

Book Reviews

ALMOST A REVOLUTION: MENTAL HEALTH LAW AND THE LIMITS OF CHANGE. By Paul S. Appelbaum. New York: Oxford University Press, 1994. 223 pp plus index. \$45.95.

Reviewed by Jonas R. Rapoport, MD

Having lived through the years that Paul Appelbaum discusses, I agree that there was almost a revolution. What happened changed the practice of psychiatry in many ways. Psychiatry was not alone; all of the practice of medicine, in fact much of our society, has changed in many ways since World War II. I have never been sure that all of these changes were for the best. Paul Appelbaum tells us how some of the hopes of the reformers could not reach their full fruition because of resistance and, I might add, because of real issues that the revolutionaries did not appreciate. (They never do and probably shouldn't.) I do not think there can be a considered and rational revolution.

It was not always easy in the 1960s teaching a law school seminar on psychiatry and the law. After all, mental illness was a myth. Psychiatrists were jailers and suppressors of "different, not sick" behavior. It was challenging to be active in forensic psychiatry then. It was exciting to try to help the legislatures and the courts maintain a reasonable rationality and a nondestructive attitude toward our efforts to care for the mentally ill.

The Civil Rights movement of the

1950s started the ball rolling toward a reappraisal of all human rights, for the mentally ill, prisoners, and others.

The community mental health movement and deinstitutionalization seemed to offer so much. The mental health bar was born and produced changes in how we practice psychiatry and care for our patients. Things will never be the same.

Paul Appelbaum has chosen four of the most important reforms to come out of the mental health revolution of the 1960s and '70s: the changes in civil commitment laws, the Tarasoff decision and its progeny, the right to refuse treatment, and the changes in the insanity defense following the trial of John W. Hinckley, Jr. in 1982. As would be expected from a scholar of Dr. Appelbaum's stature, he has done a superb job of presenting this history. First, he sets the stage with a brief presentation of the questioning of the reality of psychiatry and how this was coupled with the increased concern over the rights and suppression of the mentally ill.

Dr. Appelbaum then presents the tremendous changes that occurred in commitment laws in all states after the *Lesnard v. Schmidt* case in 1972. A steamroller effect occurred, fostered by the efforts of the bright, aggressive, young, mental health lawyers. But, as he points out, excesses occurred. Some patients were not served better. Some "died with their rights on" because they could not be hospitalized. The public reacted, the courts and legislatures responded, and what was to be a full revolution was, instead, "almost" one.

In discussing the *Tarasoff* case and the resultant duty to protect, he believes that

there are no clearly detrimental effects and that the duty is here to stay. I agree with the latter, but I am not convinced that there has not been some harm to therapy. I am frequently called upon by colleagues who are concerned about their duties in a particular case. Sometimes, they are so preoccupied with their duty to warn that the patient's needs have become secondary.

In discussing the right to refuse treatment, there is more fault to be found with the law. Dr. Appelbaum has written elsewhere about the waste that some of the due process of this right has produced. But we should not forget that there were some very bad treatments being forced on patients in the past, which situations the law attempted to correct. Some of the law's solutions made things worse. There are important lessons here, lessons to be learned by psychiatry as well as the law.

The changes to the insanity plea resulting from the public's displeasure upon the acquittal of John Hinckley, Jr. by reason of insanity are presented. As the author suggests, there are few data available to help us evaluate these changes except for the outstanding research of Steadman *et al.*¹ There seems to be a minimal effect on the final disposition of seriously ill offenders.

In his final chapter, he discusses the consequences of these changes. Whatever the impacts of the reforms, they were registered on a scale of magnitude far less than most contemporaneous observers had expected.

I hope I have done justice to this excellent book. It should be required reading for all residents and practitioners, par-

ticularly those who did not live through these years of "revolution." Not to understand the historical perspective of our field is to miss an opportunity to have a full understanding of why and where we are today and to put us at peril of repeating the mistakes of the past.

Reference

1. Steadman HJ, McGreevy MA, Morrissey JP, Callahan LA, Robbins PC, Cirincione C: Before and After *Hinkley*: Evaluating Insanity Defense Reform. New York, Guilford Press, 1993

THE CUSTODY EVALUATION HANDBOOK—RESEARCH-BASED SOLUTIONS AND APPLICATIONS. By Barry Bricklin. New York: Bruner/Mazel, 1995. 278 pp. \$45.95.

Reviewed by Michael R. Mc Allister, DO

Dr. Bricklin's book is an attempt to educate the reader about the basics of custody evaluation and prepare him or her for the preparation of a report and for courtroom appearances. Dr. Bricklin's long experience in this area is evident not only from his systematic and careful approach to the material, but also from his practical examples. It is a useful book to both the novice and the journeyman evaluator. The author manages to cover a wide range of material while exercising good editorial self-control that keeps the reading to a manageable level and to a format that lends itself to useful synthesis.

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The author does have some weaknesses in his presentation. The section on "Loving the Courtroom" is marked by dense, jargonesque language, and other theoretical sections could use more editorial constraint. Dr. Bricklin's theoretical framework may not be shared or valued by some readers. These limitations, however, do not prevent the reader from benefiting from the book, which promotes additional perspectives and offers many useful approaches to common problems.

Dr. Bricklin's thoughtful approach promotes a careful, nonadversarial product, which will be both valuable in the custody arena and less vulnerable to criticism and attack. Dr. Bricklin's review of the relevant literature summarizes the data, while showing strengths and weaknesses of prior efforts and demonstrates the direction and areas needing continued research.

The author's objective is to help the reader prepare for the task of gathering information, using the techniques and tools that he and his collaborators have developed. The strength of his approach is that it provides a reliable, consistent method of gathering data and lessening both biases and omissions.

The book's sections on data gathering are focused to help the reader gather accurate data and overcome the distortions of blame and misdirection that characterize the divorce setting. The author reviews the test instruments that he and his colleagues have developed and attempts to help the reader understand how the data from these instruments would be used to prepare reports. The section on

the dilemmas in child custody evaluations is particularly wise and useful.

The community of child evaluators owes a debt to Dr. Bricklin and his associates both for this book and their body of work and research, which have promoted thoughtful, reasoned, and reliable work to elevate the standard of child custody evaluation.

TRUE AND FALSE ALLEGATIONS OF CHILD SEXUAL ABUSE. Edited by Tara Ney. New York: Brunner/Mazel, 1995. 371 pp. \$45.95.

Reviewed by Harry Reischer, MD, JD

Child sexual abuse allegations initiate a complex process during investigation, assessment, and resolution that invokes legal, therapeutic, and moral issues. Society demands protection of the abused child and punishment for the offender; yet if false allegations are believed, the accused often is legally, socially, psychologically, and financially ruined.

As a guide through this quandary, the book, *True and False Allegations of Child Sexual Abuse*, edited by Tara Ney, PhD, offers guidance in the evaluation and assessment process of such accusations in order to avoid the Scylla and Charybdis of betraying or condemning the innocent.

An initial proviso is that the book primarily addresses the social worker, psychologist, or caseworker involved in in-

vestigations rather than the forensic psychiatrist. Only 1 chapter of 20 was contributed by a physician; this chapter details elements of the medical examination of a suspected abused child, an especially vital procedure in a case of recent abuse. The physical examination provides conclusive evidence in only a minority of the cases examined. In the majority of cases, in which the alleged abuser does not corroborate the allegations, the quandary—to determine the validity and veracity of the accusations—still persists.

For its primary audience, the book provides an omnibus approach to the question implicit in the title. Chapters in the book consider what is normal, age-appropriate sexual behavior for children as contrasted with behaviors that might infer sexual abuse; other material deal with children's normative understanding of truth and lies in the context of memory development.

The article on the use of phallometric assessment of child sexual abusers as a forensic tool details research in the area and essentially concludes with an admonition against use of the plethysmographic test to detect child sexual abusers.

Recollection of repressed memories of sexual abuse is currently a controversial issue. A brief article in the book by Dr. Elizabeth Loftus and her coauthor, Dr. Michael Yapko, addresses this issue of recovery of repressed memories in view of known memory malleability and suggestibility. They recommend guidelines to minimize contamination of assessment interviews in these cases, many of which have created headlines in recent years.

Their contribution to the book is all too brief.

A critique of most of the articles in this book is that the chapters are aimed emphatically at the nonmedical researcher in that they contain extensive bibliographies with numerous book citations. If readers are interested in topics such as various paradigms that might assist them in determining the internal consistency of children's interviews, they must essentially seek out the proprietary books written by proponents of each technique. Thus, to gain a satisfactory understanding of techniques such as statement assessment, initially developed in Scandinavia, or the cognitive interview technique, one must search out the appropriate book volumes.

Two utilitarian features of the book were the brief synopses that prefaced many of the chapters and the lists of recommendations at the end of all of the chapters. This series of conclusory recommendations often gave the didactic highlights of the chapter.

This book will be useful to many social workers and psychologists training to evaluate child sexual abuse allegations and to those who want entree to research in the field. For the forensic psychiatrist, this book is too rudimentary in its presentation. Studying the recommendations that conclude each chapter in the book may be sufficient for most forensic psychiatrists.

BAD MEN DO WHAT GOOD MEN DREAM: A FORENSIC PSYCHIATRIST ILLUMINATES THE DARKER

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SIDE OF HUMAN BEHAVIOR. By Robert I. Simon. Washington, DC: American Psychiatric Press, 1995. 362 pp.

S. Miles Estner, MD

Illuminating is an excellent description, in a single word, for this new book by the recent Manfred S. Guttmacher Award-winning author, Robert I. Simon, MD. Having already written comprehensively about psychiatry and the law, Dr. Simon's new addition is a just-as-comprehensive treatment of forensic psychiatry from this reviewer-practitioner's point of view.

Bad Men Do What Good Men Dream delivers to the reader just what it promises. While comprehensively addressing the darker side of human behavior, Dr. Simon presents it in the context of a gradation from everyday, normal fantasy life to the most extreme and gruesome of possible behaviors. This strategy allows the reader to grasp how such behaviors, as unforgivable as they are, can be understood as being within the realm of human experience. Understanding the extreme fantasies and behaviors of "bad men" is essential to clinical and forensic examiners who must probe these minds.

Dr. Simon's "spectrum" approach is also used in analyzing the actual types of behavior engaged in by some people, providing an intellectual discipline with which to examine each facet of violence (e.g., from fantasies about rape, to date rape, to serial sexual sadism). The illumination he provides is further buttressed by extensive research data which incorporate

forensic science and statistics into the practitioner's art, and each chapter, topic by topic, is well referenced for those with a need or desire to find primary sources of information. So delicately balanced is Dr. Simon's mix of prose and scientific data that the reader might be left wondering if this book is an academic text or a fascinating true-crime compendium. It is both. The end result is an abundance of information, some clinical and some technical, presented in a very readable and digestible fashion.

Further credit is due the author who has described and analyzed many of the most notorious perpetrators in a wide variety of categories. One wonders at the speed and intensity of labor that went into producing *Bad Men*, since some of Dr. Simon's case descriptions are still front-page news. As one who has tried, through piecemeal reading about the baddest of the bad, to understand the extremes as well as the norms of human behavior, I am grateful to Dr. Simon for having presented so much in a single source.

For others involved or interested in the field of forensic psychiatry, Dr. Simon's most recent contribution makes for yet more invaluable reading. He widely, comprehensively, and comfortably opens a window into the darkness that we are all trying to illuminate when we deal with this violent side of life. *Bad Men Do What Good Men Dream* should be purchased, read, re-read (it is almost too much to digest on the first go-round), and put to use in daily clinical and forensic work.