

future planning for the clients as of the legal system. This is true for adults as well as for children as in the Bulger case that Prins and Jones discuss.

For example, if the legal system allowed a broader remit for the psychiatrists in the Sutcliffe trial, then it would have been a much simpler matter to resolve the "disposal" of the case. Society and Sutcliffe needed him to be contained for a length of time that was more than just an expression of our understandable wish to punish his "evil". Of the options available, a hospital has since been shown to be more appropriate than prison. This conclusion could have been reached in court virtually without reference to matters of psychiatric diagnosis and treatment. Of course, if he could be cured of something, then the length of time served might turn out to be shorter than a prison sentence.

The idea of integrated future planning by all involved, and for the best interests of one and all, is the basis of the Scottish Childrens Hearing system. Generally, once it is briefly accepted by everyone that there are some grounds for the Hearing, the whole process is then devoted to discussing what needs to be planned for thereafter. The adult courts have a back-up role, and they would have been employed in a case as serious as the Bulger one. But I believe Scottish common sense and moderation would have limited the backward-looking excesses of the English system.

Philosophically, the problem requires a radically different starting point about human nature. The typical Western dualistic – schizoid even – philosopher's position is of "man the thinker" thinking about (and then trying to mobilise himself problematically into) the separate "world out there". An alternative assumption is the more integrating one that a human being exists primarily in time and action/interaction (and reflection), constituting the "self as agent" and "persons in relation". These are the titles of a pair of books by the (Scots) philosopher John Macmurray (1957 & 1961) who systematically explored philosophical questions from this new starting point. From this kind of view of normal human functioning, a new understanding of (physical and) mental illness can be derived, for example, as "action failure" (Fulford, 1989).

Through all of this run two themes: first, that yet-to-be-realised "causes" which lie in the future, set the course we humans and professionals determine to follow, as much as or more than the already-realised past does; and second, that doctors cannot tend the sick properly if they leave the well alone. In our science, in our healing, and when we advise the courts, we do better when we address the

whole situation, including the futures that all those involved may intend.

FULFORD, K. W. M. (1989) *Moral Theory and Medical Practice*. Cambridge: Cambridge University Press.  
 MACMURRAY, J. (1957) *The Self as Agent*. Faber.  
 MACMURRAY, J. (1961) *Persons in Relation*. Faber.

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SIR: Invoking the concept of "evil", as some externally imposed force, or inborn trait, serves only to absolve everyone from responsibility for it, and implies that it is fixed and, therefore, untreatable.

People who commit brutal acts usually do so either because they are psychotic, or they have been brutalised. I would suggest that the latter are the result, mainly, of pathological nurture and have little to do with nature, unless organic brain damage is involved.

The James Bulger case has caused children in general to be demonised. They are being irrationally scapegoated for the sins of society.

Children with severe emotional disturbance are, however they present, the damaged product of an adult society which has failed them. As to the ability to distinguish between right and wrong, this distinction is not imbibed with the milk, but learned by example from the adults who are responsible for the care of children. If the messages received are too inappropriate, inconsistent or conflicting, children will develop a pathological perspective on their world.

All children are dependent for their mental and physical welfare on adults, and are vulnerable and very impressionable. Disturbed children are often very emotionally immature for their age and, as a result, even less responsible for their actions. The point is not simply recognising whether something is right or wrong, but having the capacity to make the correct choices, and to appreciate the implications of making the wrong ones. The chronological age of the child alone does not determine this capacity, it is the maturity and quality of his or her emotional adjustment together with intellectual endowment, sense of self-worth and self-confidence.

The inclination to do wicked things may exist "in the hearts of men" but man is sufficiently malleable, given the right influences, to be taught to control such aggression and redirect it constructively. To develop such a capacity children rely on adults. Any

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.

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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?

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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?

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