

Regressive Behavior in Maximum Security Prisoners: A Preliminary Communication

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For many years it has been stated repeatedly that American prisons simply provide for the punishment of offenders and do not rehabilitate them. The lack of meaningful programs in facilities primarily committed to the control of aggressive behavior, deemed antisocial by the criminal law, has been associated with a recidivism rate that clearly shows the failure of these methods of correcting such behavior. For a fortunate few, however, such an approach has not always been the rule, as some officials, supported by reform groups, have been partially successful in bringing about the acceptance of new techniques; *e.g.*, differential treatment. Others have attempted to work in existing correctional systems by attempting to upgrade present programs or adding to them, for example, through furlough programs or community treatment centers. All of this activity is encouraging, for such efforts do appear to have finally begun to take hold in the last few years, and at the moment they do seem to have met with a degree of public acceptance.

This paper proposes to provide some understanding of why these changes in the practice of penology are constantly undermined by remaining deficiencies in the system. It will attempt to show that the length of sentences and the nature of maximum security prisons combine to damage the personalities of the prisoners to such a degree as to make it especially difficult for them to function as autonomous and independent individuals in a free society following their release. I believe that whenever a man serves three or more years in a maximum security prison, the experience will usually have lasting deleterious effects on his personality.

Let us consider, first of all, the lengthy prison sentences so characteristic of criminal justice in this country. Although they must be attributed to the criminal courts, it is apparent that various external factors are operating to encourage them. At times the news media may place such pressures on a court that a sentence is the maximum allowed under the law for that reason alone. As Philip Q. Roche once wrote: "When the public reads in the news that a certain criminal was sentenced to a term of imprisonment, it has an illusory reassurance that society is being protected."¹ At a somewhat different level, it is worthwhile to consider the remarks of Kai T. Erikson, who has written of the Puritans' belief in the irreversibility of human nature and present "American attitudes towards deviation."²

Secondly, let us consider the phenomenon of the maximum security prison as it has developed in this country.

In the United States of America there are in each state one or more prisons which are considered as being maximum security institutions. The historical development of these prisons is important in terms of what is to follow. At one time physical punishment and public exposure and abuse were the principal forms of dealing with offenders.

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Along with these forms, however, went less isolation and, in particular, less deprivation, including sexual deprivation. Men chained to wheelbarrows to prevent their escape often performed work which was located in the community. Others while under sentence and in jail were often in the company of women and children. Only as a result of changes made during the nineteenth century were men incarcerated in facilities where they were faced with maximal isolation and deprivation.

As is well known, two types of prisons have developed for adult male offenders in this country, and present-day maximum security facilities generally attempt to combine aspects of both. The penitentiary developed at Philadelphia saw the confinement of each man to his own cell throughout the period of incarceration—all to promote his reflecting on his sins and his hoped-for penitence. The industrial prison developed at Auburn saw each man assigned work in a prison industry with the hope that he would acquire work habits that would help him to adapt more successfully to society following his release. The ultimate combination of such efforts is to be seen at the State Prison of Southern Michigan at Jackson, which contains a cannery, a license plate factory, a furniture factory, a shoe factory and a cotton mill, as well as cell blocks to house five thousand men in individual cells.

The principal focus of the staffs of such institutions has been one of controlling outbreaks of violence while attempting to meet production quotas. Only secondarily has attention been given to educational and rehabilitative programs. The quality of these, however, varies from being virtually nonexistent to being a poor second to matters of control and production. What is possibly even more notable is the extent of enforced idleness. A survey at the New Jersey State Prison in Trenton has shown that only 828 men of a total of 1285 had jobs of any kind. It was the opinion of the warden that all the prison work could be done efficiently by approximately 500 men. However, these matters of control, meeting production quotas, and years of idleness have long been recognized.

I choose to focus on three factors causing stress which I believe to be so severe as to cause a significant regression in the great majority of maximum security prisoners. The degree to which this regression takes place will depend on the personality of the individual and the length of time he has been incarcerated. The first of these three factors is a conscious awareness of the high level of anxiety which is experienced by both staff and inmates and which may be present almost constantly. This anxiety is attributed to the realistic fear that the individual is going to be physically assaulted either by another individual or by a group. Generally, this fear is attributed to the fact that the inmates are "maximum security inmates," and therefore such behavior must be expected. In addition, some inmates become psychotic and may be seen as dangerous. That these fears are real is at once apparent. Metal weapons are always available, and periodically an inmate or a staff member will be stabbed to death, often in full view of a large number of onlookers. As the officers are not armed, the man doing the stabbing may on occasion stand over his victim with knife in hand until he is satisfied that his victim is dead.

At a somewhat lower level of consciousness is the individual's awareness that he may be sexually assaulted. When I say at a lower level of consciousness, I am referring to the staff rather than the inmates, for the rare sexual assaults on the staff are usually kept secret, and are seldom referred to even when known to have occurred, in contrast to frequent references to violent physical assaults on staff members.

In addition to the real danger of being assaulted and the anxiety related to it, there are two other sources of stress; *viz.*, the high degree of isolation and the high degree of deprivation, including sexual deprivation. It is the combination of all three stresses which sooner or later will cause inmates of these institutions to experience serious regression. This regression, widely distributed amongst the inmate population, can also affect the staff, who experience the stress of the threat of violence. It can be a libidinal

regression or an ego regression³ (see the note for distinctions between these terms), as well as a superego regression, or, what is characteristic of the immature personality, a "total regression."⁴

As a result of the great attention given to violence, it is naturally seen as the principal source of the anxiety experienced by both inmates and staff. The extreme isolation and deprivation, including sexual deprivation, lasting very often from five to ten years or more, in a sense have been viewed as incidental stresses. Some authorities have shown an interest in conjugal visits; in particular, the Mississippi State Prison's system of visitation has been studied extensively.⁵ Family visiting in Central and South America has also been viewed as a way of reducing this isolation and deprivation, but there has been little support for these views in American society. Not only have such suggestions not received support, but rather the opposite approach can be described as having existed; e.g., as recently as ten years ago, pictures of bikini-clad women were removed from popular weekly magazines before they were delivered to inmates in one particular prison. The stated reason for doing this was the expressed fear that any sexual excitement might cause the inmate to become homosexually assaultive.

At this juncture, it should be pointed out that society has also focused its attention on the control of violence in maximum security prisons. A recent newspaper article describes overcrowding at the New Jersey State Prison at Trenton, where as many as four men are confined to a cell intended for a single occupant in a cell block built in 1836.⁶ The implication is surely that these men require placement in a maximum security prison and thus the pressures of overcrowding are simply unavoidable. The article goes on to describe "an atmosphere in which everyone seems more bored, more callous, more rigid—and more afraid." No mention is made of the sexual problems such a situation presents.

There are without doubt men in these maximum security prisons who represent a major threat to public safety and who require maximum external controls. Their number is probably less than five per cent of the inmate population. Our society, however, apparently needs to see all of the men in such prisons as so dangerous that if given an opportunity to do so, they will run amok. So ingrained is this idea that it is not surprising that the isolation and deprivation are seen as being incidental. I believe, however, that they are stresses of greater intensity than that of the fear of bodily harm, and that they are especially important as causes of the regressive behavior to be described below.

To document regressive behavior is a particularly difficult task. Regressive behavior often involves aggressive behavior, which is certainly not difficult to document. However, it can also involve homosexual behavior to such a degree that I estimate that seventy to eighty per cent of the inmates are involved if their stay is three years or more. There are several reasons why homosexual behavior is difficult to document:

- (a) Homosexual behavior in a prison not only is punishable by removal to an isolation unit, but also is a reason to be denied parole. Hence, if he is able to, a man will hide the fact that he has engaged in a single homosexual act or has begun an ongoing homosexual relationship.
- (b) The staff tends to repress what knowledge they have concerning homosexual behavior among the inmates, thereby adding to the problem of studying this phenomenon. Repeatedly, behavior is viewed as being completely unrelated to the fact that the men are heterosexually deprived and may be involved in homosexual acts. This view also appears to affect those who would study such institutions, for a recent and lengthy report on self-mutilation in prisons makes no reference to either matter.⁷ Yet self-mutilation in individuals is often clearly a means of obtaining relief of sexual tension that the inmate cannot obtain by other means.
- (c) There is the secrecy which results from the shame men experience who have not been active homosexually prior to their incarceration. Although they will rationalize that homosexual behavior in prison is "different" from that practiced by homosexuals in the community, they experience sufficient shame that they do not wish to discuss it.

(d) Finally, when a man is released from prison, either on parole or by being discharged on completion of his sentence, he will begin to recover from his regression, but his defenses must be adequate if they are to allow him to function heterosexually. It is often this continued strong defense that prevents clinical data being obtained from men who have been through this regressive process until a genuine trust has been established with the therapist.

It is necessary to clarify one matter at this point. There are certainly many inmates who have been active homosexually prior to entering prison, and they will naturally continue to be active. Many of these men have become active homosexually in reformatories or other such facilities. Their behavior is well known to the other inmates, and often the staff are aware of the homosexual activities of this group. Our particular concern here, however, is with those men who become involved in homosexual behavior as a consequence of their regressing for the reasons already outlined.

In conversations with staff members concerning the frequency of inmate participation in homosexual acts, various estimates are given ranging from twenty-five to fifty per cent. As a result of personal interviews with men following their discharge from maximum security prisons, it is my opinion, as already stated, that seventy to eighty per cent of inmates who have spent three years or more in such institutions have participated in homosexual behavior while in prison. Further, it is my opinion that less than thirty per cent of this seventy to eighty per cent had been active homosexually prior to entering prison. The remaining fifty per cent participate in homosexual acts as a consequence of their regressed state. As stated above, the depth to which they regress is probably related more closely to their state of isolation and deprivation than to fears of injury or of death. In interviews in a women's prison, where such fears are much less, it was clear that almost all of those women incarcerated for longer than two years were actively engaged in homosexual behavior.

One might consider then the effect on an individual who is institutionalized in a setting where homosexual acts are accepted as everyday behavior. That a man may pass through this period of his life without being affected by it must surely be the exception rather than the rule. Some may compare such an experience to that of men undergoing extensive undersea voyages in nuclear submarines, or of men posted for lengthy periods to isolated polar radar stations. Yet it is at once apparent that, to use the above figures, nothing like thirty per cent of such men accept homosexual behavior as part of their normal life style. Although such individuals do undergo a certain amount of deprivation and of isolation, they are aware that, short of the outbreak of hostilities, they will return to the community with increased self-esteem for having accomplished a difficult task. In marked contrast, the man in prison who is serving a five-to-ten year sentence not only faces a longer wait, but also is aware that his release day may vary by five or more years. Furthermore, he will receive no citations, medals or other forms of social approbation when the grueling stint is over.

I will identify three groups of inmates. The first group numbers twenty to thirty per cent and chooses not to engage in homosexual acts. The second group numbers seventy to eighty per cent, and participates in homosexual acts either within the framework of an ongoing homosexual relationship or only on occasion. Often these occasions involve men who acknowledge or are acknowledged as having been homosexual prior to their entering the prison—the third group.

The first group, those who do not become involved in homosexual acts, may experience increasing difficulty in obtaining relief of tension induced by the stresses mentioned. Observation of these men provides some idea, for those unfamiliar with such settings, of the intensity of the tension and the severity of the regression that occurs. Some of these men, as already mentioned, obtain relief of tension by self-mutilation. In these cases, clinical data I have obtained indicates that the individual can no longer obtain relief of tension by masturbation, even though he may continue the act, and even though

he ejaculates. Apparently he is no longer able to fantasy a heterosexual object and therefore represses all sexual images in order to avoid the anxiety of fantasizing homosexual objects. Thus, without this means of obtaining relief, his tension continues to mount. Ultimately, it may be released by a physical assault on another man or a physical assault on himself. This latter may be accomplished by slowly cutting himself with a knife, or by some other means such as swallowing a ball point pen, swallowing his dentures, forcing a foreign object into his urethra and so on. I would add that such acts can be seen as manipulative, and at least one lengthy thesis has been written about such acts with only that idea in mind.⁷

Incidentally, it is worth noticing that such understanding as one may obtain from men in a regressed state in maximum security prisons may aid in the understanding of the behavior of men in the community. As an example of this, I would point to von Munchausen's Syndrome, named after the German soldier who told such exaggerated tales about himself. In this condition, men travel across the country from one hospital to another mutilating their body orifices, especially their urethras or their rectums, in order to cause bleeding. The purpose of such actions is to obtain surgical intervention, for example, an exploratory operation of the abdominal contents. It may be that part of the psychodynamics of these men is their inability to obtain relief of tension by masturbation because they cannot fantasy heterosexual objects for fear of fantasying a homosexual object.

Returning to a consideration of prisoners who resort to self-mutilation, it is seen that they do obtain almost immediate relief of tension, but, unfortunately for them, tension may begin to build up again in a matter of hours. What is especially noticeable in these individuals is the fact that they appear to have no awareness of why they are so tense. For example, one inmate, whom I would place in the first group (not participating), asked to see a psychiatrist because he was concerned that there was something "wrong" with his penis. What he was worried about was the fact that his penis, in a flaccid state, was throbbing visibly, and seminal fluid was being discharged slowly and continuously over many hours. Consciously, he had no awareness that this might have any sexual meaning whatsoever, nor did those members of the staff of the prison who requested help for him. He was only aware of being extremely anxious.

Others of this non-participating group may simply become anxious to varying degrees and seek psychiatric care in order to obtain tranquilizers. Still others ask to be removed to isolation units and may act out destructively in order to have this removal effected if their request is not granted. Being isolated from other prisoners can reduce their anxiety, but can also entail their spending months in such an isolated state and their being denied parole.

Although physical isolation can be used by the inmate as a defense, it is important to consider the effects of placing men involuntarily in extreme isolation. During a period of approximately ten years, two officers were stabbed by inmates in one particular prison. One died immediately and the other is slowly recovering. Both inmates had been in a state of isolation prior to the attacks' taking place. The isolation and deprivation experienced by a man placed in "the hole" can lead to such a regressed state that a man may appear to be overtly psychotic until he is given a cigarette. While smoking he may be rational and carry on a conversation, only to return to his confused, disoriented state when he has finished. For these reasons one must acknowledge that such places in maximum security prisons are much more likely to lead to dangerous acts than to prevent them.

Finally, some members of this first group experience paranoid psychotic reactions. These may occur after several years, or they may occur almost immediately following incarceration. In these latter cases, one should consider two factors which might cause such a severe degree of regression: namely, separation anxiety, as well as the anxiety experienced on becoming aware of the wide prevalence of homosexual behavior in the institution.

The number of men who develop a paranoid psychotic reaction is difficult to assess, as in some individuals it is not recognized as such. In one maximum security prison, however, in a study which reviewed all of the records in an eight-year period, it was learned that four per cent of the inmates experienced a psychotic reaction for the first time in their lives while in prison. The psychotic reaction may well be a defense against unacceptable homosexual impulses. I would note here, however, that in the participating group, to be discussed below, a psychotic reaction of a paranoid type may result when an ongoing homosexual relationship is suddenly terminated. The implication would appear to be that at a more regressed level, a homosexual relationship is a defense against a psychotic reaction. It is my belief that homosexual behavior is entered into by a portion of the men in the participating group in order to deal with increasing anxiety before it leads to a psychotic reaction.

Turning now to those who engage in homosexual behavior in prison, there are two groups to consider. One group consists of those who were active homosexually prior to entering prison, and the second group consists of those who become active homosexually following their incarceration. The latter may consciously choose to obtain relief of sexual tension in homosexual acts, rationalizing that they are in prison and have no satisfactory alternative. What they cannot know, however, is that they do this only when they are sufficiently regressed to overcome their previously experienced superego prohibitions. Thus, they enter a sexual relationship that is in one sense as gratifying to them as it would be to an individual in the community whose life style is a homosexual one. That this is so is seen in the fact that these men may form homosexual relationships for the first time in prison and continue these relationships after they are released.

What appears to be the common factor in many dangerous situations involving the second group is a man's being overwhelmed by shame upon experiencing a passive position towards another man.⁸

An example of this can be seen in a situation in which two men had been confined to an isolation unit for a lengthy period. Both were seen as rather mature individuals by the prison staff, and they had formed a friendship which lasted for some time. On this occasion, however, one approached the other and asked that they perform a homosexual act, but he was quickly rebuffed. Whereupon he went off, only to return in a moment with a heavy, blunt instrument and savagely beat in the skull of the man who had rebuffed him. Fortunately, the man recovered.

Another example was reported by an inmate who said that he had noticed that often when a man enters a homosexual relationship, he is clearly the aggressor. As time passes, however, the aggressor becomes the passive participant (as regression continues), and at such time he becomes extremely vulnerable to ridicule and may assault anyone whom he sees as questioning his masculinity.

In other situations this shame on experiencing a passive position towards another man can involve the prison staff. On one occasion an officer approached an inmate and became anxious when he saw what he believed to be a knife in the inmate's hand, which was partly hidden in a jacket pocket. The officer searched him while ridiculing him in a way that was clearly counterphobic. Within a half hour, this inmate was stopped by another officer who sharply criticized him for being in a location where he should not have been. Without warning, the inmate attacked him with a knife he had apparently just obtained and stabbed him many times. The officer did not die. On another occasion, a psychiatrist ridiculed an inmate who had been frightening a female registered nurse. The inmate then avoided the nurse, but physically assaulted another physician. The physician was unharmed, but he was badly shaken.

The group of men who begin homosexual behavior as a consequence of their regressing under the stresses of a maximum security prison can experience serious problems, particularly impotency, following their release, when they attempt to establish

what was for them their normal heterosexual relationships. At such times they develop what can be considered a true homosexual panic. Others may be able to complete the act of intercourse with a woman companion, but find it unsatisfactory to the point of developing homosexual anxiety which can no longer be dealt with by the rationalizations used when inside the prison. Such individuals will then attempt to deal with this anxiety in their characteristic way; for example, by aggressive acting out, by heavy drinking, and so on. In one case such an individual committed a new offense and was sent back to prison, where he immediately rejoined his homosexual partner. It became apparent in an interview with him that he had not been conscious of this particular determinant of his antisocial behavior.

To complete this review of the effect of stress-induced regression, I should like to look again at the phenomenon of men who develop psychotic reactions of a paranoid type while in prison, and who have no history of psychoses prior to their incarceration. Clinical observations suggest that with heavy doses of tranquilizers, they may enter a partial remission from their psychoses, and they may be released directly to the community. In one such case, however, a man who had been in a good state of remission for several months, on the day of his release shot and severely wounded his father-in-law, whom he accused of having had intercourse with his wife. I would agree that this could have been the case, but possibly this man found that he was impotent with his wife, and as a result of a homosexual panic, regressed again into a severe psychotic reaction of a paranoid type. That impotency and projection have been associated as cause and effect is certainly not new.⁹ In a second case, a man who also was in a fairly satisfactory state of remission from a psychotic reaction of a paranoid type became profoundly depressed following his release on finding that he was impotent; he was barely saved from committing suicide. That all of this may have meaning in terms of what happens to men being discharged from state mental hospitals should be kept in mind.¹⁰ Also, endocrinological changes will have to be carefully evaluated.

A man who has not been fixated at a homosexual stage of development prior to his entering a maximum security prison faces severe, if not overwhelming, stresses. If he refuses to participate in obtaining homosexual relief for his tension, he may regress to a state in which he is actually psychotic. In between, he may experience every sort of difficulty from anxiety states to self-mutilation. Those who do participate in homosexual acts may be able to adapt in the prison with less overt difficulty, but the possibility of their developing true homosexual anxiety following their release offers an alternative that may well be equally destructive. Unfortunately, release programs are generally based on the manifest behavior of the inmate in the prison, so that those who avoid homosexual behavior because it is unacceptable to them may actually remain in prison for a longer period than those who participate.

To confine a group of men in a maximum security prison and include active homosexuals, men with serious problems with their sexual identities and men who seem to have no serious identity problems will mean that regressive phenomena will be affected by the isolation, the deprivation and the fear in various ways. Some men will manage to survive, especially those who are thoroughly fixated at a homosexual stage of development. Others, however, will, in my opinion, experience various degrees of regression ranging from temporary discomfiture to permanent disabling.

Does homosexual behavior in a regressed state lead to the relief of tension in an individual to such a degree and with such regularity that it explains why there is not even more violence in maximum security prisons? Although it is clearly regressed behavior for men who were not previously homosexual, this phenomenon may in fact account for part of the passive acceptance by large numbers of individuals of the incredibly long sentences so characteristic of the criminal justice process in this country. If a man senses that he is becoming increasingly tense and is afraid that this condition will lead to a violent outburst that he knows will be held against him when he goes to

the parole board, he may find that a clandestine homosexual encounter will relieve his tension and will go unnoticed by the prison staff.

In summary, I would suggest that in this country we have been left with nineteenth century maximum security prisons and a public opinion that accepts the notion that individuals should spend endless years of imprisonment in them as something that is just and proper. As long as this continues, violent outbursts such as occurred at Attica, New York, will continue to take place periodically.

There are at present two innovations available that could have a profound and lasting impact on this desperate situation. The first of these is a program of treatment based on an "Interpersonal Maturity Level Classification" as developed by Marguerite Q. Warren and The Community Treatment Staff of the Center for Training in Differential Treatment.¹¹ Although much of this work refers to juvenile diagnosis, it provides a basis for the classification of adult offenders which is still completely lacking in most programs. The second is "alternatives to institutions." At present criminal courts still relate to those found guilty in one of two ways (other than when sentence is suspended): *viz.*, the individual is placed on probation or in an institution. In the latter case, he may be sent to a "reception diagnostic center," but there the options often consist of what measure of security appears to be required: maximum, medium or minimum. If, however, the concept of "alternatives to institutions" should gain some further degree of acceptance, the courts could begin to act on a wider range of sentencing options. In this way men would be spared the damaging effects of years of severe deprivation and isolation in maximum security institutions.

A second technique for changing this situation (which might better be seen as first aid), one which is likewise presently available, is the development of "unstructured group therapy" programs in existing institutions.¹² However, there is one serious pitfall in the development of such programs, and that is to use only traditional "treatment" staff as group workers. It is essential that "custodial" staff have equal responsibility for these group programs, and in one institution it was agreed that one uniformed and one non-uniformed member of the staff would serve as co-leaders in each group of residents. These group leaders in turn were involved in regular weekly groups with a psychiatrist.¹³ The inmate groups should be "unstructured," because, I believe, that quality allows the residents an opportunity to develop relationships which allow them to support one another to the greatest advantage. This does not rule out classes in which role playing occurs; *e.g.*, in which each member of the group takes his turn at being interviewed for parole by the other members of the group. I would agree that this procedure can be extremely helpful to the individual, as can other learning situations. However, the purpose of the unstructured group is specifically to allow relationships to develop which can provide an alternative to the relationships which naturally form in "the yard," and which can lead to a regression to homosexual or assaultive behavior or both. In contrast, a well-organized group program using unstructured groups attended by uniformed and non-uniformed staff serves to prevent such regression. To accomplish this goal, however, it must have the support of the entire staff of the institution.

Finally, I would comment upon the use of individual therapy in a maximum security prison. If a social worker, psychologist, counsellor, psychiatrist or other member of the "treatment" staff begins to work with a severely regressed individual, he must weigh carefully the danger to that individual of his suddenly departing the institution for work elsewhere for whatever reason. To develop a therapeutic alliance with a profoundly regressed individual and then suddenly to terminate it will leave the individual tottering on the brink of another regression, possibly of psychotic proportions, which can lead to the most destructive kind of behavior. If, on the other hand, that individual has been allowed to work in a group, then the consequences of a therapist's departure can be dealt with in the group.

I believe that in our country an incredible number of individuals who are insti-

tutionalized in maximum security prisons do not require such confinement. Until this tragic custom ceases, I believe that group work is the only hope of providing such individuals some means to slow the onset of the regressive phenomenon described herein, which sooner or later will overtake many of them.

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"Regression: A concept which can best be described under two headings:
 - A. Libidinal Regression: A retreat to an earlier phase of instinctual organization, especially of the infantile period.
 - B. Ego Regression: From a more highly developed stage of mental organization, the mind may revert to modes of functioning typical of an earlier period. This 'regression' usually affects only certain ego functions involved in conflict, but the form of representations and the formal quality of ideas are usually affected. Such reacquisition of old patterns is a frequent accompaniment of libidinal regression, and occurs in response to a variety of needs that arise from internal and external pressures."
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