

Editor:

I much enjoyed Dr. Gutheil's "The History of Forensic Psychiatry."¹ His invocation of early examples of forensic medicine from imperial Rome to ancient China, India, Africa, the Jewish Talmudic tradition, medieval and premodern Europe, mid-19th century England and even our own country, from antebellum to recent times, made for fascinating reading. It helps explain why the field of law and psychiatry (which I've been dabbling in for a good part of my career, on the lawyer side) continues to interest, even captivate, many of us on either side. That I've encountered some of the examples before, though certainly not all, or that I may disagree with the suggested theory of a particular case (having read Norman Mailer's *Executioner's Song*, I find it hard to credit the proposition that Gary Gilmore killed in Utah because he could get the firing squad there), does not detract from the pleasure of seeing them laid out in Dr. Gutheil's piece.

I understand the occasion at which the Gutheil presentation was first given, the dedication of the Robert L. Sadoff Library of Forensic Psychiatry and Legal Medicine in Philadelphia, though of substantial moment, was a relatively lighthearted one. This is reflected in a couple of amusing comments made by Dr. Gutheil that psychiatrists today "never" have the problem of being motivated by the enhancement of professional status and self-interest and that we can always count on psychiatrists, both early and latter-day, to supply the requisite helping of jargon, though we lawyers may feel slighted here. I personally don't mind having a ray of lightheartedness brighten up even ostensibly more serious and sober occasions (which, *inter alia*, is why I enjoy Ralph Slovenko's law and psychiatry writings as much as I do). So, seeing it on display here in the printed version of Dr. Gutheil's speech presents no problem at all for me.

Having said that, however, I find that at one point in Dr. Gutheil's presentation the attempt at humor was markedly off—where he says that a "discussion of M'Naughten would not be complete in this election year without Queen Victoria's comment [that she, in a loose translation of the Royal pronouncement] did not believe that anyone who wanted to murder a conservative politician could be insane" (Ref. 1, p 262). Apart from undesirably "dating" the presentation to 2004 in a 2005 publication (for which alone it should have been eliminated) there are

other more important reasons why the comment should never have been made, let alone published. That these escaped a psychiatrist of Dr. Gutheil's standing or of any standing (including the *Journal's* editors) I find difficult to grasp. We are not just talking bad taste here, a joke falling flat. It is much worse.

The heating up, to put it inoffensively, of the political discourse is rarely a good thing, and during the contentious election year of 2004 or any retrospection on it, this should have been abundantly clear. Psychiatrists as well as any group, and better than most, should know what it can lead to. They know as a clinical reality that there are any number of crazy folks "out there" who take their cues from divisive, overheated political rhetoric. A joke about political murder in this context is just way beyond the boundaries. It has no place in an academic talk, in an academic journal, or anywhere.

How to explain this baffling lapse? I can only think that political bias clouded judgment here. To illustrate, I venture to suggest that had the Queen spoken of "liberal politicians," the error would not have been made. Or less blatantly (you wouldn't even need the political label), if she had said "the muddle-headed judge." Nobody at the Philadelphia gathering, much less in Chicago, would have laughed, and the idea of putting it in print would not have been thinkable. If the (liberal) reader doesn't believe so, (s)he should try it on for size.

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Reference

1. Gutheil TG: The history of forensic psychiatry. *J Am Acad Psychiatry Law* 33;259–62, 2005

Reply

Editor:

I thank Professor Brakel for his kind words and even for the amazingly, gratifyingly, close reading that led him to fix on one phrase from the whole. Indeed, getting people to read one's writings closely is an increasingly burdensome demand, and unrealized expectation, in this media-saturated age.

First Amendment issues aside, I must respectfully disagree with Professor Brakel, however, that I should somehow take responsibility for some other

thorough (but insane) reader who might also fix on that phrase and go out and harm others. I remind the professor that at least one politician blamed the acts of the Columbine shooters on the fact that they were taught evolution in school. If that kind of leap can be made, then anything I might write about anything might be blamed for bad events.

For what it is worth, the Philadelphia audience chuckled at the remark, as I imagine The Queen's hearers did. With wits like Disraeli around, even conservative politicians of that time could afford to accept an occasional laugh on themselves.

My renewed thanks to Professor Brakel for paying such close attention.

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Editor:

Joel Dvoskin's legendary wit is at its lambent and penetrating peak when he pretends that my didactic article on boundaries¹ is some sort of forensic report requiring objectivity and a comprehensive database; an artist at the top of his form is always a treat to read.²

For those who missed the irony, in my article, I described and analyzed six vignettes of patients with boundary issues. The material was presented in the service of dynamic understanding and risk management instruction.

In his commentary, Dr. Dvoskin correctly pointed out that, when presenting the clinical material, I omitted the individual sources of the data. Because the article is clearly risk management advice and a form of warning for the practitioner—and equally clearly not a forensic opinion—I omitted individual sources in the interests of space and efficiency and the wish to avoid diluting the central points of focus.

However, to heighten the satire, Dr. Dvoskin ignored the fact that—since the cases in question went to actual trials and hearings—due to my function as expert, I did have access to a large database in each case, which I employed to validate my opinions. I had to summarize or even ignore most of that vast data to save space, and highlight only the material relevant to my core risk management point. Dr.

Dvoskin also pretended that I did not know that one cannot take the unilateral claims of a litigant as factual.

In reality, Dr. Dvoskin expresses some doubt about the rule, in the foreign country I mentioned, that a consultant had a duty to report a consultee who disclosed a boundary issue, including sitting in an office while the patient masturbated. I did not merely accept the litigant's claim that a consultant in the foreign country would have to report him. Instead, I checked the regulations and interviewed some native practitioners. The defendant was right. Of course, this represents a terrible solution to the misconduct problem, in my opinion, since it deprives the practitioner of the benefits of consultation.

Finally, since my aim was not to persuade (which would fail) but to teach, I am left with the hope that that aspect of the piece succeeded. I offer my renewed thanks to Dr. Dvoskin for his brilliant satire.

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References

1. Gutheil TG: Boundaries, blackmail, and double binds: a pattern observed in malpractice consultation. *J Am Acad Psychiatry Law* 33:476–81, 2005
2. Dvoskin JA: Commentary: two sides to every story—the need for objectivity and evidence. *J Am Acad Psychiatry Law* 33:482–3, 2005

Editor:

We read with interest the article by Dike *et al.*,¹ on pathological lying, as well as the excellent commentary provided by Professor Grubin.² We feel that, while the concept of pathological lying serves as a great debate within academia, Dr. Dike and his colleagues missed the opportunity to advocate for the removal of the pejoratively and medically unproductive adjective “pathological,” which has been colloquially ingrained in psychiatric literature. The adjective dates back to the “moral viewpoint” of psychiatric disorders rather than the “disease viewpoint,” and its removal would be a necessary first step toward jettisoning our negative and countertransference emotion about liars, thus facilitating the search for medical interventions for the sufferers.

Just like any other universal behavioral concept, lying cuts across cultures and may be part of normal