

INSTITUTE OF CURRENT WORLD AFFAIRS

JLS-3: A Reply

29 West 17th Street  
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January 15, 1974

Mr. Richard H. Nolte  
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Dear Mr. Nolte,

In my second newsletter, The Case Of Alfred Curt von Wolfersdorf, I wrote that "there is some statistical evidence that psychiatrists are less accurate than the toss of a coin at predicting a man's potential for violence." It came as some surprise when this mild claim prompted a letter promoting it to the status of a "startling and contentious assertion... that requires some underpinning. I believe you should cite a source that you are prepared to rely upon... given the endless number of lies that statistics have been used to perpetrate." Assuming that other readers may share this reaction, I devote this newsletter to some of the issues involved.

Common sense and experience warn us that prediction is at best a chancy business. I doubt that my correspondent

would have required proof if I had written that there is some statistical evidence that barbers are less accurate than the toss of a coin at predicting violent behavior. Or that psychiatrists are less accurate than the toss of a coin at predicting the outcome of horse races. The comet Kohoutek, which experts promised would fill a sixth of the evening sky by now, is visible only through binoculars. And economics, long considered a model for the other social sciences, has failed to predict, as Robert Heilbroner pointed out recently, "the major economic trends of the years since 1945," including the pickle we find ourselves in today.<sup>1</sup> Human beings are famous for their unpredictability, especially compared with comets and dollars. Our understanding of men is sketchy at best, the variables are not all identified and not yet quantifiable, and the worth of even the most basic diagnostic categories and the tests used to assign people to them is under serious challenge within the profession.<sup>2</sup> The behavior of individuals is generally more difficult to forecast than that of aggregates. And perhaps most significant, men are continually subject to the influence of many equally unpredictable fellow men. Yet my correspondent, in assigning the burden of proof as he does, begins with a bias in favor of the ability of psychiatrists to

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<sup>1</sup>"Balancing the World's Accounts," N.Y. Review of Books, November 29, 1973, p. 31.

<sup>2</sup>See, e.g., "A Psychodiagnostic Instrument," book review of Objective Personality Assessment in Science, Vol. 182, 9 November 1973, at p. 574.

predict human behavior. I think he would be hard-pressed to discover anything in the experience, training, or education of psychiatrists that confers this ability.

Freud was the first to acknowledge that psychoanalytic theory could not be used for predicting an individual's behavior. In "The Psychogenesis of a Case of Homosexuality in a Woman" he conceded that even when it is possible to discover the hidden roots of a person's behavior, it is not possible, working the other way, to predict their behavioral outcome in the future:

So long as we trace the development of its final state backwards, the connection appears continuous, and we feel we have gained an insight which is completely satisfactory or even exhaustive. But if we proceed the reverse way, if we start from the premises inferred from the analysis and try to follow them up to the final result, then we no longer get the impression of an inevitable sequence of events which could not be otherwise determined. We notice at once that there might have been another result, and that we might have been just as well able to understand and explain the latter....

...Even supposing that we thoroughly know the aetiological factors that decide a given result, still we know them only qualitatively, and not in their relative strength. Some of them are so weak as to become suppressed by others, and therefore do not affect the final result. But we never know beforehand which of the determining factors will prove the weaker or the stronger. We only say at the end that those which succeeded must have been the stronger.<sup>1</sup>

Contemporary psychoanalysts appear to agree with Freud on this point.<sup>2</sup> Yet the psychiatrist who examines and labels patients

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<sup>1</sup>Collected Papers, Vol. II, p. 202 at 226-227 (1920).

<sup>2</sup>See, e.g., Robert Waelder, "Psychoanalysis, Scientific Method, and Philosophy," J. American Psychoanalytic Association, pp. 622-636 (1962). And see also Anna Freud, "Child

in involuntary commitment proceedings will use the insights and intuitions of psychoanalysis to make his predictions.

The problem of prediction is by no means confined to decisions about involuntary commitment--it affects decisions about bail, probation, delinquency, parole, and sentencing for crimes. While some success has been claimed with statistical (in contrast to clinical) prediction in some of these areas, the degree of accuracy reported always falls short of the strict standard we are accustomed to applying before we deprive men of their freedom. Events of low probability are especially difficult to predict accurately without overpredicting. Let's say we have a randomly selected group of 10,000 men over the age of 18, and we are trying to predict which of them will commit a violent crime--murder, forcible rape, aggravated assault, or robbery--in 1974. These are acts that no more than 100 men out of 10,000 commit each year. We administer specially designed psychological tests to each man, combine the results with everything else we know about him, and by comparing this data with information on a large number of known violent men, we predict whether he is likely to be one of the 100 we are looking for. Now, inherent in every procedure like this is a probability of error--the combination of errors in measurement, computation, copying and reporting

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Observation and Prediction of Development--A Memorial Lecture in Honor of Ernst Kris," 13 The Psychoanalytic Study of the Child, pp. 92-115 (1958).

data, and most important, in the reliability of the tests themselves and the correlations we make from them. But let's assume that the statistical procedure we're using is a remarkably efficient one--that it will never classify a violent man as harmless, and that it does the opposite, incorrectly classifying harmless men as violent, only 5% of the time (a very low estimate given what we know about predicting anything). This means that when we finish making all 10,000 predictions, we will have identified correctly all 100 future felons, but at the cost of pointing the finger at 500 harmless men. The chance of error compels us to cast our net too widely. In fact, we will always make more overpredictions than correct identifications when the chance of an event is lower than the chance of error--quite routinely the case in predicting deviant human behavior.

I have been told by one psychiatrist with an interest in the problem that "the technology for making predictions will be available within ten or fifteen years," after the completion of several vast computerized "longitudinal studies" similar in conception to those used in the past to trace the connection between cigarette smoking and disease. At present the technology does not appear to exist. "In all areas where prediction of future human conduct has been subjected to empirical validation, the results have proved to be very modest indeed."<sup>1</sup>

<sup>1</sup>Caleb Foote, "The Coming Crisis in Bail," 113 U. of P. Law Review 1125 (1965). For a comprehensive and no doubt enlightening treatment of the problem, see Professor Alan Dershowitz's forthcoming book on prediction and prevention.

But the case against prediction need not be statistically conclusive to be sufficient. The particular evidence I had in mind in writing JLS-2 was this:

In a well-known New York study, psychiatrists predicted that 989 persons were so dangerous that they could not be kept even in civil mental hospitals, but would have to be kept in maximum security hospitals run by the Department of Corrections. Then, because of a United States Supreme Court decision, those persons were transferred to civil hospitals. After a year, the Department of Mental Hygiene reported that one-fifth of them had been discharged to the community, and over half had agreed to remain as voluntary patients. During the year, only 7 of the 989 committed or threatened any act that was sufficiently dangerous to require re-transfer to the maximum security hospital. Seven correct predictions out of almost a thousand is not a very impressive record.

Other studies, and there are many, have reached the same conclusion: psychiatrists simply cannot predict dangerous behavior. They are wrong more often than they are right. And they<sup>1</sup> always err by over-predicting dangerous behavior.

Of course, the study described is merely anecdotal. It does not prove that psychiatrists are never or will never get good at predicting dangerous behavior, but only that they are not now good at it on a regular basis. This was all I needed to make

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<sup>1</sup>Bruce Ennis, Prisoners of Psychiatry (New York: 1972), p. 227. Consider also this excerpt from a New York Times story of November 11, 1973, p. 31:

....On September 18, 1972, Kemper was judged sane and "no threat to society" by two court-appointed psychiatrists who agreed that his juvenile criminal record should be sealed. Only three days earlier, Kemper killed and dismembered a hitch-hiker.

Several individuals including Earl Brian, [California] State Secretary of Health, Education and Welfare, and Dr. Bernard Diamond [of U.Cal., Berkeley], a psychiatrist who worked with the Sirhan B. Sirhan defense team, are agreed on one thing: Experts are not able to predict violent behavior in individuals.

the argument on page 5 of JLS-2:

[In our system of justice] when a man is accused of a crime alone, he is guaranteed a multitude of procedural safeguards to insure fairness and objectivity before, during, and after his trial.... But when a man is accused of insanity...we typically ignore these protections and instead entrust the question of his liberty to a doctor or two.... Yet most men are not so conveniently categorized as mad or sane.... What we may in fact be asking of the psychiatrist is whether the man under examination is likely to be dangerous in the future. Is the psychiatrist likely to give us a reliable prediction? Probably not--there is some statistical evidence that psychiatrists are less accurate than the toss of a coin at predicting a man's potential for violence.

Even if there is only a substantial question whether psychiatrists can accurately predict harmful conduct, my argument is made. For an institution that regularly deprives men of their freedom on the basis of predictions of doubtful validity is an anomaly in a system of justice in which guilt must be determined beyond a reasonable doubt.

Now, for the sake of argument I am willing to concede that 1) human behavior is "scientifically determined," 2) psychiatry (or some other profession) will some day gain the ability to predict dangerous behavior, 3) ours will be a brighter world when it does, and 4) some individuals may now be pretty good at predicting (including some psychiatrists, some policemen, some barbers, and others). Nevertheless, at issue still is a widespread belief that psychiatrists as a group are endowed with powers they do not in fact possess. It thus qualifies as a fantasy. And it is so common a fantasy that it has become

an institution to which many of us subscribe--lawyers, judges, legislators, and some psychiatrists.

What follows is my speculation about the psychological function of this fantasy. Of course, it should always be a cause for suspicion when someone tries to psychoanalyze away the argument of an adversary. Freud has the maddening habit of ascribing his detractors' point of view to "resistance"--the same force which, as he discovered, blocks both the recovery of childhood memories and so also the recovery of neurotic patients. One may also question the value of "curbstone psychoanalysis" or analysis from afar, the practice of divining another man's hidden motivations without the assistance of the man's own reports of his fantasies, feelings, wishes, and so forth--in short, without the benefit of firsthand evidence. But I am not trying to discern the unconscious workings of my correspondent or any other given individual. I only assume that for a social belief to persist for so long for so many, it probably serves a psychological function, and if the belief turns out to be fantastic, it will by the same token have a source in some widely shared fantasy, in this case the over-estimation of the psychiatrist's predictive powers.<sup>1</sup>

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<sup>1</sup>These assumptions do not guarantee that the speculation will be correct--only that it may have explanatory value. Its factual correctness--the number of people who hold the belief for the reasons I say they do--can probably be determined by nothing short of a national polling organization armed with batteries of projective tests.



We seem never to outgrow the teen-ager's tendency to hero-worship and his exaggerated expectation that intellect can check his newfound impulses. In imagination we still re-create the parent who has mastered his own violent instincts and will help us master ours; we find it comforting to imagine that men exist who can foresee violence before it is inflicted on us and before we inflict it on others. And by embracing a notion that we are transparent, we master our anxiety of being seen through. We create the possibility of becoming omniscient ourselves, of taming with the mind's power the dangers that lurk unseen about us.

These operations of fantasy strike me as instances of a phenomenon in psychoanalysis called the "transference reaction":

Transference is the experiencing of feelings, drives, attitudes, fantasies, and defenses toward a person in the present which do not befit that person but are a repetition of reactions originating in regard to significant persons of early childhood, unconsciously displaced onto figures in the present. The two outstanding characteristics of a transference reaction are: it is a repetition and it is inappropriate.<sup>1</sup>

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<sup>1</sup>Ralph R. Greenson, The Technique and Practice of Psychoanalysis, (New York, 1967), p. 153. In the psychoanalytic situation, transference reaction by the patient toward the therapist "offers...an invaluable opportunity to explore the inaccessible past and the unconscious" in its present manifestation. "Psychoanalysis is distinguished from all other therapies by the way it promotes the development of the transference reactions and how it attempts systematically to analyze transference phenomena." p. 151.

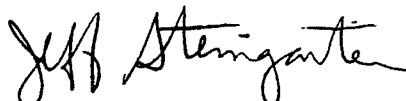
Overvaluation of the therapist's powers is one common form of transference reaction in the psychoanalytic situation. But transference also occurs outside of it, in both healthy people and sick people. All relationships are a mixture of realistic and transference reactions. Among adults, transference is especially likely to predominate in relations with people who functionally resemble parents--particularly leaders, lovers, celebrities, and physicians.

Transference is a re-enactment of childhood and a projection of our fantasies and impulses onto another person. As a re-enactment, it is a way of barring memory--of keeping buried the childhood roots of our contemporary experience. As a projection, it is a means of attributing to others what we would prefer to ignore about ourselves. By ascribing to psychiatrists a fantastic degree of insight into our own minds, we deny the possibility of our own insight. By positing the existence of men who can see inside us and into our futures, we try not to find out about the sources of our own violence. And so we share the responsibility for our actions with someone who doesn't exist.

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A psychiatrist I know tells me that he is good at predicting suicides. We'll see.

Sincerely

A handwritten signature in cursive script that reads "Jeff Steingarten". The signature is written in black ink and is positioned above the printed name.

Jeff Steingarten

Received in New York on January 21, 1974.