FREE-FLOATING ANGER

Excerpts from Deadly Consequences by Deborah Prothrow-Stith, M.D.

I first became aware of violence as a major threat when I had the privilege of working on a surgical service where we saw our first patient who had committed suicide in the operating room. I vividly remember the day it happened. I had just finished my surgical rotation and was about to start my neurosurgical rotation. I was working as a resident on a surgical service and was responsible for the care of a patient who had undergone a craniotomy for an intracranial hemorrhage. The patient was a young man who had recently suffered a head injury and was admitted to the intensive care unit. I was responsible for his care and was trying to determine the best course of treatment.

The patient's condition was critical, and I was having trouble keeping him stable. I was having difficulty communicating with him, and I was worried that he might have a relapse. I was feeling extremely stressed and was having trouble concentrating. I was worried that I might make a mistake and that the patient would die.

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outburst of rage I had every reason to suspect would be deadly.

Anger and violence were outside my jurisdiction.

In the weeks and months that followed, I thought a great deal about this patient and other young males like him. I wanted to understand the forces that sent so many of them to the emergency room—cut up, shot up, bleeding, and dead. Why were so many young males striking out with knives and guns? What could be done to stop the carnage? These questions motivated me to learn about violence.

I learned that this country has many more assaults and murders than any other industrialized nation, and that most of these incidents occur among the poor.* I learned that violence takes the lives of thousands of young each year; that homicide is the leading cause of death of young black males and the second or third leading cause of death (depending on the year) of young white males. I learned that half of all the victims of homicide are African-American, which is astonishing when you consider that blacks constitute only 12 percent of the American population.

The more I learned, the more perturbed I became. I could not understand the blindness of my profession. How could doctors ignore a problem that killed and maimed so many young, healthy patients? I knew that physicians spend a great deal of their time trying to prevent what are called behavioral illnesses—heart disease, suicide, obesity; conditions that result from a patient's own behavior. Yet violence, a grievous condition that surely stemmed from behavior, was overlooked. Why? Could the lack of interest be related to the race and economic status of the victims? Could it be that no one really cared about the pointless deaths each year of thousands of young men, most of them poor, half of them black? Well, I cared. I had a new son, a beautiful black baby boy with whom I was already madly in love. To me the lives of young males, black and white, were not expendable.

I began to ponder ways that medicine could intervene to reduce the number of young victims of violence. I was looking for an approach that would provide an unexplored perspective. My thinking centered on public health, the area of medicine most concerned with education and prevention. Twenty thousand homicide deaths a year convinced me that violence was a public health problem. To me it seemed self-evident: an "ailment" that killed so many ought to have the full attention of physicians and others concerned with improving health.

Seniors at Harvard Medical School were required to do special projects. For mine I decided to create a public health intervention to combat adolescent violence. My "intervention" was educational. I created a violence prevention curriculum to teach young males at risk for violence that they were at risk for violence, and to introduce them to ways of managing anger constructively. That early piece of work was far from complete. I still had a great deal to learn about violence, but at least I had made a start. Later I would refine this course and teach it in two of Boston's troubled high schools. A much later version of the curriculum was eventually prepared and marketed, and is now being used in schools in 324 cities in 45 states, as well as in Canada, England, Israel, and American Samoa.

Designing the first version of the curriculum forced me to find out about different disciplines that have traditionally been concerned with interpersonal violence. There were at least three separate professions to be considered—criminal justice, mental health, and the biological sciences. I needed to know what each of these disciplines could teach me about violence and violence prevention, and I needed to figure out where my thinking diverged from that of the experts in each of these fields.

Criminal justice is the vast mechanism created by local, state, and federal governments to apprehend criminal suspects, adjudicate their guilt or innocence, punish (and perhaps rehabilitate) the guilty, and eventually oversee their reintroduction into society. Police officers, prosecutors, judges, lawyers, forensic psychiatrists, prison officials, prison guards, and probation officers are all part of the criminal justice establishment.

Our criminal justice system is the offspring of English Common Law. Fundamental to this ancient code is the assumption that when a crime occurs there is an assailant who is guilty of the crime and a victim who is innocent. The job of the criminal justice system is to find an appropriate criminal suspect for every crime, to determine his guilt or innocence without trampling his constitutional rights, and, if he is found guilty, to punish him. In contrast to the idea of punishment, the far more modern and controversial idea that convicted criminals can and should be rehabilitated during incarceration is an idea to which our society has only occasionally been committed, although there is some evidence that rehabilitation programs can reduce rates of recidivism among young offenders.

Many people who work within the criminal justice system believe that punishment, in addition to being an appropriate social response to major offenses, serves as a deterrent to crime. They see punishment, if swift and sure, as a form of crime prevention. This is an idea that is passionately defended, but difficult to prove. I very much doubt that it is true. Today we have more people in prison than ever before. If punishment were a deterrent, then the number of crimes being committed in our society ought to be declining. FBI statistics indicate just the opposite.

* References throughout will be discussed in the Notes section following the text.