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Reducing Police Stress: A Psychiatrist's Point of View*

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SUMMARY

This paper results from my professional experience with approximately fifty disabled police officers of the Los Angeles Police Department through referrals from the City's Worker's Compensation Division and LAPD Medical Records. Strain disorders, police stress, the disability process as a cause of stress, reducing police job stress and strain consequences, ameliorating the stress of the disability process, and counseling practices are explored and practical approaches for reducing police stress entertained. Medical considerations and the importance of the reduction of organizational stresses are emphasized.

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The present focus of this paper has resulted from my professional experience with approximately fifty disabled police officers of the City of Los Angeles since June, 1971. Some of these contacts were for evaluating disability; many were for treatment of varying intensity and depth. Pertinent materials on occupational stress have come to my attention, either specifically related to police work [Kroes et al, 1974], or representing more general studies on occupational stress. [Kornhauser, 1965; McLean, 1974]. There have also been many discussions with personnel from the Medical Records Division of the Police Department, Worker's Compensation Division of the Personnel Department of the City of Los Angeles, and the Police and Fire Pension System.

The amount of stress-related disability (compensable and noncompensable) of employees of the LAPD is increasing. Police Department Medical Records personnel and Worker's Compensation personnel are of this opinion. William Kroes informed me recently that he has been receiving similar impressions from other departments throughout the country. Although police work stress-related disability is increasing dramatically the resultant effects, such as decrease in productivity of those still employed, the number of actual sick and injury (IOD) days lost, the suffering, anxieties, and depressions of the injured, sick and disabled leading to the costly loss of highly trained employees, has not yet been adequately quantified to my knowledge. The global impression, however, is one of drastically increasing Worker's Compensation budgets, IOD costs, disability pension costs, and perhaps earlier service pension retirements for those in such a position to find this way out.

[Under California's Worker's Compensation Law, work stress or trauma has to be only a substantial contributing factor to a disability, whether a new condition or an aggravation of a prior condition, for that resultant disability to be compensable. It is further my understanding that subsequent disability pension determinations because of recent California court decisions tend to rely more heavily on the Worker's Compensation determination.]

* Editors note: Potentially offensive expressions have been retained in this article in the interest of presenting an accurate report of actual police situations.

Stress-Related Disorders (Strain Consequences)

Psychological stress produces not only what is commonly thought of as being frank mental and emotional disturbance, neurosis and psychosis, personality regressions, brain damage-related problems known as organic brain syndromes, and so-called traumatic neurosis also known as combat neurosis, gross stress reaction, or transient situational disturbances often resulting from life and limb threatening situations or other line-of-duty crisis, but also produces a whole gamut of psychophysiological disturbances that, if intense and chronic enough, can lead to demonstrable organic disease of varying severity. A list of such psychophysiological conditions that lead to medical and surgical conditions includes: Psychophysiological disorders of the skin such as neurodermatitis and atopic dermatitis; of the musculoskeletal system such as backache (the low back syndrome), muscle cramps, tension headaches, stiff neck; psychophysiological respiratory disorders such as bronchial asthma, hyperventilation syndrome; psychophysiological cardiovascular disorders such as high blood pressure, tachycardia, gastrointestinal disorders such as peptic ulcer, chronic gastritis,ulcerative and mucous colitis, constipation, hyperacidity, pyloric spasm, heart burn, irritable colon, gastroesophageal reflux; psychophysiological genitourinary disorders such as disturbances in urination, sexual functioning, impotency; and psychophysiological endocrine disorders such as diabetes mellitus, thyroid disorders, adrenal disorders, pituitary disorders, menstrual disorders, and other sexual hormone disorders. There is also increasing evidence that the occurrence of industrial accidents themselves are often stress-related; this has been called the "accident process"....[Selzer and Vinokur, 1974, Hirschfeld and Behan, 1963].

Increasing sick time, which may be related to conditions that may be claimed to be work-related or not, including colds and "flu" syndromes, gastrointestinal upsets, headaches, causing absence from work in reality may often be brief stress reactions, work-related or not.

Alcoholism, often resulting from stress, in the long run only adds to the impairment that has already been caused by the original or initial stress experiences. The injudicious use of medicines, whether prescribed, over the counter, or illegally obtained can also lead to further significant impairment with increasing disability and chronicity.

No matter to what extent divorce is still considered a social disorder or psychopathological, it is certainly often related to increasing stress and often in its turn, causes increasing stress. There appears to be a concensus that alcoholism, suicide and divorce are quite high among police officers when compared to the general population.

Psychophysiological disorders often develop into or contribute to significant frank organic pathology, the most common pathology being arteriosclerosis and cardiovascular disease, diabetes mellitus, peptic ulcer, high blood pressure, and low back syndrome, the latter being much too often considered to be surgical as a probable discogenic syndrome.

Further, "some researchers are now linking tension to everything from cancer-proneness to stiff necks... Diagnosis and etiology are not so simple as in the monofactorial era of the germ theory. Among the currently-recognized major factors that contribute to an individual's susceptibility to disease [are]:

"Presence of a pathogenic agent;

Predisposition or vulnerability to a particular disease...that may be genetically determined;

Presence of 'stressful' environmental conditions;

Individuals' perception that psychosocial conditions that prevail are indeed 'stressful';

Capacity of the individual to cope with or adapt to the demands and events that occur within his environment."

[Adler, 1975]

A major presenting disability is the low back syndrome (and possible cervical syndromes should be included as well). LAPD Medical Records Division personnel recently furnished me with data that demonstrates that 33-45% of all off-work IOD disabilities would fall into the category of low back syndrome, and that this percentage has been constant over the past year.

Whatever the state of the intervertebral discs, and too often there are only marginal objective findings, the experience of low back pain is highly influenced by depression and tension, disguised or not by life events [Holmes, 1952] and may be the principal or only presenting complaint resulting from a depression. The back and its functioning is highly symbolic to the psyche, and paranoid and other psychiatric sequelae are not rare following surgery to the low back. It would be very prudent to insist on initial psychological evaluation in all these cases. The results of surgery to the low back for discogenic syndrome have not been generally good in any consistent manner, and proper patient selection is imperative from the the point of view of significant objective motor findings, psychological set, and satisfactory patient motivation to get well. There are other, more promising, approaches related to behavior modification, active physical conditioning, bio feedback, autogenic training and progressive relaxation.

One neurosurgeon [Shealy, 1973] relates:

"Review of original operative notes in the 250 patients previously operated elsewhere, however, reveals definitive reports of disc herniation in only six of these patients. In 20 others the information supplied is insufficient to make a diagnosis; and in 224 patients the operative note clearly indicates that the original pathology consisted of a bulging, degenerated disc. It is easy to understand, in this group, the failure of pain relief with disc removal. Pertinent to this fact is our finding of only one ruptured disc in 45 patients previously unoperated but otherwise complaining of back and sciatic pain similar in nature to that of the patients who had failed to benefit from earlier hemilaminectomy, disc removal and/or fusion."

Dr. Shealy is of a very firm opinion that the group of low back pain patients, who have true disc herniation or extrusion:

"represents only a small proportion of all patients complaining of chronic low back pain and sciatica."

He states that:

"Attempts to relieve chronic symptomatology by hemi-laminectomy and disc removal may result in worsening or failure of resolution of the patient's original symptoms..."

He found this to be the case in chronic low back pain without clear cut motor or neurological changes, a virtually normal myelogram or a minimal abnormality; in lumbar spondylosis with long standing degenerative disc disease; in pure 'discogenic' pain, as reported by Cloward; and in disc surgery failures.

There are also injuries which often lead to psychiatric complications, such as head injuries with physical trauma to the brain or injuries to other organs that are of important emotional significance to the injured.

The explanations for increasing stress-related disability are varied. It has become more socially acceptable to recognize and admit stress and strain reactions without necessarily being considered crazy, insane, or psycho, leading to emotional and mental disturbances and to the pathological physiological reactivity of the psychophysiological disorders more commonly known as psychosomatic disorders, affecting different organ systems and, if chronic, leading to blatant tissue pathology. In the past many of these conditions were often not recognized, or were diagnosed simply as medical conditions or the afflicted people were simply gotten rid of.

Lay people, attorneys, doctors and employees are much more aware of stress reactions leading to disease, as communicated by the various media. More pertinently, professional employee associations have published articles in their newspapers quite recently describing this phenomenon. There is also increasing recognition of the possibilities of treatment and compensation for such conditions, and more hopefully, recognition of the advisability of treating and preventing such conditions for both humane and economic considerations.

A second factor leading to increasing incidence is that there is, undoubtedly, increasing stress in our society. Living today, in general, has become more stressful and is increasingly so. General factors include increased choices, mobility, noise pollution, crowding, social anomie, uncertain economic conditions, accelerating social changes, dissipation of traditional values, beliefs and rituals, and what has recently been described as future shock. [Toffler, 1970, Rahe, 1969].

Police Stress

Work-related stress disorders, particularly in police officers, is increasingly being recognized. William H. Kroes, Chief, Stress Research, National Institute for Occupational Safety and Health, pointed out in Psychological Stress and Police Work,

"...available morbidity and mortality data show the police have more health problems which appear to be stress related than those in other occupations."

Based on 1950 census data Kroes' findings show that no occupation exceeds that of police officers in combined standard mortality ratios for coronary heart disease, diabetes mellitus, and suicide. In all probability, police work would prove to be even more stressful of late than it was in the 1950's given the events that have taken place in America in the past 15 years, leading to increasing social anomie, polarization, lack of civil support with unrest and resentment, resulting in increasing civil complaints and suits... As William Kroes believes,

> "Efforts of individuals such as author Joseph Wambaugh notwithstanding, police have come to represent for a large segment of the society a very negative image. Public antagonism over the years can only have added to the already overwhelming stress that the policeman must face in his job."

Because of such social influences, there has been counter-reaction within the police department leading to increased self-policing. Such increase self-policing, however laudable, increases stress among employees who wonder when they will be "second guessed," investigated, and/or brought before a Trial Board. There have also been concomitant accelerating administrative and organizational changes, due to necessity of increasing uncertainty, malaise, tension and insecurity, particularly among older employees, in the face of newer and unfamiliar job responsibilities. These recent organizational changes, including civilianization have limited lateral mobility within the department, thus eliminating some positions that heretofore have served as stress safety valves.

Kroes describes two categories of stresses: Those which police may share with other stress occupations, and those which are unique, police specific stresses. The first group includes problems associated with following official policies and procedures, rapport between workers and supervisors, the stress of a second job, shift work, boredom, and responsibility for people. Specific police stresses are courts, community relations, conflicting values between majority culture values and subcultural values, line of duty crisis situations, and difficulty unwinding after a tour of duty.

It is also my understanding that NIOSH is presently setting in motion a research project that will further delineate the relationships between stress factors, strain factors, and the mitigating factors lessening strain reactions among various occupational groups and, in particular, among police officers fashioned after preliminary studies by Margolis et al,[1974] and Kroes, et al, [1974].

The observations which I shall describe here stem not from quantified research studies of a representative sample of working police officers, but principally from clinical observations and impressions gathered from my evaluative and therapeutic sessions with disabled police officers, thus from a somewhat selected sample. Some of these police officers have since returned to work; many have not.

The most frequent common denominator of perceived stress is related to performance anxiety in one form or another. A second most common stress factor is related to the specific experiences and interpretive orientations that policemen are subjected to in their daily work.

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The most frequent manifestation of performance anxiety is related to the fear of doing something wrong, of being criticized, second-guessed, investigated, of being tried, suspended or fired. A second source of performance anxiety is related to the inculcated need and pressure to prove manliness sometimes known as macho, machismo, and probably related to the "John Wayne Syndrome". [Reiser, 1973]. A third source of performance anxiety which is increasing, is related to civil suits against police officers who have otherwise properly performed duties according to acceptable police policies and procedures.

The anxiety and the fear of doing something wrong or of being involved in something wrong is an extremely pervasive one. This is experienced as a continuous pressure from the police department itself that:

> "You've got to be a 'do-be' - a good guy - and you can't unwind like the other civilians."
>
> "You can't live your own life. You're a policeman for 24 hours, rather than for eight hours, because of being a constant reflection on the department. People lose their identity."
>
> "There are investigations of everyone when something goes wrong with one officer. Everyone is suspect."
>
> "We've been told we've been selected for our maturity and then we're treated like kids. There is one sergeant for every three or four police officers."
>
> "Officers are often afraid to get involved in certain situations because of possible investigations by Internal Affairs Division, or one simply lies and rearranges facts to cover one's ass."
>
> "Superiors are always doubting a policeman's veracity. They very seldom take you at your word. Why tell the truth anymore."
>
> "If there are complaints against us, we have to undergo polygraph examinations and investigations, but the one who brings the complaint doesn't."
>
> " If a special problem arises, they watch the guy and keep a log in order to go after his head."
>
> "To do a job well you sometimes have to go out on a limb and if you're wrong and make a mistake, you're nailed to the cross."
>
> "Do the least little thing wrong and they'll be all over you."

The statements noted above and their various variations, whether well articulated or not, are highly representative of and commonly and frequently exclaimed by police officers that I see. This situation is represented in the extreme by investation and trial by a Board of Rights of a police officer who is manifesting unusual or bizarre behavior - more often than not such unusual or bizarre behavior being substantially contributed to by work-related stress.

The suspensions, investigations, and trial boards only increase the work-related stress, often increasing the unusual, bizarre, or unacceptable behavior.

Investigations and trials or trial-like situations in which one is a defendant are a quasi universal source of stress in Western culture and are the most frequent cause of referral to me, whether the ostensible cause is peptic ulcer, low back syndrome, bizarre behavior, alcoholism, high blood pressure, gunshot wounds, life-threatening events or emotional disorder. This is not to say that all these people are faced with real trials, but when the real trial is missing there is still an internal trial fantasized.

The cultural universality of this concern with trials is dramatically modelled in our theology from Original Sin to Final Judgment. The psychological process of the trial, imagined or real, and its consequences are graphically and ingeniously portrayed in Franz Kafka's, "The Trial."

More recently, we have been given an in depth study of the effects of guilt and various trials on the behavior, health demeanor, emotions, and thinking of Karl, the surviving police officer of, "The Onion Field" [Wambaugh, 1973] and, by reflection on his family concomitant with departmental reaction in terms of the "bad apple theory" and the defensive inability of the department "to identify with their victim."

The police officer is certainly more caught up in the trial than most, whether in his external relationships with society or in his internal relationships with his peers and employers. The police officer feels that not only is he subjected to the usual negative sanctions that he shares with the rest of society, but that he is also subjected to specific and unusual negative sanctions brought from within the department where the punishments or penalties exacted by the department are often more onerous than what he would receive in an ordinary court of law from the same infraction or for behavior that elsewhere would not be considered an infraction.

Vying in popularity with the trial of guilt is the trial of machismo. Whatever the sources are, whether it is part of the initial motivation to become a policeman, whether it is the result of subtle events or subtle pressures from peers and employers, whether it is a more intense reflection of the cultural ideal portrayed in traditional American Westerns, or whether this stems from the "John Wayne Syndrome" [Reiser, 1973] as a psychological defense fostered during the early experiences of police work, or a combination of all of these and more, the striving for machismo becomes a continual pressure and stress, particularly when it is in conflict with more private, personal views of the police officer, or with changing departmental policies designed to improve department-community relations by decreasing complaints made against officers, to reduce city losses due to law suits and, to present a more positive social image of the police officer and police department.

The continual striving for a proof of virility provides a need to demonstrate one's masculine superiority through physical altercations, capacity for drinking and sexual prowess, which in turn, can lead to considerable embarrassing acting out or be a source of behavior that leads to aggravation of family problems, citizen complaints, a greater readiness to shoot, generally a more aggressive, assertive, competetive approach leading to confrontations and to further physical and emotional injuries and destruction of equipment and uniforms.

Another source of potentially embarrassing acting out also related to machismo stems from the rigid hierarchy or pecking order. The cycle of frustration leading to anger and hostility [Dollard et al, 1939] can only be recycled in a downward direction, the flow eventually arriving at the field officer who, is receiving his comeuppance from his superior, only has the public on which to vent his resultant frustrations, anger and hostility. This has been referred to as displacement of anger.

Further, the trial of guilt and the trial of machismo are in conflict with each other and lead to a veritable double bind. As one very experienced and respected field officer related (somewhat paraphrased):

> "From a legal point of view, police work used to be simple. There was black, and there was white, and a narrow line of gray. In the ensuing years, this gray area has enlarged to such an extent that now there is very little white and very little black. And yet quick decisions have to be made in the field based on increasing ambiguities and obscurities as to what is correct or not correct. There have been changes in official police shooting policies and procedures, for example, that are widely at variance with the laws concerning felons, and this has done much to 'muddy the waters'. It used to be fairly easy to know when one could shoot and when one couldn't shoot, but nowadays one is not very sure at all and more police officers seemingly are getting shot with their own guns in chasing after a suspect and wrestling with him in order to avoid a substandard shooting or shootings against policy.
>
> "Another example is concerning accidents among police men who are given large, powerful cars with 300+ horsepower and yet get many days of suspension if a fender is dented. If one didn't want to have accidents, one could use other means of transportation that would avoid such accidents, from the point of view of frequency and intensity. We are told not to have any accidents and yet we're furnished the means of having good ones.
>
> "And there is no such thing as painless law enforcement. Somebody is going to get hurt and somebody is going to have their feelings bent out of shape, and yet we are trying, in this country, to have painless law enforcement. They go out of the way to hire aggressive policemen and obviously they are going to chase after people who are trying to escape. This is the price one pays for apprehending suspects - accidents and injuries.
>
> "Another source of stress is the presently-increasing discordance between abilities necessary for promotion, such as book learning, and competence and familiarity

with problems in the field. This results in considerable frustration in police officers between the stress of dealing with civilians and the stress of being directed by someone who may not have the necessary knowledge or talents to direct such field operations. Certainly, one possible solution would be to demand of all supervisors from the lowest rank up to have repeated and intensive field experience, or have other methods of promotion and advancement that take into account the real knowledge and talents needed for direction of field officers in all field situations and duties."

Another source of conflict and stress is provided by the police officer's orientation toward security - financial, moral, and physical - conflicting with needs for machismo and the work-goal orientation of the search or quest for evil through apprehending persons committing evil or illegal acts. The security of police work, the job security of the civil servant, the competetively favorable salaries, and the pension at the end of twenty years is well known. The moral security of being on the right side of the law, of being on the winning team, is another evident attraction. The need for safety, both physical and emotional, becomes an increasing need with the passage of time. This becomes expressed as a more intense desire for the best equipment available, the most effective and the most protective, to do the assigned duties or cope with various risky and dangerous situations as they occur. The field officer often feels cheated in this regard when he compares equipment given to management for better administration with what he sees as being authorized for life-and-limb-threatening situations in the field. This only leads to further stress, resentment, and frustration. The increasing need for emotional safety, although ever present, is covered over by machismo, but certainly becomes more obvious, particularly after a disability occurs as will be described later.

The continual (approaching continuous) chronic quest for evil, necessitated by the job, produces very important psychopathological consequences. With increasing time spent in police work, the initial moral idealism of the police cadet turns into a hardbitten, bitter, and cynical orientation toward the world where all one sees or expects to see is evil, filth, and depravity, particularly when this is coupled with the policeman's growing social isolation from civilian society. This leads him finally to feel that everyone outside is an "asshole," and often leads to similar distrusting relations with his fellow workers. He becomes increasingly suspicious, distrusting, isolated, and finally paranoid as life becomes a chronic cold war when it is not a hot one. He lives in fear not only of the public, but of his fellow employees and superiors. Fears of retaliation, both from without and from within, grow to monstrous proportions, and there is no one to talk to. A very significant effect of the police officers' quest for machismo, and perhaps engendered by training, work experiences, and generalized attitudes, is that certain expressions of emotionality and, above all, of emotional or mental disturbance, or the admission to concerns or needs resulting from such feelings, is strictly forbidden. The "psycho," whether without or within the department, is both highly feared and the butt of defensive ridicule. The psychiatrist is despised and feared, not only because of his oft-publicized mitigating role in the trial of a

defendent, but because emotionality and emotional disturbance is still high anathema in police culture. There is an intense chronic fear of talking about or communicating one's emotionality, stress and strain, and possible emotional disturbance, or of seeking help, as this would greatly interfere with promotional opportunities if known and lead to ridicule, possible harassment, ostracism, and potential dismissal by being found medically unfit.

All stresses given rise to stress-and-strain-related disorders can lead to marked disability, whether arising out of an injury, accident, illness or cumulative stress, culminating in the "disability process". The "disability process" itself is fraught with many possible traumatizing events which can lead to florid psychiatric complications even if such did not exist initially, with increasing severity of disability.

The Disability Process as a Cause of Stress

When an injury or illness leads to a disability which causes removal from the work situation, the patient undergoes regressive trends, whether at home or in the hospital, manifesting increased dependency needs which reveal themselves by a strong need for a feeling of being taken care of, of being cared for, and of increased needs for "nurturant" support. In disabled police officers this increased regressive-dependency need is not sufficiently satisfied by highly competent medical and surgical care alone, or by sufficient family support. In a profession such as that of policing, where one is often risking life and limb, there is a great need for the police officer to feel that his department really cares. Among the many policemen, employees of the Los Angeles Police Department that I have either evaluated and/or treated, there has been a quasi-universal feeling of neglect, that no one in the Department really cares or "gives a damn" about their predicament of being injured or ill ("After you put your live on the line...."), leading to great frustration, disappointment and bitterness, with increasing internally-felt pressures, thereby, for retirement than for return to work. Further police officers seem to develop a serious suspicious orientation. If someone from the department does finally visit, such as a supervisor, this is often interpreted by the disabled police officer to really mean that he is being investigated and checked up on for malingering, faking, for some other concomitant investigation "against" him, or whether or not he is still following official rules and procedures. He seems to experience little warmth and understanding from his employers. This is not to say that this is the correct interpretation by the injured or ill police officer but it is often what is felt by him. He feels either neglected and unwanted or harassed, instead of feeling support, warm concern and facilitation.

If the disability is severe and of significant duration, over one-three months, there are increasing concomitant effects on the patient's home life, his wife and children. The family developes increasing uncertainties as to whether or not there is going to be physical and/or mental or emotional recuperation, whether there'll be a return to work or other possibilities of work or financial support. The usual equilibrium of the family is modified, sometimes severely so, by the resultant social changes entailed by the events of the disabled person's being home. This, in turn, can cause further stress in the disabled employee.

There may be the onset of financial stresses. Some employees might have had second jobs, and the injury or illness often incapacitates them for this

work as well. The income from such extra work is usually counted on to meet current expenses.

There are often initial uncertainties as to whether the injury or illness is considered work-caused. A person may be carried on sick leave for a very significant period of time. Sick leave time may run out and the officer still may be disabled.

Or when determination of work-caused status is made, sometimes only through Workers' Compensation Appeals Board process, there are often still further delays and uncertainties as to when monies will once again be coming in. There are often delays in having the new status reprocessed and retroactive modifications made regarding IOD pay, and ignorance regarding recuperation of payments into the pension system, payments to the credit union, medical insurance payments, etc., often times causing a great deal of further consternation in the injured or ill.

There are several routine restrictions while on IOD or sick status that often further complicate recuperation, particularly in those with significant emotional disturbance. Some of these routine restrictions are work restrictions, and a status of being on call, which is often interpreted as house confinement. Rest and recreation is essential for the emotional troubled and exhausted. Sports and physical activities, mobility, social interactions, and getting necessary interests accomplished outside the work situation are mostly beneficial. Often it is the case that in stress-related disability, although disability may exist for the work of a policeman because of phobic and anxiety factors in relation to the primary job situation, working at second jobs and taking care of other financial and vocational interests can be extremely beneficial and therapeutic. Further, in those instances where it is highly probable that the injured or ill employee will not be returning to police department employment, the finding of other satisfactory work as expeditiously as possible (particularly in the face of financial stresses), or at least taking the necessary steps toward retraining, job acquisition, and establishing a new vocational life for themselves, e.g., school, could also be extremely beneficial for their rehabilitation and recuperation of self-esteem.

There is often a relative lack of accessibility to information regarding options, insurance, disability waivers, job opportunities, job references, community resources, what letters have to be written, who has to be contacted, and who to notify. These may seem like minor details, but if properly handled, can be a source of great reassurance to the injured or ill.

Unfortunately, the disability process often is detrimentally influenced by an adversary procedure. IOD status claims are often contested, particularly in stress and psychiatric-related disabilities. This only heightens the employees sense of the employer not caring, of the employer tending to be an adversary rather than supportive and helpful, because of the litigation process necessitated by filing a claim for Workers' Compensation. Too often, the employer's doctors to whom the disabled officer is sent is also experienced as adversaries, rather than helpful and therapeutic agents. This only further heightens the adversary nature of the disability process.

At times the doctors to whom the claimant is sent by his attorney recommend seemingly questionable treatment and work restrictions (by erring in the direction of maximum compensability) and would be or are harmful to the physical, emotional

vocational and social well-being of the claimant who, unsophisticated, is caught in the middle. Restrictions given are often unnecessarily limited and sometimes by suggestion, make the claimant believe he is more severely or permanently impaired than is truly warranted. The effects of overprescription of medicines, of injudicious choices or combination of medicines would tend to subjectively (and physiologically) confirm to the claimant how badly off he must be.

Often the patient sees more time and energy expended in the evaluation and expression of adversary opinions than in helping him get well. It becomes difficult to know how to get well where conflicting and confusing opinions are expressed. This process often leads to further opposition, bitterness, resentment, a sense of resignation, and "throwing in the sponge," pushing the employee further toward alienation and disengagement from his employers with less likelihood of return to work.

In those Workers' Compensation cases which are finally resolved by hearing and the disabled policeman returns to work with work restrictions, there are often misunderstandings of such restrictions: The work restrictions may be poorly phrased by the doctors involved, or poorly understood by the employers. Work restrictions related to psychiatrically - and stress-related disabilities do not usually fit very well into the usual categories of physical restrictions that one might find in orthopedic or cardiovascular disability. For example, desk work can often be much more stressful for certain individuals than their usual field duties. On the other hand, there are those who would benefit more from such inside work. Work restrictions should be clearly spelled out in explicit detail and understood in this context. Sometimes a transfer to another division where similar duties are still being performed may be the only necessary restriction, the restriction not pertaining to the work activities per se, but rather to particular environments.

In part, perhaps because of these misunderstood work restrictions, and also because of the still-prevailing disdain and even fear of those who are labeled as having an emotional problem or disturbance, these returning individuals may be given work roles that have for them very little esteem. There are tendencies toward reduction in grade and placement in nonvalued positions, frequently with extra careful scrutiny of the returning formerly disabled person, often interpreted by the employee as harassment. There have been other instances in which it has not been possible to return the man to a work situation, even though the officer could conceivably perform some police duties, because of poorly understood work restrictions or concerns for liability.

Pension determinations are sometimes delayed past the year of IOD time off. This can cause enormous stress because of financial considerations and prolonged uncertainties as to the future, increasing stress-related disability and further alienation. Or, the pension process may be too inflexible to permit timely return to work for those disabled officers who desire and are ready for it.

Reflections on Reducing Police Job Stress and Strain Consequences

1. It is not clear to what extent there can be improvement in selection of employees, given that the candidates for police work are already highly selected, particularly in large cities. Blaming the selection process would avoid the problem of actual police work stress.

> "Glass [1958] has shown that epidemiological data indicate that the incidence of "combat neurosis" is related to the circumstances of the combat situation rather than to previously existing personality factors in the individuals exposed to stress. These situational circumstances relate to the intensity and duration of the battle, but more significantly to the degree of support given the individual by buddies, group cohesiveness, and leaders. Moreover he showed that the defensive patterns adopted by individuals in the face of stress are molded by the social pressures of the group [Caplan, 1964]."

Further, there is an evident effect on selection by the relationship between personnel needs and availability of applicants. The fewer applicants available the less fine can be the screening. Such screening would not necessarily relate only to personality propensities, inherent intelligence, aptitudes, and adaptability, but such screening selection could also apply new advances in medical knowledge that have some predictive value concerning predisposition to various organic ailments, such as high blood pressure, cardiovasuclar disease, arterio-sclerosis, peptic ulcer, and general physiological stress reactivity. On the other hand, this approach carried to the extreme might leave few candidates who would be eligible or acceptable.

Obviously, the effects of work-related stress will vary depending on the personality of the individual. Certain stresses within the police job context might be readily reduced if, once employed, employees were adequately tested for their personality characteristics, aptitudes, and personal desire, to be better fitted with particular job requirements rather than being promoted on book learning, often finally to a level of incompetency [Peter and Hull, 1969] where stress increases greatly.

To what extent civil service procedures could be modified to permit the actualization of these considerations is not within my present expertise. The identification of certain predispositions achieved by such testing, if particularly in a maladaptive direction, might conceivably be improved through special training while employed, in helping to fit people better into the job they desire and will be working at. Certainly increasing, ongoing job satisfaction would be an important variable in reducing work-related stress.

2. There should be increased practical training of police personnel on stress and strain for better coping with situations in their work that lead to stress and strain, police personnel should be <u>made aware</u> of the nature of their own present or future job-related stress and how to better cope with it. There should be an increasing awareness of acceptable expectation of stress and strain experiences among police personnel. This could be accomplished with audiovisual materials, simulated situations and, where possible, actual situations that usually lead to stress and are habitually encountered during the course of police work, in order to acquire not just a propositional knowledge, but a working knowledge of how to manage such situations.

For example, in order to help overcome the present attitudes toward emotional disturbance, actual ongoing experience as part of police training in inpatient wards of a psychiatric unit from three days to one week could be highly beneficial. This would undoubtedly help police officers cope better

with their encounters with so-called mentally disordered people whom they encounter in the field. and would also probably be highly instrumental in helping them overcome their own fears concerning potential emotional disorder within themselves. Such a pilot project has already been ongoing in the training of police cadets of the City of Calgary, Alberta, Canada - in liaison with the psychiatric inpatient and community services of the Foothills Hospital. It has been reported to me that the initial project included three days experience on the inpatient service as an observer, and to some extent if desired, as a participant in the management and therapy of the mentally or emotionally ill. There was much initial anxiety among the police cadets, but by the third day they were becoming eager and enthusiatic and requesting further experience. A magnitude of a week was often suggested by them.

There should be similar opportunities for learning for police officers already out of the academy, including middle and upper management.

Certain ideals of machismo would have to be modified, and would be modified thereby in the recognition of police work as highly stressful, and of emotionality and emotional disturbance as possible (among other types of stress related disabilities), and in some sense even acceptable. Communication would be facilitated and help made available for those in need. Peer intake approaches for the emotionally troubled could be highly effective.

Reducing Type A personality behavior and enhancing Type B personality behavior would certainly be a further help in reducing high blood pressure, arteriosclerosis, and cardio-vascular disease [Friedman and Rosenman, 1974], (and conceivably peptic ulcer and onset of diabetes mellitus as well). Instruction in diet and other life habits, as well as other physical conditioning activities on a daily basis directed toward preventing cardiovascular problems, high blood pressure, and musculoskeletal problems, such as a low back syndrome would obviously be beneficial.

That better handling or coping with stress situations found in daily police work, and that such techniques have been tried and exist, can be well demonstrated by an appended, edited interview I had recently with one of my patients, who was responsible for the writing of such a manual of police practice and procedures on walking a beat which apparently was subsequently suppressed, because arrest statistics fell, he related. The wisdom found and the information communicated to me in this interview has evidently been tried with success and similar methods, approaches, and techniques leading to increasing the nonviolence of these everyday situations would certainly diminish stress, physical trauma, and material damage, and certainly satisfy concerns for decreasing citizens' complaints, law suits, and disability in police officers.

(There is a new program being entertained by the Los Angeles Police Department known as the Early Prevention of Emotional Emergencies Project for police officers. This is more of an early warning type approach of secondary prevention with ensuing remedies, rather than a primary prevention program [Caplan, 1964] which would necessitate more profound organizational changes and modifications.)

3. Another possible measure would be supportive group discussions throughout the employee's career for ventilation of personal stress and strain within a peer group. To be really effective and helpful strict confidentiality would be a necessity. The participation of spouses of employees, as needed, could also

be beneficial as family support of the proper type, and would certainly be a mitigating factor between job stress and the strain potentials of such stress.

4. A generally more supportive approach of employers toward employees undergoing stress and strain reactions would be beneficial. A "hardnosed" approach would probably only tend to make matters worse, increasing stress and strain manifestations, and leading more certainly to disability filing and the loss of costly, highly trained personnel. Investigations and trials tend to increase disability; support, caring and the therapy of an acceptable lay or professional nature tend to enhance recuperation, retraining, and reintegration as a productive member of the department.

5. There should be a mandatory alcoholic rehabilitation program. The use of alcohol has been a tradition of machismo, a culturally quasi acceptable way of dealing with stress reactions, of recreation, and this certainly seems to be the case among policemen. Further, certain job assignments necessitate the consumption of alcohol - such as activities in vice. There are already several private corporations who have such programs available for their employees, such as Eastman Kodak, and I am sure that they have studied the cost-effectiveness of such programs.

6. The education of the public, through community relations, advertising, and other media for a more favorable police image should be purposefully undertaken. Further, in certain situations of police work the more frequent use of plain clothes would probably be an alleviating factor in dealing with such situations and lessen the highly loaded stimulus value of the uniform of other police symbols. Or, the uniform could be somewhat more civilianized, but still identifiable. Likewise with police vehicles and other equipment. Learning theory would certainly tend to support this approach [Hilgard, 1948, Dollar and Miller, 1950].

7. There should be very early consultation, whether lay or professional, for employees involved in life and limb threatening situations - this includes shootings, whether one is being shot at, shooting, or actually shot, burns, automobile accidents and crashes, etc. Early means immediate, perhaps the same day and should be ongoing if necessary. If there could be acceptable lay consultation and support brought about by a specially trained and qualified unit of the police department per se which could also coordinate the efforts of the various interested parties in the recuperation of such personnel, this would be highly advantageous. The employee needs to know that the department cares, whether it is in the form of increased attention from significant professional associates in that person's life, or other highly qualified lay or professional people. Perhaps recognition analagous to a Purple Heart should be considered when actual traumatic events are suffered.

8. There should be mandatory and adequate false arrest and professional liability insurance, whether furnished by the employer or the employee. Civil suits against police officers are an increasing phenomenon and there should be adequate protection for them. (The adoption of the previous reflections might help diminish the increasing phenomenon or civil suits.) However, such suits or the potential threat of such suits, the activity of internal investigation, and the increasing ambiguity of the enlarging gray areas of when and what to do or not to do is increasing police stress. Any amelioration of any of these aspects would be beneficial. The police officer needs to protect his rights as well. In order to do so he has to have rights and know what these are, and to have available proper procedures and counsel for his own protection,

whether in relationship to the public or in relationship to his employers. The police officer would appreciate experiencing fairness, not only vis a vis the public, but also in relationship to himself. Certainly, fairness is one of the attributes of justice with which the police officer in his daily work would be intimately concerned.

9. There is little doubt that effective physical exercise and recreational activities, particularly enjoyable physical activity (or "forced" if necessary) is highly effective in alleviating depression, chronic pain, and anxiety, and should be done on a regular, almost daily basis. Therefore, proper recreational facilities and activities should be available to all shifts, and encouraged. Some period of one-half to one hour's cardiovascular and musculoskeletal exercise should be part of the job routine.

Reflections on Ameliorating the Stress of the Disability Process

1. To overcome the feelings of neglect in the disabled officer it would be helpful to have a special rehabilitation unit within the department, manned by employees with proper personality qualifications and training, for routinely scheduled visits, support, information, and for facilitation of returning to work with recommendations for proper job placement.

2. In order to diminish the adversary procedure inherent in the present disability process there should be employer-furnished major medical insurance coverage that closely parallels Worker's Compensation coverage, particularly in relationship to mental health benefits. There should also be employer-furnished concomintant disability insurance that parallels IOD coverage with perhaps a rehabilitation clause for disabilities not work-related. These two insurance coverages would tend to foster adequate and appropriate diagnosis, treatment and disposition first. It would be hoped that the medicolegal issues of IOD versus NIOD causation would become more secondary as there would be less of a discrepancy in financial and medical support available, whether disability is of IOD causation of NIOD causation.

3. There should probably be a qualified medical review committee to assist in getting proper treatment for injuries or illnesses, to coordinate efforts in this direction, to professionally interpret work restrictions if any, and to have liaison with police personnel and the special police rehabilitation unit. Such a medical review committee can also have a function to ensure the most competent medical, surgical and psychiatric help for those disabled, as well as to increase the cost effectiveness through the coordination of such programs. Control of injudicious use of medications through coordination and review might also be effected at this level.

4. It is possible that group discussions for selected ambulatory, disabled employees might be highly beneficial for support in the direction of returning to work because peer group interactions often are a potent motivating force.

5. There should be facilitation of outside activities for disabled employees, whether consisting of rest and recreation, second job if indicated, or even schooling - if such activities would be considered beneficial for recuperation of esteem and self confidence.

6. According to recent changes and additions in California's Workers' Compensation Law, a rehabilitation plan is to be developed for every claimant whose injury may preclude engaging in the usual occupation that he had at the time of the injury. All cases of temporary total disability of 120 days must be reported to the Rehabilitation Bureau of the Division of Industrial Accidents. A rehabilitation plan must also be submitted to this bureau.

7. Group discussion for the wives of disabled employees could be highly beneficial for establishing concurrent familial support in helping maintain a healthy equilibrium within the family while the officer or employee is off disabled in preparation for his return to work with his employer. Perhaps a second type of group could be oriented toward the husbands or wives of the disabled if return to previous work is precluded.

8. Some financial counseling for the disabled employee may also be quite beneficial in helping him secure monies that would be available to him, encouraging proper budgeting, providing insurance advice, etc.

9. Pension processing that goes on beyond the year of IOD time can create marked financial stresses until pension determination is finally made, increasing alienation. Further, there remain prolonged uncertainties as to disposition and thereby preparation for the future, although the new rehabilitation requirement could conceivably preempt decision-making concerning return to original occupation or rehabilitation if such is precluded. Further study and clarification is needed about the new requirements and how they might affect the present system. Further study is also needed to clarify what would be optimally beneficial for the disabled concerning the timing and flexibility of disability pension determinations.

10. A special unit from the Retired Officers' Association could be of service in the transition of those disabled employees who will be precluded from returning to work, for their rehabilitation process, or for the transitional process if retired on a service pension. Service retirement itself can be highly stressful, and increased assistance could be quite helpful.

11. Lastly, and this concerns more purely medical considerations, the use of medication for various stress reactions and various pain syndromes has been often injudicious with the result, at best, of chronic maintenance of the symptomatology being complained of and, more often, a substantial aggravation of symptomatology, at least in the cases that have been brought to my attention and others [Rice, 1972]. This is not to say that proper medication does not have its place, particularly phenothiazines and their derivatives, and the tricyclic anti-depressants. When properly used with knowledge and understanding, medications can be beneficial. However, the chronic use of such medications as chlordiazepoxide HCl, diazepam, meprobamate, etc., and all the various and sundry sedative-hypnotics, whether barbiturates, ethchlorvynol, methaqualone, gluthethimide NF, methyprylon, etc., or for chronic pain the use of propoxyphene HCl, codeine, oxycodone HCl and stronger narcotics, too often only make matters worse with maintenance of disturbed sleep, maintenance of chronic pain, and maintenance of chronic anxiety due to increasing tolerance and withdrawal symptoms. Withdrawal of these medications, in my clinical experience, has brought about incredible improvement.

Dr. William C. Dement of the Stanford Sleep Laboratory reduces chronic, garden variety insomnia by withdrawing his patients from all sleeping medications [Dement, 1972].

A neurosurgeon recently wrote concerning chronic low back pain:

> "Drug detoxification is fundamental to success and once accomplished makes the patient much more responsive to other aspects of treatment. In addition, the patient will realize that his pain level has been reduced by withdrawal from narcotic analgesics. This response has been so uniform in our experience that we no longer question it and we firmly believe that narcotic analgesics have no place in treating the low-back loser and should be avoided [Erickson, 1974]."

Another recent news article notes:

> Behavior modification therapy gave effective relief to selected patients with chronic pain who failed to respond to traditional treatment, Dr. Sikhar N. Banerjee said at the annual scientific meeting of the Canadian Association of Physical Medicine and Rehabilitation.
>
> "The patients who were selected demonstrated pain behavior, such as analgesic dependence, inactivity, verbal complaint of pain, and social isolation...The treatment team discouraged pain behavior by ignoring patient complaints of pain. Healthy behavior such as exercise and participation in recreational activities, was encouraged and strongly reinforced with verbal praise and the granting of special privileges...
>
> The immediate family of each patient was also instructed to discourage pain behavior and encourage healthy behavior [Clinical Psychiatry News, 1975]."

The 14 out of 16 patients who completed their behavior modification therapy treatment,

> "...significantly increased their activity level in exercise programs and vocational activities.
>
> Five patients were able to return to their previous jobs; three returned to modified, light work only. One patient began vocational training after discharge and two patients were working as housewives. Three patients were elderly and vocation was not an identified goal. However, increased levels of activity allowed them to participate in family and avocational activities.
>
> The patients significantly reduced or eliminated their analgesic intake... [Ibid]"

Obviously for those police officers off on IOD status, proper recreational activities and physical activities are a must, rather than the present rule of being on call, often interpreted as house confinement.

Behavioral modification, biofeedback and acupuncture holds much promise, as well as actual ongoing effectiveness in helping to modify in a healthy direction the psychophysiological or psychosomatic components of stress reactions or of chronic pain.

Reflection on Counseling Practices

Certain considerations concerning counseling practices have already been alluded to above.

The most simple and expedient way to conceive of reducing stress is to remove the police officer from the stressful situation or to remove, in a sense, the stressful situation from the police officer.

The first method is easier, but has some definite disadvantages concerning the facilitation of the return to work of the police officer. However, the removal of the police from the stressful situation is too often necessitated by the nature of the organizational circumstances. The return to work of the emotionally stressed police officer is also made more difficult by similar organizational circumstances represented by the overreaction toward and fears of the emotionally affected officer. In effect, the emotionally stressed police officer is often stereotyped quite inflexibly as an unpredictable, dangerous, potentially violent, embarrassing liability who, if he returns to work, should be hidden at some desk, and watched. In general, and at best, there is a very condescending approach in accepting back into the fold [by not really accepting back into the fold] a previously emotionally distressed officer, by hiding him away, by taking away any field responsibilities, and overall in communicating a pervasive distrust of him. This is often experienced by the returning police officer, or the police officer who might anticipate returning, as harassment, as semi-ostracism, and finally and too often, a belief that if he goes back to work he's going to be watched, harassed, "nailed," and gotten rid of. These expectations of some of the previously emotionally stressed police officers are not at all that incogruent with what sometimes actually does occur.

Other officers still friendly to him often tell him as much. In these circumstances, or where it is clear that there is a significantly high probability of undergoing further serious stress and strain consequences if there is a return to work, or high probability of detrimental acting-out in the work situation, counseling or therapy is directed toward helping the officer separate himself from the department, and to help him prepare for another occupation, another life, to help him go through the grief work of separation, to help reduce the stress of waiting for various hearings related to disability determinations, and sometimes to help reduce the stress of a pending Board of Rights when he is accused of being medically unfit. This approach is more tertiary preventive and late secondary preventive in view of the goals of reducing severity of impairment and duration of disorder in the Workers' Compensation context.

Early detection of healthy or unhealthy crisis, i.e. early mental disorder or psychophysiological stress disorders through astute observation peer

intake, self-administered psychological, psychosocial and medical screening batteries, bio-chemical screening facilitating prompt brief counseling or appropriate referral while keeping the officer on the job or returning him as soon as possible to his usual life work situation would be much more ideal. [Caplan 1961, 1964; Morley, 1964]. However, present organizational attitudes do not seem to permit enough flexible leeway for this approach to be the rule rather than the exception. Perhaps the instituting of a program like EPEE (Early Prevention of Emotional Emergencies) will facilitate proper crisis counseling and mental health consultation for the care-giver, with appropriate liaison for possible work environmental modification, where feasible and indicated.

Gerald Caplan's reference test [1964], a source of much collected wisdom and workable conceptual models of preventive psychiatry, describes a very pertinent study: (There is much more to be gleaned from Caplan's work)

> "Glass and his collegues in the psychiatric services of the Army (1958) have also added to our understanding of this issue. They found that they obtained better therapeutic results if they treated soldiers with emotional and behavior disorders without removing them from their units to psychiatric hospitals, and they obtained the best results in certain types of case if the soldiers were not even labeled psychiatric patients at all, but were dealt with entirely by their own officers, who were in turn helped to understand the problems of their subordinates by mental health consultation.
>
> The findings of the Army psychiatrists have emphasized the supportive importance to a person in difficulty of the expectations of his peers and superiors regarding his behavior. Separating a person from the social network of controlling forces which stimulate and supplement his internal personality strength, either by removing him symbolically through changing him from healthy to sick status, has a potent weakening effect which adds to the difficulties that our psychiatric treatment must counteract. A program of secondary prevention must take these considerations into account and must avoid the pitfall of unduly weakening the usual social and cultural supports of persons in difficulty by too strenuous a case-finding campaign of early psychiatric referral and diagnosis."

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All right. You were going to tell me about family disputes and so-called mental cases.

Fine. What would you like to know?

All right. How do you handle family disputes?

Oh. Family disputes, nine out of ten times, are between husband or wife or common-law husband and wife. I know most policemen, when they get these, have pretty much of an anxiety or fear in the way of is somebody going to shoot them, somebody going to stab them, is somebody going to do something. You have to use a little caution going, but the main thing that I found was they were always mad at each other and they weren't mad at us, and if you just take your time they like to talk to you. You know, everybody wants to talk, and if you get them separated---take the man in one room and the woman in another, the two guys separate them---if you get a partner who likes to talk as much as you do, then you're home free.

So you have to spend the time?

It's all time. I've spent up to an hour, two hours on one of those calls.

And then what happens finally?

You usually get everybody smoothed down and they forgot what they were mad about while you were talking to them nine out of ten times. And if they don't, you can usually get it settled between them. They have some beef going. The wife's mad at the husband because he's been out drinking beer or whatever.

What's the usual approach that you've noticed since you've handled really hundreds of family disputes without really having to - did you have to haul anyone in?

I've never taken anybody in on them.

Did you get a call back later?

No. I never have, and I don't think that anybody else has, and I've had some pretty bad ones. I've had them where they come to the station later on and wanted to talk to me again. Especially up, when I worked up in the North End of Central Division there, in what they call "Dogpatch." It's one those big city housing projects. A lot of poor people live there. There was a gal there who was from Samoa and she spoke English, but not real well. But she always had these visions where this boyfriend-husband of hers was going to come home and kill her. And he was. I talked to him quite a few time up there, on the street, in the apartment and everything else. But she would call and think that he was really going to do her in, and the she'd start just raising hell. She'd pound on all the neighbors' doors and everything else. But I talked to her so many times she finally got to the point when things bothered her, she'd come down to the Central Division and they'd give me a call on the radio to go in to the Station and talk to her. Then the Lieutenant got upset because I spent so much time talking to the one gal. And she finally went back. She went

back to Samoa. And it was no problem. She just wanted to talk to somebody and had nobody to talk to, because everybody there treated her like she was really unusual, because she was a foreigner, didn't speak the language that good and everything else. They thought she was really crazy. I know, most policemen when they get a family complaint they go in, like I say, with all this fear that something is going to happen to them, and they kind of take it out on the people. Then you end up with the husband or wife or whichever's got the worst temper. They get mad and there's a big fight, and they've got to arrest somebody and take them to jail. And it's useless, because the other party's not going to sign a complaint to begin with. Comes time for court, well they dismiss it. It doesn't do any good at all.

Sometimes you have to give them one-two hours of just listening and talking.

That's all.

Sometimes together. How do you know when to separate them and when to stay together with them?

I've always separated them. I found out that worked the best, except until they both calmed down. Then get them back together and tell them you want to hear both their stories and what's bothering both of them. And then they're okay. After they calm down and start talking about their problems.

And sometime they forgot what they were angry about?

Nine out of ten times.

Um hum.

Some fight started and they don't know why it started. I don't remember, uh, not even one case where I had to arrest either one of them. But I've worked with guys and they had to end up arresting somebody because they got in a beef with them.

How?

They get them worked up. They get them so mad that the party would hit 'em or something. I'd be in another room talking and I had to come out and they've got the person handcuffed and ready to go out the door for, oh like battery of a police officer, or something like that. And if you talk to them long enough about what's going on, you find out the guy's bringing it on himself. You just can't, you can't get so worked up.

Um hum.

You know, the Police Department doesn't feel that way anymore. They want you to quit talking to people. They don't want you to spend too much time on those. It's like walking the beat. The guy's not allowed to go into the stores and talk to the owners anymore. They have to stay out. It's this, uh, there's no communication now. It's ridiculous, because all those family dispute things, that's all it is, just communication. And I think people - I never gave them an answer really. I never gave them a solution. I didn't tell them what their problem was or any of that stuff. I just sat and listened to them, talked to

them. Kind of a listening post, father confessor or something. Once in a while they'd ask for advice, and what I thought or something, and I'd tell them what my wife and I did or how we handled something but I never gave them any solution though. I really didn't know what to give them on that. I don't think you can. I don't think you can give a person solutions to their problems, because, uh, I was only there for an hour, maybe two hours at the most, and they'd been living together, God, I don't know how many years, and I don't know what their real problems are. But the thing is, they only give you so much time. Like now, you're only allowed 15-20 minutes for calls like that. If you don't have it handled by then, you've got to let somebody go or just walk out and let the people fight. You can't take the time. And then some other car's going to have to come back later. It's not going to be settled. They don't get to talk to anybody. And it takes a long time. I worked with one old guy in Newton Street years ago. He was really good, but he would divorce people...

And like you say, those mental case things. They're just the same way. They just require talking.

Yes, um hum.

They want to talk to somebody. You can't just run up and put force on 'em right away.

Yeah. I want you to tell me about those various episodes where you, sort of, were the first one there. Things were working out fine. I want you to tell me how the things worked out, and what happened when everybody else came.

Like I say, when I was working Hollywood Boulevard, I rode motorcycles for seven years and during that period of time I met quite a bit 'cause you're on your own. And you meet a lot of people. You're stopping people all day. You're sitting on a corner watching a signal. People talk to you and you just seem to kind of get involved. Between that and walking the beat, you meet the most of any. This one incident here on Hollywood Boulevard. For some reason or other I didn't hear a call. My mind was daydreaming or something, but a male mental case with a gun had come out.

A 45?

The 45 automatic, government job. As I rolled up the street I just happened to see the guy. He was on the corner and he was waving his gun all over, just threatening everybody and cussing them out. I said, "This is ridiculous." So I just walked up to him. He was waving the gun all over, and I told him he shouldn't be doing that. "That was really dumb, scaring everybody". I just took the gun away from him and talked to him and everything was fine. It was going real smooth. He was starting to tell me his problems, that he just had too much at home and he was out of a job. Everything was going wrong for the poor guy. He'd really had it. It seemed like everybody was picking on him. So I didn't know it, but they'd put out this call and while I'm standing there talking to him, he's okay. The gun's gone. It's in my saddlebag. And all these police cars show, policemen all jump out and are ready to do battle. They just jump all over the guy, trying to handcuff him and the big party's on. And it's uh. You don't win those. You get him arrested and put him in handcuffs, but you haven't won anything. He's torn everybody up.

And you would have. Everything was all right until then?

Everything was great.

You might have to still book him though, I guess.

I'd have to take him to the Station 'cause he was, you know, using a gun in a threatening manner.

But he would have come along with you?

He would have gone with me, I think, fine in the radio car, because I've had a lot of them go with me in a radio car. It was no problem at all. I've had different things, like Downtown when I walked a beat, I met quite a few there. Like I say, I met this one fellow. If he was walking up the street, I could see him coming. And people that bumped into him and got in his way, he would just hit 'em and knock 'em down. I can tell you, he was a lot bigger than me and a lot nastier, and it's uh. I just stood there on the corner waiting for him to get to me, rather than me to run to him. But meantime, as he's coming, another police officer came out of the Grand Central Market and walked right up in front of the guy and saw him hit someone, so he whipped out his stick and he was going to lay it to him, and the guy punched him one time and laid him completely out. So he walked on further, and when he gets to me I just pointed a finger at him and told him, "Now stop that. It's really dumb." And he just stopped. And he says, "Well," he says, "everybody's been gettin's away and pickin on me." There was no problem. We were doing fine, and I talked to him, I guess more than five or ten minutes. Somebody put in a call for an officer needs help with a policeman gettin's hurt, and all these radio cars show up and the first thing they want to do is jump over this guy. And the big fight's on. It takes five, six guys to get a guy like that put down. Meanwhile they cut his arms all up getting the handcuffs on. They got their own uniforms torn up. They had fighting all the way to the jail. He kicked his feet out of the police car and kicked out the window. You just can't get him the hell down.

Did you have an indication that he would come with you?

Well, we had already talked about it. I told him, I said, I'd call for a car and we'd both run down to the Station, you know, have a talk, see what the problem was, and see if we couldn't get this settled some other way, you know, besides having to fight about it. Which was fine. You see, he did apologize for hitting this policeman. He said he didn't realize that it was a police officer. Uh huh. You know, it's just one of those things. You could see the guy needed help. I've taken a lot of those people from the Station there at Central, and transport 'em all the way out to Norwalk to the medical center there. It's a mental health center. You have to transport them out there, where they're booked in and all this garbage and processed. I never had to fight anybody on the way out there. I've had a lot of them that really resented me when I put handcuffs on them, and they just become completely violent. I just tell them, "Well, we won't put them on, if you don't like it. Let's just leave 'em off." But I said, "you're just going to have to promise to be good and go with me." "yeah, I'll go with you." You know, you wind up talking.

There was that one big, black man you told me about.

Oh, he was an iron worker. That was down on Fifth Street. He'd been doing about the same thing. He cleared out a bar and some other buildings, and he was really beating people up. But I got there and I ran a warrant check on him and while I was waiting for it to come back, we talked quite a bit and he was going pretty good. But when the warrant came back over the air and said he was wanted for a felony warrant.

You still had to bring him in anyway for the fighting, I guess?

Oh, I had to take him in for that anyhow. It was no big problem - Mostly for drunk or 'cause nobody want to sign any complaints and everybody that got beat up disappeared. But the felony warrant thing came back. With that, the Police Department orders that you have to put handcuffs on the guy and take him to the Station, and all this. Any felony you take in, you have to handcuff. They've got a rule on that. But I told him I was going to put the handcuffs on him and he didn't like the idea at all. I talked to him for a while and finally got 'em on.

And he was about 200 pounds more than you were?

Oh, he was a huge man. Oh, his weight was around 300 pounds.

How tall?

He was probably about 6'6", 6'8", monstrous. Well, his arms were so big and his wrists that when I put the handcuffs on I could only get 'em on the first notch clicked on the first notch.

In a sense, he sort of gave a token resistance, but not very much even on that.

No, not much.

He really didn't fight with you.

Not physically, no. We argued about it. A short argument period on it, but I finally had to convince him I had to do it or I would be in trouble for not doing it. But then after I had the handcuffs on him---hands were behind him--and these were brand new handcuffs. Those are pretty well-made things. You know, it's out of stainless steel and all this, but we talked and the more we talked, I could see the more he seemed like he was straining inside and I turned around and looked to see if the radio car was coming yet to help me and when I looked back he had his arms in front of him and the chain on the handcuffs was broken. He just had both arms apart and was telling me, "I don't like these things." I just said, "Well, hell you don't have to wear them then. We'll take 'em off." And everything was fine.

Uh huh.

When we got there, the Sergeant rolled up first, and he come out and he really come unglued. He said, "Where the hell are the handcuffs for a felony?" So I showed him. I said, "Here's both pieces." He said, Oh, well fine. You know, if he doesn't want to wear 'em, he doesn't wear 'em." So I put him in the car and we drove to the Central Division and they wanted to handcuff him to a bench there. They have a long bench that's bolted to the floor with long chain handcuffs behind it and you're supposed to handcuff all these people there, so they

can't walk. I says, "No" and I put him in another room and talked to him there for quite a while. So I made out an arrest report and we find out that he's really more mentally unbalanced than anything else. He wasn't drunk. There was something wrong here. So then I had to transfer him all the way to Norwalk. Now, I guess I spent about two, three hours with that guy altogether. Never had to fight him.

Of course not.

When we got to Norwalk, he didn't want to go in there at all. Boy, that knocked everything. He was going to tear this radio car apart, but I talked to him for quite a while and he went in. And I was really happy there, because we happened to get a younger doctor, and they used to have an old guy there. I can't remember his name now. But he was real nasty to everybody that come in, and everybody had to be put right into a padded cells, put into strait jackets, whatever. But then he got this younger fellow and he used a lot better thinking on this. He would talk to people. So I was real happy we got this big guy in there and he started talking to him, and everything was fine. As a matter of fact when I was getting ready to leave, the guy was crying. He didn't want me to go. He wanted me to stay around and stay with him there, and I told him I couldn't. But, uh, I think it's just talking and listening. They got so many things they want to tell you.

Do you mind if I transcribe this, and use it for a report of mine?

Fine.

I don't have to identify you.

It doesn't matter at all.

Okay, because, uh.

I can think of lots more next time around if you want me to.

...because there have to be different techniques that they have and obviously you've been using a technique that is no longer, and it's much more efficient and effective than what's been going down.

Well, maybe. I don't want to blow my horn, but I know the guys at the jail used to like to seem me come in, because my drunks and all would come in laughing.

(Laughter)

That used to bother the Watch Commander there. They thought I was doing something wrong with these guys. I would just crack them up.

I had the same experience when I was a resident in psychiatry.

...Like I say, all these years in the Department, these guys have all been telling me I do everything wrong and that someday somebody's going to kill me or hurt me or something. It's uh. You can't be nice to people. That's supposedly the whole theory behind the Police Department. You can't be nice to anybody. If you are, they're either going to hurt you or they're going to be crooks and take advantage of you. And I know most policemen get awful cynical. Some guys,

its real bad. And I don't know. I don't feel that way. I know there's undoubtedly a lot more police that feel like I do. I just haven't either met them or else they aren't showing it under something.

> As you said, if you taught this during training it would get back to the watch commander, because some of the people were saying, "Well, we didn't learn that in the Academy."

Oh, I lost two real good training jobs. Under this Jacobs thing now, you know, they pay you more to be a training officer. Well, I lost two of those because these guys would go back to the Station and say, "Well, he's too nice to everybody and everybody on the street likes him. There's something wrong." And then the watch commander and the sergeant would tell you the same thing. They'd say, "What're you doing out there anyway? How come everybody likes you?" And I'd say, "Well, I don't know?" How do you answer that?

(Laughter)

(Unintelligible). They thought for a while that I must be taking bribes on the street or something because everybody liked me. They said, "They don't, they just don't like policemen." I said, I don't know. Maybe they don't think I'm a policeman." You know, really the people on the street didn't consider me a policeman. It was like, uh. I was more like their little town marshall.

> Yeah. This is really community relations.

Yeah.

> Because we talked about it more. You know, we had talked, I think, once before about that suspiciousness, that you're not supposed to become too friendly to people or they're afraid you'll be taking bribes or somehow getting gifts that you're not supposed to.

I know at one time there was a real good lieutenant there at Central. His name was X and he liked community relations; he liked people. And he would go out and walk a beat with me every once in a while and when he saw how many people I had for friends and how easy it went for me. And he had me in for about three months. One of my jobs for an hour daily was to work on a manual, and I wrote a whole manual on walking a beat. Community relations, how to do it. I even gave it a form number and all that.

> What happened to it?

They did away with it. They shipped him out of Central Division, told him that it was all wrong and that it was different from what they teach the police and.

> Do you have a copy of that manual?

No, they took it away from me....
But, uh, he was a real nice guy. But he had me spend a lot of time writing this and training the other younger officer to do it like I did. And then all of a sudden they shipped him out, because things weren't going well.

They weren't?

Well, that's what they said. Everything was going fine. All the beats in the Central Division, they were all going by the same plan. Everything was going great out there, but arrests were way down, because you didn't need it. The crime was dropping. The people would come and tell you what was going on. You'd book the guys that were there and knock the crime down. Everything was going fine. It went that way for about a year. It's just, the image was gone. They didn't have the nasty image there. So they shipped him off. He got transferred out to another division, a different watch, and then they did away with the manual. They took the manual away from Central Division. They couldn't use it anymore. I'm trying to remember the form number. I can't remember. He gave me the number.....
Yeah. That'll be good. That was a nice thing. Uh, really I don't know, it didn't look like the typical police manual. It didn't say, you know, "Thou shalt," and all this. I just put down, you know, your store owners, and they're the ones that's going to tell you where the crimes are. If they don't like you, they aren't going to tell you because they don't want to get involved. You got to get over that involvement thing, you know. The only way you can do that is with friendship. Then you become one of them, like a member of the family, like I had there. They take care of you and they want to let you know where the bad things are, not necessarily to get rid of them as much as to help you out and keep from being hurt. I've had those people. One time there on Broadway I felt real bad. I didn't know it, but right around the corner in a bar there, there was two guys having a knife fight, and they were cutting each other real bad. I was getting ready to walk around the corner and an old gal that owned the theatre there at Third and Broadway, an old Mexican lady, owned that old montrous theatre. They come out and she knew about it. And she said, "Oh, I got a problem there inside," she says. "Come in here." I said, "Okay." (unintelligible) She kept me in there for about a half an hour, and she knew about this thing around the corner but I didn't. She wanted to wait and make sure it was over with before I went around. Finally a guy come in and told me. He says, "It's okay now." I said, "What's okay?" And told this gal, whose name was Julie something, he says, "Julie." He says, "it's all right now." And she said, "Well I've got to go back to work," and she just walked off and went out and when we were around the corner police cars, ambulances, guys laying all over, cut up, and I didn't know anything about it. They just wanted to keep me out of it. They knew it at, someone at the bar, I guess, that somebody might get hurt or I might get hurt or something.

But you have handled barroom disputes?

Oh, yeah.

Tell me how that turned out?

Most of them, you've got a drunk there, and that's bad news 'cause you can't talk to 'em and you've got a real fight on your hands there. They all, for some reason or other they get real antagonistic when they're drunk. I hate to deal with drunks. It seems like they all want to fight you. All of a sudden they get real big. They get high and they get real big, and they'll just beat anybody into the ground.

You can't tell them that's dumb and stupid?

No, you can't talk to them. I don't know what's the reason about it. But very few of those you can get. Now if you can get a guy before he gets in a fighting mood, you can talk to him and get him laughing, and he'll go to jail real easy. I've taken a lot of guys to jail laughing like that. And drunk drivers. I just tell them, "You know, you're going to get in trouble, I see you driving down the street. You're going to kill somebody, so I better take you to jail before you hurt someone," and just shoot the breeze with them a little bit and then fine and dandy. They'll go down and blow up a balloon for you and all that. No problem. But a barroom fighter, and you get those.

What if the fight's already on, and they're...?

Well, nine out of ten times if you get a call, the fight's already going there or else it's even over with by the time you get there. Then you've got to pick up the pieces and find out who did what. Usually you end up booking everybody who's drunk because you can't find out what's going on....They have no respect for you at all. You try and talk to them, and they don't care about your badge and uniform, and all that garbage, and they could care less. As a matter of fact, they really resent you. They have an awful resentment when that badge walks in.

Uh huh.

It's. I've had guys throw bottles at me as soon as I walk in the door. No reason or anything, just walk in and so they throw a bottle. It's, it's uh. I guess that image, you know.

It would almost be better to go in in plain clothes.

Oh, definitely. When I worked plain clothes, I worked there for a little over a year, well you walk in on the doggonedest things. Even if people knew you were a policeman, they didn't resent you as much. There's something about that uniform.

Um hum.

I don't know what it is. The big blue thing coming in just turns them off completely. But, I can't remember what the one guy, I remembered that for years, what he called me. It was, "long, skinny abortion in blue" or something like that. I thought it was so funny at the time. He was really worked up over it. I think it's uh. When something like that is already going on, when you've got a fight already going on, it's a mental case nine out of ten times. I can't remember ever having to hit any of those. I could talk to them and get them to quit fighting, but a drunk you don't. There's some difference there. There's uh. The mental aspect is different when you're drunk.

Did you ever handle a similar situation in plainclothes, like a barroom fight.

Oh yes.

What happened in that instance?

I didn't have as big a problem. I think they have some kind of a built-in "Dragnet" thing where detectives are some kind of big deal and you're a step above a policeman in uniform or something. They have kind of a scared respect for you, fearful respect. You show them the badge, you show them you're a policeman, and they look at the plain clothes and they say, "Well, you're a detective or whatever," and you say, "yeah". And it impresses the hell out of them. They sit down. I guess that's expected. You know, most detectives in the old days were pretty rough. They used to hit everybody. And I think they waited for you to hit 'em or something. It seems like they would be disappointed if you were nice to 'em.

You'd take them down to the Station?

Yeah. I'll tell you a funny one, really, in uniform that's always cracked me up. On Central Avenue, we've got a couple of colored guys and they robbed a liquor store. And they ran out the front. We just parked the car and we were right there. So we got out the shotguns and the whole bit, the uniforms, black-and-white car. We got both the guys lined up against the wall and the one guy turns over to the other one. He says, "Hey, man" he says, "If you can get away you run and tell the cops". You know, I was standing with all this suff on and all he's impressed is, "You run and call the cops." That is so funny. It's the uniform that gets the different reactions out of everybody. The majority of times when you go into a thing where there's trouble going on, it's resentment that you get. I've had them resent me when you try to help somebody, because you're a good five minutes getting there or something. It may not even be a fight. You might have an injured kid, or a drowning baby, or something, and, uh, the resentment's there because you were five minutes getting to the call.

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