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YES In psychiatric terms, cases like Anders Breivik's present diagnostic difficulties. Psychiatry is not like the rest of medicine in that physical investigations such as a blood test or brain scan are rarely diagnostic. Instead, the psychiatrist has to rely on the cooperation of clients. This is especially difficult in court cases of "lone wolf" killers such as Breivik because the psychiatrist's assessment can have a massive consequence on the outcomes of the trial.

Psychiatric definition

The fanaticism shown by Breivik is of such a degree that no extremist groups endorse his position; and this is exactly what happens in psychosis. Delusional people tend not to be able to gather supporters for their ideas because their reasoning is so off kilter that others cannot follow it. In the same way, Breivik

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lacks a sufficient basis in reality to explain the consequences of his actions.

Many members of the public are resistant to diagnosing lone wolf killers as insane or having psychological difficulty because of a perception that this allows the killer to escape personal responsibility for their actions. These sentiments were clearly seen in the public outrage which ensued in Norway after the first psychiatric assessment diagnosed Breivik with paranoid schizophrenia. But a psychiatric diagnosis does not absolve someone from personal responsibility for their crime; only in extreme circumstances, when an individual is in the grip of extreme psychosis, might this apply.

Do cases like that of Anders Breivik show that fanaticism is a form of madness?

The trial of Anders Breivik, who killed 77 people in two attacks in Norway, has attracted considerable controversy because of the questions concerning his mental state.

Max Taylor argues that such extreme fanatics should be considered insane, but **Tom Fahy** believes that a psychiatric diagnosis is an abrogation of personal and societal responsibility

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NO In January 1843, Daniel McNaughton, a 30 year old Scottish woodturner, travelled to London to assassinate the prime minister. He mistakenly shot Peel's private secretary, Edward Drummond. At his subsequent murder trial, McNaughton's motives were revealed to be delusional. He believed that he was being persecuted and kept under surveillance by the ruling political party. In the modern era he would receive a diagnosis of schizophrenia. McNaughton was found not guilty by reason of insanity and was transferred to Bethlem Hospital, then to Broadmoor Hospital, where he remained until his death.

McNaughton's case established the legal criteria for insanity. These criteria are strict, which is appropriate since the verdict results in an acquittal even though the accused is clearly the agent of the crime. The legal criteria require that those found insane must have a recognised mental disorder that prevented them from knowing the nature of their action and that it was legally wrong, or (in some jurisdictions) that gave rise to an irresistible impulse. The strictness of these criteria means that fewer than a dozen cases a year receive the "special verdict" in England and Wales. The equivalent verdict is also rarely achieved in US courts.

Regardless of controversies about Anders Breivik's diagnosis, a source of cringing embarrassment to the profession of forensic psychiatry, he would not be deemed insane in English law. His meticulous planning over several years and his determined efforts to prevent the interruption of his homicidal rampage show clear cognitive awareness of the nature and illegality of his actions. He displayed organisational and strategic skills that are usually eroded by severe mental illness such as schizophrenia. The simplistic characterisation of his actions as "mad" negates his personal responsibility for his actions and exonerates him and like minded extremists from moral culpability for their behaviours.

Dangers of broader definitions

The legal insanity test in Norway simply requires the accused to have acted under the influence of psychosis at the time of the crime. It is not required to test the offender's awareness of the nature or wrongfulness of their actions. In such a legal system, insanity can become a convenient verdict for dangerous, subversive, or publicly reviled offenders or fanatics, since it presents the option of indefinite detention in a mental hospital rather than a finite prison sentence. This verdict has been abused in totalitarian regimes, such as the Soviet Union, where political dissidents, who might also have been deemed fanatics, were locked away

While Breivik's highly organised behaviour may seem to argue against psychosis, there are many psychotic stalkers, for example, who are delusional about a non-existent relationship yet whose harassment is extremely well organised. Both Breivik's actions and thinking cross the border between sanity and madness.

Terrorism perspective

From Breivik's manifesto, with its appeal for political change, it is clear that he sees himself as a terrorist. However, his lack of involvement with terrorist organisations seems to indicate that his beliefs were outside the realm of mainstream terrorist groups.

The state of mind of members matters greatly to terrorist organisations undertaking attacks. They recognise the problems of delusional and inconsistent motivations, and exclude people who are irrational from action. As Post notes, with respect to organised terrorist groups, "Terrorists are not crazed fanatics."¹ Taylor and, more recently, Horgan have further argued that there are no

psychological traits that distinguish the terrorist from other members of the general population.^{2,3} Terrorism is in essence a rational activity, although not every radical will become involved in terrorism and, conversely, not all terrorists are necessarily radical.⁴

Yet some people seem to stand out from this analysis. Breivik is one of them. Breivik does not seem to belong to some greater organisation (other than by his own account⁵), and his writings are characterised by complex and distorted ideation; yet his actions suggest a well ordered plan of violent activity. This points to one of the challenges we face in understanding terrorist motivation—how do we reconcile the organisational effectiveness that generally characterises political violence with the distorted and irrational ideation that seems to best characterise some of these isolated individuals involved in it? We don't know the extent to which this might apply more generally, but certainly for lone wolves such as Breivik, it is their isolation that seems important.

Madness and fanaticism are lay terms and have no currency in psychiatry. Does this mean therefore that fanatical killers have to be characterised as "normal"? Taylor identified fanaticism as a focused, highly personalised interpretation of the world that excludes or attenuates other social, political, or personal forces that might be expected to control and influence behaviour.⁶ This suggests that an acceptable conceptual structure can be identified that might place Breivik, and others like him, within a framework of excessive fanaticism that might be reasonably characterised as a form of madness. Furthermore, such a view has the added virtue of placing the person under secure hospital care and not feeding into his delusional ideational state or that of those who might seek to emulate him.

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in psychiatric hospitals. There is also a possibility of abuse in liberal democracies where legal and human rights constraints limit the authority and flexibility of the criminal justice system in managing the risk posed by a small group of very dangerous individuals.

Psychiatry should not be seduced into this abuse of power. Psychiatrists must justify their existence by the effectiveness of their treatments rather than the security of their perimeter fences or their willingness to compensate for the limitations of the criminal justice system.

Fanatics are sane

If there is disagreement about Breivik's alleged "madness," the suggestion that he is a fanatic will be less controversial. The Oxford dictionary defines a fanatic as someone with an obsessive interest and enthusiasm for a subject. The term is commonly applied to those with extreme interest in religion, politics, fitness, football, etc. The term does not imply madness but an excessive interest, sometimes at the expense of a balanced lifestyle. Breivik's self aggrandising fanaticism, unconstrained as a consequence of his extreme narcissism and lack of empathy, represents the tip of an iceberg of fanatical xenophobic and racist views rather than a delusional revelation. Clinicians who work with violent men will be aware that such fanaticism is often a reaction

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to social incompetence, feelings of inferiority, and resentment stirred by childhood neglect or abuse. To label such views as madness is to exempt politicians, teachers, community leaders, and ordinary citizens from their responsibility to understand and address the social, cultural, and developmental origins of extremist political beliefs.

Studies of violent political or religious fanatics do not support the proposition that mental illness plays a part in the development of extremism.¹ As a rule, terrorists and suicide bombers are not mentally ill or emotionally disturbed. The most fruitful explorations of the psychology of the violent extremist come from sociocultural and political studies rather than studies of individual psychology. Even in the case of socially isolated extremists such as Breivik, beliefs and behaviours have been shaped and validated by web based interactions. The factors that distinguish the violent fanatic from those who simply seethe on blogs and internet discussion groups may be the additional role of personality factors

such as narcissism. It is also important to acknowledge the contribution, and question the sanity, of laws that permit an isolated fanatic to legally purchase a semi-automatic rifle, a Glock pistol, and six tons of explosive chemicals.

In conclusion, it is a mistake to classify fanatics as madmen. Those football fanatics who sacrificed family and work responsibilities to follow hopeless national teams to Euro 2012 were sad rather than mad. They will derive no benefit or solace from psychiatry. Similarly, psychiatry cannot correct the views of violent racists or political fanatics. To mislabel such individuals as mad is to distract from the individual's personal moral and legal responsibility for their opinions and actions and the necessity that we understand and address the social and political origins of abhorrent fanatical opinions in an ethnically diverse society.

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"Insane? Cases such as Anders Breivik demonstrate that fanaticism is a form of madness" is the subject of the 45th Maudsley Debate to be held on Thursday 19 July at 6 pm, Harris Lecture Theatre, Hodgkin Building, Guy's Hospital, London SE1 1UL (www.kcl.ac.uk/iop/about/debates)