

Psychiatry and the Crisis of the Prison System*

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The criminal justice system in America, as in other countries, is now at the crossroads. Where do we go from here? That decision has now become imperative, as a result of what has happened at San Quentin and Attica Prisons. The question has always been with us, but we have chosen to answer it with rhetoric and hope rather than with action and performance. There are potential San Quentins and Atticas in great numbers in every state in America, and what happened there, we fear, is only the beginning of what is to come.

This is the decade of the prisons. It is a time when people have discovered, with a sense of shock, that the blacks who fill the prisons see themselves as political victims of a racist society. It is a time when many middle class whites have been forced to confront prisons for the first time, going there to visit their own children locked up for the possession of "pot" or for resisting the draft. Couple them with expressive and explosive young Chicanos and blacks: is it any wonder that a prison will erupt?

Everyone knows what prisons are supposed to do—cure criminals—but this is far from the truth as statistics show that about 75 per cent of all those inmates who have been released from prison, return within five years.

Ramsey Clark has stated that it is one of the larger ironies of our time that concerned as we are about crime, the one area within the whole system of criminal justice that offers the best opportunity to prevent crime, namely the institutions, is the most neglected. There is no comparable neglect within the whole range of government services. Yet, until the underlying causes of crime are relieved, corrections is by far the best chance we have to significantly and permanently reduce crime in America.

The most important statistic in crime is the one which tells us that 75

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per cent of all felonies are committed by repeaters, in other words, three-fourths of all our major crimes are committed by people already known to the criminal justice system (1).

Another important truth is that most of these men need psychiatric help, and there are not more than 50 psychiatrists working full time within the entire American prison system (2).

In one New York State prison which houses 1,400 inmates (400 of them drug addicts) there is not one full-time psychiatrist and there has not been one for 42 years. Tens of thousands of offenders whose backgrounds and personal histories indicate emotional instability and antisocial behavior are crowded together in correctional facilities many of which were built over 100 years ago.

In one New York City jail, called The Tombs, built to house 800 men awaiting trial—violence erupted late last year—at the time it was housing 2,000 men. As recently as 1965, the only all-female federal prison had no toilets in many units—the inmates used jars.

Many offenders coming to prison are so disorganized, so confused, and so lacking in self-control that they cannot focus on any subject more than a few moments. Their span of any intellectual effort is too short to permit training. Before they can begin their rehabilitation, they should be able to live in a calm, orderly, organized atmosphere in which they can learn to concentrate. For many this is the highest hurdle. It is something they have never known. Born in the slums, physically abused in infancy and childhood, they have lived amid chronic violence, fear, and confusion. Their physical and mental illnesses—alcoholism and drug addiction among their most common manifestations—must be professionally treated and dealt with as the medical problems they are. Major portions of the population in every prison have such needs (1). According to a 1970 survey by the Justice Department's Law Enforcement Assistance Administration, of the nation's 4,000 jails, 86% had no facilities for recreation or even exercises; 89% lacked educational facilities; 49% lacked medical facilities; and 1.4% even lacked toilets.

These are medieval conditions, and homosexual rape, drug traffic, and beatings of inmates by guards are rampant amid them.

In New York City, the whole criminal justice budget for 1970-71 was \$843 million. Only 0.3 per cent (the smallest part) was spent on prisoner rehabilitation programs such as narcotics treatment, education, job training and placement, psychiatric care, and libraries. The 1971-72 New York City correctional budget actually requested less money for rehabilitation programs (\$3.2 million) than last year's budget of \$3.5 million (3).

Inmates in city lockups and state and federal prisons have shouted for ages that prison food is bad, guards are brutal, and innocent men are jailed.

Though prison complaints have changed little, a new element has appeared in the prison equation—the black *political* prisoner.

Malcolm X, the slain black Muslim leader and a former prison inmate, insisted that all America is a prison and that jails are just prisons within a prison. He tied this to his belief that black men can neither get nor expect justice in a “white man’s system” (4). Since then the concept that black prisoners are *political* prisoners has won adherents in and out of jails across the country.

Another element in the prison situation is that jails all hold increasing numbers of black men and women. Nationally 75 per cent of our prison population is estimated to be black. To maintain that all black offenders are, by their actions, political prisoners, however, is dangerous. Yet when we look in prisons and see whom we have there, we find that the largest group consists of the poor—the second largest is black, and another category is the unskilled and uneducated.

So if you are poor, black, unskilled, uneducated and cannot receive any professional help, and these people, as we previously stated, constitute three-fourths of our prison population, one can appreciate what the probability is of attaining effective rehabilitation. It is claimed that white kids who are wealthy get shipped to high-class mental hospitals. There they get psychiatric care while for the same offense, blacks get punitive custodial care since aggressive young blacks are viewed as threatening. There is in prison a growing number of aggressive, assertive black males, many of whom are trying to understand more about their situations. For years, prison administrators and correction people satisfied themselves that they were not only the keepers of our criminals but also their masters. Prison doors were closed to society and society’s doors were closed to the prisons.

Prisons are instruments of the state and are organizations designed to accomplish the demands of society with respect to the convicted criminal. One of the desires is to keep the criminal confined in its prisons. This is a necessary measure. However, there are some critics, ourselves included, who believe that far too much emphasis is placed on custody (5). The pattern which usually develops from this overemphasis on custody is one in which the prison officials in authority, those who are responsible for the security of the institution, put most of their energies toward preventing escapes and—though lately not very successfully—riots. Hence they are the main and most powerful opponents of the humanitarian reforms proposed by psychiatrists.

For the prisoner, the name of the game is survival, and his first encounter with the criminal justice system makes apparent that “rehabilitation” for him will be the exact dictionary definition “to restore one to one’s former state” (6). He hears judges, as they sentence, say that “Ignorance of the

Law is no excuse," and he knows, despite the rhetoric, that he is being sentenced to a place where maintenance of ignorance is preferred to its replacement with knowledge. Correction implies change, but the prisoner knows that very little positive change takes place inside prisons. So if prisoners are continually denied their justifiable pleas for change, and correction people remain keepers, we shall continue to have turbulence of the Attica and San Quentin kind. More money must be available, but most important the concepts of the average citizen must be changed before anything can be accomplished. A consensus in our society is needed to establish a correctional system instead of a panel system, if there is to be progress.

There is no lack of consensus among *authorities* on *what* should be done. About two years ago a Nixon Task Force on prisoner rehabilitation reported, "There was no need for us to search for new ideas about rehabilitating prisoners. The voluminous literature on the subject overflows with ideas that have never been implemented nor, in many cases, even tested" (7).

The fundamental responsibility of today's correctional institution management is still the secure custody and control of prisoners. Everything else must be subordinated to this ideology of incarceration and isolation, and its enforcement is brought to bear upon the prisoner from all sides.

The question of whether deterrence and rehabilitation are compatible has to be faced by everyone, for there are few people who would quarrel with the goal of imprisonment being that of *reformation*.

Disputes have arisen again and again as to how this can best be accomplished. In our opinion, based on experience, no total program for rehabilitation of offenders can be successful unless it is under the direction and guidance of psychiatrists. The psychiatrist, however, has been restricted in the correctional system and his role been limited far too long to *staff* functions of consultation, and treatment of specific behavior disorders.

The only thing that has come from totalitarian dictatorship of the correctional facilities is the dehumanization of the individual and a reinforcement of the prisoners' feelings of bitterness.

All of this is the very opposite of what the behavioral sciences have discovered as essential for the rehabilitation of the maladjusted individual. As a result of this subordinate role into which they have been forced, psychiatrists have lost much of their interest in the field of penology and corrections. This is a pity, because psychiatrists have the insight and knowledge to bring about changes for the better in the prison system. Psychiatrists also have the *responsibility* to bring about as significant a change in the treatment of criminality as they have done with the treatment of mental illness.

In most correctional institutions the treatment of the mentally ill is virtually nonexistent. Most prisoners suffer from some mental disturbance at the time they commit the crime. More of them have mental health problems

on leaving prison than on entering. Psychotics are frequently controlled by fellow inmates rather than by staff. Sometimes, however, it is the psychotics who are in control.

Our experience has shown that psychiatrists *can* play a primary role in the planning and directing of a total rehabilitation of the offender. Where psychiatrists are permitted to perform those functions, prisons become real centers for the study, diagnosis, and treatment of the criminal mind. Vacaville and Chino in California, Patuxent in Maryland, and New York State's Diagnostic and Treatment Center in Dannemora (which Dr. Fink directed for the first three years of its existence), although all used different approaches, have proven that fact. Stürup in Denmark, Roosenburg in Holland, Bernheim in Switzerland are equally successful with similar programs in Europe.

All of these programs have the humanization of correctional treatment in common. This humanization, as we have pointed out on other occasions, must begin with the education and complete retraining of the personnel working on all levels of the prison system, foremost in its institutions. At the same time, a thorough change of the attitude of the general public toward the prisons and their inmates must be brought about and only *then* can we really begin to work with the prisoner himself on his own rehabilitation. All this, of course, will take time, years rather than months, and money.

It is unrealistic to expect results from so-called "crash programs" which are always readily offered and approved by legislators in emergencies, for example, after the Attica riot. They are doomed to failure, and are a sheer waste of money, because it is impossible to change centuries' old attitudes and traditions of neglect, punishment, and revenge overnight and to create instantly the necessary new breed of correctional personnel.

George Bernard Shaw once pointed out the proclaimed goals of prison officialdom: "Reformation is," he stated,

a false excuse for wickedness. If you are to reform him, you must improve him and men are not improved by injustices. We are told that reformation of the criminal is kept constantly in view, yet the destruction of the prisoner's self-respect by systematic humiliation is deliberately ordered and practiced.

There is no easy road to true and lasting prison reform. Attention must be called to the reality of prison conditions, and this is certain to make some people look bad, especially those who have created the situation. Whenever a true reformer comes in, he will be opposed by legislators and other government officials who have a stake in the old order. A few baseball bats, a boys' choir twice a year, and a psychiatrist once a week for five hours divided among as many as 2,000 men can hardly be called rehabilitation. It certainly is no answer to the crying need for reform.

Sufficient psychiatric continuity, planning, and guidance are necessary

if we are to cure this cancerous crisis in our degrading and dehumanizing correctional system.

SUMMARY

Today, there are fewer than 50 full-time psychiatrists employed in the United States prisons. Humanitarian reforms proposed by psychiatrists are constantly being thwarted by custodial personnel and political appointees who are interested only in security and who look upon the field of psychiatry as threatening their stake in the old order.

A change of names from "Prison" to "Correctional Facility" and from "Warden" to "Superintendent" is meaningless. Only if psychiatrists are permitted to assume a leading part is there any hope for significant and long overdue reform of our correctional system.

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