

From the Editor

This issue of the Bulletin inaugurates a new section devoted to commentary on recent articles of note and relevance to our philosophy/psychiatry enterprise. The target article for this issue is Eric Kandel's "A New Intellectual Framework for Psychiatry," published in the April, 1998 *American Journal of Psychiatry*. Our commentators have discussed this article along with the author's companion piece, "Biology and the Future of Psychoanalysis: A New Intellectual Framework for Psychiatry Revisited," published a year later in the same journal. Professor Kandel's second article was apparently stimulated by the discussion generated by the first, and the *AJP* included in the April, 1999 issue, in addition to the second article, letters to the editor about the first article, as well as the author's response to the letters. Our commentary in this issue of the Bulletin thus takes its place in a discussion already well under way, and certainly far from over. I would like to take advantage of this editorial space to add my own two cents to the discussion of Professor Kandel's provocative article(s).

I will focus on the opening lines of the target article, on a point not remarked on by any of the commentators nor by any of the letter-writers to the *AJP*. Dr. Kandel opens his article with the following paragraph:

When historians of science turn their attention to the emergence of molecular medicine in the last half of the twentieth century, they will undoubtedly note the peculiar position occupied throughout this period by psychiatry. In the years following World War I, medicine was transformed from a practicing art into a scientific discipline based on molecular biology. During that same period psychiatry was transformed from a medical discipline into a practicing therapeutic art. In the 1950s and in some academic centers extending into the 1960s, academic psychiatry transiently abandoned its roots in biology and experimental

President's Column

We are inaugurating the new century with a new title for this publication—a title, we believe, which better suits the nature and quality of the publication's contents. Thus: otherwise unchanged, your publication is henceforth a Bulletin.

When asked, recently, about the range of ideas of interest to members of AAPP, I found myself describing our 11th Annual Meeting, held in May, 1999, in which we took on no less a topic than "The Problem of Evil."

This theme proved to offer something for everyone. But it was often a very different something, because—in John Sadler's neat summation—evil emerged as a confusing mixture of monkey and sin....The papers presented generally broke down into those which naturalized evil, and those which introduced non-natural categories. Thus, evil for many of the speakers reduced to human actions with malicious intent and/or harmful consequences. Evil was the irresistible harmful desire, the 'untreatable' psychopath, the sinister deeds of the unabomber, banal and sadistic wrongs, wartime atrocities, and 'crimes against humanity.' Among the most notable of those rejecting this naturalistic interpretation were the last group of speakers, Drs. Klimek, Coomaraswamy, and Ms. Banever, who seriously advocated exorcism when other treatments fail. For them, although apparently for few others in the room, evil can only be understood in supernatural terms.

The radically opposed world views and sets of presuppositions entailed in these natural and non-natural conceptions of evil were somewhat jarring until acknowledged and discussed in a pair of papers exploring philosophical reasons for adopting or rejecting them. Michael Levin urged that we neither can nor should naturalize evil, emphasizing what will be lost as evil disappears to be replaced by the weaker 'suffering.' Opposed to this position, but matched in its self-conscious acknowledgment of the assumptions at stake, Charles Mathewes' plea was for an operationalized evil, an evil freed from its moralistic associations, its "anesthetizing consolations and paralyzing guilt." Only such operationalized evil, he maintained, can help us gain self-understanding.

Another dichotomy separated those papers which resisted, and those which embraced, the kind of biological reductionism grounding, for instance, Dr. Thomas Gericotti's discussion of evil and the neurobiology of consciousness. Meaning, it was here asserted, is "biological—not magical," and, through neuroimaging, receptor typing and subtyping, elucidation of post-receptor signal transduction and genetic expression pathways, and the development of target-specific pharmaceutical agents, we come to understand the neurobiological underpinnings of predatory murder. In contrast, Dr. Dan Stein introduced neurobiology to explain the difference between banal and sadistic evil by reference to limbic processing while insisting that the one must not be reduced to the other.

Our keynote speaker, Dr. Charles Smith, addressed evil from the point of view of a forensic psychiatrist, and focused on the concerns of those who, like himself, are respon-

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medicine and evolved into a psychoanalytically based and socially oriented discipline that was surprisingly unconcerned with the brain as an organ of mental activity.

That no one has remarked on this paragraph would suggest that it is at best an accurate assessment of the recent history of psychiatry or at worst an innocuous introduction to the article that follows. The alternative reading I would like to suggest is that the introduction is fraught with assumptions that in some measure subvert all that follows. To begin with, the author has conflated two points that need to be separated. One is the over-

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sible for societal safety. He discussed the newer psychopharmacologic treatments effective in controlling violence, and illustrated the increasing use of objective and actuarial assessment tools such as the Violence Risk Appraisal Guide, in determining dangerousness.

Other speakers offered insights into the moral psychology of evil. Ms. Judith Simonsen explained the place of evil acts in Spinoza's complex system. Professor Christian Perring exposed the indeterminacy of the notion of irresistibility in the legally important category of irresistible desires. Dr. James Phillips and Professor Melvin Woody offered an illuminating case analysis of Theodore Kaczynski, and estimated the unabomber's state through appeal to classical philosophical theories of responsibility.

Other discussions had more explicit implications for mental health policy and law. Doctor Donald Mender advocated a revised definition of criminal insanity sensitive to psychoanalytic categories; Professor Susan Dwyer developed the notion that responsibility is linked with a basic moral competence likely present, contrary to the received view, in psychopaths. Dr. Darryl Gregory introduced empirical data to urge treatment for those often relegated to the category of 'untreatable.'

Finally, in sensitive descriptions from the patient's perspective which drew us back to the clinical setting, the phenomenology of feeling oneself to be evil was introduced by Drs. Lloyd Wells and Elena Bezzubova.

Offering such a feast of interesting ideas and incompatible theories, our meeting on evil ably met the organization's goal of advancing discussion about philosophy and psychiatry. We trust that the theme of this present year's conference—"Rationality"—will prove equally rich in discursive possibility.

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Report Evolutionary Theory and Psychopathology

Regional Meeting of AAPP
Sponsored by New York Chapter
St. John's Cathedral, New York City
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We were a mixed lot of 65 or so, audience and speakers all trained first in another discipline and reaching to evolution now in our maturity. Our meeting was about discovery, the kinds of ideas passed by email and newsletters, ideas conceived in solitude or in a circle of like-minded dreamers, fueled at 3 a.m. by old coffee, generic cigarettes, solitary walks, or a marijuana bong. As in the late Thomas Kuhn's model, there was far less puzzle solving here and far more discovering the puzzles to be solved.

The topics included epidemiology and reproductive fitness in schizophrenia (Matt Avila), melancholy as a negotiating buffer in mate choice and retention (A.J. Figueredo & Beth Kirsner), diagnostic considerations for antisocial behavior—is it a disorder to be born without a conscience?—(Christian Perring), fitness and executive functions—both, derived from complexity theory (CT), can be diagnostic guides for mania and ADHD, while CT and evolution suggest a new DSM—(James Brody), unipolar depression as an adaptation for changing the social niche (Paul Watson & Paul Andrews), active Darwinism and what therapists might REALLY be doing for patients and how genetic actions relate affirmatively to "free will" (Brody), Social Therapy (Hugh Polk), what adaptation is involved that we respond positively to placebos? (Nicholas Humphrey), and a good argument that we are led by our emotions (Ladislav Kovdc).

Vilarroya's paper on "Bounded Functionality" considered natural selection to be less than efficient and the outcomes to be "satisficers" that negotiate survival demands against "minimal evolutionary effort." Brody applied the computer strategy of "Raise the Stakes" to an array of behaviors; Pat Greenspan reviewed our using "evolutionary reasons" as an *ex post facto* justification of, not an excuse for, varied behavior traits. John Sadler, with schizophrenia as an example, sketched the "ontological reduction" involved in biogenetic psychiatric models. That is, a seer on the walk outside of Neiman Marcus is associated with alleles, chemical paths, and the milling crowd.

Each level is an important part of both explanation and hypothesis formation, each level seeks integration with the others.

Our models for extreme traits have not much changed. (Even Galton argued that celibacy was a composite of simpler adaptations.) But if, like a patient who is to be bled, you survive the cure, there was relief offered by complexity theory fans who made 1/3rd of the NY presentations. For example, Donald Mender proposed that analog output curves, rather than straight lines, more usefully describe events in our minds and societies. He argued that EEG tracings reflect orderly if unpredictable integrals from activity in dispersed cell assemblies; similarly, epigenetic effects may also be highly nonlinear, that the tiniest difference in genes and settings will eventually result in major differences in social outcomes. (One confusing aspect of complexity theory: scale is irrelevant; similar if not identical principles describe the clouds in your coffee, the conduct of Mets fans, or a new galaxy. Start your training with Gleick's book, *Chaos*.)

Recurring issues:

- Depression, (5 of the 15 papers) still confuses us. Does it have one nature or, more likely, 12? "Depression" is clearly an adaptive tool that meets many functions; but, it feels "bad" and most American clinicians will stubbornly miss the constructive functions because of tradition and our primate, exclusive focus on discomforts.
- If complexity models apply, there is NO predictable line from gene either to wart or to angst and the causal sequence is highly similar to the narrow-turbulent spiral of smoke from an abandoned cigarette. However, it may also be that genes, parents, morals, and culture put constraints on opportunities, pulling order from confusion. Identical twins can be very similar at their outset and become even *more* coherent across their lives despite all manner of initial variations. (Each of us is also a "twin" of our implicit potentials and may be more "identical" with them than is seen with actual twins.) People combine with ideas, aptitudes cross with opportunities, organisms and genes with niches. Each one—gene or human or tradition—weaves new fabric; each one is an agent that makes an order and sometimes a science that is particular to its creator but often satisfactory to more than one of us at least in some small way.