

the authors note that the role of humiliation was designated as a “collateral consequence of a valid regulation” (p 132), and not as a direct effect; the court’s distancing itself from the intended punitive aspect of humiliation is a troubling finding. One is reminded of the stocks used during American colonial times to publicly embarrass the offender. Highlighting the question of humiliation makes the reader concerned about the real-world functioning of SVP registries. A focus on virtue and character development suggests a different direction in producing shame and humiliation in the released SVP. To the extent that the SVP would be limited in social reintegration, the prior ethics (utilitarian or duty based) is deficient. Virtue ethics could support the character development of the convicted.

The authors describe the “debilitative effects” of solitary confinement on the mentally ill and a specific syndrome of negative psychological effects, termed special housing unit syndrome (p 67). The more serious consequences of solitary confinement include mental deterioration with increased anxiety, confusion, and hallucinations. Self-destructive behavior may actually be encouraged by the environment.

In the California case of *Madrid v. Gomez*¹ (1995) the court states that inmates forfeit many rights and freedoms and that distress from segregation is not sufficient to invoke the Eighth Amendment. The authors express concern that this line of judicial thinking allows mentally ill inmates to be placed in solitary confinement where they may deteriorate further. The authors’ unstated critical bridge is that a virtue ethic that focuses on the development of human character would result in a different decision.

The research in each of the major areas focuses on examining the ethics of the relevant case law. Identification of the ethics-based structure of statutes and judicial decision-making (duty based and consequentialism) is provided. However, the process of naming the ethics approach shortchanges a more in-depth analysis of how virtue ethics would necessarily provide a superior result. Further, there are general philosophical concerns about the value of virtue ethics in informing decisions about the correct thing to do. Virtue ethics is more connected with the development of a moral person than any specific decision that should be made. The shortcomings of virtue ethics in resolving complicated judicial questions are not in the text. Duty-based ethics focuses on treating

individuals as the end rather than the means. The appropriate application of this theory would address many of the concerns about the treatment of prisoners.

The book is significant in reviewing case law and drawing renewed attention to the harsher realities of America’s judicial system. Arguing for increased attention to prisoner rehabilitation and improving their ability to reintegrate into their communities is commendable. However, invoking virtue ethics will not resolve the thorny social, financial, and psychological problems of incarceration. The authors make a substantial leap from the importance of an individual’s character to the promise of community integration and “human flourishing.”

Virtue ethics might provide improved social justice, but the approach is based on assertion rather than clear reasoning. The discernment of the variability and subgroupings of those who are convicted is not adequately covered. One of the core aspects of ethics analysis is to consider the alternatives. The specific prescription falls short and does not meet the problems addressed. The challenges of seriously antisocial prisoners and the problems of rehabilitation are not addressed. Specifically, important questions such as whether there are mentally ill patients for whom virtue ethics would not be an appropriate approach are not addressed. Despite these limitations, the book has valuable insights for patient readers.

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

Reference

1. *Madrid v. Gomez*, 889 F. Supp. 1146 (N.D. Cal. 1995)

Expert Psychiatric Evidence

By Keith Rix. London: Royal College of Psychiatrists, 2011. 289 pp. \$80.00.

Keith Rix, a British forensic psychiatrist, writes here with authority and detail about the range of forensic evaluations currently required by courts and tribunals in the United Kingdom. His text is enriched by examples from his practice and with quotes from judges, some of whom have not been slow to offer advice to the aspiring forensic psychiatrist:

The area of expertise in any case may be likened to a broad street with the plaintiff walking on one pavement and the defendant on the opposite one. Somehow the expert must be ever mindful of the need to walk straight down the middle of the road and resist the temptation to join the party from whom his instructions come.¹

The judge did not mention what can happen to people who walk down the middle of the road, but Rix has some stories to tell.

Those who live where pavements are called sidewalks will notice that the forensic practice Rix describes differs from theirs in several respects. One is the routine inclusion by Rix of a methodology section in the psychiatric report. The United Kingdom has recently seen the publication of Law Commission proposals relating to evidentiary reliability in criminal trials.² Those proposals place considerable emphasis on sound methodology as a criterion for admissibility. They arose largely out of concern over evidence's going to guilt or innocence. In one case expert evidence had been offered to the effect that the odds against two unexplained infant deaths occurring in the same family made it likely that a crime had been committed.

Rix argues that it may now be time for psychiatric experts to describe their methodology, also. He suggests psychiatrists indicate in all of their reports that clinical practice depends on two types of knowledge: that for which there is sound scientific evidence and experience-based knowledge for which such evidence is lacking. "Indicate," he suggests, "that in relying on both categories of knowledge you have done so in accordance with what would be regarded as a responsible body of psychiatric practice" (p 41). This raises substantial questions, it seems to me, about the role of the report and the duty of the expert to place it in proper context. The degree to which information of the type Rix describes is routinely provided in the United States is an under-researched area. I suspect that usual practice is to offer this type of explanation only when asked to do so in testimony.

Rix also makes a number of suggestions in other areas of forensic practice: the psychiatric expert should have a selection of curriculum vitae for different types of work (p 18); with proper notice that this is their practice, psychiatrists are entitled not to sign a report until they have been paid (p 23); reports should come with tables of contents, unless they are very short (p 39); it may be acceptable not to list in a

report all of the materials one has seen where the defense is still considering what information to disclose to the prosecution (p 43); where the report of another expert is part of the material, the conclusion of the other expert should be commented on (p 48); and the expert should provide a diagnosis, even if not asked to (p 48).

Rix also makes an exception to the "don't answer a question you haven't been asked" rule where the subject is not having treatment that he ought to have:

Whether asked to do so or not, make a recommendation for treatment that accords with the best practice of psychiatry, ask that this recommendation is passed on to the subject's ordinary medical attendant and ask to be informed that this has been done [p 48].

The requirement to act in the best interests of the person being assessed, Rix writes, ultimately outweighs any duty of confidentiality to the instructing party. The implied code of ethics is thus much closer to that of the practicing clinician than it is to the position that U.S. forensic psychiatry has adopted. Rix lists the principles of medical ethics applicable to the psychiatric expert witness as autonomy, beneficence, nonmaleficence, and justice.

Those U.S.-based psychiatrists who have wrestled with the terminology and case law of provocation and extreme emotional disturbance will be interested to read the description of the Criminal Justice Act 2009 of England and Wales and its introduction of the defense (I would prefer partial defense, since it only reduces murder to manslaughter) of loss of control. There is a discussion of the practice of holding discussions between experts, not just in family proceedings, but also in civil and criminal matters. U.S. experts will welcome, I suspect, the discussion of the role of the single joint expert and the changes to practice (for instance, in the copying of all communications to both sides) that working in this way entails.

The book is written with a refreshing frankness. Its advice on the fraught question of whether and how to address the ultimate issue before the court (to paraphrase Rix: note that it is, technically, none of one's business and then be prepared to say what one thinks) is particularly clear. As a result, for a book on a technical area of forensic psychiatry, *Expert Psychiatric Evidence* is an unusually easy read. It also has a very good index.

References

1. *Vernon v. Bosley*, [1997] 1 All E.R. 577, CA
2. Law Commission: Expert Evidence in Criminal Proceedings in England and Wales. Law Commission Number 325. London: The Stationary Office, 2011

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Disclosures of financial or other potential conflicts of interest: Dr. Buchanan has recently coedited a book on a similar subject.

The Girl With the Dragon Tattoo: Forensic Psychiatric Perspectives

Screenplay by Steven Zaillian, based on the novel by Steig Larsson. Directed by David Fincher. Produced by Scott Rudin, Ole Søndberg, Søren Staermose, et al. A Columbia Pictures, Metro-Goldwyn-Meyer, Scott Rudin, Yellow Bird Films production. Released in the United States December 20, 2011. 158 minutes.

Every once in a while, fiction provides us with a character who is so original, so extraordinary, that she captures our imaginations and won't let them go. Lisbeth Salander, anti-heroine of Stieg Larsson's *Millennium Trilogy* of novels,¹⁻³ is one such character. So enamored are we with Ms. Salander that both Americans and her Swedish countrymen created film adaptations of her debut novel, *The Girl with the Dragon Tattoo*. The Swedish film was directed by Niels Arden Oplev.⁴ David Fincher, director of several films worthy of psychiatry movie club analysis (*Fight Club*, *Seven*, and *Zodiac*), directed the American film.

Ostensibly, the main character of *Dragon Tattoo* is Swedish journalist Mikael Blomkvist. Blomkvist is the publisher and main writer for *Millennium* magazine. He has made a name for himself by uncovering financial crimes. After penning an exposé on industrialist Hans-Erik Wennerström, he is sued for libel. Blomkvist loses the legal case and most of his life savings. The future of *Millennium* becomes uncertain. While awaiting the results of an appeal, he gets an intriguing offer from Hendrik Vanger, retired Vanger Corporation CEO. Under the guise of writing the Vanger family history, Blomkvist is asked to investigate the 40-year-old disappearance of Harriet, Blomkvist's childhood babysitter and Hendrik Vanger's favorite great-niece. Vanger agrees to pay the now savings-depleted Blomkvist handsomely. More enticingly, Vanger promises to give Blomkvist solid evidence regarding the financial crimes perpetrated by Wennerström. As the Vangers and

Blomkvist become further enmeshed, the Vanger Corporation becomes the financial savior of *Millennium*.

In the course of the Vanger family investigation, Blomkvist decides he needs a research assistant. The family lawyer recommends Milton Security investigator Lisbeth Salander. The mysterious Salander is a proficient computer hacker and has a myriad of other specialized skills, including a photographic memory and good marksmanship. In fact, the Vangers had used her abilities to investigate Blomkvist thoroughly before deciding to employ him. Salander knows Blomkvist better than his own friends and family do. Because of her own complex back-story, Salander's involvement in the mystery is assured when Blomkvist tells her that he is looking for "a killer of women." Together, they uncover Nazis, pedophiles, and worse in their quest. The mystery of Harriet's disappearance culminates in a violent showdown with someone very well-known to the Vanger clan. Ultimately, instead of the hero's saving the damsel in distress, it is the damsel who saves the day. Not only does Salander rescue Blomkvist from death, she uses her computer skills to ruin Wennerström and resurrect Blomkvist's journalism career.

Pages and pages have been written comparing and contrasting Oplev's and Fincher's movies. A significant portion of those reviews have focused on the pivotal role of Lisbeth Salander. The *New York Times* book review describes Fincher's movie as follows:

The story starts to fade as soon as the end credits run. But it is much harder to shake the lingering, troubling memory of an angry, elusive and curiously magnetic young woman who belongs so completely to this cynical, cybernetic and chaotic world without ever seeming to be at home in it.⁵

In the Swedish film, Salander was played expertly by Noomi Rapace. In the American film, she is portrayed brilliantly by Rooney Mara, previously recognized for her small but memorable role as Mark Zuckerberg's (Facebook CEO and creator) girlfriend in Fincher's Oscar-winning *The Social Network*. Rather than attempt to summarize the many reviews written on the movies, we will instead focus on the character of Lisbeth Salander, described by Stieg Larsson as an adult Pippi Longstocking,⁶ and what she has to offer to forensic psychiatry. The films and novels raise several diagnostic, as well as bread-and-butter, forensic questions regarding Salander that can be assessed and enjoyably debated: traumatization, violence risk, professional malpractice, ethics-related misconduct, and guardianship.