

Extreme Beliefs Mistaken for Psychosis

Editor:

The article, “Anders Breivik: Extreme Beliefs Mistaken for Psychosis,”¹ is a valuable contribution to the confusing question of guilt and culpability of the mentally ill. As the authors point out, the Diagnostic and Statistical Manual of Mental Disorders (DSM) system has failed to provide forensic psychiatrists with the tools necessary to meld biology and law with the philosophical question of free will. As every civilized society since the ancient Greeks has observed, there is such a thing as insanity or mental deficiency that mitigates guilt, even for murder.

The problem of culpability arises when the boundaries of free will are unclear, as in the case of fanatics. Unfortunately, the case of Anders Breivik does not enlighten us regarding the forensic implications of being a fanatic. Recently released information about his childhood^{2,3} suggests that he did not just have “extreme beliefs,” but instead had a personality disorder that may be the result of a severely disadvantaged biologic, genetic, and social background, including maternal and grandmaternal paranoid schizophrenia, anoxia at birth, sexual abuse, and severe behavior problems (e.g., torture of animals and bullying other children). Breivik’s childhood behavior and symptoms suggest abnormal brain development and function,⁴ but Breivik refused a neurological evaluation.

The original team convened by the court to evaluate him was not permitted to see extensive records that documented his mental illness before age 18. The conclusion of the original expert evaluation team that Breivik suffered from paranoid schizophrenia was later contested by a second panel that diagnosed narcissistic and antisocial personality disorders. Experts involved in a subsequent evaluation diagnosed Asperger’s Disorder, Tourette syndrome, and delusional psychosis. Owing to the extreme nature of his crimes, even if he were deemed to be severely mentally ill, there was public demand for life imprisonment. Breivik’s extreme beliefs meets the definition of delusion, the core symptom of psychosis. (See Sims⁵ for a scholarly discussion of the distinction.)

Similar unscientific differences are played out in the United States whenever a jury must weigh differences in adversarial opinion reflecting different experience and orientations of the experts. Insanity is a legal concept that should be updated to take into account the myriad causes of reduced guilt, including the effects of fetal alcohol exposure, lead poisoning, hypoglycemia, postencephalitis, posttraumatic stress disorder, chronic traumatic encephalopathy, Alzheimer’s, “sleep driving” from prescribed hypnotics, severe child abuse, and many others. Extreme beliefs is a description, not a diagnosis, and it will not facilitate our ability to determine culpability or competence. In fact, the Breivik case illustrates the complexity of inputs into human behavior that cannot be reduced to a simple diagnostic label. The justice system must be informed that mental illnesses that do not fit neatly into DSM-5⁶ may contribute to behavior that requires evaluation and treatment, which is the just and humane course.

References

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In Defense of Prudence and the APA’s Goldwater Rule: A Response to Kroll and Pouncey

Editor:

In the most recent issue of the *Journal*¹ Jerome Kroll and Claire Pouncey revisited Section 7.3 of the Ameri-

can Psychiatric Association (APA) Code of Ethics, which proscribes psychiatrists from offering a professional opinion about a public figure's mental health in the absence of direct clinical examination and the individual's consent. They argued that the Code's prohibition is overbroad and inappropriately constricts the psychiatrist's freedom of conscience to inform the public about the psychological makeup of a public figure. In response, we draw upon the virtue of prudence to show that Kroll and Pouncey are misguided in their criticism of the Goldwater Rule, especially regarding political figures.

We acknowledge that there are times when psychiatrists may feel a duty to "speak up about political leader's behaviors that strongly suggest psychopathology" (Ref. 1, p 232), especially those who could be "potentially dangerous" (Ref. 1, p 232). Notably, this article was written and published in advance of the 2016 U.S. Presidential election, headlined by two unpopular major party nominees.² However, the authors' position is imprudent for two reasons.

First, the authors failed to clarify when a psychiatrist may justifiably speak out about a political figure. Using the authors' own example, it is difficult to distinguish why psychiatrists responding to the *Fact* article "analyzing" Goldwater³ were acting unethically but the author of *Bush on the Couch*⁴ was not. They note that there should not be "speculative or *ad hominem* attacks that promote the interests of the individual physician or for political and ideological causes" (Ref. 1, p 226). Is there any conceivable situation where a psychiatrist makes a diagnostic claim about the mental state of any political figure that would not reflect the personal ideological biases of that psychiatrist? Otherwise, what aspect of the psychiatrist's conscience would be so wounded as to justify the public declaration? Given our hyperpoliticized and polarized culture, we posit that any such declaration by a psychiatrist would be met with general suspicion and be no less ridiculed than in the Goldwater case. Given that, prudence dictates that psychiatrists have an ethics-based duty to refrain from actions that would similarly shame the profession.

Second, diagnosing public figures via observations culled from the media represents poor diagnostic methodology. The authors note that there are legitimate situations in which the APA does not proscribe diagnosis without an interview, such as historical psychobiographies or to meet the requirements of third-party payers. However, these exceptions are narrow and serve a discrete purpose, and the risk of error is known and acceptable. Public figures, especially politi-

cians, intentionally cultivate a public persona that may not accurately reflect their psychological state. Given the risk and potential harm of error, it would be imprudent for any psychiatrist to render an opinion of a public figure's subjective thoughts or motivations, conscious or unconscious, in the absence of a personal and value-free diagnostic interview.

The APA's Goldwater Rule exemplifies a necessary and justifiable professional norm that is intended to temper the potentially imprudent and self-indulgent motivations of psychiatrists to use the cloak of their profession to further a particular political ideology and neutralizes a fallacious appeal to their own authority. Justifications based on freedom of speech, conscientious objection, or the public interest fail to offset the likely harms to the psychiatrist, profession, and public figure. We argue that the dictum remain firmly entrenched in the APA's Code of Ethics and the professional norms of prudent psychiatrists.

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Reply

Prudence, Not Silence

Editor:

We thank Redinger and colleagues for their comments, and we find that their remarks support our argument. Although our paper was not written with