

Book Reviews

THE POLITICS OF PSYCHIATRY IN REVOLUTIONARY CUBA. By CJ Brown and AM Lago. New York, Washington, DC, Freedom House and Of Human Rights, 217 pp. \$14.95.

Reviewed by José Gelpi, M.D.

This short, easy-to-read paperback is an anthology of life histories of Cuban political prisoners held in back wards of psychiatric hospitals without any confirmed mental disorder, and because of dissident activities. It is primarily a documentary of the vicissitudes of the Cuban political prisoners and of the abuse of psychiatry to aid and abet the repressive political apparatus.

The format allows for an easy overview of its contents. The book includes a preface by Vladimir Bukovsky, a leading member of the democratic movement in Soviet Russia and who, himself, spent 12 years in Soviet prison labor camps and psychiatric hospitals. The authors discuss the issue of dangerousness and follow 31 case histories. Also included is a somewhat lengthy bibliography.

The issue of dangerousness and mental disorder as applied in Cuba is explored and discussed by following its origins following the pre-glasnost Soviet model and describes and discusses the official definition of dangerousness. Tables are used to show age, occupation,

charges, length of confinement as well as diagnosis—in one instance, “apathetic to socialism”—and the number of ECTs and use of psychotropic drugs.

The use of ECT and psychotropic drugs are not prescribed by a physician and are used as punishment, according to the book. There is uniformity of reporting of ECT being applied without anesthesia or muscle relaxants while lying on a wet floor “for better conductivity.” Political prisoners and patients are kept in the same wards. Forced medication and ECT “treatment” was reported by all but three political prisoners.

What makes these case histories interesting is not only the stories of abuse but the human faces to which the stories belong. There are photographs in most individual histories and they give vital information as to age, education, and occupation before incarceration. The repression is not anything if not egalitarian since all ages, races, and occupations are included: truck driver, engineer, farmer, artist, physician, and a psychiatrist who had done postgraduate work at Berkeley.

Unfortunately, the book does not indicate whether follow-up evaluations have subsequently been conducted. It would be important to know whether these prisoners have subsequently been evaluated and whether they have been diagnosed with a mental disorder. Also, it would be interesting to know whether, if diagnosed with a mental disorder after their release, such a disorder predated

their confinement, or was caused by the "treatment" given. The authors could have shored up their findings by giving this information, if available.

Although this book is mainly directed at the general public, it is valuable reading to forensic specialists because it is a sound warning about the possible abuses when used by a corrupt government. Also, not much has been known about the human rights abuses being committed in Cuba, only 90 miles from the United States, while much has been documented about such abuses in the Soviet Union. An organization, such as the American Psychiatric Association, which had expressed much concern over the use of psychiatry as a repressive tool, at its 1990 national convention invited Guillermo Barrientos, M.D., Director of Psychiatric Services for the Cuban Ministry of Health, as its "Simon Bolivar" lecturer and recipient of its award. Only after the outcry from human rights activists and a substantial number of A.P.A. members was the lecture and award suspended.

WITH THE BEST OF INTENTIONS: THE CHILD SEXUAL ABUSE PREVENTION MOVEMENT. By JD Berwick and N Gilbert. New York: Guilford Press, 1991, 210 pp., \$25.00.

Reviewed by Wade C. Myers, MD

This book is the result of a research project undertaken in California by the authors who seek to advance the under-

standing and promotion of the prevention of child sexual abuse. Their project takes a critical look at the current status of child sexual abuse prevention training programs that are being provided to millions of school-age children throughout the country, primarily during their early years of education. It is estimated that 60% of all school districts now mandate prevention programs in their classrooms.

The authors trace the development of the recent social movement to prevent child sexual abuse from its roots in feminist rape prevention theories to its current position, primarily in school-based sexual abuse prevention programs. In essence, the core of feminist theory has to do with the rights to self-determination of sexual preferences and boundaries. Thus, any act against a woman without her consent should be countered and defeated. As applied to child sexual abuse, this ideology proposes to teach children the knowledge and skills needed to protect themselves from molestation.

The concern is strongly raised that sexual abuse prevention training programs have proliferated throughout the country from a model not specifically designed for children. Moreover, there are no studies that have documented their effectiveness in the primary prevention of child sexual abuse, nor is there research demonstrating that children who attend these programs learn what the programs set out to teach them. In spite of this, California, for example, was recently spending \$10.4 million annually to fund these programs.

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A convincing case is made that it is developmentally inappropriate to teach young children to avoid becoming victims of sexual abuse by "empowering" them. A superficial sampling of the cognitive and moral development literature is provided to support this concern, and a number of thought-provoking questions are raised. For instance, is it reasonable for programs to attempt to teach children at immature levels of cognitive and physical development such complex, often confusing concepts as "good touches" versus "bad touches," that parents and loved ones can abuse you, or self-defense strategies? Can such concepts lead to anxiety in the child-parent bond on the child's part at a time when trust and security are especially crucial, or even have lifelong effects on the ability to achieve intimacy and sexual relationships? What if the child experiences an element of physical pleasure from sexual abuse? The point is made that sometimes it is difficult even for adults to distinguish a good touch from a bad one.

Some interesting case examples are given to illustrate how prevention programs can sometimes give the wrong message. One first grader, after being taught that she had a right to say "no" if she felt uncomfortable about a situation, refused to obey her parents' requests for several weeks. Another child told her brother that she would report him to the police for touching her in the wrong place if he didn't let her watch a television program. On a more serious note, is it prudent to teach a five-year-old to kick the shins of an adult perpetrator in

order to escape, or could the repercussions of such defensive behavior put the child at even greater risk of harm?

Chapter 6 is entitled, "Private responsibility: Is parental consent informed?" This chapter reminds us that prevention programs are experimental in nature, and that some studies have found negative psychological consequences in a small proportion of children who have been exposed to them (i.e., fears, anxiety, sleep disturbances, nightmares, loss of appetite). Furthermore, professionals disagree over the risks and benefits of these prevention programs. Yet parental consent, when obtained, is usually "passive" in that a form with limited information about the program is provided that instructs them to only respond if they don't want their child to participate. This situation raises a number of ethical and liability issues.

To address the above noted deficiencies in the current programs, a prevention policy with a more realistic, developmentally appropriate curriculum is recommended in the final chapter. This policy outlines four areas to be covered by child sexual abuse prevention training programs: body awareness, communication, secret touching, and adult responsibility. The latter area of adult responsibility underscores the need to help parents, teachers, and caretakers: 1) be more aware of the signals of sexual abuse, 2) make appropriate responses to reports of sexual abuse, and 3) learn to better listen to and respond to children's needs. This proposed plan shifts the emphasis from a model that attempts to empower children to one that places

more of the burden for protection on adults.

In summary, this book addresses an area that is probably not of immediate interest to the majority of forensic clinicians. However, it is an interesting book which presents a convincing case that child sexual abuse prevention training programs are in need of significant reforms. It is certainly relevant to those clinicians who practice child and adolescent psychiatry, forensic child psychiatry, or who provide consultation services to schools. On a more personal level, it may be of interest to those who are curious about how their tax dollars are spent or have children who may be exposed to prevention programs.

SUCCEEDING AS AN EXPERT WITNESS: INCREASING YOUR IMPACT AND INCOME. By HA Feder. New York: Van Nostrand Reinhold, 1991. 252 pp. \$52.95.

Reviewed by Eugene J. Schneider, MD

The subtitle for this book is "Increasing Your Impact and Income." It made me so uncomfortable that I removed the bright yellow cover and hid it in my desk drawer so my patients and peers would not notice. The book turned out to be much more professional and maintained high ethical standards, despite its shyster come-on.

The book is brief, overpriced ("decreasing your income"), and overreach-

ing. It attempts to be all things to all experts. It is well organized, has an excellent glossary and many practical and well-written lists. The appendix includes "Guidelines for Deposition and Trial Testimony" with sensible and comprehensive advice for all experts. It also includes "Collection of Physical Evidence" and "Deposing an Adverse Witness," which I found of little use.

The body of the work is laid out nicely with 24 concise, readable chapters that begin with the role of expert, kinds of cases that experts may be involved in, investigating credentials of the expert, attorney, and client all the way through fact gathering, discovery, deposition, and trial.

Each chapter has an introduction and conclusion that summarizes the chapter, as well as frequent checklists and forms. Dispersed throughout the book are references to a survey of experts conducted by the author. The questionnaire and a list of respondents' (54/160) names, addresses, and professions are in the appendix. Only one psychiatrist is listed. The list included engineers, accountants, as well as people who do real estate appraisals and document-text interpretation.

I think the section titled "Thirty Thrifty Ideas" to enhance your professional exposure should be changed to "Thirty-One Ideas" and include answering questionnaires for book authors. The foreword discusses the book's generic nature as a strength (possibly for increasing sales). I found this to be its major weakness.

Since there is little in this book about

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psychiatrist as expert, it is not particularly useful except as a general reference. I did enjoy the nonmedical vignettes.

EMOTIONS AND VIOLENCE: SHAME AND RAGE IN DESTRUCTIVE CONFLICTS. By TJ Scheff and SM Retzinger. Lexington, Massachusetts/Toronto: Lexington Books, 1991. 207 pp. \$35.99.

Reviewed by Alexander M. Don, MD

In *Emotions and Violence*, Thomas Scheff and Suzanne Retzinger explore the causes of violence viewed from a sociological perspective. The authors attempt to view both individual and group behavioral responses from a unique perspective while formulating a comprehensive theoretical framework applicable to both situations.

The book's essential focus is an attempt to analyze the roots of violence in specific emotional terms, particularly the contributory roles of alienation and shame. Violence, the authors argue, occurs under two basic conditions. Either the two parties must be alienated from one another and in a state of shame or their state of alienation and shame must go unacknowledged.

Expounding a theoretical framework, the authors have utilized a unique combination of individual case studies, human responses in commonplace stress

situations, such as Candid Camera and game show contests and more profound exploration of group behaviors in an historical context. The inclusion of a number of case studies serves to provide graphic and animated background to illustrate the application of the theories propounded in a therapeutic context. The authors interestingly analyze biographical aspects of the life of Adolph Hitler, his chief architect Albert Speer, and a work of fiction, Goethe's *The Sufferings of Young Werther*, to provide a persuasive argument for their primary hypothesis. They argue, for example, that Hitler's actions were determined by an unacknowledged shame, prevalent among the German masses at the time, and accounted for his popularity with them. The authors manage to demonstrate their depth and breadth of their expertise not only in their chosen discipline, but also ranging broadly in to correlates with religion, psychology, and history.

Issues of violence and aggression are all too familiar to the forensic psychiatrist. While psychiatry has devoted its more recent thrust to the areas of biochemical and electrical dysfunction, it behooves us to remember our psychological and sociological roots. In this regard, the authors have made a useful and important contribution. However, statements such as: "Violence occurs when the path toward negotiation is blocked by inadequate bonds and hidden cross-currents of emotion—that is, by unacknowledged alienation/shame. We propose that *all* (their emphasis) human violence is caused in this way" (pp.

XIX) require qualification, lest the reader be left with the impression that little if any acknowledgment is made of the biological bases of violent behavior.

Nonetheless, this is fresh and original research presented in a clean and clear manner. The authors state that their book is not a proof of their theory; it is merely a presentation. Future research is needed to either prove or refute their theory. With that in mind, it is an important addition to the understanding of violence and, while likely having minimal impact in forensic evaluation of criminal responsibility when a cognitive standard is utilized, will afford an additional perspective when circumstances require explanation rather than exculpation.

HOMICIDE: CAUSATIVE FACTORS AND ROOTS. By RM Yarvis. Lexington, MA: Lexington Books, 1991. 206 pp. \$35.00.

Reviewed by Michael Arambula, MD

Violence is a growing concern in our society and psychiatrists are frequently looked upon as the experts in explaining such aberrant forms of human behavior, especially when a murder is the end result. The subject of violent behavior has been extensively written about in the literature from varying perspectives, i.e., psychoanalytical to biological explanations. Numerous factors have been identified that can predispose an individual

to engaging in this unacceptable form of behavior. From study to study, a long list of factors tend to surface repeatedly as indicators of a potential for violent behavior. Yet, a clear picture of this individual remains obscure.

Dr. Yarvis presents in his book yet another compilation of various factors which could lead someone to commit the most violent of crimes—homicide. The author has collected interview data from 100 murderers over a nine-year period. His approach is unique, however, as he examined these factors via a cluster analysis. What resulted were interesting descriptions of types (clusters) of assailants who committed murder. In his analysis, five cluster types accounted for 86% of his sample. (Two clusters identified were of small sample size, and the author felt they were atypical presentations.) Dr. Yarvis personalized his data by giving several examples of cases for each type of cluster. Throughout his book, he identified “common threads” between the cluster types, as well as identifying factors that distinguished clusters from one another. In his final chapter, he gave suggestions for the prevention of a homicide and for the treatment of the offender according to individual cluster types.

Mental health professionals who have worked with this population of defendants may recall cases they have been involved with that fit nicely into one of the author’s cluster types. I did. His findings provide an interesting substrate for thought and future research of a complex, multi-factorial, and pervasive problem in our society today.

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THEORIES OF CHILD ABUSE AND NEGLECT: DIFFERENTIAL PERSPECTIVES, SUMMARIES, AND EVALUATIONS. By CS Tzeng, JW Jackson, and HC Karlson. New York: Praeger Publishers, 1991, 355 pp. \$59.95.

Reviewed by Sheldon Travin, MD

This book presents 46 theories of the origins of child abuse and neglect derived from the literature. Based upon their commonalities, these theories are organized into nine general paradigms. The book covers five major areas of child maltreatment. Because of the comprehensive approach in the number of theories systematically covered, this book can be of value to both practitioners and expert witnesses.