

or manslaughter. He uses case examples to illustrate his concept.

Perhaps the most controversial case described in this book is that of Ted Bundy, who was charged with the capital offenses of rape and murder. After examining the defendant, Tanay diagnosed psychopathy in Mr. Bundy. Tanay believes that if psychopathy is severe enough, it becomes a mental illness; this line of thinking runs contrary to psychiatric diagnostic classification. Mr. Bundy's malignant narcissism and masochism led Tanay to conclude that the defendant would sabotage all efforts to cooperate with his attorneys. He took the unorthodox position of opining that Mr. Bundy's personality rendered him incompetent to represent himself and incompetent to stand trial. Mr. Bundy, who repeatedly undermined his attorneys as his case was heard in state and federal courts, was found competent to proceed with trial and was sentenced to death and eventually executed.

The author describes several cases in which he attempted to secure justice for those convicted of murder. Sam Sheppard, an osteopath who initially was convicted of the murder of his wife, was granted a new trial 12 years later and was found not guilty. Tanay attempted to clear Mr. Sheppard's name posthumously by proving his innocence in a civil trial. Sterling Spann was convicted of the rape and murder of an elderly woman and served almost 20 years in prison. Tanay was instrumental in convincing others that Mr. Spann was innocent, and his conviction eventually was overturned. After Jack Ruby was sentenced for killing Lee Harvey Oswald, Tanay found him to be psychotic and attempted to secure appropriate psychiatric treatment for him.

Regarding the insanity defense, Tanay notes that politicians and the public are prejudiced against it, even when a defendant is grossly psychotic. He extensively reviews the cases of John Hinckley, Jr, and Andrea Yates, in which the defense prevailed. In the Yates case, he criticizes the testimony of the lead psychiatric experts for both the prosecution and the defense. He also comments directly on the costs of these proceedings, including the extraordinary fees charged by experts in situations in which the severe mental illness of the defendant at the time of the offense is obvious.

Emanuel Tanay has written a passionate, readable, provocative, and controversial memoir about his unique style and experiences in forensic psychiatry.

He has exposed many flaws in the justice system that should be addressed. I recommend his book highly.

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Women in Psychiatry: Personal Perspectives

Edited by Donna M. Norris, Geetha Jayaram, and Annelie B. Primm. Arlington, VA: American Psychiatric Publishing, 2012. 345 pp. \$65.00.

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?

—Philip Candilis and Richard Martinez [Ref. 1, p 12]

The Reflections and Narratives section of *The Journal* invites forensic mental health professionals (and others) to share their perspectives on professionalism and personal values and experiences. Gender is one topic that merits personal and professional exploration in psychiatry. Women represent 34 percent of U.S. psychiatrists and 55 percent of current psychiatry residents (p xiii). These professionals and those who train and collaborate with them may seek resources about female psychiatrists who are leaders in North America. *Women in Psychiatry: Personal Perspectives*, which was conceptualized from a 2007 American Psychiatric Association (APA) Special Presidential Symposium, "Women Leaders in the APA and Beyond," merits serious consideration.

The book is edited by three female psychiatrists. Child and adolescent forensic psychiatrist Donna M. Norris, MD, was the first female Speaker of the APA Assembly. She is Chairperson of the Board of Trustees of Regis College and is on the clinical faculty at Harvard Medical School. Geetha Jayaram, MD, MBA, has appointments in the Departments of Psychiatry and Health Policy and Management at Johns Hopkins University School of Medicine. She

has chaired the APA's Scientific Program Committee for several APA Annual Meetings. Annette B. Primm, MD, MPH, is Deputy Medical Director and Director of the Office of Minority/National Affairs of the APA. The editors say that the springboard for this book was the changes that resulted from the women's and civil rights movements, as well as the need for women in psychiatry to document their narratives, so that others, particularly students, residents, and women in psychiatry, may benefit from their experiences.

The book is controversial by design. Psychiatrists are trained to limit self-disclosure and to contain the influence of personal matters on the treatment milieu and transference. In the 21st century, these standards have begun to change slowly, perhaps unintentionally, because of the Internet, electronic media, and social networking. Yet, self-disclosure can leave people vulnerable to unintended outcomes. The editors say that several psychiatrists who were asked to participate in this project respectfully declined because they were concerned "that meeting this request for candor would be too risky, with such personal exposure possibly placing their professional careers in jeopardy" (p xiv). The book contains 21 narratives.

Many of the trailblazers in this book had to think outside the box to advance their careers; yet, they found a way. They include several APA leaders, including the first female President who also is a former college president; the first woman with both medical and legal degrees to serve as President of the American Academy of Psychiatry and the Law and is a hospital president and CEO; several past presidents and leaders of other medical professional organizations; the first female psychiatry consultant to the U.S. Surgeon General, a co-founder of a women's mental health network, leaders in psychiatric research; and leaders in public and private sector mental health. The women are of various faiths, races, cultures, and ethnicities.

The editors attempted to add balance to the book by including narratives of a medical student, residents, and early career psychiatrists. Most authors are midcareer and senior-level professionals. Although several authors have forensic psychiatry training, law degrees, or both, others have served as expert witnesses, court consultants, policy consultants, and judicial educators in cases and projects that have had a transformative effect on mental health care law and policy.

The authors describe their experiences from childhood to present, including milestones, triumphs, and setbacks. There are informative discussions about selecting a career path (direct clinical care, research, administration, teaching, and medical politics), tenure, and program and policy development. Each author comments on how she has been able to balance her career and personal life. The authors describe challenges that they have encountered as parents, partners, and colleagues. Some have excelled as martial artists, pilots, and blackjack players. They use setbacks to inform future planning and successes. Almost every chapter ends with a listing of "Practical Tips for Women Psychiatrists" which contains pearls that may benefit all types of professionals, regardless of gender. The authors emphasize the importance of finding mentors, networking, supporting future generations of psychiatrists, and having a balanced life, including time for family and self.

A chapter authored by an expert in military behavioral health and suicide was timely, interesting, and controversial. The author describes a remarkable career during which she balanced deployment with raising a family. She has published extensively and discusses her role in developing various mental health programs and protocols for the troops. She says, "The outside world focuses on 'military' sexual assault. In my experience, although sexual harassment and assault do occur, they are probably no more common than in the civilian world. The Army has really tried to discourage these behaviors" (p 212). Clarification is needed regarding whether her opinion is based on empirical or anecdotal evidence.

Women in Psychiatry: Personal Perspectives merits a wide audience. The book is an excellent resource for readers seeking to understand the history of women in psychiatry from professional and personal vantage points. I have recommended the book to female and male psychiatry and forensic psychiatry residents who are concerned about their career pathways, negotiating challenges, and balancing their professional and personal lives. The book, too, may serve as a resource for forensic psychiatrists who are contemplating contributing a Reflections and Narratives article to *The Journal*. The book's clarity, organization, and wealth of unique information about how careers in psychiatry can foster forensic involvement in expert testimony and policy consultation make it a worthwhile addition to a forensic library.

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The Intouchables: Who Defines Antisocial?

Written and directed by Olivier Nakache and Erik Toledano. Co-produced by Quad Productions, Chaocorp, Gaumont, and TFI Films Production. Distribution by The Weinstein Company. Limited release in the United States May 25, 2012. 112 minutes.

*The Intouchables*¹ treats us to a new permutation of the buddy film. Set in contemporary Paris and based on an actual relationship, it depicts a rich, former daredevil with quadriplegia paired with a Senegalese immigrant who is a lost boy and a dedicated slacker. The chair-bound and fastidious Philippe (François Cluzet) requires a high level of personal care. He can afford it but is very selective and determined not to be pitied. Enter Driss (Omar Sy), whose sole concern at the outset is getting his unemployment paper signed, so he can get benefits and enjoy a carefree street life.

In the opening scene, Driss recklessly drives Philippe through Paris traffic in a Maserati. Unable to avoid a police stop, Driss bets his paralyzed passenger that he (Driss) can talk his way out of it; Philippe fakes a seizure, slobbering on his beard. More, Driss doubles the bet, suggesting that the police will escort them to the hospital. The pair's histrionics flawlessly persuade the police, who escort them to the emergency room entrance. Just as the hospital orderlies wheel out a gurney, Driss hits the gas. We track their getaway much later in the film. Right away, we cheer for dyssocial wish fulfillment.

Driss, somewhat hyperactive, shows up at a mansion for a job interview. Not his idea; he did it to pretend that he had looked for work, sure that no one would hire him. A signature stands between him and benefits. A casually dressed and impatient black man amid a dozen seated white guys in suits, he is intolerant of the process. When he can wait no longer he barges into the interview room, brashly slapping

the paper onto a desk. A pretty redheaded assistant (Audrey Fleurot) asks him questions and gets nothing from him but intimations of sexual arousal. The boss, Philippe, reveals himself, self-confident and unflappable, and seems intrigued by the anomaly of Driss. Philippe, who controls his chair with a mouth stick, calls Driss's bluff, saying that while he cannot sign the paper (the first of many quad jokes), Driss can have it the next morning. Driss agrees, and as he returns to the projects we learn he has stolen a jeweled egg from the mansion. This isn't funny. He presents it to an unappreciative aunt, who hasn't seen him for months. Seeing through him and regarding him as a negative role model for the several younger siblings (who adore him), she kicks him out. After spending the night getting high with street cronies, Driss returns to Philippe's mansion, not to the signed paper, but to a tour of the house and a luxurious bedroom and *en suite* bath. Apparently, he has been hired. After a brief review of his duties, which include manual evacuation of the master's bowels and the instruction that he monitor the man on a 24/7 infant surveillance intercom, he re-encounters Philippe, who bets Driss won't last two weeks.

Philippe has Driss investigated and finds he has a minor criminal record. He has spent six months in jail, which explains why he hadn't been home. This bothers Philippe's attorney, who, articulating the prevailing theory of psychopathy, points out that types such as Driss are brutes and have no pity. Exactly, Philippe retorts, "no pity" is what he wants. The table is now set for the collision of cultures and worldviews. It takes a while for Driss to appreciate quadriplegia and the disparity between Philippe's confident personality and his total dependence on others for survival. In an odd melding of antisocial behavior and slapstick, we see Philippe pretending to sleep while Driss accidentally spills hot tea on him and gets no reaction. Still incredulous, Driss touches the teapot and recoils in pain and then proceeds to pour the liquid onto the boss's legs in a disturbingly playful fashion. This scene does not depict the ultraviolence of Stanley Kubrick's *A Clockwork Orange*; rather, it portrays a child's amazement at something never imagined. Philippe opens his eyes and calmly schools Driss that he can neither move nor feel from the neck down. From the audience's perspective, Cluzet can only act from the neck up and does a remarkable job of portraying dignity, humor, panic, and sexual arousal (with his ears).