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THE PRISON CODE IN A THERAPEUTIC COMMUNITY

JOHN M. WILSON AND JON D. SNODGRASS

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This study analyzes the relationship between the therapeutic community and the prison code of behavior.

At Patuxent Institution, an adult, maximum security institution in Maryland, which orders tiers so that each higher level constitutes a more therapeutic environment, it was hypothesized that if the therapeutic community is an effective treatment measure, inmates in the highest level, when compared to inmates in a lower level, would be more socialized and less prone to observe the prison code. This was found to be the case. Further, as predicted, code adherence and low socialization were related. Correctional officers were also more socialized, but did not differ from upper level inmates in non-adherence to the code. The differences in socialization and code adherence among inmates could not be attributed to length of incarceration, length of sentence, age at first or number of prior convictions, family criminal history, age, intelligence, school achievement, race, broken home, veteran status, marital status, homosexual experiences, urban domicile, or religion. Higher level inmates had more frequently committed crimes against the person. With the exception of age, no factor was related to non-adherence, and with the exception of school achievement and personal offense, no factor was related to higher socialization.

Generally, conclusions were that the social organization of the therapeutic community is advantageous in opposing the prison code.

This research investigates the confrontation of two concepts widely held regarding institutionalization. They are: (1) the concept of a prison code, existing within the inmate population, which is antithetical to the treatment objectives of the official administration, and; (2) the concept of the therapeutic community, a relatively recent treatment idea which in one way or another espouses a holistic approach toward institutional correction.

The fact of the presence of a prison code seems well established by research and well reported in the literature over the past 40 years. The fact of the effectiveness of the therapeutic community in a correctional setting, however, has not as yet been established by research, in spite of certain attempts to do so, and the relevant correctional literature is minimal and somewhat incompatible. Actually, of course, the concepts and initiation of the therapeutic community occurred not within a correctional setting, but rather in a mental hospital setting. In the 1940's, in England, Dr. Maxwell Jones introduced the new treatment process with hospitalized, psychosomatic patients. The basic idea involved was that corrective treatment, in a behavioral or social science sense, could not

effectively be administered piecemeal but must be presented as a coordinated effort by all persons acting with the institution—both the patients and the institutional personnel.

The focus of treatment was directed toward the cathartic identification by the patient of the nature and etiology of his troubles. And the entire "community" of the institution worked toward that end. This meant a considerable shift in the usual structural organization found within institutions. Of importance here was a dramatic lessening of lines of authority and specialization prerogatives, within the hospital, since the responsibility for correctively treating the patient was no longer solely that of the doctor. For example, the traditional role of the nurse was broadened to include more interpersonal, discussive contact between herself and the patients. The nurse was also placed in at least a quasi-consultive role toward that formerly supreme authoritative being—the doctor.

At the same time, of course, the traditional role of the patient himself was radically altered. Since within the therapeutic community he shared a direct responsibility for actively participating in the search for the causative factors of his condi-

tion, he was no longer merely the obedient person who received treatment. He became the cooperative but respected co-worker of the institutional personnel. Specific techniques in this cooperative therapy included interpersonal discussions, group discussion, "acting out" *ad hoc* playlets, more structured "written out" drama performances, and various types of vocational activities.

Thus, the therapeutic community approach, which stresses the creation of a therapeutic activity and climate throughout the total institution, rejected emphasis upon authoritative administration.

This pioneering work of Jones and his associates was followed by a spreading interest in the potentialities and utilization of the therapeutic community in relation to hospital-institutional situations but also in relation to penal or correctional institutions. In the United States, for example, psychiatric and social science attention has been paid over recent years to the implementing of basically therapeutic community orientation in some correctional institution situations. With differing degrees of effectiveness, therapeutic communities, or variants thereof, have been attempted in a small number of scattered institutions located in California, Kansas, Maryland, New Jersey, Texas and perhaps some other states.

This mode of treatment which has become so suddenly popular in corrections is in need of effectiveness research, together with discriminative analyses of just what factors constitute the therapeutic community in prison. These tasks are naturally complicated by the variety of penal institutions in the United States.

Research which involves the therapeutic community faces a problem of definition. Relatedly the authors of this paper considered the therapeutic community to be "the arrangement of coordinated, scientifically-based treatment programs, and the manipulation of these programs, together with the environment, to provide an institution consciously designed to make the totality of its experience correctional in nature." This definition allows for the widely-recognized psychiatric-psychotherapeutic aspects of the therapeutic community as well as the less-emphasized organization-structural innovations which sometimes occur within it. The definition is appropriate, since our research effort was conducted in an institution which practices both types of inmate handling.

RESEARCH SETTING

Specifically, this research investigated the therapeutic community of the Patuxent Institution, a psychiatrically-oriented correctional institution located in the State of Maryland. This institution is considered to have a highly developed treatment program. Space limitations prevent a full description of the institution. One might note, however, the presence of an indeterminate sentence, a gradual release system, group therapy programs, vocational and educational training, inmate councils, and a "graded tier level system." The latter is the arrangement of cell blocks so that inmates are given systematic rewards, together with greater individual freedom and responsibilities, as they are promoted from lower to higher tier levels.

Perhaps the best way to briefly describe the treatment orientation is by citing comparative figures. The annual per capita cost at Patuxent is approximately \$5000, whereas the Maryland Penitentiary spends about \$1600, and the national average is only \$2000.¹ Patuxent confines about one-third as many inmates as the penitentiary and yet their yearly budgets are roughly identical—2.5 million dollars. At the time of this study, Patuxent had twelve full-time psychiatrists, nine psychologists and fourteen social workers. In fact, the institution employs in itself about ten per cent of all psychiatrists working in adult correctional institutions in the United States.² Ratios of psychologists, social workers and other professional staff at Patuxent are similarly impressive.³ While ratios and figures do not describe the quality of the treatment program, they are at least indicative of a therapeutic orientation.

The institution incarcerates about 475 "defective delinquents." This term applies to adults who, according to Maryland Law, demonstrate "persistent aggravated antisocial or criminal behavior" and who have an "intellectual deficiency or emotional unbalance, or both."⁴ The population is often described as being "sociopathic" although this term is so confused as not to be accurately descriptive of the population. The institution is somewhat similar to the Van der Hoeven Clinic operated by

¹ This approximate figure is extrapolated from the report of THE PRESIDENT'S COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF JUSTICE, THE CHALLENGE OF CRIME IN A FREE SOCIETY 161 (1967).

² *Corrections in the United States*, 13 CRIME AND DELINQUENCY 240 (1967).

³ *Ibid.*

⁴ See MD. CODE ANN. art. 31B, §5 (1957).

Dr. P. A. H. Baan in Holland, and for this reason is comparatively well-known in Europe. We observe distinct similarities, acknowledged or not, between the graded tier level system and Maconochie's efforts on Norfolk Island, Crofton's Irish System and especially Brockway's reformatory at Elmira in the late 1800's.

THE PRISON CODE—RESEARCH AND THEORY

As noted, our research also heavily involved the concept of the prison code. The prison code is a set of norms among prison inmates antagonistic and oppositional to the official administration and rehabilitation program. Following the seminal work of Donald Clemmer,⁵ other researchers have said that the prison code exists as a functional response to the deprivations of prison life,⁶ as a means of maintaining self identity,⁷ as a result of institutional anomie,⁸ and as a way of releasing pent-up aggression.⁹

Most previous research and theory have been relative to adult maximum security institutions. Little consideration has been given to the impact of modern correctional practice and ideology in the modification of the inmate code. Recent work at the University of Chicago, and especially that of Street and Berk, has been in this direction, however.

Street analyzed four different juvenile institutions, two custodial and two rehabilitative in nature, and found that "inmates in the treatment oriented institutions more often expressed positive attitudes toward the institution and staff, non-prisonized views of adaptation to the institution, and positive images of self change."¹⁰ Berk researched three minimum security institutions which variously emphasized custody or treatment.¹¹ His findings indicated the same trend as Street's. Further support is provided by the work

of Tittle and Tittle in the hospitalization of narcotic addicts.¹²

A natural extension to this previous research then is to use an adult maximum security institution, with a strong treatment setting, to determine whether the therapeutic orientation (or therapeutic community) negates or modifies the prison code, thus facilitating actual rehabilitation. Patuxent Institution, as will be seen, is uniquely suited to such research.

The tier level system at Patuxent is the major aspect of the therapeutic environment.¹³ This system grants greater freedom, privileges and responsibilities to inmates at the highest level. The result is that the upper level is most characteristic of a therapeutic community, whereas conditions on the lower level are not unlike those found in a conventional maximum security prison.¹⁴ Since promotion in the system is at least partially based on rehabilitation progress, inmates on the higher level should be more highly socialized (in terms of societal standards) than inmates on the lower. Further, inmates on the lower level should adhere more to a code of norms aimed at relieving the deprivations, frustrations and general alienation of prison life. By the same token, upper level inmates should not adhere so strongly to such a code of norms since they are not as deprived and are exposed to a more therapeutic and relaxed environment. This research therefore compared the inmates on the therapeutic level with those on the conventional prison level in regard to their respective degrees of socialization and degrees of adherence to an inmate prison code of behavior. As a standard for comparison, correctional officers' socialization levels and degrees of code adherence were also investigated.

It was also postulated that subscription to the inmate normative order and high socialization would be contradictory and incompatible. One cannot possess the orientation of a mature, law

⁵ CLEMMER, *THE PRISON COMMUNITY* (1958).

⁶ SYKES, *SOCIETY OF CAPTIVES* (1958).

⁷ McCorkle & Korn, *Resocialization Within Walls*, in *SOCIOLOGY OF PUNISHMENT AND CORRECTION* (Johnston, et al., eds., 1962).

⁸ Cloward, *Social Control in the Prison*, in *THEORETICAL STUDIES IN SOCIAL ORGANIZATION OF THE PRISON*, (Cloward, et al., eds. 1960).

⁹ Grosser, *External Setting and Internal Relations of the Prison*, in *THEORETICAL STUDIES*, supra note 8.

¹⁰ Street, *The Inmate Group in Custodial and Treatment Settings*, 30 *AM. SOC. REV.* 47, 49 (1965).

¹¹ Berk, *Organizational Goals and Inmate Organization*, 71 *AM. J. SOC.* 522 (1966).

¹² Tittle & Tittle, *Social Organization of Prisoners: An Empirical Test*, 43 *SOCIAL FORCES* 216 (Dec., 1964); *Structural Handicaps to Therapeutic Participation: A Case Study*, 13 *SOCIAL PROBLEMS* 75 (Summer, 1965).

¹³ Boslow, *The Team Approach in a Psychiatrically Oriented Correctional Institution*, 44 *THE PRISON JOURNAL* 39 (Autumn, 1964).

¹⁴ For those familiar with the institution, it should be understood that throughout this paper upper level refers to the fourth level (the highest level), whereas lower level refers to the second level (the next to the lowest). The lowest level, itself, is a mixed tier of inmates awaiting legal definition of their status relative to defective delinquency, inmates who are behavioral problems, and other special types.

abiding citizen and simultaneously bear loyalty to the prison code. An inmate must begin to shed allegiance to the code and begin earnestly to accept correctional goals before rehabilitation can be realized. This paper makes no presumption as to which occurs first. In all probability acceptance of treatment and relinquishment of prisonized norms is a gradual, inextricable process. The assumption is that participation in the full complement of rehabilitative efforts, and exposure to the correctional milieu in the upper levels in general have negated, suppressed, eliminated or otherwise modified the normative orientation of those residents, the relaxation of which simultaneously freed them for greater involvement in the institutional opportunities for successful correction.

HYPOTHESES

This research, then, employed the following specific hypotheses:

1. Higher level inmates are more socialized than lower level inmates.
2. Correctional officers are more socialized than higher level inmates.
3. Inmates on the lower level follow an anti-therapeutic code of inmate norms more than do inmates on the upper level.
4. Inmates on the upper level follow this code more than do correctional officers.
5. There is an inverse relationship between adherence to the code and socialization. That is, the greater the level of socialization, the lower the adherence to the code of behavior.

MEASUREMENT

The Gough Socialization Scale (So) of the California Psychological Inventory was used to determine socialization level.¹⁵ This is a 54 item true/false test which "indicates the degree of social maturity, integrity and rectitude which an individual has obtained."¹⁶

A 25 item true/false questionnaire was constructed to measure code adherence. The questionnaire asks inmates their opinion regarding work, education, guards, custody, authority, institutional policy, programs, treatment and personnel.¹⁷

¹⁵ With the kind permission of the publisher, Consulting Psychologists Press, Palo Alto, California.

¹⁶ Gough, *Theory and Measurement of Socialization*, J. CONSULTING PSYCHOLOGY 23, 24 (1960).

¹⁷ The following are examples of the types of questions: "This institution is just a place of confinement." "School is a way of doing easy time." "Guards who

SAMPLING

The research drew three simple random samples, one each from correctional officers, upper level inmates, and lower level inmates. The only criterion for selection was that each individual have the ability to read at the sixth grade level or above. Seventy-seven out of 110 men on the upper level had this ability, whereas on the lower level 70 out of 120 met this requirement.¹⁸ A sample of 35 upper and 41 lower level inmates was drawn. The instruments were successfully administered to about 85 per cent of each level. The samples actually obtained represented 28 per cent of each of the two tier levels.

The sample of correctional officers consisted of 38 men on the dayshift who had completed the employment probationary period. Fifty-five per cent return was received from the officers.¹⁹ Although this return is statistically less than satisfactory, the results by the officers have been incorporated into this report since the scores achieved on the So scale are almost identical to scores obtained by Gough in a national sample of officers.²⁰

FINDINGS

Socialization: The scores for the three samples in socialization are shown below in Table 1. The higher the numerical value, the higher the level of socialization:

TABLE 1
MEDIAN AND RANGE SCORES IN SOCIALIZATION OF
THE THREE SAMPLES

	Md	Range	N
Correctional Officers	38.0	31-43	21
Upper Level Inmates	29.0	21-38	31
Lower Level Inmates	23.5	13-37	34

enforce institutional rules are just doing their jobs." Several attempts to obtain the validity and reliability of this instrument were made. The split half reliability, corrected for length, is .90. It has a rank order correlation of .65 with Wheeler's Index of Conformity to Staff Norms. The relationship between adherence to a code of norms and poor job performance is .54, and the relationship to poor institutional conduct is .42, both significant beyond the .001 level.

¹⁸ The difference is not statistically significant.

¹⁹ Unfortunately, an administrative stipulation required that the instrument be distributed by the Superintendent of Custody through the Captain of the Guards. For various reasons 29% of the questionnaires were unable to be given out.

²⁰ The actual difference between the scores of the 21 men in this sample and a sample of 620 correctional officers by Gough is seven-tenths of one point.

As can be seen there is a systematic graduation in socialization level. Table 2 shows the distribution of the three groups on the socialization scale. Use of the Kolmogorov-Smirnov test of difference between maximum cumulative frequency distributions shows a significant difference in socialization levels among the three groups. Thus, the first two hypotheses appear to be supported by the data presented in Tables 1 and 2.

TABLE 2
SOCIALIZATION SCORES: CORRECTIONAL OFFICERS,
UPPER LEVEL TIERMEN AND LOWER LEVEL TIERMEN

Soc. Level	CO's	Upper	Lower
43+	1		
41-42	4		
39-40	5		
37-38	2	1	1
35-36	3	1	
33-34	3	3	1
31-32	3	6	2
29-30		5	4
27-28		4	2
25-26		5	2
23-24		2	6
21-22		3	5
19-20		1	6
17-18			2
-16			3
Total	21	31	34

D (CO's & Upper) = .6497, $X^2 = 27.2$, $p < .001$.

D (Upper & Lower) = .4537, $X^2 = 13.3$, $p < .01$.

Code Adherence: Below in Table 3 are the scores for the three samples in terms of code adherence. The higher the numerical value, the greater the adherence to an inmate code.

TABLE 3
MEDIAN AND RANGE SCORES IN CODE ADHERENCE
OF THE THREE SAMPLES

	Md	Range	N
Correctional Officers	2.0	0-5	20
Upper Level Inmates	2.0	0-14	31
Lower Level Inmates	7.0	0-20	34

Here one can see no difference between correctional officers and upper level inmates. The difference between the two tier levels is considerable,

however. The distribution of the three samples in code adherence is shown in Table 4.

TABLE 4
CODE ADHERENCE SCORES: CORRECTIONAL OFFICERS,
UPPER LEVEL TIERMEN AND LOWER LEVEL TIERMEN

Code Adherence	CO's	Upper	Lower
0-1	8	13	2
2-3	10	10	4
4-5	2	5	5
6-7		2	9
8-9			6
10-11			3
12-13			1
14-15		1	2
16+			2
Total	20*	31	34

* One CO did not answer this section.

D (CO's & Upper) = .1581, $X^2 = 1.2$, $p < .30$.

D (Upper & Lower) = .5757, $X^2 = 21.5$, $p < .001$.

The difference between the two tier levels is significant. Those inmates in a conventional prison situation tend to respect a prison code more so than those in the therapeutic setting. However, there is no difference in the degree of adherence between officers and upper level tiermen. Thus, hypothesis three, but not hypothesis four, tends to be substantiated.

Various factors may be involved in the lack of substantiation of hypothesis number 4, including: Lack of sufficient discriminative power of the code instrument; upper tiermen consciously attempting a most favorable social image either genuine or contrived; and both officers and upper tiermen viewing the institution as a realizable maximum effort within the limitations of current corrections.

Turning to the final hypothesis, which predicted a significant inverse relationship between socialization and adherence to the inmate code, the results appeared to substantiate the prediction.

When levels of socialization are matched with levels of code adherence for the three samples, a significant relationship results ($-.350$, $p < .01$). In other words as adherence to the prison code increases the level of socialization decreases, as Table 5 indicates.

Thus, four of the five hypotheses are given support. Correctional officers appear to be more socialized than inmates in the therapeutic environ-

TABLE 5
SOCIALIZATION AND CODE ADHERENCE FOR CORRECTIONAL OFFICERS, UPPER AND LOWER LEVEL TIERMEN

Socialization	Code Adherence					Total
	0-1	2-3	4-5	6-7	8+	
37+	6	6	2		1	15
32-36	7	6			3	16
27-31	6	6	6		3	21
22-26	5	4	1	7	3	20
-21		1	3	4	5	13
Total	24	23	12	11	15	85

Tau = $-.350$, $p < .01$, one tail test.

ment, but these inmates in turn are more socialized than those in a more conventional prison environment. Also, inmates in this more conventional setting adhere to a prison code more than do inmates in a therapeutic milieu.

ADDITIONAL FINDINGS AND THEORETICAL IMPLICATIONS

Naturally, it was methodologically necessary to explore other factors which might account for these findings. Specifically, one might argue that the upper level tiermen are more socialized as a result of greater intelligence, age, the advantage of a non-broken home, and so on, or even that their upper tier placement is influenced by such factors. Relatedly, several such factors were investigated, including, age, intelligence, race, incidence of broken home, degree of homosexual history, urban vs. rural domicile, military experience, marital status, religion, length of treatment at the institution, and school achievement. Only the latter, school achievement, appeared to be significantly related ($.261$, $p < .05$).²¹ However, it is difficult to determine to what degree this achievement was attained in the free community or was a product of institutional academic programs.

Similarly, the higher degree of code adherence on the lower level might be a function of more serious offenders in terms of longer sentences, more serious crimes, or other criminalistic factors. In this regard, we should note that there is no statistically significant relationship between lower tier status and length of sentence, total years incarcerated, total

²¹ This relationship and those following were calculated on the basis of phi coefficient.

number of prior convictions, age at first conviction, or history of family criminal activity. Two factors, however, are related—commission of a property offense for the current crime ($.330$, $p < .01$) and commission of property crimes only in all offenses ($.267$, $p < .05$). If one considers property offenses to be less serious than crimes against the person, then these findings would indicate that lower level inmates, at least in these two terms, are less criminalistic and still respond to the inmate code, thus indicating the importance of the difference of environmental conditions between the upper and lower tiers.

It further has been suggested that the inmate code is possibly more a "bond among thieves" than among other types of offenders. This may be the case since 75 per cent of the property offenders on the lower level adhere to the code as opposed to only 59 per cent of the personal offenders on that level. This difference, however, is not statistically significant.

The relationship of all these characteristics to both socialization level and code adherence, regardless of tier level, has also been calculated. One noteworthy finding is that there is a negative relationship between code adherence and age ($-.400$, $p < .001$). The finding that older inmates tend to "burn out" their subscription to the inmate sub-society has also been reported elsewhere.²² These and other findings can be seen in Table 6.

CONCLUSION

The research appears to have revealed, then, a positive relationship between the therapeutic community (or at least a "type" of therapeutic community) and socialization and a negative relationship between the therapeutic community and the prison code.

In conclusion, certain cautions and questions might be noted both of a specific and general nature.

1. There is implicit in the graded-tier system the idea of instilling correctional motivation in the inmate population. Might it not be possible for the

²² Glaser has reported that inmate loyalty increases during incarceration up to about thirty-one years of age. Also, older inmates score lowest in inmate loyalty, criminal identification and criminality. See GLASER, *THE EFFECTIVENESS OF A PRISON AND PAROLE SYSTEM* 563-64 (1964). Wolfgang has reported that prison adjustment, as opposed to maladjustment, is significantly related to age over 35. Wolfgang, *Measuring Prison Adjustment*, in *SOCIOLOGY OF PUNISHMENT AND CORRECTION* 72 (Johnston, et al., eds. 1962).

TABLE 6
SUMMARY OF FINDINGS

Factors	4th Level Residence	Code Adherence	Higher Socialization
I. Length of Inc. at P. I.	-.090	.027	-.022
Age (older)	.227	-.410***	.182
Intelligence	.201	-.052	.228
School Achievement	.261*	-.208	.245*
Race (caucasian)	.078	-.081	.203
Non-Broken Home	.131	-.187	.120
Homosexual Experiences	.102	.162	-.005
Urban/Suburban Bckd.	.036	-.051	.051
II. Personal Offense, Current Crime	.330**	-.124	.218
Personal Offense, All Crimes	.267*	-.154	.241*
Longer Length of Sentence	.196	-.082	.244*
Longer Length of Inc.	.110	-.043	.122
Greater No. of Prior Convs.	.098	-.122	.077
Younger at First Conv.	-.045	.148	.076
Family Criminal Activity	.029	.015	.045
III. Good Conduct	.478***	-.422***	.287*
Better Job Performance	.817***	-.538***	.385***
4th Level Residence	—	-.575***	.452***
Code Adherence	-.575***	—	-.319**
Higher Socialization	.452***	-.319**	—

* $p < .05$

** $p < .01$

*** $p < .001$

lower levels of such a tier system to actually inhibit, to some degree, correctional motivation? Research might investigate, for example, the comparative correctional advantages and disadvantages of a total, institutional therapeutic community to those of a graduated institutional therapeutic community. Relatedly, an experimental tier at Patuxent which incorporates this concept and is composed of inmates taken from both upper and lower levels has been presenting positive results.

2. The matter of security within a therapeutic community also constitutes a troublesome question. To what degree are the principles of the therapeutic community compatible with those of institutional security and particularity of maximum institutional security? To what extent could smaller institutions play a helpful role here?

3. Another question involves the possibility of a system of rewards and punishments as part of a therapeutic community actually acting to motivate systems of inmate manipulation in the insti-

tution. A subsidiary problem of such a system might be reinforcement in the inmate's mind of simplistic concepts of human behavior in terms of pleasure-pain principles compatible with postulates of a prison code.

4. Another area of practical and theoretical difficulty is the degree to which political control (inmate councils, etc.) should be exercised by inmates as an integral part of the therapeutic community.

5. Also, typologies of offender response to the therapeutic community and the prison code must be investigated. It may or may not be that psychopathic personalities are the ones most responsive to this type of therapeutic conditioning.

In ending, we should note that the above questions, and others, are not construed to inhibit interest in the challenging concept of the therapeutic community and its effects, but rather to suggest more scientific description of just what it and its effects are.