1959

Motivation for seeking casework treatment in public offenders in a prison setting.

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Boston University

http://hdl.handle.net/2144/16408

Boston University
MOTIVATION FOR SEEKING CASEWORK TREATMENT IN PUBLIC OFFENDERS IN A PRISON SETTING

A thesis

Submitted by
Constance Elaine Hughes
(B.S., Simmons College, 1957)

In Partial Fulfillment of Requirements for the Degree of Master of Science in Social Work

1959
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CHAPTER I
INTRODUCTION

Background and Purpose

Social casework in a prison setting is relatively new in Massachusetts.1 The Department of Mental Health through its newly created Division of Legal Medicine has staffed a mental hygiene clinic at the Norfolk Prison Colony, which is one of the Massachusetts Correctional Institutions. The social service staff of the clinic has expressed an interest in the whole process of intake and diagnostic appraisal especially in the area of motivation for treatment. Opinion is varied on the subject. It is thought, for example, that (1) an inmate may seek help in a crisis situation either within the prison or involving his family on the outside; or (2) an inmate may request casework treatment for secondary gain, namely that it will look good on his record when he comes up for parole; or (3) since an inmate is prevented from "acting out" as he did in the community by virtue of the controlled environment, he may become conscious of his internal strife and turn to some source of help; or (4) he may expect a magical cure-all.

An individual's ability to tolerate stress varies considerably according to place, time and circumstance. Many

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1The first clinic was established in 1954 at Concord Reformatory specifically for the sex offender.
Times an inmate is unable to tell why he comes for treatment except that he feels he needs help or that he feels tense and nervous. "Motivation is often unconscious, but the client admits us to at least a partial understanding of his emotional problems by his tone, his attitudes, his behavior and by his manner of telling about his experiences; by his silences, denials, projections, and other defenses."²

In order to understand the circumstances that motivate an inmate to seek casework treatment, information about his personal characteristics and the social forces bearing on him provide an important background. This study will be exploratory in the sense that a major purpose is the development of more precise formulation. It will attempt to answer the following questions:

1. What are the personal and social characteristics of inmates who become casework clients, including the history of their contact with the law?

2. What is the process of referral through which they come to treatment?

3. What are the reasons that the inmates give for coming to treatment at this time, and what other reasons seem to be operating that are not expressed?

Selection of the Sample

From September 1, 1958, through December 31, 1958, twenty-nine applications for treatment were received at the Norfolk Prison Clinic. This four-month period was selected for two reasons: (1) for the first time there was a full staff and it was hoped that this would allow for fuller case recording; (2) after many changes an intake process had been developed that was felt to be more satisfactory. The sample will be those inmates from this group who were accepted for casework treatment by the social service staff. Of the twenty-nine cases seen at intake, four were assigned to psychiatrists; three were not accepted because they were "not motivated for treatment." This restriction automatically eliminates these cases which appropriately could have been studied. Two were transferred to other institutions before they were seen; one was not eligible because his parole date did not fall within the time limit set by the Division of Legal Medicine, and one was diagnosed a "defective delinquent" and was not considered suitable for treatment by the clinic at this time. This leaves a final sample of eighteen cases.

Method of Data Collection

Data were collected from three sources: (1) the inmate's record at Norfolk; (2) the casework records at the Division of Legal Medicine; (3) personal interviews with the caseworker. The factual data relative to the client's personal and background information, his history of contact with the law, and
his adjustment in prison were obtained from the prison records. (See Appendix A for schedule used.) These records vary in content and completeness depending on the age the inmate first came in contact with the law. Those who were under the authority of the Youth Service Board include a home study and a report of any psychological testing.

Many of the items included in the schedule were taken from a code card prepared by the research staff of the Division of Legal Medicine. This method of coding pertinent information went into effect on January 1, 1959, thus the coded results could not be used for this study. However, selected items from the code card were included in this schedule and their corresponding numbers will be seen on the schedule in parenthesis (see Appendix A). Only those items on the code sheet that were pertinent to this study were included.

Data concerning the client's contact with the Division of Legal Medicine, his attitudes and motivation for treatment, were gathered from the casework records at the Division of Legal Medicine. Since the recordings are not complete and are prepared for service rather than research, interviews were held with the workers who were seeing or had seen the client. The director of the clinic division and the director of the parole clinic met with the social service staff for intake meetings in two respective group meetings. The directors, who are psychiatrists, often try to ascertain motivation for treatment on the part of the client, but this information is
not always recorded. This was discussed with the caseworker in the course of the interviews. The questions discussed with the worker in order to supplement the records appear in the last section of the schedule (under "Attitudes and Motivation for Treatment").

Limitations

This sample of eighteen is small. It represents approximately twenty per cent of those who apply to the Division of Legal Medicine for treatment.

For the most part the recording was in summary form. In the case of seven records that were not recorded, it was necessary to depend entirely on interviews with the caseworker. This made for a lack of uniformity in data collection.

Although the data from which this study was made were not adequate for the kind of research intended, the writer feels that certain modifications in the schedule would have improved the use of the data that were available.
CHAPTER II
THE HISTORY OF THE DIVISION OF LEGAL MEDICINE

The Division of Legal Medicine is a subdivision of the Massachusetts Department of Mental Health. Its creation was the result of a study by a committee of three psychiatrists and three lawyers who comprised the Joint Committee of the Boston Bar Association and the Suffolk District Medical Society "to bring closer together the thinking of the medical and legal professions on the question of mental responsibility for crime."¹ This Joint Committee recommended that psychiatric services be made available to the district courts of the Commonwealth. It was originally proposed that the division supply diagnostic evaluation to the sex offender, to be followed by individual and/or group treatment of carefully selected cases. The first such program established was the sex offender clinic which was set up in the Third Middlesex District Court in East Cambridge in 1954. The first six months seemed to justify the division's contention of the overall need for such clinics. However, the limitation in this initial program of the scope of the clinic for sex offenders was a handicap to its effectiveness. It was, therefore, proposed that this restriction be removed and that the clinic be authorized by the legislature to treat any type of offender whose mental or emotional

¹Department of Mental Health, Special Report, House No. 2988, December 1, 1957, p. 95.
condition indicated a need for psychiatric treatment. It was further recommended that other such mental hygiene clinics be established in courts through the Commonwealth.\(^2\)

The Division of Legal Medicine has grown rapidly under the directorship of Dr. Leon Shapiro, who describes the function of the Division as follows:\(^3\)

1. To assess the needs of the correction field for psychiatric services in relation to the available psychiatric facilities.
2. To interpret to the correction field the potentialities and limitation of current psychiatric practice.
3. To create a professional environment in which trained professionals can work effectively in the inherently difficult correction field area.
4. To aid the Department of Correction to provide training facilities and experience both for trained professionals who wish to enter correction work and for those already in the field who wish formal training in their particular discipline.
5. To establish research projects and engage in studies by which the effectiveness of court clinics and other correctional psychiatric facilities may be increased.

Today the division is staffed by over one hundred workers chosen for their professional skills in the fields of psychiatry, psychology and social work.

In 1956, the division opened the Parole Clinic at 1075A

\(^2\)Today there are court clinics located in Cambridge, Dedham, Quincy, Worcester, Leominster, Clinton, Malden, Hingham, Framingham and Springfield. A central Clinic for the Boston Municipal Court, the Roxbury District Court and the Dorchester District Court is located at the Boston Dispensary and provides a training field for Tufts Medical School.

\(^3\)Department of Mental Health, Special Report, House No. 2988, December 1, 1957, p. 96.
Commonwealth Avenue in Boston providing psychiatric services to parolees from all the several Massachusetts Correctional Institutions. It became the task of this clinic to convince the community of the current challenge of psychotherapy in the area of corrections. Specific steps were taken to aid the parolee to make use of this clinic. A pilot clinic was established at Norfolk Prison. This prison was selected for three reasons: (1) Public offenders are not sent directly to Norfolk from the court, but are transferred there if their adjustment at either Concord or Walpole indicates that they will be able to function adequately in the freer milieu of a medium security prison. As such, transfer to Norfolk has been traditionally associated with positive recognition of the inmate's effort to rehabilitate himself. Prisoners who are admitted to this institution come through a classification system which presents to the prison officials a rather complete case record. (2) There exists in this prison the highest parole rate of any of the Massachusetts Correctional Institutions. (3) The hospital at Norfolk is identified with the medical profession and, therefore, is felt by the inmates to be a neutral ground. The division clinic is located in the hospital.

Building this program was largely the work of Mr. Theodore Curley who is the director of the social service staff at the

Recidivist statistics have demonstrated that commitment to a prison is not a corrective measure in itself.

Albert Morris, Criminals and the Community, p. 49.
Division. Through him the Division staff and the prison administration at Norfolk became acquainted with the work of each Group sessions held at the prison by the Division of Legal Medicine with the house officers increased the understanding of both the prison personnel and the workers from the Division.

The delinquent population was initially suspicious of the social workers. A "social worker" to them was one who kept "tabs" on them, read their incoming and outgoing mail and entered the necessary information in their records. This element of authority became part of their image of all "social workers" in the prison, be they from the Department of Corrections or from the Department of Mental Health. Also, identification with psychiatric service was an anathema to them, for an inmate saw the psychiatrist when he was ready for parole, or when he was being evaluated for commitment to Bridgewater, where the mentally disturbed prisoners are sent. For a while the prisoners equated the Division of Legal Medicine with "going to Bridgewater." The early workers were on trial and suspect, but withstood the testing and were able to demonstrate the beneficial results of casework treatment. Today the majority of the referrals are made by the inmates themselves. The Division also has clinics at Concord and Framingham in addition to the program at Norfolk. As a result of this pioneer

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6The in-patient program at Concord was the first clinic and was established in 1954 as a project under the sex offender law, specifically for sex offenders.
work, the Department of Corrections has initiated a similar program at Walpole which is supplied with psychiatric and psychological consultants and also some social workers from the Division. About twenty per cent of the clients seen at the prisons continue in treatment after they are paroled.

The Parole Clinic has a program for both adults and juvenile parolees; the latter are referred by the Youth Service Board, the court clinics and the Judge Baker Clinic. In all juvenile cases there is an attempt to involve both the parents, or at least one parent, in treatment. By offering services to the families of both the adult and the juvenile, the Division is attempting to deal with the "hard-core", "multiproblem", "seriously disorganized" family.

The Division supplies psychiatric and psychological consultants to the Youth Service Board and to the various institutions under that Board, e.g., Shirley, Lyman and Lancaster schools, and also to the Washingtonian Hospital for alcoholism. In recognition of the remedial help given by the Division, the Parole Board is now making treatment mandatory in special cases, where it is felt that treatment will be beneficial to the parolee.

Thus, the process of rehabilitating the public offender in becoming the concern of many is facilitated. Parole Board, judge, officer, parolee, and his family, all cooperate in various ways with the treatment team of the Division of Legal Medicine. In this way the Division hopes to show the way
toward a more therapeutic community in which the public offender will have a better chance in his uphill struggle to a new life.
CHAPTER III
MOTIVATION AND THE PUBLIC OFFENDER

If human society is a complex institution, the organism known as man is no less complex. He is a creature of many different drives. How to control these drives is the problem to be faced not only by the individual but by organized society.

We know that human beings have certain drives or desires that must be satisfied if the person is to survive. We also know that the legal and moral code of our particular culture sets up rules and determines ways in which these desires may be satisfied. A person's behavior at any given moment is explained by his capacity to adapt himself to the world, his needs at the moment and the opportunity his environment offers for their satisfaction. If the behavior which he undertakes to satisfy these drives violates certain social rules known as law, we say his behavior is of a criminal type. The same energies directed along socially accepted lines might make the person famous or at least a respected member of his community.¹

How can we redirect the drives of the public offender? Public offenders are "not motivated for treatment and are limited by lack of capacity even if they could be motivated."²

What is motivation anyway? A motive is a thought or feeling that makes one act. To bring about action, discomfort with things as they are must be felt. But this is not enough. To dis-

¹Jack Ewalt, Mental Health Administration, p. 111.
comfort, mild or severe, must be added the hope of being able to reach a happier state, some ability to consider what has gone wrong and some opportunities for change.  

Several studies have been undertaken by the Research Center of the Social Service Administration Staff of the University of Chicago, based on the proposition that "the client's use of casework treatment is determined by his motivation, capacity and the opportunity afforded him by his environment and by the social agency from which he seeks help."  

"... according to theory, if motivation, capacity and service are appropriate and adequate, and if forces outside the agency are not restrictive and unmodified, the client will make use of casework service. If all are inappropriate and inadequate, the client will not make use of such help."  

The Research Center used the same criterion measure for their studies on adults and juveniles. This criterion measure was set up by Lilian Ripple of the Research Center and drew from Dr. French's formulation of the "integrative process in goal-directed behavior" as a frame of reference. As Dr. French explained it to Charlotte Towle,

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6 Thomas French, The Integration of Behavior, p. 42.
Goal-directed behavior is motivated by needs and hopes. A person's needs and unsatisfied desires put him under pressure which spurs him on to activity; but unless he has hope of being able to achieve a desired goal, it will be difficult for him to subordinate his activity to any consistent purpose. In order to achieve a goal it is not enough just to do something. One must also know what to do. Purposive behavior must be guided by insight into how to achieve one's goal; and even if he knows how to achieve his goal, he must also be able to subordinate his activity to plan. Too intensive desires or anxieties may interfere with this subordination of behavior to purpose; if a person's unsatisfied desires or anxieties are too great, he may be thrown into a panic and become quite incapable of concentrating his effort on a sustained purpose.  

For the goal inspired client, Perlman has coined a word "workability" that comprises two basic concepts, namely motivation and capacity. 8 She determines motivation by establishing the degree of understanding a client has about his problem, and capacity as the ability of the client to engage himself with the worker toward solving his problem or towards his goal. In social casework  

this goal, then, must be as individualized as is the person and his problem and what he wants and is able to do about it...while the goals of the profession of social work may be thought of in terms of our highest aspirations for human well-being, the goal with each single client must evolve out of a realistic diagnosis of his problem and his internal and external solution means. 9

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7Charlotte Towle, The Learner in Education for the Professions, p. 90.
8Helen Perlman, Social Casework, p. 183.
9Perlman, op. cit., p. 201.
But a client usually goes through several stages. He must "want", i.e., to get rid of some discomfort, and he must be "willing", i.e., to engage himself in casework treatment. Thus he must feel the "push of discomfort" (or tension) and the "pull of hope" (that ability to sustain one's self until gratification is achieved).

How does this apply to the public offender? Who is the public offender? What is he like? The public offender is often called the "unmotivated client" or the "unwilling patient" because he has no serious wish to change. Melitta Schmideberg says,

they prefer to remain anti-social because they have a peculiar inability to foresee realistically the consequences of their behavior. Thus lack of motivation stems from a disturbance of their reality sense and from their failure to socialize.10

Delinquent behavior is classified as "acting-out" behavior which means an irresistible need to perform actions in an impulsive fashion. These people are intolerant of inner tensions and "act out" regardless of the consequences of their acts to themselves or others. This "acting out" is not directed toward the positive aim of achieving a goal but toward the negative aim of getting rid of tension. Thus the aim is not pleasure but the discontinuance of pain. This is the way in which the

so-called "psychopath" either escapes or denies or is reassured against a danger that is unconscious. The purpose of this impulsive act is a defense. The quality of these acts makes them different from behavior related to normal instinctual drives. Like an infant who cannot tolerate any tension, tension in the delinquent is too threatening. When he "acts out" he does not think or remember. But rather this act is to avoid remembering. It is said that the impulsiveness of the act serves to prevent the onset of depression and suicide.

This type of individual was thought in the past not to have a super ego; however, we now know that he has a faulty, inconsistent and distorted one. Crimes so classified by law are not thought of as criminal acts by the delinquent.

...The persons with whom the decisive identifications have been made may in themselves be pathological; or circumstances may make the child identify himself with the wrong aspect of a personality; or the identification may be carried out with models of the opposite sex rather than with models of the same sex. Undoubtedly what is considered "masculine" and what "feminine" is not so much biologically determined as culturally... Equally disturbed in their behavior toward super-ego demands and toward external objects are the aforementioned types in whom transference, that is an unconscious misunderstanding of the present in the sense of the past, is extraordinarily strong; the patients repeatedly perform acts or undergo experiences identical or very similar ones, that represent unconscious attempts to get rid of old instinctual conflicts, to find a belated gratification of repressed impulses (instinctual demands as well as guilt feelings), or at least to find relief from some inner tension. For these persons the environment is only an arena in which to stage their internal conflicts. ...11

CHAPTER IV
PERSONAL AND SOCIAL CHARACTERISTICS OF THE INMATES

Certain general characteristics of the personal and social background of the eighteen inmates who applied for casework are revealed in the following tables.

Age, Religion, and Race

The ages of the applicants, as shown in Table 1, range from twenty years to forty years. Almost half of the clients were between the ages of twenty and twenty-four years.

TABLE 1
AGE OF INMATES AT THE TIME OF INTAKE

<table>
<thead>
<tr>
<th>Age at Intake</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>8</td>
</tr>
<tr>
<td>25-29</td>
<td>3</td>
</tr>
<tr>
<td>30-34</td>
<td>3</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
</tr>
<tr>
<td>40-45</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

Table 2 shows the religious affiliation of the inmates. Twelve of the inmates, or three-fourths in this study, were Roman Catholic. Five or less than one-third were Protestant.
including one Greek Orthodox, and one was Jewish. Norfolk prison colony is a state prison, although the state breakdown in religion is slightly more than fifty per cent Roman Catholic, the majority of the inmate population at the prison come from the large cities in Massachusetts that are predominantly Roman Catholic.

TABLE 2

RELIGION

<table>
<thead>
<tr>
<th>Religion</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td>12</td>
</tr>
<tr>
<td>Protestant</td>
<td>5</td>
</tr>
<tr>
<td>Jewish</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

With the exception of one man who was a Negro, all of the clients in this study were white. However, the general population at Norfolk has a higher percentage of Negroes than is represented in this group.

**Birth Order**

Nine inmates, or one half of the sample, were considered middle children, i.e., neither the oldest nor the youngest. Five were the youngest and three the eldest. There were no only children, and there was one case in which no information
was available.

**Education**

Table 3 shows the grades completed by the inmates. The age at which the inmates left school varied from fourteen to eighteen. Nine, or half of the men in the study, left school at the age of sixteen. Two were under sixteen, and seven were either 17 or 18 years old.

**TABLE 3**

**GRADE COMPLETED**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>unknown</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

Six, or one-third of the inmates completed the tenth grade. Seven left school either in the 8th or 9th grade and four completed the eleventh grade. Many of the inmates had their education interrupted by their placements in foster homes and institutions. While in these institutions it was
possible for them to continue their education but this was not always recorded in the record. It is possible that some may have had the equivalent of a high school diploma.

Service Records

Of the sample of eighteen inmates, seven served in the armed forces. Two received honorable discharges, one a medical discharge, and four dishonorable discharges. We can assume that these seven did not have a prior record since the armed forces exclude people with a criminal record.

Parental Family Relationships

The classification of family functioning used in this study was adapted from one used by the New York City Youth Board. The five areas in this classification concern the parents, their marital adjustment, the children and the environment, as follows:¹

1. Failure in the functioning of the mother, such as alcoholism, death, desertion, gross neglect, mental deficiency, mental illness, out-of-wedlock children, physical abuse of the children, promiscuity, prostitution, serious or chronic illness.

2. Failure in the functioning of the father, such as alcoholism, criminal acts, death, desertion, drug addiction, gross neglect, mental illness, mental deficiency, physical abuse of the children, serious or chronic illness.

¹New York City Youth Board, Reaching the Unreached Family, 1958, p. 16.
3. Failure in the functioning of the siblings, such as criminal acts, drug addiction, emotional problems, gang leader, illness, gross physical neglect, mental deficiency, mental or penal institutionalization, out-of-wedlock children, poor school or social adjustment, serious physical illness, truancy.

4. Failure in the marital adjustment (parents of the inmates), such as out-of-wedlock children, promiscuity, severe marital discord.

5. Economic deprivation and grossly inadequate housing.

Table 4 shows the areas of failure in the inmates' families.

<table>
<thead>
<tr>
<th>Failure</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>7</td>
</tr>
<tr>
<td>Father</td>
<td>14</td>
</tr>
<tr>
<td>Siblings</td>
<td>9</td>
</tr>
<tr>
<td>Marital</td>
<td>11</td>
</tr>
<tr>
<td>Economic</td>
<td>11</td>
</tr>
</tbody>
</table>

The failure in the functioning of the father occurred in all but four of the cases. This was twice as many cases as those in which there was failure in the mother. There was failure in the siblings in one-half of the cases. Failure in the marital adjustment of the parents and in the economic
situation occurred in almost two-thirds of the cases. Eleven of the cases, or sixty-one per cent, were found to be failing in three or more of the above areas and six, or thirty-three per cent, in all five areas. Four of the sample of eighteen cases appeared to have no failure in the functioning of the parental family.

There were nine cases that were known to social agencies. All nine were known to the Overseers of the Public Welfare and in addition to the Youth Service Board. Five were known to the Division of Child Guardianship and four to the Massachusetts Society for the Prevention of Cruelty to Children. There were two cases in which this information was not provided because the prison records were being processed and classified.

Causes of the failure in the functioning of the mothers in this study included attempted suicide, promiscuity, out-of-wedlock children, mental illness, alcoholism, death and desertion. With the fathers, alcoholism was prevalent, as was desertion, death, nonsupport, and abusive treatment of the mother and children. A history of delinquency with probation and parole, and prison sentences were the chief reasons for the failure in the functioning of the siblings. Within this group of parents there were six divorces, four deaths of marriage partners, and three separations.

The Family Centered Project of St. Paul found that:²

²L. L. Geismar and Beverly Ayres, Families in Trouble, Family Centered Project, 1958, p. 95.
Acting out behavior was related to conflict between the parents, but family solidarity was significantly affected only by the acting out behavior of the mother, not that of the man. The latter apparently managed to do much of his acting out away from home (drinking, desertion, non-support), whereas a major portion of women's socially delinquent behavior was directed against the family and carried on in the home (delinquent behavior against family members, problem drinking, and promiscuity); or if out of the home her very absence was more upsetting than that of the father since her primary job is homemaking. By contrast the man's acting out, which implies largely a failure to function adequately as a provider for the family, did serve to intensify marital conflict. The woman's acting out, carried on often in the man's absence, on the other hand, did not affect the marital relationship appreciably.

In this study it is interesting that of the seven cases where there was failure in the functioning of the mother, six families showed a failure in all five areas, and were known to the most social agencies.

Marital Status and Children

Marital and family relationships play a vital part in the life of any human being. The need for fulfillment of needs for affection, encouragement and approval, emotional security, and sexual expression are present in the inmate although adequate fulfillment may be denied. For many, personal relationships disintegrate during the term of imprisonment, while others are able to maintain some contact during this separation. The percentage of prisoners who are divorced is four to six times as high as in the general popula-
tion. "For the young married criminal, the imprisonment adds an extra hazard. The critical adjustment for many married criminals must lie within the years of imprisonment."

Massachusetts as well as forty-two other states grants divorces to any spouse whose mate is convicted of a felony or is imprisoned.

Table 5 gives the marital status of the inmates, also the number of children in each case.

<table>
<thead>
<tr>
<th>Marital Status of Inmate</th>
<th>Number of Inmates</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>7</td>
<td>- - - - - -</td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>1 - - 1 - -</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
<td>- - 2 - 1 1</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
<td>2 2 1 - - -</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>3 2 3 1 1 1</td>
</tr>
</tbody>
</table>

Seven of the men in this study were not and never had been married. Two of the inmates were planning to return to


4Zemans, op. cit., pp. 50-51.
their wives upon release. The four men who were separated had received information of the change in marital status while in prison. Three of the inmates who were or had been married had no children and three had two children. Three of the men had from three to five children. Among this group of eleven men who were or had been married, there was a total of nineteen marriages and ten divorces.

Employment

Types of employment for purposes of this study are classified as skilled or unskilled. There were five inmates classified as skilled workers, including a tailor, a machinist, a mechanic, a tanner and a moulder.

There were eleven inmates who were unskilled workers. This includes factory and restaurant workers.

In Table 6 is found whether or not the inmates were employed at the time of their arrests.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>6</td>
</tr>
<tr>
<td>Unemployed</td>
<td>10</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
Ten, or more than one-half of the men, were unemployed, while only six, or one-third, were known to be employed at the time of their arrests. Two of the number were arrested because of the nature of their work; both were involved separately in the stolen car "business".

Many of the inmates have been in and out of correctional institutions since early adolescence, and none of them had completed high school. These men had been poorly prepared for satisfying work. Their emotional instability and immaturity made it difficult for them to tolerate tension and when situations arose on the job that they could not cope with they tended to act out and thus forced their discharge or else fled.

As will be seen later, most of these men had had previous criminal records, and this may have affected their ability to get employment. For many jobs, i.e., civil service or jobs requiring bonding, individuals with a past criminal record are excluded. One parole officer says,

"Many employers are reluctant to hire ex-convicts. Natural concern for their safety and the security of their property is changed to fear by the popular notion that ex-convicts are not at all like other people, that they are all mentally deranged, that they are deliberately perverse, that once a criminal, always a criminal."5

This attitude on the part of the employer, as well as

the inadequate preparation for work, has had its impact on the employment record of the men.

**Psychiatric History**

The prison records showed that at least five of the inmates in this study had been confined to mental institutions for observation. One had committed himself to Foxboro for six weeks; another had been taken to Boston Psychopathic Hospital by his father for an examination; another had gone to the Veterans' Administration Hospital but had left after a few days. The other institutions represented were the Boston State Hospital and Bridgewater. It is not clear how or why they were admitted to those institutions.

Ten inmates had had tests measuring intelligence quotient. These had been done for the most part by the Youth Service Board, but some had been forwarded by the school department. The I.Q.'s ranged from 122 to 70.

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6Now known as the Massachusetts Mental Health Center.
CHAPTER V

HISTORY OF CONTACT WITH THE LAW AND PRISON EXPERIENCE

Types of Offenses

The crimes for which the inmates were serving time are shown in Table 7 as they are known legally. They appear to fall into two categories, that is, crimes against property and crimes against people.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breaking and Entering</td>
<td>4</td>
</tr>
<tr>
<td>Common and Notorious Thief</td>
<td>2</td>
</tr>
<tr>
<td>Larceny of Motor Vehicle</td>
<td>1</td>
</tr>
<tr>
<td>Robbery</td>
<td>2</td>
</tr>
<tr>
<td>Armed Robbery</td>
<td>3</td>
</tr>
<tr>
<td>Assault with Intent to Rob</td>
<td>1</td>
</tr>
<tr>
<td>Assault and Battery with a Dangerous Weapon, Armed Robbery, Rape and Kidnapping</td>
<td>1</td>
</tr>
<tr>
<td>Molesting a Child</td>
<td>1</td>
</tr>
<tr>
<td>Assault with Intent to Commit Statutory Rape</td>
<td>1</td>
</tr>
<tr>
<td>Unnatural Act, Indecent Assault on Child</td>
<td>1</td>
</tr>
<tr>
<td>Carnal Abuse</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 18
Eleven of the inmates committed crimes against persons, and five of this number were classified as sex offenses by law. Seven inmates committed crimes against property. Eleven crimes can be considered acts of aggression and violence. In the crimes against property, the most frequent offense was "B & E", or breaking and entering. The term "common and notorious thief" was given to two inmates, one who had been arrested previously twenty-nine times and another who had been arrested five times.

In this study there seems to be little relationship between the offense and the sentence. Crimes classified as sex offenses received the longest sentence. In one case an inmate was sentenced from seven to ten years for "breaking and entering", while another who committed armed robbery with intent to kill was given a "four to six" (years). Twelve of the inmates were sentenced in 1958 and were within two years of their parole date. The remaining six were sentenced between the years of 1952 and 1958.

Age at First Appearance in Court

Table 8 shows the age of the inmate when he appeared in court for the first time.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 - 15</td>
<td>9</td>
</tr>
<tr>
<td>16 - 20</td>
<td>4</td>
</tr>
<tr>
<td>21 - 25</td>
<td>4</td>
</tr>
<tr>
<td>26 - 30</td>
<td>0</td>
</tr>
<tr>
<td>31 - 35</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
One-half of the men appeared in court before the age of sixteen. This does not mean that they were sentenced to an institution at this time. Actually only two were committed to a correctional institution at this time. The mean number of arrests for this group was a little over eleven.

Recidivism

"A recidivist is a person who having been convicted and subject to correctional treatment again commits a crime."¹ The Federal Bureau of Prisons estimates that from fifty to seventy per cent of all prisoners admitted to state and federal prisons are recidivists.²

Table 9 gives the approximate number of times each inmate had been committed to a penal institution.

TABLE 9
NUMBER OF RECIDIVISMS

<table>
<thead>
<tr>
<th>Recidivisms</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>9</td>
</tr>
<tr>
<td>3-5</td>
<td>6</td>
</tr>
<tr>
<td>6-8</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
</tr>
</tbody>
</table>


One-half of the inmates had been confined to correctional institutions less than three times. One-half had been confined from three to five times. The three who had been in prison from six to eight times were all committed for the first time before the age of sixteen.

_Court Record of the Inmates' Families_

Fourteen of the inmates came from "multi-problem" families. Included in the classifications of failure in the functioning of the family are criminal acts. In this study many of the families had had contacts with the law.

Table 10 shows the court record of the inmates' families, not including traffic violations or minor infractions. Inclusion in the table does not mean that the member of the family was necessarily committed to an institution.

**TABLE 10**

COURT RECORD OF THE INMATES' FAMILIES

<table>
<thead>
<tr>
<th>Member of the Family</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>8</td>
</tr>
<tr>
<td>Mother</td>
<td>6</td>
</tr>
<tr>
<td>Siblings</td>
<td>12</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
</tr>
<tr>
<td>No court record</td>
<td>3</td>
</tr>
</tbody>
</table>
There were three inmates in whose families there were no members who had a court record. With twelve of the men one or more of their siblings were involved; this is understandable since the home environment would probably have been the same for each. Almost half of the fathers were known to have appeared in court for some charge one or more times. One-third of the cases showed that the mothers had had a court record.

Location in Prison

Norfolk was built purposely to facilitate a treatment program. Instead of the long rows of cells, special units were built to house fifty men. There are three units to each of the six houses (eighteen units in all) and the units are autonomous. It is thought that some of the house officers are more favorable to the treatment program of the Division than others. From this study it appears that the inmates who applied for treatment were pretty well scattered throughout the houses. There was only one house from which there were no applications from inmates in any of the units and another house from which there was one application from an inmate from one unit.

Visitors

Norfolk prison has a liberal policy regarding visiting hours. Weekends are the most popular times for visitors, and to relieve this strain and allow more time for the inmates to be with their friends and families, daily morning and after-
noon hours are available. One large room is provided and the inmates sit on long benches next to their visitors. The visiting hours are closely supervised. The men come from all over the state. Because of the distance, some of the families are unable to visit frequently, also bus service to the prison is very limited.

In 1951, the John Howard Association sponsored a survey\(^\text{3}\) among prison administrators, and reported that they felt that the purpose of the prison visits was to reduce tensions (forty per cent of all replies), and stabilize the family (fifty-three per cent). Other purposes given were to "boost prisoners' morale, help in adjustment of the family after release, assist in parole planning and business purposes."

Table 11 shows the visiting habits of the inmates' families and friends.

**TABLE 11**

**NUMBER OF VISITS PER MONTH**

<table>
<thead>
<tr>
<th>Visits per Month</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two</td>
<td>4</td>
</tr>
<tr>
<td>One</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally</td>
<td>10</td>
</tr>
<tr>
<td>No visits ever</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

\(^{3}\)Zemans, *op. cit.*, p. 54.
It appears that only five of the inmates had regular visits each month that they could plan on. Ten were never sure when they would have a visitor, and three apparently never saw anyone. This may have special meaning in the way the inmates see the workers who come from the Division on a regular weekly schedule.
CHAPTER VI

ATTITUDES AND MOTIVATION FOR CASEWORK TREATMENT

Referrals

All referrals are made, technically, by the head prison social worker. He has an interview with the inmate and records a description of the problem as he sees it. This is sent to the Division and a worker is assigned to see him for intake as soon as possible. At the time of this study, inmates were usually seen within two weeks of application.¹

Intake is a "process" and may take as long as the case-worker thinks necessary to understand the client and his problem. When the worker feels he has sufficient information to discuss the case, he presents the case at the intake meeting. Inmates are usually familiar with the treatment program before applying because of the social interaction among those already in treatment with the rest of the prison population.

Oftentimes after a client is in treatment he will relate the various steps he took to get to the division. For some it involved a long period of deliberation, for others it meant first talking it over with the chaplain or teacher or house officer. A large number find their way to the doctor with symptoms of an emotional nature and are thus "told" about the

¹During this current year there is accumulating a long waiting list and inmates have to wait several weeks before being seen at intake.

35
Division. Still other inmates have been impressed by changes they have observed in their fellow inmates who are attending the clinic.

All of the clients in this study were self-referred. Ten gave no specific information as to whether or not they had discussed their coming with anyone. In three cases the prison psychiatrist suggested the Division. In two cases the men spoke with the chaplain first, and it is not clear whether or not he had advised the application. One was advised to apply by his house officer and two by the head social worker at the prison. It is probable that the head social worker and the house officers are more instrumental in referring cases to the clinic than is shown in this study.

Timing of Request for Treatment

About one month before the parole date (which is set by the judge at the time of sentencing) the inmate goes before the Parole Board for an interview. If he satisfies the board as to his rehabilitation and has both a job and a place to live, he is granted a parole and may leave the prison on his scheduled date. Those inmates who do not satisfy the Parole Board will complete their sentence and then be discharged. These latter men will not be supervised by parole officers. In this study there was one man who was denied parole who will be discharged when he completes his sentence.

Table 12 gives the approximate time before the inmate's
parole or discharge that he applied to the Division.

TABLE 12
TIMING OF REQUEST FOR TREATMENT PRIOR TO PAROLE OR DISCHARGE

<table>
<thead>
<tr>
<th>Time Before Parole</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 6 months</td>
<td>9</td>
</tr>
<tr>
<td>7 - 12 &quot;</td>
<td>1</td>
</tr>
<tr>
<td>13 - 18 &quot;</td>
<td>1</td>
</tr>
<tr>
<td>19 - 24 &quot;</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
</tr>
</tbody>
</table>

Half of the men in this study applied for treatment within six months of their parole date. Included in this number are four of the five sex offenders in this study. The other nine inmates applied from seven to twenty-four months before their parole, seven of this number between nineteen to twenty-four months.

Workers have sensed that there is much anxiety that the inmates feel before they see the Parole Board or when they are

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2In the fall of 1958, during the time period of this study, the sex offender law (Chapter 123A of the General Laws of the Commonwealth) was rewritten. This law gave the court and prison officials the jurisdiction to have a sex offender reevaluated by psychiatrists to determine whether or not the offender was "sexually dangerous". Depending on the diagnosis, the offender could receive "a day to life" sentence.
about to leave the prison, either on parole or transferred to another institution. The following excerpts illustrating this anxiety are taken from the study case records:

Mr. K., who drove a truck in and around the prison grounds but always in sight of the prison walls, was required to drive about a mile from the prison. He told his worker of the dread and fear he felt when he could no longer see the walls and how relieved and safe he felt to return within the gates again.

Mr. G. was told that he was accepted for forestry and would be leaving the following day. He dropped in to see his worker as he was "making the rounds". He was blanched, breathing rapidly, perspiring and shivering despite a jacket he was wearing. He asked the worker to give him the address of the Boston office of the Division of Legal Medicine.

Reasons Given by Clients for Coming to the Clinic

Inmates who come to the Division of Legal Medicine recognize that they need "help", for they come at their own request. This is in contrast to some situations where the public offender is given a choice of treatment or prison, or where the court orders him to attend a treatment clinic. Whatever the disturbance is that the inmate is feeling, he is unable to cope with it and takes the first step to alleviate it by applying for casework treatment. Thus the Division client cannot technically be called the "unwilling patient" or

3Only those men who have made a satisfactory adjustment at Norfolk are eligible to apply for forestry, which is tantamount to parole. There are very few restrictions and many privileges. The philosophy is one of freedom and trust and there are few locked doors and no walls. Inmate's families may spend the day with them picnicking on the grounds.
the "unmotivated client". Reasons given by the client for coming to the Division appear to fall into four categories. However, a particular client may give more than one reason and thus be classified in more than one of these categories:

A. Some indication of desire for self understanding; client recognizes he has a part in his problem:

Mr. H. said that he came because he was "irresponsible", could not seem to "stay out of prison". He had thought of applying to the clinic the last time he was in. He seemed impressed with a friend who had come for help and was doing well on the outside.

B. Some indication of desire for help with a problem of family or life adjustment; client sees his problem through derivatives:

Mr. O. had not seen or heard from his wife for over two weeks and asked the worker to contact her. He also asked if an I.Q. test could be arranged to determine if he had the capacity to be a writer.

C. Diffuse complaints of nervousness and tension; client has implicitly associated his symptoms with emotional difficulties:

Mr. Y. said that "something is wrong with me." He was having trouble sleeping and he "strikes out blindly."

D. Some indication of desire for help with problems related to the situation within the prison; client feels his pressure as stemming from within the prison:

Mr. M. said that his friends were coming to the clinic and since he follows the line of least resistance he is coming to conform to their expectation.
The eighteen clients were classified in these categories, as shown in Table 13.

**TABLE 13**

**REASONS CLIENTS GAVE FOR COMING TO THE CLINIC**

<table>
<thead>
<tr>
<th>Reasons Given by Clients</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Desire for self understanding</td>
<td>7</td>
</tr>
<tr>
<td>B. Desire for help with a problem (family or life situation)</td>
<td>7</td>
</tr>
<tr>
<td>C. Complaints of nervousness</td>
<td>7</td>
</tr>
<tr>
<td>D. Desire for help with problem relating to prison</td>
<td>4</td>
</tr>
</tbody>
</table>

As can be seen in Table 13, there is some overlapping. Seven or slightly over one-third came seeking a desire for self understanding and the same number came for help with a family problem or one affecting his life adjustment. Seven presented complaints of nervousness. Four or slightly under one-third came because they felt some "social pressure" within the prison.

In all, seven clients were classified under more than one category. The following are examples of such combinations.

One man wanted some help in understanding himself and also because of some prison situation:
Mr. S. was vague about his reason for coming. He said he "needed help". He also said that he would like to debate his ideas with the worker on the institution.

One man wanted help with a problem and because of pressures in the prison:

Mr. B. came because people in the prison said he could be helped at the clinic. He talked it over with his brother who is also confined at Norfolk and he approved of the idea. He also said that his family was "all fouled up".

Two men in the study came in with complaints of nervousness and expressed a desire for help with a family problem:

Mr. K. said that he was "confused and upset" and that he couldn't sleep nights. He had "weird thoughts as far as my wife is concerned" and said he would like to stop taking benzedrine because it "bothers my wife."

Mr. W. went to the prison social worker because he had not heard from his family and he knew that his mother had been sick. A call was made to the inmate's home and Mr. W. was told that his mother was improved. He was not consoled and the social worker suggested the clinic. Mr. W. told the worker of his anxiety regarding his family and also that he was "upset, have the shakes and stomach trouble."

One inmate indicated desire for self understanding and wanted help with a family problem:

Mr. C. said that he wanted "counseling". He had "had a good job, marriage and nest egg" and he wonders why he committed the crime. He said his wife was expecting "their fourth baby any time now."

One man complained of being nervous and tense and began to ask of himself why he felt the way he did. This man also appeared to be seeking some self understanding:
Mr. G. said he was "tense and nervous and ready to spring". He had almost become involved in an explosive situation when he stopped and thought, "Why do I have to act like a tough guy?" He developed headaches after this.

Precipitating Factors That Brought the Client to the Clinic

A caseworker always tries to find out what factors "triggered" off a client's desire for help at this particular time, for this gives him some understanding into the nature of problem. This information presents to the worker a logical first step toward helping the client. While the precipitating factor is often the presenting problem, and as such is the problem uppermost in the client's mind, a worker may want to speculate about other factors that brought the client to the clinic at this time.

Mr. R. said that he was sent by his house officer and because he did not come voluntarily he could not say why he thought he was here. As the worker explored the situation he learned that the client had recently been examined by the psychiatrist for evaluation under the new sex offender law. Mr. R's parole had been denied the previous year and the worker felt that what brought the client to the clinic was his anxiety over a possible re-sentence.

Traumatic events in a family situation may bring a client to the clinic. Not always is he able to tell the worker this at first.

Mr. M. said that he had had many prison sentences and judged that he had remained out of prison for about two and one-half years of his adult life. (He was thirty-three years old.) He asked why he got involved in crimes. Later it was learned that just prior to his
making application to the clinic his wife had divorce papers sent to him in prison. Mr. M's parental family would have nothing to do with him when he was in prison and the worker felt that this rejection by his wife was the "trigger cause."

In Table 14 will be seen the precipitating factors under three categories: A. The presenting problem; B. Pressures in the prison life situation; C. Difficulties in family relations outside.

**TABLE 14**

PRECIPITATING FACTORS THAT BROUGHT THE CLIENT TO THE CLINIC

<table>
<thead>
<tr>
<th>Precipitating Factors</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Presenting problem</td>
<td>10</td>
</tr>
<tr>
<td>B. Pressures in prison</td>
<td>7</td>
</tr>
<tr>
<td>C. Difficulties in family relations</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

Ten of the men, or about one half of the sample, appeared to see the precipitating factors as their reason for coming to the clinic. Seven men, or about one third, seem to have come because of some pressure or pressures within the prison. Included in this group were the five men who were classified as sex offenders by the law, four of whom made application immediately after psychiatric reevaluation under the law. One client was found to have difficulties
in family relations and was being sued for divorce. There was a total of eight cases in which the caseworker felt that there was more to the onset of the problem than the client said.

Unexpressed Reasons As Seen by the Worker

"Most caseworkers would agree that it is possible to interpret attitudes and feelings which the client brings forward of which he is already aware or half aware—always realizing that actions and feelings determined by unconscious motivation have to be understood, but often left alone."\(^4\)

In interpreting the unexpressed reasons why the clients came to the clinic and for what, the caseworkers mentioned factors that fall into four groupings:

A. Problems in handling dependency needs:

Mr. A., who was serving a four to six year sentence for "common and notorious thief" had no contact with his large family (his mother and nine siblings) whenever he was confined to prison. He feared that his girlfriend who visited him regularly would not be able to accept his criminality. He said he stole to pay some debts when his girlfriend became pregnant. The worker felt that he stole to avoid a relationship and the responsibility. He was helpless in supplying the controls for the destructive part of him. His conflicts were of a pregenital nature.

B. Seeking controls:

Mr. G. had been conditioned by early

\(^4\)Hamilton, _op. cit._, p. 77.
traumatic experiences. He had never felt "wanted" except as he said by the police. His aggression was hostile and he provoked situations seeing this as retaliation. His weak ego had never been able to tolerate frustration nor to control his aggression. His record in prison indicated a good adjustment.

C. Immediate gratification:

Mr. C's feelings of rejection by his wife had intensified his feelings of unworthiness and he felt the need to prove himself by asking for an I.Q. test. His narcissistic ego demanded recognition by the worker of his writing ability.

D. Reassurance of sanity:

Mr. Y. exhibited an acute panic state and talked about his fears of "cracking up". Intellectually limited, he had been the butt of much ridicule at the prison. As with other cases of hostility and aggressiveness, this client needed acceptance and reassurance.

The overlapping in these areas is demonstrated in the cases given above. Mr. A. represents dependency needs but also a seeking for controls. This is true of Mr. G. Mr. C. is characterized under the heading of immediate gratification, but his dependency needs were also recognized. There was also a hint of his needing reassurance of his sanity. Mr. Y. was a graphic example of all four categories.

Table 15 shows the categories of unexpressed reasons that apply to each client and the degree of overlapping in these reasons.
Table 15

Unexpressed Reasons as seen by the Caseworkers for Client's Coming to the Clinic

<table>
<thead>
<tr>
<th>Unexpressed Reasons</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dependency needs</td>
<td>18</td>
</tr>
<tr>
<td>B. Seeking controls</td>
<td>10</td>
</tr>
<tr>
<td>C. Immediate gratification</td>
<td>9</td>
</tr>
<tr>
<td>D. Reassurance of sanity</td>
<td>10</td>
</tr>
</tbody>
</table>

All of the clients in this study had dependency needs that had never been satisfied. Ten of them were seen to be seeking controls. (It is probable that the inmate's presence in a prison setting actually indicates a search for controls.) Ten of the men or about half of the sample were in need of reassurance that they were sane. Nine or one-half were looking for immediate gratification. (Four of the men were included in all the categories, five in three categories, eight in two categories, and one in only one category.)

What the Client Expected from the Clinic

As one reads over the quotes given by the client of what he expected in the way of help there was a plaintive quality about many as to what he thought the clinic could do for him.
"Please go see my wife." "I want some advice, but not the kind my family gives me." "Will this help me get my parole?" "I just need a little help." "Nothing!"

Statements made by the clients fell into three groupings.

A. Vague and diffuse; unable to verbalize:

Mr. Mc. said he came to the clinic because his friends were coming. He was unable to say what it was he was seeking from the Division.

B. Self understanding; states clearly he wants help for himself:

Mr. M. said that he wanted help in learning why he "gets in trouble" so that he can stay out of "jail".

C. Specific request; comes with the solution to his problem:

Mr. I. came to the Division complaining of being unable to sleep or eat. He asked the caseworker to go see his wife and find out what "she was up to."

Table 16 shows the distribution of the clients in these groupings.

<table>
<thead>
<tr>
<th>TABLE 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT'S EXPECTATION OF HELP FROM THE CLINIC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client's Expectation of Help</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vague and diffuse</td>
<td>5</td>
</tr>
<tr>
<td>Self understanding</td>
<td>7</td>
</tr>
<tr>
<td>Specific Request</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
</tr>
</tbody>
</table>
Thirteen of the men had some idea of what they expected from the clinic in the way of help; seven specified that they wanted to look at the role they played in their delinquent acts; and six thought they could solve their problems if a special request was carried out by the worker.

Other Problems Client Was Concerned With

"Any single problem that creates social or emotional maladjustment in an individual tends to arouse or highlight other problems in contingent aspects of living." On the schedule appeared the question, "What other problems involving his life situation is the client concerned with?"

Those clients who had joined the prison Alcoholic Anonymous group are considered in this study to have shown evidence of concern with a drinking problem. There were four such men. Four of the clients thought they had difficulties in their relations with other folk: One client mentioned his father; one a brother; another said "men"; and the fourth his girl-friends. Whether or not the other ten men were too pre-occupied with their original problems to consider other pressures in their lives is not known. This information was lacking in the records and when the workers were asked to consider this they seem at a loss to answer. One might speculate that with this type of clientele a worker might need much more time to help the client begin to move into other

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5Perlman, op. cit., p. 33.
areas. Many weeks of treatment are spent simply in "enabling" the inmate to become a client.
CHAPTER VII
SUMMARY AND DISCUSSION

In this study a sample of eighteen clients, selected from a total of twenty-nine who made application to the Division of Legal Medicine over a four-month period, were studied to inquire into the reasons which motivated them to seek casework treatment. The data were collected from the prison records of the Norfolk Prison Colony, from the casework records of the Division of Legal Medicine, and from personal interviews with the caseworkers. Since the records were intended for service rather than research, an obvious limitation was placed on the study. Some workers felt that they did not have sufficient time to determine unconscious motivation.

The personal and social characteristics of the clients, including the history of their contact with the law, were studied. All of the men were white with the exception of one who was a Negro. Two-thirds were Roman Catholic. Nearly half of the eighteen were twenty-four years old or under at the time of intake. Seventeen had been arrested for the first time at ages varying from eleven to twenty-five. The highest grade in school completed by any of the clients was the eleventh, and only four had attained this level. Half of the men left school at age sixteen or under.

The family relationships of these public offenders were of interest. Failure of the father to function adequately
within the family was evidenced in fourteen instances, and failure of the mother in seven. Parental marital maladjustment was found in eleven cases in major categories such as divorce, separation, nonsupport, promiscuity, alcoholism, and the like. One-half of the cases had records of siblings who were juvenile delinquents. One-half of the families were dependent on public welfare at some time. Four were known to the Society for the Prevention of Cruelty to Children, and five to the Division of Child Guardianship.

Personal relationships largely disappear or are severely strained during a term of imprisonment. Seven of the men were single. Nine of the remaining eleven were either divorced or separated. The visitors' records of the clients showed only five who could depend on any regularity of visits, and at most this was two visits per month.

A little more than one-half were unemployed at the time of arrest. Their poor preparation for satisfying work, as evidenced by their educational records, undoubtedly had some influence on their employment records.

Eleven of the clients had committed crimes against persons. Five of this number were legally classified as sex offenders. Seven offenders had committed crimes classified as against property. One-half were recidivist from three to eight times. There were only three clients whose families had no court records.

One of the original questions in this study was to find
out what the process of referral was. Technically the referrals were all made by the prison social worker. Actually the clients in this study were self referred. Many were influenced to seek treatment by prison personnel, the doctor and psychiatrist, the chaplain, the house officer and the prison social worker. Others had been impressed with changes they had observed in their fellow inmates who were in treatment with the Division of Legal Medicine. Nine, or one-half, had requested treatment within six months prior to their schedule date of parole. Their anxiety seemed to increase as they neared the time of separation.

One of the purposes of this study was to inquire into the reasons given by the inmates for coming to treatment at this time and into other reasons that might possibly be operating but were not expressed. Four categories of reasons given by the inmates for coming to treatment were identified: some indication of desire for self-understanding; some indication of desire for help with a problem of family or life adjustment; diffuse complaints of nervousness and tension; some indication of desire for help with problems related to the situation within the prison. There was much overlapping. Seven, or nearly one-third, seemed to have come with some desire for self-understanding; seven for help with a problem pertaining to family or life adjustment; seven with complaints of nervousness and tension; and four indicating a need for help with, or because of, a situation within the prison.
The precipitating factor for coming to the prison clinic was implied in ten cases by the client as part of his expressed reason for coming to treatment. With eight the worker had to speculate, using other available information, as to what the precipitating factor was. From this other information available to the worker it appeared that seven clients came from immediate pressures within the prison too threatening to discuss at this time. One client may have come because of a family crisis that later eventuated in a divorce.

The underlying factors motivating treatment in the beginning phases of treatment as identified by the worker fell into four psychological categories: pathological dependency needs; fear of losing controls; desire for immediate gratifications; and reassurance of normalcy. In varying degrees, all the clients were included in the category of dependency needs. Ten clients were seeking controls, nine immediate gratifications, and ten reassurance of their sanity.

Another phase of this study was to ascertain what the client expected in the way of help from the clinic as this was implied in the request for help. Seven clients expected that the clinic would help them to better understand themselves and their part in the crimes they committed. Six requested that a specific service be granted immediately; and five were vague and obscure, unable to verbalize clearly what they wanted.

This study was also interested in learning what other
problems involving their life situation concerned the clients. The results revealed that they were too preoccupied with their immediate problem to consider other related ones. However, four had joined Alcoholics Anonymous within the prison which indicated a concern with a drinking problem; and four said that they thought they had a problem in their relations with others.

From the preceding findings of this study, it seems apparent that the clients seen at the Norfolk Prison Colony are in some measure motivated to seek casework treatment. This gives a somewhat different picture from the published material that presents the public offender as "unmotivated" or "unwilling" to accept treatment. The motivation evident in this study may be influenced, in part, by the process of referral. Although the inmates used various routes to find their way to the Division clinic, they were, technically, self-referred. Also, the fact that the clinic personnel are available at the prison makes it easier for the client to initiate contact.

For those few in this study who seemed to be seeking self-understanding, there is some indication that they may be able to use help but for most of the sample, it is felt by the writer that their coming to the clinic was a form of "acting-out." This study found, for example, that some inmates made application to the Division clinic upon receipt of a letter threatening their relationship with their families, or
upon examination by the psychiatrist to determine the state of their sexual criminality, or following an incident which upset the equilibrium of their social adjustment in prison. Many of the clients had physical symptoms of tension and, as was pointed out, many wished to be assured that their requests would be granted immediately.

Thus, although the reason for coming to treatment for many of the clients seems to be the immediate need to relieve tension, for some there is evidence of a sounder basis for seeking treatment. It is within this picture that the caseworker must seek ways and means of increasing the motivation of these clients toward a constructive use of treatment.
# APPENDIX A

## SCHEDULE

### Personal and Background Information

1. **(A4)** Year of Birth
2. **(A5)** Race
3. **(A6)** Religion
4. **(I1)** Education completed at what age
5. **(I5)** Grade completed
6. **(G1)** Failure in the functioning of the mother &
7. **(G2)** Failure in the functioning of the father
8. Failure in the functioning of the siblings
9. Failure in the marital adjustment
10. Economic deprivation
11. **(H1)** Are parents known to a social agency
12. Occupation of Father
13. **(H2)** Siblings-Number and sex of those older
   - Number and sex of those younger
14. **(C1)** Service...Yes No
15. **(C2)** Branch
16. **(C3)** Drafted Enlisted
17. **(C4)** Combat...Yes No
18. **(C5)** Discharge...Honorable Medical Dishonorable
19. Year of discharge
20. **(A7)** Year of Marriage (1st) (2nd) (3rd)
21. Year of Divorce
22. Children...Year of birth
   - Sex of child
23. **(E2)** List jobs held and length of time at each
24. (B1) Describe any psychiatric treatment

25. Results of psychological testing

<table>
<thead>
<tr>
<th>History of Contact with the Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of Sentence</td>
</tr>
<tr>
<td>2. (D4) Present Offense</td>
</tr>
<tr>
<td>3. (D1) On parole when sentenced...Yes No</td>
</tr>
<tr>
<td>4. (D2) On probation when sentenced...Yes No</td>
</tr>
<tr>
<td>5. (E1) Employment at time of crime</td>
</tr>
<tr>
<td>6. (A3) Age at first appearance in court</td>
</tr>
<tr>
<td>7. (A9) Age at first institutionalization</td>
</tr>
<tr>
<td>8. Name of institution</td>
</tr>
<tr>
<td>Number of previous arrests</td>
</tr>
<tr>
<td>Number of times in institution and name of institution</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>9. (F1) Court Record of father...Yes No Unknown</td>
</tr>
<tr>
<td>(F2) Court Record of mother...Yes No Unknown</td>
</tr>
<tr>
<td>(F3) Court record of siblings...Yes No Unknown</td>
</tr>
<tr>
<td>10. (D5) Partners in crime...No Yes</td>
</tr>
</tbody>
</table>
Adjustment in Prison

1. House number at time of application

2. Employment in prison at time of application

3. Previous jobs held

4. Activities

5. Avocation

6. Church attendance

7. Visitors...Mother_____Father______Siblings_____ 
   wife_____friends______other_____

8. Describe frequency of visits

Contact with DIM

1. (J3) Time request treatment to parole eligibility

2. (J1) Time request treatment to end of sentence

3. Number of interviews

4. Number of interviews cancelled

5. Number of interviews not kept and not cancelled

6. If treatment terminated, when__________
   by whom_____
   reason________

Attitudes and Motivation for Treatment

1. Describe fully the referral
2. What does the client give as his reason for coming to DLM?

3. What does the worker see as the unexpressed reasons?

4. What are the precipitating factors?

5. What does he expect in the way of help from DLM?

6. What other problems involving his life situation is the client concerned with?

7. Describe the behavior of the client as he speaks of his problem

8. Is he hopeful of a solution to his problem?
9. How has he attempted to solve his problem in the past? Describe any previous contacts with social agencies.

________________________________________________________________________

________________________________________________________________________

10. What awareness does he have of his own part in his problems?

________________________________________________________________________

________________________________________________________________________

11. How willing is he to involve himself in treatment?

________________________________________________________________________

________________________________________________________________________

12. Is he able to focus with the worker?

________________________________________________________________________

________________________________________________________________________

13. What is worker's estimate of his ability to test reality?

________________________________________________________________________

________________________________________________________________________

14. Additional comments:
BIBLIOGRAPHY

Books


Articles


Pamphlets


New York City Youth Board. Reaching the Unreached Family. 1958.

Department of Mental Health. Special Report, House No. 2988. December 1, 1957.