

school and university shootings, preventing honor killings, and combatting international terrorism. I found Prosecutor Rachel Solov's chapter, "An Operational Approach to Prosecuting Stalking Cases" (Chapter 23), particularly enlightening. She discussed her approach to recognizing stalking behaviors, interacting with victims, sentencing perpetrators, and protecting victims.

I know that I will reread several of the chapters in this book. The information can guide clinical assessments, future research, and public policy. The authors summarize this complex topic in a manner that is clear, concise, and highly accessible to the busy clinician. Whether you are interested in assessing the risk posed by terroristic threats, stalking, or intimate-partner violence, this book is an invaluable resource.

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## Philosophy and Psychiatry: Problems, Intersections, and New Perspectives

By Daniel D. Mosely and Gary J. Gala. New York: Routledge, 2016. 304 pp. \$145.

"At the end of the day, it's all about food and sex," writes David Rubinow in *Philosophy and Psychiatry* (p 262). In case you are wondering, his chapter is about the roles of genetic predisposition and the endocrine system in mood disorders. Like the other 20 contributions to this book, a product of the Philosophical Issues in Psychiatry Research Group at the University of North Carolina at Chapel Hill, Rubinow's chapter is one of a pair, which seems appropriate. If Rubinow is right about what it's all about, it is likely to be more fun with company.

With a couple of exceptions, one of each of the paired chapters is written by a clinician and the other by a philosopher. The arguments of Rubinow, a psychiatry department Chair, are juxtaposed with those of Valerie Hardcastle, a philosopher who points to the effects of disparities in service provision on the health of those who live in poor neighborhoods. Among them, the 10 pairs of chapters cover some big questions. How are mental illnesses different from

other illnesses? How does mental illness affect the relationship between free will and moral responsibility? How and when is the coercion of the patients of mental health services justified? What does it mean to be human?

I have an interest in classification and was drawn to the description of "scrupulosity" (p 164), which two philosophers, Jesse Summers and Walter Sinnott-Armstrong, regard as a variant of obsessive-compulsive disorder. The symptoms of scrupulosity apparently include moral perfectionism, chronic doubt, and "moral thought-action fusion" (p 164), a feeling that merely having an intrusive thought (a loved one coming to harm, perhaps) makes the feared outcome more likely. The question that the authors ask is at what point it becomes justified to treat someone who has such a condition over his objection.

The authors argue that the answer depends on the characteristics of the mental disorder that the person is suffering from. I am not sure I agree. I suspect, instead, that the same criteria should apply whatever the condition, and this is the usual legal position. The authors conclude that a distressed person with scrupulosity can be treated against his will when his thinking demonstrates one or more of three types of incoherence: an inability to defend the moral standards that he is endorsing, an inability to distinguish what is ideal from what is required, and a fixation on one element of the broad picture.

Hanna Pickard, in her paired chapter, takes issue with the lack of attention, in the arguments of Summers and Sinnott-Armstrong, to any risk of harm to the person. After all, in most jurisdictions the criteria for treatment over objection include a risk of harm to self or others. One could question also the lack of reference, in the criteria for diagnosis or treatment over objection, to a person's level of function. I think that the degree to which one's scruples prevent one from undertaking the tasks of everyday life should be relevant to both whether one can properly be said to have a mental disorder and whether one should be treated against one's will.

What struck me most, however, was the similarity of incoherence to what might otherwise be called irrationality. Because of this, it seemed to me that the arguments presented here could inform the long-standing discussion of what does and does not amount to "incapacity" to make treatment decisions. Pickard is convincingly insistent that this criterion is key to preventing future abuses of psychiatry's coer-

cive power. Not surprisingly, given the title, incapacity, along with irrationality, appears at numerous points in the book. The arguments of Summers and Sinnott-Armstrong are not taken up by others, however, which is a shame. Their analysis goes to the heart of what it is that justifies coercing some people who have mental disorders and not others.

A defendant's ability to reason in the abstract about right and wrong becomes less important to our ascriptions of responsibility as we learn more about his ability to reason about the particular act in which he engaged. The reasons are complicated. Chandra Sripada argues persuasively that it is always the reasons in relation to the particular act that interest us. She acknowledges that there are times when we do use a person's ability to complete successfully a broader range of mental tasks as evidence of his ability to reason in relation to the criminal act. But, she argues, we use such evidence only in the absence of anything better and allow it to be "superseded" (p 121) when evidence of reasoning in relation to the particular act becomes available.

The volume has been well produced by Routledge and the index is good. The pairings of philosopher with clinician frequently produce more than the sum of their parts. The editors are to be commended for showing that, even if it is all about food and sex, there may be some other interesting diversions along the way.

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## Forensic Psychiatry: Essential Board Review

By Helen Mavourneen Farrell, MD. Boca Raton, FL: CRC Press, 2015. 192 pp. \$69.95 paperback.

In *Forensic Psychiatry: Essential Board Review*, Helen Farrell, MD has created a succinct and practical nuts-and-bolts board review supplement that warrants a look from those who intend to sit for the forensic psychiatry board examination. In her introduction, Farrell makes it clear that the impetus for her writing *Forensic Psychiatry: Essential Board Review* was her desire for a "concise and efficient study aid" to "com-

plement the detailed information provided within the numerous forensic psychiatry textbooks" (p ix), as well as the AAPL Forensic Psychiatry Review Course. Toward that end, I believe that the book has succeeded and fills a gap that has been lacking.

Intended for rapid review and rote memorization, as well as self-assessment, the book is the first of its kind and was developed primarily for forensic psychiatrists, although time may show its utility in introducing others to the field of forensic psychiatry. The text is divided into four sections. Section 1 is a brief primer on how to register and prepare for the forensic psychiatry board examination itself. The section contains some information that I had not found elsewhere, not even during the American Academy of Psychiatry and the Law (AAPL) Forensic Psychiatry Review Course. Therefore, it may serve to relax those who are studying by themselves and are without the benefit of a study companion against whom to gauge their study progress.

Section 2 comprises an extremely brief (11 pages) presentation of high-yield notes on forensic psychiatry. Needless to say, those sitting for the board examination will need additional study material, and that was the author's intention. However, given the brevity of this section, one wonders why perhaps these 11 pages were not omitted completely and used for other purposes, such as for sample board questions.

Section 3 consists of approximately 50 pages summarizing landmark cases in the field of forensic psychiatry, most of which are represented on AAPL's Landmark Cases list. As would be expected, readers will find that the 105 cases covered in this book have considerable overlap with the 120 cases covered in *Landmark Cases in Forensic Psychiatry* by Elizabeth Ford and Merrill Rotter. Cases are summarized succinctly, with a statement of the legal issue, a summary of the facts, and the holding.

Section 4 is probably the most unique and useful portion of the book, as it contains 129 board-style questions. It is unfortunate that these questions are not numbered for ease of use. Nevertheless, they appear to focus on high-yield topics and provide a question bank of forensic psychiatry material that is, to my knowledge, not offered anywhere else. Those taking the forensic psychiatry board examination would be wise to purchase this book for the material in Section 4 alone.