LETTERS

An Unwelcome Guest in the Courtroom

Editor:

Drs. Kapoor and Williams brought an important matter to our attention, with which I am in agreement, given some 45 years of general and forensic practice.

I was surprised that a commentary was not presented, especially by a practitioner of both psychoanalysis and forensics. My education and practice have been guided by psychoanalytic theory for both psychotherapy and forensic examinations.

Given that, I was drawn to page 456, paragraph 3. I reviewed citations 7 to 9, all three of which referenced sexual boundary violations from 1990 and 1992. The authors assert that these “violations tarnished the reputation of psychoanalysis in the latter part of the 20th century, which led to a general questioning of its value” (emphasis added). Where is the authors’ evidence that “psychoanalysis lost its dominance as the explanatory model of human behavior”? No citations were noted to justify such a profound and overarching declaration.

I don’t accept the authors’ conclusions as fact. I’d like to hear opinions from psychoanalysts about the authors’ “belief,” which is what I have to term it, without evidence presented.

Also, on page 457, citations are lacking for their statement that “magnetic resonance imaging (MRI) and computed tomographic (CT) scans have become commonplace in the courtroom. . . . ” (My focus is on their use of the term commonplace). I would welcome published studies that document these assertions; if they exist, I’ve missed them.

So, yes, teach and keep a “role for psychodynamic formulation in forensic practice” (Ref. 1, p 459).

Reference


Reply

Editor:

We are pleased by Dr. Nizny’s close reading of our editorial and his agreement with its main tenet—that psychodynamic formulation still has a place in forensic practice. Dr. Nizny takes issue only with a few sentences in the introductory section of the paper, where we reviewed the seemingly settled matter of psychiatry’s shift away from psychoanalysis and toward neurobiological models of mental illness. Several areas of scholarship support this claim, including discussions of the declining role of psychoanalysis in clinic practice, in academic psychiatry and psychiatric training programs, and as a defensible treatment modality when faced with malpractice suits.

Dr. Nizny is correct in his assertion that boundary violations alone are not responsible for the decline of psychoanalysis in the psychiatric profession. That would, of course, be too simplistic an explanation. However, we stand by the claim that public scandals certainly did tarnish the reputation of the field, much as high-profile scandals involving financial relationships with pharmaceutical companies have tarnished psychiatry in more recent years.

Dr. Nizny also objects to the use of the word “commonplace” to describe neuroimaging in the courtroom. Perhaps it would have been more precise to say that neuroimaging has become commonplace in the professional discourse around law and psychiatry, and even in the lay media. Computed tomography, magnetic resonance imaging, and positron emission tomography scans are gaining increased acceptance in the courtroom, particularly in the context of high-stakes criminal cases and death penalty mitigation.

References

Letters


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