

## A RESPONSE TO "Implications from the Baxstrom Experience."

by

Jonas R. Rappeport, M.D.\*

It was a pleasure reading Dr. Steadman's paper beforehand. To be exposed to a well-written, concise, well-organized presentation is always an enjoyable experience. Further, it was a pleasure to find that the Baxstrom patients had not been forgotten but were being used continually to evaluate this judicially ordered experiment. Johnnie Baxstrom, unfortunately, had only a short-lived freedom as a result of his efforts. He died in Baltimore on June 7, 1966, less than one month after his release. The autopsy revealed death from status epilepticus. There was evidence that he had not taken his medication after discharge from the hospital. This raises the question whether or not he should have remained in the hospital because he was dangerous to himself, i.e., he needed someone to see that he took his medicine regularly.

Following the Baxstrom decision the civil hospitals girded themselves for violence. Special secure wards were set up, judo training was offered to the staff, etc. All for naught. These patients were not dangerous. They would commit no more assaults than other patients. In fact, they were possibly less dangerous than other patients, although there are no specific studies relating to the degree of assaultiveness of the "ordinary" hospitalized mentally ill. Obviously, the doctors overrated these patients as dangerous. Obviously, too, from the data, they were wrong *at this time*. I emphasize "at this time," because there is evidence that all of these patients did, in fact, commit some type of dangerous assaultive behavior at a time in the past. They were once dangerous and were expected to continue to be dangerous. The issue is dangerous for how long? The answer to the Baxstrom phenomena may be that the predictions were outdated. If these patients had had only an average hospitalization of four years instead of the fourteen they actually did have, perhaps the predictions would have proved more realistic. We do know that age and antisocial behavior show an inverse ratio. (The older one gets, the less antisocial behavior.) Another factor that might explain the phenomena seen here is what I have, in modesty, called Rappeport's Rule. There are two parts to this: a deterrent phenomenon and an identification phenomenon. Briefly stated, the rule is as follows:

1. Those persons who have suffered long and unpleasant hospital or prison experiences will, upon release, control their behavior if at all possible in order to prevent being returned.
2. People identified as mentally ill or dangerous by professionals accept such identification and thereby, having a reasonable explanation for their behavior, become less dangerous.

The first part should be clear, i.e., "I'll behave if it kills me, rather than return to that damned place." The second part may not be so clear because it is inferential. My own studies on the discharged mentally ill show that they are, in fact, no more dangerous than the average citizen, which does not say too much today. We should, however, certainly expect paranoid suspicious people to be more dangerous. Those people who are dangerous, however, seem to be the ones who are only identified as possibly mentally ill after they have committed offenses, such as Oswald, Sirhan, Bremer. Most of the patients who pled "not guilty by reason of insanity" were never "labeled" as being mentally ill by virtue of commitment to a psychiatric hospital or even involvement in an outpatient treatment program. No one with professional authority ever told them they were mentally ill and that their ideas were actually "sick or crazy ideas."

---

\*Chief Medical Officer, Supreme Bench of Baltimore; Adjunct Professor of Law, University of Maryland School of Law; Clinical Associate Professor, Department of Psychiatry, University of Maryland School of Medicine

My idea is that, once labeled, the healthy part of that person tends to control his dangerous behavior. He now has an explanation he can apparently accept. If I thought you were planning to poison me after my talk today, etc., I would certainly be relieved to be told that such an idea was a sick idea and that I was, in fact, sick.

I also apply the same labeling concept with reference to dangerousness to patients and prisoners. Being told they are felt to be too dangerous to be released causes them to look at how they appear to others and how their behavior affects others. A study of a criminal population, the inmates of the Patuxent Institution in Maryland, offers some evidence of this.

Society must have a way of dealing with its troublesome members. According to verbal reports the attempts to restrict involuntary hospitalization in California, have merely shifted the burden from hospitals to jails. Perhaps, instead of relying on the prediction of evanescent phenomena like dangerousness, we should look toward a more easily measurable factor as "ability to take care of oneself or be cared for in the community." The data presented by Dr. Steadman and others with reference to release of those patients with responsible relatives in the community indicate that these factors are being utilized. After all, the community wants to be in peace, rather than disturbed by disruptive elements, whether actually or only potentially dangerous. Our goal is to develop a method of supporting the rights of the community, consistent with preserving the rights of the patient. Complete reliance on the psychiatrist to accomplish this goal is obviously not possible.