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Music Therapy for Wife Killers

Rehabbing Convicts

The proof of our success is in our high referral rates from the courts and the probation officers. And we are very near national accreditation from the Association for the Treatment of Sex Offenders. We do good work here. . . . It's a simple fact. If we weren't successful, we wouldn't be in business.

Shari P. Geller, *Fatal Convictions*, 1996

THE TEMPORARY DIET-PILL CRAZINESS OF OFFICER QUINTILIANO

Former Stratford, Connecticut, police officer Matthew Quintiliano "was in his Stratford Police uniform on May 23, 1975, when he shot and killed his first wife, Mary Ann, with 10 bullets outside Bridgeport Hospital, just days after she filed for divorce. In 1978, he was found innocent after pleading temporary insanity, his defense attorneys successfully arguing that he suffered from amphetamine psychosis from overusing diet pills.

"Quintiliano was held in Fairfield Hills Hospital, a state psychiatric unit in Newtown, for three months, but was released in 1979 and soon after married Sally Coppola Lawlor." On February 16, 1983, one week after Sally had said

she would file for divorce, he shot and killed her, using a police service revolver that belonged to his son by his first wife. He was released from prison in December 1993. (Weizel, Boston Globe, December 10, 1993)

That's pretty impressive. First the psychological experts get him off for murder on the grounds of temporary craziness caused by taking diet pills, then they cure him and judge him fit to reenter society, and marriage, in just three months.

We have already seen how clinical practitioners hired by clever defense attorneys arrive at their exculpatory diagnoses, but the Quintiliano case is a real stunner.

How could anyone come up with a diagnosis of amphetamine psychosis, of diet-pill craziness, and get this wife killer off? It would be easy.

Was Officer Quintiliano cured by his three-month course of psychotherapy in Fairfield Hills Hospital? The answer to that kind of depends on your criteria. Since temporary amphetamine psychosis is, by definition, "temporary," Mr. Quintiliano must have been cured, again by definition, as soon as the "temporary" period passed. Also, since temporary amphetamine psychosis was his official diagnosis, once "cured" of that, there would have been little reason to keep him. So he was out in three months.

Of course, your criteria for judging a wife killer "cured" may be somewhat different. In fact, a not-so-unreasonable person might expect that Mr. Quintiliano would be required to stay in the hospital until his doctors could pretty much guarantee to society—or at least to future brides—that Mr. Quintiliano would not kill anyone else in the future. By that criterion, he obviously was not cured.

Now, his doctors might argue that they never tried to cure the wife killer of wife-killer disorder because he had no such diagnosis. But let us say that Quintiliano had actually been sent off to get his proclivity for killing women who no longer want him cured. Could psychotherapy have fixed up that little problem for him?

This is an extremely important question because every day our courts are sending men off to treatment for having stalked, attacked, beaten, raped, and killed women—often the women in their lives. Twenty-seven states now authorize courts to order domestic abusers

into psychological treatment. Over the last twenty years the number of batterers arrested has increased by 70 percent, according to a report by Janell Schmidt and Lawrence Sherman in the *American Behavioral Scientist* in 1993, but still, most batterers, even when arrested, do not serve time in prison. We seem to have an unspoken assumption that men who kill strangers are bad, but men who kill female friends, lovers, and wives are just mad.

And as madmen, as men suffering from mental disorders, surely they can be helped by psychotherapy. Right?

WHY THERAPY SHOULD WORK

Does psychotherapy work? Well, sure. Of course it does, at least for the average noncriminal types who freely choose it. It *must* work.

Why must it work? Look at the general conditions under which your average slightly messed-up person chooses to enter therapy. Now, what is going to happen to that person? What will happen to you?

When you go into therapy, one of three things can happen: you get better; you get worse; there's no change. Let us suppose that by chance alone, all other things being equal, each of these outcomes will happen about one third of the time. Thus, therapy has to work about a third of the time by chance alone.

What can change these odds? Several factors, actually. First of all, there's the simple effect of expectation on what happens. You expect to get better. After all, you followed Ann Landers's oft-repeated advice to get counseling, and Ann wouldn't mislead you, would she? Of course you expect to get better as a result of the counseling. Also, you are highly motivated to get better. You've been thinking about it for two years and now you've decided you've had all you can take. You are going to get therapy and you are going to get better.

Besides, you are paying \$100 per session. Now, unless you really have several screws loose, you are not going to be paying that kind of money expecting to get ripped off. You are only a little bit nuts, not that nuts. Additionally, your insurance company paid for the first \$500 in therapy and it certainly wouldn't do that if therapy was not a tried-and-true method of making people better, would it? After all, insurance companies don't pay for experimental procedures or inef-