COLLEAGUES ON THE

We seldom think of the policeman as a counsellor and unofficial social worker yet much of his day-to-day work can only be described in this way. Many of the problems of his job are social and ethical as well as legal, but police training is very limited on the subject and other social agencies seem reluctant to co-operate.

Dr. David Abrahamson was breaking new ground in a recent talk to Metropolitan Police First Aid instructors about psychiatric ‘first aid’. This new departure is a sign that, at last, policing is being recognised for what it is, a social service of which law enforcement is only part.

We may yet see a ‘togetherness’ of social workers under the umbrella of ‘social defence’, a term coined by the United Nations for one of its agencies and useful in emphasising that, however desperate their work, all those engaged in building and maintaining healthy, happy, fear-free communities are serving a common cause.

Police and the medical profession have been held apart in the past by the priorities given by doctors to individual patients and the police priority which goes to the community. The two are in fact reconcilable, the antipathy is misplaced. Community well-being is a precise reflection of individual well-being.

Policing in democratic societies is not always well understood. The subjective bias in favour of individual freedom is frequently at odds with the objective concept of freedom within society. Police represent the idea that society, as a whole, has the right to make laws which all should obey for the benefit of society as a whole.

There is a dilemma here which can only be resolved by the sacrifice of a modicum of individualism in order to preserve the larger part of freedom for the greatest number, especially freedom to live without fear of attack on person or property.

Francis Bacon resolved the dilemma, for himself at least, when he wrote ‘Better it is to live where nothing is lawful than where all things are lawful’. Anarchists take the extreme opposite view whilst democracy steers between the two. Police in a democracy are thus necessarily linked with the status quo. Their task is to preserve the position of compromise adopted by their masters (the large majority of the population). Para-

doxically, the order obtained as a result provides the best prospect for non-violent change.

Naturally, because we are all unique, humanly imperfect, we all break the law at some time or another; for the most part our sins are venial and we are illogical enough to blame the enforcement agency if we are discovered and prosecution follows. Income Tax Inspectors, Customs Officers, Factory Inspectors and Vehicle Examiners all experience the wrath which may follow from an ‘innocent’ offender.

Most lawbreakers are thus ordinary people, as ‘normal’ as reader or writer. A sizable proportion of offenders, including many of the worst criminals, are
'abnormal' at least in the sense that they reject the norms of society in favour of individual desires. It is in this field that police have most need of psychology and psychiatry.

All good police officers acquire some knowledge of people; they simply have to adapt themselves to circumstances and individuals as they find them. The same officer may use the rough side of his tongue in one situation, excessive politeness in another. If occasionally he misjudges and uses the wrong tactic he may find himself the subject of complaint.

Thus, in the daily confrontations which make up police work, the officer either learns or fails to survive. This is the 'psychological' side of police work which some observers condemn. They regard it as wrong that police officers should be other than routinely polite on all occasions. No police officer worthy of his calling is gratuitously unkind or rude but there are often situations in which swift, forcible action or words are imperative.

Law

Standard training of police officers is confined to the law and essential operational techniques. There is little space in an already crowded curriculum for the study of mental disorders as such. Room has to be found for civics and for sociological background training to help comprehension of the behaviour of immigrant groups and dissenting minorities. This is necessarily limited to basics and it is doubtful if initial training could possibly include even elementary instruction relating to mental disorders.

Training might more conveniently be arranged at a later stage when experience can be related to theories; possibly a Principal Nursing Officer from a mental hospital might be able to give more immediately useful, practical advice than a psychiatrist. There remains the risk that the novice policeman may clash with a severely deranged person on his first tour of unaccompanied duty. Fortunately today he can make contact with more experienced officers by personal radio but the hazard to both officer and deranged person is obvious enough.

Here the law is not of much help. The law says a Constable may arrest and take 'to a place of safety'. No doubt legal draftsmen spent some hours in their choice of language defining police powers; the officer has to act decisively one way or the other (it might be wiser to run away!) in the space of seconds.

This kind of explosive situation apart, police must know of the law concerning absconders from mental hospitals, and that dealing with warrants to remove or escort patients to a place of safety. Important—but not much use in practice—is the law concerning cruelty or neglect of mental patients, and the protection of women against the sexual desires of men. Police rarely have time to consider why men are not protected against lecherous women and, even if they did, would be hard put to find an answer. The sober truth is that the law on mental disorder does not figure prominently in police manuals, whilst instruction on the handling of mental patients is minimal.

Mental disorders and crime

It is in the general field of police duties that police make frequent contact with the mentally disordered. If the definitions set out in the Mental Health Act are strictly applied the proportion of mentally disordered offenders may not be high. Many, many crimes are committed, however, under stress of one sort or another which creates a mental attitude very close to the statutory measure, though not reaching it.

Vandalism is a case in point. We nearly all enjoy breaking things so that some forms of vandalism are little more than a temporary release from restraints which keep destructive urges within bounds. But some of the systematic destruction of public property—such as telephones, lavatory fittings, and trees and plants in parks—is motivated by a desire for revenge on society. Certainly a sizable minority have cause to feel that society has rejected them, or at least neglected them, but the persistent vandal has nurtured resentment until he is in much the same state as the arsonist who longs to destroy so that he may enjoy destruction. Sexual fantasies in arsonists are well known; vandalism contains a similar element of savage satisfaction. From a police point of view it is helpful to know which of our young people, and they usually are young, are so frustrated and dissatisfied with life in society that their dissatisfaction is likely to lead to crime of the dangerous purposeless type.

Some police forces have experimented with rough predictive methods which give an indication of the probability of a fall into criminality unless preventive action is taken. This follows, to some extent, the predictive techniques demonstrated in the US by Sheldon and Eleanor Glueck. It is probably right to say that, though having no probative value, predictive techniques can be of value both to society and to young
people who are in the course of yielding to pressures which create chronic criminality.

Most of us are repelled by any kind of analysis which involves labelling a young person as 'potentially criminal'. Yet, in logic and in fact, this is no different to diagnosis (and prognosis) of a mentally handicapped child.

Society at present can do little to correct criminality in an individual until criminality has been established. This is usually done by prosecution. Not until the prosecution has discharged the burden of proof which the law requires does the machinery for diagnosing and treating mental disturbance really begin to operate. Even then psychiatry, which is no exact science, may fail to come up with a solution. Worst still a solution may be suggested which is impossible to achieve because of lack of remedial facilities.

Prediction, scientifically developed, may yet play a great part in reducing criminality if matched by adequate clinical and supervisory services. Advanced predictive methods would entail a much improved liaison and understanding between police and the medical profession. Doctors would have to yield some of their protective attitudes vis-a-vis patients.

One doctor frustrated attempts to prosecute one of his patients for shoplifting by expressing a willingness to testify, every time she was caught, that she was suffering from cyclical insanity i.e. was sane in between but insane when she stole. Whether this protectiveness was in the interests of his patient it is impossible to judge. She might well have benefited by an order to undergo treatment. Doctors might also have to get used to the idea that preventing crime is as socially useful—and respectable—as preventing tuberculosis or cancer.

Police, on the other hand, would have to yield some of their suspicion of psychiatrists. Police are not the only people wary of 'head shriners' and 'trick cyclists'. Their critics have ranged from HM Judges to private soldiers in HM Forces. Black and white, right and wrong, deliberate or compulsive, are often merged by psychiatrists into a grey area of doubt which, however appropriate it may be in explaining the working of the mind, prompts the suspicion that the whole science of psychiatry is dubious. The eagerness with which Freudian and other theories have been exploited as justifying deviance from society's norms is also suspect by those who believe that restraint is essential to communal living. There is plainly much to do.

Despite doubts on some aspects of psychiatry, police experience of offenders establishes clear links with mental disturbance. A middle-class wife, after divorcing her husband, formed a lesbian association with an older woman. She became irritable and depressed, probably through experiencing shame or guilt. Her two sons, aged ten and twelve became delinquent. This kind of complex situation is quite beyond the power of the police to resolve. They can only hope that as a result of prosecution someone will provide answers and aid which the police cannot.

Serious domestic quarrels nearly always have an undercurrent of mental stress. Police often call a halt to hostilities and give sensible advice in domestic crises, a social service which occupies more police time than they willingly admit and which they regard as outside 'normal' police duty. Helpful as this service is there is room to doubt whether it represents the best that can be done. Here again there is need for liaison between police and the family doctor. This is specially true when minor violence may escalate into major attack on one spouse or the other, or on the children. Battered babies are more often due to parental inadequacy than to parental sadism. Over-burdened mothers contribute to murder statistics by forming the disordered view that it is kind to destroy children (often prior to suicide) to prevent them being subjected to the same kind of distress they, the mothers, are experiencing. Police who have to deal with tragedies of this kind often feel that prevention ought to have been possible, if only co-operative if not co-ordinated social defence machinery had been available. Initiative in such cases would almost certainly have to be taken by medical men and they, at present, arepowerfully inhibited by their own code of conduct.

Much the same applies to psychopaths and psychotics. Many violent assaults and murders are committed by mentally disturbed persons. To the laymen such people are outwardly normal—though schoolteachers who, like police officers, are compelled to acquire some understanding of psychology, are frequently able to point unerringly to disturbed children, who, presumably, become disturbed adults if there is no intervention. There seems no obvious way acceptable to all concerned by which family, teachers, police and doctors could be brought together in a pre-disaster rescue operation. Mostly each keeps his own knowledge to himself until a serious incident occurs and even then may be reluctant to be involved in a prosecution situation. Good social defence might prevent a prosecution situation arising but prosecution must be accepted as a 'long-stop' where other social defences have failed.

Mentally disordered people may commit crimes against property as a substitute for violence. A disturbed child steals from its mother; a respectable woman in menopause shoplifts for excitement; a policeman under stress steals in protest against the undiluted respectability of his occupation and his
private life. Even thefts which appear plain cases of greed may have concealed stratas of stress and disorder.

Crime, after all, is a creation of the human mind, and is inseparable from conscience or a sense of guilt. It is not a crime to kill in battle; it is most heinous to kill for personal pleasure. It is not a crime to have sexual intercourse with a girl aged 16; it is a crime to anticipate her birthday by a month, or even a day. Rape and non-criminal over-persuasion are separated by the haziest lines, made even hazier now that a permissive society has weakened the right of a woman to say 'No'. It is a crime to rob a bank of £1 million; it is not a crime to gain the sum by manipulating the stock market. Crime is thus forbidden selfishness; many other forms of self-indulgence, which seem morally on the same level, are left untouched. In this kind of confused situation it is hard enough for the highly intelligent to live lawfully and rationally; it is very difficult indeed for those of low intelligence or of disturbed mind.

Mental disorders and non-crimes

Suicide has been mentioned and remains a crime though attempted suicide no longer is. Suicide 'whilst the balance of his mind was disturbed' is a common enough Coroner's verdict. It must also be applicable to most attempted suicides. No-one regretted the passing of attempted suicide as a crime but the absence of sanctions often works against the individual's interest rather than for him. Police are still frequently called to attempted suicides though their only role is to help in such ways as they can, as at the scene of an accident. Though our consciences rest easier since attempted suicide was removed from the list of criminal acts it is doubtful if social defence is improved. Many mentally disordered people need some form of compulsion if they are to be helped.

People under mental stress are apt to become 'missing persons' deliberately or, more rarely, under the influence of amnesia. Police are caught in a dilemma. It is not for them to prevent people removing themselves to more congenial surroundings, but the phrase 'lest harm has befallen them' is always remembered in missing person cases. Children missing, and adolescent girls who have shown no sign of disturbance, warrant the full treatment. In other cases police must suit action to circumstances, something which calls for the exercise of judgement. Perhaps in all cases the family doctor should be consulted before action is taken. But will he tell? Does he want to be involved?

Police regard mainly as nuisances to be tolerated the apparently harmless people who suffer from delusions. Completely innocent of danger in police experience are those who suffer from rays or currents directed through walls by an anonymous 'they'. More menacing is the situation when 'they' are identified with neighbours, or priests, or police, because a focal point for delusions may lead to potentially dangerous counter-action. Do police do enough in such cases? The usual technique is to pacify and placate, wasting as little police time as possible. Should the police report to mental health authorities or ought the deluded to be allowed their fantasies which harm no-one?

Plainly we are all in difficulties in distinguishing between the eccentric and the mentally disturbed. We are in difficulties in deciding when society should intervene to control or help a potentially dangerous person. We are in difficulties in reconciling one method of social defence with another, particularly when a doctor-patient relationship is involved. None of these difficulties can be eliminated by any one agency acting alone. One can only say that we have allowed a 'who drills the holes' mentality to slow down the move towards essential co-ordination.