

THE CONTRIBUTIONS OF J. L. MORENO TO THE TREATMENT OF THE OFFENDER*

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Dr. J. L. Moreno as far back as 1950 was hailed as one of America's greatest living psychiatrists. He was recognized by Henry Murray, himself a great psychologist, as one who made major contributions to the field of Psychology. Wellman J. Warner, a distinguished sociologist who for twenty-five years was a national executive officer of the American Sociological Association, in a tribute to Moreno the sociologist, described him as a man with one of the greatest seminal minds of this century. It is obvious from the foregoing that J. L. Moreno, the psychiatrist, psychologist, sociologist, and social philosopher made tremendous contributions to the understanding and treatment of his fellow man. Group Psychotherapy, Psychodrama, Sociodrama, Role Playing, and Sociometry represent his best known innovative and creative efforts. Why then have I chosen to focus on his contributions to the treatment of the offender? Does not Moreno agree that the offender is a human being differing very little psychologically and physically from the rest of us? He had clearly chosen as a guide the principle that all mankind is a social and organic unity, devoting years to a study of tendencies drawing people apart and those drawing people together. The Moreno image of man focuses on the creative potential in all men and recognizes the need by all men to choose and be chosen, to love and be loved. It should be obvious, then, that the offender responds to treatment in much the same way as the rest of us. It is precisely for this reason that we are focusing on the offender at this time. The human being imprisoned for an offense experiences rejection in a form more severe than any of us can imagine, and his response to this rejection if we apply the Moreno system must be rejection of society.

When Dr. Moreno came to the United States in 1928, he had already written and published a great deal on Encounter, Spontaneity Theater and Psychodrama. However, it was in the United States that he more fully developed Group Psychotherapy and Sociometry, and completed the formulation of his image of man. His first job in this country was as a psychiatrist in Sing Sing prison. This was not an unusual task for a foreign professional to accept when recommencing a career in the United States. His second

*Presented at the Annual Meeting Dinner of the American Society of Group Psychotherapy and Psychodrama, April 27, 1974.

important position was as psychiatrist in Hudson Training School for Girls, a correctional institution in New York State. In my opinion it is no coincidence that it was in these correctional institutions that Moreno developed sociometry and made great theoretical contributions to an understanding of interpersonal relationships. It was at this time that he wrote his magnum opus; *Who Shall Survive: Foundations of Sociometry, Group Psychotherapy and Sociodrama*. It was in a correctional setting that Moreno the scientist was in a position to observe the interaction of people rejected by society in interaction with their captors as well as with their fellow rejectees. He could see the caste system in action with the custodial force representing the rejecting upper caste and the inmate populations constituting the rejected lower caste. He could also observe the social structure developed within the inmate lower caste, the most violent and the most criminal attaining higher status and the weaker being victimized. Furthermore, he could observe the hostility shared by most inmates toward their captors and the escalation of reciprocal hostility. To an extent the prison situation resembled in many respects the system outside the institution. There too the wealthy and powerful tended to reject the poor and unsuccessful. There were, however, some important differences. Outside the prison the individual could choose people like himself to associate with. He could also avoid association with people who rejected him. What is even more important he could avoid association with psychopaths. In prison the inmate is at the mercy of rejecting captors and at the same time is victimized by psychopathic fellow inmates. The net effect is to leave him little hope—to destroy him. The dull monotony of prison routine minimizes the novelty in life and reduces the possibility of developing spontaneity. Alternatives to spontaneity are conflict, evasion, rigidity, and/or isolation. These are the characteristics we encourage in a prison. Spontaneity and creativity are impossible in a prison setting. Moreno notes that when we begin to let loose each individual and each group against one another,—each striving to see his particular wishes or the wishes of his group fulfilled, then we divide the community into different sections. A prison community with the dominant group oppressing the inmate population cannot be therapeutic. For this reason alone, the best programs offered in a prison setting are wasted and the highest qualified therapists are ineffective.

Let us briefly discuss the uses made in the field of corrections of some of Moreno's contributions. The first one to be widely applied was Group Therapy. In a survey conducted by Lloyd W. McCorkle in 1952 only 12 percent of the three hundred and twelve penal and correctional institutions contacted reported having a program of group therapy. Thirty-five of those who replied reported the use of some form of group therapy, the major emphasis being on lectures and discussions. Where group therapy programs had been initiated the principal purpose was to adjust the inmate to prison life.

The first attempt to apply psychodrama or sociodramatic techniques to the problem of assignment in a correctional institution was reported by Moreno in 1937. At the time he was involved in the problem of assigning new arrivals to cottages and work teams in a correctional institution for delinquent girls at Hudson, New York. The total delinquent population at the time of testing approximated five hundred. Initial assignment of an individual to a cottage upon her arrival at Hudson was based upon five tests. These were; (a) The Parent Test; (b) the Family Test; (c) the organization of every home group as determined by the sociometric test; (d) the organization of the individual's home group outside and (e) Psychodramatic tests.

In the course of his work at Hudson, Moreno employed psychodrama extensively both for diagnosis and therapy. Success or failure in each individual case was generally determined by modifications in the sociometric position of the subject. Such changes in behavior as reduction in the number of temper tantrums, stolen articles, secret dates, and the passing of incriminating letters were noted. There was also a decline in aggressiveness and reduction in the number of runaways. These improvements were attributed to the techniques in assignment previously referred to and to the general application of sociometric and psychodramatic methods.

Facing the problem of returning his population from Hudson to a more complex environment, Moreno employed spontaneity training as a form of preparation. He resorted to creating experimental environments, by means of play situations, permitting action in a number of roles, resembling insofar as possible the living ones. The individual received training in a variety of roles for conduct in possibly arising situations and was thus prepared to meet life situations with some experience or practice. Analysis followed closely after the action. Prior to leaving Hudson, the girls were given 'Exit Tests.' The Exit Test involved acting in three situations the individual was expected to face in the community at large; a family situation, a work situation, and a community situation.

In 1951, Corsini, based on his experience in four penal institutions over a period of fifteen years, and on his observation of some fifty group therapists, expressed the view that only psychodrama approached individual therapy. This appraisal was made approximately a quarter of a century after Moreno first employed psychodrama in a New York State Penitentiary and in a correctional institution for delinquent girls. Although the use of psychodrama and role playing had increased considerably in the areas of Mental Health, Industry, and Education in the course of these twenty-five years, they had not been employed extensively in our penal institutions.

How extensive was the use of group therapy, psychodrama, or role training in the 1950s? In 1954 when I first experimented with psychodrama and role training in the Rikers Island Penitentiary, an institution that reported having a

group therapy program, there was one group therapy session a week in the prison attended by eight to ten of the 2,300 inmates. There was no psychodrama or role training of any kind. Around that time Dr. Alexander B. Smith and Dr. Alexander Bassin introduced group therapy into the field of probation at the BARO clinic in Brooklyn, New York. I know of no group therapy, psychodrama or Role Training program in probation or parole prior to their efforts.

What is the situation in 1974? In my opinion, there is hardly a prison or other correctional institution in the United States that does not offer some form of group therapy. This is certainly true of California and New York. Psychodrama and Role Training are not as widely used in the correctional institutions largely because there are not enough professionals at these institutions who have received training in Psychodrama. As for probation and parole, Role Training Associates of California, with which I am affiliated, has offered seminar-workshops in Psychodramatic Role Training for the past ten years in California. Approximately 700 probation officers and parole agents have participated in these seminar-workshops. At least three other institutes in California also offer training in Psychodrama and Role Playing in the form of classes, demonstrations and workshops. Several probation departments in California have extensive Role Training programs of their own. Two very large counties have made Role Training as their treatment of choice and provide training in action methods for their probation officers. Moreno Institute in New York and its other affiliates offer training in the eastern states and other parts of the country.

We may conclude, without fear of contradiction, that one of Moreno's contributions, Group Therapy, has gained almost universal acceptance in the field of corrections. The action methods he created, Psychodrama, Sociodrama, and Role Playing, are also widely used. Why then do we still have serious problems in our prisons? Why are not more people rehabilitated through the use of these treatment methods? In my opinion it is because we as a society have failed to apply what I consider Dr. Moreno's greatest contribution, Sociometry, to the field of corrections.

Sociometric theory is based on the idea that we never deal with an individual in isolation but with the individual in relationships. The individual appears to seek persistently for regard, esteem and affection towards himself as a person. When this seeking meets with reciprocation he shows himself able to relate well to others and to their goals in common group oriented settings. When, however, he is blocked from fulfillment on a person-to-person level his pattern in group oriented settings is unfulfilling in fundamental satisfactions. It has been demonstrated that fulfillment in less intimate groups (work groups, and school groups), may produce changes in patterns of behavior in our most intimate groups (family). The sociometric choice of one individual

for another or one group for another is recognition that the other is sympathetic to those aspects of his personality which need expression or development. Rejection of one individual or group by another is recognition that the other is unsympathetic. A basic principle in Sociometry supported by a great deal of research is that choices tend to be reciprocated and rejections are almost invariably reciprocated. If we apply the principles of Sociometry to the field of corrections we must conclude that it is impossible for a prison to rehabilitate. The correctional staff of a prison has as its primary function "security." While correctional institutions differ in the amount of physical brutality inflicted on inmates there are few differences in psychological brutality. Few of the quarter of a million persons incarcerated in the United States are rapidly rehabilitated. Few are returned to society as good citizens. Most come out embittered people. They leave the prison as enemies of society even if they were not when they entered the prisons. Some explanations offered for the failure to rehabilitate are that there are not enough therapists, that therapists are not adequately trained, and that convicts return to unsuitable environments. These statements while true are alibis rather than explanations for the failure to rehabilitate. *The fact is that the field of corrections, although half-heartedly accepting some therapeutic practices including group therapy and Role Training, has totally ignored the sociometric truths inherent in the Moreno system. The inmate of a prison enters the institution rejected by society and his treatment at the prison from the day of his arrival to the day of his departure is that of a rejectee.* Moreno has pointed out that the longer a group endures the more it begins to develop and share an unconscious life from which its members draw their strength, knowledge, and security. The only group of which the inmate of a prison is a part includes only other criminals and a criminal value system. The criminal group becomes the reference group of the prisoner. The custodial force is the enemy.

It is obvious from the foregoing that we cannot rehabilitate offenders in reformatories or prisons. These institutions should be eliminated as rapidly as possible. The phasing out of all reformatories and prisons may be accomplished in three stages:

1. The closing of all reform schools for juveniles in 1975. Young people now sent to such institutions would be sent to small treatment centers in their communities housing 20 youths and emphasizing education and training for work in the community. The ten to fifteen percent who are diagnosed psychopathic would be placed in institutions dealing with psychopaths. This would protect other children and society as a whole from violent gangs dominated by psychopathic leaders. Massachusetts has already abolished reformatories for juveniles. Wiltwyck has achieved success in treating young psychopaths from New York City. Wales has reported success in the operation of a psychopathic hospital. It is about time that we establish such treatment facilities.

2. We would immediately start screening all adult prisoners and removing those diagnosed as psychopathic. Less than 35,000 of the quarter of a million people we have locked up in prisons are psychopaths who may be considered dangerous to themselves or others. The remaining eighty-five percent of the people we have in our prisons are there because we as a society have decided to punish them at a cost of over a billion dollars a year to ourselves and shattered lives for them. The psychopath should be placed in psychopathic hospitals which can be established in 1975. The remaining eighty-five percent of the inmates of prisons need protection from dangerous psychopaths as much as we do. To deny them this protection subjects them to barbaric treatment at the hands of psychopathic inmates. The American people have been led to believe that most people in our prisons are dangerous. Nothing is further from the truth. The "serious crimes" which provide the basis of the Crime Index of the FBI include seven offenses—Murder, Forcible Rape, Aggravated Assault, Robbery, Burglary, Larceny, and Auto Theft. Of the nearly 6 million of these crimes known to the police in 1972 over 5 million were non-violent property offenses *not* in the presence of the victim. Approximately half of the 838,000 violent crimes were robberies. The vast majority of people in our prisons are poor people, in prison for burglary, larceny and violation of ridiculous drug laws. On Friday, April 19, 1974, for example, Judge John Lance of Alabama sentenced a Tuskegee student to 7 months imprisonment for stealing an 87 cent can of luncheon meat. On the same day this same eminent jurist passed out the following sentences to imprisonment:

7 months—to a man for stealing a pair of shoes

1 year—to a woman for stealing \$10 worth of groceries

3 months each—to two men for stealing \$18 worth of property.

Granted these people are not typical of those in prison. Nevertheless, as a result of these sentences they may be thrown into close contact with dangerous psychopaths. While most of the people in our prisons for larceny have stolen more valuable property, the essence of the crime is still the same. According to the FBI there were 1,837,800 offenses of larceny of over \$50 in 1972 and the average value of property stolen in each larceny was \$111.00. The average value of goods and property stolen from victims by pickpockets was \$98, by purse snatchers \$53, by shoplifters, \$25, by thefts from autos, \$149 and from buildings \$187.00.¹ Those convicted of these offenses are felons many of whom are now serving sentences in our prisons. The cost of maintaining one such person in a state prison is approximately \$14,500 a year.

3. Inmates of prisons who are not diagnosed psychopathic would be placed in community treatment centers housing about 20 persons each as soon as such centers could be established. Group Psychotherapy, Psychodrama Role Training, and other treatment methods would be available at community treatment centers to expedite the process of rehabilitation. Minneapolis has

pioneered in screening out some of its prisoners in a program of release and restitution. The imprisoned offender meets with the victim and they sign a contract in which the convict agrees to pay the cost of his crime. The convict is then placed on close supervision parole and makes payments to his victim out of job earnings. This program is in its second year. Of 28 men in the first year of the program seven failed in 15 months. Five had run away, one went on a spree of writing bad checks and one violated parole.² This creative way of substituting distributive justice for retribution appears to be effective. However, any treatment method is likely to be more effective in a small community treatment center than in a prison.

Many professionals are reluctant to apply the classification of psychopath because of the way the term was used in the past. For many years the catch-all label "psychopathic personality" was applied by psychiatrists to all persons whose behavior deviated markedly from the normal, yet who could not be properly categorized as neurotic or psychotic. It included people with schizoid traits, with cyclothymic or paranoid tendencies, sexual deviates of all types, as well as those with antisocial disorders, gross inadequacies of character, and numerous other difficulties. Such persons, it seemed, could not be considered by the psychiatrists to be "normal." Beginning with the 1930s and continuing through the 1960s, scientific articles appeared in professional journals and books regarding the nature, causes, and treatment of psychopathy. This research led to a rejection of the belief that psychopathy was a hereditary, innate lack of "moral sense." Increasingly, research gave support to the belief that psychopathy was developed in interactions with others, first in the family, and then with peers.

Dr. Hervey Cleckley, the psychiatrist who has contributed much to the clarification of the psychiatric terminology in this area, defines sociopath as follows: "This term refers to chronically antisocial individuals who are always in trouble, profiting neither from experience nor punishment, and maintaining no real loyalties to any person, group, or code. They are frequently callous and hedonistic, showing marked emotional immaturity, with lack of responsibility, lack of judgment, and an ability to rationalize their behavior so that it appears warranted, reasonable, and justified."

McCord and McCord define the psychopath as "an asocial, aggressive, highly impulsive person who feels little or no guilt and is unable to form lasting bonds of affection with other human beings." Dr. Cleckley considers the McCords' statement accurate.

It is apparent from the above discussion that the terms *sociopath* and *psychopath* may be used interchangeably. Applying the Moreno system, particularly Sociometry, a child who never associates his behavior with approval or disapproval of his mother is likely to develop into a psychopath. The actions of others, most especially his mother's, do not relate to what he does or what

he is. She yells at him, hits him or ignores him strictly according to her needs at the time. The result is that he does not learn to adapt his behavior to the needs of others. Furthermore, he does not learn to love. He acts impulsively to suit his own needs of the moment and feels no guilt if he hurts others. Such a person is dangerous to others, most dangerous if his aggressions are violent.

It is not difficult to distinguish dangerous psychopaths from other persons. No more difficult than it is to make any other psychological or psychiatric diagnosis. It is alleged that we have to be careful in diagnosing because there is a five or ten percent margin of error. Let us assume that there is the possibility of error. For that reason alone, if for no other, we must not permit psycho-surgery, electric shock, aversion therapy or any other physical intervention. The program of The Welsh Psychopathic Hospital does not include any of the above.

In Wales, as in England, the Mental Health Act of 1959 defines psychopaths in terms of a persistent lifetime disorder, serious irresponsibility or aggression, and a doctor prepared to treat them. Whether a diagnosis of psychopathy is applied in Wales depends very much on chance factors, such as whether a deviant child is channeled early into mental health or penal pathways and, later, the parental social class and type of doctor, if any, to which the young person is referred. In Wales, psychopaths are diagnosed and placed into three categories. The first category includes those for whom admission to a hospital for treatment seems unnecessary. They are labeled "psychopathic avoidable," considered harmless, and treated in the community. The second group needs admission and can be persuaded to accept this—often against a background of more severe court measures. Some enter informally. For most, however, this Welsh unit requires court conviction and a hospital order with a diagnosis of psychopathic, so that the patient sees justice done and being *impulsive* and *affectionless*, cannot change his mind. The third group is comprised of those unsuitable for admission. This may be because they are English (and their families are not available for help), severely psychopathic (highly aggressive, impulsive, and affectionless) and thus, at outset, more safely forwarded to closed English hospitals, appropriately labeled criminal and imprisoned. The characteristics of an individual that lead to a diagnosis of psychopath in Wales are similar to those described by Dr. Cleckley, the McCords, and others in the United States.

The treatment at the Welsh Psychopathic Hospital consists of training with real-life situations,—farm, forest, and estate work—continuously used for nursing and medical psychotherapy under trained psychiatric nurses and a consultant psychiatrist. Inmates are taken shopping by bus each week, and most either go home or go camping at Christmas, Easter, and summer holiday times. Discipline depends primarily on interpersonal relationships, fortified by loss of money, privileges, and week-end or home leave. Escapes occur when

discipline is unfair. Aftercare involves hostels or residential hotels, and local social-worker and psychiatric surveillance.

Over the period 1962 to 1967, the three-year conviction rate was 49 percent. While in the hospital, the psychopathic patient is given some psychiatric treatment, but the emphasis is on occupational training. He is allowed out on furloughs, and relationships with families are maintained. On aftercare a social worker supervises him and helps with his *family and community relationships*.

I propose supplementing this sort of treatment with the Synanon program, Psychodrama, Role Training, and any other group or individual therapy considered to be appropriate.

Those psychopaths who are severely psychopathic would be placed in closed psychopathic hospitals staffed by personnel furnished by Synanon, Delancey Street Foundation, or National Prisoner's Reform Association. No person would be employed as a staff member of a psychopathic hospital unless he had served at least a year as an inmate of a prison. Such persons, properly trained, are most likely to develop positive sociometric relationships with psychopaths. They know from experience how to deal with impulsive and aggressive behavior. Furthermore, in establishing positive sociometric relationships they may also help the psychopath to overcome his two greatest defects, lovelessness and lack of guilt.

As we transfer the dangerous psychopaths from prisons to psychopathic hospitals we will make their treatment more effective and cure more likely. If we simultaneously begin to transfer the eighty-five percent who are not psychopathic to community treatment centers we will make their treatment and rehabilitation more effective. We should in a very short time begin to close down some of the prisons that inflict so much suffering on poor and helpless people. In the past, professional societies, maintaining a "scientific" attitude toward social problems have refrained from making recommendations to our governing bodies. This year, however, the American Psychological Association has decided to create an organization to take stands on important social issues. The ASGPP was founded by Dr. J. L. Moreno and may be expected to recommend action based on his theoretical contributions. Perhaps if the ASGPP takes a stand in favor of phasing out reformatories and prisons other professional organizations will follow. Dr. J. L. Moreno has never hesitated to pioneer in new fields of human understanding and treatment. I would hope the society to which he devoted so much of his energy would follow in his footsteps.

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