5 p.m. and be in the dormitory by 8.45 p.m. The room itself is a kind of bed-sitting room, and the inmates are encouraged to use it as such.

Research is being done on the wing to discover, in time, with what types we fail and with what types we succeed and, of course, follow up is done to find out reconviction rates. We use psychological tests not only for research purposes but

also as an additional guide to treatment. We are very conscious that we must continually look at our method of operation; in fact we have asked to conduct a research experiment which would involve running two wings. The one on humane firm paternalistic lines unbacked by psychiatry except in case of breakdown of an individual. The other the eclectic community therapy approach of the present wing. We should then hope to find out what type of personality category is best suited to each type of treatment programme.

Our wing has only been open two years and is still growing and developing. Success rates are meaningless as yet and in any case there is no control group. We have many difficulties and problems. Probably the greatest of these is ourselves. We find our own failings (if this is the right word) are searchlighted by the type of programme that we are operating. However, any live body has weaknesses. The point is that we are continually trying to rectify them. We feel, above all, that we are showing that treatment is possible in prison, provided that it is followed up after release.

In conclusion, we would say to Mr. Booth that we have not attempted to deal with his article on a destructive basis. He has expressed certain opinions on psychiatry, authority and the Ventura system. This article on our system, within a psychiatric prison, is our answer.