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THERAPEUTIC USE OF CERTAIN DEFECTS OF THE USUAL PRISON

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An increasing amount of professional literature has been produced dealing with the question what can be done in the all too few architecturally progressive correctional institutions. This paper results from an attempt to probe into the possibility of making constructive psychological use of some of the defects of the prison system as it is found today.

Whatever psychologists, psychiatrists, or criminologists may think of these usually star-shaped buildings and of the walls surrounding them, we must face the reality that public sentiment strongly desires to have the offender both securely removed from society and punished. At least in the foreseeable future we cannot expect to see these large buildings turned into abandoned ruins.

Rarely is anything entirely good or entirely bad. Therefore, as the reality of existence of prisons cannot be denied, it is most worthwhile to give thought to the question to what degree the present—in many ways deplorable—conditions in prisons may contain elements which specifically further the treatment and the rehabilitative purposes which contemporary psychology and criminology advocate. The scientific approach—objective by its nature—can, and in fact, should, probe into specific advantages of even such a situation which it finds and denounces as generally inadequate.

AN OPPORTUNITY

Those who favor prison reforms emphasize treatment aspects and the futility of the punitive approach. Psychologists and psychiatrists, as may be justly expected, are leading in such reform endeavors; yet, if we study their literature, we notice—quite paradoxically—a consensus of opinion that the seriously antisocial personality—the psychopath—is either untreatable or, as more lately modified, extremely difficult to treat.

It is widely agreed that a main reason for the difficulty in treating a psychopath is his lack of anxiety about his state of affairs. In fact, much of the relevant literature stresses this relative absence of anxiety as one of the most important differences between the psychopathic and neurotic personality. The neurotic—ridden with conflict between opposing needs—may develop a huge amount of anxiety. While this is often paralyzing and may produce severe behavior disturbances, his disorder can be at-

tacked by the therapist who utilizes this very same anxiety as a main lever for raising the patient's problems to the conscious level. The anxiety causes in the neurotic patient a desire to rid himself of tension and thus provides much of the genuine motivation for treatment which is a *sine qua non* for treatment success.

The psychopath, on the other hand, may pay enthusiastic lip service to the need for treatment; he often actually realizes that treatment would be for the best—yet, this understanding is merely an intellectual one and does not become part of his emotions. While he might, therefore, be “truthful” when he, in his shallow, often suave, manner affirms his understanding of the necessity for psychotherapy, he does not actually *feel* this need. He thus lacks genuine, emotionally based, motivation.

With the neurotic, anxiety is often so strong that initially part of the treatment is often directed primarily toward its reduction in order to enable him to function and to talk more freely about his problems. The problem is quite different with the psychopath. His treatment usually involves many months—or even years—of effort to mobilize anxiety sufficient to bring about motivation for a change. Only after sufficient anxiety has been assembled does the actually remedial part of the treatment start. In a large number of cases the attempt to mobilize such anxiety fails and treatment is terminated after long futile efforts.

The prison situation contains numerous elements which—particularly when they are handled purposefully—are definitely anxiety-arousing to the psychopath. This is generally true of prisons, but it is even more so of walled institutions. By this we do not mean such seemingly obvious and undesirable conditions as “tough” guards or severe deprivations. However, the prison situation, as such, lends itself to the prevention of those mental mechanisms which the psychopath habitually applies for the immediate dissipation of anxiety which may arise.

When in treatment outside a prison, the psychopath has the opportunity to act out his tension in some way, be it by antisocial acts or by the manipulation of his environment. If he cannot do either, he withdraws physically and changes his territory of action, thus reducing his tension. It is for these reasons that the antisocial personality is characterized by such traits as nomadism, lack of personal attachments, by a need to act out frustration or other tension in immediate—often random—action, and by shrewd manipulation of the environment. What is often considered the psychopath's inability to learn from previous experience is only an error based upon a misunderstanding of his needs. He does learn from previous experience: he learns that acting out is, for him, tension reducing and—because of his low frustration level—tension is more threatening to him than involvement with the law.

However, the question seems to remain open why such a situation as regimented as confinement is not even more threatening to the psychopath. Certainly, many severely antisocial personalities are able to adjust perfectly to prison life and become model prisoners. And yet those in correctional work know only too well that this in no way precludes immediate criminal activity after release.

AN OBSTACLE

For several reasons it would be important to find out why one so often observes a perfect confinement adjustment in even severely antisocial individuals. Finding the answers should enable us to reduce the usually unconscious attraction which confine-

ment exercises upon the acting out person—and specifically upon the returnee “model” prisoner. It should also help to create and to utilize for treatment the very anxiety which, without confinement, so often cannot be produced in the offender, even if he is treated in hundreds of interviews.

To the outsider, confinement, with its regulated routine and the impossibility of physical withdrawal, appears to be quite anxiety producing. It is for many individuals, but it is not for the psychopath who finds tension release in the manipulation of his environment. Contrary to what the general public believes, most confinement institutions present the shrewd operator with a manifold opportunity of manipulating his environment. The prison-wise individual knows the “ropes.” He engages in all kinds of “dealings;” he plays all kinds of little tricks; engages in satisfying power politics in the institution, manages his guards and overseers wisely and smoothly and, to a degree, manipulates his daily prison life. In Wilson’s “My Six Convicts” the exact details—much disputed among correctional personnel, are not psychologically the essential part. Significantly, however, he points to the tremendous importance which manipulation of the environment plays in the prisoner’s life and how immensely satisfying it is to him.

If this ability to manipulate the environment is controlled, the main satisfaction to be gained from prison life is correspondingly reduced and the antisocial personality stares at what he is most afraid of—tension which he cannot reduce. This creates the very anxiety which the therapist needs for treatment and which, without confinement, he so often fails to produce.

Yet tension, desirable for the therapist, may be quite undesirable from the custodial point of view. For this reason the institution must have its finger on the pulse of its population in order to control tension to a therapeutically valuable, yet custodially bearable, degree. This is a very delicate and continuous procedure which can be achieved only by close cooperation between the psychotherapeutic and the custodial staffs and by the creation of various degrees of planned therapeutic activities.

When one tries to utilize anxiety for group therapy in prison, one faces—in the prevailing walled type, even more distinctly than other institutions—two distinctly different tasks: The walls do not reduce—they tend to increase—hostility; walled institutions usually contain a high percentage of inmates who are serving long sentences and who are quite “prison-wise.” It is, therefore, especially in walled institutions, one thing to have the inmate ask for therapy and quite another whether this is not exclusively and often consciously another manipulatory behavior.

Actually, the psychopath often senses faster than prisoners with less serious character disorders, that the offer of therapy might provide a good possibility for exactly what it tries to replace—anxiety reduction through manipulation. “Gripe Therapy,” which is—often proudly—practiced by unqualified personnel in many correctional institutions, can, therefore, certainly not be seen as a kind of group therapy conducted on a more superficial level. “Gripe Therapy” might be of value custodially; however, it serves no long range constructive therapeutic purpose. It helps to dissipate whatever anxiety might be developed in the offender. Thus, “Gripe Therapy” contributes to making prison an acceptable way of life for the psychopath.

PLANNING

A therapy program which utilizes advantageously the disadvantages of a walled institution has been developing at Fort Leavenworth, Kansas, since 1951. Under the supervision of the progress-minded Correction Branch of the Department of the Army, five Disciplinary Barracks are being operated in various parts of the country. These facilities serve for the rehabilitation and confinement of Army and Air Force prisoners who have been found guilty of an offense serious enough to result in their being sentenced by a "General Court-Martial" to discharge from the Service. The term of confinement at the time of commitment to a Disciplinary Barracks normally exceeds six months. Fort Leavenworth's is the oldest of the five disciplinary barracks. Because of its construction and its high walls and solid towers, it lends itself best for a maximum security installation, and is being utilized as such. There an attempt—described here in outline only—is being made to utilize therapeutically some of the disadvantages of the setting. The two problems, to have the inmate first apply for group therapy and then to have him actually, not merely nominally, participate, were attacked in a planned manner.

The first aim was to counter the inmate's fear of being considered insane, a sissy, or a collaborator with those who put him behind bars. Also to be counteracted was his suspicion that therapy might impair his chances for clemency, restoration to military duty, or parole. This resistance against enrollment in the group therapy program is being reduced by introducing group work with the psychotherapist as a routine familiarization procedure. For about three weeks after their arrival the prisoners stay in "Reception" status and during this period they become, by group discussion, acquainted with the various activities of the institution. They meet in groups with the representatives of the Education Department, the Vocational Training, and the Custodial, Parole Sections, etc. As part of this "get acquainted" program, they also meet with the psychotherapists. This actual and routine contact makes the "Psych" less threatening, and usually some in the group express their desire to enroll when group therapy is mentioned towards the end of a series of five or six familiarization meetings. It is believed that this readiness to seek therapy is a result of the gradual introduction of the subject and of the fact that the newly arrived, finding himself in a new psychological situation, is more flexible.

A program called "Psychological Forum" became another means of making group therapy less threatening. The Forum was started by the author as part of an overall plan just before the first therapy groups were formed. It was primarily an attempt to combine teaching of Basic Mental Hygiene with a type of non-directive mass counseling. Standard psychological movies were extensively used as teaching aids. The mass counseling immediately follows each lecture or film. At counseling the professional leader reflects back and sometimes reformulates questions for audience discussion, and at the proper moments he stresses the much deeper level at which problems can be discussed in therapy only. Each Forum series consists of twelve weekly two-hour meetings of the just outlined type. Four additional meetings are set aside for quite permissive panel discussion between the inmates and officers. The subject of these panel discussions is usually one of a current administrative nature

and this, too, helps to reduce the barriers. The Forum makes group work with the "bug doctors" more acceptable, as the whole program is organized and led by one of them. At this writing, of the 118 regular participants in the Forum, 77 also enrolled in group therapy.

The other problem, the one of actual rather than formal participation, is being attacked by a policy of close cooperation of the custodial and professional staffs. At least three weekly meetings of the sections involved permit mutual consideration of all manipulatory and acting out problems. This helps to keep the finger on the pulse of the inmate population, described before as so necessary for therapeutic control of anxiety.

Certainly the main value of the program outlined lies not in its details; possibilities of improvement are continuously considered, and some changes are being initiated at this writing. The main value lies in the attempt to employ advantageously in a planned manner the disadvantages of the prevailing prison system.

Besides the systematic use of anxiety, another element, too, may be found favoring psychotherapy in a prison situation. Notwithstanding his rebellion against society's demands and against authority, the psychopath is actually a very dependent person—and this dependency, too, can be planfully employed. Bromberg (5), in another connection, stresses that: "Experience has shown that the everpresent antagonism to authority lies upon a basic unconscious dependence upon the very authority figures against whom the psychopath rebels." Bromberg and Rogers (6) refer to the therapeutic advantages of a combination of firm authoritarian attitude on the part of the therapist with the counterpart of permissiveness. We feel that the psychopath's dependence upon the authoritarian prison setting, as such, is not less than his dependence upon the authority of the therapist. The oftentimes good institutional adjustment, as well as the repetition of offenses and resulting return to custodial control, tends to confirm this. Dependence on the authoritarian setting, as such, lacks the threatening closeness of interpersonal relations and thus it seems to us that it is more easily acceptable to the psychopath than is dependence on the therapist. Therefore, the authoritarian prison situation, combined with permissiveness in the setup, can be therapeutically utilized—best with dependence upon the authoritarian, yet also permissive, therapist.

SUMMARY

Close confinement, with all its disadvantages, offers a unique, not sufficiently utilized opportunity for the treatment of the psychopath. It permits planned reduction to a minimum of his habitual way of dissipating tension, and thus offers systematic control and employment of his anxiety for treatment purposes. Also, the authoritarian setting satisfies strong dependent needs of the psychopath. His resulting dependence on the authoritarian setting provides another therapeutically usable tool.

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