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# PSYCHOTHERAPY ON JUVENILE DELINQUENTS

P. R. Newkirk,<sup>1</sup>

Psychiatric co-operation at reformatories and penitentiaries, is on the increase. The task of the psychiatrist at a penal institution consists however, of classification mainly. This paper will try to prove that there is a definite place for therapy within the scope of penology: therapy here means psychotherapy. There are many methods of psychotherapy and to make my point clear, I am forced to say something about the history of my endeavor in this field.

Originally active in research work, I took up internal medicine. After 1920, I also became interested in psychotherapy. Orthodox psychoanalysis did not fit into my general practice, but I found that a short analysis followed by suggestive methods, particularly post-hypnotic suggestion, was a practical and effective treatment of many neuroses. I even became convinced that suggestion is the main active principle of all psychotherapy; no psychotherapeutic method can achieve anything without the influence of one mind on the other. For six years I taught psychotherapy within the scope of internal medicine at a European Medical School. It so happened that prosecuting attorneys and lawyers referred incriminated subjects for examination and treatment before the case was taken into court. Kleptomaniacs, sex offenders, and forgers were prevalent. Therapeutically, I could not find much difference between delinquent and non-delinquent neurotics although incriminated delinquents were generally more accessible to suggestive treatment than other groups.

In this country I found a surprising prejudice against suggestive methods. Hypnosis seemed to be abhorred by the medical profession. Its abuse by fakers and quacks, silly publicity, and perhaps disinclination against imposing ones will power on another subject, seemed motives for this antagonism. In fact, it is quite possible that ruthless hypnotists may take material and even emotional advantage of their medium. All these objections, however, are irrelevant if suggestive therapy is applied to delinquents at an institution by a psychotherapist who is at the full-time service of the State and acts under the eyes of the authorities.

It cannot be denied that innumerable neurotics have been treated successfully by suggestive methods since ancient times and certainly during the last one hundred years since adequate methods have been developed by Braid, Charcot, Liébault, and Forel.

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Incidents of crime among juveniles of the same stock are, in the United States, several times higher than in Scandinavia. This high juvenile criminality in the United States is due to the unfavorable influence of poor neighborhood, bad company, and broken homes on the subjects. If this is true, part of the delinquents at least, should be accessible to counter-suggestions.

During two and one-half years at the Northern State Hospital at Sedro-Woolley, Washington, and some observations at a reformatory, I came to the conclusion that after elimination of morons, severe psychopaths, and other constitutionally anti-social individuals, there remain about ten to fifteen percent of juvenile delinquents who could be prospective candidates for psychotherapy. Intelligence, suggestibility and personal confidence are the requirements. Two examples may show what psychotherapy can achieve:

A: Under suspended sentence

B: After minimum sentence has been passed

#### *First Case*

This seventeen year old boy, G. J., was referred for observation to the Northern State Hospital on March 5, 1941, by the Court, after having committed numerous homosexual acts, some of them bordering on male prostitution. Although this boy may have a constitutional homosexual trend, his perversion was started by seduction at the age of six by an older boy. There is no indication of endocrine abnormality in this case. The boy's sister was a paroled patient of this hospital and had been admitted in 1926, age 13, because of kleptomania and sexual promiscuity. When re-examined, she confirmed the rule that all such female delinquents are abnormally suggestible. So her brother was experimentally subjected to hypnotic examination and treatment, also. He was found to be an even better medium than his sister. During a period of three months at the hospital he obeyed post-hypnotic orders with the greatest precision. Given the suggestion not to leave his ward without the special permission of the psychotherapist, he disobeyed all orders of other persons, to pass the door of the ward for any purpose whatsoever. He stole small coins and chewing gum several days after pertinent suggestions. He confessed, and made excuses after having received new hypnotic orders. After receiving pertinent suggestions he became nauseated when the word, "sodomy," was mentioned, and questions such as, "Do you have many friends?" made him terminate the conversation angrily. After he had been tested thoroughly it was proposed to the Court that this minor be paroled to the farm of his parents under the condition that, a) he keep away from his former town of residence; b) abstain from all abnormal sexual actions and that, c) he appear at the hospital at regular intervals for treatment.

The Court's sentence was one to ten years in the reformatory but the sentence was suspended under the condition that he would live up to the above enumerated directions. No complaints have been heard for one year and a half. As the community is comparatively small and the boy well-known to all police officers and many other persons, it can be assumed as proven, that he has not associated with male persons outside of his family. He has a girl-friend with whom he has been seen frequently by unprejudiced observers, and he is planning on marriage.

Thus far, I have not met anyone who claimed that the same result would have been obtained under standard management. The method applied was the following.

1. The delinquent was isolated at his farm home with gradually increasing privileges, such as visiting movies in the vicinity but not in his former residence.

2. He was kept at work—first on his father's farm; later at a Plant.

3. Follow-up suggestions were given, at first every two, later every four weeks. Theoretically, psychotherapy could be continued to the limit of the maximum sentence of ten years. According to the sentence, the case will be expunged from the record after five years of good behavior.

### *Second Case*

B:—The second case, W. H., is the 'black sheep' of his reputable family. Up to the second year of high school, he seemed quite normal. He was good natured, easily influenced by others. Lack of will power was noticed by his mother, his school principal, and his first employer. He was sentenced to the reformatory in 1937 and served two years for forgery and carnal knowledge. After his parole, he resumed the practice of writing bad checks and on December 6, 1941, was sentenced to twenty years in the penitentiary. From there he was re-transferred to the reformatory on May 15, 1942. At the reformatory, W. H. complained of various intestinal ailments. He ate little; lost weight; was deeply depressed and on August 18, 1942, he was transferred to the Northern State Hospital for observation and incidental treatment. No organic changes were discovered. A psychiatric examination revealed all his ailments to be the somatic expression of despair and despondency because of his ruined life. This diagnosis justified the application of psychotherapy which was effective immediately. W. H. recovered rapidly and began helping the attendants on his ward. This was encouraged by suggestions. His work and endeavor were excellent. Secondary suggestions were, never to leave the ward without personal permission of his physician and never to write his name in longhand but to print it only. The work which he did, meant no coddling of

the delinquent: He cleaned and bedded untidy mental patients and he helped the charge attendants at first without enjoying any privileges. Later on he had ground parole. He never failed to return on the minute after his hour's walk.

The state hospitals in Washington are open to committed psychotics, and to observation cases for a period of ninety days only. Because of these rules, W. H.'s treatment had to be terminated after ninety days and he was returned to the reformatory. The work that he did at the hospital was successful and to his liking and he could have continued with this for years while being under psychotherapeutic control and permanent observation of fellow-employees. It is easy to predict that at the reformatory, this boy will, under the suggestive influence of energetic fellow-prisoners, remain what he is now,—a recidivist.

Psychotherapy cannot be effective on subjects who are serving fixed sentences at a penal institution. Suggestive psychotherapy must co-operate with a regime granting the subject increasing liberty and opportunity to prove his reformation. There is practically no danger of escape. Persons, well tested under this kind of therapy, are acting as though on an invisible leash. Physical restraint is replaced by more humane suggestive restraint.

A number of young men and boys were tested with regard to their suggestibility. Two of them had been transferred to the Northern State Hospital for observation in 1940, because of prison neurosis. All prison neurotics are highly suggestible because prison neurosis is the result of auto-suggestion while under emotional strain. Both were excellent mediums. After the termination of their observation they had to be returned to the reformatory and contact with them was lost. They are behaving well at the reformatory and would be candidates to test the psychotherapeutic parole method which I am recommending.

Experimental work seems to prove that the average juvenile delinquents are neither more nor less suggestible than non-delinquents. Suggestibility is, however, not merely a constitutional and fixed quality of the mind. Persons who suffer physically or emotionally and long for relief are much more accessible to psychotherapy than individuals who undergo suggestions for experiment's sake. Even the initial proposition of psychotherapeutic treatment to a delinquent is most revealing. Those who have a genuine desire to reform are eager to be helped and are immediately ready to co-operate. Others, like alcoholics and addicts, hesitate and make excuses. Without being able to prove this statistically, I found that among juvenile delinquents, there are two psychological extremes:

Those who are less than normally and those who are overly suggestible.

The first group acts anti-socially because they follow their own pattern of life. The second group of juveniles, if growing up in a decent environment, may not cause any trouble or at least not come to the attention of the court. If they are products of divorced marriages or living under conditions of poverty among amoral companions, they are prone to become delinquents.

Only the highly suggestible group is accessible to suggestive psychotherapy. The prerequisite for psychotherapy is therefore psychiatric diagnosis and classification. Morons, schizoids, anti-social psychopaths, and a-suggestibles should be eliminated. Forgers, automobile thieves, alcohol and sex delinquents are the most promising groups, but good prospective subjects are found among juvenile-hold-up men, too. The type of crime is not as important as the finding of the psychiatric examination. Hypnotic tests must then reveal whether the subject is not only suggestible but whether he executes post-hypnotic orders. I admit that this kind of work calls for psychiatric as well as psychological experience and that its basis is careful diagnosis. The preliminary tests should be performed within an institution. All subjects are given hypnotic orders not to talk about the treatment and are forbidden to accept hypnotic orders from anyone except their physician. It is the general experience in psychotherapy, that both these orders are obeyed.

The obstacles to planned psychotherapy on juvenile delinquents are neither to be found in difficulties of technique nor does the method meet with opposition from the delinquents. The difficulties are due to laws and regulations based originally on theories of punishment and determent. Psychotherapy does not agree with standardized imprisonment, but it calls for free occupation under psychotherapeutic guidance and in the morally best environment that can be found under the circumstances. An ideal solution, for example, is work at a mental institution where gentle treatment of helpless patients and work on the ward under discipline, are helpful towards the aim of re-education. A practical plan could be: All juvenile delinquents pass an observation clinic conducted by a psychiatrist in cooperation with a sociologist. The recommendation of this unit should carry weight with the judge and the parole board.

Individuals found accessible to psychotherapy, would be tested thoroughly and should then receive a suspended sentence, like G. J. After termination of observation they could live with their family or at a home, or as workers at a state hospital. They should appear for psychotherapy as ordered. Their liberty must be restricted by suggestive orders. In case of disobedience, arrest and transfer to the reformatory would be the consequence. It is my experience that psychotherapy is accepted readily under the natural fear of the law. In other cases several months at a reformatory would raise

the individual's willingness to accept foreign suggestion for his own benefit. Parole should be granted only after a period of psychotherapeutic treatment.

The legal question might be raised whether juvenile delinquents may be held under foreign influence: All who undergo treatment are informed of its nature before the treatment is started. They take the first step voluntarily. If someone has as little will power as W. H., a boy who achieved nothing in life but a maximum sentence of twenty years in a reformatory, then it seems quite permissible to give him a loan from another person's will power, if this serves the purpose of converting a shiftless young criminal into a useful member of society. The same is quite as true for offenders like G. J.

It is not claimed that basic qualities of the personality can be changed but there is no reason why psychotherapeutic control should not be continued for years and in some cases, even to the limit of the maximum sentence. This would practically mean reformation, because it is known that juvenile criminals do not relapse readily after the thirty-fifth year.

The method is practicable. It takes some time and effort to give the first treatment and to accomplish observation. The follow-up treatment, however, in the case of G. J., takes about fifteen minutes at intervals of one month.

It is generally admitted that the present management of juvenile delinquents is not satisfactory. Dr. Richard C. Cabot's foreword to S. and E. Glueck's "500 Criminal Cases," stresses the small percentage of reforms achieved. He says: "So far as I have seen such reforms or heard of them from others, there has been at least one necessary condition; that someone should come to know and understand the man in so intimate and friendly a way that he comes to a better understanding of himself and to a truer comprehension of the world he lives in." It goes without saying that psychotherapy as described, creates such an atmosphere of confidence. I consider the case of W. H. as a test case and I conclude in raising the question:

After careful examination and three months of observation, I claim that a man like W. H. can be rehabilitated for all practical purposes if paroled and put to work under psychotherapy. This cannot be achieved under the existing laws. This suggestible individual will serve his fixed minimum sentence in company of harder delinquents and will remain what he is, a recidivist.

I plead that suggestive psychotherapy be given a chance to prove its usefulness in the management of juvenile delinquents of the psychoneurotic type.