

Principles and Practices of Military Forensic Psychiatry

edited by R. Gregory Lande, D.D., and David T. Armitage, M.D., J.D. Springfield, Ill.:

Charles C. Thomas, 1997, 526 pages.

In 1997, the American media discovered (or more aptly, re-discovered) a strange society living within the United States and many other countries around the world. It is a society with values foreign to the average U.S. citizen, arcane rules, and a rigid hierarchy. It has an annual budget larger than that of most countries and is highly proficient at breaking things and injuring people. It is a society with a long and deep tradition of racial and gender separation and discrimination, which at the same time manages to be one of the most remarkable experiments in having both sexes and many ethnic groups working together. It is all the more remarkable that the American taxpayer not only foots the bill for all of this but provides the men and women who make up the society. I am referring, of course, to the American military.

Principles and Practices of Military Forensic Psychiatry addresses "the intersection of three different cultures: law, medicine, and the military" (p. xiii). In 19 chapters, the text offers both general and specific views of this intersection. The various authors include many who are well-known authorities in forensic psychiatry. An introductory chapter on the history of forensic psychiatry in the military offers an intriguing glimpse of Benjamin Rush and his colleagues speculating on the etiology of "Tory rot." Subsequent chapters include core topics such as an overview of military law, the role of expert psychiatric testimony in criminal proceedings, administrative psychiatry, assessment of malingering and dangerousness, and correction and management of those acquitted by reason of insanity. More specialized chapters deal with child and adolescent psychiatry, malpractice, terrorism, and how the military deals with whistle blowers. The text concludes with a thoughtful chapter on mixed agency (the conflict between the needs of the organization and those of the individual patient), which could well be required reading for any psychiatrist.

A subtext of the book is the cautious and often uneasy way in which the three cultures try to work together. Reading the book is often like visiting a foreign country. While much of the psychiatry issues in general, and the forensic issues in particular, are not so different, one regularly runs up against issues in which there are no obvious civilian counterparts (such as impersonating an officer). Similarly, absenteeism, a common nuisance of everyday life, assumes an entirely different complexion when considered as desertion. Many of the authors make effective use of clinical vignettes to illustrate their points. For example, the chapter on malingering includes an evocative and

poignant comparison of two similar cases, one successfully handled and resulting in an honorable discharge while the other, handled by a different commander taking a vastly different approach, ended in suicide. It serves as a reminder that, like any society, the military, however dependent it may be on rules and regulations, is only as effective as the integrity and wisdom of its collective parts.

In reviewing this text, I was conspicuously aware, as a Canadian, of my lack of any military service of my own beyond Boy Scouts (honorable discharge). Consequently, I conducted an informal telephone survey of former military psychiatrists (N = 4, two Army, one Air Force, and one Navy). Apart from what I can only describe as an alarmingly high incidence of state-dependent profanity, the panel confirmed my impression: this textbook presents a significant step in a complex and evolving area. It is likely to be indispensable for both mental health workers and lawyers who deal with people in the military.

My reservations are minor. Issues of race, gender, and homosexuality are not addressed. Thinking about each of these serious problems in the military continues to develop, and forensic psychiatry could well take a leadership role in that evolution. Secondly, the recent developments in the detection of malingering and the assessment of violence would have been helpful for most general psychiatrists (e.g., see references 1 and 2). Similarly, a chapter on forensic aspects of psychological and neurologic testing would be helpful. Finally, as a forensic psychiatrist, I would have liked to know about the relationship between current military rules of evidence (United States v. Gipson) and the federal Daubert standards for admissibility of scientific evidence. Perhaps these issues can be addressed in the next edition of what is likely to become an essential text. In the meantime, commendations for Colonels Lande, Armitage, and their colleagues.

REFERENCES

1. Rogers R, ed. *A Clinical Assessment of Malingering and Deception*. 2nd ed. New York, NY: Guilford Press; 1997.
2. Monahan J, Steadman H. *Violence and Mental Disorder: Developments and Risk Assessments*. Chicago, Ill: University of Chicago Press; 1994.

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