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A PSYCHOLOGICAL STUDY OF DELINQUENTS WITH CHRONIC AND CASUAL PHYSICAL COMPLAINTS

Ralph D. Norman²

I. Introduction

It has long been felt by prison administrators and members of medical staffs in penal institutions that one of the symptoms of inmate institutional maladjustment is the frequent appearance upon the sick-call line. Evidences of emotional conflict may appear not only in the form of overt infractions of the institutional regulations but also in the form of physical complaints of a vague nature which defy diagnosis upon the part of the physician as regards any organic basis for the complaint. One physician has expressed his opinion to the writer that a sick-call may be the result of an unsatisfactory letter from home, for example, as well as of a genuine physical complaint.

It is the purpose of this study¹ (a) to identify the chronic sick-caller from the point of view of describing the general mental and physical characteristics of a group of chronic sick-callers as compared with a group of inmates who do not appear regularly at sick-call, and (b) to compare the institutional adjustment of both groups from several aspects of overt maladjustment, such as the number of disciplinary reports meted out to each group, the number of different work assignments and resi-

dences within the institution both groups have had, and also the number of times both groups have had members placed in punitive segregation or idle status.

II. Method

The sick-call group was carefully selected upon the basis of the frequency of call made and also the type of call. However, several considerations were taken into account in making selections. The absolute number of calls made during the stay in the institution is not a good criterion because this figure is affected by various factors, such as the length of stay in the institution or the reason for the call. For example, an individual who has been resident in the institution for several years will likely have a greater number of calls than one who has been resident for only a few months. The reason for the call is also involved since an individual may be required, for example, to make repeated visits to have dressings changed or to have some particularly resistant infection treated. In order, therefore, to select the "chronic" sick-caller, a definition was set up describing that type of individual as one who, in the opinion of the physician, appeared frequently at sick-call line with-

¹ This study was done while the author was attached to the Federal Reformatory at Chillicothe, Ohio, as Assistant Psychologist. He is deeply indebted to the members of the medical staff of that institution for valuable suggestions and criticisms. Dr. Mervin A. Durea, of the

Department of Psychology, Ohio State University, was very helpful in revision, and the author wishes to express his appreciation for this assistance.

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out any apparent justifiable cause for complaint. All the cards in the outpatient clinic were then carefully surveyed by a physician³ with much experience in handling sick-calls, and a group of 142 inmates was selected, which, in his judgment based upon personal contacts with them, represented the most evident cases of chronic sick-calling. This number represents about nine percent of the total number of 1573 inmates in the institution at that time. Interestingly enough, this figure represents the midway mark between the figures of 4 and 13 percent between which Wilson and Pescor (1) estimate lies the number of psychoneurotics in a penal institution.

In order to compare this group with one of non-chronic sick-callers, a selection was made of 312 control cases, representing twenty percent of the total number in the institution. The control was selected only so as to give a proportionate sample of all offender groups represented in the institution. The two groups were then compared for the following characteristics:

1. Offense for which committed. (The following offenses were represented: National Motor Vehicle Theft Act; Postal Law Violations; Counterfeiting; White Slave Traffic Act; Internal Revenue Act and Liquor Tax Act of 1934; Forgery; Impersonation of Government Officer; National Bank Act Violations; Conspiracy to Injure Government Officer; Interstate Shipment Theft; Narcotic Law Violations; Crimes on Government Reservations;

Immigration Law Violations; Kidnaping.)

2. Length of sentence.

3. Age at the time of admission to the institution.

4. Total number of previous arrests.

5. Race.

6. Family position at time of admission.

7. Affective factors in the home other than the broken home. (These included lax or inadequate supervision, alcoholism, immorality, psychopathy, criminalism, maladjustment with mother, maladjustment with father, maladjustment with siblings, drug addiction, defective relationships between the parents, illegitimacy of the inmate. A comparison was made also of the average number of these factors for both groups.)

8. Broken home before the age of 18. (That is, either or both parents dead, divorced, separated, deserted; foster-parents, step-parents or other parental situation aside from the normal one of both natural parents in the home situation.)

9. Environment—urban, rural, or both. (Any community of 3,000 or more inhabitants was assumed to be an urban one.)

10. Civil status at time of admission to the institution. (Single, married, separated, divorced, common-law, widower.)

11. Physical defects upon admission to the institution. (These were analyzed according to head and neck, pulmonary, circulatory, abdominal, genitourinary, skeletal, dermatological, neurological, and metabolic disorders.)

³ The author is especially indebted to Michael S. Tramontana, M. D., for his assistance in making selections.

12. Height and weight at time of admission.

13. Mental age.

14. Psycho-social factors. (A quantitative analysis of descriptive qualities applied to each individual was made. If the inmate was described as being "impulsive, immature, and alcoholic," it was taken that there were three psycho-social factors. Both the evaluations of the parole officer, who takes the case-histories, and of the psychiatrist were used. A total of 56 psycho-social factors was found, and both groups were compared in all 56 of these factors, as well as in a category of absence of factors. A comparison was also made of the average number of these factors for the two groups.)

15. Prognosis for adjustment of the inmate in the institution made by the psychiatrist and parole officer.

16. Religion.

17. Initial institutional custody classification. (This is a two-fold classification, namely, "medium" or "close" custody.)

18. Necessity for follow-up interviews with the psychiatrist.

19. Number of disciplinary reports which were meted out to members of both groups who had already left the institution. (The numbers of cases here were 101 for the sick-callers, and 203 for the controls. This factor and the three following were examined as objective evidences of instability within the institution.)

20. Number of work assignment changes which were made for members of both groups who had already left the institution.

21. Number of residence changes

within the institution which were made for members of both groups who had already left the institution.

22. Number of times in disciplinary segregation or idle status of members of both groups who had already left the institution.

23. Number of significant responses on the Woodworth Personal Data Sheet.

Percentages and means were calculated for these factors for both groups, as were the standard errors of difference and critical ratios. These were established by the usual formulae (2), with a critical ratio of three or better assumed to be significant, and indicating a true difference between the groups.

III. Results

The following characteristics were found to be differential between the two groups, all others falling below the accepted statistically significant critical ratio of three or better, and therefore not being reported below.

1. Of offenses for which members of both groups were committed, a difference was found in favor of the controls for violation of the Internal Revenue Act and Liquor Tax Act of 1934, with a critical ratio of 4.02. Violators of these acts tend to come from predominantly rural areas and this may be the reason for the difference (see point 4 below.)

2. Comparing the factor of race, a significantly higher percentage of whites is found among the sick-callers (CR 3.58) and a significantly higher percentage of Negroes among the controls (CR 3.19).

3. Of abnormal affective factors in the home other than the broken home, a significantly higher percentage of maladjustment with father is found among the sick-callers, the CR being 3.03.

4. As regards rural and urban environment, an almost significantly

higher percentage was found for the control group in the factor of rural environment, the CR being 2.96.

5. Consideration of 56 psycho-social factors reveals results as expressed in the following table, only those of statistical significance being presented.

TABLE I—PSYCHO-SOCIAL FACTORS DIFFERENTIAL BETWEEN THE TWO GROUPS

Factor	Sick-Callers Per Cent	Controls Per Cent	Difference Per Cent	Sigma of Difference	Critical Ratio
Emotional	11.97	2.56	9.41	.028	3.35
Immoral	16.90	2.89	14.02	.033	4.27
Psychopathic	13.38	2.89	10.50	.030	3.48
(including psychotic)					

When the average number of psycho-social factors for each group is considered, a significantly higher mean number of these factors is found for the sick-callers, the CR being 5.30.

6. As regards the prognosis for ad-

justment (good or problematical), the CRs found are all significant. The significance is greatest if either the parole officer or the psychiatrist consider the prognosis for adjustment problematical, as revealed by Table II below.

TABLE II—PROGNOSIS FOR ADJUSTMENT MADE BY THE PSYCHIATRIST AND THE PAROLE OFFICER

Prognosis	Sick Callers Per Cent	Controls Per Cent	Difference Per Cent	Sigma Diff.	Critical Ratio
Parole Officer good	62.68	83.65	20.98	.046	4.59
Parole Officer problematical	37.32	16.35			
Psychiatrist good	61.97	84.62	22.64	.046	4.96
Psychiatrist prob.	38.03	15.39			
Both P. O. and Psychiatrist good.	49.30	76.60	27.31	.048	5.66
Either P. O. or Psychiatrist prob..	50.70	23.40			
Both P. O. and Psychiatrist prob..	24.65	8.33	16.32	.039	4.13

7. Custody classification reveals a difference in percentage significantly higher for the controls for the factor of "medium" custody as contrasted to "close" custody, the CR being 4.11.

8. A quite significant CR of 6.47 is found, the percentage being higher among the sick-callers, when the necessity for a follow-up interview by the psychiatrist is considered. When one reflects that their adjustment is considered to be probably problematical as revealed in Table II, and that they

display, on the average, a significantly greater number of psycho-social factors, this is not at all surprising.

9. A study of the differences between the two groups as regards their institutional adjustment reveals the following CRs, all percentages being larger among the sick-call group:

Disciplinary reports	5.21
Work assignment changes....	5.31
Residence changes	6.42
Number of times in segregation or idle status.....	4.44

TABLE III
SIGNIFICANT ITEMS ON THE WOODWORTH PERSONAL DATA SHEET
DIFFERENTIATING BETWEEN THE TWO GROUPS

Item	Sick-Callers Per Cent	Controls Per Cent	Difference Per Cent	Sigma Diff.	Critical Ratio
Do you usually feel well and strong? (NO)	22.45	7.94	14.51	.046	3.14
Do you usually sleep well? (NO)	33.33	13.83	19.50	.054	3.64
Do you have too many sexual dreams? (YES)	19.19	2.67	16.52	.041	3.03
Does your heart ever thump in your ears so that you can't sleep? (YES)	38.38	16.40	21.98	.056	3.94
Do ideas run through your head so that you can't sleep? (YES)	43.30	23.40	19.90	.059	3.37
Do you have queer, unpleasant feelings in any part of your body? (YES)	40.82	13.44	27.38	.056	4.92
Did the teachers in school generally treat you right? (NO) ...	16.33	3.72	12.60	.040	3.17
Do your interests change quickly? (YES)	31.82	13.45	18.37	.056	3.27
Has any of your family been a drunkard? (YES)	2.02	14.61	12.59	.030	4.15

10. An item-analysis of the 116 items on the Woodworth Personal Data Sheet reveals significant differences for the items presented in Table III. The percentages answering according to the manner indicated in the parentheses are all higher among the sick-call group except in the last item. This reversal in the last item may tie up with the greater number of the control group from liquor-making and liquor-imbibing areas.

IV. Summary

In this study, a group of 142 reformatory inmates who appeared chronically on the sick-call line was compared with a group of 312 control cases who appeared only casually on that line. These two groups were compared for a total of 23 factors to discover differences between them. Within the limitations of this study, the chronic sick-callers, as a group, may be de-

scribed as being of white race, mal-adjusted with fathers, largely from urban areas, with more unfavorable psycho-social factors, on the average, noted about them. As a group, they are institutionally unstable as revealed by various criteria, such as disciplinary reports meted out, work changes, institutional residence changes, and frequency of placement in punitive status. Probability of occurrence of this institutional instability is revealed in the prognoses for adjustment made by the parole officer and the psychiatrist. Nine items on the Woodworth Personal Data Sheet serve to differentiate between the two groups.

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