

## Forensic Psychiatry as a Vehicle for Teaching Clinical Psychiatry\*

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Forensic psychiatry has been neglected in psychiatric education. It is frequently assumed that forensic psychiatry provides merely preparation for the practice of legal psychiatry. It is further generally believed that the practice of forensic psychiatry is or should be a full-time specialty, and is not compatible with the practice of psychotherapy. These misconceptions, and many others, account for avoidance of forensic psychiatry in the curriculum of residency training programs.

It is the purpose of this paper to clarify some of these misconceptions, and to advance the view that forensic psychiatry can be a vehicle for teaching of clinical psychiatry and is essential to the practice of psychiatry.

Forensic psychiatry is the application of the clinical skills of the psychiatrist to legal problems. The skills required by a forensic psychiatrist are useful in the practice of general psychiatry, including psychotherapy. The forensic psychiatrist has to conduct a clinical investigation, formulate an opinion, and then successfully communicate his conception of the individual case to a non-psychiatric audience. This type of activity is very useful for the office-bound psychiatrist. The inbred atmosphere of psychiatric practice benefits immeasurably from interaction with other professionals.

Psychotherapy and forensic psychiatry are synergistic, provided that these two activities are separated in the individual case. It is preferable not to function both as a psychotherapist and as a forensic expert on behalf of the same person.

In 1952 a conference on psychiatric education was held at Cornell University. It was organized by the American Psychiatric Association and the Association of American Medical Colleges. The report which was issued emphasized the need for cooperation between psychiatrists and lawyers.

This [cooperation] could be fostered by giving law students instruction in the fundamentals of psychiatry, and medical students an understanding of basic legal principles and methods. It would contribute to these ends to have departments and chairs of legal psychiatry in both medical schools and law schools. It should be kept in mind that the law is not only ready but anxious to give much greater recognition to psychiatry when we gain full knowledge of the causes of criminality, achieve greater accuracy in predicting behavior, and can promise more certainty of success in treatment.

The same report states later on:

The services of lawyers who are themselves psychiatrically oriented should be extensively used in presenting forensic psychiatry to residents. Instruction in certain basic courtroom procedures, particularly those having to do with the presentation of evidence and in courtroom demeanor, is necessary.

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Since 1952 some progress has been made; however, forensic psychiatry remains a step-child of psychiatric education. In 1961 I conducted a survey of all medical schools asking the simple question whether or not they offered any teaching of forensic psychiatry. The majority offered none; the rest offered fragmentary lectures dealing with commitment procedures and discussion of criminal responsibility.

Over the last fifty years we have witnessed a slow but definite change in the relationship between law and psychiatry. There is an ever-increasing participation of psychiatrists in the administration of justice at the trial court level. Psychiatric opinions have played a role in legislative thinking and appellate decisions. These developments are viewed by some with alarm and apprehension. It is feared that the law will be diverted from its mission to uphold justice and order by psychiatric influence. From certain psychiatric sources we hear concern that involvement with the law will pervert the role of the psychiatrist, transforming him from a high priest of therapy into a henchman of law enforcement. (Thomas Szasz, M.D.)

In the heat of this controversy, various values associated with forensic psychiatry have been neglected or overlooked. This paper will attempt to call attention to the unique usefulness of forensic psychiatry in teaching clinical psychiatry. Before I focus upon this particular issue, I would like to emphasize that the psychiatrist requires knowledge of law above and beyond that of any other intelligent citizen. The need arises out of the very fact that he is a psychiatrist.

In the recent past, two issues dominated the interface between law and psychiatry, namely, criminal responsibility and commitment. Criminal responsibility (the M'Naghten Rule) and commitment procedures are to lawyers and psychiatrists what the weather is to the Englishman, an opportunity to pretend that they are talking to each other. Meaningful interchanges between lawyers and psychiatrists are difficult since communication can take place only between people who are capable of empathy, which, in turn, is dependent upon one's ability to identify. Isolation precludes identification and makes meaningful communication impossible. Some degree of knowledge about law as such is essential for the psychiatrist if he is to communicate with lawyers. There are those among us who will assume the role of the defenders of true faith and respond with the adage "A little knowledge is a dangerous thing." To these true believers I would like to say that nothing is more dangerous than ignorance, and that the so-called little knowledge is the yeast which is essential to the growth of knowledge. Information about psychiatry will not transform the lawyer into a junior psychiatrist, but it will help him to become a better lawyer. Information about the law will not make the psychiatrist a legal expert, but it will help him to be a better practitioner in the field of psychiatry.

The law as a theoretical structure has also something to offer the psychiatrist. If we look upon medicine in general as operating around the model of rehabilitation, and the law as operating around the punitive model, we will find that the division is quite artificial.

Exposure to forensic psychiatry leads to a variety of benefits which are applicable to clinical psychiatry. Forensic psychiatry provides an ideal vehicle to teach about the significance of psychic trauma in the causation of psychopathology. Teaching of forensic psychiatry does provide an opportunity to supplement the teaching about the vicissitudes of the aggressive drive. Psychic trauma and extremes of aggressive behavior are neglected in psychiatric training, even though their comprehension is essential for the practice of psychiatry. Aggression leading to the disruption of certain relationships like marriage and employment might require the services of both the attorney and the psychiatrist. The state of being a patient or a legal client is often distinguished merely by the professional background of the help-giver and not the needs of the help-seeker. Many lawyers carry individuals in what could be called supportive psychotherapy. On the other hand, many patients who are in psychotherapy are involved in potential or actual litigation. The litigious patient has been described extensively in psychiatric literature.

In my experience, the failure to litigate is a much more common psychiatric symptom. Understanding of legal principles provides the psychiatrist with an additional tool in helping his patients with their psycho-legal dysfunction.

Law and psychiatry deal with the same subject matter, namely, aberrant behavior of individuals. This similarity of concern did not lead in the past to cooperation. The fact is that the relationship between law and psychiatry has been based upon competition and considerable misunderstanding. The ability to provide a neat, intellectual division between psychiatry and law should not obscure the fact that there is considerable overlap, since both disciplines deal with psychopathology.

Forensic psychiatry gives the resident the opportunity to encounter extreme psychopathology, which is frequently absent in modern psychiatric teaching centers. The teaching value of severe pathology has always been recognized in medicine and does not require elaboration.

The middle-class psychiatric resident is frequently lacking in appreciation of the spectrum of social differences prevalent in a heterogeneous society. As demonstrated by Hollingshead and Redlich, psychiatric teaching programs deal primarily with a middle-class patient population.<sup>1</sup> Forensic psychiatry remedies this one-sidedness of psychiatric training by exposing the resident to various segments of the population, but particularly the lower socioeconomic groups.

The excessive emphasis upon intrapsychic factors which is encountered in some teaching programs is well counter-balanced by forensic psychiatry, which provides many illustrations of the accidental and external forces which bring about psychopathology. On the other hand, the neglect of psychogenic factors characteristic of certain approaches in psychiatry is also corrected by exposure to forensic psychiatry case material. The presentation of trauma-related psychopathology impresses upon the resident the vulnerability of the psyche to external influences.

The law creates the social reality within which our patients have to live. One of the major roles of the psychotherapist is to interpret reality and to stand for reality; therefore, he has to understand it. Legal aspects of living continuously arise in the conduct of psychotherapy, in regard to family relations of our patients, their business contacts and their daily activities. The technique of psychotherapy requires that the therapist maintain a neutral position in regard to moralistic values of narrow validity. The therapist is not to project into the patient's life his own ethical values. He should, however, understand the ethical and legal reality of his patient's. In the treatment of some business executives, I have encountered a considerable amount of acting out disguised under the euphemistic term "shrewd business practice." My familiarity with the law has been helpful in recognition of the pathological nature of these activities. Without such knowledge I would not be able to confront them with the possible consequences of their behavior in terms of the social reality in which they were living.<sup>2</sup>

It has been pointed out that the psychoanalyst should be a medical doctor because some patients have not only psychological but also medical disabilities. The treatment of their physical disability is the task of the physician specializing in that particular field, but the medically trained psychotherapist can comprehend the nature of the illness and understand the interaction between the psychological and medical symptoms of his patient. A large proportion of psychiatric patients have not only a psychological but a legal disability, or a high potential for it. The psychotherapist, therefore, has to be knowledgeable in the law if he is to deal effectively with his patient's problems.

Then, there is the business-law aspect of psychiatric practice. It is amazing how many physicians, including psychiatrists, are completely ignorant of the basic obligations imposed upon them in the conduct of their practice. I will not elaborate upon this issue, but merely mention a number of items like the need to keep records, the issues of implied guarantee, the various aspects of privileged communication, and many others.

Forensic psychiatry proper is a psychiatric function which is frequently misunderstood

and discredited. This is a challenging field which not only provides an opportunity for psychiatric influence in an individual situation, but also offers the chance to participate in the constant changes that occur within the law.

At this point, I would like to describe my own teaching of forensic psychiatry, which has evolved in the last fifteen years. Although I teach in various institutions, I would like to describe the teaching program which I conduct at Sinai Hospital of Detroit, where I have been given the latitude to organize a program along what I consider to be essential lines for effective teaching. The course is called "Clinical Forensic Psychopathology" and is taught to third-year residents. I meet with the residents on a once-a-week basis. The teaching evolves around presentations of psychopathology which has had legal consequences. The method is based upon presentation of case histories in the context of which legal and psychiatric principles are discussed at the same time. I call this method of teaching the integrating, synergistic approach. The main emphasis is on courtroom presentation of clinical material, since at this time in history the courtroom is the focal point of psycho-legal interaction. I stress to the residents that it is futile for the practitioner at this time to throw stones at the legal glass house; rather it is our task to develop skills to be effective while visiting it. It is impressed upon the resident that he can make significant contributions to mental health through his expertise in individual cases. The case material is divided into five separate categories, which are again subdivided.

1. "Psychopathology of Aggression and the Law."

Under this heading, I present a variety of cases ranging from neurotic behavior to chronic brain syndrome. Particular emphasis is placed upon dissociative states.

2. "Legal Consequences of Being Psychotic."

Under this heading, commitment, contractual capacity, capacity to make a will, ability to stand trial, and other related issues are discussed.

3. "Psychopathology of Libidinal Expression and the Law."

Case material is presented covering rape, incest and various perversions.

4. "Psychopathology Induced by Trauma."

These cases are divided into psychic trauma and psychic complications of physical trauma. Psychic trauma is discussed in its various ramifications, including therapy.

5. "Psychopathology of Family Life."

This material is divided into cases dealing with:

(a) psychopathology of parenthood, including child abuse

(b) psychopathology of marriage adjustment, including divorce

(c) child custody and adoption.

It is my opinion that forensic psychiatry should be taught to psychiatric residents by psychiatrists and not by lawyers. In various institutions around the country, occasional lectures on the legal aspects of some issues are offered by a lawyer. I do not consider this type of approach to be part of a curriculum. The purpose of teaching in a professional education is to bring about an identification, and not only to convey some information. True enough, there are some lawyers who are sufficiently knowledgeable about psychiatry; however, they do not constitute a professional model for the psychiatric resident. Teaching of forensic psychiatry by a series of lectures given by different teachers from different disciplines accomplishes little.

## References

1. Hollingshead A, Redlich F: *Social Class and Mental Illness: A Community Study*. New York, 1958
2. Every psychiatrist should be well acquainted with such a basic book as *White Collar Crime* by Edwin Bates Sutherland.