Biological Influences on Criminal Behavior

by Gail S. Anderson; Boca Raton, Florida, CRC Press, 2006, 336 pages, $89.95

Michael C. Harlow, M.D., J.D.

The book *Biological Influences on Criminal Behavior* provides an integrative approach to considering criminal behavior. Gail Anderson is a professor of forensic entomology—or the use of insect evidence at crime scenes—in the School of Criminology at Simon Frasier University. In this book she considers the role of biology in criminal behavior and how biology interacts with sociological forces to lead to crime.

Anderson reviews the history of defining crime as a disease of thought and discusses the abuses of this definition, culminating in the eugenics movement of the 19th and 20th centuries. While condemning past abuses of biological explanations for crime, the author argues that understanding how biology influences crime can offer hope for effective treatments for offenders.

The book describes Darwin's theory of natural selection and discusses how natural selection influences behavior. It contrasts genetic influences on behavior with learned behavior as applied to aggression and crime. The author provides multiple examples of genetic variations that may correlate with increased violence risk. In particular, she provides an insightful and thorough review of the scientific literature concerning the debate about whether men with an extra Y chromosome have a higher propensity for violence.

The author reviews adoption and twin studies pertaining to biological influences on maladaptive behavior. The book offers the reader clear and concise depictions of fetal alcohol syndrome, conduct disorder, attention-deficit hyperactivity disorder, and birth defects, with possible explanations of how these conditions can interact with sociological factors to increase the risk of criminal behavior.

Next, Anderson considers the function of hormones and how hormonal imbalance can result in increased aggression. In the chapters regarding organic brain dysfunction, the author describes the relationship between childhood head trauma and criminal behavior. Also discussed is the correlation between adult brain trauma and subsequent personality changes expressed in new-onset criminal behavior.

The author poignantly reviews the checkered history of psychosurgery and describes current psychosurgery applications to criminal behavior. Also, she describes current brain imaging techniques with potential applications to understanding biological influences on crime. Finally, in the last chapter, the author discusses the impact of metabolic diseases, nutritional deficiencies, and metal toxins on the brain, questioning whether these factors are either correlated with or can predict future crime.

The author provides an encompassing overview of biology's influence on criminal behavior. This book is a useful introduction for readers new to biology, genetics, and psychology. It also offers a review of relevant scientific literature to the advanced reader. It is well suited for both mental health and corrections professionals who wish to better understand the relationship between biology and crime.

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Handbook of Forensic Mental Health With Victims and Offenders: Assessment, Treatment, and Research

edited by David W. Springer and Albert R. Roberts; New York, Springer Publishing Company, 2007, 623 pages, $95

Aimee Kaempf, M.D.
Debra A. Pinals, M.D.

Forensic social work is a relatively new construct, though the presence of social workers in courtroom settings, defense- and prosecution-based attorney practices, and forensic mental health settings has become increasingly common over the past decade. Putting a treatise together that reflects the wide-ranging involvement of social workers in the field presents some challenges. *Handbook of Forensic Mental Health With Victims and Offenders* is a recent addition to the Springer Series on Social Work that attempts to cover the necessary groundwork. By collecting 25 thoughtful chapters, the editors strive to provide social workers with a comprehensive, research-based guide to delivering mental health services within the context of the legal system.

In the first chapter, the editors introduce the reader to some of the challenges, controversies, and emerging trends in present-day forensic social work. They highlight the fact that most academic curricula do not offer forensic-specific social work training, despite social work's growing relevance within the justice system. The editors set out to narrow this discrepancy between formal education and real-world practice.

The ensuing four chapters deal with risk assessment, expert testimony, mitigation, and the treatment of batterers. Although several of these chapters focus specifically on child welfare and domestic violence cases, the data provided can be applied to an array of forensic practices. For ex-

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ample, in chapter 4, "Forensic Social Work and Expert Witness Testimony in Child Welfare," the author reviews differences between expert and fact witnesses, qualifications required to be admitted as an expert, report writing techniques, guidelines for what to expect in the courtroom, and all information integral to effective testimony, regardless of the nature of the case. Because of its general utility and practical guidance, this chapter is one of the strengths of the book.

The next nine chapters center around juvenile justice and include in-depth discussions of treatment of youths with dual diagnoses, juvenile psychopathy, racial disparities in the juvenile justice system, and substance abuse treatment. The subsequent five chapters bring attention to forensic programs for adult offenders and offer well-thought-out discourses on drug courts, mental health services in jails, treatment of HIV-infected incarcerated women, trauma and posttraumatic stress disorder among inmates, and recidivism prevention. The final four chapters provide stimulating dialogues on restorative justice and victim-offender mediation.

Though the chapters are sometimes uneven in their coverage of particular topics, several elements of the book stand out as strong points. First, the text contains excellent, up-to-date, thorough literature reviews and is well referenced. Next, many of the chapters are followed by lists of relevant resources for practitioners that include useful Web sites and telephone numbers. Third, a number of the chapters thoughtfully consider cultural and gender issues as they pertain to forensic social work. Last, and perhaps most noteworthy, evidence-based practice is stressed throughout the text, encouraging the reader to seek out and evaluate empirical data and apply it to his or her own professional work.

The use of the word "handbook" in the title is misleading. This is not a quick, "how-to" introductory reference manual for basic forensic mental health or forensic social work practice. Rather, this is an advanced, comprehensive, and analytical compilation designed to provide social workers with a body of knowledge for evidence-based, culturally competent, multidisciplinary practice in real-world settings.

The editors note in the introduction that surprisingly few accredited social work programs offer specialized forensic education. This lack of formal training is bewildering given the current frequency in which social workers play vital and well-suited roles in delivering forensic mental health services. Thus far, few books have set out to tackle practical and ethical nuances for social workers who provide health and human services in the legal arena.

One might initially hesitate at the cost of this book. However, *Handbook of Forensic Mental Health With Victims and Offenders* is a worthwhile investment. It serves as an essential, timely resource for trainees and seasoned professionals practicing in the rapidly developing field of forensic social work. ▪

Crazy in America: The Hidden Tragedy of Our Criminally Mentally Ill

by Mary Beth Pfeiffer; New York, Carroll and Graf Publishers, 2007, 336 pages, $15.95

Abraham Nussbaum, M.D., M.T.S.

During a decade when journalists were criticized for attending to corporate rather than community interests, Mary Beth Pfeiffer followed six men and women with severe mental illnesses as they were arrested, incarcerated, and mistreated in the American penal system. By giving account of these six people, Pfeiffer writes as an advocate journalist, providing detailed accounts of the human costs of the criminalization of people with mental illnesses.

Pfeiffer writes with an indignant but determined tone about a penal system that allows persons with mental illness to deteriorate until their death. She writes of Shayne Eggen, a woman in Iowa with schizophrenia, who gouges her own eyes out while in solitary confinement. She writes of Jessica Roger, a 21-year-old believed to have borderline personality disorder who commits suicide while locked inside a New York prison's "box." Pfeiffer invites her readers inside the enclosed and unsafe spaces into which people with mental illnesses are sent.

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Although she criticizes criminal justice and mental health professionals alike, Pfeiffer hopes to indict a culture that prioritizes imprisonment over care. While describing the suicide of Joseph Maldonado—an 18-year-old in California who never receives the mental health treatment he requests—she criticizes the overcrowded prisons that keep such an inadequate watch over their charge. As she tells how Peter Nadir, a 31-year-old Floridian treated for bipolar disorder, is asphyxiated by police officers a block from his home, Pfeiffer writes about the inadequate training of police officers and the closing of mental hospitals.

To be sure, Pfeiffer offers sympathetic accounts rather than epidemiological rigor or psychological sophistication. She employs data in an uncritical fashion, but she writes for a general audience. This book is neither a meta-analysis nor a policy statement but an appropriate book from which to select a section, perhaps the story of Shayne, to press upon legislators and students. Pfeiffer clearly tells these stories with the hope that they will galvanize her readers to seek more just treatment for people with severe mental illness. ▪

Inventing Human Rights: A History

by Lynn Hunt; New York, W. W. Norton, 2007, 272 pages, $25.95

Jaak Rakfeldt, Ph.D.

We hold these truths to be self evident that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness." What made these truths so "self evident" when Thomas Jefferson penned these words in 1776? "How did these men, living in societies built on slavery, subordination, and seemingly natural subservience, ever come to imagine men not like them, and in some cases, women too, as equals?" Lynn Hunt, a history professor at the University of California, Los Angeles, and a former president of the American Historical Association, poses this question and seeks to answer it as she lucidly and eloquently details the emergence of these radical and revolutionary ideas in her book, *Inventing Human Rights*.

Hunt describes the discovery of human rights through the American Declaration of Independence, the French Declaration of the Rights of Man and Citizen, and culminating in the United Nations Proclamation. These manifestos contain three required principles that rights must be: natural and inherent in human beings, equal for everyone, and universal for all people everywhere.

Hunt's thesis is that new forms of art, in particular, portraiture and epistolary novels that depicted the lives of ordinary people, led to a greater empathy for the feelings of others, even for those who where quite different in gender, social class, race, and ethnicity. Before this, women of the nobility thought nothing of undressing in front of male servants and slaves because noble women did not consider people of lower classes to have feelings like actual men. Hunt argues that the newfound power of empathy, the sense that the suffering of others is like our own, propelled men like Jefferson to rise above the mores of their time. "New kinds of reading (and viewing and listening) created new individual experiences (empathy), which in turn made possible new social and political concepts (human rights)."

Moreover, this greater empathy led to revulsion for torture and inhuman treatment of others, including criminals and people with mental illnesses. Hunt states that "we are most certain that a human right is at issue when we feel horrified by its violation."

The relevance of Hunt's book for the mental health field is that the social changes she describes may well have led to the emergence of asylums and to more humane "moral treatments" for mental illness during the 19th century. An apparent parallel between the invention of human rights and the current recovery movement in the mental health field may be the central role of an empathic connection to others, even those who appear to be quite different from us. The quintessence of the recovery movement is the assumption that we as human beings are all in recovery of some sort, because we all have faced, are facing, or will face crushing losess and other painful experiences. After events shake the fundamental sense of who we are in the world, the task is to "recover" as much as is possible one's place in the world and a meaningful sense of self. This shared human experience allows us as mental health professionals to connect more deeply and empathically with our clients. This sense of shared humanity in the recovery movement informs our clinical interventions and emphasizes helping clients to build fuller lives based on their hopes, dreams, goals, and aspirations, rather than treatments focused merely on the management and amelioration of symptoms.

However, the long list of more recent human rights abuses perpetrated by the Nazis and Soviets, and the recent ones in Abu Ghraib and Guantanamo, make clear that Hunt's book is more than merely "a history." It begs us to question whether the war on terror should trump human rights, the truths that we hold to be "self evident."

Because of its significance for current events and its pertinence to the essential spirit of the recovery movement in mental health, this lucid book is relevant for, and would be of interest to, the readers of *Psychiatric Services*.

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Refusing the Right to Refuse: Coerced Treatment of Mentally Disordered Persons

by Grant H. Morris, J.D., LL.M.; Lake Mary, Florida, Vandeplas Publishing, 2006, 206 pages, $34.95 softcover

Mary T. Zdanowicz, J.D.

Although the label "Medical Law Series 1" on the cover suggests that this is an academic text, it is clear from the introduction that *Refusing the Right to Refuse* is instead an antipsychiatry and antimedication polemic. Professor Morris presents a one-sided argument that reads like an advocacy brief supporting the right to refuse medication in almost all circumstances. The author lauds court decisions that support his position and ridicules court decisions that do not. But it is not just the courts that the author rails against. The author's experiences as a mental health hear-

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ing officer lead him to conclude that psychiatrists provide information about medication only to secure a patient's consent to treatment. He writes that psychiatrists' judgments about a patient's competence or dangerousness cannot be trusted because of their "protreatment bias." He even goes so far as to suggest that psychiatrists consider informed consent, patient autonomy, and medical self-determination "evils to be avoided."

Unfortunately, the author does just what he accuses psychiatrists of doing: he gives only enough information to secure the reader's agreement with his position. For example, he describes the potential side effects of antipsychotic medication in excruciating detail. In doing so, he creates the impression that these medications have no benefit other than as vehicles for social control, that psychiatrists have used them to ensure that their patients' "conduct in society would be appropriate." According to the book psychiatrists punish patients who do not agree with their medical recommendations by deeming those patients incompetent because they disagree. He ridicules the idea that some people with mental illnesses lack insight into their illness and that their capacity to make an informed medical decision may be impaired. In this portrayal, patients deny their illness for a litany of reasons that do not include the impact of the illness itself and certainly not because of anosognosia.

Not only does the book ignore the benefits of treatment, it does not acknowledge the consequences of nontreatment. There is a substantial discussion of a California case in which Kanuri Qawi, a man with schizophrenia and a violent history who was hospitalized for ten years under the state's Mentally Disordered Offenders statute, won the right to refuse treatment. The author is incredulous that Mr. Qawi, who was "clearly delusional and grandiose" and "expressed some persecutory beliefs," was held for ten years despite any incidents of violence, threats of violence, or property damage during that time. He fails to mention that shortly after his release from the hospital, Mr. Qawi brutally murdered his roommate.

This book will not help readers who seek to understand the state of the law in regard to administering medication over a person's objection—hyperbole is substituted for analysis. It will appeal to readers who share Professor Morris' bias. ▪

The Body Hunters: Testing New Drugs on the World's Poorest Patients

by Sonia Shah; New York, New Press, 2007, 256 pages, $16.95 softcover

Jeffrey S. Barkin, M.D.

Sonia Shah is an independent journalist whose articles have been published in *The Nation*, *Orion*, and elsewhere. In her recent book, *The Body Hunters*, she offers an account of how clinical trials by large pharmaceutical companies are conducted abroad, quite often in developing third-world countries. She offers numerous examples of just how these research trials are conducted and pays particular attention to the very real risks of this research to the clinical trial population.

Shah's message is essentially that large multinational pharmaceutical companies have "outsourced" their research trials, all in an effort to develop new and expensive medications. Although many here in the United States are distressed by the outsourcing of our jobs overseas, here is an example of how an agenda is shifted to the clinical trial populations of many countries, particularly those in Asia and Africa.

The conditions in many of these countries are often quite poor, with a typically fundamental lack of health care infrastructure and availability. As a result, Shah posits that it has become much easier to have clinical research organizations make clinical trials available to a desperate population because a bad relationship may be better than no relationship. Many ethical issues and concerns are undoubtedly raised by these trials, including the use of placebo in very ill populations, such as those with HIV. How can we justify the use of placebo in people who likely will die? Does exposure of those lucky enough to receive the active drug justify conducting the clinical trial in such a vulnerable population? Does the prospect that a new drug may be effective in a large potentially global population outweigh the risk of such research?

Of course, many other moral and ethical questions are raised. For example, does the potential benefit of novel treatments outweigh the potentially lethal side effects? Next, can informed consent really be obtained in populations that lack medical sophistication? Shah's book raises many important questions; however, she often misses the mark. For example, she decries the development of new medications when there are already numerous compounds available for a given condition. The medical reality is that patients really do respond differently to specific medications and having numerous treatments available really does allow us to treat a larger population.

I trained in the late 1980s. The only medication available for bipolar disorder was lithium, which was helpful for some patients but not for many. The development of numerous mood stabilizers and research on just how different bipolar patients respond to specific treatments has made the treatment of such patients significantly better. Having more than one screwdriver in my toolbox, so to speak, has allowed me to more effectively treat many more patients. Is it ethical or morally justifiable to prevent research that may improve the health outcomes in a large population? Also, let us realize that numerous clinical trials are also conducted in first-world populations, including the United States and Eu-

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rope. Let us not forget that there are numerous clinical trials occurring in Boston, New York, and Los Angeles. Would the development of novel and different medications be stifled if clinical trials could only be conducted in these populations?

Shah's book raises important issues and is a good conversation starter. As the limitations of health care financing in the United States achieve central prominence, issues of novel medication development will no doubt be positioned front and center. For those interested in clinical trials, medical ethics, and health care delivery this book is a welcome addition. '

The Science of Addiction: From Neurobiology to Treatment

by Carlton K. Erickson; New York, W. W. Norton, 2007, 288, $32

Edward J. Khantzian, M.D.

In this book, Carlton Erickson, a distinguished professor of psychopharmacology, has his biases—as does this reviewer. At the outset, Erikson eschews the concept of behavioral addiction such as gambling, Internet, and shopping addictions—a notion that has been increasingly accepted among clinicians and investigators. The basis for the distinction is soon made clear in that the author's bias for understanding addiction, as the subtitle reveals, is a neurobiological one, the principal focus of the book.

The author goes out of his way to express his dislike for the word addiction, preferring the designations alcohol or drug dependence and repeatedly distinguishing between abuse and dependence. He similarly dismisses the words "disorder" and "illness" to describe the addictions, insisting that addictions are "brain diseases" rooted in the mesolimbic dopamine "pleasure pathway or reward system." Little wonder then that over the past six decades addiction medicine and psychiatry have tended toward polarized concepts that are pitted against each other.

My bias resides in a conviction, based on four decades of clinical investigative work, that there are complex psychodynamic factors at least as compelling as biological ones to explain the powerful nature of addictive disorders (1). Erickson's perspective is in the mainstream of contemporary addiction medicine and clearly describes what addictive substances do to the brain. This is the main strength of this book. What is left out, and for which there is little or no reference, is why drugs are appealing to people. If Erickson is to be faulted for this omission so should the many neuroscientists he cites and refers to who similarly ignore very important psychosocial factors involved in addictive vulnerability.

In fairness to Erickson, he does provide some relief from a strictly biological approach by conceding that in some cases psychosocial factors protect against addiction or that most addiction researchers have "never knowingly talked to an addict." Furthermore, citing alloplastic theory (2), Erickson allows that drugs can relieve painful states and thus be reinforcing—"negative reinforcement." He indicates that one of his reasons for emphasizing addictions as a disease is to undermine the stigma and antipathy associated with addictions, including dependence on alcohol.

All the bases are covered in defining drug abuse, tolerance, and physical dependence in precise, clear language, as are the criteria for diagnosis of abuse and dependence. Similarly, after reviewing basics of brain structures and chemistry, Erickson describes how they apply to chemical dependence, genetics, and each class of abused drugs. The author concludes with a chapter on treatment based on the disease or dependency model and a chapter on future directions in addictions research.

In many respects this book is a straightforward meritorious description of the neurobiology of addiction living up to its billing on the book jacket as a jargon-free, clear review of the neuroscience entailed in drug dependence. It is mainly appealing to those individuals and students who are interested in this aspect of addictive disorders. In other respects the book is maddeningly reductionistic and simplistic in explaining why substances can be so compelling and destructively consuming. '

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Patients With Substance Abuse Problems: Effective Identification, Diagnosis, and Treatment

by Edgar P. Nace, M.D., and Joyce A. Tinsley, M.D.; New York, W. W. Norton, 2007, 224 pages, $22.95

Greg Seward, M.S.H.C.A.

I am not sure I would have given this book this title. I would have titled the book *Patients With Substance Abuse and Dependence Problems*. The proper way to label these issues is not as alcohol, tobacco, and drugs, but as alcohol, tobacco, and other drugs. The focus is not substance abuse problems but substance abuse and dependence problems. Having said that, Nace and Tinsley's work is a 200-page clinical reference written not only for addiction psychi-

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atrists but also for any clinician interested in working with addiction issues. It is an excellent tool for any resident, student, or addictions specialist to keep within easy arm's reach. The text is clinically sound and up to date. Its price is well within reach of most professionals, students, and libraries.

Both authors have much clinical experience with addiction psychiatry and are able to speak cogently on the subject. They help the reader focus on the patient's understanding and motivation in regard to addressing his or her abuse or addiction problems. Nace and Tinsley succeed in providing a good, current medical review of addiction and sound guidelines to identify, diagnose, and treat this spectrum of disorders.

Nace and Tinsley write in the hopes that their text will allow nonspecialists in primary care and psychiatric practices to treat addicted patients. Beyond the basics, they provide insight into many subtopics. They give a good overview of two special groups—adolescents and the elderly. They provide an up-to-date chapter on pharmacological treatment and use highlights and short cases throughout the book to add to the text's effectiveness. The glossary, appendix, and reference sections are thorough.

I plan to keep this hardcover next to my *DSM* to use as a reference. Occasionally, if someone borrows a book from me, I do not care if I get it back. However, with this book, I will look to have it returned. ▪

Helping the Addict You Love: The New Effective Program for Getting the Addict Into Treatment

by Laurence M. Westreich, M.D.; New York, Fireside, 2007, 320 pages, $25

Kevin P. Hill, M.D., M.H.S.

Have you ever been called to the emergency department to consult on a patient seeking direct admission to a residential drug program? Or tried to calm a frustrated family member who will not accept your contention that there is no standard inpatient detoxification plan for their loved one's cocaine addiction? *Helping the Addict You Love* offers useful information to patients and their families that may provide guidance in obtaining appropriate care and may spare them time and effort in the process.

Helping the Addict You Love is a valuable guide for those dealing with a loved one suffering from addiction. In the introduction, Westreich describes his method for guiding friends and family as they help loved ones seek treatment. What he calls "creative engagement" focuses on "solving the immediate problem of getting help for your addicted loved one, doing whatever you can to resolve it, and continuing to work on it until you have."

Part I shows readers how to recognize addiction in their loved ones and to combat the defense mechanisms employed by addicted patients. Westreich explains addiction according to the chronic disease model while presenting alternative models. Part II details strategies for helping addicted loved ones get treatment, and Part III describes available treatment modalities. Part IV addresses addictions in special populations, such as adolescents and the elderly.

This informative guide has many attributes that make it an excellent primary resource for learning about addiction. Anecdotes and summary boxes at the end of each chapter will assist readers in retaining new information. Comprehensive, albeit brief, overviews of the different classes of drugs and various treatment strategies are geared toward readers without previous exposure to these topics. I especially enjoyed sample conversations that demonstrate common ways addicted patients explain their use of substances. For those dealing with addiction for the first time, such conversations can be befuddling, so these examples may serve as preparation while offering potential responses and questions to ask.

Westreich outlines the differences between creative engagement and the popular ideas of tough love and intervention. He chafes at the tough love idea of letting addicted persons fend for themselves and advocates for repeated attempts to engage them. Similarly, he favors multiple attempts to coerce an addicted person into treatment, as opposed to a one-time, surprise intervention.

Although it is unfortunate that Westreich chooses to use the pejorative term "addict" in the title, the book fills an important niche as a first book for those facing a loved one with an addiction. With mental health emergency department visits on the rise and substance use disorders constituting the largest subgroup of these visits (1), it is imperative that mental health providers educate the public about substance use disorders and their appropriate treatment. *Helping the Addict You Love* is the kind of book that can assist us in doing that. ▪

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