

## Book Reviews

THE MENTAL HEALTH PROFESSIONAL AND THE LEGAL SYSTEM. By the Committee on Psychiatry and Law of the Group for the Advancement of Psychiatry. New York: Brunner/Mazel, 1991, 192 pp. \$25.00.

Reviewed by Robert L. Sadoff, MD

The Committee on Psychiatry and Law of GAP has produced an eminently readable, practical, and helpful guide for mental health professionals who become involved with legal matters. The book is timely, well written, and of great help to forensic mental health experts as well as all mental health clinicians who may be called into court at some time or other with respect to helping their clients or patients. This book is especially useful for the practicing clinician who has had little or no exposure to forensic matters and needs to respond to various questions or subpoenas with regard to his or her client or patient.

Forensic experts who are familiar with the law and experienced in testifying will find this book a helpful review of particular issues one might encounter in the course of forensic practice. However, it is especially helpful to the uninitiated, and particularly to the psychiatric resident or other mental health professional in training who needs to learn about legal matters and how they affect clinical practice.

The scope of the book is comprehensive in that it begins with a brief discussion of the law and the legal structure and process in this country. The role of the mental health professional within legal matters is clearly defined, as are the pitfalls and problems one might encounter.

For the practicing mental health clinician, the section on "the law, the patient, and the therapist," is especially helpful. Many clinicians call forensic experts regularly to ask questions about dangerous patients, commitment matters, and potential malpractice risks. The treating clinician will find answers to many of those questions in Section 2 of this book.

For the forensic expert, the section on the law and the expert witness as consultant to the attorney is quite specific and helpful with regard to the conduct of the examination and the preparation of the report. I was especially interested in the chapter on court testimony, where the authors present several trick questions posed by attorneys. From my experience, I found each of these questions to be real and often anxiety provoking.

One of the most helpful aspects of the book is the series of appendices, which actually encompass about one third of the volume of the book. Within the appendices are included a glossary of legal terms that is especially helpful to the beginner. Other contents of the appendices include a recommended and suggested reading list of books and journals in the field; the reprint of the McGarry

competency assessment instrument, which is still helpful after almost 20 years; the American Academy of Psychiatry and the Law's Ethical Guidelines for the Practice of Forensic Psychiatry, and the AMA Occupational Health Disability Guide on Mental Illness.

As the authors summarize (page 125), "Although many mental health professionals may prefer not to testify in court, probably most will do so at least a few times during their professional careers." As a result, the authors state that in writing this guide they "wish to help mental health professionals conduct forensic evaluations in the most competent fashion. We hope this guide has helped mitigate the sense of strangeness and has given the reader a kit of expert tools and strategies to use in carrying out the task" (page 128).

Indeed, they have succeeded at their goal in providing such helpful tools both to practicing and to forensic mental health experts. If there is any criticism, it is that it is too short and the subjects are covered all too briefly. Just as in watching a fine movie, we are a bit unhappy when it ends because we wish it to go on and on, that was my feeling about this book. I was left with a sense of shallow completeness, but without the depth that many would like in order to respond to the questions they may have regarding some of the complicated and complex issues faced by mental health professionals in forensic situations. However, the authors, anticipating such a criticism, have presented a number of references to which the reader may turn

for more in-depth discussion of the menu items presented in this book.

The book is needed at this time, as there is none other like it in the literature. I plan to use it extensively in teaching the residents, medical students, and fellows in my program. This book should be added to the list of required reading for all fellows in forensic psychiatry. It should be kept handy as a reference when difficult situations arise. The members of the Committee on Psychiatry and the Law GAP are to be congratulated for assembling such a useful, helpful, and practical guide that will remain the standard for many years to come.

**A CASEBOOK IN PSYCHIATRIC ETHICS.** By the Group for the Advancement of Psychiatry. Brunner/Mazel Publishers, New York: 1990. \$14.95 (paper); 21.95 (cloth).

Reviewed by Jeffrey S. Janofsky, MD

*A Casebook In Psychiatric Ethics* was formulated by the Committee on Education of the Group for the Advancement of Psychiatry (GAP). GAP is an independent organization dedicated to studying various aspects of psychiatry and the application of that knowledge to the fields of mental health and human relations.

*A Casebook In Psychiatric Ethics* was designed to be used as a teaching tool using a small group discussion format.

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The casebook utilizes clinical case examples followed by a discussion that reviews the case and points out principle ethical issues raised by the case. The casebook presents 17 cases in the areas of consent to treatment and refusal, paternalism, relationships with colleagues, sexual attraction toward patients, and confidentiality.

I found the casebook extremely useful. The cases are clear, well thought-out, and highlight important ethical principles that commonly occur in clinical practice. The discussions are clear, free of jargon, yet explain ethical precepts in a well thought-out fashion. Furthermore, the discussion highlights issues that have only recently become relevant such as the duty to protect and managed care issues.

I highly recommend this book. It would be most useful as the core book for a course in psychiatric ethics taught to psychiatric residents.

**PSYCHIATRY AND THE CIA: VICTIMS OF MIND CONTROL.** By Harvey M. Weinstein. Washington, DC: American Psychiatric Press, 1990.

Reviewed by Jeffrey S. Janofsky, MD

The author of this book is a psychiatrist whose father, while a patient of Dr. Ewen Cameron, underwent a series of destructive experiments under the guise of treatment. In the 1950s, Dr. Cameron was a man who had reached the top of

his field. He was psychiatrist-in-chief of the Royal Victoria Hospital and the director of the Allen Memorial Institute of Psychiatry in Canada. He was elected president of the American Psychiatric Association, the Canadian Psychiatric Association, the World Psychiatric Association, the American Psychological Association, and the Society of Biological Psychiatry. In 1957 through 1960, however, Dr. Cameron accepted funding from the CIA and the Canadian government to conduct research experiments on patients. The overriding goal of this research was to attempt to change the way in which people think and behave, commonly called brainwashing. Dr. Cameron developed a series of procedures including the use of experimental drugs including phencyclidine (PCP), intensive, frequent electric shock treatment, sensory deprivation, forced sleep for weeks, and the use of recorded voices playing for hours.

Dr. Weinstein describes his father's descent into mental illness. He then reviews his father's "treatment" at the Allen White Institute under Dr. Cameron. Neither Dr. Weinstein or Dr. Weinstein's parents were informed of the experimental nature of the treatment nor the real purpose. They assumed that the treatment was standard therapy to help his father "get well." Rather than getting well, Dr. Weinstein's father became chronically psychiatrically disabled and has since been unable to function.

Dr. Weinstein attended medical school and became a psychiatrist himself. He writes that he had "wasted years" diagnosing his father with a vari-

ety of psychotic labels and had searched psychiatric literature in an unsuccessful search for the real cause of his father's illness. In the spring of 1979, Dr. Weinstein discovered the CIA funding of Ewen Cameron's work and painstakingly pieced together what happened. By December of 1982, Dr. Weinstein's father had become a participant in a multi-plaintiff lawsuit against the CIA—*Orlikow v. the United States of America*. Nine plaintiffs, all who had been treated by Dr. Cameron's experimental protocol, joined the lawsuit. After years of litigation, the plaintiffs finally settled the suit with the CIA in October of 1988.

This is an extremely disturbing book. Even putting Dr. Cameron's action in its historical context, where the standard of care for research was not as clearly defined as today, Dr. Cameron's actions as described clearly violated the standards for ethical research as set forth in the Nuremberg Code. As Dr. Weinstein outlines, many colleagues apparently knew what Dr. Cameron was doing, but for a variety of reasons failed to act.

This book serves as a reminder that as psychiatrists and especially forensic psychiatrists we must be ever vigilant to prevent such ethical abuses from recurring. We must police ourselves, as government has at times in history not only failed to act, but has actually encouraged unethical behavior for the "greater good" of society.

CONFIDENTIALITY VERSUS THE  
DUTY TO PROTECT: FORESEEABLE

BLE HARM IN THE PRACTICE  
OF PSYCHIATRY. Edited by James C.  
Beck. Washington, DC: American Psy-  
chiatric Press, 1990.

Reviewed by Jeffrey S. Janofsky, MD

This is a multi-authored book that reviews the current tension in psychiatry and law between the duty to maintain patient confidentiality, and the more recently established duty to protect third parties from potentially dangerous patients.

The authors first bring the reader up to date on current case law regarding the duty to protect. The authors then review this issue under specific circumstances both from the perspective of different clinical settings and different diagnostic areas. Most chapter authors discuss case examples as well as describe how the current state of the law regarding the duty to protect affects those cases.

I was particularly impressed with Kenneth and Paul Appelbaum's chapter on the HIV antibody positive patient. They do a succinct job summarizing the ethical issues, review current APA, AMA, and American College of Physician's position statements, and then review statutory and case law. The Appelbaums then make recommendations for dealing with the often difficult clinical situations a physician who deals with populations at high risk for AIDS encounters.

Overall, I found this book quite useful for both clinical and forensic psychiatrists. I recommend it.

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PSYCHOLOGICAL TRAUMA AND THE ADULT SURVIVOR: THEORY, THERAPY, AND TRANSFORMATION. By I. Lisa McCann and Laurie Ann Pearlman. New York: Brunner/Mazel, 1990. 360 pp.

Reviewed by Roy B. Lacoursiere, MD

This book, written by two psychologists at the Traumatic Stress Institute in South Windsor, Connecticut, presents a type of self-psychology theory and therapy for understanding and working with people who have been traumatized. The theory, called constructivist self-development theory, borrows widely from Kohut and other self theorists. The theory places considerable emphasis on various schemas, a term derived from the work of Piaget and others. Schemas are discussed for such things as self-esteem, seeing the world as trustworthy, and many other concepts. The authors discuss whether these schemas are healthy or unhealthy, and if the latter, the degree to which this occurs because of traumatic experiences during the developmental years or in adulthood.

The authors systematically present their theory and its relationship to selected other self theories and theories dealing with trauma. They present a brief review of literature on selected traumas such as child abuse, sexual abuse, rape, and combat. They further discuss the effects of such traumas on self-development as seen from their perspective. Chapters cover assessment and then therapy, with many clinical exam-

ples. Many of the examples deal with rape and other sexual abuses of women.

Do we need another book on self theory of whatever type, or another book on the treatment of traumatized patients? Although the authors regularly discuss severe and life-threatening traumas consistent with DSM-III-R's definition of trauma for PTSD, their definition of trauma is much broader. Traumatic events are often only referred to generally, for example, "child abuse" or "incest," without the details to allow the reader to judge what these terms mean in the particular context or case. The reader is left with the impression that what is important are the subjective aspects of psychological trauma, that is, experiences *considered* traumatic. Careful attention is not paid by the authors to the extent of the external, objective realities of the trauma. The extreme of this overgeneralizing of the definition of the word "trauma" is seen in discussing therapy: "Probing into imagery before clients indicate readiness is clearly countertherapeutic and, in fact, can be retraumatizing" (page 212). Accordingly, there is not much discussion of diagnosis in DSM-III-R terms for PTSD or for other symptomatic conditions, nor is there any emphasis on critical history taking or evaluation. The authors seem to use essentially the history as the patient relates it.

One also wonders how the authors' theory, or therapy, would differ if they were dealing with patients who had not been particularly traumatized. Or do they usually find a history of trauma,

especially in patients who come to their Traumatic Stress Institute?

In spite of the above critical comments the therapeutic approach outlined by the authors appears useful for patients with posttraumatic symptoms, including PTSD, after serious objective traumas. (Although the authors discuss biological treatment, this is done in a matter of a few paragraphs, and one will need to look elsewhere for this aspect of treatment.)

Forensic psychiatrists or psychologists will find this book of use primarily for its treatment approach. The authors are too uncritically accepting of patient's histories to offer much help on the diagnosis, or differential diagnosis, of posttraumatic histories and symptomatology. On the other hand, plaintiffs' attorneys looking for sympathetic evaluators and treators, may find this approach to their liking!

THE LEGAL DEFENSE OF PATHOLOGICAL INTOXICATION WITH RELATED ISSUES OF TEMPORARY AND SELF-INFLICTED INSANITY. By Laurence P. Tiffany and Mary Tiffany. Westport, CT: Quorum Books. 1990. 542 pp. \$75.00.

Reviewed by R. Preston Shaw, MD

This is a review of the syndrome of "Pathological Intoxication," or as the authors prefer "Pathological Reaction to Alcohol." The authors make a case for

this new diagnostic category in psychiatry and more particularly for its use as a forensic category. They present a very extensive and in-depth study of the problems that psychiatrists and the legal system have with the insanity defense in general and in particular that of alcohol-related crimes and the temporary insanity concept.

The authors further present a very rich and thorough account of cases involving alcohol and mental state in historical perspective. I think the authors make it very plain how difficult it is for criminal codes to deal with the problem of alcohol-related crimes, and more particularly with the emerging problem of where to lay the fault in cases of intoxication or reactions to prescribed drugs intermixed with alcohol. Throughout this book, the differences between the purposes of the law and purposes of psychiatry and medicine are made plain by a continuing series of examples through case law and other writings.

For anyone who deals with alcohol-related cases in the criminal justice system and who has a deep interest in trying to help lawyers better understand the nature of mental illness, this is a most thought provoking, stimulating, and enriching book. I would recommend it for anyone who is interested in reviewing the basic origins and problems and future needs of the insanity defense concept and its applications. Further, it is rich in listed sources of information regarding psychomotor epilepsy, substance abuse, and the legal implications of the interaction of various central nervous system drugs. It should be of

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interest to general psychiatrists and psychiatric residents.

One definition of a good book is a treatise that teaches as well as leaves the reader motivated to search for many more answers. This book does that. I see this book in the category of a textbook on alcohol-related insanity defense issues for defense attorneys, judges, prosecutors, and forensic as well as general psychiatrists who work with substance abuse patients.

THE CRIMES WOMEN COMMIT, THE PUNISHMENTS THEY RECEIVE. By R. J. Simon and J. Landis. Lexington, MA: Lexington Books, 1991. xi + 136 pp.

Reviewed by Jeffrey L. Metzner, MD

This book is a revised edition of *Women and Crime*, which was first published during 1975. The authors' stated goals include: updating pertinent statistics such as the arrest rates for women for various offenses, conviction rates, and incarceration rates; describing current demographic characteristics and socioeconomic status of American women; and reviewing current information regarding conditions in women's prisons. This information is examined by describing American women's educational attainment, marital status, labor force participation, and income. An appendix, which served as a chapter in another book, examines similar issues concern-

ing female criminals but from an international perspective using Interpol data.

The authors also reviewed various theoretical perspectives developed since 1975 that attempt to explain the relationship between social position, gender, and crime. Much of the data support Simon's 1975 opportunity thesis. Simon noted that the increased arrest rate for women involving white collar property offenses is largely a reflection of their increased participation in the labor force and upward mobility through higher status white collar positions. However, a balanced presentation is provided of other sociological theories concerning the etiology of contemporary female criminality. These theories have been classified as the masculinity thesis, economic marginalization theory thesis, and the chivalry thesis.

A useful summary of the contemporary women's movement and the impact it had on female criminals via a harsher response from the criminal justice system is provided. The differences in arrest rates for various crimes between men and women during the past 25 years are examined. Unfortunately, it is fairly easy for the reader to become confused due to the nature of the arrest statistics presented. Appropriate disclaimers by the authors regarding the use of FBI Uniform Crime Report statistics are made.

The issue of whether courts treat women differently than men is also reviewed. Studies involving interviews with judges, review of court decisions, and annual reports of U.S. District Court dispositions are used to address this issue. The authors provide an over-

view of prisons for women with a focus on the current state of vocational training, work opportunity, and child visitation provided to women.

The authors, who generally write in a very clear and concise fashion, accomplished their stated goals. This book, which appears to be more directed to criminologists and sociologists, will increase the forensic psychiatrist's general knowledge base concerning relevant aspects of women's involvement in crime and the criminal justice system. A clinical psychiatric perspective regarding female criminals is not provided by the authors. The book also provides little to the reader in terms of describing the incarceration experience of female inmates. The review of sociological theories concerning the etiology of female criminality will probably be the most interesting aspect to the forensic psychiatrist. Clinicians working in female prisons will find this book to be a useful addition to their library.

**SEXUAL COERCION: A SOURCEBOOK ON ITS NATURE, CAUSES, AND PREVENTION.** Edited by Elizabeth Grauerholz and Mary A. Koralewski. Lexington, MA: Lexington Books. 1991. 240 pp.

Reviewed by Bruce R. Berger, MD

*Sexual Coercion* is a multiauthored book coedited by Elizabeth Grauerholz and Mary A. Koralewski, both of Purdue

University. Its stated purpose is to be a sourcebook on the nature, causes, and prevention of sexual coercion as well as providing an extensive bibliography of current research and knowledge. It attempts to look at four types of sexually coercive behaviors from a multidisciplinary perspective: rape, sexual harassment, prostitution, and sexual abuse. The disciplines represented include sociology, psychology, woman's study, anthropology, and biology. Psychiatry and the legal profession are not represented as disciplines, which I feel works against the authors' stated purpose of being a comprehensive source book.

Most of the contributors write from a self-described feminist perspective. This perspective postulates that sexual violence, in all its forms, is the active means by which inequality between females and males is maintained.

The editors organized the book into four logical sections with from one to six chapters in each section. These divisions are: the nature of sexual coercion, its causes, prevention, and the conclusion. This organizational structure proved useful in quickly being able to turn to a particular area of interest rather than having to sample each chapter to find out what it was about.

Regrettably, specific to the area of forensic psychiatry, the book had only limited application. The book generally used such broad definitions and ranges of what sexual coercion could be, as well as how it would impact at a personal, community, and society level, that the reader was left with a sense of discomfort about the pervasiveness of coercion in

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society rather than any feeling of mastery of the subject itself. The book tended to focus on the political, societal, and ideological aspects of sexual coercion and did little to aid the reader at an individual patient level.

The use of multiple authors produced a choppy quality because of both the different writing styles as well as the quality of material in each chapter, which was variable.

The bibliography was alphabetized by author and contained over 600 references pertinent to the field of coercion. This was a comprehensive bibliography and will be a resource for those interested in the subject who wish a multidisciplinary information resource.

Overall, the book was overly broad and diffuse in its focus. The stated purpose of being a multidisciplinary sourcebook on the subject of sexual coercion was not achieved in part because of the lack of psychiatric and legal input as well as its use of feminist theory to understand the area of sexual coercion at the expense of other theoretical models.

RECOVERING FOR PSYCHOLOGICAL INJURIES (2nd Edition). By William A. Barton. Washington, DC: AMA Press, 1990.

Reviewed by Joel A. Moskovitz, MD

*Recovering for Psychological Injuries* at first glance appears to be a misprint. Most psychiatrists would read it as "Re-

covering *from* Psychological Injuries." The focus of this publication of the Association of Trial Lawyers of America is a penetrating revelation of the strategies and tactics used by a practicing plaintiff's attorney. The author is knowledgeable, direct, and clear. He presents the recipe for effective representation in a variety of liability situations with a special emphasis on an area of current interest, sexual exploitation by therapists. Child sexual exploitation is an adjacent sphere for legal action and is extensively described.

Mr. Barton's target readership is attorneys. However, any participant in the legal adversary process would find this open presentation of "cook book" methods useful to win contests where emotional damage is alleged. Recommendations on how to sue and how to avoid being sued are plainly set forth along with the author's practical thinking based, no doubt, on long experience.

The reader learns how to examine the physician witness, the treating therapist, the insurance carrier, the plaintiff, and the defendant. Mr. Barton offers his view that psychiatric expert witnesses are essentially more expensive but not necessarily better than other mental health professionals. His bias is, in my opinion, unfortunate and uninformed. He also suggests that neuropsychological testing is more likely to demonstrate microscopic brain trauma than EEG. The value of neuropsychological testing is disputed, but can be impressive, dazzling laymen with numbers and suggested precision of diagnosis versus ac-

tual functional limitation. Mr. Barton, like many attorneys, likes such displays.

There is no doubt that Mr. Barton is person sensitive; for example, his advice to avoid jurors whose employment is devoid of the human element in problem solving including accountants, tax auditors, engineers, and technicians. Ploys, gambits, and maneuvers are lucidly set in counterpoint with compassion, concern, and caring for clients. He cautions that it is discouraging to accept

a case and then have the client and his or her family collapse emotionally during the discovery or trial or turn on you in anger.

*Recovering for Psychological Injuries* is thoughtful, provocative, and illuminating. The author's personal practical experience in dealing with the various aspects of the system he describes so well gives the book a depth and persuasiveness that convinced me of its worth.