three parts, each cultural pattern appears in its neighboring part such that they read not as individual cultural patterns but as patterns working in concert with each other. The reader is left with a deeper and richer appreciation of the roots of stigma, culturally and historically. And while a book that calls into question the motives and approaches of the mental health field may be off-putting for some, the author incorporates the narrative of his own family history throughout the book, which itself is a history of psychiatrists, their work, and their growth. This personal touch softens the parts of the book that may be perceived as critical, which may make it less alienating to a mental health audience.

While Grinker's questioning of the medicalization of mental illness and our attempt to understand diagnoses raises interesting questions, it is not clear how his ideas would play out in the legal system. A forensic audience may be left wondering where the concept of criminal responsibility falls if all people are on a spectrum. Further, in one chapter, the author rightly lauds employers who have created work environments that are supportive of those who are neurodiverse or mentally ill, providing them with resources and accommodations. He encourages support and understanding throughout our social world, including praising differences rather than demanding conformity to societal expectations. But forensic evaluators may be left wondering how much support and understanding encourages autonomy of a defendant in competency assessments and restoration, and how much disrupts the dignity of legal proceedings leading to unfair trials and outcomes.

Grinker's discussion of the lack of clarity of diagnoses and their cultural underpinnings is interesting and important. But for forensic psychiatrists who work in a setting where a degree of certainty is demanded and the psychiatric field is often called into question, portraying the illnesses we defend on the stand as predominantly culturally or socially derived may seem dismissive and trivializing. If culture and society have established the notion of illness (and its accompanying degree of understanding when those who are ill lack control over their actions), then culture and society may also withdraw such understandings. Forensic psychiatrists are often the mediators of the stigmatizing views of those caught in the legal system and those in the mental health system. The book reminds us that we stand on unsteady ground.

When considering the roots of stigma, I was struck by the author's lack of incorporation of evolutionary theory. Evolution itself can shape culture. For instance, the culture of capitalism with its distaste for those who do not "do their part" has roots in our drive toward fairness and rooting out free riders.[1,2] The warmth and understanding we feel toward soldiers during war that is soon forgotten after its conclusion has roots in group dynamics that promote empathy and care toward ingroup members, particularly during conflict.[3] It is difficult to see how we can eliminate stigma if the culture that we are trying to change has primal and ancestral underpinnings. At the very least, if we do not appreciate these underpinnings and do not try to address them, then our efforts to change culture are cosmetic at best.

Overall, this book is an important and interesting read. It inspires discussion and reflection, whether one agrees with its basic tenets or not. It reminds us that we are at a single point in an ever-changing culture and history, which is a profound and humbling thought indeed.

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Forensic Psychiatrist Gets *Too Close*

By Natalie Daniels. New York: Harper; 2018. 319 pp. $16.99.

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Too Close is a best-selling 2018 psychological thriller novel which recently became a popular 2021 BBC miniseries (available on AMC+). The protagonist is

Dr. Emma Robinson (Dr. Robertson in the miniseries), a female forensic psychiatrist. As is often seen in fiction, she appears to have only one case at a time and the case that is the focus of the series is of a mother who we learn attempted to kill her child and her romantic rival's child.

The perspective of the defendant, Connie Mortensen, is interspersed with Dr. Robinson's perspective in the novel. As early as Chapter 1 in the novel, there are misconceptions of the role of forensic psychiatrists. Connie believes that the forensic psychiatrist evaluator "is here *to help me,* so she said last time, *to get to the root of it all*" (p 16, emphasis in the original).

Also as early as Chapter 1, the meaning of the title becomes apparent. Dr. Robinson has major problems with boundaries, and over-identification with the defendant. Among forensic psychiatrists in fiction, Dr. Robinson easily falls into the category of The Activist, a crusader who rationalizes boundary violations.[1] For example, "When Emma saw that she had a new document in her work inbox she felt strangely excited, as if she were opening a love letter. Connie had called the file 'The Beginning of It All'. Emma's heart skipped a beat or two as she nervously clicked on it" (p 27).

In the BBC miniseries, many of the same problems with boundaries are seen, albeit in a different order. Unlike what is allowed in most forensic facilities, Emma seems to always have her purse with her. She carelessly allows the hospitalized defendant to glance at her transport pass, learning her neighborhood, and observe a text message or call on her phone from "Si Hubby." Throughout the interviews or "sessions" (as the forensic psychiatrist refers to them) the defendant asks the psychiatrist questions about her own life, especially regarding "Si Hubby." At one point the increasingly over-invested forensic psychiatrist yells at the defendant "Connie, you have *got* to remember! None of us want to remember these things but we have to!" (p 261, emphasis in original), then begins crying. She even reveals to the defendant that her own young daughter had been killed in an accident, reminding us that those at risk of boundary problems include those with relationship problems, grief, and loneliness.[2]

In the BBC miniseries, the fictional forensic hospital "Tatchwell" where Connie is sent for observation appears more similar to correctional facilities than a hospital. Painting a concerning portrait of forensic hospitals, we learn in the novel that hospitalized patients are not allowed access to the news, phone calls, or scents. Detective Sergeant Allen and Dr. Robinson question the defendant in a special room of the hospital, implying that forensic psychiatrists are involved in police questioning. And unfortunately, as occurs often in crime fiction,[3] as well as in real life, Connie variously refers to Dr. Robinson as a psychologist and her psychiatrist. This perpetuates the public's confusion of the roles of a clinical psychiatrist and an independent forensic evaluator, as well as the confusion between a psychiatrist and psychologist. There is also a confusion as to whether Dr. Robinson is a treating psychiatrist working at the forensic facility, or if she is an independent evaluator for the courts. It seems she is both. In addition, different types of forensic evaluations are confused, such as the insanity defense and fitness to stand trial. This misunderstanding was also pointed out in our review of the crime drama series, *The Sinner.*[4]

In what Dr. Robinson refers to as a "session" of her evaluation, she meets with Connie in her bedroom at the forensic hospital. A hung-over, sick Dr. Robinson vomits in the patient's toilet and lies down in Connie's bed. Whereas any reader would be aware that police officers do not see defendants in their private jail cell and would never fall asleep there themselves, forensic psychiatrists remain a mystery to readers and viewers, and as such this portrayal does a disservice to our profession.

The two most realistic parts of the book are when the media nicknamed the attractive defendant in a high-profile case "Yummy Monster," and when the forensic psychiatrist attended a party and others were asking her opinion of the defendant. Fortunately, at the party, the psychiatrist evidenced some boundaries with the help of her attorney husband who shut down the conversation. Though later, when she went on a date alone with her old high-school crush, she did not. In fact, the crush specifically questions her attachment to the defendant.

The forensic psychiatrist even visits the defendant's father. She explains "dissociative amnesia" (p 153). She explains to him and to the reader, conflating evaluation types and her role, "I have to assess her mental state at the time of the offense and whether she is fit to stand trial. At some stage, Mr. de Cadenet, she has to be held accountable. If Connie doesn't acknowledge her actions, how can there ever be recovery?" (p 153). She then holds the defendant's father's "old mottled hand" (p 154) and tells him that the defendant likely had a psychotic episode, while he blames these events

on prescriptions from her general practitioner who also had boundary problems long before the defendant met the forensic psychiatrist.

Misunderstandings about amnesia and mental illness abound as well and can perpetuate the general public's misunderstandings.[3,5] The defendant had claimed not to recall the attempted murder. The forensic psychiatrist later explains that the defendant is not malingering, had amnesia of "sudden onset" (p 269), but, and rather remarkably, after these many hours of evaluation and boundary violating, the forensic psychiatrist was "undecided about her fitness to stand trial" (p 269). She also describes that the crime was a "family annihilation" (p 269), a misuse of the term since she had only attempted to kill her daughter and a neighbor girl, sparing her other child, her husband, and his live-in paramour. The forensic psychiatrist asserts that there was a "psychotic episode" and "serious questions to be raised concerning the benzodiazepine prescriptions from her GP and particularly the Clonazepam. . . " (p 269). It is quite unclear to us as readers what the "psychotic episode" refers to, other than visual hallucinations which were also attributed to benzodiazepine withdrawal.

Finally, appropriately, Tom, Emma Robinson's supervisor calls her in the office to talk about her personal bereavement and complaints about her by two staff members. She reeks of alcohol and videos were found of her sleeping and vomiting in the patient's bedroom. She said, "She needs me, Tom. I'm all she has right now" (p 271), further highlighting her massive boundary violations. She is encouraged to take a sabbatical and to turn in her pass. Then in her *pièce de résistance*, she sneaks off to hypnotize the defendant. (A forensic psychiatrist is also seen engaging in hypnotism in the series *The Sinner*.)[4]

Most outrageously, at the close of the novel, another patient is pretending to be a dog. Connie's children play fetch with this patient as if the patient is a dog. This interaction further stigmatizes mental illness.

Both the novel and the series, *Too Close*, raise questions of why fictional misrepresentations should interest us as real-life forensic psychiatrists. It is important that forensic psychiatrists, our population of defendants with mental illness, and forensic hospitals are portrayed fairly in fiction. Otherwise, there is the risk of increased stigmatization of psychiatric populations and increased misunderstandings from members of the public who are potential jurors. In considering stories and being advocates for the proper depiction of these themes, we should consider whether stories can be told without so many misrepresentations, and whether these distortions are in service of the story being told or whether they are merely fear-mongering about mental illness and violence. In the case of *Too Close*, the portrayal of misconceptions about mental illness, the confusion of the role of the forensic psychiatrist, and conflating psychosis, amnesia, medication side effects, and violence unfortunately all serve only to perpetuate the stigmatization of mental illness.

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