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Clyde B. Vedder

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COUNTER FORCES IN PRISON-INMATE THERAPY

CLYDE B. VEDDER

Dr. Vedder is the well known author of "The Juvenile Offender: Perspective and Readings" (his most recent book, 1954) and Co-Author of "Criminology: Book of Readings, 1953. Besides, he has published numerous articles in the periodical literature. He is Associate Professor of Sociology in the University of Florida at Gainesville.

Readers of the present article will be interested in the author's statement of some basic changes that must be made *outside* of the prisons before anything can be done to improve the *inside* of them and their so-called rehabilitative effect.—EDITOR.

In the rehabilitative processes concerned with prison inmates, great prestige is attached to the psychiatric approach at the present time, because it stresses the doer, rather than the criminal deed. Psychiatry has challenged, and rightly so, many implications of sociological research. Efforts to fix the etiology of criminal behavior in such social factors as "the broken home," "habits of thought," "incompetent parents," "evil associates," "inadequate supervision" have all met with failure.¹

Sociology and psychiatry agree that development of delinquent behavior is a process rooted in the experience of early childhood; that no child is born delinquent, and there is no easy way to understand crime. The attack must be made upon individual men and women who exhibit criminal behavior. However, there are many obstacles placed in the way of those responsible for prison-inmate therapy.

No discussion of counter-forces in prison-inmate therapy can overlook myth-mindedness in a scientific world, nor "evil spirits," the M'Naughten Rules, of 1843 nor pseudo-scientific "explanations" of criminal behavior. The acceptance of any one of these by those who foot the bills, will directly or indirectly impede such therapy.

More specifically, the implications of psychiatric efforts may be hamstrung by psychiatrists themselves. Although there are many encumbrances and barriers placed in the way of psychiatrists who are called upon to render an opinion in court, the psychiatric profession has some members who will sell their services to the highest bidder despite social consequences.² The inconsistency of psychiatric diagnoses rebound to the embarrassment of the profession at large. Few judges or wardens are impressed by psychiatry.

The law may act as a counter-force to prison-inmate therapy, due to its inconsistency of interpretation and judicial discretion. Sentences of inmates from different sections of the same state may vary up to twenty years for identical crimes. Laws have been increasing, percentage-wise, faster than the general population since the turn of the century and too many laws are passed in an emotional frenzy. All our sexual laws are swathed in cultural fantasies. Thousands of youths are in prison,

¹ JEROME E. BATES, *Abrahamsen's Theory of the Etiology of Criminal Acts*, JOUR. OF CRIM. L. AND CRIMINOL. Vol. XL, November-December, 1949, p. 473.

² ROBERT M. LINDNER, *STONE WALLS AND MEN*, New York: Odyssey Press, 1946, p. 140.

paying their debt to society, even though they are not responsible enough to marry or sign a business contract.

The professional criminal is hardly susceptible to psychiatric therapy, for presumably he is as satisfied with his profession as the psychiatrist is satisfied with his. All talk of integrity, honor, and justice are at best but meaningless abstractions. Better than anyone else, the professional knows that innocence is no defense. Because of these attitudes, the processes involved in inmate-therapy have neither significance nor meaning to the professional criminal. For him, the prison sentence is an occupational hazard, an interlude between criminal activities.

To criminal offenders such as drug addicts, alcoholics, prostitutes, compulsive neurotic offenders, psychotics, psychopaths, and the feebleminded, therapy as administered in the authoritarian setting of a penal institution can scarcely be effective. It is absurd to send such violators to prison. Incarceration represents cruelty rather than punishment. Many of these are themselves victims as well as perpetrators of their drives. In a prison setting, where the chief emphasis is on custody and safe-keeping, what kind of inmate-therapy is indicated for Lindner's case of the self-styled "Supreme Bastard" with six pairs of eyes whose big mission in this world was to "just save me and me alone. Everybody else can go to Hell."³

Unfortunately, American jurisprudence has failed to keep step with dynamic psychiatry, and has decreed that one offender is a neurotic and not insane, while another may be a psychotic and therefore *ipso facto* not responsible for his acts. What is the difference between the "voices" of the schizophrenic and the inner urges of the exhibitionist who both parade about naked?⁴ Many if not most sex deviations are matters of legal terminology with little or no relationship to reality-situations.

In many instances, the lack of confidence and cooperation of the prison inmate with the therapist may be traced to unfavorable attitudes acquired from contact with the police. Police respect for Constitutional rights is greatly needed today as many officers go far beyond their legal function in handling the offender. European penologists refer to the "third degree" as the "American method." "Cleaning up the blotter" refers to the police practice of encouraging men on their way to prison to "confess" to unsolved crimes, thus closing the files. Such "techniques" of law enforcement and justice cannot help but create uncooperative attitudes in the prison "patient."

Adverse attitudes often are reinforced through jail experience. Daily this nation compels some 750,000 men, women, and children to drag-out the hours in the idleness of a narrow cell or common pen, where the sour stench of food and filth and open toilets and disinfectants often attacks the nostrils as the poison of degeneracy and demoralization attacks the mind. The judge who sends an unruly adolescent to jail to "teach him a lesson" is either cynical or ignorant.⁵

It has been estimated that at least 100,000 innocent people are arrested annually, and too many are found "guilty" and sent to prison. Herbert L. Maris, Philadelphia

³ LINDNER, *Op. cit.*, p. 127.

⁴ BENJAMIN KARPMAN, *The Sexual Psychopath*, *JOUR. OF CRIM. L., Criminol. and Pol. Sci.*, Vol. 42, July-August, 1951, pp. 195-198.

⁵ JOHN R. ELLINGSTON, *PROTECTING OUR CHILDREN FROM CRIMINAL CAREERS*, New York: Prentice-Hall, Inc., 1948, p. 186.

attorney has been freeing innocent men and women for many years. Luis Kutner, Chicago attorney has freed over 1,000 wrongfully convicted individuals and estimates that 30 percent of prison inmates today did not commit the crime for which they were convicted.⁶ The "Court of Last Resort" now headed by Tom Smith, former warden of Walla Walla prison has received more than 1,000 letters from prison inmates claiming innocence. What inmate therapy is indicated for an innocent man or woman in prison?

The prison itself militates against inmate-therapy. It has been dramatically described as a "metropolis of men without women, a beehive without honey, caged loneliness without privacy, a ranch where all the sheep are black, a cement park with barbed wire shrubbery and an enormous microscope, under which psychiatrists and sociologists study a smear from civilization's ulcers."⁷ The frustration and monotony are well known, and the dual function of the prison in reforming and punishing at the same time, creates a real paradox and a challenge to both psychiatry and sociology.

The hazards involved in making parole should not be overlooked as determinants of inmate attitudes. Approximately 90 percent of all prisoners make good records, but only 30 percent make parole. Denial of parole often begins the period in which the prisoner starts to lose faith. Failure to make parole by a conscientious inmate has wrecked many a therapeutic program.

No discussion of counter-forces to prison-inmate therapy should overlook the detainer. Probably more than any other single factor the detainer operates against even the best rehabilitative program in the correctional process. Detainers kill what little hope convicts have and all their previous efforts of self-rehabilitation go by the board. Probably nothing discourages the inmate and his family more than having a detainer filed against him.

All of the factors thus far mentioned that tend to create uncooperative attitudes, such as the law, the courts, the police, parole, and the detainer find a final resting place in the prison inmate. The challenging task of the clinician is to change these almost perpendicular bundles of attitudes acquired over the years. The prison psychiatrist does not usually have the confidence of the inmate. To many an inmate, the psychiatrist is the "nut doctor" or "squirrel guy." The psychiatrist is identified with the official prison administration, the "natural enemy" of the prisoner.

As the convict undergoes prisonization, he loses confidence in himself, feels inferior because he has lost caste in the eyes of others and he knows it. He is subjected to a depressing monotony and a uniformity that kills initiative and enterprise, the very qualities needed for success in society. Because of the continual processing of new arrivals, the inmate, on an average, is not likely to receive more than two hours of psychiatric consultation during his entire prison life.

It is doubtful whether a full-fledged plan of rehabilitation can be instituted until the basic system is changed. Most programs exhibit more interest in preventing crime, than in preventing criminals. A closer union of sociology and psychiatry is indicated in the hope of producing a more adequate theory of criminal behavior.

⁶ PEGGY KRIEG, *It Could Happen To You*, U. S. CRIME, Vol. L, February 27, 1952, p. 68.

⁷ Editorial, SAN QUENTIN NEWS, September 22, 1950.

ADDENDA

Basically, we are fighting criminals and not crime, criminals who are only symptomatic of deeper underlying causes. Medical science did not attain present advances by incarcerating microbe germs or eliminating them by the gas chamber or the electric chair. Instead, medical researchers concerned themselves with causation factors, and they *studied* the germs. Criminals are not to be eliminated like mosquitos.

It is time that social scientists "get together" and present a united front to the public, in the hope of some day acquiring some measure of prestige and status roughly comparable to that of the medical and physical science professions. As Cuber and Harper⁸ point out, in many "problem" aspects of everyday life, we follow the dictates of expert rather than public opinion. If the physician diagnoses the patient's "problem" as diabetes, the patient (and the public) tends to accept this "expert opinion" without insisting on a public-opinion poll in regard to the matter.

In the trouble areas of our society generally labeled "social problems" we have no such popularly approved experts. For problems implicit in counter-forces in prison-inmate therapy, who are to be regarded as "experts" with public recognition comparable to the acceptance that is accorded physicians and chemists? "Expert opinion" rests ultimately upon public acceptance of the "expert". And society fails fully and consistently to accept "experts" on societal phenomena. The voice of the criminologist is truly the "voice in the wilderness."

There is considerable justification for lack of public acceptance. Social scientists are not in complete agreement, and as they communicate with one another they use an intellectual jargon which the public does not understand. Because the press is unable or unwilling to comprehend it either, a stricture in the communicative processes results, and the public are not informed of but a fraction of sociological research in the field of crime and delinquency as well as in penal rehabilitation. As a result, the public feeds on stereotypes and social scientists diet on frustration and discouragement.

Ridiculous and fallacious assertions concerning crime and criminals appear daily, almost hourly from the radio, press, television and the motion picture. Yet no counter-attack on these uniformed and lay assertions appear in any sociological publications by social science practitioners. This defeatist attitude on the part of social sciences and their organizations is one of many reasons why the public "listen" to the politician rather than the sociologist in matters pertaining to crime and rehabilitation. Apparently this sociological millennium is not possible of attainment. Until then, the factors discussed above that tend to create uncooperative attitudes in the prison inmate, in his experience with the law, the courts, the police, the prison, parole and the detainer, will pursue their futile and monotonous way.

⁸ CUBER AND HARPER, PROBLEMS OF AMERICAN SOCIETY, Prentice-Hall, Inc., New York, 1951, p. 27.