

President's Message:

Fundamental Philosophy and Forensic Psychiatry

The forensic psychiatrist is presented with philosophical problems in high relief as contrasted with most of his medical colleagues to whom those same problems can be avoided at a murky distance. In particular the ordinary medical practitioner takes the notion of diagnosis for granted. Diagnostic categories are ready-made for him, and he can conceptualize his operations in relatively uncomplicated ordinary language.

Psychiatrists generally are not so fortunate. There is no set of diagnostic categories that psychiatrists can accept in an unqualified direct manner. That is, there are no clear-cut criteria that enable most patients we see to be unambiguously classified as belonging in a given category. Because of that, if a patient has been placed in a given category, we cannot state with any real assurance what his fate will be if he is not treated, or if he is treated by one or another combination of treatment modalities. Our categories are so broad as often to be almost meaningless in an individual case.

Yet in legal situations we deal almost always with individual cases rather than with groups of people. Whether it is with respect to trying to determine competency or criminal responsibility, degree of psychiatric disability, causation of psychiatric conditions in relation to traumatic events, expectations of future violence, or fitness to act as a parent, we are forced to act on an individual basis. And we are forced to act on the basis of a system of classification which is inadequate to give the kind of precision required in even a "preponderance of the evidence" case, let alone a "beyond a reasonable doubt" case.

In addition to diagnosis, an important issue in many forensic psychiatric cases involves assessing people's motivation, usually either at the time of the evaluation, or at some previous time. There generally exists on the part of those persons who wish to know about someone's motivation, an unsystematic idea about what motivation "is," and they tend to assume that such motivation can be determined.

Obviously the notion of "motivation" is a complex operational concept, as is any psychological construct which purports to refer to phenomena which by their very nature represent hypothesized "structures," "models," or "ideal types." That is to say, mental systems with certain operating characteristics are postulated. On the basis of the postulated characteristics, inferences are made as to the behaviors of

persons whose structures are inferred to be in a certain state. One can then observe the behavior of the individual, and if it conforms with the inferred expectations, one concludes that the postulated structure is a useful one. Simple examples of such models are "motivation," and "unconscious mind," etc.

Would that psychiatrists could avoid the complex reasoning involved in postulating a mental structure and the chain of logic which leads to making inferences from such a structure. But our field forces us into that complexity. Otherwise we are left either with primitive behaviorism or with subjective impressionism. The former is the domain of the naive experimental psychologist, the latter the domain of the untrained mental health worker.

Trained, sophisticated forensic psychiatrists must not only cope with the subtleties of the philosophical aspects involved in issues such as diagnoses or mental states, they must also be able to relate these ambiguous concepts to legal issues, both theoretical and practical (*i.e.*, relating the theoretical constructs of both psychiatry and law to the case at hand in such a way as to have the optimum real-life impact on the individuals concerned).

Thus, in our practical work in the legal arena, we must indicate to laymen, and that includes virtually everyone involved in a legal case, including lawyers and judges, how their simple ideas are insufficient with respect to cases in which such ideas are important. We must also help these laymen to evolve a useful synthesis of legal and psychiatric knowledge apropos of the case at hand. The fundamentals in each case have to be presented not only so that those involved can understand, but also in such a way as to encourage them to listen and to comprehend, *i.e.*, to "motivate" them to do so.

Thus, in a most concrete sense, practical philosophy is an integral part of forensic psychiatry. Indeed, increasingly, attorneys are becoming more sophisticated about such concepts, and it can be potentially embarrassing when a naive psychiatrist tries to assert himself in the face of a sophisticated attorney.

It is my hope that our training programs in forensic psychiatry will emphasize sufficiently these issues, so that those who have been initiated to our field will be able (1) to recognize the basic philosophical issues limiting the concepts of our field, (2) to apply them with their limitations so as to be helpful in legal cases, and (3) to formulate and explain those complexities in a given case, not only so that laymen can understand but also that they will exert the effort to understand. If our fellowships accomplish that, they will have accomplished a basic step in producing a generation of competent and sophisticated forensic psychiatrists.

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