

*American Handbook of Psychiatry*

**Problems of  
Delinquency and  
Their Treatment**

**John L. Schimmel**

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# PROBLEMS OF DELINQUENCY AND THEIR TREATMENT

## A Definition and Diagnosis

Delinquency is not a psychiatric concept but a legal one. It is, moreover, a difficult term to define even legally. In general it refers to “such behavior by a young person as to bring him to the attention of a court.” The upper age limit for juvenile delinquency varies in different states from sixteen to twenty-one years. Eighteen is the usual dividing line between misconduct and crime. The courts in some states may, however, transfer the child to a criminal court in case of a serious offense, such as murder or rape. Municipalities, counties, and states have their own ordinances defining delinquency and prescribing legal remedies. These include not only the fifty states but also Puerto Rico, the District of Columbia, the federal government, 3,000 counties, and 16,000 municipalities.

The delinquent or juvenile offender is a child or adolescent who has committed an act that would be considered criminal if he were older. There are, moreover, many acts that are considered offenses only if committed by a young person. These include truancy, disobedience, running away from home, staying out late, consorting with unsatisfactory companions, getting married without parental consent, and dropping out of school before the legal age.

There is also the factor of public intolerance as a measure of delinquency. Clearly one community will tolerate behavior among the young that another community, or even another neighborhood, will not.

The foregoing indicates some of the difficulties in defining delinquency. To overcome this some states have rigorously defined those acts to be considered delinquent. Others, and this is the trend, have made the term purposefully vague so as to allow the police and the courts the widest possible latitude in dealing with youthful offenders.

The psychiatrist faces further ambiguities in his work in this branch of forensic medicine. He is expected to make a diagnosis, not only for his own guidance but for that of the court. The official nomenclature offers a potpourri of possibilities related to delinquent behavior. There are several intriguing possibilities under behavior disorders of childhood and adolescence: unsocialized aggressive reaction of childhood (or adolescence); group delinquent reaction of childhood (or adolescence); and runaway reaction of childhood (or adolescence). There are also possibilities in conditions without manifest psychiatric disorder and nonspecific conditions, which include the entry of social maladjustment and dyssocial behavior. The latter is "for individuals who are not classifiable as antisocial personalities, but who are predatory and follow more or less criminal pursuits, such as racketeers, dishonest gamblers, prostitutes, and dope peddlers."

The foregoing are not idle concerns. The psychiatrist's diagnosis may have far-reaching consequences for his charge. Withal, both definition and diagnosis have to be made with a comprehensive knowledge of the setting and circumstances of both the community and the delinquent behavior. The actual clinical conditions seen in a court setting vary from the normal through the entire range of neurotic, sociopathic, and psychotic disorders.

### **Scope of the Problem**

During 1970 there were an estimated 1 million runaways in the United States, many of whom experimented with sex and drugs. There are no nationwide statistics on juvenile offenses. Estimates are made on figures reported by the Federal Bureau of Investigation and the Children's Bureau. The involvement of young people in the total crime picture is high, 22.9 percent of all arrests reported by the FBI in 1966. The incidence is actually higher in suburban areas than in urban areas, and the lowest incidence is found in rural areas. In 1967 an estimated 1.5 million arrests of people under eighteen were made, of whom half were referred to the juvenile courts. The children involved in court actions each year amount to 2.1 percent of all children aged ten to seventeen. It is estimated that one in every nine youths (one in six males) will appear in juvenile court before his eighteenth birthday. The percentage appears to be rising. The absolute number will rise with the anticipated increase of the 40 million youths age ten to eighteen in 1970 to 47

million in 1980. In addition to the number of children who appear before a court, an equal number are handled directly by the police or through a police juvenile bureau without reference to the court.

For every girl brought to court, there are four or five boys. The chief offenses of the boys fall into the categories of larceny, burglary, disorderly conduct, curfew violation, vandalism, auto theft, running away, and violation of the liquor and drug laws. The chief offenses of the girls are running away, larceny, and disorderly conduct. The problems of drug usage are dealt with in another section of this volume. The crimes begin early, with shoplifting starting at age six or seven. Girls, beginning at the younger end of the spectrum, range from incorrigibility to truancy to sex offenses. It appears that they exceed the boys in regard to shoplifting. Boys go from petty thievery to more serious stealing and then to assault. The acts fall into two general classes: (1) those injurious to others and (2) those injurious to the self, such as drug abuse and sexual activities. The cost is high, running into hundreds of millions of dollars for direct services to delinquents and their families as well as over a \$100 million for property stolen by juveniles in addition to property destroyed through vandalism.

Of all children whose cases reach the court approximately 14 percent are remanded to public training schools, an estimated 45,000 children each year. Three boys are committed for each girl. The boys stay an average of nine

months, the girls one year. A small percentage stay two or more years. In 1967 these children were housed in 220 state and local training schools.

The sheer scope of the problem of delinquency in the United States is staggering. United Nations reports indicate that juvenile delinquency is increasing in many other countries as well: England and Wales, the Union of South Africa, Australia, New Zealand, the Federal Republic of Germany, East Germany, Austria, Greece, Yugoslavia, France, Sweden, Finland, and the Philippines.

### **Philosophy of Care**

The problem of young people failing or being unable to live up to the standards set by adults is age-old, as are the legal remedies. Hammurabi's Code is the oldest known code of laws, dating back to 2270 B.C. in Babylon. The society was patriarchal, and deviant behavior by children was not tolerated. Punishment was severe. For example, the code states: "If a son strikes his father, one shall cut off his hands." In Biblical times, the punishment of death by stoning was prescribed for the "stubborn and rebellious son." Blackstone, writing in eighteenth-century England, reported the case of a boy of eight who was hanged for burning two barns. Harsh penalties for youthful transgressions continued throughout the nineteenth century. In New Jersey, a thirteen-year-old boy was hanged in 1828 for an

offense committed when he was twelve. As late as 1965, among 331 prisoners under sentence of death in the United States, three were eighteen and three nineteen. Their offenses were either rape or murder.

The legal concept of juvenile delinquency is a recent one. The first juvenile court in the world was established in Chicago, Cook County, Illinois in 1899. This was the culmination of a millennial process of softening attitudes toward transgressors, whether juvenile or adult. It may be well to keep in mind that the penalties meted out to adult offenders in the United States today are remarkably more severe than in other civilized countries. The Talion law of the Bible of an “eye for eye, tooth for tooth” is still a dominant theme in American law and is reflected in the cry for “law and order.” An offense that may merit a two-year sentence in France or Italy may call for ten or even twenty years to life in the United States. (At the moment of this writing, a youth is facing the possibility of twenty years of incarceration based on possession of microscopic amounts of marijuana, which were found in the lining of his pocket.) Although the ostensible purpose of imprisonment for adults is alleged to be rehabilitation, the practice comes closer to savage repression.

Two assumptions underlie modern concepts of delinquency. One is that children under a certain age are not responsible or accountable for criminal acts. The second is that some children are in need of the protection of the

courts. The court in Cook County was delegated the responsibility for three categories of children: the dependent, the neglected, and the delinquent. All had become wards of the state. This trend eliminated most criminal trials for children, though it was not until 1945 that Wyoming enacted the necessary laws.

The early care of delinquents was largely custodial and disciplinary. Rigorous supervision and accountability were believed to result in the production of “good citizens,” that is, reform. This is still the dominant trend. A recent review of the regulations of a training or reform school in New York State revealed few differences between it and a maximum security prison: one visit by one relative each six weeks, one letter a week, and so on. The other trend is the therapeutic, or psychiatric. The latter can be felt, rather than seen, throughout the entire system, from apprehension by the police, to detention, to court appearance, to training school. One might put it that the metaphor is slowly changing from that of the bad child in a good society to that of a sick or deprived child in a bad or neglectful society. The wherewithal to implement the latter metaphor is not only awesome but has not been forthcoming, except in sporadic instances.

There are a number of paradoxes involved in the more humane concepts of juvenile delinquency. A notable one lies in the protective function of the courts. The judge is seen as the wise patriarch doing what is best for the

child and the community, but in this role he is empowered to dispense with the protections of due process accorded all citizens by the Bill of Rights of the American Constitution. The juvenile courts may assume jurisdiction over children without proof of legal violation. Children have not had the right to legal counsel, to a jury trial, to refuse to answer questions, or to incriminate themselves. In the 1967 Gault case the U.S. Supreme Court affirmed the need to apply the safeguards of the Bill of Rights to juveniles in the case of a boy sentenced to a long term in a correctional school without regard to due process. This decision is regarded by many workers in the field as a mixed blessing and is honored in the breach by many practitioners, since it would make the work more cumbersome in an already overburdened and undermanned system.

### **Types of Delinquents**

For a consideration of the types and kinds of delinquents, one may consult a plethora of sociological and psychiatric studies. One stumbling block is that the populations of courts, court clinics, and training schools are drawn primarily from the lower classes. During the 1920s and 1930s it was actually believed that delinquency was extremely rare in the middle and upper classes. Dr. Sophia Robison showed, in a 1936 study conducted in New York, that middle-class delinquents rarely reached the police or the courts. Many were referred to private agencies not primarily concerned with delinquency.

A number were handled by the Bureau of Child Guidance. The upper-middle- and upper-class child is likely to be handled completely by the family and its circle of influential professionals. The child may be sent to a military school or private hospital rather than to a public correctional institution. The great leveler at the moment seems to be violations of the marijuana laws with the apprehension of children of governors and other high officials being announced regularly in the press. It would appear that very few children do not, at one time or another, commit an act that could legally be termed delinquent.

There is a large group of delinquents who may be termed social delinquents. These consist of individuals with relatively intact personalities. Their delinquent acts lie in an adherence to non-legal values and norms which are shared with other members of various subcultural groups. This is a crucial factor to consider in the troubled interface where middle-class psychiatrists meet lower-class individuals in the courts, the hospitals, the clinics, and in community psychiatry programs. The problem is an old one, which has manifested itself, for example, in attempts to design culture-free IQ tests. It may be difficult for the middle-class professional to construe different value systems as anything but pathological. Yet within groups of such social delinquents, some show leadership and a sense of responsibility within their own peer and/or subcultural group. Others may be incompetent within the deviant group. Alfred Kinsey has told of a campus policeman, holding lower-

class sexual values, who would mind his own business if he saw a couple having sexual intercourse in a car. Heavy petting or fellatio, however, offended his sense of values, and he would arrest the couple.

Similar difficulties crop up more and more frequently in other social agencies such as the schools. The issue has recently been made very prominent by blacks. They protest that the middle-class white teaching cadres push their own values and regard the values of others as inferior or sick. The alienation between the teacher and the taught is clear and growing. Similar difficulties have been noted by psychiatrists attempting to comprehend and treat other social groups. In the 1970s no one can afford to mistake cultural differences for evidence of psychological defect.

Many delinquents are, nonetheless, suffering from the milder or more severe forms of psychological disability. They fall into various groups characterized as unable to internalize social norms or to restrain impulsivity. The usual satisfactions that require conformity to group mores are not available to these children and adolescents. These youngsters may be, diagnostically, neurotics, sociopaths, or schizophrenics. Some who fall into the delinquent group are handicapped with a mental defect, often combined with another psychiatric disability.

## **Role of the Professional**

The role and function of the professional are determined by that point in the delinquent's career where their paths cross. Most delinquents do not get to the courts but are seen in clinics, public and private hospitals, the schools, and in private practice. In private practice, it is the rare adolescent who is not legally a delinquent if for no other reason than by violation of the marijuana laws. The problems are diverse, however. Some adolescents enter private therapy after being "busted" on a pot charge, and psychotherapy is a condition of their parole. For these relatively affluent youngsters the main form of therapy is individual, one-to-one psychoanalytically oriented psychotherapy. Interviews may be held with other family members, or a modified form of family therapy may be used.

In clinic and hospital practice, individual therapy is supplemented or replaced by group and milieu therapy. The latter methods are often heavily relied on because of the shortage of trained personnel. It should be noted, however, that group and milieu therapists are presenting rationales and statistics to indicate that their methods are and should be primary, particularly in view of the importance of group and peer relationships in the lives of adolescents.

The relation of the therapist to the delinquent varies with the circumstances. The white therapist with the black delinquent faces not only an age and culture gap but may also face militant anti-white attitudes. The

therapist dealing with the middle-class dropout, hippie, or radical youth may face a strong antiestablishment attitude in which he is an example of the establishment. The therapist dealing with the child in the court, in the training school, or with the youngster who must see a psychiatrist as a condition of his parole, must deal with an attitude (and a fact) that identifies him as an agent of the repressive forces of society. It takes a special skill and hardiness on the part of the therapist to endure and be useful in these situations.

Youngsters who are apprehended by the police generally follow a different track. In some urban centers there are specially trained and assigned youth police who may deal with minor problems on the spot. Some children are brought to the police station. Their parents are called, and the child is warned. Usually no record is made. The police may release the child to the parents with a referral to a social agency. Only one-half of the children taken into police custody are referred to the juvenile court. The screening of the child is done by a probation officer or social worker. The decision as to whether to place the youngster in detention until his court appearance is made by the intake worker, usually a probation officer. In 1965 it was estimated that 409,000 children had been placed in detention, although the number on any given day was about 13,000.

In urban centers the psychiatrist may be attached to the court. His

function may be primarily one of diagnosis and recommendation. Experimental clinics have been operated within the court system itself to provide therapeutic help to the offender and his family, such as the Treatment Clinic of the Family Court of New York City. Overall, however, the role of the psychiatrist in the juvenile courts has been limited. The difficulties lie not only in areas of finances and availability of personnel but also in the absence of well-established rationale of relevance of psychiatry to court procedures other than consultation.

### **Rehabilitation**

The goal of the training school is rehabilitation. The latter is a key concept in American penology. The basic notion is that enforced conformity to the rules of an institution (custodial care) will result in conforming behavior to the rules of the larger society, on release. A contradiction is involved here since the length of the period of confinement must also reflect the gravity of the offense and not necessarily the optimum period of confinement necessary for rehabilitation. The individual must pay his debt to society.

If the reader feels that the psychology of custodial rehabilitation is either mad or obscene, he should, nevertheless, be reminded that this is the prevailing mode of dealing with juveniles in public institutions. Psychiatric

literature on delinquency concentrates on experimental programs in which the psychiatrists play an important role and may give a misleading impression of the overall picture. Indeed, psychiatric programs fed sparingly into custodial units may be of dubious value for a number of reasons, not the least of which is the incompatibility of views of human nature and human possibilities between a custodial and a therapeutic approach.

Custodial care is still the rule rather than the exception in the training schools, although there has been a trend toward the therapeutic approach for the better part of a century. Even the regard for the individual expressed by custodial care of juveniles is of recent origin. Training schools were a development of the nineteenth century in both England and the United States. Prior to that time, dependent and delinquent children wandered the streets or were confined in a house of correction or workhouse along with vagrants, beggars, criminals, the senile, and the insane. The first program in the United States to separate juvenile from adult offenders was instituted in 1825 when the Society for the Reformation of Juvenile Delinquents opened the New York City House of Refuge. The state gradually took over this responsibility, and by 1850 the trend for state-supported training schools was well established.

There have been numerous experimental units within the context of custodial care. With boys this has taken the form of schools specializing in vocational training, a combination of camp and school, and work camps, such

as Illinois Youth Commission's forestry work camps. The amount of formal supervision and regimentation varies in these units, with the work camp being the most informal setting.

Does rehabilitation work? This is a knotty and controversial question. Many boys and girls learn a trade while in training schools. Undoubtedly, many learn improved ways of stealing and the like. The majority do not return to the training school once they are discharged, nor are they apprehended as adult offenders later in life. Follow-up studies indicate, however, a high degree of neurotic suffering, sociopathy, alcoholism, and marital failures among those who have been residents in a training school.

### **Toward the Therapeutic**

The therapeutic approach has not made much of an impress on the total problem of juvenile and adult offenders. This has been true for a variety of reasons which I will touch on. In passing, one might mention the momentum gathering behind the therapeutic approach—well in advance of any proof of large-scale effectiveness of the therapeutic approach—and in spite of protests by black militants and others that mental health programs are a sop and not an answer to the social conditions that produce the enormous numbers of juvenile offenders, criminals, and the mentally ill.

Many of Freud's early followers were interested in applying his

psychoanalytic theories to the problems of special groups in society. Otto Rank was particularly interested in artists and writers; his views were also influential in the development of social work and social agencies in the United States. Alfred Adler's concern with the influence of society on the individual and on the importance of social roles finally earned him the role of heretic among the early psychoanalysts. His interest led naturally enough to the effects of schools and teaching on children. He organized the first child guidance clinics in Vienna. Oskar Pfister was the first from the field of education to receive analytic training and apply psychoanalytic concepts to his activities as teacher and pastor in Switzerland.

Franz Alexander, later to become the president of both the American Psychoanalytic Association and the American Academy of Psychoanalysis, developed an interest in the analytic study of the criminal while in Berlin. Together with a lawyer, Hugo Staub, he published, in 1929, *The Criminal, The Judge, and the Public*. It was republished in 1956. In 1931, Alexander undertook a research project in criminal psychology sponsored by the Judge Baker Foundation in Boston with Dr. William Healy. The results of this study were published as *The Roots of Crime*.

August Aichhorn came to psychoanalysis from the field of juvenile delinquency. He had been a schoolmaster and an originator of daycare centers for working parents in Vienna before World War I. He became the

director of a training school for children. Unable to accept the available explanations for delinquency, he undertook psychoanalytic training. His subsequent work laid the foundations for a therapeutic approach to delinquency. His classic work, *Wayward Youth*, was first published in 1925.

Aichhorn referred to his work, even before analysis, as a “psychology of reconciliation.” His concept of “latent delinquency” pointed toward an inquiry into the causes of delinquency, such as an arrest in personality development resulting from a disturbance in early child-parent relationships. Aichhorn stressed the need for dealing with underlying determinants of latent delinquency rather than with the symptoms of manifest delinquency. He recognized the necessity of providing corrective emotional experiences with others in order to undo the effects of deficient past relationships. The transference was to be used as the critical leverage toward healthy change. Essentially an eclectic, and willing to experiment in almost any direction, Aichhorn was an innovator. The methods he used have been repeatedly discovered during the subsequent years. He utilized individual, group, family, and milieu techniques.

Aichhorn was a robust, jolly, and lively man. He knew the language of the gutter from his childhood and used it freely with his young charges. He knew the value of the joke and the wisecrack in easing the generation gap. He has, nevertheless, left evidence of a remarkably sensitive and intuitive grasp

of clinical conditions. Although Aichhorn was unusual in his ability to deal with juveniles before his analytic training, the latter gave him the conceptual tools to formulate his insights and pass them on.

Aichhorn's work with seriously disturbed children and adolescents provided a model for much of the subsequent work done in the United States. In a noted experiment he took twelve incorrigible boys and placed them in a group, with virtually no controls. When repressive measures were not used, it was interpreted by the boys as weakness on the part of staff. They practically demolished the premises and even threatened one another with knives, without staff interference. A period of quiet was followed by even wilder outbursts. After several months an emotional bond developed among the boys and with the workers and their behavior approximated the normal. A similar approach was used by Bruno Bettelheim at the Sonia Shankman Orthogenic School in Chicago, a residential school for seriously disturbed children. Aichhorn's methods are also reflected in S. B. Slavson's activity group therapy for children, developed at the Jewish Board of Guardians in New York City.

Aichhorn also anticipated the ego-psychological and reality-orienting methods utilized with disturbed children. He suggested that:

We must give the pupils experiences which fit them for life outside and not for the artificial life of the institution. The more the life of the institution conforms to an actual social community, the more certain is the social

rehabilitation of the child. There is a great danger in an institution that the individuality of the child does not develop along lines best suited to his needs but that rules are laid down in accordance with administrative requirements which reduce the child to a mere inmate with a number.

There is probably no clearer statement of the therapeutic ethos for delinquents. The modern application of this aspect of Aichhorn's views is clearly expressed in *A Time to Heal: Corrective Socialization*, by Goldfarb, Mintz, and Stroock.

Experimental treatment methods abound, with behavior therapy, Eric Berne's version of group therapy, reality therapy, and other modalities being added as variations on themes laid down long ago, all reporting promising results. Long-range studies are necessary to validate their lasting effectiveness. A computer printout of the references on juvenile delinquency studies from 1965-1969 by the Department of Health, Education, and Welfare resulted in a single sheet of paper 430 feet long (about one-tenth of a mile). Each eleven-inch segment contained two or three abstracts, for an estimated 12,000 reported studies in a five-year period. The therapeutic approach requires heavy financial support, experimentation, and a built-in research design to validate its results.

Experimental therapeutic approaches tend to be added piecemeal to existing institutional structures. Strains develop between administration, existing staff, the community, and the therapeutic unit, all reflecting on the

work with the juvenile population of the institution. It is suggested that the most important research, for the present, does not deal with treatment modalities as such but with their impact on the total structure into which they are introduced. The therapeutic approach in dealing with delinquents does not exist in a vacuum but within and as part of a complex societal matrix.

### **Retrospect and Prospect**

On July 23, 1965, President Lyndon Johnson established a commission on Law Enforcement and Administration of Justice, through Executive Order 11236. The project was aided by hundreds of expert consultants and advisors, as well as by the FBI, the U.S. Bureau of Prisons, and the Department of Health, Education, and Welfare. The findings and recommendations of this commission were published in a number of large volumes.

The recommendations of the commission make it clear that preventive measures are considered to be of primary importance. The therapeutic role can be seen to be a distinctly minor factor in the overall plan, in spite of evidence that psychiatric services for children are now woefully inadequate. Nevertheless, the following sampling of the commission's recommendations should be studied for the perspective they throw on the overall problem. The commission recommends:

Efforts, both private and public, should be intensified to: Reduce

unemployment and devise methods of providing minimum family income. Reexamine and revise welfare regulations so that they contribute to keeping the family together. Improve housing and recreation facilities. Ensure availability of family planning assistance. Provide help in problems of domestic management and child care. Make counseling and therapy easily obtainable. Develop activities that involve the whole family together.

Efforts, both private and public, should be intensified to: Involve young people in community activities. Train and employ youth as sub-professional aides. Establish Youth Services Bureaus to provide and coordinate programs for young people. Increase involvement of religious institutions, private social agencies, fraternal groups, and other community organizations in youth programs. Provide community residential centers.

In order that slum children may receive the best rather than the worst education in the Nation, efforts, both private and public, should be intensified to: Secure financial support for necessary personnel, buildings, and equipment. Improve the quality and quantity of teachers and facilities in the slum school. Combat racial and economic school segregation.

In order that schools may better adapt to the particular educational problems of the slum child, efforts, both private and public, should be intensified to: Help slum children make up for inadequate preschool preparation. Deal better with behavior problems. Relate instructional material to conditions of life in the slums.

In order that schools may better prepare students for the future, efforts, both private and public, should be intensified to: Raise the aspirations and expectations of students capable of higher education. Review and revise present programs for students not going to college. Further develop job placement services in schools.

Efforts, both private and public, should be intensified to: Prepare youth for employment. Provide youth with information about employment opportunities. Reduce barriers to employment posed by discrimination, the misuse of criminal records, and maintenance of rigid job qualifications.

Create new employment opportunities.

To the greatest feasible extent, police departments should formulate policy guidelines for dealing with juveniles. All officers should be acquainted with the special characteristics of adolescents, particularly those of the social, racial, and other specific groups with which they are likely to come in contact. Custody of a juvenile (both prolonged street stops and stationhouse visits) should be limited to instances where there is objective, specifiable ground for suspicion. Every stop that includes a frisk or an interrogation of more than a few preliminary identifying questions should be recorded in a strictly confidential report.

Communities should establish neighborhood youth-serving agencies—Youth Service Bureaus—located if possible in comprehensive neighborhood community centers and receiving juveniles (delinquent and non-delinquent) referred by the police, the juvenile court, parents, schools, and other sources.

In a review of *Crime, Law and Corrections*, the author noted:

The practicing psychiatrist is committed to the notion that maturity and non-destructiveness are one. In his work he is daily reminded that the maturity of individuals directly correlates with the respect and compassion that have been accorded them. He observes repeatedly that recovery from mental illness depends on learning to recognize respect and compassion in others. These qualities must exist and be responded to for growth and recovery to occur. The psychiatrist knows that to grow a good man from a child, a patient or a delinquent adult requires the nurturing and fostering of a sense of self-esteem.

I regretfully surmise that large issues of justice tend to obscure the smaller ones that serve to dehumanize the many. The great mass of criminals (and the mentally ill) are from the societally demeaned by reason of race, color, creed, accident, fate and biological disadvantage, such as low intelligence. The society first neglects, then “protects” itself by demeaning through

confinement and ostracism, thus thereby “detering” other possible offenders and, mirabile dictu, “rehabilitating” the offender himself.

The psychiatrist (and his fellow social scientists) is by and large nonplussed by societal remedies for criminality. His theories force him to believe that such societal practices must lead to increased criminality and recidivism. Indeed statistics, and otherwise observable trends, do substantiate his theories. For the psychiatrist there is an Alice-in-Wonderland quality in the use of ever harsher penalties to remedy social situations brought about by harsh realities. He has seen this exacerbating process during Prohibition. He sees it in regard to abortion, gambling and the use of drugs.

It is evident that there will be increasing effort to comprehend the nature of the criminal (and the delinquent) and experimentation in his rehabilitation. There will be an expansion of supervised probation opportunities to an increasing number of offenders, an extension of minimum security units for prison and reformatory inmates, as well as a reduction of the average length of confinement in correctional institutions. It seems clear that the problem of criminals and correction must become part and parcel of the community mental health centers and programs, with heavy emphasis on early case finding and prevention.

## Bibliography

Abbott, G. *The Child and the State*. Chicago: University of Chicago Press, 1938.

Aichhorn, A. *Wayward Youth*. New York: Viking Press, 1935.

Alexander, F., Eisenstein, S., and Grotjahn, M. *Psychoanalytic Pioneers*. New York: Basic Books, 1966.

---, and Healy, W. *The Roots of Crime*. New York: Knopf, 1935.

---, and Staub, H. *The Criminal, the Judge, and the Public: A Psychological Analysis* (1931). Rev. ed. New York: The Free Press, 1956.

Bettelheim, B. *Love Is Not Enough*. New York: The Free Press, 1950.

----. *Truants from Life: The Rehabilitation of Emotionally Disturbed Children*. New York: The Free Press, 1955.

Cavan, R. S. *Juvenile Delinquency*. 2d ed. Philadelphia: Lippincott, 1969.

----, ed. *Readings in Juvenile Delinquency*. 2d ed. Philadelphia: Lippincott, 1969.

Children's Bureau. *Institutions Serving Delinquent Children, Guides and Goals*, no. 360. Rev. ed. Washington, D.C.: U.S. Government Printing Office, 1962.

----. *Statistics on Public Institutions for Delinquent Children*. Washington, D.C.: U. S. Government Printing Office, 1964.

----. *1966 Juvenile Court Statistics, Statistical series*, no. 60. Washington, D.C.: U.S. Government Printing Office, 1967.

Clinard, M. B. *Sociology of Deviant Behavior*. New York: Holt, Rinehart & Winston, 1963.

Cohen, A. K. *Delinquent Boys: The Culture of the Gang*. New York: The Free Press, 1955'

Committee on Nomenclature and Statistics of the American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 1968.

Eissler, K. R., and Federn, P., eds. *Searchlights on Delinquency: New Psychoanalytic Studies*. New York: International Universities Press, 1949.

English, H. B., and English, A. C. *A Comprehensive Dictionary of Psychological and Psychoanalytical Terms*. New York: Longmans, Green, 1958.

Erikson, E. H. *Childhood and Society*. New York: Norton, 1950.

Federal Bureau of Investigation, U.S. Department of Justice. *Uniform Crime Reports for the United States*. Washington, D.C.: U.S. Government Printing Office, 1966.

Glueck, S., and Glueck, E. *One Thousand Juvenile Delinquents*. Cambridge, Mass.: Harvard University Press, 1934.

----. *Juvenile Delinquents Grown Up*. New York: The Commonwealth Fund, 1940.

----. *Unravelling Juvenile Delinquency*. Cambridge, Mass.: Harvard University Press, 1950.

----. *Family Environment and Delinquency*. Boston: Houghton, Mifflin, 1962.

----. *Delinquents and Non-delinquents in Perspective*. Cambridge, Mass.: Harvard University Press, 1968.

Goldfarb, W., Mintz, I., and Stroock, K. W. *A Time To Heal: Corrective Socialization*. New York: International Universities Press, 1969.

Healy, W., and Bronner, A. F. *New Light on Delinquency and Its Treatment*. New Haven, Conn.: Yale University Press, 1936.

Hollingshead, A. B., and Redlich, F. C. *Social Class and Mental Illness*. New York: Wiley, 1958.

McCorkle, L. W., Elias, A., and Bixby, F. L. *The Highfields Story: A Unique Experiment in the Treatment of Juvenile Delinquency*. New York: Holt, Rinehart & Winston, 1957.

Menninger, K. *The Crime of Punishment*. New York: Viking Press, 1968.

National Probation and Parole Association. *Guides for Juvenile Court Judges*. New York, 1957.

President's Commission on Law Enforcement and Administration of Justice. *Corrections*, Task Force Report. Washington, D.C.: U.S. Government Printing Office, 1967.

----. *Juvenile Delinquency and Youth Crime*, Task Force Report. Washington, D.C.: U.S. Government Printing Office, 1967.

Redl, F. *When We Deal with Children: Selected Writings*. New York: The Free Press, 1966.

----, and Wineman, D. *Children Who Hate*. New York: The Free Press, 1951.

----, and Wineman, D. *Controls from Within*. New York: The Free Press, 1952.

Robison, S. M. *Can Delinquency Be Measured?* New York: Columbia University Press, 1936.

Schimmel, J. L. "Franz Alexander, Father of Psychosomatic Medicine." *The Physicians Panorama*, 3, no. 2 (February 1965).

----. "The Role of Rationality in Crime and Corrections: An Epilogue." In Ralph Slovenko, ed., *Crime, Law and Corrections*. Springfield, Ill.: Charles C Thomas, 1966.

Schreiber, P. *How Effective Are Services for the Treatment of Delinquents?* Children's Bureau Report, no. 9. Washington, D.C.: U.S. Government Printing Office.

Slavson, S. R. *Reclaiming the Delinquent*. New York: The Free Press, 1965.

Strouse, J. *Up Against the Law: The Legal Rights of People under 21*. New York: New American Library, 1970.

Vinter, R., and Janowitz, M. "Effective Institutions for Juvenile Delinquents: A Research Statement." In L. Hazebrigg, ed., *Prison Within Society*. New York: Doubleday, 1969.

Whyte, W. F. *Street Corner Society: The Social Structure of an Italian Slum*. 2d ed. Chicago: University of Chicago Press, 1955.

Yablonsky, L. *The Violent Gang*. Baltimore: Penguin Books, 1966.