

strength of Blair's article was its proposal of an integrated model of psychopathy in which the process of socialisation is impeded at a neural level. Such a 'biosocial' theory seems to make intuitive sense. However, concerns arise based on the drawing of parallels with research done over a century ago by Cesare Lombroso, an Italian psychiatrist and criminologist. Modern researchers share with Lombroso (and some of his predecessors, such as Pella and Gall; see Walsh, 2003) a desire to explain criminality in terms of innate biology. But as Gould states (Gould, 1980), 'Major ideas have subtle and far reaching extensions' and a brief glance at Lombroso's theory and its 'social extension' can flag up the dangers associated with modern neuroimaging in this area.

Lombroso believed that 40% of criminals were 'born criminals' who could be distinguished by physical features including relatively long arms, prehensile feet with mobile big toes, low and narrow forehead, large ears, thick skull, large jaw, etc. (Gould, 1980). A particularly unnerving aspect of Lombroso's work is that he campaigned on the basis of his theory for a preventive criminology: 'society need not wait for the act itself, for physical and social stigmata define the potential criminal. He can be identified, watched and whisked away at the first manifestation of his irrevocable nature' (Gould, 1980). Lombroso also 'recommended irrevocable detention for life for any recidivist with the telltale stigmata' (Gould, 1980).

This should serve as a warning in the modern era, where the spirit of Lombroso lives on. One fears a scenario in which a brain scan diagnosis of psychopathy legitimises the preventive incarceration of a 'high-risk' individual, and in which a static neurostructural deficit may lead to a therapeutically nihilistic approach to such an individual on the grounds that he is 'beyond rehabilitation'. Combining the above two positions, the perception of an individual as both dangerous and unchanging may lead to a 'lock them up for good' ethos.

Lastly, there are dangers in assuming a causal link between psychopathy and structural brain change. One consequence of this, in terms of individual responsibility, would be the inappropriate invocation of a deterministic argument by a defendant seeking exculpation for an offence.

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### Scientific psychiatry?

We write in response to the editorial by Dr Turner (2003), who wishes to revitalise Jaspers' view that psychiatry cannot extricate itself from the humanities. With the ascendancy of biological psychiatry this idea is important to remember. However, Dr Turner's article does little to advance this idea and contains some possible misconceptions.

Turner's interpretation of Donald Davidson's work does not clear things up. Academic philosophers are still actively debating what Davidson's philosophy amounts to. In this situation, an appeal simply to his authority is misdirected.

On specific points, Turner needs to be challenged. First, he seems to interpret Davidson as denying the possibility of a scientific psychopathology. Biological psychiatrists are not trying to solve the mind-body problem or trying to discover the strict psychophysical laws that Davidson claims do not exist; rather, they are trying to find correlations between mental phenomena and physical processes. That such correlations exist seems obvious, as anyone who has taken a mind-altering substance can confirm or as Penfield's neurosurgical experiments vividly showed. Davidson's attack on the idea of strict causation between physical events and mental events serves not so much to prohibit the possibility of a science of psychology, but rather to deny such a science predictive powers equal to those of physics. This is a consequence of Davidson's philosophy of mind, whereby despite being ontologically an unabashed materialist he claims that the use of mental predicates is dependent upon normative and holistic concerns of society and language, and that these are not properties of the physical order. Davidson has indeed accepted the points made by some of his critics (Davidson, 1987), that empirically discovered helpful generalisations, so-called *ceteris paribus* laws, may be formalised and be of great utility. This surely is a worthy enough goal for psychology and psychiatry.

Second, Turner also suggests that there is no possibility of improvement in descriptive psychopathology (Turner, 2003). This is simply assertion and suggests that the author believes that phenomenology as a discipline ended with Jaspers in 1913, and further that Jaspers provided an adequate account of the subjective experience of mental disorder. Current opinion seems to regard Jaspers' ideas as either obstructive to progress in psychopathology with his notion of the 'un-understandability' of some psychotic symptoms (e.g. work on cognitive models of psychosis; see Frith, 1992; Garety & Hemsley, 1994) or an obscure first start which petered out because he overcomplicated things (Cutting, 1997). Work on phenomenology continues to inform scientific research and clinical practice (Kapur, 2003).

Our view is that psychiatry's potential adversely to drift from the humanities can be rectified by close attention to the phenomenology that forms the point of entry to the subject. Turner has given up on this project whereas to us it seems barely to have begun!

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Dr Turner is quite wrong to argue that Donald Davidson has shown there 'cannot, in any useful sense, be a science of the mental because of the impossibility of either strict psychological or strict psychophysical laws' (Turner, 2003: p. 472). It is true that Davidson (1970) argued that there could not be strict laws relating mental events either to physical events or to each other, but its lack of strict laws does not endanger