Book Reviews

AIDS, HEALTH, AND MENTAL HEALTH: A PRIMARY SOURCEBOOK. By Judith Landau-Stanton (M.B., Ch.B., D.P.M.) and Colleen C. Clements, Ph.D. and Associates. New York, Brunner/Mazel, 1993 343 pp., 405 references, $38.95.

Reviewed by C. Timothy Golumbeck, MD

At first glance, Landau-Stanton and Clements' book seemed like a peculiar choice for review in a forensic psychiatry journal. I could not have been more wrong. *AIDS, Health, and Mental Health: A Primary Sourcebook* represents a major contribution to the AIDS literature and, more generally, to the entire field of psychiatry.

The authors, working in the tradition of Engel and Romano, have managed to produce a thorough and carefully referenced review of the current state of knowledge about AIDS, its diagnosis, medical, and psychiatric management. The book is divided into two parts. Part I, roughly the first third of the book, reviews the history of the impact of AIDS on our society and healthcare system, and introduces the systems analysis approach to understanding and managing complicated phenomena that have far-reaching consequences for the social matrix. Part II concentrates on the clinical management of patients with AIDS from a biopsychosocial perspective.

The authors state their purpose in writing the book as "to normalize and mainstream HIV disease so that we can look at it as we have looked at other dreaded diseases . . . [and to] try to give a normal historical sense of HIV disease and a systemic view of ethical and policy questions." They succeed admirably. A lead-off discussion of the myths and metaphors surrounding HIV infection and health care providers at risk is particularly well done. The second part of the book begins with a concise and practical review of the epidemiology, transmission, and medical management of the infection. This is an important and useful discussion but the volume is distinguished by the chapters on neuropsychiatric aspects of AIDS, psychotherapeutic interventions, and systems ethics that follow.

Fifty years ago, Adolf Meyer redefined the scope of psychiatric practice. Emphasizing what could usefully be done to help patients with their problems, he moved the profession away from its previous descriptive and custodial focus. Rather than confining himself to one or another exclusive theory of psychopathology, he encouraged psychiatrists to use whatever theories and techniques were currently held in good repute to intervene pragmatically in the patient's life. Landau-Stanton and Clements approach the individuals with HIV infection from this Meyerian perspective. They consider the toll of AIDS on the patient's nervous system, psychological health, family, and other social relation-

ships. As the reader is systematically exposed to each area of specific research interest, a clinical discussion of one or another patient introduced earlier is resumed to illustrate the multiple areas of impairment and the multiplicity of opportunities for useful intervention.

The authors bluntly acknowledge the fatal outcome of most cases along with the tremendous cost of prolonged and sophisticated care. The implications of these factors for the social matrix and public policy are explored in the same detail as were the clinical effects on the individual. Expanding on Clements' earlier work in the ethics of AIDS and medical economics, the last chapter provides a superb and extensive discussion of the topic. The traditional dichotomy of individual versus group rights and needs is dispensed with as being reductionist and unhelpful. In their place, the authors illuminate a complex but rational model of medical and healthcare ethics that retains a traditional patient-centered core. They demonstrate how a Meyerian psychobiological investigation of people and the symbolic and physiological manifestations of their disease and disability affects others, and consequently, how this perspective must become part of the ethical equation. There is no blueprint here, however, except for a process likely to result in rational ethical answers specific to the clinical and social realities of individual cases.

To be sure, the book is not without faults. Along with 405 references come 405 footnotes and occasionally stilted scientific summaries of relevant but "dry" data. This reader wished that the cases histories, individual aspects of which were presented throughout the book to illustrate specific issues, were cross referenced or summarized in an appendix. These case histories are essential to the reader's understanding of the authors' central thesis: neither treatment nor ethical decisions can be rational unless there is a psychiatric understanding of the AIDS patient that includes neuroscientific, psycho-symbolic, and social dimensions.

This book is relevant to all psychiatrists. For the forensic psychiatrist, it will serve as an excellent statement of one of the highest standards of psychiatric care in this area. For the administrative psychiatrist, the ethical discussion alone is likely to compel a more pragmatic, effective, and humane approach to the treatment of patients with infections than the custodial segregation that still occurs in many public institutions. For all psychiatrists, it demonstrates what Meyer referred to as the fundamental attitudes: commitment to the patient, empathy, pragmatism, optimism, and curiosity. The authors recognize that people are organized on a symbolic level by their thoughts and emotions; and they experience life, health, and disease as a personal story. Proper psychiatric treatment requires appropriate interventions at this symbolic level and all levels of function from the cellular to the interpersonal. This perspective is equally relevant to psychiatric responsibility for and management of other major mental illnesses and should serve to remind psychiatry of the value of a broad clinical view in this day of magic bullet research-

based and disorder-centered medical psychiatry.

BEFORE AND AFTER HINCKLEY: EVALUATING INSANITY DEFENSE REFORM. By Henry J. Steadman. New York, The Guilford Press, 1993, 218 pp., $30.00.

Reviewed by Thomas J. Oglesby, MD

After John Hinckley's acquittal in June of 1981 the public was outraged. The United States Senate held hearings to limit the federal insanity defense, and one of the authors of this book, Henry Steadman, was asked to testify. Dr. Steadman noted that during these hearings no studies were cited which described any of the characteristics of defendants who pled insanity, the success of these pleas or how the insanity plea and acquittal system would be changed as a result of specific legal reforms. The problems and questions debated about the insanity defense appeared to be political ones and not empirical ones. The public (and Senate) was not as concerned with data as they were with "well publicized criminals getting away free." Because of this public outcry and debate, 34 states altered their insanity defenses between 1982 and 1985. In 1985, the authors set about to answer the question, "Did all of this political rhetoric produce substantial change?"

Using a supervised field staff in four states, New York, Georgia, California, and Montana, the authors examined nearly one million indictments to unearth 8,953 insanity pleas. They chose states whose legal responses to *Hinckley* were representative of the broad spectrum of changes seen in the 34 change states. Montana had abolished the insanity defense. California had changed the test for insanity. New York and Georgia had made changes in the burden and standard of proof. In addition, the authors studied systems alterations such as New York's changes in conditions of confinement and release and Georgia's introduction of a new plea, "Guilty, But Mentally Ill (GBMI)." As a group these represented the main types of reforms introduced by the states during the 1980s and early 1990s.

The conclusions were remarkable. When California adopted a more restrictive insanity test, there was no significant change in the rate of insanity pleas or acquittees, or even the success rate of insanity pleas. But when Georgia and New York changed the burden of proof from the state to defendant, the insanity plea rate went down while the success rate stayed the same or increased. Even prior to *Hinckley* New York had passed a insanity defense reform in 1980 that increased court review of those insanity acquittees that were considered dangerous. This gave the criminal courts the final say on release, furlough, and transfer decisions. The authors found that this resulted in an increase in the success rate of insanity pleas and concluded that the changes in the law gave trial judges and district attorneys a feeling that they could control release decisions more eas-

ily. They also found that across all crime categories the insanity acquittees stayed confined longer than those convicted. This may well have influenced the very low use of the plea in New York. Institution of the GBMI verdict in Georgia made the insanity plea a less appealing option for those with serious mental illness. Once it was available the court appeared to prefer it to the not guilty by reason of insanity verdict (NGRI) and the defendants received longer sentences and longer periods of confinements than those who pleaded insanity but were found guilty. When Montana abolished the insanity defense, defendants could still raise the issue of mental disease or defect in their defense as part of *mens rea.* Therefore, a large majority of the people who probably would have been found NGRI prior to reform were simply found incompetent to stand trial and their charges were dismissed or deferred.

In summary, the authors research concludes that there are no guarantees that any single change that attempts to limit the use of the insanity defense will succeed. Insanity defense reform is a complex system-dependent problem. The variables are too numerous. States already differ in their insanity tests, burdens of proof, use of plea bargains, sentencing guidelines, institutional regulations, and release policies. Even within individual states, the percentage of mentally ill citizens and the number of lawyers vary from jurisdiction to jurisdiction influencing investment of scarce resources, public opinion, and creative responses to any one charge.

It is obvious from the beginning of this book that *Hinckley* and the insanity defense are merely supporting actors to the real star "search for empirical data." The authors devote two well-written chapters to summarizing the historical perspective of the insanity defense reform before launching into the results of a data search that required four years of work and more than a million dollars in research grants from the NIMH. In this age of budget cutting, this project may be the definitive work on this subject for some time.

This book is certainly profitable reading for any one in the forensic mental health field. Researchers and educators will be especially pleased to find an excellent appendix which details the research methodology. The authors original question was a legitimate one. Their search for data has produced profitable results. The questions remains, "When we have our next controversial and well publicized insanity acquittee will anyone care about a well reasoned argument?" If they need the data, *Before and After Hinckley* provides them.

BEYOND BLAME—CHILD ABUSE TRAGEDIES REVISITED. By Peter Reder, Sylvia Duncan, and Moira Gray. London, Routledge, 1993, 191 pp., $19.95.

Reviewed by Wade C. Myers, MD

This book begins with a tautological title—what instance of child abuse is not

a tragedy? In this work, the authors have reviewed all known reports of child abuse deaths in Britain since 1973, a total of 35 children. The authors early on remark that this review is not a "scientific study," but instead is a project that reviews all fatal child abuse inquiry reports published between 1973 and 1989. Through a systematic analysis of each of these fatalities, the authors have attempted to arrive at some of the common factors which led to the deaths. They accomplish this task using a multidimensional perspective. Their analysis includes a look at the association between the end result of fatal child abuse and the parent-child relationship, the parental relationship, the relationship between the parent(s) and their families of origin, the relationship between the family of abuse and professional networks surrounding them, and the interprofessional communication among the social service agencies involved with many of these cases. This approach provides a comprehensive way of examining these deaths and supports the authors' contention that merely blaming the exhausted, overworked social service worker is unjust and shortsighted.

The reader of this book should be aware that the 35 cases in this analysis are from Britain and that the structure and operations of the child protection system in Britain is different than that found in the United States. However, there is an interesting but cursory section on the history of child abuse and the evolution of child protection organizations in Britain that will help the reader unfamiliar with this system to better understand it. A common theme between the American and British child protection systems becomes obvious as one reads through this work: child protection workers in both countries have excessive caseloads, inadequate resources, and a shortage of manpower.

A number of factors found in these fatally abusive families are not surprising and will make clinical sense to the reader. For instance, many of the parents in these families were found to have unmet dependency needs early in life and later on became involved in violent relationships. The authors go beyond examining the psychological factors pertaining to just the children and families of fatal abuse and explore the role of child protection workers and their organizations in these tragedies. The importance of interprofessional communication and the need for professional networks to work together in a coordinated and cooperative manner is emphasized. A particularly interesting part of this book covers the family-professional interactional system and how different patterns of interaction evolve that can lead to failure by one side or the other in the protection of the child. The authors make the point, which is understandable, but unsettling, that we cannot save all children from fatal child abuse and still preserve the degree of parental and family rights that we now have in Western society.

To improve the child protection system, the authors underscore the importance of inquiries, both public and professional, taking a "beyond blame"

stance instead of merely having postmortem inquiries in order to assign culpability. They contend that such a blaming process leads to defensiveness of the workers and agencies and does not allow for a learning experience that might help in working with at-risk cases in the future. They note that the outcries by the media and public when a child dies who has been under the aegis of a child protection agency is essentially a form of scapegoating. This may in part represent the psychological need of society to expeditiously find a culprit and, therefore, distance itself from responsibility when a child dies secondary to abuse.

A distracting feature of this book is the pattern throughout the chapters of having fragments of the 35 cases brought in as examples throughout the book. The reader continually encounters references to one of the 35 victims' names. A turn to the Appendix, which gives all the case histories in some detail, is necessary in order to make sense of the individual case reference. A strength of this book is an extensive bibliography ranging from Freud, Bateson, and Winnicott to current authors in the child abuse field.

The chaotic, disorganized, and abusive family systems that caused these pitiful deaths bring to mind the somewhat taboo notion that perhaps being a parent should require more than the ability to procreate. Western societies require a license to drive a car or give a haircut, yet a substance-abusing, unemployed ex-con with a history of abusive behavior toward children may add new lives to this planet as often as he or she wishes. The authors' recommendations for improving the child protection system are cogent and timely. However, there remains the underlying concern that we are treating a cancer with bandaids.

In summary, this book looks at the phenomenon of fatal child abuse using a multidimensional approach. In spite of the population being limited to cases in Britain, common themes emerge that can be generalized to other populations. This is supported by the authors' inclusion of comparable data from Greenland's (1987) study of all known child abuse deaths between 1973 and 1982 in Ontario, a cohort of 100 cases. A number of similarities were found when the authors compared their results with those of Greenland's study. This book will be of most use and interest to child mental health workers and those with an interest in the area of child abuse. The portions of this book dealing with professional-family and interprofessional interactions will be of particular interest to child protection agencies.

PROHIBITION'S SECOND FAILURE: THE QUEST FOR A RATIONAL AND HUMANE DRUG POLICY. By Theodore R. Vallance. Westport, CT, Praeger Publishers, 1993, 174 pp., $47.95.

Reviewed by Ellen McDaniel, MD

Theodore R. Vallance is Professor and Associate Dean Emeritus of Human De-

velopment at Pennsylvania State University. He was Chief of the Planning Branch at the National Institute of Mental Health during the Johnson administration. Vallance uses 133 pages of text to establish his argument favoring a national policy to decriminalize or legalize what he classifies as recreational drugs, i.e., heroin, alcohol, cocaine, nicotine, and marijuana.

The argument is constructed in a very readable, structured, and (almost) credible sequence. Professional jargon is entirely avoided. Some minimal attention is paid to the historical and the international perspectives of drug policies in the United States and in four western European countries. The cost of this country's current criminalization approach, i.e., its "war on drugs," is then detailed. Not surprising, the economic costs are astounding but include a subjective component, particularly in assessing indirect costs. Appropriate attention is paid to the non-monetizeable expenses of the "war on drugs," such as the infringement of civil liberties, the deterioration of neighborhoods, the overload on the court system, the corruption of government workers, and the negative effect in our relationships with countries who supply illegal drugs.

America's criminal approach has enjoyed a small measure of success. Vallance then hypothetically expands the criminalization options and concludes that the chances for significantly reducing either the supply or demand for drugs under current policies is nonexistent. He then moves on to his main point: consideration of an approach that lowers the grade of drug-related violations (decriminalization) or legalizes the use of currently illegal drugs, ultimately offering specific policy changes. He adds the appropriate caveats: that the many costs associated with "the war on drugs" would be reduced by this change but not the drug-use problem itself; that years would be required to prepare the public for such a change in policy; that policy changes toward the use of marijuana may be easier to accept (and make more sense) than toward some of the other drugs.

This book was thought-provoking and thus accomplishes what many authors hope for: an expansion of thinking and knowledge in the reader. Its welcome brevity is also one of its shortcomings: a very complicated problem is viewed superficially ("Fundamentally, the drug problem arises from the private human problem of seeking satisfaction and pleasure in life. . ."). Sociological and psychiatric dimensions are barely acknowledged; the economic one is highlighted. Finally, I think the work suffers from a lack of clinical acumen on the author's part. Minor mistakes are noted, e.g., describing anorexia nervosa as a pathological loss of appetite, but my major concern is the lack of acknowledgment of the very different behavioral effects of currently illegal drugs. For some of the drugs on the streets, there is no tolerable and manageable recreational use.

This is a good little book. I wish it had either focused exclusively on marijuana or explored the issues presented in more depth and detail.

ETHICAL PRACTICE IN PSYCHIATRY AND THE LAW (VOL. 7, CRITICAL ISSUES IN AMERICAN PSYCHIATRY AND THE LAW). By Richard Rosner, M.D. and Robert Weinstock, M.D. New York, Plenum Press, 1990, 326 pp., $ 75.00.

Reviewed by Jonas R. Rappeport, MD

To my knowledge this is the first book devoted solely to the subject of ethical issues in forensic psychiatry. For that reason alone it represents an important contribution to the literature of this field. (Block and Chodoff's *Psychiatric Ethics* has one chapter on forensic ethics.) Although this book was published in 1990 it is still current, as ethics doesn't change very quickly. Doctors Rosner and Weinstock have collected an excellent series of papers to cover various aspects of the ethical issues that confront the practicing forensic psychiatrist.

There are 22 chapters divided into these three separate parts: Issues and Approaches; Models and Guidelines for Ethical Practice; and Applications.

Some of these chapters were written especially for this volume, a few have been published elsewhere, but most were presented at meetings of the American Academy of Psychiatry and the Law (AAPL), the Tri-State Chapter of AAPL, the American Academy of Forensic Sciences (AAFS), or are work product of committees.

Beginning in the 1960s there has been an erosion in the level of respect rendered the professions. This has resulted in greater scrutiny of all professional behavior. Psychiatry has been exposed to this scrutiny not only in general, but more intently in testimony at the bench, whether it be a commitment hearing or a criminal trial. We were told that we cannot predict dangerousness so, therefore, we shouldn't testify about it.

Despite being told we weren't very good at such things the legal system continued to regularly call upon us, in fact, more frequently now than years ago. As a result of more testifying there were more complaints of unethical courtroom behavior. What is proper ethical behavior for the forensic psychiatrist? AAPL established ethical guidelines for forensic psychiatry that were originally adopted in May 1987 and subsequently revised in October 1989 and 1991. Those forensic guidelines serve as a support to the APA annotations. Even with these supports there are still many difficult ethical issues which arise in the daily practice of forensic psychiatry.

The lead chapter in this book is Alan Stone's "The Ethics of Forensic Psychiatry—A View From the Ivory Tower." This very critical article when first presented as a luncheon address at an annual meeting of AAPL (1979), gave many people indigestion. Stone raised many questions which continue to cause us concern today. He wondered whether psychiatry has anything true to say, to which the courts should listen? Do we go too far and twist the rules of justice and fairness to help the patient or do we deceive the patient in order to serve justice and fairness? Finally, will we prostitute the profession as we are as-

saulted and seduced by the adversarial system? Stone argues against our testifying saying that we can neither meet a good clinical standard, a scientific standard or a standard of truth. He also does not believe that we can ethically function in the adversarial standard. The conflict is how to serve the legal (adversarial system) and still "remain true to one's calling as a physician." This, of course, is the goal to which we strive even though Stone doesn't believe we can do it.

The rest of this first section contains Richard Rosner's future-looking presidential address at AAPL, an excellent chapter on the role of traditional medical ethics in forensic psychiatry and a thoughtful chapter on competing medical and legal ethical values.

The second section deals with Models and Guidelines for Ethical Practice. How can one be an expert witness in an adversarial procedure and still maintain ethical medical integrity. At times, its not easy, yet, it must be our goal. As the AAPL Guidelines (in the appendix) say, ". . . he (she) adheres to the principles of honesty and striving for objectivity." The late Bernard Diamond was very troubled by the "hired-gun" issue, yet, he believed in the "fallacy of the impartial expert." Diamond exposes some "hired guns" in his chapter. Ralph Slovenko writes about our role in the judicial process and points out how the new Federal Rule of Evidence, 704(b), ". . .makes expert witnesses less useful to fact finders. It promotes indirect and incomplete testimony. . . ."

There is a chapter devoted to the reasoning of the AAPL Ethics Committee in changing from "impartiality" to "honesty and striving for objectivity." There are several excellent chapters dealing with various ethical issues. Ethical considerations of giving Miranda warnings by Greg Leong and others, Ethical Issues in Forensic Psychiatry by Sadoff, and Ethical Problems Regarding Therapist Patient Sex by Spencer Eth. Abe Halpern speaks about AAPL's role in the adjudication of ethical complaints.

The third section has 10 chapters that each deal with a separate area of application of the ethical issues discussed earlier. These chapters include ethical issues that arise when predicting dangerousness, treating those who threaten violence, HIV and AIDS related issues, surrogate parenting, sex offenders, homosexuality, the rights of the elderly, and mandatory drug testing.

This is a volume worthy of its place in every forensic library. Since ethics change rarely, its value will continue over many years.