Offender Therapy in Prison and Outside

S. W. ENGEL, M.D. (Heidelberg)

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IN ORDER to clarify our ideas regarding the aims and possibilities of offender therapy, we start with a schematic subdivision of the developmental types of delinquency:

(1) *Incidental delinquency.* One or more offences committed by an otherwise law-abiding individual within days or weeks.

(2) *Intermittent delinquency.* Offences committed intermittently for no obvious reason over a period of months or years.

(3) *Delinquent episode.* Offences committed consistently over a period of months or years, e.g. in adolescence or old age.

(4) *Habitual criminality.* The criminal's life has been shaped by his offences and their consequences. Unable to cope with his problems which are becoming increasingly insoluble, he gradually drifts into a criminal way of life. Frequently by the time he is 30, he has become an outcast and habitual criminal.

SCOPE OF OFFENDER TREATMENT

Effective offender therapy may reduce the extent and duration both of *incidental and intermittent delinquency,* and prevent them from deteriorating into *delinquent episodes.* Successful treatment may limit the extent and duration of a delinquent episode and also prevent it from deteriorating into habitual criminality. Even habitual criminals may, if circumstances are favourable, be redeemed and helped to return to normal society.

Nine years ago I began treating juveniles on remand in Heidelberg Prison. Results with this group were encouraging, so three years ago I started with adult prisoners, both on remand and under sentence in the prison. In addition, I also work at an outpatient clinic, where discharged prisoners, adult and

juvenile, are referred to me by the court or probation officers. Some, sent by their families, I see in my private office.

Heidelberg is a medium-sized university town in West Germany. Its two probation officers supervise offenders, undertake after-care with certain discharged prisoners and help others in need. I advise these officers and discuss difficult cases with them; I also co-operate closely with our criminal pedagogue, a woman of many years' experience in treating delinquent children and young people. We hope shortly to engage a specially trained social psychologist.

The Criminological Institute of the university carries out research and makes diagnostic reports of offender patients for the courts. A private after-care organisation looks after discharged patients, and also pays for psychotherapy in the prison and outside.

The prison building, built about a hundred years ago, holds from 130 to 150 prisoners, half of whom are male. Ages range from 16 to 70 and usually include about 10 juveniles. The inmates have committed every type of offence, including murder. Many are on remand, awaiting psychiatric evaluation by the University Clinic. If juveniles are suspected of being members of a gang, police investigation may take a long time and this necessitates a lengthy period of remand.

The prison staff of 23, consists of both administrative officials and prison officers; the latter having attended specialised training courses in psychology and sociology. Two social workers, a Catholic and a Protestant, are attached to the prison.

Offenders desire no treatment. They suffer, not from their offences, but from their legal and social consequences. Delinquents become amenable to treatment only when they have internalised their suffering and have developed a sense of guilt and are feeling anxious about themselves. In thus preparing them for treatment, as in many other respects, close co-operation with the probation officer is invaluable and the more friendly and informal the relation between the therapist and the probation officer, the better the results. The probation officer has the advantage of not being overawed by psychiatric diagnosis. He selects and refers patients for treatment, after having observed them in their life situations and not because certain labels are attached to them.

We co-operate closely with the Psychiatric Inpatient Clinic of the university and refer patients who are in need of inpatient treatment, e.g. severe alchoholics or certain sexual offenders who might benefit from chemotherapy.

Therapy in prison has various aspects. Though in practice these

inevitably overlap, they may, for theoretical purposes, be enumerated as follows:

1. *Improving the atmosphere in prison*

Both the officers and the inmates, each in their own way, suffer from the restricted life. The officers must absorb and somehow cope with the continuous pressure under which the men labour, and they may in turn take this strain out on the prisoners. By reducing the tension it is possible to prevent explosions and dangerous occurrences, such as men "running riot", attempting suicide or attempted escape. The therapist can counteract the aggressive ("he man") approach of the strutting and key-clattering officers, while encouraging those officers who combine authority with humanity. It helps to discuss worrisome situations in the prison and to take note of their observations. I take them into my confidence to some degree, make them the spokesmen for the prisoners and ask their advice in selecting inmates for therapy. Moreover, I show a friendly personal interest in them, and have even played cards with them so as to establish a more relaxed atmosphere.

2. *Mitigating excessive prison reactions*

The most common reaction to prison is the initial depression with its accompanying feelings of sadness, anxiety and despair. These abate after a while, but are sometimes abnormally strong, either in duration or in extremes of suffering, leading to suicidal attempts or trances and morbid ideas during the night. The offender relives his offence again and again in the most agonising manner, sometimes almost deliriously. Such excessive reactions can be relieved by supportive therapy.

Treatment of sentenced offenders does not differ essentially from that given to men on remand. However, the sentence, implying the legal finding of his guilt and the certainty of his imprisonment, usually creates a new trauma and great strain which may cause friction with his fellow inmates, the prison officers, his family or visitors. All will benefit if this tension is reduced by therapy.

3. *Coming to terms with the offence and its implications*

Offenders usually go through a mental process of "elucidation" set in motion by the arrest and the imprisonment, trying to think out what led to the offence, its implications and consequences.

Initially, the deed is foremost in their mind; later, their thinking is dominated by the punishment. Some offenders avoid coming to terms with their offence by dwelling exclusively on the punishment, its implications and consequences. Such blocking out of the misdeed is a poor start for a new life. Imprisonment has a constructive

value if it helps the offender to cope with the wrongs he did and his feelings of guilt.

4. *Helping the prisoner to accept his punishment*

By accepting his punishment the prisoner reaffirms his identification with society, and this enables him to dissociate himself from his misdeed. If the offender can be made to see the justification and indeed even the psychological value of the punishment, he is amenable to therapeutic and socialising influences and is ready for a new start. However, many prisoners try to ward off punishment mentally, turning it into something purely negative and harmful or accepting it only superficially, thus continuing their attitude of distrust and defiance of society.

5. *Preparing the inmate for freedom*

This aspect is of utmost importance. Years of submission and living by regulations make the prisoner unfit for life and the harshly competitive world of "freedom" where he is inevitably at a disadvantage. He will be faced with the serious problems of job finding and possibly with poverty; he may have to contend with difficulties that have arisen in his marriage and with his family during his imprisonment; he will have to make a fresh start socially and find new friends.

It is important, with the help of the family and the social worker, to lay the groundwork so as to give the discharged man a reasonable chance for a good start. If he has less cause to worry about the future, he will stand up better to his imprisonment.

Effective after-care is of course essential. To ensure continuity of therapy I also work at an out-patient clinic which accepts discharged prisoners who attend voluntarily.

6. *Pedogogic approaches*

Patients who are either not in need of, or not amenable to, deeper therapy are often helped by direct approaches. I try to guide, educate, advise and warn them of adverse consequences of their ill-thought-out plans and anti-social attitudes.

7. *Individual therapy*

(a) *Insight therapy.* In the case of the more difficult patients I try to understand their personalities and background, fathom their underlying conflicts and motives and try to reach their unconscious via free association methods, the analysis of dreams and psychological tests. Individual therapy is "uni-directional" based on the patient-therapist relation, thus enabling the therapist to adopt one essential role. Individual therapy establishes a mental intimacy which enables the patient to discuss his sexual pathology in depth.

If we succeed in resolving the psychic disturbances that led to law breaking, correct the offender's

faulty attitudes to life, giving him positive values and a social purpose, he can be resocialised.

(b) *Expression therapy.* Certain patients can express themselves in painting or modelling; this helps them to clarify their feelings and helps them to put their past behind them, shape their concepts of their present self and plan for a better future.

8. *Group therapy*

In contrast to the "uni-directional" aspect of individual therapy, a more complicated play of forces and counter-forces arises in group therapy between the therapist and the group as well as between the various members of the group. The element of drama present in the group setting overcomes normal reserve. Members adopt certain roles. There are the opposers who "act out" the aggression of the group; the moralisers, criticising and restraining the others; the neutralisers, trying to balance extremes; and those who spur on the others both constructively or destructively. The group situation sets the stage for displaying attitudes. In the discussion, aspects of character of the participants emerge, and attitudes such as lust for power, exuberance, shallowness of feeling or criminal deviousness, become apparent. The group also fosters a community spirit which evokes response from anyone capable of feeling and which, by correcting and modifying self-centredness, helps to socialise.

Our groups consist of up to seven inmates of varied types. We have "open" groups for prisoners on remand. These necessarily fluctuate and tend to change their character, since the participants appear suddenly and disappear equally suddenly on release, or when, after sentence, they are transferred to another institution. The "closed" groups for the sentenced prisoners remain fairly constant and this enables us to plan them. Some of our groups are homogeneous, as in the case of sex offenders, who have one main problem in common. We also have heterogeneous groups for offenders of all types. Best results are achieved where group therapy is combined with individual treatment.

In my criminological lectures at the university, I present offender patients to the students. To give this situation a positive meaning I try to create a sort of "psychodrama", consisting of three participants: (a) the audience asks questions, trying to draw out the offender, challenging and criticising some of his statements; (b) the offender patient who usually reponds favourably, and (c) the therapist, who only intervenes occasionally. The patient quite often feels, after the lecture, that

such a discussion has helped him to clarify some of his problems.

To conclude with three cases:

DELINQUENT EPISODE
(Car stealing)

This 17-year-old young man had been the leader of a gang of car thieves. They stole cars for their own use, but also damaged some, selling the parts in various different cities. The patient was the most intelligent and daring of the gang; without a driving licence he had taught himself and then trained a pal of his to stop suddenly in the middle of a very fast drive and turn back. This trick helped him to escape arrest on several occasions.

The court took a poor view of his case and gave him an indeterminate sentence of one to three years. Coming from a middle class background after doing poorly in several schools, he eventually dropped out. His parents were so busy with their own affairs that they did not even notice when he stayed away night after night. He had a history of stammering. His younger sister was very successful and in every way did far better than her brother. The gang offered him the sense of security and of belonging that he missed at home. When I saw him in prison he met me with cold arrogance, but eventually I overcame his defences, and a sensitive boy with a deep sense of inferiority emerged. He was obsessed by ambition, longed for thrills and gambled with danger. I made him face his inability to integrate his personality, pointing out how he had turned from a schoolboy into a casual labourer, then acted as an elevator boy and finally become a thief. He was happiest as a car thief, enjoying the danger. In prison he made a suicidal attempt which revealed the intensity of his self-destructive trends. At first he denied these and that he gambled with his life; after a while he admitted but minimised these attitudes and eventually accepted the full extent of the destructiveness and self-destructiveness that dominated his life. The next step in therapy was to help him to detach himself from his past and to plan a positive future. He began to make plans but they were too grandiose, more fit for the movies than the real world. It was obvious, however, that he was unable to finish high school and that this barred him from a career. Slowly he faced this painful fact and gradually he became less irrational, and his destructive impulses receded. I advised him to start humbly and undertake an apprenticeship. Since this hurt his pride deeply, he fought my suggestion tooth and nail but eventually he took an apprenticeship training in prison, putting all his energy into it. The third phase of treatment was after his discharge from

prison. Again, characteristically, he tried to do everything at once to make up for lost time. He continued with the treatment on the outside voluntarily; his mother, who could not at first face the seriousness of the situation, was most helpful once she had recovered from the first shock.

After this patient had passed his apprenticeship examinations he was able to embark on a more ambitious career. His emotional and personal reactions also changed completely; thus, for example, he has committed no further offences, and he visits a sick friend every day in hospital.

DELINQUENT EPISODE
(Violence and offences against property)

An 18-year-old offender had a poor relation with his parents. The father was a bully, the mother irascible and smacked his face on the slightest provocation. With his brother, however, he got on well. He felt bitter that his parents took no interest in him, but spent their evenings watching television, and also that they forced him to take up a career he detested. At 13 he took part in a burglary; gradually he drifted into beatnik company who were "the first people ready to listen" to him. Then he got mixed up with delinquents and was apprehended for using knives and knuckledusters. Sexually promiscuous since 15 he let his hair grow long and went round with a guitar. Running away from home several times he got mixed up with a roving band of juveniles, travelling even to foreign countries. When eventually arrested, he was charged with 30 offences of theft and burglary. After seven months' remand he was sentenced to an indeterminate sentence of two to four years in a juvenile prison.

I treated him in the institution, helping him solve his ambivalent relation to his parents who had disowned him, and to work out why he was driven from one juvenile group to another. The aim of the therapy was to develop his resilience and make him emotionally independent. Encouraged in therapy to paint and model, which he had never done before, he learned to express through these media what he could not put into works. This helped him to clarify his thoughts and feelings, he realised how much he detested the business world and that he wanted a more congenial occupation. He discovered an interest in, and ability for, interior decorating. Expression therapy thus enabled him to shape a new future.

DELINQUENT EPISODE
(Exhibitionism)

A 15-year-old boy was referred for treatment by the court for exhibitionism. Since he was 13 he had been in the habit of hiding

in the forest, on the outskirts of the village, or in the entrance of a house waiting for very young girls, and then masturbated in front of them. Physically and mentally underdeveloped, he was a very immature personality; sexually precocious he was quite unable to cope with his strong sexual impulses. My aim was to lessen his need for a sexual dramatisation, to develop social attitudes and to decrease his narcissistic concentration on his own body. I treated him for half a year, at monthly intervals, by making him aware of the irrational and aggressive aspects of his masturbatory activities and telling him that sex is only satisfactory if it becomes part of an emotional and personal relation.

He did not know any of the girls in front of whom he masturbated and was not likely to meet them again. They were shadowy figures to him, forming only an anonymous background for his fantasies. Actually he was timid, inhibited, lonely and had no friends. In the course of the treatment he became more outgoing. He started to play the trumpet in a jazz club, took an interest in football and went to dancing classes. He began to make friends with boys and girls. As he formed closer personal relations, he stopped his exhibitionistic activities, both because other satisfactions lessened his sexual needs and because he would have been ashamed had his friends known of his offences. As he matured he found a steady girl friend and there was no further trouble.

CONTRIBUTORS

CARTOONIST MAXWELL ATKINSON, formerly of the Home Office Research Unit, is now with the research department of the University of Essex.

MARK BEESON lectures in criminology at the Staff College. After studying psychology at London he was a teacher before engaging in social research for the B.B.C. and Goverment Social Survey. He is an Associate of the British Psychological Society and is currently engaged on a study of unemployment and delinquency.

MELITTA SCHMIDEBERG, in private psychiatric practice, is President of the Association for Psychistric Treatment of Offenders and was formerly Medical Adviser to the Board of Correction of New York City.

REV. J. H. DREW is Assistant Chaplain General.

J. S. FLETCHER is Psysical Education Instructor at Feltham borstal. He holds coaching awards for basket ball, canoeing and gymnastics.

DR. S. W. ENGEL is psychiatrist at Heidelberg Prison, West Germany.