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PSYCHIATRY AND THE PREVENTION OF SEX CRIMES

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During the past few years the country has been stirred by a considerable number of reported criminal cases in which children or young women have been attacked. It is safe to say that in certain quarters public indignation has reached almost a mass hysteria which has affected not only the public but also official authorities. A sheriff in New York recommended shooting every child attacker on the spot. Even from medical sources plans have come that seem impractical and would affect the whole role of the medical profession in the community.

But it is both possible and expedient to look at these matters soberly. A constructive outlook cannot come from heated discussions about what should be done with this or that individual, or from hasty generalizations advocating pet causes or pet remedies.

In the discussions that have grown from the public interest in the subject, two extreme points of view stand out. On the one hand it is stated that this is a purely legal and criminological problem. The advocates of this point of view say: "Round up all the major and minor offenders, keep them under permanent police supervision, give the convicted delinquents the sternest punishment and the longest jail terms possible, introduce new laws making their punishment even severer and prolonging their years in jail, tighten the parole laws, exclude the so-called mollicoddling attempts at human understanding—punish, restrict, deter!" To this category belong the diehard opponents of the parole system, who raise a hue and cry after every startling crime and want to make us believe that if every criminal would serve every day of his full sentence all would be well.

The other point of view is equally extreme. It claims that most, if not all, of these delinquents belong to the province of psychiatry. The whole question of sex crimes, according to the very recent statement of a distinguished member of the Bar, is one which should be laid squarely at the feet of the medical profession. It is

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the psychiatrists, he says, who should examine every such offender and delinquent in all cases, both major and minor; they are the ones who should make the final decision about what should be done with him and for him; they—the psychiatrists—should have the ultimate authority and responsibility. The advocates of this view want the psychiatrists to sit in judgment with the power of handing out liberty to delinquent No. 1 and an irrevocable life sentence to delinquent No. 2.

Neither of these extremist points of view provides a sound basis for the safeguarding of the community. Protection of the community, as well as protection of the rights of the individual, demands a less one-sided outlook, even if such an outlook should appear more complex. The realities of human behavior do not fall so simply into the pigeonholes of separate sciences or traditional social institutions.

Those who advocate more drastic measures of punishment remind me of a judge years ago who was faced in court with the case of a sex delinquent. He gave this man the most severe sentence he was able to pronounce on him, and said strongly: "I did not know that such things could exist! I shall stamp them out'!!—He did *not* stamp them out. I believe that all merely repressive, restraining and so-called deterrent measures are doomed to failure. They have been tried repeatedly in many forms and guises and in many localities. They have never succeeded at any time or in any place.

What about the idea of shifting the whole burden of this question to the shoulders of the psychiatrists? We all like to think that a horrible crime is entirely the result of a quirk in the other man's mind. This attitude removes from ourselves any danger of feeling responsible as voters, as citizens or as fellow human beings for what is after all a social ill.

The extremists who see in psychiatry the sole and ultimate solution of sex crimes claim that most, if not all, of these offenders suffer from some individual mental disorder which should be treated by psychological individual methods. They want the psychiatrists to decide once and for all which individuals are treatable and determine how long their treatment should last. They want the doctors to decide definitely that they are cured or else pronounce them definitely incurable, as if it could be predicted that every sexual offender would fit into one of two cubbyholes for the rest of his life. We need more and more psychiatrists, say these extremists:

a psychiatrist in every jail, a psychiatrist in every court, a psychiatrist in every social agency, a psychiatrist in every school, a psychiatrist in every kindergarten. If one follows this line of thought, one is not so far from the absurd conclusion that a psychiatrist is needed in every home—and who is going to be the psychiatrist for the psychiatrist?

No psychiatrist is a mind-reader. That is a widespread false conception. There are certain definite things that a psychiatrist *can* do. What is usually demanded of him is to give a dogmatic opinion of either—or, either sane or insane. He is asked to sum up a case with a simple “yes” or “no” answer to the rigid, too simple legal tests of insanity. I myself was once ordered in court to answer by “yes” or “no” a 15,000 word question covering 45 typewritten pages, which took an hour and a half to read. Is this the most expedient way to sum up the life history of a human being for any attempt to defend and safeguard the community?

The psychiatrist is used as an opinion-peddler, when he should function as a fact-finder. The most important thing he can do is to obtain facts—facts which others cannot obtain, facts about a person’s life history. It is on the basis of such facts that a person’s behavior can be understood and his reactions, to some extent, predicted. Often the smallest fact, which might be most easily overlooked, is the one which may become the key information.

In relation to crime, these facts which the psychiatrist can obtain are usable only if they are correlated with social facts. They can be practically useful only if they are coordinated with those agencies in the community which have legal authority to direct or force a person’s life into new and safer channels. Such authority the psychiatrist does not have, should not have and—without automatically ceasing to be a doctor to his patients—cannot have.

It is true that a relatively small number of offenders suffer from some definite mental disease. They do belong entirely to the province of the doctor. But let us not forget that the administrative questions of psychiatry itself—custodial care, release from mental institutions, manner of commitment—all are far from solved.

We must learn to realize that the largest number of these offenders belong to a group *between* crime and disease. If we treat them merely according to medicine or merely according to criminal law, we treat them as something which they are not, and that can help neither them nor us.

A psychiatrist can obtain a valid picture of a man only if he

has that man's full confidence. This relationship of confidence does not consist merely in the formal relation between patient and doctor. The psychiatrist must give to the patient a feeling of being understood, and the only way to arouse this feeling is to make a serious attempt to understand a man's problems during, before and after the crime. For the psychiatrist it is not merely a question of what harm a person may do, but also of what harm he may suffer. He cannot, therefore, be placed in a pseudo-judicial position of power where he has to play the roles of prosecutor, defense counsel and judge as well. The psychiatrist can *aid* the Court, but he should not attempt to be the Court.

It is often falsely said that the psychiatrist deals only with the individual and his interests, while the other agencies, such as the courts or parole authorities, deal with the larger interests of the community. But psychiatrically speaking there is no such thing as a single individual all by himself. One can neither understand nor treat a man alone; one can only study man-in-society.

It will not do for lawyers to say that this is a psychiatric question alone, and for others to say it is purely a question of criminal law and penology. Both sides have to get together. The relation of psychiatry to the law is still unorganized, it lacks planning. Like Topsy, it has just "growed." This is most clearly manifest in some of our Children's Courts, where the psychiatrist plays judge and the judge plays psychiatrist. It can be seen also in the Lunacy Commissions which may be conducted as miniature trials with heated arguments between district attorney and defense counsel, but with the public excluded, and at other times are like pleasant after-dinner conversations except that a man's life may depend on the outcome of the discussion.

Here is a case, one of many, which shows the strange confusion and mutual frustration of legal and psychiatric measures. A young man was arrested for exhibitionism. He was given a suspended sentence and set free. For a time he was privately treated by a psychiatrist. Other arrests and suspended sentences followed, after one of which he was sent to jail. While on probation from this jail term, he was again arrested for a similar offense and returned to jail. Again out on parole, he was treated in a mental clinic; but his relapses made it advisable to commit him for treatment to a psychiatric institution—a procedure to which he consented voluntarily, for he wanted help. After he had been in the institution a while his family, on his urgent pleading, removed him to a private sani-

tarium for further treatment. Some time later they took him out. Then the parole authorities stepped in again and sent him back to jail to serve the full time of his original sentence. Finally he is released from jail, his full time served. Then the authorities rearrest him immediately and return him against his will—remember, at this time there is no charge against him—return him to a psychiatric hospital and hold him there for thirty days' observation of his mental condition. From there he will be finally discharged, a wiser, but certainly not a better man.

One agency after the other takes him over for a while. He does not have to commit any fresh offense, it all goes itself. What should be deliberate aids to protect society becomes automatic instruments of vindictiveness. Not one of the different agencies in such a case has before it the whole story. And the man to whom it all happens not only becomes embittered, he feels that he is neither justly punished nor really helped.

It is easy in such a case for everybody to lay the blame on everybody else. The psychiatrist may say it is the fault of the jail system, the prison authorities may say it is the fault of the parole system, the parole authorities may say it is the fault of the psychiatrist, the probation officer may say it is the fault of the psychiatric institution, the psychiatric institution may blame it all on the courts. And the man in the street may say that it served him right to have all that happen to him; he deserved it.

All this merry-go-round of blaming and placing all the responsibility on somebody else will get us nowhere. Obviously many sex crimes are preventable. But the fault lies with the lack of coordination and of mutual constructive critique and supervision of existing agencies. The social responsibility in the prevention of sex crimes is so diffused that it is actually absent. Is it not reasonable to believe that the road to a constructive program should start from this point? We cannot afford to throw out any of the existing agencies that deal with such a case. Nor is it good policy to place all the responsibility and all the authority on any one of them. Each contributes something. No one can take over the function of all the others. And the clue does not lie in the deep recesses of the individual's mind, recesses where further delving will reveal some one psychological root.

It is not more and more research that is needed before we act. What we do need now, is an attempt to coordinate and interweave the agencies we *have* and the facts we *know*.

At present those who share the greatest responsibility in the prevention of sex crimes, namely, the legal profession and the psychiatric profession, must get together to plan for action. They usually meet under the most unfavorable circumstances, in a courtroom when they have already taken sides. We must admit the truth of a recent statement made by a prominent lawyer, that the psychiatrists who are partisan before they have even made an examination are like "trained seals." But is it not equally true that it is the lawyers who push them into such a position, and usually do not give them an opportunity to state all the pertinent facts they know or think they know? Lawyers and psychiatrists should get together and discuss concrete cases when they are not forced to plead for one side or the other. It is only in this way that practical and helpful plans can be laid.

Everybody concerned, and especially the general public, should avoid vague feelings of mystery and alarm. There is nothing about the work of the psychiatrist in these cases so technical that it could not be explained to anybody. His armory of tools does not require unintelligible words and phrases. He is not a necromancer. Often a psychiatric expert is expected to be involved, mysterious and obscure. But this is unnecessary and misleading. All he can do is to try to find facts and then to use them. Frequently the more obvious facts give the clue. If a man steals a pocketbook or uses a gun in a robbery it is not necessary to credit him with any motive darker than the simple one that he wanted—perhaps needed—money which he did not have. Sometimes, of course, there are motives of which the delinquent himself is unaware. Without a search for such unconscious motivation, we are unable to understand, for example, a man accused of a triple slaying who, during the night of the murders, steals a little alarm clock and regrets this more than all the rest.

The public itself can be educated to help in crime prevention. Just as there is no reason for the public to mistrust the expert, so there is no reason for the expert to mistrust the judgment of the ordinary man. The newspapers undoubtedly could do a great deal to instruct the public instead of alarming it. They are definitely one of the agencies indispensable to a constructive program of crime control. There is no use in blaming the press for playing up sensational crimes. They print what people want to read. Nor is there any use blaming people for reading what newspapers offer them. We need not puzzle out whether the hen or the egg came

first. The people are the public of the press, the press is the mirror of the people. Is it so impossible for the majority of decent people and the newspapers to arrive at a mutual agreement so that readers, especially immature ones, will not see day after day the lurid details of a murder illustrated by countless photographs of a beautiful nude model? Such a voluntary agreement could easily be later sanctioned and enforced by the courts.

When we psychiatrists are told that we should prevent sex crimes in childhood, we should answer: a child is like a flower; the vast majority of human beings will grow up to a healthy enough sexual development if all the social circumstances and surroundings are favorable. Let us not *begin* by dissecting and delving into the minds of children. Let us first correct and improve the circumstances under which they grow up.