

Q & A with Christine Montross, MD, author of *Waiting for an Echo: The Madness of Incarceration*

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RIMJ MANAGING EDITOR

Author **CHRISTINE MONTROSS, MD**, an inpatient psychiatrist who also performs forensic psychiatric examinations, recently published her third book, *Waiting for an Echo*. It examines the fractured American incarceration system and the human suffering it generates, when individuals with mental illness – her patients – wind up in the nation’s jails rather than in therapeutic settings. In the book she describes harrowing visits to prisons, cauldrons of human suffering where mental illness deteriorates, despite the best intentions of often over-extended correctional staff and healthcare providers.

Dr. Montross asks the fundamental question: Why? And in the asking, the book seeks a path towards a greater humanitarian approach and the need for healthcare professionals to speak out. As the book states, “Our methods of incarceration take away not only freedom, but

also selfhood and soundness of mind. In a nation where ninety-five percent of all inmates are released from prison and return to our communities, this is a practice that punishes us all.”

RIMJ reached out to Dr. Montross to discuss her literary/medical career trajectory and her journey into the prison system, the genesis of *Waiting for an Echo*.

RIMJ: What factors/experiences led you to your chosen field of psychiatry?

DR. MONTROSS: I have always been fascinated by the ways in which the mind can derail. I was a poet before I went to medical school, and for my MFA thesis in poetry I wrote a series of poems about madness. After graduate school I took a job in California teaching high school English. A large number of my students had been expelled from other public schools. Many were involved in gangs. Nearly all of them had profound psychosocial stressors, and many of them were prescribed psychiatric medications. It was working with those kids that led me to think about a career in mental health. I considered training as a social worker, or as a psychologist, but decided that if I wanted to be an educated voice that could speak to the complexities of the brain’s neurochemistry and make a cogent argument for or against medication when I believed a patient did or didn’t need it, I’d first need to learn anatomy and pharmacology. I’d have to go to medical school.

RIMJ: What did the research process in writing *Waiting for an Echo* entail?

DR. MONTROSS: This was a trajectory. I began by educating myself about prisons and about some of the seminal cases and issues at the intersection of psychiatry and the legal system. I read stacks and stacks of books and articles to that end. I also



PHOTO: ELENA SEIBERT

Brief Bio: Christine Montross, MD

Associate Professor of Psychiatry and Human Behavior, Associate Professor of Medical Science, Alpert Medical School of Brown University

2017–2018: Faculty Fellow at the Cogut Center for the Humanities

2015: Guggenheim Fellow in Nonfiction

2007: MMSc, Brown University

2006: MD, Brown University Medical School

PREVIOUS BOOKS

Body of Work (2007)

Falling into Fire (2013)

SHE HAS ALSO WRITTEN FOR:

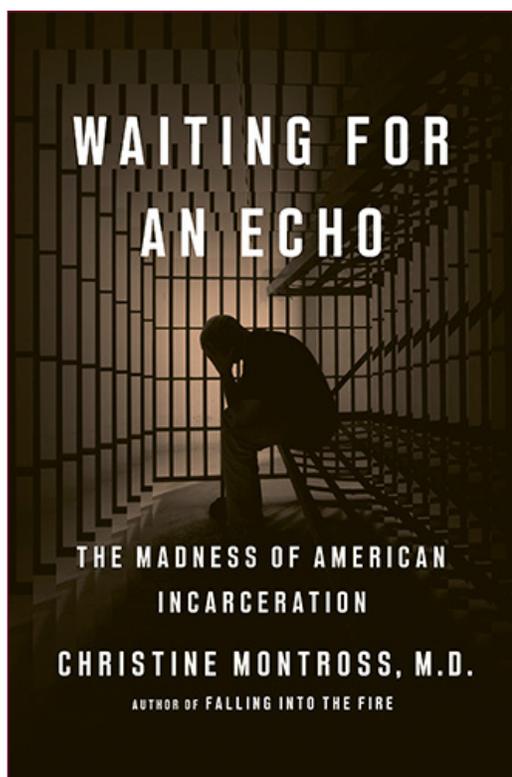
The New York Times

The New England Journal of Medicine
Time Magazine

The Washington Post Book World
O, The Oprah Magazine

<https://christinemontross.com>

took an adjunct position in the wonderful department of Law and Psychiatry at Yale and took the train down to New Haven many Fridays to participate in their departmental seminars. Listening to expert clinician-scholars discussing big questions in forensic psychiatry turned out to be a foundational part of the book’s research process. And then my research turned experiential. I visited jails and prisons both in America and in Scandinavia to examine different approaches to corrections. I also began performing competency to stand trial evaluations in jails and prisons, and that firsthand experience of talking to incarcerated men and women was invaluable.



RIMJ: As a medical practitioner, how did you find the time to research and write this book?

DR. MONTROSS: I was a writer before I was a doctor. So from the first moment that I decided to go to medical school I've been clear about the fact that I wanted to be a doctor *and* a writer. To do that, I've had to purposefully structure my career in a way that prioritizes both aims. I've chosen clinical roles that I find deeply meaningful – but which also must be flexible enough to allow me to be as committed to writing as I am to my medical practice.

RIMJ: What was the most surprising revelation for you in writing the book, despite your years of working with people with mental health issues?

DR. MONTROSS: My clinical work is with hospitalized patients who have severe mental illness. Many of them come into contact with law enforcement, often due to their symptoms rather than any

criminal intent. They yell at their hallucinations in the coffee shop, or they charge through the TSA checkpoint at the airport, or they believe they can walk down the center of the highway unharmed. In these moments the police are called. I was shocked to see how decisions in the moment of the police encounter can alter the trajectories of my patients' lives. If police opt to take my patients to the hospital, there is a possibility they will be admitted and will receive treatment and care. But if mentally ill people in crisis are taken to jail, their symptoms are likely to make it difficult for them to comply with rules that must be obeyed. This sets them up to incur further punishment, and often additional legal charges. In addition, people with mental illness are sixteen times more likely to be killed by police than people who are mentally well. We do not send police to be the front lines of cardiovascular emergencies or vehicular traumas. We send EMTs, trained to appropriately

intervene. We ought to treat psychiatric emergencies similarly. As physicians, we must speak out against this, and work to shift our patients out from under the auspices of law enforcement and back into the realm of health care.

RIMJ: Author talks have switched to Zoom and other online platforms for the moment. In these virtual sessions, the viewer gets a glimpse of the literary and family life of the writer. What is on your bookshelf?

DR. MONTROSS: My whole house is full of bookshelves! But I do have a shelf reserved for books that changed me or changed the way I think about the world. Some of what you'd see there: *Their Eyes Were Watching God* by Zora Neale Hurston, *The Argonauts* by Maggie Nelson, *Middlemarch* by George Eliot, *Atlantis* by Mark Doty, *Unless* by Carol Shields, *Anger and Forgiveness* by Martha Nussbaum, and *Pilgrim at Tinker Creek* by Annie Dillard. ❖

Book Excerpts: *Waiting for an Echo*

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I once toured Manson Youth Institution, a high-security prison in Connecticut for fourteen- to twenty-year-old boys. On the tour I was led through one of the prison housing units, which, despite looking like typical cellblocks, are euphemistically referred to as “cottages.”

As we walked through the hallways, we passed one cell in which a boy was alone, standing on his toilet, neck craned, stretching his face toward the ceiling and talking out loud at full speed. I said nothing, assuming that the boy was mentally ill. After all, I frequently see actively hallucinating patients who are in conversation with visions that no one else can see or voices that no one else can hear. “Responding to internal stimuli” is the notation I make in the chart to record that my patient remains tethered to these perceptual abnormalities of psychosis.

Down the hallway we then passed another boy in another cell in the exact same position, doing the exact same thing, at which point I knew that the conclusion I had come to was wrong. Though I've seen an incalculable number of patients in the throes of psychosis, I have never seen the symptoms of mental illness manifest themselves identically in different people.

“Why are they standing on their toilets?” I asked the CO.

“It’s a big problem,” he said. “They figured out that they can talk to each other through the vents. It’s loud in here, and also they get in trouble if they’re shouting out their cell doors, so that’s the only way they’ve got to talk to each other. They climb on their toilets to get up near the vents, and then they have whole conversations that way.”

More than any other scenario that I’ve encountered in my career as a psychiatrist, this moment has stood out for me as incontrovertible evidence of the fundamental need for connection within us all. These boys on their toilets embodied the lengths of discomfort and risk and innovation that human beings will go to in order to reach out to another. To hear from another. To be heard by another. To wait for an echo. These are children in a critical period of neurodevelopment, in extraordinary circumstances, trying desperately not to go through it all alone.

It is disingenuous for us to imagine that the harsh environments in which we house imprisoned men, women, and children do not damage them. And it is unwise for us to ignore that damaging our imprisoned citizens undermines our communities more broadly.

...The aim of this book—its only aim—is to look closely at the psychiatric effects of American punishment and ask whether the results we yield align with the societal standards to which we hold ourselves and with the goals we set out to achieve. This is a question with enormous stakes for all of us—free and imprisoned alike.

We say that we incarcerate people in America because we want safer communities and justice, yet our current practices provide neither. Our practices are antithetical to these aims. My years of study of the human mind underscore this fact: when we condemn our citizens to the punitive conditions of our jails and prisons, we sentence those men and women and children not only to time but to a life in which they are less able to engage productively with society and less likely to demonstrate accountability for their actions. As a nation we say we want safety and justice, but our methods of punishment actively obstruct these very goals. And yet we double down on our current practices. *Why?*

The third part of this book, therefore, is about the choices that face us. If we look objectively at our prisoners and our prisons and determine that our current practices are failing us, then what are we to do about it?

...This book shares what I have come to know, as a psychiatrist, about our nation’s corrections system. “The degree of civilization in a society can be judged by entering its prisons,” Fyodor Dostoyevsky wrote more than a century ago. This book is about the choices we make in our society about safety and justice. It is about how we mistreat those who run afoul of our laws and how, in doing so, we violate our own standards of humanity. It is also about hope, and vision, and trust that once a problem is faced—truly faced—then perhaps it can be solved. ❖