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it is a stepping stone to heroin addiction. Regarding the first charge, Mr. Kaplan reports studies showing that marijuana inhibits rather than increases aggression. In regard to the others, he states that his research has indicated that there is no positive correlation between the use of marijuana and these conditions.

The author concludes with his suggestions for dealing with the marijuana problem. He favors the abolition of the total criminalization of the drug in favor of a licensing system, patterned after that now used to control alcohol. Moreover, he feels that this licensing system will be accepted by our society as more and more people learn of the great disparity between the costs and benefits of marijuana laws.

Reviewed by Joyce Barrett Krebs*

COPING WITH PSYCHIATRIC AND PSYCHOLOGICAL TESTI-MONY, by Jay Ziskin, LL.B., Ph.D., Law and Psychology Press, Beverly Hills, California (1970), 284 pp.

The basic theme of Dr. Ziskin's well-documented treatise on the "how to's" of handling "expert" psychiatric and psychological testimony is that psychiatry and clinical psychology are, at best, disciplines in their infancy, highly speculative and conjectural, and, as such, undeserving of the scientific status often accorded them in a court of law. The author then goes on to systematically and methodically illustrate how the diligent attorney can take appropriate steps to protect his client from the damage that can befall him through the imputation of expertise in these fields where, in fact, none exists.

In dealing with the question of admissibility of so-called "expert" psychiatric and psychological testimony, Dr. Ziskin draws an interesting comparison between the status of opinions offered by lie detector experts (generally held inadmissible) and the opinions of psychologists and psychiatrists (generally held admissible). He contends that the evidential basis upon which the polygraph test is excluded; to-wit: that it is a scientific discovery which has not yet crossed the line between the experimental and the demonstrable, is also applicable to psychological and psychiatric testing. A major criticism of polygraph evidence is that the results are affected by such irrelevant factors as temporary states of tension and the anxiety a subject may experience by the mere fact that he is being interrogated. But, as the author points out in his chapter on clinical

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methods, similar conditions exist during psychiatric and psychological evaluations. Moreover, research indicates that polygraph conclusions prove correct about seventy-five per cent of the time, which, Dr. Ziskin contends, exceeds the rate of accuracy shown for psychiatric or psychological evaluations. Yet, polygraph evidence continues to be excluded while psychiatric and psychological evidence is admitted.

Dr. Ziskin supplies his readers with abundant ammunition for decimating the psychiatric or psychological "expert" by utilizing scientific literature from the witness's own field. He thoroughly examines the conflicting theories and principles extant in such areas as psychoanalysis, clinical psychology, psychological testing, psychotherapy, and psychiatry. An entire chapter is devoted to attacking the experience of the witness as a basis for his testimony, while another focuses on examples of cross-examination dealing with education, training, theory, research, and experience, and offers specific suggestions for particular types of cases, such as criminal, child custody, and personal injury.

Dr. Ziskin uses statements of authorities in the psychiatric and psychological fields which challenge theories accepted by less critical colleagues as one type of documentation. The other type involves research evidence which negates or casts serious doubts upon current theories, principles, and assumptions, and demonstrates that many of the procedures and practices on which the forensic activities of psychiatry and clinical psychology are based are inefficacious.