

Lessons from the Breivik case

During Schizophrenia Awareness Week (11-17 November 2013), [Daniel Freeman and Jason Freeman](#) (<http://www.theguardian.com/science/2013/nov/15/schizophrenia-common-illness-conditions-mentally-ill>) argued in the Guardian that schizophrenia is not a well-defined disease, that it is not rare, and that people diagnosed with it are not as dangerous as the headlines suggest. Another common misconception which deserves to be challenged is that it is sufficient for people to have a diagnosis of schizophrenia or to experience psychotic symptoms to be considered unaccountable for their actions.

Anders Breivik killed 77 people in Norway in July 2011. In his first psychiatric evaluation, he was diagnosed with paranoid schizophrenia and his most implausible beliefs were regarded as bizarre delusions. Breivik would have not been accountable for his actions, because one cannot be attributed criminal responsibility for action in the Norwegian Criminal Procedure Code if one has psychotic symptoms (such as delusions). Breivik would have been regarded as criminally insane and sentenced to compulsory psychiatric treatment. However, this first assessment was overruled. A second pair of assessors diagnosed Breivik with a narcissistic personality disorder accompanied by pathological lying. Breivik was held accountable for his actions and he was sentenced to 21 years in prison in August 2012.

The Breivik case reminds us of the case of David Copeland (the London Nail Bomber) who killed 3 people and injured 139 in a series of attacks in April 1999. At Copeland's trial, experts were also divided over his diagnosis. According to [John Gunn](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1279311/) (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1279311/>), one of the experts, Copeland had severe schizophrenia, but the court favoured the view that Copeland had personality disorder, because there was political pressure for Copeland to be found accountable. Why did Breivik's psychiatric evaluation change? Was the Norwegian legal system under similar pressures? [Ingrid Melle](http://www.ncbi.nlm.nih.gov/pubmed/23471788) (<http://www.ncbi.nlm.nih.gov/pubmed/23471788>) believes that Breivik had schizophrenia all along, but his symptoms were less florid at the time of the second assessment, which occurred several months after the crime.

Is it important to determine whether Breivik's beliefs were delusional in order to establish whether he was accountable for his actions? During the first assessment, he reported that he was the ideological leader of a Knights Templar organisation, that he would soon become the new regent of Norway, and that he could decide who was to live and die in the nation. Although his anti-Islamic beliefs were shared by others in extremist groups, beliefs about his specific role in present and future cleansing projects were bizarre and idiosyncratic. Both sets of beliefs were badly supported by evidence and had the potential to lead to actions that would cause harm to others. More to the point, the role of idiosyncratic beliefs did not seem to be different from that of shared beliefs in motivating criminal action, unless we assume that the presence of the former also signals the presence of a cognitive or neuropsychological deficit that impacted on the decision to commit the crime (and it would be difficult to find empirical support for such a hypothesis).

There is no good reason to think that labelling some of Breivik's beliefs as delusional should have such a significant impact on his accountability. The Breivik case encourages us to move towards a more sophisticated account of the relationship between psychotic symptoms and criminal insanity, according to which psychosis does not necessarily rule out responsibility for action.

With [Matteo Mameli](http://www.kcl.ac.uk/artshums/depts/philosophy/people/staff/academic/mameli/index.aspx) (<http://www.kcl.ac.uk/artshums/depts/philosophy/people/staff/academic/mameli/index.aspx>) (King's College London) and [Matthew Broome](http://www.psych.ox.ac.uk/team/PIs/matthew-broome) (<http://www.psych.ox.ac.uk/team/PIs/matthew-broome>) (University of Oxford), I investigated the relationship between moral responsibility and psychopathology as part of a project funded by the Wellcome Trust. In a discussion paper to appear in *Neuroethics*, we challenged the assumption that to experience psychotic symptoms at the time of the crime is sufficient for criminal insanity.

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