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Clinical, legal, moral and epistemological neutrality

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In the wake of the 9/11 longstanding policy of journalistic neutrality by terming the attackers “hijackers” rather than “terrorists”. Part of the reason was pragmatic: the agency feared for the safety of its personnel working in dangerous circumstances. However, Reuters also confirmed that its policy emanated from a desire to avoid terms that are “evaluative”. This echoes the attitude some citizens expressed about President Bush’s use of the term “evildoers” to describe Osama Bin Laden and his henchmen, presumed responsible for the tragedy. The President told the nation we had been attacked because of our inherent goodness and defense of freedom. CNN aired interviews with sidewalk passers-by who both agreed and disagreed with this assessment. One opined that calling terrorists “evildoers” injected an inappropriate “religious” element into our understanding of the issue. Another stated that the term implied that “they’re bad and we’re good.” But Mayor Rudolph Giuliani condemned the “moral relativism” which would obscure the clear moral culpability of the perpetrators of the 9/11 onslaught.

As psychiatrists, we are taught to preserve a certain clinical neutrality as we sort through differential diagnoses in an attempt to avoid premature closure. Residency training directors treasure a candidate’s tolerance of ambiguity, which - it is believed - will ensure that

the future resident will not apply messy and impulsive judgments to patients and will see the full range of factors that convey complete understanding. The same can be said for the legal situations that challenge us to find the truth amid partisan rhetoric and see more nuance in a plaintiff or defendant than comparatively crude legal formulations can evoke. We presume the innocence of the accused until proven guilty. In all this, we find satisfaction and, too often, a sense of smug transcendence that we alone can see the full richness of a person’s life and adaptive mechanisms, free of the prejudices that imprison the perceptions of our fellow human beings. In the same way, the preservation of moral neutrality in our treating and “being with” our patients is seen as the only path to the unconditional positive regard and empathic acceptance, which will allow our clients to feel whole. If we become judgmental, the patient will feel rejected and the therapeutic endeavor will fail. Worse, the psychiatric practitioner will be indulging his countertransference, acting out private agendas that are inherently subjective and therefore insubstantial.

True or not, tolerance is frequently treated as the highest value of a pluralistic society and psychiatrists are often its greatest defenders. We strive to comprehend the “evildoers” in the context of their disadvantages and their own worldview, and this is only right. But, following this perspective, it is all too

easy to regard murder, rape and burglary as understandable societal sequelae to the economic and existential plagues of modernity. In this mindset, absolutist views and judgment are to be excoriated at every opportunity, lest we return to our shameful past of ignorant condemnation of those who are no worse than ourselves, only different. Freed from the fetters of foolish moral preconceptions, humankind can soar to heights limited only by the bounds of its imagination.

9/11 attenuated these perspectives, or, perhaps, stripped the mask of idealism from the reality that human beings will inevitably attach a moral valence to events that touch them deeply. The Christian writer C.S. Lewis suggested that as much as we might want to live in a morally relativistic world that places personal freedom above constrictive antiquated virtues, no victim can feel morally neutral. Nor can injustice be personally observed without a sense of righteous indignation. We need the concept of “evil” to structure experiences that pull at our innate understanding of justice.

Undoubtedly, we have seen the problems that accompany the arrogance of assuming the role of judging our fellow human beings. But we have also seen the danger of regarding every viewpoint as equally valid out of a misguided sense of tolerance and humanistic freedom. An

aura of license and ruthless self-advocacy has begun to hover about our society, abetted by the relativism that accompanies our love of tolerance. Some beliefs, acts, and choices are evil, regardless of our desire to empathize with their proprietors.

How should our profession respond to the horrific events of 9/11? Should we fear to attach our approbation to those who planned and effected the demise of thousands because we believe they were motivated by religious fervor or because their avowed enemies have been unjust at times as well? Most

forensic psychiatrists would not stand for “blaming the victim” of a rape or other crime and we cannot allow ourselves to lose an appreciation of right and wrong because we are sensitive to our own national and personal responsibilities. We can and must recognize it is possible to guard against the perils of prideful judgmentality, the seductive simplicity of bias, and the cruelty of thoughtless revenge while exercising our moral understanding that evil inhabits the world. We may hate to label but, in the end, the essence of truth suffers without some articulated conclusion about the beauty of particular

acts and the baseness of others. Without this perspective, nothing is right or wrong, only feasible or unfeasible; humanity is reduced to perpetual rationalized exertions of power over one another. Clinical, legal and - at least until reality is explicated - epistemological neutrality serve us well. Moral neutrality is the luxury of prosperity; an illusion that can only live in the absence of intentionally inflicted suffering, and an unworkable proposition in the face of barbarism.