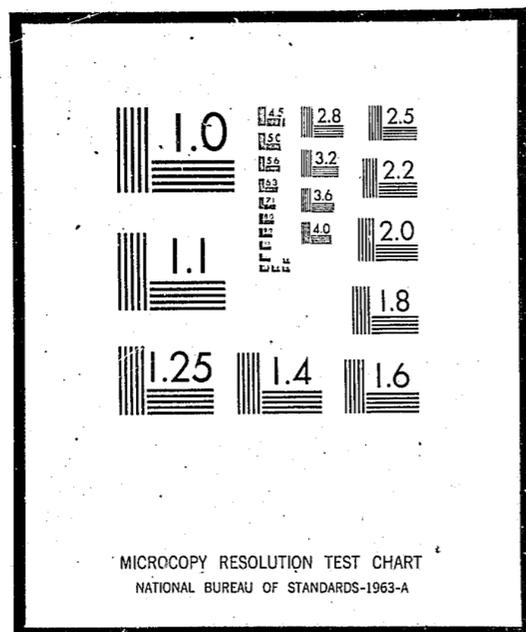


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## TYOLOGY OF OFFENDERS AND TYOLOGY OF TREATMENTS

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## TYOLOGY OF OFFENDERS AND TYOLOGY OF TREATMENTS

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### INTRODUCTION

I. There is a growing tendency in the sciences to strive to know whether what one does is useful, in other words to try to appraise the effectiveness and productive yield of any practical action on a human being.

The simple fact of acting upon men and observing some changes was enough in the past to strengthen the belief that such action was "useful". Today the aim is to "objectivise" and to find out whether what is modified in a criminal's or a sick man's personality is nothing but his momentary behaviour or something going more deeply, and, above all, whether one can predict such a change. Is it, for instance, possible to answer the question: According to a given type of criminal, which is the type of "treatment" most likely to make him become a full member of society?

Mr. Hood's report to the Council of Europe in 1964 clearly shows that such a general tendency exists.

Moreover, this desire for appraisal expresses the present relationship between pure and applied research in the sciences, namely to make the techniques of informative sciences (sociology, psycho-sociology etc.) and their results available to the practical sciences (medicine, town-planning, clinical criminology, economic planning) in order to assess the "conditions" of life, treatment, or work which are either contemplated, advocated or applied. Thus, to be effective is to render a man more human, more adaptable and a better citizen by means of, or through, giving him an environment and filling it with a related purpose — a veritable complexity of conditions of life, work, or treatment. It is to attempt to preserve their humanness. This explains the "difficulty" of such appraisals.

Reconditioning a criminal, healing a mentally sick person, "humanising" mass conditions, planning a national production — these are the requirements.

In order to evaluate the effectiveness of the proposed measures it is not enough to plot the "results" on a graph or work out a percentage. One must resort to "operational concepts" of persons, of nature and progress, of balance, maturity or adaptability, the statistical processing of which has only just begun to "relieve" them of their archaic and conventional content of Soul, Happiness or Progress (see *Bonheur et civilisation*, Cazenave, *Idées*, Gallimard 1966).

II. The history in former and modern times of this idea of effectiveness, clinical psychiatric methodology, problems of language arising from the analysis of the content of observation data, whence the reformulation of experimental situations and concepts: these are the main themes of this report. It complements the report by the other two Rapporteurs who made a critical analysis of modern sociological experimental work and more particularly a study of the interaction, the dynamic of interpersonal links in the light of this "conceptual reformulation", which all three of us felt to be absolutely necessary, when we held our first working meeting in February 1967.

### III. Two final remarks:

(a) This report is necessarily based on work which has appeared in French. We have therefore made very little reference to Italian research in clinical criminology, whose significance and influence needs no further demonstration, and we could only regret this omission.

(b) We give an example of clinical work in an appendix. We have deliberately retained its entire description of practical and direct experience in order to lay before our readers the evidence of real cases, rather than derived accounts which are bound to be reduced to general ideas.

## PART I

### *History of ideas and methods*

We found that the development of ideas and methods falls into four stages.

*First stage:* This is characterised by the apparent absence of the idea of effectiveness from penitentiary systems. Yet, on the basis of a historical analysis, it can be claimed that this notion exercised a permanent influence in the choice of measures. Every measure was considered to be capable of acting on and therefore effecting a specific change in the criminal. The ancient concepts of retribution, remorse and suffering illustrate this stage. At that period, then, the process presented no problem, once the right course of action had been decided upon, that is to say, according to the dictates of reason. The outlook of the time is well expressed by Alauzet<sup>1</sup>: "It would be rushing headlong into a maze of difficulties were one to attempt to appreciate the effect which different penitentiary systems would produce in so many men of different types and class." Again: "Statistics cannot pretend to march ahead and show the way. Such a pretension would be overweening and untenable. The administration may without fear, so we believe at least, put into operation the system which scholarship proclaims to be the best, without waiting upon statistics to confirm a judgment which it must regard as sovereign and without appeal." (page 218). This is forthright, and it explains why there was never any attempt to examine the efficacy of results. These words are worth pondering on, for while they express so well the thought of the time on the relations between reason and experiment, is not this outlook, even unconsciously, partly responsible for resistance in certain quarters in our time?

*Second stage:* This stage is characterised by a process which might be compared to the embryological evolution of a primary tissue, the process of differentiation between ectoderm, endoderm and mesoderm or, as the legal historians would put it, the splitting up of an ancient idea— for example the division of feudal law into separate legal branches.

This process of differentiation divides the early reaction of punishment into two parallel schools of thought: a theory of action and an evaluative assessment of results, the first attempt to define

1. *Essai sur les peines et le système pénitentiaire*: Alauzet - pub. Cosse-Marchal-Guillarmain, Paris 1863.

the notion of effectiveness. But the idea of effectiveness as regards the individual does not yet make its appearance. The criteria for such "action" remain entirely social: socio-family adjustment, occupational stability, absence of recidivism. This was also the period of typologies in criminology; in psychiatry, this period was marked by the development of a nosography where the distinctions between persecution melancholia and melancholic persecution mania were elaborated in ever finer detail. It should be emphasised that in both disciplines this period preceded that of treatment. It is common knowledge how in psychiatry the modern use of electric shock treatment and psychotherapy has revolutionised nosography and almost destroyed the concept of mental disease as a "fixed" and "explainable" morbid state.

We append an analysis of some significant theoretical work of this time on the value of the various methods applied in penitentiary systems (Appendix I, page 94).

This second period closes with the 4th International Criminological Congress held at The Hague. It adopted the following resolutions which sum up the new dominating ideas of clinical criminology:

" — Scientific research should be promoted, especially follow-up studies, to make evaluation of the efficacy of the various therapies possible.

Penal policies have various aims, amongst which we find in varying proportions: social readaptation, therapy-cure, retribution, deterrence and the upholding of the moral standards including elements of expiation and reparation and reconciliation with society. This diversity of aims is not only a consequence of conflicting ideologies, but also an outcome of the different standards held and developed in the various professions connected with methods of dealing with offenders."

One catches the first glimpse of the "nebula" from which the modern theory of treatment was to emerge.

Four examples of results obtained by this methodology are appended (Appendix II, page 98).

*Third stage:* Thus we arrive at the third stage in the development of ideas and methods relating to the assessment of the efficacy of treatment. This stage corresponds to our own approach, modern European clinical criminology launched by Professor Di Tullio. We have therefore taken our first illustration of this evolution from the *Quaderni di Criminologia Clinica*, in which clinical criminology

is basically defined with reference to three complementary notions: diagnosis, prognosis and treatment<sup>1</sup>.

The idea of effectiveness now stands out against a different background, the clinical setting which sets it in relief; for "diagnosis and treatment" in fact implies preoccupation with "personality". Henceforth the whole conceptual system is defined and effectiveness given a fresh meaning. When the clinical worker abandons elementary objective criteria he replaces them by new concepts, such as the modification of the personality, research into the phenomena of interaction between the criminal and the staff professionally concerned with him, and so on. It is, moreover, these clinical approaches which may reveal a certain gap between sociologists and therapists, as if in its turn the notion of effectiveness was differentiated according to the techniques used — sociological assessment or clinical assessment. In the second part of this report, in fact, we are trying to show that these two approaches are complementary. Texts relating to this third stage are given in Appendix III, page 100.

It was at the Montreal Congress that the modern period clearly came into its own, when the Congress called for the practical application of pure research work<sup>2</sup>. Mr. Wolfgang, when specifying the statistical and mathematical aspects of evaluative research, declared that "it clearly results from the work carried out that ... in order to evaluate the results of the various treatments we must resort to mathematics and socio-cultural investigation..." and "when the political powers establish programmes and try experiments, it (criminology) raises the question of their scientific value, not only from the point of view of the theory involved but on the basis of concrete results. Because one of the most recent trends in scientific criminology is evaluative research on the different treatments. The aim is to determine their respective effectiveness, and to derive results therefrom". This notion of thorough control of experimentation dominated the work of the 5th Congress.

The conclusions of Section III included the following recommendations:

1. To intensify and improve the quantitative method for evaluating the therapeutic and educational results;
2. To perfect the methods of treatment;
3. To produce therapeutic action and quantitative evaluation by integrated team-work.

1. *Quaderni di Criminologia Clinica* - April 1959.  
2. *Annales Internationales de Criminologie* - 1965 2nd half-year.

*Fourth stage:* A few months later the Toulouse Congress summed up as follows the methodology required for assessing effectiveness: "Evaluative research must be (1) statistical, (2) experimental, (3) clinical, so that the various treatments may be assessed objectively as regards their effects and results." (J. Pinatel)<sup>1</sup>.

Appendices IV (page 103) and V (page 112) give two practical examples of such evaluative research on the effectiveness of a course of psychotherapy treatment in a prison environment, by Mrs. Buffard and by Dr. Amado and others. We have given them in full in order that, by comparing them with excerpts from previous periods, it may be easier to understand the change in the fundamental, new and "clinical" meaning given to these age-old terms: effectiveness, assessment, personality, treatment. The reader will thus see for himself both the wealth and complexity of the data supplied by an analysis of the content of these clinical observations of group therapy in prison surroundings, and the difficulties encountered by any method of attempting to assess effectiveness, which tends to compress and to impoverish the original information in order to make it easier to handle, but also to distort its meaning.

Does not this very distortion of "personal" clinical data through sociological methods employed in isolation to some extent account for the "sense of setback", or "bewilderment" experienced by our fellow-Rapporteurs over the results obtained by their methods?

1. *Le traitement des délinquants jeunes et adultes - Travaux du VIème Congrès français de Criminologie - Toulouse, 1965, Dalloz - Paris - 1966.*

## PART II

*Mathematical techniques, medical and psychiatric clinical work*

We now offer a critical analysis of the ideas and research relating to the application of mathematics to medical and psychiatric clinical work and the possibilities of adapting them to criminology.

Such a contribution is the more logical in that a historical analysis of the direction taken by the idea of effectiveness reveals a certain breach between sociologist and criminologist. Mathematics, the symbols of science, seem to take leave of clinical criminology to be carried off by the sociologists, although a purely sociological assessment of the effectiveness of penal treatment is inadequate.

Modern medicine, which claims to be "the medical science of the individual person" at present succeeds in incorporating the assistance of mathematics. Although psychiatry has not so far advanced as to employ a mathematical evaluation of the effectiveness of treatment, much study is being given to the use of computers for the reformulation of its scientific language, and for the use of as much sifted data as possible from the broadest range of sources. There has even been a considerable amount of research on the application of mathematical models in the study of the medical decision in diagnosis or in prescribing treatment, but this type of research has been carried out more especially in the English-speaking countries.

A. On the basis of this application and bearing in mind the theme of the Conference, we find that two definitions are generally accepted, that of personality and that of treatment.

(a) The personality may be regarded as a set of factors held together by their organic inter-relationships. One no longer refers to "personality type" but to "dynamic structure". The term "typology" has shed its former fixed meaning to become an operational research concept. It is this dynamic personality structure which gives significance to outward symptoms. The structure or type of personality is both a reality — a configuration of factors which analysis discovers through clinical observation data — and an intellectual tool, the law of its variability. For example: delusions combined with an immature adolescent personality structure in a girl of 16 to 17 years has a "meaning" and therefore a treatment and prognosis which is entirely different from that for delusions combined with a pre-psychotic adolescent personality structure in a girl of 16 to 17 years.

(b) The treatment should be considered as a related set or "complex" of factors reproducing the factors and their relational dynamic system characteristic of the structure of the personality requiring treatment. This comprehensive type of treatment is termed institutional psychotherapy or therapeutic community, and is made up of factors as disparate as the design of treatment clinics, the arrangement and structure of space (open, limited, vertical spaces, as defined by Professor Sivadon, cf. his Pilot Centre de La Verrière, near Paris), time-table planning (compulsory activity, rewarded activity, games, expression activities), and the techniques employed: individual and group psychotherapy, chemotherapy, with the whole transference/counter-transference dynamic reproducing that of the underlying personality to be treated, and so on.

It follows that these two terms, "personality structure" and "treatment complex", are indeed operational concepts which are useful for communication between researchers engaged in psychiatric or medical clinical work and whose content may vary around these definitions or axioms according to the techniques and end-purposes of each branch of research. For example: personality and psycho-analytical model; personality and neuro-physiological model; individual personality and the basic personality referred to by sociologists.

There is a certain difference between the socio-psychiatric or socio-medical branch and psychotherapy. Clinical analyses are based on data or a constellation of factors (personalities) assembled in connection with the prescribing of treatment for individuals. In contrast, sociological analyses (on the family causes of schizophrenia, the institutionalisation aspect or the effect of a drug) are based on data gathered in connection with groups of sick people, that is to say individuals drawn from a structured society or from socio-cultural sub-groups in a hospital. The purpose of such analyses is to record results taking the form of outward apparent changes in attitude and behaviour or to be tabulated in sociological charts and graphs.

In all such evaluative work a research team should therefore use a linguistic system of classification or description which will make communication possible. This is the role of the operational concept, and, for the subject under consideration, it is the role of the two basic definitions which we have given.

B. These definitions give rise to methodological requirements:

1. Continuous and systematic clinical observations, attempting to bring together as many factors as possible and their inter-relationships;

2. The most detailed possible sociological observations of milieu and groups, based on "institutional psychotherapy";

3. To tabulate the results of these observations as separate items so that the data on each patient or each complex of treatment can be fed into the computer's "memory".

Then it will be possible:

4. To handle this data through the elaboration of computer programmes and to identify mathematical models or matrices which will make it possible to interpret the results. This is followed by:

5. The elaboration of theories and hypotheses which will indicate future lines of research.

What has been obtained from this methodology?

(a) A reformulation of the language of psychiatry and a new nosography or classification of diseases. We give the conclusions of two articles which illustrate and sum up this first point.

1. *La nosographie psychiatrique et le diagnostic par ordinateur* (Nosography of psychiatry and computer diagnosis) (P. Pichot, *Presse Médicale*, 20 May 1967 pp. 1269-1274).

"The research studies whose principles we have set out and some of whose results we have described pursue different aims and use a variety of methods. They have certain elements in common:

(a) The standardisation of information achieved basically by the use of particular tools, the assessment scales;

(b) Processing of this information using the calculation methods of multivariate analysis, factorial analysis, typological analysis and canonical analysis and decision-making procedures for classification corresponding to automated diagnosis, among others.

Wide possibilities are opened up. At theoretical level they offer hope for the elaboration of an empirical system of disease classification, defined without ambiguity and easily communicable. On the practical level they open the way for the use of processes of automated diagnosis, whose predictive efficiency is reliably thought to be considerable.

Until the present time the information used has been based exclusively on "instantaneous" symptomatology and its aim has therefore been to establish syndrome diagnostics. In theory there is nothing to prevent the incorporation in one form or another of the time dimension — this has already been foreshadowed — or the integrated consideration of biological variables. The consolidation of and further research into results already obtained is only a first stage in a development which is still in its infancy".

2. *Une nouvelle méthode d'analyse mathématique de l'observation médicale utilisant les ordinateurs électroniques, application à l'étude des tentatives de suicides* (A new method of mathematical analysis of medical observation using electronic computers applicable to the study of suicide attempts (Kammerer and others, *Presse Médicale*, 11 November 1967, pp. 2386-2388).

"By means of an example taken from psychiatry, we have thus described a method of mathematical exploitation of medical observation which is applicable, subject to the observation of certain technical rules, to any hospital department.

Once transcribed on to this standard perforated card, observation data are immeasurably easier to store and to transmit. Furthermore, they can be used by computers whose speed and accuracy are now revolutionising data-processing.

In the case we are considering, computers were used for the analysis of various parameters of medical observation. Such work makes it possible to define more accurately the language of medicine and to analyse each concept in its structure and in its relations with other concepts, and, sooner or later, to arrive at a valid means of critical analysis of words in use. Certain words will be shown to be indispensable and others of secondary importance. Redundant words will be shown up, some words will be shown to be valueless and others whose accuracy is confirmed but which are little employed will be used more readily. The language of medicine will therefore be purged of dead wood and its terms more rationally defined.

By means of an example taken from psychiatry, the authors expound a method of mathematical use of medical observation which is applicable to all types of research, especially epidemiological, in all branches of medicine.

The primary purpose of this work is to sift and clarify the language of medicine. It belongs to that branch of research which offers hope that, through the gradual elimination of the weight of empiricism which still clings to its language, medicine will become more rigorously scientific".

(b) An approach to personality "types" in which the significance of the past and the time variable expressed in its consecutive phases are duly taken into consideration as constituent variables of their structure. For example: the structures of immature personalities and those of neurotic personalities are differentiated by the ages at which the emotional, moral or educational frustrations or inadequacies occurred, or by the significance of the father/mother/children dynamic relationship.

The use of mathematical models makes it possible to represent groups of patients by "association diagrams" which facilitate comparison with other groups of identically defined patients.

An example is the work of Professor Doron (Faculty of Letters at Bordeaux) on the analysis of the variables and their dynamic relationships in children with character disturbances or neurotic or pre-psychotic children at an observation centre in the Bordeaux area.

Another example is the use of mathematics for the classification of suicidal behaviour in relation to the "significance functions" of suicide, by MM. Raymondis and Schektman of the Laboratoire d'Informatique de Toulouse (*An. Méd. Psych.* 1966).

(c) In the evaluation of treatment, psychiatry is even more noticeably at the groping stage. Work in psycho-pharmacology still employs only the fragmented analysis of single elements which make up a "treatment complex". For example: for a group of periodic psychotic melancholics; either electric shock treatment and drugs or electric shock treatment alone, or drugs alone; or the same group of patients and a choice of drugs with the "double-blind" technique; or the same group of patients and drugs plus psychotherapy, or drugs without psychotherapy.

Final example: to attempt to assess the results of the elements of treatment by identifying the structure of the variables on which each has the most powerful modifying effect: For example: thymic state and comatotherapy. Delusions and major neuroleptic medication. Socio-vocational rehabilitation and sheltered work-shop, and "cicatrical" disease of young schizophrenics. There are two difficulties in analysing the results:

1. Experimentation must be clearly circumscribed and limited for ethical reasons (respect for the patient and his interest);

2. Trials dating back some years are of little validity, for many variables have changed; for example, electric shock treatment in 1942 was applied in a hospital, family and social context which was entirely different from that of 1967. This means that out-dated clinical experimentation must be ignored.

In concluding this survey of the contribution by psychiatric clinical work, we would emphasise how much these examples highlight a number of "definitions" which should be clearly enunciated. The example show that there should be no confusion between descriptive statistics and interpretive statistics, statistical analysis and mathematical model, or mathematical analysis as applied to sociological information and that applied to clinical information.

## PART III

*Application to criminology*

A study of the historical circumstances which led to this association between medical clinical work and mathematics reveals that it has been fostered by two conditions.

It should not be forgotten that it was owing to a century and a half of medical clinical work that medicine was able to incorporate mathematical methods, so broad and diverse was the range of observation data available. It will therefore be able to go beyond the present stage of codification and classification of symptoms and arrive at the evaluation of treatment.

Similarly, the slow but unbroken development of all techniques of treatment over the last thirty years has made feasible a genuine successive experimentation of each of the elements which together now make up the "treatment complex". For example: psychoanalysis was followed by comatotherapy, then by chemotherapy and then sociotherapy and so on. Each method was used successively and they were then gradually used in conjunction with each other on the basis of the results of everyday practice.

What therefore should be done in criminology if we wish to reach the stage of the application of mathematics and move beyond the apparently somewhat sterile stage of purely sociological analyses of the efficacy of treatment, as such analyses can only make a limited or even standardised use of the concept of personality? Some American writers have gone so far as to claim that persons are interchangeable! Does not the very choice of subject for this Conference bear witness to this appeal from sociology for co-operation with clinical work?

The process of experimentation which has developed pragmatically in medicine and psychiatry must, therefore, be repeated in criminology deliberately, according to a systematic methodology and much more expeditiously:

1. As regards the approach to the personality, a much larger number of continuous observations should be made from which can be compiled an inventory of items for use in questionnaires, for example, before making an observation model for encoding.
2. As regards treatment, the number of sociological and clinical analyses of different groups of treatments or different types of establishment should be increased.

3. An effort should be made to test every element in these comprehensive treatments on groups of delinquents, themselves defined by statistical correlation, relying on the indications or counter-indications suggested by criminological clinical examination.

It may then be possible to reach the stage of assessment, which modern medicine is on the point of attaining by elaborating criminological hypotheses as these clinical data are assembled and in order to interpret the initial results.

To conclude this list of suggestions we refer to the two articles by Mr. Houchon<sup>1</sup>, in which he offers a genuine inventory of concepts and research models required for applying mathematics in criminology, for, he writes, "a biological variable or a sociological variable can be crime-producing only when it conditions psychological mechanisms". We refer only to his conclusions, because the work on which they are based is taken from the whole range of literature available and is not limited only to our subject. They offer a typical example of the reformulation of problems and of research subjects both in concepts and in vocabulary which enable the modern methods employed in general psychology or sociology to be used in criminology (see Appendix VI, page 120). In Appendix V, page 112 we give the work of Amado and others as an example of practical applications of statistical methods in infantile psychiatric prevention work. In the same line of research we can also refer to the article by Cahn and others on "Le Devenir des enfants inadaptés"<sup>2</sup>.

1. *Revue de Droit Pénal et de Criminologie*, 12, 1962, p. 19.  
2. *Revue Sauvegarde* 1961 et *La Psychiatrie de l'Enfant*, IV, I, 1962.

### General Conclusions

I. The changing meaning of the concept of the effectiveness of penal measures : in conjunction with the notion (a) of treatment organisation, and (b) individualisation of punishment. This development is governed by the necessity to harmonise two attitudes of "comprehension" of the criminal fact (cf. the interpretation levels in criminology) : (a) sociological attitude (b) clinical attitude thanks to a common element : the criminal personality (ies).

II. The introduction of mathematical methods in human sciences leads to the idea of formulating criminological problems in new operational concepts permitting of their statistical manipulation. Such new formulation is all the more necessary since the possibilities of mathematical analysis have destroyed a fundamental taboo : the field of human sciences, while concentrating on the "subjective" and the "qualitative", is no longer "antinomic" to the mathematical field, that is to say to figures and measurements. Our entire conventional vocabulary is, on the contrary, unconsciously and culturally the "vector" of the defence of such a taboo. The results are resistance against, and misunderstanding of, this new formulation.

III. Thus the problem of effectiveness is no longer seen in terms of "efficiency" or "fight" against criminality. The problem is put as follows : which is the best set of measures among the instruments which the Law puts at our disposal for "resocialising" and rehumanising a man guilty of a misdemeanour, that is to say an act prohibited by the society of which he is a member. And it is this "personalisation" of the penitentiary treatment which renders the assessment of the effectiveness of these "measures" identical with the measuring of the efficacy of a treatment for a sick person. But we should like to stress one particular point : what is identical or at least very similar are the methods of assessing the effectiveness in crime policy, in psychiatry and in mental health, because the principal aim is the same : the personalisation of the treatment ; prevention or prophylaxy (prevention is better than cure). It is not the subject that is the same : the "culprits" are not "sick persons". Furthermore, the great difference between criminology and psychiatry is the importance of the sociological or psychosociological variables in the "constellation" of the criminal's personality, which is far greater than in the personality "constellation" of the mentally sick person. Psychopathology cannot be identified with general criminology.

IV. As a result we think that clinical criminology must exploit and adapt mathematical methodological research on medical diagnosis and on the measuring of treatment effectiveness (Ex : psycho-

pharmacological research) ; and the methods of work on "personalities" (immature, neurotic, obsessional) and on psychiatric nosology. Let us recall here the work already mentioned by Pina-tel, Houchon, Debuyst, on the criminal personality and the personality of criminals. The observation charts of the criminal fall under the same heading : on these the greatest possible amount of information is gathered in order to codify his environment, his past and his achievements ; any personality study must, in fact, take into account the family background, that is the former background of the person concerned, and the application of information theory to a personality study permits of using multiple heading personality files (cf. the observation chart in Appendix I and the Bulletin of INOP, March-April 1963 ; Bayard, *Validité d'un dossier d'admission dans l'Enseignement secondaire* (Validity of an entrance record in secondary schools, pp. 75 to 102, comprising 43 variables, each variable being dependent on 9 degrees or echelons). Let us conclude by recalling what has become of the treatment itself. The treatment consists of organised measures, a complex structure of heterogeneous factors in which the geographical and material conditions, the relational and verbal content, the duration, the authority which fixes it, the administration which implements it, all form an integral part of the structure of this complex entity (see the Hennion Report on "Le rôle du juge d'application des peines", *Revue pénitentiaire de droit pénal*, April-June 1967, pp. 327-347).

Thus :

1. personalisation of treatment ;
2. complex organisation of treatment ;
3. treatment continuity ;

represent the elements common to the treatment of any human being. As soon as he falls mentally or criminally sick, society takes charge of his cure, and the end-purpose is the same : to render him socially acceptable, let him "mature", re-educate and readapt him, in short make him "normal" again, i.e. dealinate him, although we should point out for the last time that a criminal fact is specific and therefore different from a psychopathological fact.

Let us therefore have less quantitative research, for it still seems premature, and concentrate on clinical criminology. But, to stress this for the last time, this means that resources must be made available in the form of equipment and staff, and the whole penal system should be based on the treatment of offenders.

### Appendix I

In the *International Review of Penal Law*<sup>1</sup>, J. A. Roux points out that the means for forestalling a relapse is to produce a "moral crisis", but this remains introspective and academic. In 1955, we have the brochure of the "Fondation internationale pénale et pénitentiaire" which studies the modern methods of penitentiary treatment. Here are the principal findings: this survey was initiated in order to show the value attributed to the methods applied in the various penitentiary systems by limiting the scope to measures involving deprivation of liberty (penalties or security measures), for "a considerable effort is made to create an effective penitentiary treatment".

Evolution in the 19th century (the century of the great reformers) did not coincide with a decrease in crime. This disappointment evoked various responses — reactionary attitudes, segregation of recidivists and special measures for "abnormal offenders". But it was only later that the logical conclusion was reached: the study of personality, the establishment of scientific observation. This development seems unconsciously to recognise the ineffectiveness of traditional penitentiary punishment. The best prison regime is that which resembles as much as possible life "outside". Enquiry is made into the "secret of its effectiveness". But has the very existence of such effectiveness been preliminarily established?

The conclusion drawn by this report is optimistic and thought-provoking. But it employs a notion of effectiveness without demonstrating its existence. One can therefore ask the question of what exactly is meant by a "good treatment".

Progress is clearly under way with M. R. Vienne<sup>2</sup> who, in the *Revue de Science Criminelle et de Droit Comparé*, has written an important article entitled "Thoughts on the Psychology, the Origin of the Dangerous State and the Factors for Readaptation of Multiple Recidivists".

Subdividing the subjects with regard to personal data, he leaves behind the period of abstract schematisation. In other words, he does not consider the group of multiple recidivists as such. "All of them do not show the same psychological characteristics and do not display a similar behaviour" (p. 54). This paper has the advantage of coming from a magistrate who has been able to draw a maximum amount of information out of scientific observation. He

1. *International Review of Penal Law*, No. 1, 1951: Règles propres à prévenir la récidive (Rules to be followed to prevent recidivity) - Roux.  
2. *Revue de Science Criminelle et de Droit Comparé*, No. 1, 1957.

shows the necessity of a thorough analysis. He explains why one could not be obsessed by effectiveness when all one could see were beings without depth. The same author exclaims that "we still have to build on the ruins of the existing system a new system which will be inspired by observations carried out on these subjects". One looks for the means: some are "processes", the others "real cures", or remedies. It is then that one becomes conscious of the notion of treatment. The "processes" make use of the entire art of "exploiting events and encouraging the working of chance". This truly evokes the strategy of treatment. "Sometimes imprisonment may be useful... Work is not a treatment, it is a process of readaptation... Intimidation itself is a mere process (it has thus its indications and counter-indications). It is an expedient like a 'cure of disintoxication'. The processes offer a 'temporary stability' which makes it possible for a treatment to start: emotional education (after-care)". The author does not omit to mention that, at a certain moment, "in the strictly personal field any direct initiative finds itself excluded". According to him, an "individualisation founded only on an institutional basis will always remain inadequate...". He criticises the penitentiary reform which would merely take the form of "observations, selection, serialisations, and operations which remain collective, anonymous". But he does not advocate that the results should be checked. Could it be because he, too, feels unconsciously that what one does is not actually a treatment and not scientific enough to deserve a more thorough subsequent inspection?

In his penitentiary editorial, as far back as 1952, Cannat deals with after-care<sup>1</sup>. Noting that imprisonment is not a panacea he asks whether "for one hundred and fifty years repression was not actually completely wrong, and whether it had not substituted ineffective, or positively crime-producing methods for the terrible exemplary punishments of the Ancien Régime" (p. 627). Reading him, one wishes that the after-care committees were more aware of the scientific possibilities. He pursues this line of thought in 1960<sup>2</sup> when he declares that he does not attach "the same importance as in the past to the notions of exemplary punishment and even of responsibility as a general deterrent". It was "a study of the reforming of men through prison reforms for short sentences". He notes that one feels certain that "the results obtained are meagre and will barely recompense the efforts needed. These results, if they really exist, would be also difficult to establish by subsequent inspection".

1. *Revue de la Science Criminelle*, No. 4, 1952: Assistance Postpénale - Chronique pénitentiaire.

2. *Revue de la Science Criminelle*, No. 1, 1960: Mise en œuvre des peines dans les maisons d'arrêt. (The application of penalties in penal institutions).

Dr. Dongier and Dr. Sauy<sup>1</sup> offer a "medical and psychological approach to the organisation of short-term prison sentences" (p. 49). The "belief" in the beneficial role of incarceration dates back a long time. It is more precisely psychiatric examination and a study of the personality prior to any rational organisation of punishment that they deal with. It is interesting to note that they believe they have thrown light upon "a number of personality traits (which) found inter-human relationships inside the establishments...". The problem here is emotional indifference but "behind the defence mechanism" there are latent depressive tendencies, there is a profound latent anxiety-state...finally, there are the image and the idea which the subject forms of his personality (the absence of identification with the father)... All this is an incentive to a more thorough study in depth and breadth. Although the notion of results does not arise here, the accent is nonetheless put on personality.

The consolidated report on this Congress was written by the late Professor Leuret<sup>2</sup>. Here are some extracts (pp. 66 and 67): "Short-term prisons (could) become centres for various investigations and social surveys. They would thus be called upon to perform as criminological laboratories...". All this goes to confirm the advance of a scientific approach in criminological and criminalist circles.

Here are some examples :

1. During the first International Course on Criminology in October 1952 dealing with medico-psychological and social investigation, it was suggested that the end of the treatment should coincide with complete readjustment. This implies a continuous observation dealing with the useful positive elements for the benefit of the subject. Yet there is nothing on the subsequent checking of effectiveness<sup>3</sup>.

2. In his "chronique pénitentiaire" (Prison Chronicle), speaking on the subject of the meetings of judges for discussing regional surveys on the application of penalties, Louis Pons refers to "this concrete being which is man, and not the abstract offender of the

1. *Revue de la Science Criminelle*, No. 1, 1960: Point de vue médicopsychologique sur l'organisation des courtes peines (Medical and social approach to the organisation of short-term prison sentences).

2. *Revue de la Science Criminelle*, No. 1, 1960: Rapport de synthèse des VIIèmes Journées de Défense Sociale (consolidated report on the 7th Congress on Social Defence).

3. 1st International Course on Criminology: medico-psychological investigation: Melun 1953.

conventional penal code". It will be appreciated that there is here a possibility of co-operation in the study of effectiveness<sup>3</sup>.

3. The No. 2 issue of 1963<sup>2</sup> of the same Review includes the account of a Round Table organised by the Department of Criminal Science of the Institute of Comparative Law in Paris on 16 November 1962. The subject discussed was "the need for criminological penitentiary services for the individualisation of penalties and the re-educational treatment of criminals". Mr. di Tullio pointed out that such centres of clinical criminology would in addition further the systematic exploitation of the personality case-file with the aim of scientific research (p. 313). And in the discussion Mr. Amor approved of the idea of creating statistical services which would demonstrate that the new methods are valid (p. 321).

4. This development is found again in the reports on criminology by Mr. Pinatel in the same Review<sup>3</sup>. Thus in that of 1963 he writes on "Recent psychological trends in criminology" where he examines the concepts of psychological criminology (value, personality). He arrives at a thorough description of the criminal personality. This has led to positive consideration at the stage of treatment (p. 385). It must also be considered (and this is important from the point of view of the assessment of effectiveness) that re-education is a process with principal stages, which call for separate assessment. These studies will advance further as experience permits of discerning better the various characteristics and classes of delinquents. This enables Pinatel to draw "the stages of crimiogenesis and the process of treatment" nearer together. Here lies all the advantage of process epistemology. It permits of working in more detail. It implies a much more refined assessment of effectiveness however precocious. All these considerations point to clinical and individual treatment.

1. *Revue de la Science Criminelle*, No. 1, 1962.

2. *Revue de la Science Criminelle*, No. 2, 1963.

3. *Revue de la Science Criminelle*.

### Appendix II

Charles Germain in his "The Treatment of Recidivists in France"<sup>1</sup> includes a note stating that "the number of conditional releases at St. Martin's from 1946 to 1952 was 214; in 103 cases there have been cancellations".

A comparison was made between Loos and St. Martin (1948-1952): at St. Martin's out of 171 releases there were 71 cancellations (41.5% failure rate); at Loos out of 233 releases there were 95 cancellations (40.7% failure rate).

This is an example of how effectiveness can be measured. It is a rudimentary method. One wants, of course, to follow up conditionally released prisoners. Of 20 convicts at the Special Centre at Gannat, 13 successes were observed.

One type of measuring effectiveness is frequent. It consists of noting the success-rate of a measure which is believed to be beneficial, in other words an anti-crime measure. Education for instance. One is pleased to note that the number of training certificates has risen from 25% to 37% in the group under observation during their stay.

Results are also reported in the General Reports of the Ministry of Justice. For example, for the year 1954, "out of 1,603 conditional releases there were 108 cancellations". And in the same report there is a very interesting chapter which has been analysed in the *Revue Pénitentiaire et de Droit Pénal* of April-June 1955 which deals with: "Results obtained in reform establishments". It begins: "It will not be without interest to examine from time to time what has become of offenders who passed through the reform establishments. One may find there a justification of the effort spent on them for their benefit; it is also a means for determining whether the methods used in these establishments prove to be adequate".

This "account of relapses" informs us that from 1946 to 1954, 178 first offenders were released from Mulhouse of whom 5 have relapsed (3%). Since 1947, out of 152 prisoners released from Ensisheim (recidivists) there were 15 relapses (10%). At Hague-nau (women) the rate was 6% to 9% of relapses since 1946. At Oermingen a recidivist rate of 29% was observed for 1948-1949...

In 1956 Henriette Poupet<sup>2</sup> wrote that in France and Belgium (before 1956) "experiments" based on the idea of probation were

1. C. Germain: *Le traitement des recidivistes en France*. Melun, 1953.

2. Henriette Poupet: *La probation des délinquants adultes en France*, Edit. Cujas, Paris 1956.

"attempted within the limits of the legal possibilities offered by the laws in force in order to test in a practical manner the value of the institution and to prepare its recognition"<sup>1</sup>. These experiments took place with the co-operation of the Public Prosecutors' Offices of Toulouse, Lille, Mulhouse and Strasbourg (starting from 1950). In the General Report of the Penitentiary Board of 1952, Charles Germain produced the first encouraging results. In 1952 there were only 7 cancellations of the 85 probational releases made by the 4 pilot prosecutors. One notes here a feature of the test: the pilot project.

In Belgium, Mr. Bekaert organised a similar experiment at Gand in 1946. This is the kind of evaluation that was started in Europe. Here are some more classical examples:

P. Cannat<sup>2</sup> published the following results:

(a) For the prison school in Switzerland: statistics were established in 1947 on the behaviour of young people released between 1926 and 1946. The percentage of recidivists is 30.5% with the following distribution:

Repetition 18.5% (sentence with probation: 3%). Legal relapse 5.7% (military court sentences: 3.3%);

(b) Relapses of persons released from Belgian prison-schools was in the order of 25%;

(c) In Denmark it amounts to 45% of those released;

(d) In Portugal, "in the course of the first five years 152 persons left Leiria, of whom 27 obtained a complete release, and there were only 3 cancellations";

(e) At Oermingen: 29% of recidivists.

One must also mention the paper by G. Heuyer published in the *1st International Course on Criminology* (1952) (pp. 196 et seq.). It is the result of a large survey aimed at checking several thousands of forecasts after an interval of ten years. The criteria for adjustment are: a gainful occupation, a family, no internment, no prison... Let us also mention the contributions by De Greeff (p. 525), Charles Germain (p. 559) and Pinatel (p. 600) in the same publication.

1. Charles Germain: *Les débits de la probation en France*. *La Vie Judiciaire* No. 393, 19th-24th October 1953.

2. P. Cannat: *La prison-école*. Edit. Sirey 1955.

### Appendix III

In the *Quaderni di Criminologia Clinica*<sup>1</sup> Pinatel, dealing with clinical criminology, recalled that its main characteristic was "to constitute a link that is absolutely necessary between scientific criminology and penology". He defined the "treatment" rather by locating it dialectically within the frame of an entity consisting of diagnostics and prognostics. However, prognostics is nothing but a moving perspective to be put at the heart of the total criminological investment. All this leads to the starting of a treatment which is nothing but an equivalent of an experiment with regard to a social diagnosis and forecast which merge into each other, and whose proportions are determined by the treatment. This time the need for an interpretation of the results is emphasised. "Continuous observation" becomes a proof of the interpretation. Emphasis is placed on the dynamic aspect of criminological knowledge which constantly changes its structural form.

And it must be remembered that, in 1925, Vervaeck urged that "without previous, methodical and thorough scientific study of each case one cannot hope to establish an effective and rational treatment of delinquency". This heralded the appearance of the clinical process at the penitentiary level. It was consolidated in Europe in the time that followed. In the legal field there is a search for "practical advice concerning prison treatment". There is the National Orientation Centre in France, there is Rebibbia in Italy. Expert reports and social surveys are aimed at helping to choose the right treatment. In Europe, the notion of thorough and systematic examination of personality has progressed. It was therefore quite natural that one did not feel like measuring effectiveness, as no homogeneous system of criminological action was affected by it. Before attempting to evaluate concrete measures one waited more or less consciously for the personality tests to reveal enough material on which to found a theory of personality. Such a theory would allow a theory of treatment to be established in which criteria could be identified on the basis of the knowledge acquired.

In a paper for the Criminological Scientific Council, Pinatel expressed the idea that one should check the effectiveness of "penalties and measures of ordinary law which involve deprivation of liberty"<sup>2</sup>. This is the same as asking whether manipulation of the scope of the treatment could not constitute a system.

To achieve this it is advisable to consult the literature on prognostics, the reactions of the subjects and the penal and penitentiary factor.

1. *Op. cit.*

2. Criminological Scientific Council, Council of Europe (Doc. DPC/CS (64) 5, 28 April 1964).

Continental literature is fairly disappointing in that respect. It is widely dispersed. The lack of efficient co-ordination of information is doubtlessly being felt here. In the era of "corrective" enthusiasm some works were written that were more academic than concrete, and which were founded on the dogmatism of the early beginnings.

On the adult level there are, to our knowledge, no factorial or statistical studies capable of throwing light on the matter. Why? There is for one thing the disorganisation of criminological research, the absence of proper training and qualifications of those practising criminology. There is a certain distrust of a blind empiricism which would attempt to highlight an isolated positive result in order to construct some hypothesis thereupon. We have here an epistemological aspect which is not negligible. Pinatel thinks that this marks a new awareness of the state and pattern of criminological science which must be freed from administrative practices that are still governed by prejudice, unproven certitudes and vengeful truths. This leads to the idea of a catalogue on new research. In fact, this is the transition from a study of the frame to the study of the content of a treatment. We have now come to a theory of treatment, and therefore to a theory of personality.

At the 1964 French Congress in Strasbourg, Dr. Dublineau<sup>1</sup> emphasises the fact that prison life is not "abstract" or void, as is mathematical time. It creates a special phenomenology.

This enables us to measure and follow a certain pattern and (p. 35) he mentions the "problem of duration" and states that "whatever the treatment... it cannot be in itself "anti-delinquency"... any ambition to modify validly... takes time".

He thus throws some light on a complex pattern of specific facts calling for thorough investigation and control, bearing in mind the evolution of a special "structure" which we have to devise scientifically and refine indefinitely, because as Dr. Leyrie<sup>2</sup> assures us "the validity of apparent results and especially their invariability in the future are problematical".

From the report by Dr. Roumajon<sup>3</sup> at the same Congress it can be deduced that by observing the development of an actual case, that is to say by working on it clinically, one is fascinated by a sort of evidence of the transformation which produces a certain indifference to matters lying in the distant future and cut off from the present complex of diagnosis and prognosis.

1. Le traitement des délinquants: Bibliothèque des Centres d'Etudes supérieures spécialisées - IVème congrès français de criminologie, Strasbourg 1963, P.U.F. Paris 1966.

2. *Op. cit.*

3. *Op. cit.*

The same applies to the report by Debuyst<sup>1</sup> describing the idea of a theory of treatment in which the aim to be achieved, the differential diagnosis of the illness, the choice of the means to be used, and the evaluation of the results obtained have been determined. This becomes natural when we are "engaged in a process of scientific research which will enable us to progress as we become prepared to yield to these requirements". One must distinguish between the "conditions" and the "means" for "effectiveness". Among the variables which affect a treatment are "the other imperatives of crime policy". This is the reason why long-term retrospective research is not likely to produce useful results in the end. And yet the notion of effectiveness and the need for it emerge progressively; when dealing with "measures not involving deprivation of liberty" he declares: "we shall be content to define and summarily assess the results, because these will be the results which will enable us to assess their value",

1. *Op. cit.*

#### Appendix IV

Mrs. S. Buffard writes:<sup>1</sup>

##### 1. *General motivations of the technique*

"It is now more than two years since we started for the first time in France group psychotherapy of offenders in prison surroundings, and it is time to stand back and try to define more clearly the aim of such a treatment.

Such a way of thinking may be regarded as being long overdue or even anachronistic, inasmuch as the aim to be achieved is always defined before action is taken. Actually this is not what happened with us. In the beginning we had motivations rather than a target:

- motivations of a professional order: the application of a method which was only known to us from the outside;
- of a therapeutic order: to care for those who are in need of care;
- of a scientific order: research on, and control of results, refining of the method, comparison with other clinical experts;
- of an intellectual order: is group treatment of part of the prison population a means of acquiring individual knowledge, a therapy, a new approach into the field of delinquency, a penetration into delinquency as a whole?

While performing any kind of task one gradually notices that motivations vary as one goes along; the zeal of the beginner makes way for the scepticism of the initiated; apprehensions at the start turn out to be unfounded, and other unexpected problems arise; the need for a methodology becomes more and more acute to the point of becoming unbearable; we begin to get results — in our case partial — which are too limited in number and too recent for mathematical treatment, but which have the advantage of not being static, of evolving in time and space and which — we must emphasise this here — can be communicated, an essential point for any validation of a method. We are beginning to attract criticisms, even encouragements. For us, as for all psychotherapists, the exhaustion of the clinician is added to these growing pains; he is devoured by his patients and recovers more or less according to his own resources and whatever he can rely on outside.

We shall first of all try to define group psychotherapy following an academic convention which has its advantages. And we immediately meet with an ambiguity. Recently, a sociologist

1. *Annales Internationales de Criminologie* 1964. (The paragraph headings are our own.)

said to one of us: "But you are not conducting group therapy, you are doing individual psychotherapy". Yes, this is obvious, we do individual psychotherapy through the group. As far as we are concerned we do not treat a group which has been already constituted, for instance, in a school, a workshop, or some kind of association. Our groups are not formed with inmates of the same cell, or from the same prison wing; some of them see each other only at group meetings, others meet in the buildings. One could, of course, treat a group, a cell of three, for example, either by carrying out psychotherapy in the case of three subjects who need it (for instance inmates of the psychiatric wing), or by using dynamic group methods with a more pedagogical orientation in the case of prisoners without serious personality problems. We should then see — and this would not be lacking in interest — whether an "explosive" cell can be converted into a co-operating micro-society, whether an amorphous cell becomes active and even very involved, or whether it is possible by a better distribution of the prisoners to improve their adjustment in prison and outside of it.

However, we shall see that our present method cannot be reduced to a form of individual psychotherapy."

## 2. Definitions and structure of groups

Difficulties in defining the concepts: abnormal, amoral and asocial.

"Our groups at present are a mixture of subjects of nearly all ages, offences, dates of release; they fluctuate as a result of transfers, punishments, releases, new members, subject or not to the wordless presence of an observer, but they are homogeneous according to a single criterion, and possibly the only fixed criterion in a prison atmosphere, namely the clinical criterion: the groups consist of subjects who are in need of psychotherapeutic treatment. All the other criteria of homogeneity are difficult to fulfil. If, for instance, only sexual delinquents are selected, the age and the mental level will vary, some will undergo a cure of disintoxication, others will not; still others will never have been alcoholics; if age is chosen as a basis, all crimes will be represented etc.

This does not mean that it is possible to neglect such important elements as the duration of the sentence, relapse etc., but it implies an orientation of the work which is at the same time an orientation of research.

This criterion answers a concrete situation which we cannot escape. Everyone knows that, in a prison, there are not only the

imprisoned offenders but also everyone else who works there. What is important is to know the conditions on which our study is based: here, we are dealing with individuals who, with regard to other inmates, have certain personality troubles in common, but who with regard to all the other citizens have another point in common: the status of prisoner.

They could thus, at first sight, form a privileged class — if we dare say so — which would combine the signs of abnormality with those of amorality. But we must go deeper than that, beyond this facile play on words, and determine this sociological and clinical property of our subjects. Let us first consider the clinical aspect: who needs, in prison, the help offered by group psychotherapy? Shall we find the 'mentally abnormal delinquents' so often mentioned? Or shall we concentrate our efforts on those who, without being abnormal, are submerged in their difficulties and who would constitute, according to certain authors, the most promising subjects for non-directive psychotherapy? These are very numerous among the prisoners: deprived of all that upholds the most wretched of free men, they often become victims of what I have called 'carceralism' by analogy with 'hospitalism'. Our experience has shown us that after a few months of detention, the prisoner reacts, according to his nature and the help he still receives from outside, by a defence mechanism ranging from hibernation to rebellion, and passing through pseudo-adaptation (hiding), day-dreaming, talkativeness, somatic illness etc. Few personalities are strong enough to resist life in a cell for a long time. The result will be temporary troubles which will disappear or become less acute upon release or disturbance which threatens to become irreversible. It is known that in prisons the proportion of digestive ailments is much higher than that of the general population. These ailments are by no means always due to the diet but to the conditions of prison life. The same applies to prisoners who had been considered to be "normal" — even sometimes on the basis of an expert's report — and who deteriorate, sometimes insidiously, sometimes by sudden breakdown.

In our groups we have had convicts who were classified as 'mentally abnormal' (former inmates of Château-Thierry, former internees with 'diminished responsibility', epileptics) but no raving mad person who could not be borne by the group; when the mood of one of the participants becomes too aggressive or too fitful, the group is subjected to a tension which must always be controlled; we have had those who rebelled and were always punished, the 'good workers' who had apparently adapted to prison life, very calm inmates who had put themselves in a state of hibernation — the word has been coined by one of them — in order to go through

this difficult period, and who took the risk of waking up in order to take part in the meetings. The pathological level thus varies, we would not say from one extreme to the other, since nobody in the group was raving mad, but between very wide limits. During a discussion, one of the members of the group, with the approval of all his fellow-prisoners, said: 'The hardest thing is to be considered maladjusted; there are experts who say that we are dangerous, or perverted; there are supervisors who despise us; but even those who are not systematically against us, everybody, the doctors, the social workers, the psychologists, all say that we are maladjusted. Why? Maladjusted to what? What proves that we are maladjusted?' They thus posed, in a much more serious way than the young hooligans of *West Side Story*, but with the same anxiety, the question asked by all criminologists. In order to answer it in part, or to let the offenders themselves answer it, I shall quote the statement of another prisoner at a meeting in which was raised the question of the frequency of the punishment which the members of the group were receiving at the time: 'We come to this group treatment because we are rather nervy; this is also the reason why we control ourselves less and land up in the punishment cells perhaps more often than the others.' The offenders can, no more than the experts on delinquency, escape this oscillation between sickness and responsibility, between treatment and punishment, which have formed the subject of so many discussions. It would be wrong to believe that, on the whole, they wish to be delivered of responsibility for their actions. Even when they consciously try for a practical reason to exaggerate their troubles in the eyes of the medical experts treating them, they do not accept being regarded as crazy; they have, on the contrary, a terrible fear of being so considered.

One has the impression that, deprived of all their freedom, they try, above all, to retain their freedom of mind. A stay in the psychiatric department of the prison is always the subject of envy and fear: 'It's quieter at the ward, but we stay with the nuts' — 'I play crazy but I am not crazy' declares a boy in the group who is particularly aggressive, who can no longer control himself, even during the meetings. Some weeks later, having calmed down, he will say: 'I am already in a bad shape, but this here is worse', and he is capable at that moment of admitting that, if he acts as if he were crazy, it is not completely voluntary. A lot is said about simulation, but there is a reverse simulation which consists of attributing to one's own will a spontaneous behaviour. 'They say I'm putting on an act', a young man said who made a habit of attempting suicide and whom nobody took seriously, and it was true that he simulated, that he constantly kept us on our toes by manifestations which were just as much cries for help."

### 3. *Clinical report on group relations*

"Having chosen to introduce group discussion as treatment of social behaviour and relations with others with the aim of improving the understanding of oneself and of others, we met in the beginning with the suspicion that we were making an experiment; certain participants, especially newcomers, declared: 'You do this in order to get to know the criminals, this will be useful to you for your expert reports because you will find out about everything, we are used as guinea-pigs.' They did not consider a better knowledge of the offenders as an improvement at all, but as a danger, a new threat to their personality. It is only very gradually as they are reassured by the attitude of their group leader that they admit and then recognise and even claim the status of participants in research work. What is important to them is not 'to do research' but to take part in research which concerns them directly and which concerns all their other fellow-inmates, to be associated with a particular kind of work instead of being guinea-pigs in an experiment. The transition from being an object to being a subject is experienced as if it were a stage towards freedom, and thus towards responsibility. If one wishes that group discussion be more than 'idle talk' it is necessary that every participant be responsible for himself and for the others. In an individual psychotherapeutic relationship, the load is sometimes entirely carried by the therapist, but this is impossible in group psychotherapy; the group can only lean briefly on the group leader; it is a collective load, differently distributed according to the day, and the capacities of each group member, a load nobody can get rid of. As soon as the prisoner is responsible for somebody other than himself, he escapes the unwritten law (which, however, is often proclaimed) of the prison: 'Everybody for himself.' It would be illusory to believe that solidarity will be born immediately, but it begins to make itself felt as one aspect of group life.

If one of the participants leaves the group voluntarily the others resent his departure as if it were an attack against the group, an attempt to destroy it; they do not fail to react in an anxious and aggressive manner. This menace makes them conscious of both the existence of the group and its fragility: they either try to keep him from running away or to reinforce the ties within the group in order to avoid a new defection. Although they will blame him for leaving, they covertly and sometimes openly agree that the group did not respond to the appeal of one of its members: the first meetings that follow such departures are dramatic, they look for a culprit, the group leader is attacked and then protected, it is an opportunity to take revenge on one's adversaries; little by little the problems of

rivalry are replaced by the question of the aim of the group, how it functions and what it can offer to each one of its members.

A similar situation develops when two participants enter into a violent discussion; the group at first listens to them with amusement, and even encourages them, then becomes afraid and tries to calm them down: 'You are going too far'. 'You have said one word too many.' At that moment, the adviser of course takes over in order to interpret what is happening, and if his explanation comes across well the discussion continues until all tensions have been smoothed out; the group becomes aware that it has survived a crisis and derives a new sense of security from this, but the fear that the group might break up may reappear on the next occasion.

We have just described some happenings that can be detrimental to the unity of the group but which have the effect of making it more close-knit, like the members of a family after a departure or a death. There are other situations which directly reinforce the unity of the group; for instance when it becomes necessary to help one of the participants who is going through a period of discouragement. Thus a group took care of a suicide-prone recidivist, or prepared the coming out of a prisoner, in spite of the natural envy of those who were staying behind. Efforts are made so that the released person can leave under the best possible conditions. It happens that the group will place exaggerated hopes in him: the released person must prove by his behaviour outside the effectiveness of the group treatment. Sentimentalism? Maybe, but also an awareness of the existence of other people which is produced by consciously being a member of a group.

In another instance a group mainly consisting of thieves learns to tolerate the presence of a pederast who for the first time in his life explains his difficulties. For those who know the caste feeling that reigns in prisons, and the taboo which weighs on homosexuality; this is a sign of development which seems impossible to achieve other than by the dynamics of a group. We are not unaware that there is considerable experience in psychotherapy for groups of homosexuals or pederasts who are either detained or on probation, and we readily recognise its merits, but we have tried another way of dealing with the problem of relations with other people, not only in the case of the homosexual but also of those who reject him with horror. Non-adaptation, if not perversion, cannot be entirely attributed to the homosexual perhaps. In prison, delinquents form a 'morals' charge, apart from a few who play the role of fools, form a class of sub-delinquents (rather like a 'sub-proletariat') which is despised and ostracised. They can never go unnoticed, for if in free life it is possible to suppress or sublimate certain prohibited passions, it is not so in prison, where a frustrated and menacing

sexuality cannot pass unnoticed. Here is a group in which two forms of deviation face each other, the disregard of property and the disregard of sexual morals (and it sometimes happens that these two forms are present in the same individual). 'I think 'they' (the homosexuals) should have their heads cut off or be kept locked up for life', says one. 'But, I have always been honest' says the other, and immediately assumes a position of defence; he basically accepts the thief's reproof, and he is only trying to say that he has not all the faults, but he does not answer violence by violence, he is prepared to consider himself to be maladjusted, and to toy with this notion. The attitude of the thief before a delinquent in morals is exactly the same as that of the man in the street; a deeply set resistance keeps him from understanding how the other could get there. During the group meetings he gradually begins to know and understand his discussion partner: 'I do not despise you personally', says one of them, 'what I despise is your crime'. And the other answers: 'Before being in jail I used to despise thieves, but not now'. It is by getting into the other man's feelings that each man steps back mentally and begins to understand his own problems."

And finally we have:

4. *Reflection and assessment* in which we find again, as criteria of success, the same motivations which led to the use of this technique in the treatment (see 1 above).

"Group psychotherapy is a civilising or more precisely a culturalising process. A small but significant detail for those who know the customs of prisoners will serve as an example. The members of our groups, who are rarely among the privileged, carefully collect cigarette ends in a box. During the meetings everybody smokes and the ashtray is always full of butts; nobody would touch them: a brief return into an ordered world, a small moral luxury which makes want easier to bear. We will be told that they are acting (let us note that prisoners are always suspect: if they are seen to be upset, they are acting, and if they behave like you and me, they are acting too). However, this acting a part is necessary, it is only through the character in his role that the convict will reach the state of spontaneity; he is not spontaneous at all when he swears or uses bad language, or when he boasts about his exploits, he only conforms to his temporary surroundings. Besides, the social role he assumes is not the only one he plays at the meetings, he is hooligan, judge, rebel etc. in turn. He is no longer fixed in his ideas: for us it is a sign of success, at least of progress. This new capacity for differentiated reactions is more or less slow to achieve, and sometimes we have thought that it would be impossible, but we have been pleasantly surprised to receive

news about some of these 'hopeless cases' who not only did not relapse into crime but explained that they had felt the benefit of the treatment especially after their release from prison.

What about the point of view of the Law? And that of the penitentiary administration? The former listens benevolently to our reports and waits for the results before we are judged. We work daily with the latter; as one member of the personnel said, we do not arrive at the prison as conquerors, but as collaborators; an intrinsic part of our work consists in explaining what we are doing, all the more so as we are using a method, group psychotherapy, which is little known and seems revolutionary. This subject alone would deserve special study. Let us limit ourselves to saying that group psychotherapy cannot subsist as an island in the midst of a prison, but that it is very intimately linked with the whole of prison life.

When its use is extended to an open or a semi-open milieu it will be integrated with professional life, family life etc.

At present it can be said that group psychotherapy has achieved certain aims:

— it improves the subjects who could not adapt themselves either to free or prison life;

— it effectively prepares those to be released to behave as free men;

— it constitutes a means for penetration which is unequalled in the world of crime, a penetration which is not clandestine but recognised, and therefore comprehensible: 'At the meetings', say the inmates, 'we do not say everything, or in any case there are those who do not say everything, but what we say is the truth, you know what we are thinking';

— through the group it often enables us to treat and approach the individual on a deeper level (this is where it may perhaps differ from psychotherapy for free men; we are here dealing with some sort of defeated minority which has the need for feeling strong enough (in numbers) to establish non-hierarchical relations with a representative of the majority);

— up to now it yields some results when followed up by contacts with the released prisoners.

However, this method poses as many questions as it solves, or, rather, it gives a new edge to the timeless questions involving the application of punishment: human relations between the inmates of the prison, discipline, work, education, the separation of the sexes, the strain on family ties. In his answer to a questionnaire on group

methods, a released prisoner full of bitterness writes: 'Your meetings are like giving a grog to a person with a cold and afterwards sending him back into the draught.' We cannot agree with this exaggerated standpoint, for the prisoner is not actually abandoned to that extent. He benefits and will benefit from an increasing number of training facilities. And yet, this extreme way of putting it has the merit of recalling the sudden changes in climate affecting what has been called the 'prison coldness', variations which by the way may well come from a visitor, a letter received, a paternal supervisor, but which are felt as a gleam of sunshine in the winter of detention.

The great danger of the prison is sullenness and torpor which threaten us who work there as much as the convicts; group psychotherapy wakes people up, and it is not by choosing this road that we shall be able to fall asleep on our laurels."

Here is an account of some thoughts of Dr. Mathé<sup>1</sup> on an experiment of the same type conducted at Melun Prison.

"Although there are no criteria for evaluation, the results of the Melun experiment have been conclusive if we consider the fact that psychotherapy aims at remaking the ties between the convict and society, and at improving the behaviour of the individual.

Dr. Mathé emphasises the fact there are very few defections in the group, although the convicts have been sentenced to long imprisonment, and although they had neither a material advantage nor been forced to join the psychotherapy sessions.

It should be made clear that the members of the group were very carefully chosen by the psychiatrist and the management of the institution.

The problems which Dr. Mathé had to solve in order to succeed in his experiment were numerous and varied. Besides choosing the right prisoners it was necessary to find premises and hours which would interfere with neither their work nor their spare time etc.

Each point, emphasises Dr. Mathé, has its importance, above all because group psychotherapy, in those surroundings, is distinctly different from any individual psychotherapy, or any other psychotherapy of a group, because it is located in an environment which, far from feeling the need for such a treatment, could on the contrary oppose such a therapy and even distrust it.

The psychiatrist then explains the role of the psychotherapist who works in the penitentiary institution with the approval of the prison authorities, and who is neither an arbiter, nor an informer, nor a teacher."

1. *Annales Internationales de Criminologie* 1965 - 2 (p. 286).

*Appendix V**Appraisal of the work of the Child Psychology Centre —  
First attempt at a retrospective and statistical evaluation*

Extract from an article by Dr. G. Amado and Dr. R. Cahn, published in the review *Sauvegarde de l'Enfance* (No. 1-2/1964, Paris)

Although it is developing slowly compared with other branches of activity more closely concerned with economic and political matters, child psychiatry is rapidly assuming a complex character. There is nothing surprising in this, for any intensification of a scientific study throws up a multitude of sub-categories and problems. This is perhaps particularly true of the human sciences and applies even more to the treatment of an individual case, for this inevitably entails an appraisal demanding extreme caution and maximum precision, as well as retrospective studies with a view to a prognosis.

We know well enough the complexity of the factors involved: relating as they do to different disciplines, they make teamwork indispensable. The intervention of the various team members, each using his own methods, singularly complicates the problems facing each service, including that of ascertaining whether its work is effective, whether it is yielding results, how much work is necessary in order to achieve the desired results etc. Hence one feels a growing need to make an appraisal of one's work and to assess its effectiveness.

Other factors increase the urgency of this question. For example, the fact that the nature of the cases taken in charge by a service or establishment keeps on changing over the years, generally for the worse, tempered by a malthusianism which appears all the earlier the quicker saturation point is reached in the said service in difficult cases. It consequently becomes necessary to know which category is to be treated or eliminated depending on the results obtained, on equipment and on demand. How are the results obtained, on equipment and on demand. How are the results obtained to be assessed? It is not for us to deal with that difficult problem here.

Let it suffice to recall that it is necessary to refer to two major factors: conduct, according to adjustment and maladjustment criteria, and personality, by the assessment of aptitudes and structure. We must, of course, distinguish between recovery in this field and recovery in the field of organic pathology where it can, by nature, be much more marked and more complete. What we call progress in this field must also be compared with what is considered as pro-

gress in normal education. Lastly, the role of physiological maturation is difficult to determine, for it is part of general development and can be assessed only with the help of control groups which it is impossible to constitute strictly in accordance with requirements. Moreover, everything is liable to be called in question again at the adolescent stage and, later on, during various vital crises which may trigger off processes that will produce structural changes in unexpected directions.

The organisation of a follow-up service partially solves these problems. But unless it is supported by a research service, which is seldom realisable and seldom desirable, the information it supplies tends to remain general and superficial. A follow-up service has the great merit of ensuring continuity of treatment, which is extremely important.

The Vitry Centre was privileged to be able to carry out a catamnestic study covering some 500 cases treated in the establishment ten years earlier<sup>1</sup>. It would be advisable to repeat this study, for example at five-yearly intervals, to ascertain the nature and extent of any changes that may have taken place in adjustment and personality.

But this does not answer the very immediate need to make an appraisal of current day-to-day work.

The deterioration of the cases being treated, the increasing cumbersomeness of the therapeutic and pedagogical equipment, the impression of frequent failures was making an appraisal a matter of urgency.

How was it to be undertaken? Time could have been set aside for questions at the final meetings. But there was a risk that, owing to the urgency of the practical decisions that had to be taken and the fact that there was time to deal only with strictly essential business, such a procedure might not have been feasible. Moreover, if the study had been spread over a very long period, it would have been impossible to obtain an over-all impression.

The following method was finally adopted:

The Centre's technical team was to abandon all other work and concentrate its research into the two days in which the children would be absent on Christmas holidays (30 and 31 December 1963). The work was to be done jointly, the participants being divided into small teams; there was to be frequent communication between the teams, meetings, vertical and horizontal exchanges of information

1. *The development of maladjusted children, Protection of Children*, September-October 1961, by R. Cahn, M. Capul and D. Cahn-Filachet.

between the different disciplines by feed-back mechanisms; participants were to have meals together and there was to be a final meeting with a report on the findings followed by a discussion.

Participants were requested to make suggestions at a working meeting held three weeks beforehand, at which it was decided to select, for each of the two departments, the Observation Centre and the Centre for Accelerated Treatment and psycho-therapy, a sample of fifty cases, considered by the statisticians as sufficiently representative to enable percentages to be established.

As always, when it comes to drawing up a plan for research, the chief difficulty was to select from a wide range of questions those which could be studied in the time available with reasonable prospects of arriving at a conclusion.

The main problems facing the Observation Centre were the following:

- Are decisions relating to treatment, re-education and guidance taken in time in the appropriate manner?
- Is effect given to these decisions?
- How effective are background therapy, treatment and re-education?
- What influence can be exercised on the family background?
- In the light of the foregoing, what changes should be made in working methods?

The main points discussed with regard to placing children in foster families were: their development during their stay, the principal factors likely to influence that development, the report based on observation at the Centre, differences between that observation and the more prolonged observation during the child's stay with the foster family etc.

As regards the Observation Centre, it is interesting to note from the findings that:

1. After correlation tables and case studies had been established, the research workers considered that the figures obtained had no absolute or statistical value, particularly if they related to a very small number of cases, but simply served to support or suggest hypotheses which had subsequently to be verified by reliable methods. It was then a question of dealing with the files one by one; this was generally possible as they were few in number.

They noted that in 92 % of cases no change took place in personality structure during the stay, even when there were definite

changes in behaviour. In 18 % of cases, an improvement in the top layers of the personality structure or superficial adjustments were observed. In 8 % of cases, there was a deterioration of the personality structure suspected at the beginning.

This immutable fixity of personality structures explains the resistance to external influences of short duration and the uncertainty over the final prognosis. On the other hand, structures may change as a result of continuous treatment over a number of years.

A study was made of the question whether children are not left too long before a decision is made regarding special treatment or re-education. This fear does not appear to be justified: 50 % of treatment plans are determined within two months and 16 % in the third month. Only 6 % of the plans were altered in the course of the stay.

Premature decisions on the final treatment plans: this fear does not appear to be justified either, since research showed that 32 % of the plans were decided on within two months, 36 % in the third month and 24 % between the third and sixth month. On the other hand, 22 % of the plans were altered. A more searching study of the latter cases reveals that lack of participation by the parents is more significant in its effects than the absence of developments or the seriousness of the disturbances.

As regards the correlation between treatment and favourable developments, the latter are three to four times more frequent among children who are undergoing treatment than among children who are not. This is a very interesting fact which merits closer investigation. On the other hand, the absence of treatment was found to have no significant effect on unfavourable developments.

Another series of headings relates to *social work*: 46 % of families did not participate or participated only passively in the treatment of their children. In such cases there are two and a half times more prolonged stays, i.e. stays exceeding nine months; and, as we saw, more alterations in the treatment plans. Similarly, two times fewer such cases are followed by the Observation Centre. On the other hand, there is no significant correlation between the participation of parents in the treatment and the development of the child, nor is there anywhere the child is living with a foster family.

A detailed study of ten families, none of which could be prevailed upon to participate in the treatment, revealed the following facts regarding the twenty parents:

- Fathers: 5 permanently absent; 1 absent for several years; 2 step-fathers (non-participant); 1 psychotic; 3 with whom it was impossible to have any communication; 1, only proved co-operative.

— Mothers : 1 deceased ; 5 with whom it was difficult to communicate (2 were North-Africans who did not speak French) ; 4 psychotic ; 1 hysterical ; 1 emotionally arrested.

It was confirmed that in the more serious cases, the doctor and welfare officer had made several attempts to approach the parents.

2. Since the period spent in a foster family is several years, the clinical and therapeutic report is drawn up according to different perspectives from those of the Observation Centre. The group studied comprised 50 cases : this number was made up of the total number of children who left the establishment in 1961, 1962 and 1963, plus 2 selected at random among the children who left in 1960, in order to make a round figure and also permit a study of the entire period spent by each in a foster family.

Care was taken to ensure that the distribution of diagnoses and clinical tables was similar to that of the total number of cases in the Observation Centre, confirming that the advisability of placing a child in a foster family depends not so much on the type of disturbance, as on the need — linked with the child's background and previous history and his behaviour in the group — for a warm family atmosphere which an institution cannot provide. The large number of serious cases speaks for itself.

The development of the disturbances was studied from the clinical, psychological and educational points of view during the child's stay in the foster family ; after making a study also of the impact of the principal psycho-therapeutic and peristaltic factors on the development of the cases, the research workers noted : "This study is particularly important for the P.F. (foster family) team since the findings not only make it possible to establish an order of priority for the work of the various technicians, but also confirm or invalidate the theories originally held regarding the effectiveness of certain types of medico-psychological or pedagogical treatment.

The various developments observed in the children during their stay at the P.F. was correlated with a number of variables selected as being those most likely to influence the children's disturbances and change them in one way or another. "...

Unforeseeable factors were thus discovered :

"A. Contrary to what the P.F. team had believed, the co-operative faculties of the natural families or, on the contrary, the fact that they generate conflicts or permanent difficulties have no notable effects on children's development.

B. The quality of the development appears to depend on the length of the treatment period. Such a marked correlation between the two variables cannot be accepted without certain reservations. Particular attention must be drawn to the fact that, in certain cases, the children's stay was very short owing to the fact that the seriousness of their disturbances made them incapable of adapting themselves to their surroundings and prevented their remaining in the foster family ; this inevitably distorts the figures given above.

C. There is an obvious clinical explanation for this phenomenon : changes in the Q.U. in one direction or the other reflect very clearly changes in the children's behaviour.

D. The effect of psycho-therapy on development proved a particularly difficult problem to study. This treatment was carried out on 19 children throughout most of the period of their earlier stay at the Observation Centre and was continued after they had been placed in a family ; almost all the cases treated (18) presented serious disturbances. The control group, which is necessary in any statistical study of such problems, consisted of all the other cases of similar gravity which had been subject to the same conditions (foster families) but had not undergone the same treatment.

E. The social research was organised as follows :

First stage : a report by the social service of the Observation Centre on the emotional relationship between natural families and their child and the possibility of a subsequent change in these relationships, was compared with a report on the child by welfare officers concerned with foster families..."

This naturally led them to the question of subsequent research. It was suggested by the fact that "in addition to the aforesaid 50 cases of children from foster families, the 18 cases admitted in 1963 were also studied from the clinical, prognostic and psycho-social angles. This work, which can hardly be utilised for statistical purposes, constitutes a basis for subsequent systematic research into the co-ordinated principles which come into play where a child is placed in a foster family. It threw into relief the considerably increased proportion, compared with previous years, of psychopathic personalities and psychiatric cases among the parents of children placed in foster families and brought out the advisability of individual tuition (all the cases except one)".

The conclusions to be drawn from this research are as follows : "The decision to make an appraisal of the work done at the Vitry Centre was prompted by concern about the usefulness and effectiveness of our work and a desire to try and improve our methods.

In a sense, unless we have been unconsciously blinded or have inadvertently omitted certain important sectors from our investigations, we have been reassured to find that our work appears to have been to some purpose, that it has been coherent and effective.

It was also possible to confirm certain conclusions or hypotheses resulting from previous research, in particular the constant relation between the observation and prognoses made at the Observation Centre and the parallelism between children's development during a stay of several months and their development in the course of the years which followed, as well as the importance of continuous treatment over a prolonged period, which alone is capable of influencing, in a positive direction, tendencies which, left to themselves, would in most cases lead to serious mental disturbances.

The comparison of two services, one working on a short-term basis, the other on a long-term basis, was also profitable. It revealed the important part played by time; the fact that most of the treatment plans were determined within 3 months seems to suggest that strict observation should only very seldom be continued for a longer period. Where stays are longer, this may be due, in the case of a first group, to a variety of causes: particularly difficult cases, unapproachable families, delays in determining plans; in the case of a second group, it may be because a course of therapy or re-education has been started which seems to promise results in the short or medium term. In any event, one cannot hope to change the basic personality structure, even at this early stage and even if there is an adjustment and improvement in behaviour. Only by long-term treatment, over a period of 3 years or more, is it possible to achieve real, permanent progress and to change a substantial proportion of personality structures, habitual and ingrained ways of reacting to situations and inner tensions.

At the same time, psychometric results improve considerably and educational results follow the same ascending curve; such results cannot be produced by treatment lasting only a few months. In the less serious cases there can only be a de-conditioning, an easing of tension, a change of attitude, a desire to progress which do not have time to become consolidated, to express themselves in educational results and still less to reach the deeper defence mechanisms which are always ready to spring into action at the slightest change, at the slightest frustration.

But we must ask ourselves to what extent, during treatment continued over several years, the natural phenomenon of maturation and gradual control comes into play at the end of the childhood period, between the ages of 10 and 12, before the profound emotional and physical changes which accompany adolescence.

It is probably only by comparative studies and reference to control groups that an answer can be found to this problem. In any event, one cannot but be struck by the fact that it is the youngest children who are most often affected by serious disturbances and that it is they who make the greatest progress, particularly when they are placed in foster families.

Moreover, progress is much more frequent — and this applies to all categories of children and particularly to the most serious cases — if, in addition to the therapeutic action of the milieu, more specific individual treatment is applied: psychotherapy, intellectual and psycho-motor re-education. The figures on this particular point are too definite and recur too frequently to be a mere freak of chance. The Centre must therefore be organised in this direction. But, at the same time, it is advisable to check the findings and examine them more closely, case by case.

Thus the appraisal may arouse numerous reflections in every field, give rise to new hypotheses and overthrow old prejudices, e.g. the belief that the positive development of the child depends on the exercise of effective influence over its family, either while the child is in the Observation Centre or while it is living with a foster family, or the idea that it is always harmful for a child to be moved from one family to another.

It is not one of the lesser merits of the appraisal that it has acted as a stimulus to greater effort, opened up the way to fresh progress, provoked emulation between the different categories of technicians and strengthened the team spirit.

Is it desirable to review the same problems at the end of each year? At the moment we do not think so. While it was undoubtedly useful to start by making a general appraisal, perhaps it would be better, in the near future, to select specific matters concerning a particular service or a particular professional category and subject them to closer scrutiny. Then perhaps, in a few years' time, another more ambitious general appraisal might be attempted, this first appraisal being used as a yard-stick in order to measure the progress made in the interval.

## Appendix VI

In an article published by Mr. Houchon in the *Annales de la Faculté de Droit de Liège* 1965 on "Research Models and Equipment in Criminology", which is fully documented, can be found the following extracts:

- The use of the "central core" in Mr. Pinatel's definition of criminal personality as a "research model", pp. 267-270;
- The new typologies and their principles, pp. 275-278;
- Differential diagnosis, pp. 279-281;
- The techniques for measuring the effects of the treatment as models of applied research, pp. 281-282.

(a) *The central core of the criminal personality*<sup>1</sup>

Let us say straight away that we could have classified the theory of the central core of the criminal personality among the total theories. But we prefer to show its operational value in a report on the equipment for scientific research in criminology. From that point of view it stands out by essential characteristics:

- (1) it starts from an extremely simple fact which contains all the specific criminological information: the committing of the act;
- (2) it then relies on a "construct" or theoretical entity which accounts for the initial phenomenon;
- (3) it then establishes around this construct a series of concepts deduced from numerous clinical observations which it redefines analytically without, however, giving them an operational formula complete enough to specify the measuring and checking tools needed.

The committing of the act is the only common point offering some stability for the construction of an explanatory model covering all forms of delinquency. But the profound originality of Mr. Pinatel's conception is to rely on its dynamic. With Manouvrier (1892) he observes that the perpetration of a crime requires the lifting of certain inhibitions: the social stigma attaching to the malefactor, the threat of punishment, the difficulties in the material execution of the action, and the odiousness of such execution. These inhibitions, in order to be lifted, require that the subject be capable of progressing in the criminogeneous process thanks to the psychological traits which alone enable him to progress in that direction. (This is what we call the construct of the model.) These traits are: ethical egocentrism, lability, aggressivity and affective indifference. Pinatel tries to give a complete image of these traits by

1. See J. Pinatel, *op. cit.*, pp. 474 et seq.

defining them and by "ridding them of philosophical references which distort them", by replacing the concepts which covered them in their historical context, by pin-pointing in clinical literature the signs of the general existence of these traits in the delinquents, by trying to fathom their etiology by carrying his attempts further in the direction of phenomenology, by an approach to these traits "undertaken from the inside, and with regard to the stages of the committing of the act".

The model thus introduced is based on the most specific level of interpretation: the crime; by rising towards criminal personality he turns quite naturally in the direction of mass phenomena. Pinatel observes that the problem facing sociological criminology is to individualise the play of actualising conditions for the personality traits in a given culture<sup>2</sup>.

The research model is described by Pinatel as being a "simple working assumption which it is highly desirable to see improved". "Its aim would be achieved if it gave rise to more precise analyses and more decisive criminological progress"<sup>3</sup>. The research device raises in fact a certain number of problems of a technical nature. Thus, for instance, the author has particularly relied on a series of tests<sup>4</sup>. After having observed the limits of the Mira test for measuring one of the traits of the central core of the criminal personality, aggressivity, he states: "it follows that the Mira test must be applied together with the Rohrschach and the TAT tests which permit of determining the other elements of the central core of the criminal personality". Let us first of all note that the Mira test, constructed under particular cultural conditions, and on the basis of samples of violent offenders only, may perhaps not be sufficiently valid. What help would the Mira be to us when examining a forger, a blackmailer, a confidence trickster? Let us also note that the construction of a test series requires important statistical precautions in order to check the effectiveness of their combined use. We only know of one study<sup>4</sup> by means of which the results of the joint use of all three tests can be evaluated. It is a survey of a sample of 31 convicts from 21 to 50 years of age, 70 % of whom are thieves. In the conclusions of this work, Ginsberg notes that the results must be checked by an examination of the thieves in free surroundings, since a certain portion of their aggressivity could be due to

1. J. Pinatel. Les données sociologiques et statistiques récentes en criminologie de langue française, *Chronique de Criminologie, Revue de Science Criminelle*, 1960, pp. 833 et seq.

2. J. Pinatel, *op. cit.* p. 479, Criminologie et recherche scientifique, *Revue internationale de police criminelle*, 1963, No. 164, p. 14.

3. *Id.*, p. 428.

4. Ginsberg, La possibilità di studiare alcuni detenuti a mezzo di tests proiettivi, *Rassegna di Studi Penitenziari*, 1948, pp. 409 et seq.

the prison situation. Schachtel<sup>1</sup> made the same reservations concerning the use of the Rohrschach test: the numerous Dbl representing a tendency towards opposition, and which are used to show the existence of aggressivity, may be derived from the definition of the test situation. It is difficult to disengage the administration of the test from authoritative relations in order to produce a competitive climate which would be useful for initiating satisfactory reactions.

The scientific aspect of the central core theory of the criminal personality has been emphasised by its author, and one could perhaps formulate operationally the actions and inter-actions which he perceives in the given personality traits. Thus the traits of egocentricism and affective indifference would show "a certain connection especially as regards the feeling of injustice suffered": also "lability and aggressivity reveal a certain lack in inhibition"<sup>2</sup>.

For the first couple of traits the author shows us a particular segment of research which can be most adequately investigated by interviewing and questioning; it would suffice to classify the answers, or the items dealing with one concept or other, and to evaluate their correlation systematically. In the case of the other pair of traits the clinical examination, the life history, and particularly that of the dangerous moments, but also certain tests like the Porteus mazes, followed by qualitative corrections, could serve as tools for the experts. It is clear that we catch a glimpse of some of the questions posed in the criminological laboratory such as we described it in the fundamental units of research equipment.

#### (b) *New typologies and their principles*

In current research one notes a renewed interest in typology. Thus Gibbons and Garrity<sup>3</sup> endeavoured to work out a classification of offenders on the basis of their perceptions concerning the roles they took up. These are characterised by two dimensions: the concept of themselves and their aptitudes on the one hand, and the criminal behaviour exhibited on the other. The authors thus draw up a list of 14 types of which 8 have already been studied empirically. These research typologies are not at all comparable to the

1. E. G. Schachtel, Some notes on the use of the Rohrschach test, in: S. and E. Glueck, *Unravelling juvenile delinquency*, Harvard University Press, 1950, pp. 363 et seq.

2. J. Pinatel, *op. cit.*, p. 479.

3. D. C. Gibbons and Garrity, Definition and analysis of certain criminal types, *Journal of Criminal Law, Criminology and Police Science*, 1962, pp. 27 et seq; see also the critique of J. Roebuck, A criticism of Gibbon's and Garrity's criminal typology, same review, 1963, pp. 476-478.

former typologies of Ferri, or even Seelig<sup>1</sup>. They do not cover, at least in the beginning, all the aspects of criminality, but they constitute segments of criminal behaviour from which one could extract some general elements in the future, either by logical and inductive analysis, or by means of a more elaborate process such as factorial analysis. It has been rightly observed that it is impossible to construct an exhaustive typology at the beginning of an investigation. In this field one has available a certain number of applications relating to limited forms of criminality: the "tension" theory of Lottier for swindlers, the "closure theory" of Lemert for forgers, Cressey's work on confidence tricksters, that by Kinberg on rural incestuous persons, and by Szabo on incestuous persons in cities<sup>2</sup>. These studies can provide us with limited assumptions, but they are extremely valuable, provided that they precisely define their theoretical frame.

A considerable source of difficulties in criminology comes from the fact that research workers have used various techniques as operational procedures in order to obtain research results without giving serious consideration to the incidence of these results with a broader methodological principle. Consequently we are faced with a range of material data whose theoretical scope remains problematical<sup>3</sup>.

If so much emphasis is put on this point of the intellectual resources, it is to show that too much insistence on the development of the material equipment would represent a real danger if it were to precede, rather than accompany or follow, the former.

Let us note, in concluding the various examples of limited and very significant segments, the study of the honest intervals occurring in the course of a criminal career. Thus West in Great Britain (1962) revealed that 8% of a group of recidivists had spent fairly long periods of their lives without infringing the law, and he took an interest in this phenomenon, while Little in the United States (1962) examined the duration of these intervals separating the relapses, and endeavoured to see whether there existed a relation

1. E. Ferri, *Sociologia criminale*, Turin, Fr. Broca, 1900, 4th Edition, pp. 194-363; E. Seelig, *Traité de criminologie*, PUF, Paris, 1956, pp. 53-56.

2. S. Lottier, A tension theory of criminal behaviour, *American Sociological Review*, 1942, pp. 841 et seq. E. M. Lemert, An isolation and closure theory of naive check forgery, *Journal of Criminal Law, Criminology and Police Science*, 1953, pp. 296-307; D. R. Cressey, *Other people's money*, already mentioned; O. Kinberg, Inghe and Sv. Riemer, *Incestproblemet i Sverige*, Stockholm 1943, D. Szabo, l'inceste en milieu urbain, *l'Année sociologique*, 1957-1958, pp. 29-93.

3. V. Block and Gels, *Man, Crime and Society, The forms of criminal behaviour*, Random House, New York 1962, p. 103.

between the rate of recurrence of recidivism on the one hand, and the personality of the delinquent and his environment on the other<sup>1</sup>.

(c) *Differential diagnosis*

The choice of a method that is suitable for a given frame of treatment born from the diversification of penal measures, or a certain technique of treatment taken from the therapeutic store of human sciences, sometimes leads to neglect of a fundamental principle: the individualisation of the treatment. In operational terms: indications for treatment must be revealed by criminological diagnosis. One is faced with the possibility of immediately applying the data derived from operational models or from models of medium scope.

Let us return to the central core theory of the criminal personality which we know is made up of the constituting components of the dangerous state:

High criminal capacity and high social adaptability, high criminal capacity and low adaptability, medium criminal capacity and very low adaptability, very low criminal capacity and very high adaptability<sup>2</sup>. To our knowledge there is no work available which has experimented with the various forms of treatment for the different clinical forms of the dangerous state, but it would not be absurd to write that it would suffice to do it. By that we wish to point out that the experimenter, the clinician and the penologist have at their disposal a very well structured theory and a very clear conceptual scheme. In the present state of affairs it would be the experimenter who would bear the brunt of this difficult task, as the tools necessary for diagnoses and follow-up studies are still only vaguely defined.

Without waiting for a complete theory to be established, some authors, and even certain public departments, have attempted a classification which only bears a distant relation with the penitentiary classifications that are still in use in our country. Their work covers the field of application of medium range models. Thus Gibbons and Garrity re-adopt the 14-type classification mentioned above and suggest for each class a treatment formula comprising: the kind of treatment, the personnel who would apply it, aim to be

1. V. West, *Current Projects in the Prevention, Control and Treatment of Crime and Delinquency*, published by the National Research and Information Centre of Crime and Delinquency, New York, 1963, No. 666; Little, *op. cit.*, 1962, No. 302.

2. J. Pinatel, *op. cit.*, pp. 436 et seq.

achieved and frequency of the therapeutic intervention<sup>3</sup>. The most elaborate form of this kind of work, however, appears to us to be the work performed by clinicians and research workers of the California Youth Authority. Based on the theory of inter-personal relations by Clyde Sullivan adapted to criminality, the treatment typology comprises 11 categories established empirically at first, and subsequently in conformity with existing criminological literature. Each type has a suitable programme the results of which are regularly evaluated by the research division.

Finally, we should like to mention the work by a Belgian magistrate, the children's judge, L. Schlachmuylder, who when organising the system of "symbolic reparations" (probationary duties which the minor undertakes to accomplish with a view to his rehabilitation and of obtaining a legal pardon) carefully evaluated the indications and attempted to measure their effects<sup>2</sup>.

(d) *Techniques for measuring the effects of the treatment*

Research in this field is still rudimentary<sup>3</sup>. The results obtained cannot be systematised yet. A study of the concepts and techniques suggests the following three observations: firstly, the notions of attitude, of role, of type, borrowed from social psychology, are very useful for an approach to criminological concepts of the dangerous pre-delinquency stage, of recidivism and the criminal career. It is necessary to define the specific scope for our discipline. Secondly, among the techniques used, we have the follow-up procedure, the factors of adjustment to detention, serial techniques and systematic surveys. Thirdly, what characterises a psychotherapy or a social therapy is a process of interaction between the protagonists of the treatment situation, whence the meticulous analysis of the verbal contents of this procedure must furnish the information on the most effective manner of manipulating these therapeutic techniques. These three observations raise a series of problems of equipment and research strategy (that cannot be treated here).

1. D. G. Gibbons, Some notes on the treatment theory in corrections, *Soc. Serv. Rev.*, September 1962, No. 3, pp. 295 et seq., translated in the *Documentatieblad, Wetenschappelijk Voorlichtings en Documentatiecentrum van het Ministerie van Justitie*, Netherlands, 1964, No. 1.

2. L. Schlachmuylder, Les réparations symboliques, une expérience de probation au Tribunal des Enfants, *Revue de droit pénal et de criminologie*, January 1964, pp. 283-310.

3. See our attempt and the literature mentioned, G. Houchon, Observations sur les techniques mesurant les effets du traitement en criminologies clinique, Communication au 4e Congrès français de Criminologie, Strasbourg 1963, *Revue de droit pénal et de Criminologie*, January 1965.

In concluding this part of our paper dealing with the intellectual equipment of the criminologist, we would emphasise also the development of theoretical constructions. Our provisional account shows a paradox which is only apparent. While one tries to formulate in an abstract manner, and to generalise on the processes leading to crime and the social and individual structures thus created, an attempt is made to link the theory clearly with practical research relating to the study of the means of scientific investigation and its working conditions.

**END**