Book Reviews


Reviewed by Jeffrey S. Janofsky, MD

This is an extremely important book for both the general and forensic psychiatrist. The authors use a sociological approach to examine the development of the antipsychiatry movement in the United States. The authors begin by explaining the intellectual underpinning of the antipsychiatry movement by examining the works of Drs. Thomas Szasz and R. D. Laing. They then review how sociology’s labeling theory of the 1960s merged with the antipsychiatry movement and the radical political left. The authors note that this coalition attempted to reframe psychiatric patients as “romantic figures combating depression, individuals whose perceptions of the world had equal if not greater validity than those of sane society.”

From this foundation the authors review in detail the rise of the mental health bar and the important cases that redefined civil commitment law, right to treatment, and right to refuse treatment. The authors do an excellent job examining the law but more importantly give a broad perspective on the major players involved, their ideology, and the effects this ideology had on society and mentally ill individuals in general.

In the section entitled, “The War Against Treatment,” the authors describe how specific changes in the law affected specific therapies: psychosurgery, electric convulsive therapy, and the use of psychoactive drugs to treat mental illness. Again the authors sociological viewpoint is impressive, giving perspective to both sides of the issue.

In the last section, the author’s note how the antipsychiatry movement has adversely affected family members who attempt to help their mentally ill relatives. The authors describe in detail specific cases where families have been powerless to obtain treatment for their severely ill relatives because of the antipsychiatry movement’s effects on the law and the mental health system. The authors rightly note that “unless we want to live in a Szaszian world in which the solution is for families to repudiate and cast out members who need their care, the rights of family members too must weigh in the balance.” Unfortunately, as the cases the authors describe make all too clear, this is not being done given the state of current law.

The authors conclude by proposing solutions to the dilemma by forging a new consensus between the mentally ill, their families, and society. The authors conclude by stating, “for the human dignity of the mentally ill—and for our own—it is time to end the myth of mental illness, and the shameful era spawned
by this great lie." This well-written and thoughtful book will greatly aid the public, psychiatrists, and legislators in achieving this goal.


Reviewed by Leon Cytryn, MD

The author presents a comprehensive review of various facets of juvenile homicide based on his clinical experience as a lawyer and forensic psychologist, as well as on a thorough review of the literature in the last 30 years. Thanks to an excellent organization of the material, he succeeds admirably by compressing an incredible amount of factual information into a slim volume of only 170 pages. Ewing covers virtually all aspects of the problem: statistics, demographics, characteristics of the perpetrators, and legal issues confronting the judicial system and society in dealing with this most difficult and perplexing challenge to their integrity.

Although infanticide has been widely practiced in such diverse cultures as ancient Rome, Sparta, and the Moloch-worshiping countries of the Middle East, there are practically no recorded accounts of homicidal children before our era. Juvenile homicide may possibly be a modern phenomenon. However, it is more likely that it always existed, but was unrecognized and unrecorded because it offended the sensibilities of adults and violated their idealized image of innocent youth. Once someone lifted this veil of secrecy, reports of murders committed by children and adolescents began to emerge from practically every American state. In this way juvenile homicide has followed the pattern of other aberrations of human behavior such as child abuse and incest reports, which only began to surface after they had first been reported only a few decades ago.

Accounts of children who kill hold some morbid fascination, providing us with a glimpse into the darker side of our psyche. On the other hand, the reader is horrified and stunned by the macabre spectacle of primary-process thinking, acted out in real life. The author helps us to cope with such emotions by his objective and matter of fact approach.

The book sets out to seek answers to a wide range of questions: Who are these youngsters who kill? Why do they kill? To what extent if any do they pose as a continuing threat to society, and what, if anything, can be done to rehabilitate them and reduce the magnitude of that threat? Some of these questions, such as the basic characteristics of the homicidal children and adolescents are explored in depth. Others, concerning the "why" and "what can be done," are dealt with in a more cursory way. This is hardly surprising considering the complexity of these issues, and the brevity of the volume.

The author points out that adult and juvenile homicide seems to be governed
by the same forces. The statistical rates of the occurrence of homicide in both age groups rise and fall in tandem. Furthermore, the racial, ethnic, and sex distributions are almost identical.

The author of the book should be commended for this informative and stimulating addition to the scant literature on this important subject of the most violent crimes perpetrated by our nation’s children and adolescents.


Reviewed by Melvin G. Goldzband, MD

Forensic psychiatrists have become somewhat inured by now to the spectacle of attorneys waving copies of DSM-III-R under their noses in courtrooms throughout the country. The lawyers may spout the contents of the various symptom complexes that describe diagnostic entities, as if this is what should make psychiatrists psychiatrists. I wish that I could think of a pertinent riposte to that concept, but I have never been able to figure out what makes lawyers lawyers.

The caveats in the introduction to the APA’s manual do not seem to make much difference to questioning attorneys, nor do the lawyers often become aware of their own misunderstanding of the concepts within the DSM-III-R. Just a couple of weeks ago, in court, it was necessary for me to explain patiently and in detail the distinction between a personality disorder, as defined in the book, and personality traits that are common to us all. It was as if I had not spoken at all, and eventually the judge, who had understood clearly, made the questioning attorney change his tack.

Charitably, we must recognize that we ought not to expect attorneys to be much different. They are lawyers and not psychiatrists, no matter how hard they may try to play the latter by virtue of the blue-hardbound holy writ, which they mistakenly consider to be in the same league as good textbooks. In other words, know the DSM-III-R and you’ll know psychiatry!

We know that there are major differences between diagnostic manuals and textbooks. So do lawyers, really, although they’ll sometimes be damned if, for reasons of tactics, they will acknowledge that. It’s textbooks that make professionals of all of us—regardless of which profession.

All of us have been psychiatrists first, and only subsequently forensic psychiatrists. It is my bias that this order of precedence must continue to be served. Courts, lawyers, and others of that ilk need us to be sound clinicians and experts on human emotional development so that they can learn about the people before them. In some cases, they may need us to explain some of the more recently discovered biological facets of our mental processes, but by and large
these do not appear to figure too greatly in our forensic practices. Schizophrenic-like PET scans doth not necessarily NGRI pleas make.

A new opus by two training analysts, Drs. Phyllis and Robert Tyson, is a textbook that ought to be on the shelves of all forensic psychiatrists. In their new work, Psychoanalytic Theories of Development: An Integration, the authors are amazingly successful in their attempts to provide an overview of all the varied approaches taken by the psychoanalytic observers of human development, to summarize their differing points of departure, and to discuss the various points of contact and difference between them. Whether or not we as psychiatrists continue to subscribe to psychoanalytic doctrine, the world has been tremendously influenced by the theories of Freudian, Jungian, Kleinian, and other theorists and observers. Even the day-to-day language and vernacular of the general population has been affected by metapsychology and object relations theorists. Sure, the world may use the jargon-term bonding, when Bowlby really said attachment, but the effect of the world's thinking is the same.

The development of children is a seminal aspect of psychoanalytic and psychodynamic thinking. It is a seminal aspect of the thinking of all psychiatrists regardless of their so-called orientations. This book is cleverly and clearly arranged in a manner that allows even less sophisticated readers to understand the progression of thought and recognition by theorists and observers regarding the developmental process. I, for one, in the forensic aspect of my psychiatric practice, am intimately concerned with the problems of the children of divorce, fought over in custody and visitation battles. The needs of these children cover a vast spectrum, only beginning with the fundamental one that the parents stop fighting over them. Depending upon their ages, their stages of development, and their attachments to the significant caregivers in their lives, decisions must be made—or at least recommendations as to decisions—that will allow further development to proceed as unhindered as possible. It is not an easy job, but this book promises to provide considerable help for those of us who work in this arena.

In other situations, it is just as necessary for us as forensic psychiatrists to understand the development of the people whom we must evaluate, even if that development occurred a number of years ago and seemingly may have stopped dead. The book, by the way, is sufficiently up-to-date to refer at length to the new work of Nemiroff and Calaruso, who describe continuing development in adults. How do psychic injuries affect people? Why do people respond differently than others? Why may some be more prone to emotional damage than others? Why may some deal poorly with their impulses when others can contain them more constructively? At least many of the answers lie in their developmental processes, and to the early formations of object relations in their lives. These are made clear and outlined beautifully by the Tysons, regardless of the frank warnings by the
distinguished psychoanalyst who wrote their foreword, Dr. Robert Wallerstein. Referring to “. . . our discipline, with its welter of rival metapsychologies,” he said that, “. . . our common ground cannot be reached at this time within our general theories.”

Until I read this book, I would have agreed wholeheartedly with him. If common ground can not be found, then at least a fair review of the differences can be elucidated. and this is what the Tysons do beautifully. In some cases, they even find common ground—but not often.

The book is organized in such a manner that the sections each describe a different aspect of childhood development. After an initial review of the developmental process per se, with bows to the Piagets and Spitzes as well to the Freuds, the Tysons direct our attention to, in turn, psychosexuality, object relations, affect. cognition, the superego, gender, and the ego. There is even a well-written “Casual Glossary” for the less-informed.

As I read this book, I could not help but think about the writings of some of our contemporary psychiatric leaders who state without hesitation that at least much of what people do is based solely upon biology or constitutional factors. For example, Dorothy Otnow Lewis has elaborated considerably on her thesis that many hostilely acting-out adolescents who become delinquent are responding to their early brain damage.

Perhaps this is so. Her research certainly seems to indicate that, but as the Tysons point out, there is also a great deal of sound research indicating that infants “. . . come . . . attuned to read the mother’s emotions, and their behavior indicates that they expect to find emotional expression on the mother’s face . . . (p. 147).” When they receive none in response, or when they receive overt rejection, or anything in between, a “set” is formed that alters the developing infants’ perceptions of their acceptance by others. What does that do to the kids, whether or not there are brain injuries to any degree? Any of us involved in the juvenile court systems are required to be aware of all of these ramifications of behavior, their origins, and whatever expectations can be made on their bases.

Dynamic psychiatry is not dead, especially in forensic psychiatry. As psychiatrists, we must be current with the biological revolution. But we can not allow ourselves to ignore the theories, as well as the sound observations and research illuminated by the Tysons, providing the bases for our understanding of interpersonal relations as well as intrapsychic phenomena.

Paradoxically, it may be best to conclude this review of one book by quoting an author of another. In the Menninger Perspective (21:3, p. 16), Dr. Glen Gabbard comments about the large advance sale of his Psychodynamic Psychiatry in Clinical Practice. “. . . I was not sure that there was a big interest in dynamic psychiatry. Now I believe that the book’s popularity shows that more psychiatrists realize that they need to understand their patients in order to really help them . . . .” He could just as easily have said
that forensic psychiatrists must understand all aspects of the people they are faced with, in order to help the agencies such as courts that have asked them for help.


Reviewed by Anthony D. Oliver, MD

A professor of law at Pepperdine University, the author would have been well advised to heed the dictum: “Better to keep silent and let others think you a fool than expound and let them know you to be one!” The title Commentary on Legal Psychiatry is a misnomer, because the contents are a disjointed collection of incomplete ramblings on legal cases—seemingly culled from the legal literature—featuring litigation involving some psychiatric matter or other; and assembled into three parts to give an impression of order. Poorly researched, ill-conceived, and ill-informed, the book’s lack of references more recent than 1969, and mention of meprobamate as “a leading example of a new anti-anxiety drug” (p. 227), betrays its outdated material as being the work product of the late 1960s. Only the author will know why it has been resurrected.

The first few pages are indicative of the lamentable standard found throughout the book. A propounded definition of mental illness is inadequate and imprecise. Congenital is misspelled as congenital (p. 3), while it is incorrectly asserted that the psychiatrist’s report on a criminal incompetency hearing “... should contain observations as to orientation, affect, memory, intellect, judgment, proverbs, and kinetics ... There should also be a separate neurologist’s report ...” (p. 5).

Part I ostensibly consists of “... a collection of relevant data on twenty-four psychiatric conditions, a discussion of what a physician sees when such a condition is present, and an examination of how some courts have seen the same problem” (p. 3). Section 1 devotes six pages to the topic of criminal incompetency, much of which is spent on how the psychiatric evaluation ought to be conducted and, in the process, confusing insanity with competency to plead and stand trial. This section then ends on a reference to a 1964 Superior Court of Illinois trial with attention focused on the criteria of admission of testimony by a psychiatrist who has not previously interviewed the defendant, making comparison with the admission of psychiatric evidence to discredit Whittaker Chambers as a witness in U.S. v. Hiss. Similarly, the next section on criminal sexual psychopathy provides additional instances of the author’s pretensions to medical knowledge, his failure to appreciate the significant medicolegal point, and ease of getting sidetracked. He contends incest is one of certain sexual offenses that demonstrate a definite pathological bent, whereas rape is cited
among others not necessarily indicative of any pathology. Illustrative of his out-datedness is a quotation from a 1953 reference in which homosexuality is included as a paraphilic practice (p. 15).

A particular pathological entity forms the basis of each complete section (some of which are only one to two pages in length) comprising Part I: and, invariably, the medical data are erroneous or taken out of context. Using the Loeb-Leopold case, he makes the claim in the section devoted to schizophrenia that the potential for violence is ever present [in a schizophrenic] even though dormant and latent (p. 71).

The remainder of this tome is just as disquieting. In Part II on Psychiatric AIDS or Tools, for instance, he writes: “The Rorschach test has proved to be an effective means of detecting supersensitivity [to situations which are conducive to a criminal reflex reaction] so that such persons may be psychiatrically treated and, if possible, cured before they perform antisocial acts amounting to crimes” (p. 186). So often incorrect when he has the temerity to relay medical information, one cannot help but suspect the author’s accuracy in regard to the purely legal data, too. His legalistic comment on consent (which actually constitutes the topic of Section 32 headed Clinical Investigation) is certainly at variance with the law as well as with plain common sense. Any mention of a Tarasoff duty-to-warn is omitted from Part III’s wholly unsatisfactory discussion of Tort Liability of Psychiatrist and Mental Hospital. Replete with such blatant deficiencies, it serves no point in citing more.

In short, although momentarily dis-comforting to review, its publication is anticipated to prove a much more enduring embarassment to the author and publisher. By permitting such a con-glomeration of misinformation to be printed, the publishers have done themselves, the legal and psychiatric professions—as well as readers searching for any glimmer of understanding into socially deviant behavior—a very great disservice.


Reviewed by Kathleen M. Quinn, MD

For many, Richard Gardner, M.D., has been the guru of evaluations of families engaged in child custody cases. Many have read his earlier books adapting and incorporating his methods of assessing parents and children in what has been called the “ugliest litigation.” Others have critiqued his more recent work about the differentiation between fabricated and genuine child sex abuse and his proposed Sexual Abuse Legitimacy Scale for its lack of scientific validity and its propensity for misuse by attorneys. But anyone who does custody work has had to wrestle with the teaching of Gard-
ner. For this reason, the first chapter of his latest book, *Family Evaluation in Child Custody Mediation, Arbitration, and Litigation*, will come as a shock. As of June 1988, Richard Gardner stopped performing custody evaluations for litigation. His reasons for quitting the field of custody litigation reads like a list of the worst aspects of the job—dissatisfaction with the adversary system, client rage, problems with payment for services, enduring complaints to ethics committees and malpractice suits, the dilemma of assessing sex abuse in such cases, and concern about personal harm, amongst others.

So why the latest book? It was conceived as an update of Gardner's 1982 *Family Evaluation in Child Custody Litigation* and as a description of Gardner's conversion and approach to the mediation/arbitration process. The result is an odd mixture of the old and the new. Many of the chapters covering custody evaluations heavily draw upon his earlier work. Owners of the earlier book will find whole sections and chapters repetitious. However, newcomers to the area of custody work will find many valuable clinical pearls. The strength of Gardner's work has always been his ability to give practical suggestions for the management of the interviews and report writing in custody cases.

The new material is Gardner's description of his own proposed method of mediation and a three-part procedure (mediation, arbitration, and appeals) to replace the traditional adversarial system. His proposal is similar to the European inquisitorial system of law except that in Gardner’s model the mediators or arbitrators directly examine the parties. Gardner, in essence, recommends a hybrid mediation model in which the content of the assessment is the same as the classical custody litigations assessments. However, the mediation occurs outside the adversarial system with no written report and no transmission of the mediator’s findings and recommendations to others until the parties have agreed on a mutually acceptable plan.

Although Gardner’s strengths are in his description of the methods of clinical assessment, his description of the methods of facilitating an agreement between parents is overly brief and diffuse. Although his arguments concerning the fallacies of the adversarial system are sound, his proposed alternative method is underdeveloped and, therefore, unconvincing. Beginners in the custody field may look to this book as a synopsis of Gardner’s work in the field but serious students of mediation methods will need to look elsewhere for instruction.


Reviewed by Jeffrey S. Janofsky, MD

The preface to this book states that the Sourcebook On Pornography was written to “provide a directory of all the contemporary issues concerning por-
nography” and to allow researchers in the field to “find out what the contemporary issues in pornography are.” Unfortunately this book meets neither goal.

The book has several strengths. It is well-produced and has multiple extensive references. The chapters titled Obscenity Law: Its Prosecution and Defense; the Civil Rights Antipornography Law; and Other Ways of Regulating Pornography Through Law are well-written and give a thorough review of statutory and case law development in the United States in this area.

Unfortunately this book’s weaknesses far outweigh its strengths. The dust jacket notes that the authors “have been at the forefront of the battle against pornography, illustrate [ing] its shocking effects through stories of actual rape and murder . . . .” Unfortunately the author’s political agenda is all too clear. For example, the authors spend considerable time reviewing the scientific literature on pornography. Unfortunately they present a large body of antipornography research quite uncritically. In the chapter entitled “The Civil Libertarian Perspective” the authors present their view on the “perspective of civil libertarian groups and individuals and pornographers towards pornography.” After an extremely biased review of the civil libertarian viewpoint, the authors conclude “the strongest leadership in propornography, and civil libertarian perspective consists of persons linked to the pornography industry. Thus, these philosophical opinions are being shaped by businessmen and businesswomen who intellectualize but whose industry involvement gives one cause for concern about their objectivity.” This is not supported by objective data. Such rhetoric has no place in a scientific work.

The strongest criticism I have of this book, however, is that it is larded with long excerpts, from speeches, evaluations by, and letters to the first author. At least 30 pages of the text consisted of such material. I did not find this useful or enlightening.

Although perhaps useful as a reference, I found the authors’ clear anticivil rights political perspective to outweigh the usefulness of this book. I would not recommend it. This is a political polemic masquerading as a work of science.