

failure on their part must necessarily be a failure on ours, and so adults, parents, teachers, society in general must look to themselves to take responsibility for our children's healthy physical and emotional development. Raising the spectre of some demonic force at work is regressive and destructive, and encourages a shameful denial of this responsibility.

Perhaps if the Government and the public more readily acknowledged the expertise and advice of those professionals who understand the emotional development and needs of young people, society as a whole might begin to own that responsibility and save future generations from the misery of becoming both perpetrators and victims of crime.

R. S. COOKLIN

*Grovelands Priory Hospital
London N14 6RA*

SIR: As one has come to expect of Prins, complex and often divergent theories, such as the origin of evil, are presented and critically examined. From a theological perspective, however, any notion that evil may take its origin from a beneficent God has to be strictly ruled out, either as a contradiction or a paradox. If, from a Christian point of view, a metaphysical explication is also denied, then the most probable origin of evil falls neatly within the ambit of human volition. At this level, psychiatric expertise may afford descriptions of mental states, on which others may express value judgements as to culpability. When, however, such medical assessments draw a blank, it is tempting (but no professionally commendable) to enter the philosophical field of explanation and putative causality.

The term 'evil' ought to be left as a convenient coin in the currency of those who see it as in some way external to the human situation. On the other hand, the term 'wicked' brings such offensive behaviour closer to societal norms and the regulative of natural law. Finally, as a species, we must be guarded in looking at historical atrocities, particularly if they generate the comforting delusion that all such events are clearly in the past. Sadly, this I seriously doubt. Is it not a truism that the one thing man never learns from is history?

J. M. HALL

*HM Prison
Birmingham B18 4AS*

SIR: Prins' editorial and Jones' comments on the subject of evil are helpful. There emerges a

pragmatic solution; that psychiatrists restrict themselves to diagnosing 'madness' while courts determine 'responsibility'. But 'responsibility' may prove problematic; it is already undermined by neuroscience.

The authors assume that a subject's conscious mind (in the absence of psychopathology) is responsible for his actions. This has face validity, but is it so?

There are two problems: the timing of an action, and awareness of its ownership.

1. The authors' concept of responsibility demands that 'mind' act upon brain or, that mind and brain 'think' and 'decide' (absolutely) synchronously. Only dualism allows a mind to be responsible for the actions of the organism. But neuroscience points the other way. If 'mind' is equated with 'awareness' then it follows, and is thus secondary to, neural activity. A finite period, 'neuronal adequacy', is required for conscious awareness of a neural event (500 milliseconds; Libet, 1993). Neurophysiological events predictive of action, e.g. the readiness potential, precede even the subjective 'decision' to act (by about 350 ms; Libet, 1993).

These findings appear consistent with examples of creative insights arising spontaneously while an individual is otherwise distracted (Boden, 1992).

The first question is: can a 'mind' be said to be responsible for an action initiated prior to the former's awareness of the latter?

2. A mental act is subject to meta-representations of its origin. That these are separate from the act itself is clear from clinical practice. Schizophrenic passivity phenomena attributed to external sources indicate a failure of internal monitoring (Frith, 1992). Acts which appear purposeful may be initiated without awareness; for example, in the alien hand syndrome the subject experiences the hand as having a 'mind of its own' (Goldberg *et al*, 1981).

The second question is: if the generation of an act and its 'ownership' are separate neural events, then is 'willed' action itself an illusion?

Reductionist neuroscience challenges subjective experience: when 'we' feel 'we' are initiating action we are aware only retrospectively. The act and our thoughts relating to it arise prior to our knowledge of them. So 'who' or 'what' is responsible?

BODEN, M. (1992) *The Creative Mind*. Abacus.

FRITH, C. D. (1992) *The Cognitive Neuropsychology of Schizophrenia*. Lawrence Erlbaum Associates.

GOLDBERG, G., MAYER, N. H. & TOGLIA, J. U. (1981) Medial frontal cortex and the alien hand sign. *Archives of Neurology*, **38**, 683-686.

LIBET, B. (1993) The neural time factor in conscious and unconscious events. In *Experimental and theoretical studies of consciousness*. (Ciba Foundation Symposium 174), 123–146. Chichester: Wiley.

MRC Cyclotron Unit
Hammersmith Hospital
London W12 0HS

S. SPENCE

STR: Prins' article was well argued and enlightening. Throughout he did rather limit his discussion by focusing upon those rare and baffling cases which seem to defy rational explanation. This has the effect of making evil, or rather evil acts, seem to require a supernatural explanation. Of some relevance here are two studies from the psychology literature which displayed how easily evil acts could be evoked from ordinary people using straightforward, albeit ingenious, experimental preparations.

Most of Milgram's (1974) subjects were easily persuaded to give near-fatal electric shocks (as they believed) to another person. Although the subjects were not happy about this they nonetheless proceeded to administer the shocks despite the screams and shouts of the 'victim'.

In Zimbardo's simulation of a prison environment the investigators were at pains to use normal healthy volunteers (Haney *et al*, 1973). The experiment had to be halted after six days as the people assigned the role of prison warders had become bullying, cruel and coercive. In this case the 'warders' appeared to be enjoying their opportunity to exercise power over a group who they knew to be wholly innocent. These two somewhat neglected studies illustrate starkly the propensity for evil behaviour from the man or woman in the street given the appropriate circumstances. Since the way in which we construe evil is as suitable a topic for psychological, and indeed psychiatric, enquiry as is the nature of evil itself, I believe they are useful reminders that evil acts are not just something that other people in deviant groups do.

HANEY, C., BANKS, C. & ZIMBARDO, P. G. (1973) Interpersonal dynamics in a simulated prison. *International Journal of Criminology & Penology*, 1, 69–97.

MILGRAM, S. (1974) *Obedience to Authority*. New York: Harper & Row.

St Woolos Hospital
Newport
Gwent NP9 4SZ

P. WHITBY

AUTHOR'S REPLY: I do not find myself in fundamental disagreement with any of the correspon-

dents, but perhaps a few observations will help to promote further thought and debate.

My former colleague Allen Bartholomew takes me to task for not referring to personality disorder (and in particular to psychopathy). In fact, on p. 299 of my editorial, I do make passing reference to these conditions in connection with the ambivalence of mental health professionals to work with this group of individuals. Bartholomew's comments on the legal position of psychopathic disorder in the State of Victoria are timely in view of the Reed Committee's recent report on the subject in the UK (Dept. of Health and Home Office, 1994).

This theme is developed further by Childs in his Scottish contribution. In this, he suggests a wider remit for psychiatrists in the courts, notably in relation to matters of mental illness. However, I am not sure to what extent mental health professionals 'South of the Border' would wish to espouse the adoption of the flexibility of the Scottish Children's Hearing System in relation to adult cases. Despite this, it has always seemed to me that, as he says, 'Scottish common sense and moderation' in their legal system have much to commend them. (It is worth noting that some of our own innovations have been based upon their sensible practices – for example, our adoption of the notion of Diminished Responsibility in our 1957 Homicide Act.)

Cooklin emphasises the manner in which the Bulger case has tended to demonise children and has placed an undue and unhelpful emphasis upon juvenile misdemeanours, raising the emotional temperature in our discussion of them. She suggests that we underestimate the *immaturity* of children (currently the tendency is to do the reverse) most notably in determining their age for criminal responsibility.

Spence thoughtfully suggests that the harder face of neuroscience may make a substantial contribution to psychiatry's concerns with responsibility. However, a recent contribution by Buchanan (1994) would suggest caution in espousing uncritically too strong a claim in this area. Finally, Paul Whitby reminds us not to rely too heavily upon notorious *causes célèbres* and to make too many extrapolations from them. More importantly perhaps, he alerts us to the capacity of 'ordinary' men and women to perpetrate evil (violent) acts. I address this important phenomenon in some detail in Chapter 7 of the revised edition of *Offenders, Deviants or Patients* (to be published by Routledge in Spring, 1995). All the correspondents indicate the need for a wide-ranging inter-disciplinary debate of this important topic. Perhaps the College should