

# Reflections and Narratives: New to *The Journal* and to Professional Ethics

Philip J. Candilis, MD, and Richard Martinez, MD, MH

*J Am Acad Psychiatry Law* 40:12–13, 2012

*The Journal* is reconceptualizing its section, “Reflections,” to incorporate the movement that has swept through bioethics and medicine over the past 20 years: narrative. The narrative approach initially entered bioethics as a critique and then as a complement to analytic philosophy. It responded to the principles approach codified in the work of Thomas Beauchamp and James Childress.<sup>1</sup> Soon, narrative established itself as a humanizing element in the decision-making processes of medical practice itself. It provided an appreciation of nuance and ambiguity often missing in dilemmas where death, illness, and madness are the defining themes.

Narrative, not without controversy, lent itself well to medicine and psychiatry as patients and physicians explored their stories of suffering and healing, and brought new meaning to the trials and tribulations of their health care experiences. For many health care professionals, it was not hard to appreciate how one is part of a story, a broader narrative. But for forensic psychiatry and psychology, it was unclear how thinking in narrative could have value in the world of experts, legal conflicts, and courtroom dramas. How might narrative improve understanding of our clients and ourselves, enhance skills in assessment and testimony, inform the creation and critique of expert reports, and further our adherence to the ethics-based goals and aspirations of our profession? How might a narrative view of professional life facilitate a

more complex exploration of the phenomena encountered in forensic work?

Forensic professionalism has long focused on truth discernible across the professions. Law, medicine, and forensic sciences require objective standards that can be reliably reproduced by specialists for judges and attorneys, conditions that could be categorized and understood by laypersons and citizen jurors. It remains a field that must be broadly applicable and explicable, not bound to specific stories or personal experiences. General rules must be established so that principles of law and justice can be applied fairly and consistently. Therefore, the introduction of a narrative perspective is challenging to the historical foundation and assumptions of the forensic profession and its purpose.

Yet, as health care professionals have learned, an approach that applies general principles and rules of practice is limited in describing the human experience and leads to oversimplification. Sometimes it leaves patients, families, and health care experts wanting. The importance of individual stories, or subjectivity, has gained ground as ethics and moral goals of health care practice become better articulated.

The new wave of discussion about health care professionalism has also been affected by developments in managed care and the growing business model of health care delivery. Recognizing that personal stories matter, both from the perspective of the patient or family and the perspective of the physician or health care expert, has been part of an overall movement of postmodern thinking that moved beyond commercial applications of rules and principles. It is not possible for patients and physicians to ignore their personal values and how those values affected decisions about treatment at the end of life, aggres-

---

Dr. Candilis is Associate Professor of Psychiatry, Law and Psychiatry Program, University of Massachusetts Medical School, Worcester, MA. Dr. Martinez is the Robert D. Miller Professor of Psychiatry and Law, University of Colorado at Denver Medical School, Denver Health Medical Center, Denver, CO. Address correspondence to: Philip J. Candilis, MD, University of MA Medical School, 55 Lake Avenue North, Worcester, MA 01655. E-mail: philip.candilis@umassmed.edu.

Disclosures of financial or other potential conflicts of interest: None.

siveness of treatment, judgments about quality of life, allocation of limited resources, and the weighing of risks and benefits.

For some forensic professionals it has become clear that personal values are tied to expert assessments, whether those assessments involve questions about dangerousness, capacity to proceed, damages from malpractice, or the presence of malingering in a sanity case. The subjective influences of upbringing, family, culture, training, mentorship, and life experience all have an effect on what the expert thinks and writes. What once was considered a process in which objectivity and truth somehow emerged from the good intentions and hard work of the expert, is now under examination as practitioners recognize that all forensic work is situated in a story, a narrative that is both enlarged and limited by the absence of a view from nowhere.

With these developments, the editorial board of *The Journal* has decided to expand “Reflections.” In the new “Reflections and Narratives” section, readers, practitioners, evaluatees, and family members are invited to share their narratives in fictional or memoir form, to submit personal explorations of the stories, themes, and dramas of forensic life. We invite both personal essays and fictional accounts that elucidate the human and moral dimension of forensic practice. Similar to the doctor’s stories in other major medical journals, we invite writings that probe the professional life of forensic practitioners, illustrating the often poignant and sometimes morally complicated dilemmas involved in practice. These stories can be written in the first or third person and can originate in criminal, correctional, or civil forensic experiences.

We recognize that narrative sits on a continuum. From memoir to fiction, we hope that creative license will allow contributors to explore ambiguity and uncertainty, the subjectivities of our involvement in what is often poignant and even tragic. Through these stories and memoirs, we hope that contributors will uncover, both for the reader and the contributor, a reflection on the work of forensic prac-

tice that cannot be appreciated through traditional academic contributions.

Self-reflection is an important part of this work. It has always been a critical ethics-based skill of the clinical and forensic practitioner. Self-reflection in examining one’s biases, blind spots, history, and influences is part of a professionalism that strives for the objectivity scientists have sought since the first designed experiments. Accounting for the influences that steer us away from complete and balanced work remains an ethics-related skill that strengthens our service to truth-telling and justice.

Griffith and Baranoski, in a recent article, described the work of reports and testimony as performance narrative, one that requires presentation, rhetorical skill, and logic.<sup>2</sup> It is in that performance that narrative can raise awareness of the inevitable subjectivity of writing and analysis. Recognizing that the compartmentalization of data into objective and subjective is artificial may be the ultimate product of this approach, one that compels us to be mindful of the multiple personal and professional influences on our work. In traditional academic publications and for that matter, forensic reports, the voice of the narrator is downplayed for the purpose of pursuing objectivity and diminishing the appearance of prejudice or bias. With this new section, we are encouraging that narrative voice to find expression.

Our hope is that reflection on the influences on forensic work can be demonstrated in the narratives we craft; that these tools for advancing our professionalism can become a more common part of our everyday habits and skills. “Reflections and Narratives” is an invitation to our colleagues and community to submit creative written explorations of forensic experience that only storytelling will allow.

## References

1. Beauchamp TL, Childress JF: Principles of Biomedical Ethics (ed 5). New York: Oxford University Press, 2001
2. Griffith EEH, Baranoski M: Oral performance, identity, and representation in forensic psychiatry. *J Am Acad Psychiatry Law* 39: 352–63, 2011