

Editor:

In his article entitled "Promoting Research in Forensic Psychiatry,"¹ Dr. Larry Faulkner has offered some valuable thoughts and specific recommendations regarding research in forensic psychiatry and the role the American Academy of Psychiatry and the Law (AAPL) might take to promote the research agenda. The article prompted a discussion of these issues among members of the 1999 to 2000 AAPL Research Committee. The committee felt a response to the article might help promote some additional themes for discussion.

The committee is in agreement with key foundational points raised in the article. First, the credibility of a discipline is (or at least should be) correlated closely with its epistemic foundation. Although science is not the only credible epistemology, it has great value and, perhaps more importantly, recent case law in the area of evidence (e.g., *Daubert*² and progeny) makes it clear that the expectations of the legal system are moving in the direction of favoring this approach where possible. In addition, in the modern (managed care) environment, outcome studies are powerful drivers of services and although forensics and corrections have been somewhat shielded from these developments, that is changing. Second, we agree that shifts in research funding strategies and existing biases regarding forensic psychiatry impede research in this arena.

In short, our field is being challenged to make the empirical grade. The committee would suggest that our discipline must rise to meet this challenge or risk being marginalized by other disciplines with a stronger empirical tradition and closer ties to emerging funding sources.

Dr. Faulkner's comments about the basic principles, goals, and objectives for forensic research in general are more than sound. The committee would emphasize the importance of methodological rigor. An additional element that may be implicit in the penumbra of the points mentioned but that we feel deserves special mention is the need for large study populations and the related need for coherent data management schemes. Much of the research in forensics lacks generalizability because of the small sample sizes, variations in data definitions and sam-

ple populations (making comparisons difficult), and methodological weakness (which often is related to factors beyond the control of investigators, especially those engaged in projects of limited scope because of factors such as the Institutional Review Board review and ethical considerations, availability of resources, and competing priorities). Although the methodology of meta-analysis is improving, it is still preferable to establish larger and more carefully controlled cohorts from the outset.

We also agree that the formation of an AAPL Education and Research Institute would be a useful and wise step for the organization. This institute should emphasize both quantitative and qualitative research and related methodological strategies. Such an institute also could provide state-of-the-art program evaluation models. It could frame forensic research from training through dissemination. It also should emphasize reaching out to other disciplines, institutes, and agencies and should take a leadership role in establishing strong empirical foundations thereby assuring forensic psychiatry a place in the forefront of related social practices and programs.

The areas of research that should be emphasized is addressed indirectly in the article but deserves comment. Because of the noted changes in funding streams, the research agendas also are changing. Although such an institute should adapt to these changes to some degree, it also is important for research to emerge independent of the research needs of forensic (and related) systems. Thus, we recommend that the institute also contemplate supporting what might be termed "pure research" and research on controversial topics.

Despite our support for such an endeavor, we recognize that there may be significant opposition to an AAPL Education and Research Institute. We would like to emphasize that even without treading through the murky financial or legal waters, there are many ways in which such an institute could provide consultation to forensic researchers. The reality is that AAPL members are held to the standards and findings of other AAPL researchers; yet there is little available within our organization to perpetuate skills from methodology to statistics to ethics and dissemination. We see an AAPL Education and Research Institute as being vital to these endeavors.

Finally, the committee, although wishing to express its deepest support for such an institute, also hastens to inform the membership that this project is

beyond its scope. However, the committee would be very happy to offer its services for consultation and coordination.

Supporting members of the
1999–2000 AAPL Research Committee
Bruce Gage, MD, Elin Barth-Berg, MD, PhD,
Michael Harris, MD, Victoria Harris, MD,
MPH (Chair), Allen Reichman, MD,
Ramasway Viswanathan, MD, and (guests)
Philip Candilis, MD, and
J. Srinivasaraghavan, MD, FAPA

References

1. Faulker LR: Promoting research in forensic psychiatry. *J Am Acad Psychiatry Law* 28:198–210, 2000
2. *Daubert v. Merrell Dow Pharmaceuticals*, 509 U.S. 579 (1993)

Editor:

Barry Wall, MD, deserves praise for his well-researched and well-written article (*J Am Acad Psychiatry Law* 28:454–9, 2000) on “gay panic” as a defense. I hope he will allow a quibble by the under-sighted analytically trained author concerning his use and apparent understanding of the term “homosexual panic,” which Dr. Wall repeatedly refers to as “outdated”; he may well be right about that, because managed care precludes coming to understand patients at the requisite level to comprehend their true dynamics. Homosexual panic is alive and well as a clinical entity; however, the usage quoted in the article is incorrect; perhaps that is the source of the confusion. I will try to clarify.

Homosexual panic in its original meaning was not about gay experience (i.e., erotic attraction to the same-gender object). Instead, it is a paranoid condition, affecting paranoid men and women alike. To summarize what would be a long description, the future paranoid individual experiences conflict or severe neglect from the same-sex parent, an experience that leaves the person with a residue of longing and rage, longing for the lost experience, rage at its deprivation. The rage often is described by analysis as “un-neutralized,” meaning it persists in raw form. At a later point, that person, feeling a parental attachment or longing toward another person of the same gender also may experience the original rage, which may be terrifying in its intensity, and, hence, “panic.” Other

familiar forms of paranoid pseudohomosexuality also may exist or coexist, including hallucinations and delusions of persecution (“My voices are calling me homosexual”), requests to surgeons for “remedial” procedures (“Fix my chin, it makes me look female”), and other examples of the paranoid defense of projection. A paranoid woman, who started to feel close to another female patient, provided me with a wonderful example of such projection. Pointing to the patient, she said, “See that woman? She’s a lesbian terrorist.” Note how “lesbian terrorist” is a perfect paranoid projective paradigm of “homosexual panic.”

In one of his writings, Harry Stack Sullivan—well aware of this dynamic—recommends that interviewers assume a personally unpleasant demeanor toward same-sex paranoid interviewees to minimize the attraction phase of this phenomenon and permit, paradoxically, better rapport.

A familiar clinical situation involves the line-backer-size male paranoid who dispersed six male attendants around the hospital lobby but can be led docilely to the inpatient unit by the 90-pound female nurse.

An important distinction from Wall’s “gay panic” is that the classic symptom may require neither latent homosexuality or homophobia in the subject nor any real or imagined sexual overtures from others, because the paranoid condition is self-contained, as it were. Violence, even extreme violence, is a possible consequence of the attached rage; that violence may be understood clinically as an attempt at repudiating the conflicted attraction. In a particular case, this may or may not qualify to meet criteria for insanity, but generalizing about this is not helpful.

One final point: Dr. Wall notes some potential political consequences of the gay panic defense in “normalizing” anti-gay aggression; but I am sure he would agree that, in a particular forensic evaluation, political concerns are an unacceptably distorting bias in the individual examiner and must be put aside in the name of “honesty and striving for objectivity.”

Once again, my thanks to Dr. Wall for a thoughtful review of a complex issue.

Thomas G. Gutheil, MD
Boston, MA