

The Recurrence of an Illusion: The Concept of “Evil” in Forensic Psychiatry

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The author notes an increased interest in the concept of “evil” in the fields of psychiatry and psychology. In particular, there is some interest in defining and testifying about evil. It is argued that evil can never be scientifically defined because it is an illusory moral concept, it does not exist in nature, and its origins and connotations are inextricably linked to religion and mythology. Any attempt to study violent or deviant behavior under the rubric of this term will be fraught with bias and moralistic judgments. Embracing the term “evil” into the lexicon and practice of psychiatry will contribute to the stigmatization of mental illness, diminish the credibility of forensic psychiatry, and corrupt forensic treatment efforts.

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Our commitment to this research is inspired by our confidence that we will assist the recognition and appreciation of goodness through the delineation of evil . . .—The Depravity Scale¹

It is always possible to bind together a considerable number of people in love, so long as there are other people left over to receive the manifestations of their aggressiveness.—Sigmund Freud (Ref. 2, p 61)

Interest in evil is growing. The psychological and psychiatric literature reflects steadily increasing attention to the concept of evil over the past two decades. Medline and PubMed searches using the phrases “the concept of evil in forensic psychiatry” and “evil and psychiatry” revealed significantly more relevant publications beginning in the early to mid 1990s than before this period. Although most of the relevant publications are from the field of social psychology, there has also been a growing interest in the field of psychiatry. Articles by Drs. Simon³ and Welner⁴ in this journal have debated whether forensic psychiatrists should define and testify about evil. While Simon cautions about the subjective moral judgment involved, Welner believes that “defining evil is only the latest frontier where psychiatry . . . will bring light out of darkness” (Ref. 4, p 421).

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Nevertheless, attempts by behavioral science to define evil as though it were an objective and quantifiable concept are inherently flawed. Since evil is a subjective moral concept with inextricable ties to religious thought, it cannot be measured by psychiatric science. Moreover, there does not appear to be any significant need to define or use the term “evil,” as forensic psychiatry already has working concepts describing deviant behavior that is harmful to others. Testifying about illusory moral concepts may ultimately diminish our credibility as forensic scientists. Further, embracing “evil” as a legitimate psychiatric concept can have a detrimental effect on forensic treatment efforts. The purpose of this article is to argue against the acceptance of the term “evil” into the lexicon and practice of forensic psychiatry.

The Illusion of “Evil”

Evil is an entirely subjective concept created by humans, and there is nothing inherently evil in nature or the universe. Primitive cultures believed that natural calamities were manifestations of evil. It was in this way that humanity first began to personify adverse circumstances or tragedy so that they could attempt to master attendant anxiety. Yet in the formal structure of evolutionary theory and natural selection, there is no designation for evil.⁵ The relentless and often brutal manner of natural selection may

dispose us to a belief in so-called natural evil, while the reality is that this is nothing more than our own subjective interpretation. Further, our own interpretations are invariably ambiguous, culture-bound, and likely to evolve over time.

The word evil has very ancient origins. It is “emotionally loaded, morally judgmental, full of brimstone and fire” (Ref. 6, p. 338). When evil is used to define an individual, it has a strongly damning consequence. The word evil inescapably invokes religious and mythological mind-sets, which were responsible for its origin.⁷ It summons the supernatural, the mystic, and the esoteric. Labeling someone as evil suggests that he or she is beyond redemption. Defining someone as evil also suggests that the person is permanently beyond human understanding, a sentiment that is contrary to scientific principles. Perhaps the most objective conclusion one could reach about evil is that it is a term associated with considerable linguistic ambiguity, with various meanings to different people.⁸

At best, the label evil is a mere subjective abstraction.⁹ Indeed, having it remain so obscured may serve a useful psychological purpose, that of disavowing any similarity with ourselves. When confronted with a group of “others,” history has shown our natural proclivity for falling into the trap of projection, which allows us to demonize our “enemies.” Further confounding the concept of evil is the conundrum: Evil from whose perspective? The victim’s perspective? The perpetrator’s? The layperson’s? All will be different, and all will simply consist of that individual’s subjective conception of how evil is portrayed. Biases and distortions can be expected to be the rule and not the exception. As Baumeister¹⁰ notes, the victim’s perspective is essential for a moral evaluation of the evil acts, but is ruinous for a causal understanding of them.

Ultimately, viewing evil as a distinct or quantifiable concept is an illusion. The real causes of violent or harmful behavior are always different from the way people think of evil, because it is myth and illusion that provide the definition. Baumeister¹⁰ has termed this the “myth of pure evil,” and notes, “the face of evil is no one’s real face—it is always a false image that is imposed or projected on the opponent” (Ref. 10, p 62). In contrast, what is not illusory is man’s history of feeling justified in committing atrocities against individuals who are labeled evil. Herein lies one of the strongest cautions against em-

bracing a subjective moral concept and portraying it as science within the misplaced certainty of religious morality. To the best of our current and limited knowledge, people are led to commit acts of intentional harm by a complex interaction of biological, psychological, and social forces in concert with situational variables. One set of factors affects and is affected by the others and very likely cannot stand on its own. Behavioral science has made efforts to study objectively each of these factors, mostly in a reductionistic approach. In any individual case, the forensic psychiatrist must objectively weave them together in an accurate, coherent narrative.

Before embracing an emotionally laden and morally judgmental term such as evil as a scientific concept, it is important to consider first whether doing so will advance our understanding of deviant or violent behavior. Second, we must consider whether forensic psychiatrists will be able to remove biased moral connotations of the term, particularly in the courtroom, so that ethical and objective testimony is proffered. This will be a difficult, if not impossible challenge, given the inherent predisposition of some courts to work in the opposite direction, as Gilligan has noted:

There were times in the courtroom and prisons in which I did my work when I felt as though I had somehow been transported . . . back into the Middle Ages, when people still thought that evil (like its mythical embodiment and namesake, the devil) was an objective thing that actually existed independently of our subjective feelings and thoughts, rather than a word we all too often use to rationalize, justify, and conceal, from ourselves and others, our own violence toward those we hate and wish to punish [Ref. 11, p 14].

Resurrecting the Witches’ Hammer

An ancient reaction to fear, distress, and calamity has been to rely on religion. “When cause and cure are unknown, magic and religion supply welcome hope” (Ref. 12, p 453). In biblical times, mental illness was seen as the opposite of what was “good.” During the Middle Ages, most progress in medical science was severely squelched. The Christian church, consumed with superstition and demonic possession, rode herd on the diagnosis and treatment of mental illness. During the Renaissance, an obsession with evil in the form of witches became prominent. The official practice guidelines on detecting witches, the *Malleus Maleficarum* (1486), assisted in-

quisitors in finding evil lurking amid women, the socially disenfranchised, and the mentally ill.¹³

The witch-hunting of the 15th and 16th centuries serves as a fascinating and sobering example of an official recognition of a hitherto unknown form of deviance.¹⁴ Once the crime of witchcraft was officially recognized, serious problems developed in providing “proof” and legal restraints to the hysteria. The powerful legal and religious emphasis on the reality of witchcraft helped to reinforce the legitimacy of the trials, in addition to the public’s belief that there was evil afoot. It has been theorized that the English government’s systematic efforts for dealing with witchcraft served as a form of repressive deviance management. In addition, one of the benefits to church and state of the witch-hunting hysteria was that it effectively shifted public attention away from growing demands for more equitable redistribution of wealth.¹⁵

In retrospect, evil (in the form of witches) was nothing more than what the English legal system claimed that it was. Those who were found to be witches were often ill equipped and powerless to fend off this creative label of deviance. Once the definition of witchcraft was officially accepted, very little could be done to prevent or limit the system’s abuse of the term. As a result, large populations of “deviant” witches were discovered, particularly among vulnerable lower-class groups, which, in turn, fostered the growth of an “industry” revolving around the detection, prosecution, and punishment of witches. The industry included the proliferation of “rackets,” and entrepreneurs seeking to profit from its operation.¹⁴

The development of a profit-making deviance industry was perpetuated in cyclic fashion. The more rigorous the detection efforts, the higher the rates of deviance appeared to be, which then justified the use of more extreme measures of detection. However, it was well observed that forces other than economic ones had vested interests in defining and controlling deviance. Political, religious, and psychological interests have also been cited as playing significant roles.¹⁴ One of the lessons from the witchcraft hysteria in England was that once a definition of deviance has been officially sanctioned, the potential for abuse becomes virtually unlimited.

While the example of witchcraft is one of an entirely invented form of deviance, it is the process of stigmatization and repressive control that merits present-day consideration. It requires no stretch of

the imagination to consider how more modern notions of evil might be creatively imputed to those who are unable to ward off its powerful moralistic connotations. Indeed, it is hubris to conclude that we are beyond such societal dynamics, even today. Given the right setting and circumstances, a regressive return to a variety of analogous behaviors is distinctly within our repertoire of responses.

Consider the example of present-day Russia. The unstable environment of post-Soviet society has been characterized by drastic social changes and societal insecurity. A therapist working in a boarding school for teens reported a startling return to the practices of various superstitions and witch persecution.¹⁶ The witch persecution was described as providing a socially sanctioned outlet for repressed anger, anxiety, and frustration. Exposing a witch among their peers helped them explain daily misfortunes and reaffirmed the boundaries between good and bad parts of the group.

It is not difficult to comprehend how witch-hunting provides a way to personify and master life’s misfortunes in a socially sanctioned manner. It may be less obvious why some 15th- and 16th-century witchcraft theorists pursued their cause with such zealous passion. At that point in history, orthodox Catholicism was feeling pressure from naturalist philosophers and skeptics. These groups spurred a movement toward empirical validation and the notion that only matter exists.¹⁷ In this context, the zeal with which Kramer and Sprenger¹³ penned *The Malleus* can be seen as a desperate attempt to prove the existence of God and the legitimacy of the sacraments. Without proof that the devil and true evil exist, there can be no proof that God exists (*Nullus deus sine diablo*). Thus, the proof that witches existed helped to explain evil in the world, in addition to comforting those whose faith was challenged by science and the suffering inherent in life.

It is a sobering fact that in the present day, more than 40 percent of Americans believe in demons, devils, and other superstitious concepts.¹⁸ Beliefs in evil as an objective force can be observed among many ordinary citizens. For example, individuals are quite ready to believe that Hitler’s personality or aura of evil can spread into his sweater, causing them to refuse to wear it.^{19,20} This is but one example of the tendency toward magical thinking in which material objects come to be seen as symbolic representations. Indeed, the distinction for many between the laws of

magical thinking and reality is dangerously ambiguous.²¹ At the present time, there do not appear to be any strong indicators that such thinking would be changed by attempts to “measure” or better define evil, even assuming that such attempts would provide meaningful results.

The Resurgence of Evil as a Concept in Forensic Psychiatry and Psychology

Over the past two decades, an explicit emphasis on evil has been developed by several respected social psychologists.^{10,22–25} However, even in these scientific contexts, the term is used inconsistently. More importantly, use of the term does not escape vagueness and biased connotations. Also, over the past several decades, there have been quite reasonable advances in the areas of neuroscience, psychology, and sociology that begin to address, in a scientific manner, the problem of violent and/or deviant behavior. Thus, one may be inclined to wonder why some forensic mental health professionals are “raising the spectre of some demonic force at work,” despite its regressive implications (Ref. 26, p 114). Indeed, might it not be irresponsible, given the fixed connotations of the term, its implications of untreatability and, dare I say it, the need for extermination? Then why do we find ourselves conjuring evil and summoning demons?

Let us approach this question by examining Welner’s proclamation that legal relevance demands that we define and standardize evil. For the sake of this discussion, let us assume that what he alleges is true and that forensic psychiatrists across the country are experiencing pressure in the form of such demands from the justice system. Let us not stop here, but next explore what forces might be at play in stimulating the justice system to make these demands. Both the legal and forensic mental health literature inform us that we are in the midst of a punitive era of criminal justice.^{27,28} Rehabilitative efforts have been pruned away like so much dead wood. The number of incarcerated individuals in this country at the end of 2005 reached a record high at approximately 2.2 million,²⁹ and there are no signs that the trend will reverse itself.

Keeping the prevailing emphasis on punishment in mind, it is possible to discern some of the hypothetical pressures on forensic mental health professionals, vis-à-vis the justice system, to identify and root out evil. The societal forces at play in the evolu-

tion from the rehabilitative era to the punitive era have been discussed elsewhere, and I shall not repeat them here.^{30,31} What is of immediate interest are the forces that may be perpetuating society’s demands and, in turn, the justice system’s demands to focus on evil. For example, could there be other social forces at play beyond fear of predation and desire for retribution?

It has been suggested that the United States may be in the midst of a moral panic, where radical measures are seen as reasonable and reassuring options.^{32,33} This is of little surprise during a period in which the politics of crime have been driven by fear-inducing appeals to common-sense punitiveness.³⁴ Such appeals have the allure of reducing the complex to a simple battle between good and evil. Thus, anxieties about moral relativism are concretely allayed. Adding to the urgency of the moral panic, Chessick³⁵ has noted that Western civilization may currently be in its Alexandrian phase, a phase in which greed, flexible morals, and populist standards reach their zenith.³⁵ Chessick believes that “insatiable greed has produced an explosive situation in our time” (Ref. 35, p 548). He references the growing discrepancy between rich and poor,³⁶ the U.S. demand for Saudi oil, and corruption among some of our country’s biggest corporations (e.g., Enron). What disturbs Chessick is the direction in which all this is heading and the implications of impending upheaval and social change.

In times of trouble, societies tend to stiffen and enforce conformity. Typically, strenuous efforts are made to root out the elements of “sin” and “vice.” Encouraged by leadership, society is transformed into a metaphorical Spartan fist, as it prepares to steel itself against threat or chaos.³⁷ Fear and anxiety further drive the contraction of societal attitudes and a return to earlier, more familiar practices. In such times, if an illusion of a “handle” by which to control a problem is produced, it is often grasped with ferocity. At the base of the handle is often the idea of an evil foe. The term evil can then be used as a floating signifier, invoked for the purposes of “othering” (Ref. 38, p 184). Once invoked, the term can be used as a banner in which to wrap one’s cause that will be connoted routinely with goodness. History has shown that we “invent banners and clutch at them” due to our “hunger for believable words that dress life in convincing meaning” (Ref. 39, p 142). Such meaning often comes from “the sublime joy of heroic

triumph over evil” for which we are willing to kill lavishly (Ref. 39, p 141). This is but one example of how all of our heroic attempts to eradicate evil have the paradoxical effect of bringing more evil into the world.⁴⁰

Our evolutionary heritage as moral animals compels us (ideally via fair and just means) to identify and punish the immoral. But we appear to have great difficulty with this task, as we are “a species splendid in [our] array of moral equipment, tragic in [our] propensity to misuse it, and pathetic in [our] constitutional ignorance of the misuse” (Ref. 41, p 42). When threats to safety and survival become a prominent feature in society, the attendant terror is managed by reinforcing well-worn cultural values. The uncertainty produced by existential anxiety is mastered by reifying a system (or individual) that promises order and permanence.⁴² Thus, the latent meaning underneath confronting the problem of evil is the fundamental struggle to make meaning out of a universe that appears cruel, and wicked.⁴³ However, the gain of coping with existential anxiety in this way must be carefully balanced against the loss that comes with abandoning some measure of rationalism.

The Need to Keep Evil Incomprehensible

Part of the drive to catalog and illustrate evil may be a growing awareness that its face is rather ordinary and provides no prospective cues for recognition. From Eichmann to a long list of serial killers, the phrase “terrifyingly normal” is sometimes used. The absence of a “look” or a mark of Cain is highly disturbing to most. It momentarily turns a rational, ordered view of the world on its head. How can someone who appears normal commit such deeds?

[Murder] ought to leave its mark on someone who has taken part. There ought to be a sign. Something that we—whose big brains developed as a direct result of the demands of social life, whose whole recent evolution has been predicated on a superior ability to read, and make intelligent use of, information about each other’s state of mind—should be able to detect (Ref. 44, p 217).

But very often, we can’t detect the signs, and it disturbs us greatly. A journalist covering the Jeffrey Dahmer trial “could not get over” how ordinary Dahmer appeared, remarking that “there was nothing to him” (Ref. 45, p 28). It seems that we need very badly to give evil a face. If we can somehow learn to recognize it, we may be able to bring it under our

control. If not, we will continually be threatened by unknown forces cloaked in the guise of normality. “Moral monsters,” unbranded by physical stigmata, will be able to commit atrocities undetected.⁴⁶

Giving evil a distinct face also gratifies us by putting distance between us and the “others,” lending certainty to the idea that we are worlds apart in our differences. Thus, there is a social virtue to outlining the face of evil; society is exonerated and bears no responsibility. When a bright line separating good from evil has been illuminated, society may “take comfort in the illusion that such a line constrains crossovers in either direction” (Ref. 47, p 29).

But the desire to know the face of evil is in direct conflict with our desire to keep it at least partially obscured. This is necessary for keeping it the repository of noxious projections. As Gabbard has noted, “humanizing” a monster “makes him less compelling as the embodiment of evil” (Ref. 48, p 2001). In other words, too clear a view of evil’s face undermines the effectiveness of projection. The celebrity status of serial killers in American culture reflects precisely such contradictory desires.⁴⁹ The public is repulsed by their deviance, yet attracted by the vicarious thrill and tension. It is the tension between the killer’s outer normalcy and inner deviance that elicits the fascination. Finally, there is the inevitable comforting dénouement that the killer is an alien aberration, whose detection has made society a much safer place. This societal morality play requires powerful evildoers, as society appears uninterested in the mundane, ubiquitous purveyors of violence.³⁴ Crimes must be truly deviant or monstrous for them to be easily disavowed.

The tendency to keep evil obscured is consistent with lay notions that evil is beyond comprehension and that those who commit evil acts lie outside the demarcation of being human.⁵⁰ Thus, the psychological need to keep the face of evil at least partially obscured will present yet another impasse to any serious scientific attempts to “standardize” or quantify evil. According to Welner, “We don’t want to look at evil” (Ref. 51, p C1). I believe this is partially correct for the reasons just mentioned. But from a medical standpoint, the investigator is able to study pathology by attempting to view it in an objective, sterile manner. Beginning the analysis under the auspices of a morally judgmental term may ease the investigator’s subjective discomfort, but will do little to permit unbiased observations.

Research on Depravity

Some of the main justifications for crafting a scale to define evil include clarifying ambiguous legal terminology, eliminating bias in sentencing, and developing societal standards of what makes a particular crime evil and the assertion that legal relevance demands it.^{1,4} No doubt, the justice system has many imperfections, but do forensic psychiatrists “have a responsibility to develop solutions” to its imperfections as Welner has stated? (Ref. 52, p 259). Inasmuch as any imperfections relate to our ability to apply our psychiatric knowledge honestly and objectively, I believe that we do.⁵³ In contrast, where the imperfections relate to matters of morality to be decided by the trier of fact, the limitations of psychiatric science should give us pause.

Furthermore, our desire to develop solutions must not give way to the temptation to become handmaidens of the justice system. It is the justice system that looks to forensic psychiatry for clarification of psychiatric matters. Psychiatry cannot and should not look to the justice system for guidance in how we, as a discipline, conceptualize the behavior of persons who commit crimes. In doing so, we not only lose our professional boundaries, but also our independent analysis of human behavior. Welner has stated that “science and evidence hold justice accountable to serve the greater good” (Ref. 52, p 259). I do not disagree with this statement, but would clarify that science influenced and guided by justice will always flow from a particular bias. Further, science will be in a better position to hold justice accountable when it is ultimately indifferent to the ever-changing socio-political biases of the criminal justice system.

As Diamond noted, the American justice system “is a peculiar amalgam of historical tradition, moral concepts derived from Judeo-Christian religion, varied economic and social forces, political exploitation of populist fears and demands, and upon irrational policies based on trivial events of history” (Ref. 54, p 126). In embracing a perception that the justice system needs us to “define evil,” do we not “ride the bandwagon of populist, reactionary demands” (Ref. 54, p 124) of current political forces?

Having already dealt with whether evil, which is an illusory moral concept, can be defined and standardized, I should now like to address the claim that legal relevance demands this activity. As to demands

made by the justice system, let us return to Diamond’s observations:

They make ceaseless demands for applications of psychiatry and psychology to the law which are frequently inappropriate, impossible, and highly undesirable. It has been the psychiatrist’s willing compliance with these irrational demands which is at the root of the past and current problems of the relationship of psychiatry and law Thus, demands made by the law are often made for psychiatric expertise which are contrary to the basic principles of justice and which cater to popular fears and expedient solutions [Ref. 54, p 125].

Often, the ill effects of a particular socio-legal trend can be known only retrospectively. However, it is not difficult to imagine a scenario in which the results of a legal adjudication of evil include discrimination against poor or disadvantaged individuals. I anticipate that the rebuttal to this assertion would be that a standardized measuring stick of evil would remove arbitrary and emotionally laden decisions about the defendant’s alleged acts. My observations of human nature, as well as courtroom process, leave me less optimistic about this possibility.

There are strong emotional and psychological forces at play during capital trials that are potentially biasing. It is well known that much more than legal fact is communicated in the courtroom, and that this “much more” has a direct and powerful effect on a jury’s punishment decision. For example, it has been found that a defendant’s appearance significantly influences whether jurors impose the death sentence.⁵⁵ If jurors are unable to discount the physical appearance of a defendant in their deliberations, what is the likelihood that they will remain objective when a word steeped in religious morality is introduced by “experts” as a scientific construct?

When testifying about forensic psychiatric matters in court, the expert not uncommonly encounters issues of moral conflict. But here we have already been shown an approach that may help us resolve such dilemmas, as well as protect the reputation of our profession. I refer to the touchstone of asking oneself what the ideal forensic pathologist would do in a similar situation.⁵³ Inasmuch as we wish to define ourselves as forensic scientists, this standard focuses testimony on the technical matters of our discipline. At the same time, it steers us clear of biased inferences or impressions. Consider the example of a forensic pathologist commenting on a tissue sample. One would never expect to hear her state, “I observed evidence of inflammation, noncaseating granuloma, and a hint of evil.” Of course, this is an absurd exam-

ple, but I use it only partly in jest. Similar testimony by psychiatrists would not be substantially less preposterous, nor would it lend credibility to the discipline.

In essence, Welner proposes supplanting ambiguous legal terminology, with the judgments of an “advisory board.”⁵¹ Subsequent phases of the study are to use survey results from the general public. Frequent use of the term evidence-based and scientific instrument are made in describing The Depravity Scale.¹ Despite these auspicious terms, The Depravity Scale appears to be a poll (of an ill-defined population) of current moral attitudes. Yet, the use of statistics to quantify moral judgments does not remove the problem that one is still studying mere moral judgment, with all of the bias and subjectivity that this entails.

Thus, the Welner study may amount to a slice of societal moral attitudes at a given point in time. As such, the study may present interesting sociological data on attitudes about different types of criminal conduct. Viewed in this light, the study seems less about defining evil than simply finding some consensus about harmful conduct. But harm can be objectified in a way that evil cannot. The question then arises: why portray such a study as a standardization of evil? Answer: because that is how the criminal justice system wants to characterize certain behaviors. Thus, we find ourselves back again in the midst of the handmaiden dilemma. Yet arguably, it is possible to take the position that the law should not, and perhaps does not, search for evil. Rather, it proscribes and punishes conduct (Cohen F, personal communication, April 27, 2007).

Ostensibly, the goal of developing a depravity (or evilness) scale would be to extract the essence of evil from criminal conduct, so that jurors can focus on the “what” of a crime “untarnished by other evidence about who a defendant is or what shaped his criminality . . .” (Ref. 4, p 421). But how will this process assist jurors in any meaningful way? Will they be instructed by the court: “Here is what some citizens of this country (and a few others) see as evil. You aren’t required to rely on it. Now go and make your decision”? Even assuming *arguendo* that an evilness scale could force “such determinations to be evidence-based” (Ref. 52, p 259), there is the distinct probability that jurors will retarnish their decisions based on their own moral proclivities.

Others have alluded to the problems inherent in presenting such guidelines to the court “with the

force of science” (Ref. 56, p 280). Indeed, when straying too far from our touchstone of forensic scientist, we delve even deeper into the problem of the fact-value distinction.⁵⁷ It is difficult to argue that psychiatrists are not constantly making value judgments, either implicitly or explicitly. However, we do not necessarily defend such judgments as scientific or evidence-based. We do our best not to move away from clinical science and toward illusory moral concepts where the line between fact and value becomes hopelessly blurred.

Here, it must be acknowledged that even certain clinical terms have in fact come to be associated with moral judgments. Diagnoses such as psychopathology, personality disorder, and conduct disorder may be used by some as more of a moral judgment than a clinical diagnosis.⁵⁸ Rather than take this as proof that such practice is acceptable, I prefer to point out the ease with which we inject our moral judgments into situations in which they are not called for. It is critical that attempts via forensic psychiatry to understand such behavior be accompanied by a vigilant suppression of moral judgment. Achieving a state of absolute moral neutrality may indeed be unrealistic, nevertheless, “the *ideal* of being value-free is important because values prevent one from seeing the facts” (Ref. 10, p 386; emphasis added).

No Need for Evil

Forensic psychiatry already has working concepts describing deviant behavior, though these concepts and related nomenclature are certainly not without their imperfections. However, none of them have blatantly recognizable origins in notions of religious morality. Efforts to understand severely violent human behavior have already provided us with steps toward an initial objective approach. Psychiatric and psychological theories supported by research and case studies abound on topics such as malignant narcissism, psychopathy, sexual sadism, and serial sexual homicide.^{59–63}

From the biological perspective, although deviant or violent behavior is not well understood, genetic and neurochemical studies are beginning to proliferate.^{64,65} Studies on the neurobiology of maternal and pair bonding are being used to understand the origins of human violence.⁶⁶ Although still in the very early stages, neuroimaging studies have suggested

dysfunction in certain neural systems of violent and psychopathic individuals.^{67,68}

Thus, psychiatry already has a tradition of at least attempting to avoid moralistic bias by focusing on concepts such as violence, aggression, or sexual disorders. Terms with value-laden or pejorative connotations are either limited or avoided. The use of such terms is a tradition that places value on the struggle for neutrality and objectivity. Forensic psychiatrists, as expert witnesses, subscribe to the principle in ethics of striving for objectivity.⁶⁹ Forensic clinical psychiatrists, who must follow general ethics guidelines for psychiatry, are instructed to avoid any policy that “excludes, segregates or demeans the dignity” of a patient (Ref. 70, p 4). When treating offenders, psychiatrists must strike a balance between neutrality and beneficence, regardless of how heinous a crime the patient may have committed.⁷¹

One likely result of using terms that have a tendency to shut down objective thought is that the complexity and sophistication of scientific dialogue may become impoverished. In addition, severe and sensationalized terms may serve to distract from underlying problems that are too difficult or complicated to acknowledge. Many violent crimes involve significant social issues that cannot be reduced to a bipolar equation of good versus evil. Providing a path of least resistance via a finding of evil or not evil does little to ensure that more complex issues will merit consideration.

The Costs of Legitimizing an Illusion

When the natural consequences of a deed are no longer “natural,” but thought of as caused by the conceptual specters of superstition . . . , then the presupposition of knowledge has been destroyed—*then the greatest crime against humanity has been committed.*—Friedrich Nietzsche [Ref. 72, p 385; emphasis in the original]

Views on evil are inextricably linked to religious thought, and an observation hardly worth contesting is that “There is no position on which people are so immovable as their religious beliefs” (Ref. 73, p 2). This fact raises a legitimate question about pursuing scientific answers under the shadow of an immovable religious concept. It is an approach that is doomed from its beginning. In a survey of U.S. citizens, it was found that religiosity is negatively correlated with interest in science.⁷⁴ The two fields of thought tend to be polarized, and under the best of

circumstances they share an uncomfortable mutual acknowledgment.

But as regards their collaborative investigation of phenomena, they are in an insoluble conflict. It is a conflict that has long been known to the medical profession. It is a conflict that organized medicine thought important enough to warn its trainees about more than a century ago: “. . . one and all of you will have to face the ordeal of every student in this generation who sooner or later tries to mix the waters of science with the oil of faith. You can have a great deal of both if you only keep them separate. The worry comes from the attempt at mixture” (Ref. 75, p 365).

There is nothing about training in the field of psychiatry that makes the psychiatrist an expert on matters of religion. Nothing at all. Thus, there is no legitimate reason to approach psychiatric questions about deviant behavior from a religious standpoint. To do otherwise fails to appreciate the conflict, the true underlying nature of which is between reason and faith.⁷⁶ Attempts to meld the two fields of thought are likely to result in one confounding the other. Assuming that one fateful day the courts openly and succinctly declare a wish to consider the true nature of evil in their deliberations, they will have to reflect on whether priests, rabbis, or imams should be qualified as experts on the subject.

Welner has asked, “Is there not a . . . theological point to be considered about mental infirmity?” (Ref. 4, p 418). It is precisely here, at the ill-advised junction of religion and mental health, that many well-intended thinkers have gone astray. Understanding and empathy for a patient’s religious beliefs are important for the treating psychiatrist. In addition, an understanding of a criminal defendant’s religious beliefs may be crucial for the evaluating forensic psychiatrist. In these circumstances, the theological knowledge at issue is simply data that augment an understanding of the individual being evaluated. But when the specter of evil is raised, there is the risk that the theological points being considered arise from the psychiatrist’s own biased belief system.

Substantial skepticism already exists in the courts about the reliability of mental disease evidence.⁷⁷ Doubts about the objective reality of mental illnesses are less likely to be resolved should the profession veer further into a moral and quasi-religious morass. The easy route and the one that is consistent with the historical past is to find the offensive party evil and thus beyond the need for further exploration or un-

derstanding. The matter is settled, and no one need dispute or question the presence of evilness. As one nationally known criminal justice expert put it, "Some people . . . are just evil" (Ref. 51, p C1). In essence, the declaration is an expeditious substitute for thought.⁷⁸ But the business of dismissing someone as evil is really too easy, and "merely begs the question of how they became that way" in the first place (Ref. 44, p 84). Yet, forensic psychiatrists who strive for objectivity in their evaluations of deviant criminals run the risk of being misperceived as professional excuse-makers in the eyes of those who desire a simplistic, black-and-white explanation.

Lay concepts of evil often fuse with professional ethics of mental illness and threaten to confound each other's ideologies.⁷⁹ There remains a deeply ingrained societal prejudice that persons with mental illness are "ticking time bombs, ready to explode into violence" (Ref. 80, p 1105). A significant portion of the lay public requires little persuasion to associate mental illness with mystical and potentially evil forces. Arguably, this association is strengthened by Hollywood movie portrayals of mental illness (e.g., *The Exorcist*), which perpetuate the myth that evil and mental illness are overlapping, related phenomena.⁸¹ Thus, the primitive association between mental disorder and moral depravity has yet to be completely dissolved. The age-old concept that depravity is somehow involved in the origin of mental disease lingers in the shadows and waits to be resurrected.

Even within the field of psychiatry, there are those who retain an interest in summoning demons as an explanation for symptoms of mental illness. A recent article in an American Psychiatric Association publication, "Demonic-Possession Phenomenon Merits Scientific Study," should give pause to those who believe we are beyond mixing science with superstition.⁸² The article's author, a psychiatrist, writes: ". . . [I]t may be acceptable to say that jinni [evil spirits] may be a scientific entity, which, if understood . . . could revolutionize the field of psychiatry . . ." (Ref. 79, p 12).

In addition to the potential for further stigmatization of mental illness, legitimizing evil as a psychiatric concept will have serious detrimental effects on forensic clinical practice. Mason *et al.*⁵⁰ conducted a study of forensic psychiatric nurses' approaches to treatment in a high-security psychiatric hospital in the United Kingdom. The nurses were given a series of vignettes describing themes such as child killing,

serial rape, and interpersonal violence. The nurses' discourse in semistructured interviews was analyzed and compared with data collected from actual care plans of forensic patients on the nurses' wards. When a patient was judged to be evil, staff abandoned medical discourse and reverted to lay notions of badness.

Further, evil patients were viewed as being beyond help, which was then reflected in their care plans. The authors stressed that forensic psychiatry services may be actively limited in the face of socialized values and lay concepts of evil. The semantics of lay discourse proved to be of more than academic interest, particularly where forensic terminology is translated into practice and treatment. Those forensic patients who were labeled as evil by nursing staff were, in effect, excluded from the usual medical, symptom-centered approach.⁸³ The implications of using the term evil as a form of punitive sanction by the staff are being considered in future research. It is this worrisome effect, the demedicalization and withdrawal of treatment efforts, that should be among the strongest objections to the use of the term evil in psychiatry. This represents the crux of the matter and underlies my strongest concerns about testimony on evil. Given the implications of these early studies on forensic treatment efforts, it may be difficult to reconcile the use of the term evil with Hippocratic ethics or the medical ideal of *primum non nocere*.

Now let us carry this exercise of defining evil out to its logical, yet unpleasant conclusion. Once a defendant has been "scientifically" determined to be evil, he will either be given the death penalty (presumably if rated "high" in evilness) or life in prison (perhaps if rated as only moderately evil). While on death row, or if sent to prison, the label of evil will doubtlessly stick. In a correctional setting, inmates and staff are only too aware of charges and findings in disturbing cases. Thus, it is not difficult to imagine a scenario in which supposedly evil inmates will be targeted for a special brand of hysteria-induced harassment and denial of services. To doubt that this could occur is to be unaware of the way in which sex offenders are severely harassed in prisons today. If the humanitarian aspects of this scenario do not disturb, then perhaps there is the troubling adverse economic outcome to consider. When the evil inmate is no longer able to tolerate steady doses of harassment and other forms of sadistic projection, he will surely seek a final exit. Some of these cases will result in costly litigation for corrections and ultimately for taxpayers.

Views of evil as the adversary of good work well for increasing hostilities between rival nations, ethnic groups, and other social units.² Having strong beliefs in an active and tangible evil (i.e., Satan) correlates significantly with intolerance toward others,⁸⁴ thus setting the stage for aggressive tensions. In addition, depicting an enemy as evil helps foster an obligation to oppose and dispose of him. Because he is evil, there is little need to concern oneself with his health, welfare, or gaining a better understanding of him. All of this can be done free of guilt, for those who are evil bring about their own just desserts. Perhaps the most self-satisfying achievement of perpetuating the myth of evil is that it allows us to be reassured of our own goodness. It confers a moral superiority that is itself, a set up for perpetrating all manner of atrocities. Most importantly, none of this does anything appreciable to stop people from committing terrible violence against others in the first place.

Finally, another untoward effect of legitimizing (and ultimately sensationalizing) evil is the risk that it will present an attractive identity to those who feel disenfranchised by society. Poor social bonding has been found to increase the chances that adolescents will bond with deviant peers and adopt similar identities.⁸⁵ Vulnerable adolescents who have endured abusive developmental experiences have been observed to identify themselves as evil and to search for identity in satanic cults.⁸⁶ Should evil be structured and legitimized, particularly with the assistance of media sensationalism, there is the chance that it will serve as an orienting influence for the generally dissatisfied.

Conclusions

Evil can never be scientifically defined because it is an illusory moral concept, it does not exist in nature, and its origins and connotations are inextricably linked to religion and mythology. The term evil is very unlikely to escape religious and unscientific biases that reach back over the millennia. Any attempt to study violent or deviant behavior under this rubric will be fraught with bias and moralistic judgments. Embracing the term evil as though it were a legitimate scientific concept will contribute to the stigma of mental illness, diminish the credibility of forensic psychiatry, and corrupt forensic treatment efforts.

Preoccupation with evil has always been a part of human affairs. Indeed, the notion of good versus evil

has served as catalyst for many positive human achievements. However, the field of forensic psychiatry should not succumb to a manner of thought that seems regressive and distinctly unscientific. Serial killers and other highly deviant offenders represent an exceedingly small, yet “freakish side show in the circus of American punishment” (Ref. 34, p 1302). Perhaps research and study of our own fascination with the myth of evil would be time better spent, compared with efforts to catalogue the gruesomeness of an illusory demon. While further defining evil within the fields of philosophy or theology may provide greater precision for discourse on ethics, this purpose does not proclaim itself evidenced-based science suitable for expert testimony.

Another criticism that might be leveled at this article is that, in arguing against adopting the term evil into the forensic lexicon, I have merely set up the proverbial straw man. After all, Welner has made no claims that he is attempting to impose moralistic standards. He is merely trying to define what is and what is not evil. However, the fact that no philosophical, religious, or ethics-related debate over the past several thousand years has conclusively solved this dilemma must inform us of something. Given the longstanding philosophical uncertainties on this issue among humanity’s greatest philosophers, as well as society’s innate tendency toward superstition, I must redirect the question and ask who it is that is actually constructing an ethereal image? To be sure, well-designed studies that help us understand and ultimately prevent violent, harmful, and deviant behaviors are sorely needed. What are not needed are efforts to legitimize moral judgments by forensic scientists who should strive for moral neutrality.

Once we as psychiatrists label someone evil, we begin an insidious creep toward shutting down scientific thought and toward illusory moral judgments. Welner believes that “If you can identify evil, then you can go about eliminating it” (Ref. 48, p 156). The danger lies in the fact that this may appeal to many as an expedient and satisfying approach as others have pointed out: “All we need to do is develop some sort of ‘evilness test.’ Then we can identify, in advance, those people who might commit atrocious acts, remove them from society—and we good people will be safe” (Ref. 87, p 470).

To be clear, I am not here condemning philosophical investigation into the problem of evil. Rather, it is the search for it through a scientific lens that I

caution against. As regards the philosophical route for studying evil, we might keep in mind that “the honest course is always to begin at home” (Ref. 38, p 184). Surely, this is the more difficult, yet profitable course. Tracking down the roots of evil is a process that requires delving inward in an attempt to discern what we don’t know about ourselves, yet do to the other. In closing with this point, perhaps it is fitting to quote a piece of poetry popular in our age:

I shouted out,
 “Who killed the Kennedy’s?”
 When after all,
 It was you and me.⁸⁸

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References

1. www.depravityscale.org. Accessed on December 31, 2007
2. Freud S: *The Future of an Illusion*. WW Norton & Company; New York, 1961
3. Simon R: Should forensic psychiatrists testify about evil? *J Am Acad Psychiatry Law* 31:413–16, 2003
4. Welner M: Response to Simon: legal relevance demands that evil be defined and standardized. *J Am Acad Psychiatry Law* 31:417–21, 2003
5. Duntley J, Buss D: The evolution of evil, in *The Social Psychology of Good and Evil*. Edited by Miller A. New York: The Guilford Press, 2004
6. Tangney J, Stuewig J: A moral-emotional perspective on evil persons and evil deeds, in *The Social Psychology of Good and Evil*. Edited by Miller A. New York: The Guilford Press, 2004
7. Carus P: *The History of the Devil and the Idea of Evil*. New York: Gramercy, 1996
8. Alford C: The political psychology of evil. *Polit Psychol* 18:1–17, 1997
9. Beck A: Foreword, in *Evil: Inside Human Violence and Cruelty*. By Baumeister R. New York: Henry Holt and Company, 1997
10. Baumeister R: *Evil: Inside Human Violence and Cruelty*. New York: Henry Holt and Company, 1997
11. Gilligan J: *Preventing Violence*. New York: Thames & Hudson, 2001
12. Romm S: A sketch of man’s efforts to mend his troubled mind. *Psychiatry Clin North Am* 17:453–469, 1994
13. Kramer H, Sprenger J: *The Malleus Maleficarum*. Translated by M. Summers. New York: Dover Publications, 1971
14. Currie E: Crimes without criminals: witchcraft and its control in renaissance Europe. *Law Soc Rev* 3:7–32, 1968
15. Harris M: *Cows, Pigs, Wars and Witches*. New York: Random House, 1974
16. Tartakovsky E: Group psychodynamics of witchcraft and witch-hunting: immigrant adolescents from the former Soviet Union in Israel. *Group Anal* 34:129–42, 2001
17. Stephens W: Witches who steal penises: impotence and illusion in *Malleus Maleficarum*. *J Medieval Early Mod Stud* 28:495–29, 1998
18. Rice T: Believe it or not: religious and other paranormal beliefs in the United States. *J Sci Study Religion* 42:95–106, 2003
19. Nemeroff C: Magical thinking about illness virulence: conception of germs from “safe” versus “dangerous” others. *Health Psychol* 14:147–51, 1995
20. Rozin P, Millman L, Nemeroff C: Operation of the laws of sympathetic magic in disgust and other domains. *J Pers Soc Psychol* 50:703–12, 1986
21. Lindeman M, Aarinio K: Superstitious, magical, and paranormal beliefs: an integrative model. *J Res Personality* 41:731–44, 2007
22. Miller A: Harming other people: perspectives on evil and violence. *Pers Soc Psychol Rev* 3:176–8, 1999
23. Darley J: Social organization for the production of evil. *Psychol Inquiry* 3:199–218, 1992
24. Miller A, Gordon A, Buddie M: Accounting for evil and cruelty: is to explain to condone? *Pers Soc Psychol Rev* 3:254–68, 1999
25. Wilson P: The concept of evil and the forensic psychologist. *Int J Forensic Psychol* 1:1–9, 2003
26. Cooklin R: Psychiatry and the concept of evil (letter). *Br J Psychiatry* 166:114–15, 1995
27. Roberts J: *Reform and Retribution: An Illustrated History of American Prisons*. Lanham, MD: American Correctional Association, 1997
28. Kupers T: *Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It*. San Francisco: Josey-Bass, Inc., 1999
29. Harrison P, Beck A: Prisoners in 2005: Bureau of Justice Statistic Bulletin. Washington, DC: U.S. Dept. of Justice, November 2005. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/p05.pdf>. Accessed on December 31, 2007
30. Martinson R: What works?—questions and answers about prison reform. *Public Interest* 35:22–54, 1974
31. Scott C: Overview of the Criminal Justice System, in *Handbook of Correctional Mental Health*. Edited by Scott C, Gerbasi J. Washington, DC: American Psychiatric Publishing, Inc., 2005
32. Appelbaum P: Dangerous persons, moral panic, and the uses of psychiatry. *Psychiatr Serv* 54:441–2, 2003
33. Grieg D: Neither Bad Nor Mad: The Competing Discourse of Psychiatry, Law, and Politics. London: Kingsley, 2002
34. Kennedy J: Facing evil. *Mich Law Rev* 104:1287–304, 2006
35. Chessick R: Psychoanalytic peregrination VI: the effect on countertransference of the collapse of civilization. *J Am Acad Psychoanal Dynam Psychiatry* 31:541–62, 2003
36. Lewis B: *What Went Wrong? Western Impact and Middle East Response*. New York: Oxford University Press, 2002
37. Bloom H: *Global Brain: The Evolution of Mass Mind From the Big Bang to the 21st Century*. New York: John Wiley & Sons, 2000
38. Davis W: *Death’s Dream Kingdom: The American Psyche Since 9-11*. Ann Arbor, MI: Pluto Press, 2006
39. Becker E: *Escape From Evil*. New York: The Free Press, 1975
40. Keen S: Foreword, in *The Denial of Death*. By Becker E. New York: The Free Press, 1973
41. Wright R: *The Moral Animal*. New York: Pantheon Books, 1994
42. Landau M, Solomon S, Greenberg J: Deliver us from evil: the effects of mortality salience and reminders of 9/11 on support for President George W. Bush. *Pers Soc Psychol Bull* 2004;30:1136–50
43. Bloom S: Neither liberty nor safety: the impact of fear on individuals, institutions, and societies, Part I. *Psychother Polit Int* 2:78–98, 2004
44. Watson L: *Dark Nature: A Natural History of Evil*. New York: Harper Collins, 1995
45. Schwartz A: *The Man Who Could Not Kill Enough*. New York: Birch Lane, 1993
46. Douard J: Loathing the sinner, medicalizing the sin: why sexually violent predator statutes are unjust. *Int Nat J Law Psychiatry* 30:36–48, 2007

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47. Zimbardo P: A situationist perspective on the psychology of evil: understanding how good people are transformed into perpetrators, in *The Social Psychology of Good and Evil*. Edited by Miller A, editor. New York: The Guilford Press, 2004, p 25
48. Gabbard G: Book Review: Hannibal. *Am J Psychiatry* 156:2001, 1999
49. Schmid D: *Natural Born Celebrities: Serial Killers in American Culture*. Chicago: University of Chicago Press, 2005
50. Mason T, Richman J, Mercer D: The influence of evil on forensic clinical practice. *Int J Ment Health Nurs* 11:80–93, 2002
51. Tucker N: Giving Evil the Eye: Juries Don't Always Know Heinous Crimes When They See Them, But This Might Help. *Washington Post*. July 23, 2007, pp C1–5
52. Welner M: Letter to the Editor. *J Am Acad Psychiatry Law* 34: 259, 2006
53. Dietz PE: The quest for excellence in forensic psychiatry. *Bull Am Acad Psychiatry Law* 24:153–63, 1996
54. Diamond B: The forensic psychiatrist: consultant versus activist in legal doctrine. *Bull Am Acad Psychiatry Law* 20:119–32, 1992
55. Antonio M: Arbitrariness and the death penalty: how the defendant's appearance during trial influences capital jurors' punishment decision. *Behav Sci Law* 24:215–34, 2006
56. Carre A, Papapietro D: Letter to the Editor. *J Am Acad Psychiatry Law* 33:280–1, 2005
57. Stone A: The ethical boundaries of forensic psychiatry: a view from the ivory tower. *Bull Am Acad Psychiatry Law* 12:209–19, 1984
58. Muncey T, Woodley E: Demons or diamonds: a study to ascertain health professionals' attitudes toward children with conduct disorder. *J Child Adolesc Psychiatr Nurs* 17:151–60, 2004
59. Turco R: Child serial murder: psychodynamics—closely watched shadows. *J Am Acad Psychoanal* 29:331–8, 2001
60. Hare R: Psychopathy: a clinical and forensic overview. *Psychiatr Clin North Am* 29:709–24, 2006
61. Stone M: Serial sexual homicide: biological, psychological, and sociological aspects. *J Pers Disord* 15:1–18, 2001
62. Myers W, WC, Husted DS, Safarik ME, *et al*: The motivation behind serial sexual homicide: is it sex, power, and control, or anger? *J Forensic Sci* 51:900–7, 2006
63. Hill A, Habermann N, Berner W, *et al*: Sexual sadism and sadistic personality disorder in sexual homicide. *J Pers Disord* 20:671–84, 2006
64. Vovlaka J: The neurobiology of violence: an update. *J Neuropsychiatry Clin Neurosci* 11:307–14, 1999
65. Meyer-Lindenberg A, Buckholtz JW, Kolachana B, *et al*: Neural mechanisms of genetic risk for impulsivity and violence in humans. *Proc Nat Acad Sci USA* 103:6269–74, 2006
66. Pedersen C: Biological aspects of social bonding and the roots of human violence. *Ann NY Acad Sci* 1036:106–27, 2004
67. Hoptman M: Neuroimaging studies of violence and antisocial behavior. *J Psychiatric Pract* 9:265–78, 2003
68. Raine A, Lencz T, Taylor K, *et al*: Corpus callosum abnormalities in psychopathic antisocial individuals. *Arch Gen Psychol* 60: 1134–42, 2003
69. Academy of Psychiatry and the Law: *Ethics Guidelines for the Practice of Forensic Psychiatry*. Adopted May 2005. <http://www.aapl.org/pdf/ethicsgdlns.pdf>. Accessed May 7, 2007
70. American Psychiatric Association: *The Principles of Medical Ethics With Annotation Especially Applicable to Psychiatry*. Washington, DC: APA, 2001
71. Lally M, Freeman S: The struggle to maintain neutrality in the treatment of a patient with pedophilia. *Ethics Behav* 15:182–90, 2005
72. Neitzche F: *The Portable Neitzche*. Edited by Kaufmann W. New York: Penguin Books, 1982
73. Goldwater B: Speech before Congress. *Congressional Record*, September 16, 1981
74. Shermer M: *How We Believe: The Search for God in an Age of Science*. New York: WH Freeman, 1999
75. Osler W: The master-word in medicine, in *Aequanimitas: With Other Addresses to Medical Students, Nurses and Practitioners of Medicine* (ed 3). Philadelphia: The Blankinston Co., 1947
76. Dawkins R: *The God Delusion*. New York: Houghton Mifflin Company, 2006
77. Appelbaum P: Insanity, guilty minds, and psychiatric testimony. *Psychiatr Serv* 57:1370–2, 2006
78. Masters B: *The Evil That Men Do: From Saints to Serial Killers*. London: Black Swan, 1997
79. Billig M, Condor S, Edwards D, *et al*: *Ideological Dilemmas: A Social Psychology of Everyday Thinking*. London: Sage, 1988
80. Appelbaum P: One madman keeping loaded guns: misconceptions of mental illness and their legal consequences. *Psychiatr Serv* 55:1105–6, 2004
81. Butler J, Hyler S: Hollywood portrayals of child and adolescent mental health treatment: implications for clinical practice. *Child Adolesc Psychiatr Clin North Am* 14:509–22, 2005
82. Gadit A: Demonic-possession phenomenon merits scientific study. *Psychiatr News* 42:12, 2007
83. Mercer D, Mason T, Richman J: Good and evil in the crusade of care: social constructions of mental disorders. *J Psychosoc Nurs* 37:13–17, 1999
84. Wilson K, Huff J: Scaling Satan. *J Psychol* 135:292–300, 2001
85. Oetting E, Donnermeyer J: Primary socialization theory: the etiology of drug use and deviance. *Subst Use Misuse* 33:995–1026, 1998
86. Belitz J, Schacht A: Satanism as a response to abuse: the dynamics and treatment of satanic involvement in male youths. *Adolescence* 27:855–72, 1992
87. Aronson E: Reducing hostility and building compassion: lessons from the jigsaw classroom, in *The Social Psychology of Good and Evil*. Edited by Miller A. New York: The Guilford Press, 2004
88. *Sympathy for the Devil*. The Rolling Stones. Available at http://www.lyricsfreak.com/r/rolling+stones/sympathy+for+the+devil_20117881.html. Accessed on December 31, 2007