

Fall 1938

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Recommended Citation

Harry L. Freedman, Role of Psychiatry in Prisons, 29 *Am. Inst. Crim. L. & Criminology* 353 (1938-1939)

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THE ROLE OF PSYCHIATRY IN PRISONS

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I.

A. VALUE OF CORRECTIVE PSYCHIATRY

This report is an attempt to set forth our position and views in the entire matter of the classification program. We have felt that this might be better accomplished through a complete treatment, from which the psychiatrists or a committee thereof might select and codify such items as appeared important, than through any briefer resume. It may appear, therefore, that we have gone into perhaps too complete and minute an analysis.

In common with most others who have done psychiatric work in the prisons for any length of time, we have recurrently felt that the entire concept of corrective psychiatry was fruitless. This dissatisfaction arose partially as a result of the constant, if only half expressed, conflict between the administrative and professional departments, and partially from our own doubts of the real worth and fruitfulness of the entire movement.

When one thinks of the tremendous difficulties in dealing with prisoners constructively and scientifically it is quite understandable that the question "Is psychiatric classification in the prisons worth while?" should arise.

B. DOUBTS ARE NOT FUNDAMENTAL

When the question is stated thus baldly even the most annoying doubts are dissolved in the *certainty* of the worth of psychiatric work in the prisons. The doubts are seen as important, without question, but they no longer appear as an indictment of the entire system, as is indicated by what follows.

Limits of Function

We may be dissatisfied with the extent to which psychiatric departments function, but the point is that they do function, and

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are of present value. The difficulties are, for the most part, limitations imposed by the limited scope and development of the movement. There are certain other difficulties, e. g., public apathy, which are the usual phenomena accompanying the growth of many movements. The history of the entire psychiatric and mental hygiene movement is marked with just such difficulties. Growth and time have solved many of them, but time alone will not suffice if prison psychiatry is to take the position of importance it would achieve. In this connection I would recall the observation of Warden Lewis E. Lawes, quoted by Dr. Amos T. Baker in a report to the American Prison Association in October, 1935, that "The Classification Units have generally not obtained the acme of possibilities in this direction because the Classification Units are generally undermanned."

Plan for the Future

Wherever the mental hygiene movement has made advances it has done so through a determined attack upon the single points of some predetermined program. It is necessary that we codify our personal ideas into a clear and definite program which can guide our future movements.

C. CENTRAL IMPORTANCE OF CLASSIFICATION

From this point of view it can be seen that only the most complete analysis can be of value, for it is only such an analysis which can give constant direction to the progress of the movement. For this reason, we believe that while classification may, and should, remain as the central point of attack of the prison psychiatrist, a change from the view that "A man is classified" is necessary. Instead it should be "A man is *being* classified." Classification can never be complete and static. No one can ever know the nature of another so well that there is nothing of importance to be added, and classification has meaning only insofar as it is an attempt to clarify and state in objective terms the true nature of the individual. Questions of expediency do arise, of course, but, while they must be met if any plan is to be successful, they must be definitely subordinated to this factor of continuance.

II.

QUADRIPARTITE CLASSIFICATION

As to classification, per se, expediency and efficiency dictate

a tripartite division into classification for administration of the prison as a whole, for administration of the individual delinquent and for administration of research. It is obvious that there is a good deal of overlapping in these categories, but they are more than hypothetical constructions, even in present practice where they are not clearly distinguished. There is ample evidence, even in the routine reports, that some such division is implicit in the minds of most prison psychiatrists, but the distinction is too often seen only vaguely and is hardly, if ever, made really useful. The complaint so often heard, that prison officials are not interested in psychiatric work is not entirely true, although there is a certain core of truth in it. More often, however, the fact is that the reports sent to them are so full of what is to them irrelevant matter that they find the relevant kernel not worth the trouble. It is the psychiatrist alone who is interested in the total personality of the inmate, other prison officials are specialists, and ask only for relevant data. If the psychiatrist is to be of value he must not only collect this material, but present it in discrete reports so that each reader will find only what he is looking for, without extraneous distracting matter.

A. CLASSIFICATION FOR ADMINISTRATION

Classification for general prison administration should be the first objective of the Classification Clinic, both because it is the most rapid and mechanical part of general classification, and because the quality, including rapidity, of this service will, in large measure, determine the reaction of the prison administration to the Clinic. Such a report, ideally, should be completed within four weeks of the inmate's entrance to the prison.

Professional Reports

This preliminary classification should be written up in two reports, one for professional service, the other for the prison officials. Although it may be something of a blow to professional pride, it is our belief that this *second* report is the more difficult and exacting to prepare, because, as has been said, upon it depends the reaction of the prison administrators to the entire Clinic. It must be brief and to the point, without technical, non-self-explanatory terms and must be, at the same time, free of unjustifiable recommendations and ambiguities. It must consider both inter-

and intra-prison disposition with full knowledge of the nature of the various departments of the prison system as a whole and of the parts of each prison, as well as the immediate situation in each segment.

Inter-prison classification is more or less automatic, as transfers to the State Hospital at Dannemora or to Napanoch. Transfers to other prisons for any reason, may lie within the field of recommendation, but they are not exclusively matters for the psychiatrists; his capacity in such cases is one of hearing and advice rather than recommendation. It is important to note that while the classification data is at present used primarily for intra-prison purposes that this data may be used also at that time when it is decided to use the different prisons for housing only certain types of inmates. Bearing in mind that the fundamental concept is that, "A man is *being* classified," it is apparent that the personnel in the Classification Clinics in *all* the prisons should be the same.

Report to Administrative Officer

There are cases in which the psychiatrist is capable of making suggestions about the segregation of possible trouble makers. Here it is necessary that he keep in mind the difference between his conclusions as psychiatrist and his opinions as prison official. It must be borne in mind that certain responsibilities are vested in certain officials by statute. Too often this distinction is lost sight of, and the resulting conflict between the administrative and psychiatric departments does more harm than the whole matter is worth. Specifically this report to the chief administrative officer should take the form of purely administrative suggestions. Psychiatric diagnosis and other completely professional data are out of place in this report. It should take the form of a short, coherent report, generally of not more than two or three paragraphs. Its major purpose should be the indication of whether or not there is any need for transfer to one of the special prisons (Wallkill, Napanoch, etc.). Conclusions regarding probable institutional reactions of the inmate should be made. It is important that they be specific and reliable, for there is no point in such a report unless it is more valuable than that which can be given by any other prison official. Minimum recommendations regarding work and school placement should also be included in this report, but complete data upon these subjects should not be included. Such com-

plete reports should be furnished to the proper special officers upon application to the Clinic.

B. ADMINISTRATION OF INDIVIDUAL DELINQUENT

Classification for administration of the individual delinquent includes several categories but only two major divisions will be considered here. These are treatment, as a specifically psychiatric function, and education, based on what Dr. V. V. Anderson called the "psychiatric philosophy of education." And below we consider the educational implications of the classification program. Of treatment very little need be said. That it forms a necessary part of corrective psychiatry should be obvious. There are various types of psychotherapy, and although considerations of time, especially, are such that intensive psychotherapy is scarcely possible for more than a small percentage of the prison population, it is apparent that vocational and academic education service as two weapons utilized by the Classification Clinic for therapeutic purposes and for the socializing and resocializing of inmates. However, there is no reason why the difficulties should cause us to lose sight of the possibilities of really constructive work with selected cases, even if they are few. It may be that the peculiar circumstances of prison work will bring forth an entirely new method of treatment, suitable for group use. There is certainly a wide field open for research here, research infinitely more important than the "elaboration of the obvious" of Statistics. [C. Dr. Hardy Clark, Ed.]

Administration of Treatment

Efficient administration of treatment, indeed the efficient function of any of the psychiatrist's duties, demands the creation of a completely distinct out-patient clinic and observation and treatment block. These departments, if they are to be worth creating, must be under the sole direction of the psychiatrist, however. If such an observation block is to be no more than a mere dumping place for men to be intimidated or segregated, it will have lost its only reason for existence. Similarly, the out-patient clinic to be valuable must be distinct from any other prison department.

Classification Clinic in the School System

With the introduction of a wider educational program in the department an accomplished fact it is appropriate that we turn our

thoughts to extending the service that the Classification Clinic can render to the prison school. It is necessary to emphasize, however, that each new man must be classified just as before. The preliminary classification program, although it may and will be expanded to include more material, is still the core of the psychiatric program. Although it is necessarily incomplete, and although no efforts to make it really complete is intended, the object of such preliminary classification will continue to be the introduction of "feelers" into each area which the later, more complete study may explore. The present social history data, psychiatric and psychological examination are necessarily part and parcel of the classification program and will be kept as such.

However, whenever the reduction of the pressure of this outline classification allows an expansion of the range of this preliminary service should be attempted. The new areas of investigation are the academic and vocational aptitudes and achievements as far as survey type tests may reveal them.

Such materials as the New Stanford Achievement test and certain of the vocational interest and aptitude tests may very well be the tests of choice for preliminary exploration. These materials furnish such data as would enable the directors of education and vocational training to solve some of their problems more efficiently. The data from these tests must not be used mechanically, but should, of course, be used in conjunction with the results obtained from the mental testing program. What is needed for successful placement is a knowledge of the prisoner's total personality, his capacities as well as information regarding his present achievement.

Classification for Administration of Research

Classification Clinic periods will be maintained as before, for the examination of those who have become disciplinary problems and who have therefore been recommended to the attention of the Clinic as probable personality disorders. In connection with this work special treatment of selected cases will be carried on. However, considerations of time are such that only the most promising cases may be so treated. It is important that cases showing difficulty in adapting to school or vocational training are not denied the privilege of clinical meetings.

A special program of educational analysis will be continued in the Classification Clinic in the manner typical of the purely psycho-

educational clinic. This will include testing, both special and general, remedial teaching where indicated, teacher's training, and, as indicated before, psychiatric advice and treatment in cases of personality disorders. However, to permit the Clinic to handle the greatly increased load of work which this extension of duties will impose it is necessary that very definite periods for each task be allotted.

This psycho-educational work will center about general and special testing. Insofar as possible the general testing will be taken care of in the preliminary classification, as has already been outlined, but where cases who have been in the prison for some time come to the school it will be necessary to make this survey testing over again. Special testing for the purpose of illuminating special disabilities or difficulties will be, however, the greatest single function of this part of the Classification Clinic.

The techniques available for the diagnosis of these special disabilities are sufficiently well standardized to make this work highly reliable and highly valuable. However, since such testing requires a great deal of time, it can be used only in cases where it is really indicated. For this reason it would be advisable to institute a course of instruction for the teaching staff to make them familiar not alone with the general concepts of the testing program, although this is important, but, more particularly, with the concept of special disability. The nature and extent of these lectures must be planned in conjunction with the director of education. However, although it is impossible to completely outline them at this time, it is certain that they should include more than a discussion of the methods and results of testing. It is necessary, as well, that they include a consideration of the meaning and value of such concepts as validity and reliability from a statistical standpoint.

It would be well, if it can be arranged with the director of education, to arrange to have a course in special teaching methods given to the teachers by the psychologist. It should be borne in mind that the adequately trained psychologist is a teacher as well. It is not sufficient that the teachers understand the meaning of the school reports given them by the Classification Clinic; they must, in addition, be capable of carrying out the indicated remedial teaching most effectively. In practice this means that, except in a very few cases, the instructors will themselves have to become pupils and learn the newer methods of remedial teaching.

In the field of vocational guidance the attempt will be made to

give every assistance to the director of education. As has already been brought out, some information upon mechanical ability will be available from the time of the preliminary classification. If possible and if desired by other members of the prison staff, selected cases may be examined more completely. Such examinations will most likely be confined to cases where the therapeutic implications of the work placement are very obvious. Considerations of time and material will most probably limit work to such testing alone.

TRAINING OF PERSONNEL

The education and training of prison personnel given by the Clinic should not stop with the teachers but be extended to all other types of officials. A series of lectures can be designed to illustrate the several functions of the Classification Clinic, then, some consideration of the nature and functions of the Clinic as a whole, and more especially of the general viewpoint and attack of the psychiatric movement. The Clinic evaluates the man when he enters prison and it evaluates the man and his prognosis when he leaves prison. These lectures should be made available to the entire prison staff. The only hope for an increased functional value of the Clinic lies in a greater cooperation, and integration with the various prison departments.

III.

SUMMARY AND CONCLUSION

In summary we may first outline here the various functions of the Classification Clinic:

I—Classification.

A—By Development of Individual Case Histories.

- 1—Of the Social History.
- 2—Of the Psychological and Psychometric Report.
- 3—Of the Psychiatric Summary.

B—For Extra-mural Disposition.

- 1—Reports to Department of Parole.
 - a—For Parole Purposes.
 - b—For Executive Clemency.

C—For Inter-prison Disposition.

- 1—Mentally Defective to Napanoch.
- 2—Psychotic to Dannemora State Hospital.
- 3—Favorable Cases to Medium Security Prison at Wallkill.

D—For Intra-prison Disposition.

1—School Service.

a—Report on Intelligence.

b—Report on School Achievement.

c—Report on Special Disabilities.

d—Report on Personality Type and Adjustment.

2—Vocational Adjustment Service.

a—Report on Abilities.

(1)—School Achievement.

(2)—Intelligence.

(3)—Psychiatric Type.

(4)—General Occupational Groupings.

II—Therapeutic.

A—Psychotherapeusis for Personality Disorders.

1—Direct Psychotherapy.

2—Adjustment Therapy by Vocational and Academic Placement and Follow-up.

B—Remedial Teaching for the Special Academic Defects.

III—Education.

A—Lectures to Officers on the Case Work-Classification Program.

B—Lectures to Teachers on the Case Work-Classification Program.

C—Special Training in the Clinic of Officers and Teachers for Psychiatric-Educational purposes.

IV—Research.

To recapitulate we believe the Classification Clinic has several functions to perform, the fields of usefulness being outlined as above. We believe that the Clinic has a definite place in the prison system, a place which is both important and promising. Utilizing the training, techniques and experience of its staff and integrating itself with the other prison departments it is enabled to guide the inmate in the direction that aims to bring out the best in his personality, that will bring about his socialization or resocialization. It is our belief that the new educational movement will facilitate the efforts of the Clinic.