

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)

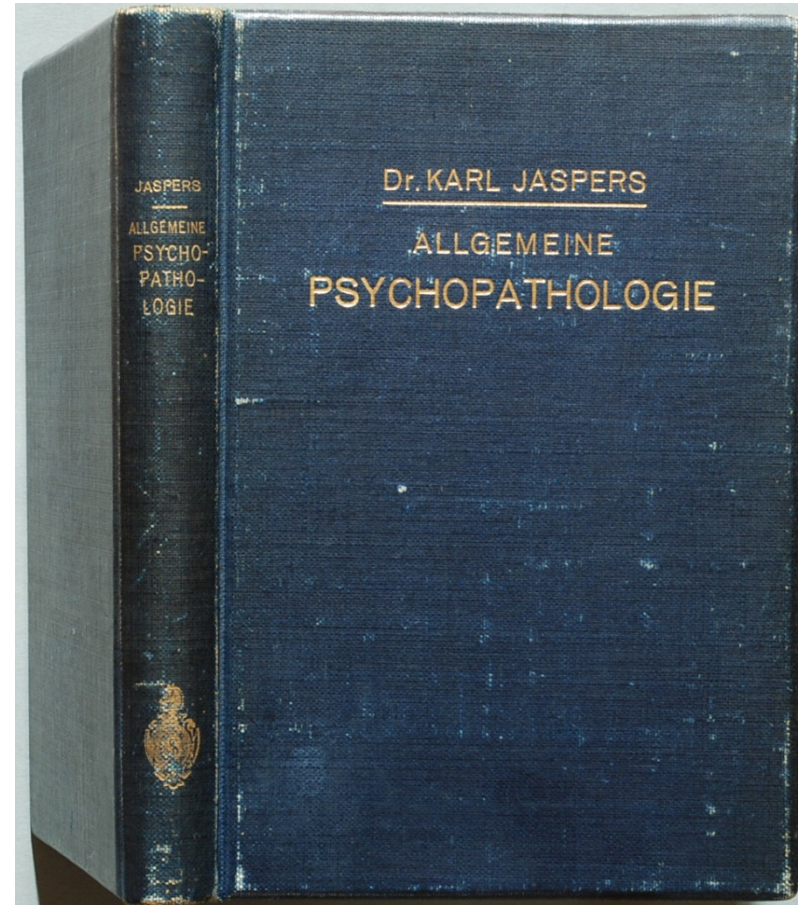
- Hallucination
- Delusion
- Are the most important criteria, and one of them has to be present. With hallucinations lacking in this case, it became most important to argue for the presens of delusions
- ABB: What is a bizarre delusion? Something that is not possible, like science fiction, working outside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

	Mean		F value	Correlation with authoritarianism	
	Men	Women		Men	Women
Assertiveness	2.81	2.80	0.01	0.36**	0.10
Bargaining	2.41	2.34	0.16	0.28*	-0.11
Coalition	2.85	3.09	0.97	-0.08	0.06
Friendliness	3.02	2.95	0.32	0.21\$	-0.30\$
Higher authority	1.62	1.77	1.01	0.05	-0.12
Reason	3.55	3.44	0.55	0.12	0.17
Sanctions	1.35	1.35	0.00	-0.01	-0.16
Reward power	3.15	3.23	0.29	0.04	0.21
Referent power	4.01	3.83	1.74	0.14	0.18
Legitimate power	4.10	3.99	0.72	0.33**	0.18
Expert power	4.04	3.96	0.47	0.44***	0.32\$
Coercive power	1.98	1.84	0.71	-0.30*	-0.05
Authoritarianism	3.65	3.82	2.08		

$n = 74$ 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

«Delusions» in Neurobiology



Toward a neurobiology of delusions

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ABSTRACT

Delusions are the false and often incorrigible beliefs that can cause severe suffering in mental illness. We cannot yet explain them in terms of underlying neurobiological abnormalities. However, by drawing on recent advances in the biological, computational and psychological processes of reinforcement learning, memory, and perception it may be feasible to account for delusions in terms of cognition and brain function. The account focuses on a particular parameter, prediction error – the mismatch between expectation and experience – that provides a computational mechanism common to cortical hierarchies, fronto-striatal circuits and the amygdala as well as parietal cortices. We suggest that delusions result from aberrations in how brain circuits specify hierarchical predictions, and how they compute and respond to prediction errors. Defects in these fundamental brain mechanisms can vitiate perception, memory, bodily agency and social learning such that individuals with delusions experience an internal and external world that healthy individuals would find difficult to comprehend. The present model attempts to provide a framework through which we can build a mechanistic and translational understanding of these puzzling symptoms.

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Abbreviations: AMPA receptors, α -amino-3-hydroxy-5-methyl-4-isoxazole-propionate receptors; D₁ receptors, the D₁ subtype of dopamine receptors; D₂ receptors, the D₂ subtype of dopamine receptors; DLPFC, dorsolateral prefrontal cortex; fMRI, functional magnetic resonance imaging; NMDA receptors, N-methyl-D-aspartate; NAC, nucleus accumbens; PFC, prefrontal cortex; OFC, orbitofrontal cortex; STG, superior temporal sulcus; TEP, temporo-parietal junction; VTA, ventral tegmental area.

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- P.R. Corlett et.al: «Towards a neurobiology of delusions» *Progress in Neurobiology* 92(2010)345-369
- 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
- Weak 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