This document contains slides presented at the conference Academic Demarcations: Disciplines and Interdisciplinarity, 13-14 September 2012 at the University of Oslo, and may only be quoted after informing the author:

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The Norwegian terrorist Anders Behring Breivik’s «delusional universe»:
Experts and disciplines in conflict
First phase: Criminology

- framed in sociological terms
- assumptions about criminal actions/social inferences
- underlining that «crime» is a socially constructed category;
- acts that are defined as crimes in one time or place may be legitimate forms of action in others
August 2011

- Nils Christie (nestor in the development of the disciplin in Norway) *Morgenbladet*:
- «He hoped that the massmurder will get a fair punishment and that it will be possible for him to return to society.»
Bad timing

• Colleague 1:
  • Dear Nils – speak for yourself and not for the discipline (Morgenbladet August 19, 2011)

• Colleague 2: (LF)
  • Shut up Nils – there is a time for everything
Second phase: Criminal political violence as pathology

• November 2011 - August 2012
• ABBs personal and psychological history
• Political universe in the background
• Also: the working of the Norwegian expert system (esp. forensic medicine)
quick public learning

• The role of court-appointed experts
• The working of the Norwegian Board of Forensic Medicine
• The status and content of a psychiatric report
• The medical vs the psychological principle
• Diagnosis criteria for Paranoid Schizophrenia
• Different roles in court – the role of expertise
Diagnosis criteria (ICD-10, DSM-IV)

- Hallucination
- Delusion
- Are the most important criteria, and one of them has to be present. With hallucinations lacking in this case, it became most important to argue for the presence of delusions
- ABB: What is a bizarre delusion? Something that is not possible, like science fiction, working outside the laws of nature.
What is a delusion; boundaries and co-production?

• **A belief** held with strong conviction despite superior evidence to the contrary, and that this conviction is so fixed that it is pathological

• How to separate this **from a belief** based on false or incomplete information, dogma, poor memory or illusion?

• The lack of diagnostic precision and cultural contextualisation of the concept became obvious
Bizarre delusions: Karl Jaspers (1913)

- Psychosis should be diagnosed by their **form** not **content** (the medical model)
- His doctrine of «abyss»-the truly schizophrenic symptoms are inaccessible to us
- They are «mad» (in the literal sense)
- They are «bizarre» (he introduced the term)
• Jasper –a «verstehende» philosopher arguing for the importance of meaning and understanding (content-oriented)
• also a champion of a «verstehende» psychiatry
• but with the exclusion of schizophrenia
• (it was thus a candidate for “Erklären” not “Verstehen”
R.D. Laing (1960-70s)

- Scottish psychiatrist
- the experience of psychosis
- influenced by existential philosophy
- no boundaries between the expressed feelings and thoughts in normal life and psychosis
Psychoanalytical developmental perspectives

- an influential alternative to the “medical-model”

- all forms of psychopathology are essentially to be understood as forms of fixation at, or regression to, immature stages of development
psyke/politics

- The Frankfurterschool (Horkheimer, Fromm, Marcuse, Adorno)
- Freud/Marx
- Empirical investigations
- Interdisciplinary
- Adornos F-scale (1950)

### Table II Analysis of variance and correlations with authoritarianism by gender

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Correlation with authoritarianism</th>
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<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>2.81</td>
<td>2.80</td>
</tr>
<tr>
<td>Bargaining</td>
<td>2.41</td>
<td>2.34</td>
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<tr>
<td>Coalition</td>
<td>2.85</td>
<td>3.09</td>
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<tr>
<td>Friendliness</td>
<td>3.02</td>
<td>2.95</td>
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<tr>
<td>Higher authority</td>
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<tr>
<td>Reason</td>
<td>3.55</td>
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<td>Sanctions</td>
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<td>Reward power</td>
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<td>Referent power</td>
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<td>Legitimate power</td>
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<td>Expert power</td>
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<td>Coercive power</td>
<td>1.98</td>
<td>1.84</td>
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<tr>
<td>Authoritarianism</td>
<td>3.65</td>
<td>3.82</td>
</tr>
</tbody>
</table>

n = 74 for men, 35 for women. $ = p < 0.10. * = p < 0.05; ** = p < 0.01; *** = p < 0.001
Social psychology

- USA: After World War 1:
- From «habit» and «institution» to «attitude» and «opinion»
- From culture to cultures (Boas, Benedict 1934)
- Anthropology, Sociology and Psychology
- Motivation/Freud
- Social structure of ideology
- Democracy vs Social pathology (Parsons Dep of social relations- 1943, Allport)
- Character/ Personality
- Cultural contexts
Toward a neurobiology of delusions


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ABSTRACT

Delusions are false and often bizarre beliefs that are not shared by others. They cause patients suffering from schizophrenia to believe delusional ideas that are at odds with reality. Yet, delusions are not random and inexplicable; we posit that they arise from brain dysfunction and are common to patients with other mental illnesses. In this paper, we propose that delusions are built on a foundation of reduced frontal function and the amygdala as well as other cortices. We suggest that dopamine modulates these functions and that they form the basis for delusions. Furthermore, we propose that delusions are a result of maladaptive neural processing and that they are associated with the presence of certain brain regions. Finally, we provide an algorithm for the treatment of delusions that can be used to develop a framework to understand the neurobiology of delusions.

• Purpose: to account for the concept of delusion in terms of cognition and brain functions.

• No boundaries between «bizarre» delusion and other forms of delusion

• Week boundaries between delusion and more normal states
Delusions in neurobiology

• Maladaptive beliefs that misrepresent the world
• Impaired predictive mechanisms
• f.e. implicated in delusions of alien control; whereby the sufferer believes their movements are under control of an external agent
• because of an inability to appropriately predict the sensory consequences of their actions.
• predictive learning and prediction errors are general mechanisms of brain function
• aberrant predictions and prediction errors provide a unifying explanation for delusion