

# Labelling the Inadequate\*

VERNON HOLLOWAY

SOCIETY seems to be making a terrible mistake in the way in which it wants to label people, and some of this it does through us in the penal system. It will have been noticed how easily one slips from attributing something to someone, to labelling that person because of the attribute. To take an example, psychopathic behaviour is observable in many individuals; we start to study psychopathy of this kind and soon the psychopath exists as a type of person. Similarly, we start with inadequate behaviour in some area, we focus on inadequacy and suddenly the inadequate is with us. I wonder how long it will be before we are using words like feckless and immature as nouns to denote classes of people.

The concern felt about these effects is probably very similar to the concern being expressed in education about what we do to children in consigning them to 'C' streams in secondary modern schools.

May I first of all express my own feelings of distaste for the concept of inadequacy. This kind of labelling has, during the last few years, made me feel about this more than most socio-ethical problems that it is urgent that we clarify what people are doing and what they think they are doing in employing such terms.

We must ask why we want to do this. Many of the words used in the Prison Service are half-descriptive, half-judgmental. Half the time we are saying something meaningful about the person and half the time we are betraying our own need to see those people as basically something different from ourselves and the label perpetuates the distinction. The nightmare prospect, belongs to Aldous Huxley in *Brave New World*. The mistake is to confuse something which is probably a continuum from most to least inadequate in various respects with some kind of disease entity like measles or more appropriately leprosy. The logical absurdity of this confusion was reached in a short letter to *The Guardian*—I think in July 1964. The writer had discovered that

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many people in prisons had been described as incorrigibly inadequate and advocated that all these should be put elsewhere, in order that the rest could clearly be regarded as entirely responsible and presumably receive something more vigorously deterrent, within the prison system. Just as if we could divide our inmates in this way; just as if we could award permanent alphas and gammas for inadequacy. Yet perhaps we do try to do this, and what does it do to the inadequate to find that he has been so consigned. A simple answer in terms of social philosophy is that society must not be allowed to do these socially divisive things without at least being made aware that it is doing so and also considering what it must offer in return.

This leads us out of the area of moral examination and disapproval into the more cautious area of establishing criteria for the justifiable labelling and segregating people in this way. I would suggest that these criteria are twofold. The first criterion concerns whether we are able to identify a clinical group with unambiguous symptoms which would lead to a distinguishable outcome; of course this criterion alone could still permit the unfortunate social results I have outlined, especially if the diagnosis was then used as a basis for social separation. The second criterion is much more specific: it requires us to measure a concept like inadequacy in terms of the extent to

which it facilitates meeting the needs of the people concerned. By looking at inadequacy against these two criteria its usefulness may become apparent.

de Berker\* has made one of the most significant contributions in this area. In examining the concept of inadequacy for the Prison Medical Officers' Conference in 1959, he summarised much of the work being done and discovered that different theories used the concept of inadequacy in different ways. He had previously circulated a number of psychological and psychiatric colleagues seeking their views about "inadequacy", he discovered the repugnance for the concept which I have already expressed, but also the fact that most people still found it necessary to retain the label for a very large residual group of passive, ineffectual offenders after more specific diagnostic groups had been separated out.

Other prison psychologists, notably Marcu† in his dimensional study of the Wakefield prison population, and Taylor‡ in a study of the P.D. population, have done significant work in this area. D. J. West§ in his book *The Habitual Offender*, refers to all three of these papers in developing the argument that one can probably contrast the two groups, the active aggressive versus the passive inadequates. The general opinion seems to be that the first group, the active aggressives, is more likely to be

regarded as psychopaths and demand a disproportionate amount of attention, whilst the latter group may well be the more persistent offenders. Lest it should be thought that any terminological clarity is emerging yet, it is pointed out that some people reserve the term psychopath for the aggressive, active, preying individual and regard the inadequates as another group, whilst others merely separate aggressive psychopaths from inadequate psychopaths. Also, another problem among many remains unresolved, namely, whether many inadequates are in fact long-term neurotics, whose conflicts have gone unresolved for so long that a surface of indifference has emerged, concealing the underlying anxieties.

This need not be pursued too far. Suffice it to say that some people have found very important characteristics which distinguish the group they have described as inadequates and it is likely that there are a number of heterogeneous groups mixed up in this somewhat rag-bag classification. Too much certainty cannot be expected here and the label "inadequate" cannot be regarded as being a diagnosis such as scarlet fever or schizophrenia.

Recently, at Feltham, some members of staff carried out a survey of the population with specific reference to the boys' needs. Among many other questions we asked: "To what extent have they suffered

from inadequate personality or inadequate relationships"? and the answer was obtained that this heading affected three-quarters of the population and in half of those cases it was the prime diagnostic consideration. We tried to break this down in a number of ways, particularly by examining how the relationships fell short, for instance—with regard to affectionlessness, deprivation and passivity. However, the important point is that the term "inadequate" in the lay sense gets used very extensively in describing some of our most problematic and persistent populations. The clinical picture of inadequacy is confused through lack of precision whilst the lay concept of inadequacy seems somewhat wider than the clinician would use. Its prime purpose has been to draw the attention of people generally to the pathetic state of large numbers of people in our charge. It is a sad comment on the functioning of our society that when it designed a long-term sentence, largely in order to prevent chronic offenders from preying on society, it actually managed to attract to this sentence many who regarded it as a protection against society preying on them.

Let us now consider the more important criterion from the point of view of allocation. This suggests that we are only justified in segregating one group of people from another if thereby we are enabled better to meet that group's needs

to an extent which overcomes the damage caused by the segregation. For example, if everyone suffering from various fevers were isolated from the general population in order to safeguard the general population and this was all that was done in the way of classification, the sufferers might well feel that they had been ostracised and condemned to catch each other's fevers without the non-sufferers caring. If, on the other hand, we further sub-divided the fevers down to the specific groups so that each got the appropriate treatment, this would be more profitable and more socially acceptable. I believe that the allocation problem is analogous with regard to inadequacy and other similar concepts, although we may not expect the same kind of clear-cut divisions between diagnostic groups.

The argument for present practice, as I understand it, is that those who cannot cope are segregated in order to protect them to some extent, perhaps to apply more gentle pressure when necessary and perhaps not to slow the pace of those in other units. But the inmates concerned seldom feel it in this way; they are conscious of the ostracism, are not often aware of measures to help their specific inadequacies and, indeed, may suffer from the artificiality of such a social climate. It may well be that by dealing with the problem at this level we are coping more with our own inadequacy in tackling the problem properly than

with the needs of the inadequates themselves.

Now let us subdivide further. Consider what kind of people they are and the nature of some of their needs.

(a) *Affectionless people* are often classed as inadequates. Their emotional growth is stunted and frequently they are unable to develop satisfactory relationships; if they do they are vulnerable in giving way to others' demands of them. More often they become isolated. Their need is for security and something permanent with few demands—if anything at all works. How do we provide this?

(b) *The over-institutionalised* is closely related to the "affectionless" inadequate. Some of these may never have known the normal outside world. Perhaps their need is to introduce them to it very gradually with plenty of practice whilst support is slowly withdrawn.

(c) *The intellectually dull*. Many intellectually dull may be described as inadequates, although there may be other complicating features. Here the need may be to find a role in which the inmate can feel that he is making a contribution with the best use of his limited talents.

(d) *Unresolved neurotic conflicts*. It is suspected that the neurotic with unresolved conflicts may settle into a state of apathetic underachievement to deal with his anxieties. Today's raging disturbance may be next year's passive

inadequacy if the disturbance is not dealt with in time.

(e) *The over-anxious.* Almost the same group is the large number of chronic, diffused anxiety-ridden people who have withdrawn in the face of too many all-round problems. Some of these are among those we notice as having potential which they have never used. Perhaps this is the group of whom it has been said: they forego the chance of success in order to avoid the pain of possible failure. The needs of both of those allied groups may be in the short term, to have their anxieties allayed, and in the long term to be brought back to any specific conflicts which might have been better resolved before being covered by long-term defences.

(f) *Post-mental illness.* A group whom lay people regard as inadequate perhaps more often than the clinicians do, is the small but significant number of those struggling to regain proper balance after severe mental illness. These probably need an undistorted social environment, without threats and dangers of acquiring unfortunate identities whilst recovering, which they did not have before. (By undistorted I refer essentially to the way in which other disturbed people around them may unduly influence their precariously balanced personalities.)

(g) *Specific inadequacies.* There are many other groups, particularly the ones with specific inadequacies such as an inadequate marriage or

an inadequate adjustment to a deformity, alcoholism etc., each of which has specific as well as general recommendations which can probably be made.

This is not intended to be an exhaustive list but rather to indicate that it is the proper function of allocation to break down its operational concepts until it arrives at some fairly clear-cut needs of inmates which it can then try to match with the available facilities in the field. There is not much sign that allocation has been very successful in doing this, and this may be one of the reasons why it has not been possible to discern the specific opportunities which have to be provided in the training field to meet these needs.

In summarising the concept of inadequacy it appears that first of all there are some fairly repugnant and socially destructive features about using a fairly crude global concept on this kind in a way which is more related to segregation than to meeting specific needs. Secondly, if one concentrates on discerning these specific needs then one will probably find that the term becomes redundant for most practical purposes.

#### REFERENCES

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