

Homicidal weapons vary with the room, *e.g.*, butcher knives in kitchens, fists or clothing (strangling) in the bedroom. The kitchen is more dangerous for husbands, the bedroom for wives. The weapon, rather than intention or motive, is the major factor affecting fatal versus non-fatal outcomes of domestic violence.

Probably the group to which most violence-preventive attention should be given is those who have been involved in at least one police domestic violence call, but those couples are a difficult group with which to work. Some kinds of legal sanctions would be necessary to induce more amenability to intervention in such families.

These diverse facts do not lend themselves to any easy application for effective violence prevention, as the authors are painfully aware. However, such facts must be more fully explored before we can begin to think about effective preventive programs.

Conferences like those reported in this book are important in bringing laymen up to date on these important issues and helping them to set realistic goals in dealing with their own problems. They are also useful to the psychiatrist who only occasionally is involved in forensic matters and offer him a quick survey of the state of the art.

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**PSYCHIATRY FOR LAWYERS.** By Andrew S. Watson, M.D. International Universities Press, Inc. New York, revised edition. Pp. xxii, 466. 1978. \$25.00.

The first time I met Andy Watson was in the club car on the train between Chicago and Pittsburgh. He was enroute to Philadelphia, and we were returning from the annual meeting of the trade union of law professors. Meeting Dr. Watson was a memorable experience, and the conversation as well as the drinks flowed freely as the wheels clackety-clacked over the rails.

Some years later, under more sober circumstances and under the auspices of the Menninger Foundation, we were involved in a series of meetings with other psychiatrists, law professors, and sociologists, under the tutelage of Herb Modlin, and discussed ways of infusing behavioral science materials into the law school curriculum. Although our meetings predictably had little or no impact upon legal education as such, the participants gained individual satisfaction in the exchange of ideas. Moreover, my renewed contact with Andy Watson led to my meeting with Herb Thomas, and to years of close collaborations with the latter.

This abbreviated history is "set up front" in order to state my biased and highly favorable view of Dr. Watson as a person, psychoanalyst, law professor, and social companion. Watson, Thomas and Jay Katz, all have adapted to the law school setting and have in their own way made major contributions to the study of law and psychiatry in our law schools. I could name others, but it is these three who have most influenced my thinking about the subject matter of Dr. Watson's book.

In addition to my periodic meetings with Dr. Watson, I came to know him

better through the original edition of *Psychiatry for Lawyers*, which was required reading in the N.Y.U. seminar on Law and Psychiatry which I taught in partnership with psychiatrists such as Henry Weinstein, Harris Herman, Arthur Zitrin, Ben Apfelberg, Stan Portnow, and others. Our seminar ordinarily used "live cases" from Bellevue for purposes of discussion, and law students, under supervision, undertook psychiatric interviews with Bellevue patients (or inmates) and prepared case histories for classroom discussion. Through our experience, we found that *Psychiatry for Lawyers* was the best available text to use for indoctrination in psychoanalytic theory and its relevance to litigation and the legal processes.

A lot of water has passed over the dam during the past decade, and it was with some apprehension that I undertook to read the revised edition of *Psychiatry for Lawyers*, for fear that there might have been substantial alterations in the text. The reading, however, put my fears to rest. The 1978 edition merely updates the former volume and leaves its structure intact. There are new illustrations or examples, taken from more recent social and political developments, but for the most part there is merely an expansion of text, especially in Chapters 3, 4, and 11. The expansion in the latter chapter deals with Dr. Watson's role as an expert witness and is of special value to trial lawyers. In my view, Dr. Watson's book has matured, but the added flesh does not approximate a "middle-age spread."

Perhaps the greatest value of *Psychiatry for Lawyers* is that a law student or lawyer, mayhap even a judge, can read and understand it without getting lost in the welter of concepts and words. To some who are more versed in psychoanalytic theory, Dr. Watson may seem to over-simplify in his abbreviated presentations, but to a dilettante who has merely dabbled, there is great clarity of meaning. And it is precisely this unambiguous presentation that has the greatest appeal and at the same time meets the needs of students of law and psychiatry.

Whether or not the book is as useful for medical students or psychiatrists is another matter, but it should be noted that *Psychiatry for Lawyers* is the title and lawyers are the target audience. The topic "law for psychiatrists" is a relatively uncultivated field, although some years ago I scratched the surface in an article which appeared in the 1967 *Wisconsin Law Review*.

The task of educating lawyers and law students about psychoanalytic theory often involves a process of "unlearning." On the one hand, the typical lawyer or student has absorbed a great deal of fragmentary second-hand information from the media and from his or her culture regarding psychiatric theory, information that probably has not been integrated or coordinated. On the other hand, he or she may also have been exposed to Dr. Szasz and the civil libertarian rejection of many assumptions made by mental health professionals. College courses in psychology, sociology, and criminology often are taught with an anti-psychiatry bias which may take on a religious fervor. The cult of the "myth of mental illness" has thoroughly indoctrinated the past and present generations of college students.

To counteract the bias against psychiatry and especially against psychoanalytic theory, it is essential for law students to suspend or hold in abeyance the input received from the Szaszians. This suspension may be

encouraged by our pointing out, like it or not, that our courts ordinarily turn to the psychoanalyst or psychiatrist for expert opinion where human motive or behavior is at issue. Other theories of human behavior may have academic or popular respectability, but psychoanalytic theory has the *imprimatur* of legal status. To reject it out of hand thus is self-defeating for the student of law, and he gains nothing philosophically in rejecting Freud in order to worship St. Thomas (Szasz). Moreover, it is a "healthy skepticism" rather than total acceptance or rejection which should be the characteristic of serious students.

With such an appeal to the student's self-interest, the groundwork may be laid for a reading of *Psychiatry for Lawyers* with an open mind. This is not a bid to gain converts but an effort to "de-program" so that the student will understand even if he or she does not agree. If open-mindedness is achieved, we may hope that the student will be able to perceive another dimension in our analysis of human behavior and of what "makes people tick."

Such education is not an easy task, and many are uneducable. Unfortunately, our current crop of law students who take a course in Law and Psychiatry tend to be either too sophisticated or too naive in their understanding of psychiatry. This uneven mixture of student understanding increases the value of Dr. Watson's text because it serves as a bridge to the future discussion of live cases and provides a common ground for understanding. Other texts, valuable as they may be for students seeking information as to how courts have disposed of many-faceted issues, are not designed to serve a bridging function.

In short, Watson's *Psychiatry for Lawyers* is unique in that it teaches the law student or lawyer what he needs to know as a prelude to the consideration of the live issues that are the points of emphasis in competing texts. There are other incidental benefits. Helpful tips or clues are interspersed throughout the book that are of practical value for the practitioner. Problems at the end of each chapter, most of them carried over from the earlier edition, require the application of theory in order to arrive at answers. This method enables the reader to develop an enhanced awareness of what is going on in human relationships.

Of course, if one looks hard enough, it is possible to find points of disagreement with the text. This really is a matter of *de minimus*, but, for example, in his discussion (at p. 211) of *Regina v. Dudley and Stephens*, the famous cannibalism case, Dr. Watson misses the boat when he fails to note that the Home Secretary commuted the sentences of the defendants to the *time already served awaiting trial*. This enabled British justice to have its cake and eat it too, even though the subject was cannibalism. The Lords went on record against sin, but the Home Secretary made a human concession to human frailty. How wonderful! Sometimes we can have it both ways. And for an understanding of the law, that is a more important insight than Dr. Watson's aside on the cannibalistic rituals of an Eskimo tribe.

It is recommended that this up-dated edition, which reads even better than its predecessor, be in the libraries of all lawyers and law students who are concerned with the area of law and psychiatry. Beyond that it merits the attention of lawyers and psychiatrists generally who are concerned about

human relationships and with what “makes people tick.” It is the foundation for deeper understanding and for the exploration of those areas of mutual concern to psychiatry and law. Although Dr. Watson already has received his Isaac Ray Award (1978), further honors are in order, and hopefully this revised edition will achieve the acclaim it so well deserves.

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