

Wayne and June are done, Wayne impulsively rips off Jennifer's wig and sets it on fire. He suggests the next step, arson, if they're up for it. The girls seem fascinated by fire, despite Jennifer's humiliating walk home, marked by another vicious fight with June. The criminal act for which they are later tried involves burning down a tractor store.

Now, to the question of how Jennifer and June become residents of Broadmoor for over 11 years. The educational and psychological communities were flummoxed by the twins' behavior and found themselves helpless. Instead, they applied a procrustean bed of remedies designed to make them conform. Their stubbornness, through elective mutism and passive resistance, was too strong. They were not psychotic; it was something else, not defined in the film. The system pushed back with residential placement, separation, and even drugs. Eventually, the twins adopted personae that permitted them, as teenagers, back into the community. While clever enough to launch writing careers, they remained unsocialized and thus susceptible to naughty or frankly antisocial conduct.

As adults, they were tried for arson and petty theft. The justice system failed them, even after two psychiatric assessments. By this time, according to Wallace, there was evidence, in June's diary, that the twins were "psychopaths" (in 1980s parlance, denoting a personality disorder). For example, "Arson and sex. Surely [defense psychiatrist Dr. Spry] knows all we arsonists are only looking for sexual fulfilment? Everyone knows about that" (Ref. 1, p 166). In the trial scene, the court asks each of them to plead guilty or not guilty. Their grunts are accepted as "guilty." Dr. John Hamilton, a Broadmoor consulting psychiatrist, addressed the court (Dr. Spry was abroad). Wallace points out that there were no appropriate facilities for patients such as Jennifer and June. The doctor portrays Broadmoor as idyllic, setting off fantasies in the young women; for example, the swimming pool as a Busby Berkeley-like production. The judge asks Dr. Hamilton the following: "[Are the defendants] suffering from a mental illness, psychopathic disorder, subnormality. . . of such a nature or degree as to warrant [their] detention in a hospital for medical treatment?" (Ref. 1, p 185). He responds in the affirmative, adding that they had a speech problem and their treatment could take years. The judge sentences the twins to indefinite commitment to Broadmoor.

The balance of the film, which tracks their course for another 11 years (Wallace's book was published halfway through), shows the tragic results. June's book is published and the twins fight so viciously that they are separated. Then Marjorie Wallace, who learned about their trial, comes to visit. She is non-judgmental and sincerely interested in their writing, and they begin to speak. The film goes beyond Wallace's book. It becomes impossible for both Jennifer and June to survive, together or apart. Jennifer appears catatonic. When they are released back to Wales, Jennifer is a zombie and dies on the way. Anaclitic depression? Self-sacrifice? Killed by the system? Evidence would suggest pericarditis.

The film is remarkable for its use of animation, fantasy sequences, and an eclectic soundtrack. The content, which writer Andrea Seigel calls fiction,⁴ adheres to Wallace's book and her guidance. The scenes blend factual depictions of events with music and dance interludes that explore the twins' fantasies. There are also elaborate animations, using dolls and props, that accompany narrations of their writings. These enjoyable interludes distract the viewer from the otherwise gloomy biography. The writer and filmmaker resist medical labels, assigning blame, or imposing morality. Overall, this is a thoughtful, haunting, and creative rendition of a true story that permits the viewer freedom to formulate complex dynamics.

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Textbook of Antisocial Personality Disorder

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The *Textbook of Antisocial Personality Disorder*, edited by Donald Black, MD, and Nathan Kolla MD, PhD, delivers on its title. It is a comprehensive twenty-four-chapter textbook on antisocial personality disorder. It is easy to read yet covers everything from the historical description of antisocial personality disorder to modern advances like biomarkers and functional MRIs. The contributors are faculty in institutions across the world, including forensic psychiatrists and psychologists as well as researchers in fields like translational medicine and brain imaging.

The introduction section of the book, written by the editors, is particularly poignant. It points out how antisocial personality disorder (ASPD), characterized by a patient's "recurrent—typically lifelong—misbehavior", is "psychiatry's forgotten disorder." Despite its high societal cost, it is given minimal research funding; it is often viewed as "untreatable." The editors aptly describe this as a cynical view, one that is "premature because of the lack of relevant treatment research" (p xvi).

The book's twenty-four chapters are divided into four parts. Part I provides the foundation, tracing the history of our modern notion of ASPD. Readers are led through past eras, starting with the eighteenth-century notion of "moral insanity" in England. Readers are reminded about the variability of how this disorder has historically been viewed: clinically versus as a social label. This part of the book also covers more recent efforts to formally classify antisocial behavior, including that found through iterations of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Statistical Classification of Diseases and Related Health Problems (ICD).

Part II of the book addresses relevant clinical concepts, including epidemiology, clinical symptoms, and comorbid conditions. The authors, in this section as throughout the book, thread a sense of objectivity and compassion into their well-cited recitation of the literature. For instance, they remind the reader that "most antisocial individuals are not criminals" (p 40). They also caution that despite the association between ASPD and malingering, clinicians should "be cautious and avoid assuming that all patients with ASPD are exaggerating symptoms" (p 66).

Through a series of eleven chapters, Part III delves into the etiology and pathophysiology of the

disorder. The first chapter details the natural history and course, including childhood onset, typical improvement with age, and improved outcomes when accompanied by variables like marriage. The subsequent ten chapters provide a plethora of studies spanning topics from social theories of causation to biomarkers and imaging. These chapters are dense, but crucial. Included studies are well summarized and organized in a format that will be of assistance to clinicians and future researchers. The choice of studies serves to remind the reader of the simultaneous relevance of environmental and biological factors in the development and presentation of ASPD.

Part IV of the textbook bridges theory with practice, discussing psychosocial and pharmacological management strategies. These chapters are informative, with tables of relevant studies and findings. The table in the pharmacology chapter helpfully includes specific medications studied as well as dosages and outcomes. The authors convey a clear sense of caution regarding both the design of past studies and the associated limited evidence regarding efficacy. The last chapter in this section, chapter 19, is written by one of the editors, Donald Black. Dr. Black reminds clinicians that we ourselves can act as a barrier to care for individuals with ASPD, by our hesitancy in making the diagnosis, challenges with countertransference reactions, and "therapeutic gloom."

The final section of the book focuses on special populations and situations, including children, women, sexual offenders, and individuals in the criminal justice system. This section closes with the book's final chapter, chapter 24, which attempts to provide some hope: "Prevention of Antisocial Personality Disorder." The authors in this chapter saliently point out that ASPD is the only personality disorder for which the DSM requires a childhood onset for diagnosis. They note that this core criteria, and ASPD's natural history and progression, makes it a key target for public health interventions (and the lofty goal of preventing ASPD).

The *Textbook of Antisocial Personality Disorder* is a must have for forensic psychiatrists. It also deserves a place in psychiatric residency and forensic fellowship libraries. The editors have brought together a wealth of data in a well-organized book. Furthermore, they have addressed this highly stigmatized and understudied disorder with a sense of compassion and hope.

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