

Book Reviews

Alan R. Rosenberg, Editor

THE WATCHER AND THE WATCHED. By Bruno Cormier, M.D. New York: Tundra Books (Scribner). Pp. 330. 1976. \$10.00.

The Watcher and the Watched is a remarkably beautiful book, about an ugly subject, the treatment of hard core criminals. Many of us have worked with prisoners, young and old, first-timers and recidivists, but it is rare to find prisoners, prison life, and prison problems written about with such understanding and warmth. This understanding comes not just from the close contact which Dr. Cormier and his colleagues had with their subjects, but from the very special respect with which they regard their subjects and their subject matter. It is not a book about doing things to people to reduce their recidivism; rather, it is a book about a sharing and learning together in a therapeutic community in an attempt to improve self-awareness and functioning.

Aimed at rehabilitation of prisoners, many treatment programs have been established which recognize the need to diminish the fear and paranoia in the institution, to improve the communication, and thus to bridge the incredible schisms which exist between the various human inhabitants of the prison. Make no mistake, employees are very clearly to be considered amongst the inhabitants. "Although intended as a means of reform as well as punishment, prison eventually becomes a way of life" (p. 21), and in this artificial way of life, the greatest difficulty lies between the Watchers, the guards, and the Watched, the inmates—or *vice-versa*, as there is no more astute watcher than the latter. The punitive and suspicious attitudes of society are represented in the prison in the form of the guard-watchers.

Perhaps when the final results are in we shall find that it does not much matter which program approach is chosen, if any. Nevertheless, as prisons now exist, one realizes with malaise that this strange, conforming, dependent way of life forces "an artificial milieu on an individual negating the one of which he should be part" (p. 21). Imprisonment "is accompanied by a great loss of the responsibility which the persistent offender most lacks" (p. 21). As anyone must quickly be aware who has worked with prisoners, prisons reinforce extremes of manipulativeness, projection of fault and blame, criminal thinking and actual criminal ties. Sadly one sees so much creative energy in prison focused on maintaining or fighting the system, rather than on individual, constructive change.

A therapeutic community involving all staff and including guards, in which traditional prison regulations are minimized or eliminated, self-determination encouraged and failures explored through individual therapy and group interaction, would seem to be ideal. This does not mean a free-for-all; neither inner anarchy nor group anarchy leads to growth. At the request of the New York State Department of Correctional Services, to whom great credit must be given, the McGill University Clinic in Forensic Psychiatry, under the direction of Dr. Bruno Cormier, established a 24-hour therapeutic treatment community in 1966 at the Dannemora State Hospital Diagnostic and Treatment Center at Clinton Prison in upstate New York. The community remained operative under McGill through 1972, when it was taken over by The New York State Correctional System.

The Watcher and the Watched is a record of this experience, written by multiple authors and edited by Dr. Cormier, a world-renowned Canadian "prison psychiatrist" with vast penitentiary experience, who has also contributed many of the chapters. A few of the chapters have been published or reported elsewhere.

Approximately 300 inmates passed through the Center over the six-year period. For the inmate to be included he had to be a persistent offender and eligible for parole within 18 months. He could be selected regardless of the nature of his crime and could be any age, although between age 25 and 35 was preferred (because this is thought to be a developmental turning point for the persistent offender). The inmate could have a history of violence—and many of the subjects did have such a history within the prison as well as without—and he could remain eligible with a previous episode of mental illness. The prime consideration was that the inmate be motivated for treatment. With difficulty a control group of 50 was also selected to match the first 50 residents of the Center.

The officers were more randomly selected; many of them had had years of experience as traditional key-bearing hacks in New York State's large penitentiaries, and some of them had actually guarded the psychiatrists in Dannemora when it had been a State hospital for mentally ill convicted felons who were allegedly dangerous.

A therapeutic community concept is not unique, but this one was nearly so, considering the extent to which all prison rules were minimized. As noted in one of the papers on "work," "regimentation in a prison suppresses symptoms rather than [allowing] them to come out into the open where they may be dealt with" (p. 186). In most cases it was possible to work through difficulties in the intensive group meetings, but not always, and failures have been faithfully recorded. Preoccupation of the officers with security dropped remarkably, to their amazement. The officers came to recognize that much of this preoccupation was a product of the system and to understand that, in their new way of dealing, security problems could actually be secondary and minimized through communication and trust.

The chapters of the book reflect the initiative, creativity and persistence of all the participants. Although essentially a highly readable narrative, the work constitutes a major encyclopedia of prison theory and experience. Page after page of observations, studies, actual experience and case material unfolds, written occasionally in the first person. There are many direct quotes and case vignettes. Regrettably there is no index, but perhaps considering the narrative style this is not altogether essential.

There are chapters in this book which deal with the theory of prison relationships, with prison attitudes, staff training, inmate selection, routines of a therapeutic community, development of inmate-guard relationships, group meetings, homosexuality, acting out, silence in a prison (beware!), race relations, holidays and celebrations in an institution, outside education, female visitors, and, uniquely, the experience of female therapists in an all-male prison. I believe that the chapters on the "Natural History of the Persistent Offender" and the two on "Work" are superb contributions in terms of their richness and insights. The authors have developed a concept of an "index of incarceration" and a "work index" which are means for codifying and formalizing ratios of work periods to unemployment and of prison time to free time, and these are quite useful in a descriptive sense for studying the persistent offender.

The observations on work, as mentioned, are extraordinarily insightful. It is noted that the recidivist does not usually lack skills and may perform superbly in prison. He often has great resistance to work in prison as well as on the outside, and he has long standing intra- and interpersonal difficulties which may be seen in school failure and failure with families as well as at work. It is seen that sociologic ills and lack of skills are often used as rationalizations for these repeated failures, but it is quite possible to demonstrate within the prison setting some of the other types of difficulties. Little relationship is seen between good work performance in prison and work performance outside of prison. "While we agree that work should be part of the prison regime, we cannot automatically conclude that it is in itself therapeutic" (p. 192) or that it prevents recidivism. The authors also note that "recreation, music, art and the like" (p. 192) may be considered similarly. Why these activities, which are not considered therapeutic on the outside, should automatically be thought of as such in prison is being increasingly questioned.

The text is not without statistics and concludes with an evaluation of the first 50 inmates. In addition to descriptive tables of the subjects, there are tabulations of recidivism rates and a rough comparison with the control group, about whom less was known. A disturbing chapter describes a visit to the tense new program which replaced the original one in 1972, post-Attica, and which resumed the traditional type security and

re-established the universal paranoia. Finally, Dr. Cormier describes a moving reunion with some of the ex-prisoners in New York.

Was the program successful? I have a hunch that the new regime at Clinton, coming after the violence at Attica, unable to tolerate the seemingly but not truly permissive atmosphere (considering the stress on inner controls) established under Dr. Cormier's direction, might think that it was not successful and that it was fraught with problems. Certainly many inmates avoided the program as well and considered time spent in it to be "hard time." Of interest from my own experience are comments which come from young offenders in other institutions who admit that they prefer not to involve themselves in group therapy and find it much easier to watch training films of transactional analysis. The results appear to be moderately good, although probably favorably skewed by early dropouts. Statistically, "delinquent behavior even in those who recidivated had diminished considerably" (p. 286). The rate of recidivism of the control group and the subjects was comparable, but the controls usually underwent new arrests, while the study group was generally returned to prison on technical violations.

There is another measure of success, one which would not be appreciated by the courts, the police, and the funding agencies who must consider the cost of recidivism and the needs of the public. One of the major theses of this work is that a reduction of recidivism cannot be the only goal of rehabilitation. As the authors state, "If the men seem happier with their lot, less alienated, and succeed in maintaining themselves in freedom, either permanently or for longer periods of time than before, this in itself could be a better indication of success than the legal criterion of whether they recidivated or not" (p. 286). I agree. Criminal behavior is only one segment of a multi-faceted personality with complex problems, and the subjects do appear to reflect better coping mechanisms in many areas of function.

As much as I personally like the concept of a therapeutic community, other approaches have also worked as well or as relatively poorly as this approach, depending on one's expectations and the measure of success. From the literature, for instance, from Robert Martinson's studies* we learn that few programs work. In spite of intermittent claims and individual success stories, neither psychoanalytic groups, transactional analysis, confrontations and haircuts, education, vocational training, religion, or even harsh discipline have proven to be statistically meaningful in reducing recidivism. The decisive factor appears to be the inmate's motivation and the presence of another human being who is willing to trust him and to share his growth.

If one observes the persistently high rates of crime and recidivism, and the inordinate amount of money invested in the justice system and the related prisons, society's increasing distress and paranoia, so directly reflected in the courts and prison systems, are understandable. An historical review of attitudes toward punishment and the nature of prisons reflects fluctuations, almost fads, as society itself changes. And society seems to persist in holding the justice system responsible for crime and the cure of its deviants. Current thinking, increasingly punitive, tends toward the swift, determinate sentence and less emphasis on treatment or rehabilitation—trends which are disturbing, although perhaps actually less cruel than the mistaken notion that we know how to rehabilitate and therefore are able to administer the indeterminate sentence. Regardless of the official attitude, many who work in the criminal justice system, and particularly in prisons, will retain that drive to seek out those who would be helped, however masochistic and unrealistic the drive may be, and to seek more effective and efficient ways of helping.

The Watcher and the Watched is a book about special people who have made a particular program work. It demanded intense effort, and the participants refused to take no for an answer. It was a brilliant effort, one which extended far beyond the prison walls, and even beyond time of release, as inmates contacted willing staff and also each other for help. But the wisdom of this book is not limited to its espousal of a particular treatment modality, nor even to the richness of its content; rather I think its value lies in the psychological and experiential awareness which it reflects. I recommend it strongly

* Martinson: What Works—Questions and answers about prison reform. Public Interest 35, Spring 1974, pp. 22-55

and with the same warmth which it conveyed to me, to all those who are prepared to take a chance on changing the system of which they themselves are a part, and who are prepared to relinquish their paranoia while allowing others to grow.

NAOMI GOLDSTEIN, M.D.
Chief, Psychiatric Services
Metropolitan Correctional Center
Federal Bureau of Prisons, New York;
Clinical Assistant Professor of Psychiatry
New York University Medical School

CRIMINALITY AND PSYCHIATRIC DISORDERS. By Samuel B. Guze, M.D. New York: Oxford University Press. 1976. \$9.50.

"In 1959 Dr. Guze and his colleagues began a series of studies in St. Louis that probably represent the most extensive, long-term and systematic study of criminals ever made." I wholeheartedly agree with this quote from the dust jacket of *Criminality and Psychiatric Disorders*. The author studied two hundred and thirty-three consecutive male felons, including "parolees" and "flat-timers." Psychiatric evaluations were obtained on the index patient as well as on all of his first degree relatives. During the interviews of the first degree relatives, further information was obtained about all of their first degree relatives. Sixty-six female felons and their relatives were also studied. Extensive follow-up studies are also reported.

The essential results of this excellent research have been published elsewhere during the past few years. This volume pulls together all of the data in detail and allows the author to present some of his ideas about the state of the art and possible interpretations of his findings. The most significant finding was the relationship between sociopathy in the male offender and hysteria in the female relative. Hysteria (Briquets' Syndrome) was found about three times more frequently among female relatives than in the general female population (prevalence 1-2%). There was also significant frequency of sociopathy and alcoholism in the first degree male relatives.

Of the female felons, "The prevalence of sociopathy, alcoholism, and drug dependence was similar to that among male felons. . . ." There was an exceedingly high prevalence of hysteria alone, indicating a significant association between hysteria and sociopathy; ". . . the overall frequency of psychiatric illness was twice as high in the families of female felons."

Other findings indicate the lack of clear psychiatric illness (schizophrenia, affective disorders, etc.) among parolees and flat-timers. "Psychiatric diagnoses seemed to play only a limited role once a man had been convicted of a felony." "Alcoholism and drug-dependence seemed to be associated with an increased risk of recidivism."

An eight- to nine-year follow-up revealed diagnostic consistency. A very sad finding was that convicted felons married females who came from similar disturbed families and suffered from the same psychopathology as the felons' first degree female relatives. "It suggests that children of these matings will be exposed to a double dose of factors that predispose to delinquency, sociopathy, criminality, alcoholism, and drug-dependence—whether these factors are genetic, environmental, or both."

Included are two separate studies of pre-trial psychiatric examinations and psychiatry clinic patients. These again reveal that the principal psychiatric disorders associated with serious crime are sociopathy, alcoholism, and drug dependence.

In his last chapter Dr. Guze raises some interesting thoughts. He wonders whether imprisonment of confirmed felons until middle age might be in order, since recidivism occurs so frequently. Since sociopathy, alcoholism, and drug dependence are so frequently involved in felonies, should they be considered as factors in the determination of diminished responsibility?

Forensic psychiatry has at last reached a level of maturity, as evidenced by this report

of many years of research. In my opinion, these studies represent the finest collection of serious and competent research in our field. Obviously much more responsible work of this type needs to be done.

Every psychiatrist, lawyer, judge, sociologist, and penologist should be familiar with the data presented here. Dr. Guze's book is certainly a must for the forensic psychiatrist.

JONAS R. RAPPEPORT, M.D.
Chief Medical Officer
Supreme Bench of Baltimore City