

Forensic Psychiatry on trial: The Quisling, Hamsun and Breivik cases

Abstract

The 2011 trial of Andreas Breivik for the mass murder of 69 Norwegian adolescents (plus eight people in an earlier bombing) was dominated by intense debate about his sanity, both in the court and public arenas. Similar controversies arose in two previous high-profile cases: the 1945 trial of the Norwegian collaborator Vidkun Quisling, followed by the 1946 trial of the Nobel Prize winner Kurt Hamsun.

Quisling, Hamsun and Breivik were all required to have psychiatric assessment. The findings were intensely disputed. The first assessments produced results the public found unacceptable. Hamsun, after a lengthy and controversial examination, was exempted from a criminal trial, but had to face a civil procedure in which he lost most of his savings. The public reaction in Breivik's case went the other way: that he could be exempt from punishment by virtue of psychiatric illness caused such fury that legal protocol was overturned and he was assessed again, this time producing a finding that all found satisfactory.

Psychiatric issues at the three trials reviewed show a remarkable symmetry in the issues, although also with some differences. Issues raised at these trials are the role of public pressure, the conflict between the belief that the perpetrators had to be mad to do what they did and the desire that they not escape due punishment by psychiatric confinement and the recurrent problem in forensic assessment of assessing extreme overvalue beliefs. The forensic aspects at the trial of Peter Sutcliffe show that these issues were not unique to the Norwegian legal system.

Keywords

Forensic psychiatry, Quisling, Hamsun, Breivik

Robert M Kaplan
MBChB FRANZCP MA MPhil

Correspondence to

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The 2011 trial of Andreas Breivik for the mass murder of 69 Norwegian adolescents (plus eight people in an earlier bombing) was dominated by intense debate about his sanity, both in the court and public arenas. Those aware of history should recall how similar controversies arose in two previous Norwegian high-profile cases: the 1945 trial of the collaborator Vidkun Quisling, followed by the 1946 trial of Nobel Prize winner Kurt Hamsun, both dominated by debates over the sanity of the defendant.¹

The issues in all three cases were remarkably similar. The defendants' mental states were not easily categorised; some aspects of their behaviour were deemed as insane by both public and professionals; at the same time, for many it was inconceivable that their crimes, requiring highly rational organisation and planning, were committed by anyone insane. Adding to this, the ensuing disputes within the medical profession did not provide convincing guidance.

Quisling, Hamsun and Breivik were all required to have psychiatric assessment of their fitness to stand trial. The findings were intensely disputed. The first assessment of Quisling produced results the public found unacceptable. Hamsun, after a lengthy and controversial examination, was exempted from a criminal trial. The public reaction in Breivik's case went the other way: that he could be exempt from punishment by virtue of psychiatric illness caused such fury that legal protocol was overturned and he was assessed again, this time producing a finding that all found satisfactory.

The attitude of all three defendants towards a finding of sanity was also similar. Quisling, regarding himself as a saviour of Norway, was prepared to go down as a martyr. Hamsun was outraged that he could be regarded as mentally unfit and wrote his last book to prove that this was not the case. Breivik's attitude was not dissimilar to Quisling; he was defending not just Norway, but European civilisation and this justified his behaviour.

Quisling was executed and Breivik given the longest possible sentence in Norwegian law. Hamsun was spared a criminal trial but had to face a civil procedure in which he lost most of his savings.

The forensic issues in these cases apply to prosecution of political and criminal figures. Such

cases are not specific to the Norwegian legal system, but raise issues which continue to challenge forensic psychiatrists in other jurisdictions.²

Vidkun Quisling Trial

Vidkun Quisling, the man whose name became an synonym for treachery, forever remembered for the betrayal of his country to be a Nazi satrapy, was a complex individual known to his countrymen for his work with refugees before he turned to politics, followed a downward path into autarchy.

Quisling's collaboration with the Nazis caused national outrage. Having tied his future to the Nazis, he refused to accept that the war could be lost before being brought to justice in 1945.

Following the German surrender, the Norwegian government was determined to bring Quisling to justice and make him a showcase for the collaborator trials that followed. On 20 August 1945, Quisling was charged with treason, transport of the Jews to the death camps and aiding and abetting the Nazis in their war aims.

The Norwegian public had the widely held belief that Quisling could have only collaborated with the Nazis because he was insane. Much of this arose from Norwegian chauvinism. The belief that collaborators were mentally ill was facilitated by the Norwegian psychiatrists after the war, specifically in reference to the 'German hussies' – woman who had relationships with Germans.³

The role of psychiatry in Quisling's trial traversed many issues, including the prevailing ideologies in the profession, the existing state of knowledge, inter-disciplinary turf wars and the personalities of those involved. Two scenarios played out at the trial. There was the ritualised judicial set-piece arising from the criminal, political and military offences. Then there was the parallel psychiatric theatre, a process that had started with the Occupation, a canvas for explanations as to how people could betray their country.

On 8 June, psychiatrists Jon Leikvam and Johan Lofthus saw Quisling for what was known as the *Ordinary Examination*, a procedure ordered by the court. The doctors reported on 18 June that he was sane and there was no reason why he

could not face trial. The likelihood of bias, if not to say a lack of objectivity, is indicated by Leikvam's statement: "If Quisling is to be considered insane, then I don't hold out much hope for the rest of us".⁴ Adding to this, they avoided further scrutiny by only issuing a certificate to the Judge President, rather than a detailed report.

It did not stop there. Gabriel Langfeldt, the foremost Norwegian psychiatrist⁵, was taken aback by the finding. During the war he had encountered Quisling several times and was struck by his mental state.⁶ He contacted prosecutor Annaeus Schjødt to request a another intensive examination. While Langfeldt had no official role in the case, he had considerable sway. The judge, contravening the usual protocol, allowed Langfeldt to request the court for further examination. Schjødt saw no reason to do this; his mandate was to show that Quisling was guilty and face the penalty for his crimes. Psychology, "a peculiar science", he said, could not provide an explanation for the defendant's action.

Henrik Bergh, the defence counsel, in echo, responded that his client was "a peculiar man" who should be regarded as an enigma.⁷ A captive of rigidly formulated dogmas, his condition, either physical or psychological, was an anomaly outside the current legal psychiatric definitions. Therefore the court should take Quisling at his word.

After both lawyers, for own reasons, cast doubt on the capacity of psychiatry to assess Quisling's mental state, the agenda was then hijacked by the neurologists. This revealed differing views on how the mind functioned – a highly Cartesian duality – as much as a turf war. Neurology and psychiatry had originally been within the same discipline but the drawing apart of the two was to become a gulf, an often incomprehensible one at that. Professor Georg Monrad-Krohn, Norway's leading neurologist, thought that only an organic brain disorder would explain Quisling's behaviour.⁸ Again, against convention, appearing on his own behalf, he persuaded the court to allow Quisling to have a neurological examination at the Rikshospital where he was seen by Sigvald Refsum (of Refsum syndrome) who found he was neurologically normal.⁹

Quisling, in his defence, made an eight-hour speech, telling the court that he disdained psychology – again refusing to have his sanity

questioned – while proclaiming his sole aim was to defend his country as a Norwegian patriot. He made several references to a new kingdom of god on earth as the driving force behind his actions. He was determined to go down as a martyr, comparing himself to Saint Olav and claiming that future generations would recognise his role as a saviour.

On 10 September 1945, Quisling was found guilty and sentenced to death. The third psychiatric evaluation of Quisling then followed. His wife turned to a surprising figure: Johann Starffenberg, the man credited with inspiring the Norwegian resistance and fierce antagonist of the Quisling regime.¹⁰ Examining Quisling over three sessions in his prison cell Scharffenberg concluded that he was deeply lacking in a sense of reality, if not common sense. He was however sane and there was no psychiatric reason why he could not face justice.¹¹ In forensic terms, this was in effect saying he was a psychopath who was capable of accepting responsibility for his actions.

After the execution, Monrad-Krohn and Langfeldt continued to maintain Quisling's unfitness for trial, although differing on Cartesian reasons. For the rest of his life, Langfeldt believed that Quisling was insane and should not have proceeded to trial. In 1969 he wrote a book about the case, describing him as a paranoid sociopath with periodic exacerbations of a paranoid psychosis who should have been detained in a criminal institution for the rest of his life.¹² Monrad-Krohn, for his part, was never reconciled to the matter¹³ and until his death maintained that Quisling had a cerebral tumour that affected his behaviour.

Hamsun

Knut Hamsun, a Nobel prize winner for literature, was held in high esteem by the Norwegian public, only matched by playwright Henrik Ibsen and painter Edvard Munch. His image as national hero plummeted during World War 2 when his behaviour was completely at odds with the national resistance against the Nazis. Not only did he support Quisling's *Nasjonal Samling* party, he was an unabashed admirer of Hitler. The hatred of Norwegians for Hamsun was only marginally less than that for Quisling, of whom he said, "If I had only 10 votes, he would get them all".¹⁴

A fanatic hatred of Britain led him to believe that the occupying Germans were saving the country from English invasion. He took this further, praising Goebbels and Hitler as reforming idealists. The feeling was mutual. For his 80th birthday in 1939, he received tributes from Goebbels, Alfred Rosenberg and Hitler.

In 1943 Hamsun sent his gold Nobel medal to Joseph Goebbels, writing "I know of nobody, Herr Reichsminister, who has unstintingly, year after year, written and spoken on Europe's and humanity's behalf as idealistically as yourself."

Such was the enthusiasm of the Nazi leadership that a visit to Hitler was then arranged. It was a disaster. Hamsun proceeded to lecture the Führer, complaining about Josef Terboven, Hitler's Reichkommissar for Norway. Hitler was furious and terminated the meeting.

During the war Hamsun wrote about twenty-five articles that were the main evidence leading to the treason charges against him in 1945.¹⁵

Any lingering doubts about Hamsun's allegiances were removed by the obituary he wrote for Hitler, saying 'I am not worthy to speak Hitler's praises ... He was a warrior, a warrior for all mankind and a preacher of the gospel of rights for all nations... We, his closest supporters, bow our heads at his death.'¹⁶

The Norwegian public wanted Hamsun to be tried for his wartime offences. While the government rather wished the problem would go away, they had no option but to prosecute Norway's greatest living author, who, at eighty-six, was almost completely deaf and believed to be senile.

On June 23, 1945, Hamsun was charged with treason against the state, giving support to the enemy, and inciting others to commit criminal acts against the state. Furthermore, he had allegedly violated an act passed by the Norwegian government in exile which made membership in NS after 8 April 1940 a criminal offence. He was placed under house arrest.¹⁷

Then emerged the escape clause for the government: to have him found unfit for trial. On the basis that he was senile, on 15 October 1945 Hamsun was transferred to the Vinderen

Psychiatric Clinic to be examined by psychiatrists Gabriel Langfeldt and Terje Ødegård.

After an extraordinary long assessment (119 days) of a man who deeply resented being examined (and was especially hostile to Landfeldt) the psychiatrists stated that Hamsun was not insane but suffered from "permanently impaired mental faculties". They added that "on the other hand, it must be stated that in relation to his age, his interests and his memory are not weaker than his age would indicate. On the contrary, it can even be stated that one seldom meets an eighty-six-year-old man who has such alert interests in current questions as the person mentioned above."

The findings of the psychiatrists would seem contradictory and can be attributed to several issues. First, it reflects the difficulty in assessing mental status to face trial in the impaired elderly, especially in a time when sophisticated testing like brain scans, were not available. Second, the conclusion cannot be avoided that the two psychiatrists were intimidated by their eminent patient, if not the publicity surrounding the matter.

Contradictions notwithstanding, this gave the government what they wanted. The Attorney General dismissed the criminal charges, stating that the public good would not be served by proceeding with a case against the accused, who would soon be eighty-seven years old and was to all intents and purposes deaf. On 11 February 1946 Hamsun was released from his detention as "incurable".

If Hamsun's escape from jail reflected the need of the authorities to avoid turning him into a martyr, the implication that he was senile judgment sent him into a rage. "There was nothing the matter with me, I was just old and deaf!" His eyesight was failing, and he'd had two cerebral haemorrhages, but his faculties "had been severely impaired precisely by my stay at the psychiatric clinic."¹⁸ If nothing else, this was a negative counter-transference. Convinced of his innocence Hamsun wanted to prove that he was not mentally impaired. His determination to have his day in court had been stolen from him.

He then got a trial he did not want: the lower status civil trial filed by the Directorate for Compensations to claim compensation from Hamsun for his part in the damage done to the

country by the NS party. Hamsun was fined 425,000 kroner, ruining him financially. In June 1948, the Supreme Court upheld the court decision, although the fine was reduced.

Hamsun being Hamsun, he was not prepared to let the humiliation pass. Two years later, at the age of 90, he published *“On Overgrown Paths”* in which he lambasted the courts, the psychiatrists and government, making it clear that he regretted nothing. It was abundantly clear that he was not senile. Defiant to the end, on February 19, 1952, he died in his sleep at the age of ninety-three.

Breivik

Norway, a country that prides itself on its attitude towards mental health¹⁹ is unique among jurisdictions to have a medical (biological) rule for assessing if a perpetrator is not guilty: A person who is psychotic or unconscious at the time of committing the act shall not be liable to a penalty; the same applies to a person who is mentally retarded.²⁰ Offenders found “not legally accountable” are sentenced to compulsory treatment. For serious acts, the offender can be sentenced to additional protective detention.²¹

It is the court’s obligation to evaluate if an accused person is legally accountable and two forensic psychiatric experts are usually appointed to conduct a psychiatric evaluation. To what extent the report meets prerequisite formal requirements is evaluated by the Norwegian Board of Forensic Medicine, a part of the Norwegian Civil Affairs Authority. The report is presented to the court, which decides whether it will follow the advice of the appointed experts.

Breivik’s horrific crimes came as a shock to a nation that prided itself (possibly a little patronisingly) on its tolerant civic ethos. Many held the view that it would be an appalling calumny if Breivik were found to be insane and given a comfortable stay in a psychiatric hospital – with even the possibility of release at some stage – as opposed to a prison.^{22 23} This jostled uneasily with the public belief that – as with Quisling – he had to be insane to do what he did.²⁴ The Prime Minister did not assist the situation by stating shortly before the trial that the country would be best served with a verdict of ordinary punishment.

On 28 July 2011 forensic psychiatrists Torgeir Husby and Synne Sørheim were appointed by Oslo District Court to assess his mental state and saw Breivik for 13 examinations (36 hours).²⁵ He was separated from the psychiatrists by three tables, left arm restrained by a belt around his stomach and his feet fettered with two prison guards watching.

Their report, as required, was reviewed by the Norwegian Board of Forensic Medicine who signalled their approval “with no significant remarks” and delivered to the court on 29 November 2011.²⁶ They found that Breivik had developed paranoid schizophrenia over time and was psychotic in both a medical and in a legal sense when he carried out the attacks.²⁷ In addition he abused non-dependence-producing drugs (anabolic steroids) prior to the spree.²⁸ These findings meant Breivik was criminally insane and unfit to face charges, would not face trial and be held in a forensic psychiatry hospital rather than prison.¹⁸

The report caused public outrage.²⁹ Counsels representing families and victims of the Utøya massacre filed requests for the court to order a second opinion. This was not well received by the lawyers. Neither the prosecuting attorneys nor Breivik’s defence lawyer wanted new experts appointed. No longer in isolation, Breivik had access to the report and to media reports about his mental health. His counsel, speaking on behalf of his client, put forward that being found insane was not acceptable and would diminish his role as a liberator of the racial/cultural/religious European ideal he espoused.³⁰

Objections from counsel notwithstanding, on 13 January 2012 the Oslo District Court yielded to public pressure and ordered a second panel – psychiatrists Agnar Aspaas and Terje Torrisen – to assess Breivik’s mental state, a highly unusual step in Norwegian cases – but reprising events in the Quisling trial. A formal response of this nature would be unlikely in an Anglo-American jurisdiction.

The defence lawyer’s appeal against this assessment was denied. After refusing to cooperate Breivik changed his mind and in late February the psychiatric observation took place involving observation, interviews and testing.³¹

The second psychiatric assessment, published on 10 April 2012, found that Breivik was ineligible

for a finding of criminal exemption under Norwegian law. He was not psychotic during their interviews, during the six months of observation, or at the time of his crimes. In addition to antisocial tendencies, he had severe grandiosity with a narcissistic personality disorder combined with pseudologia fantastica (pathological lying).

This overturned the earlier finding and declared Breivik to be sane, although having a narcissistic personality disorder. The finding of pseudologia fantastica is questionable, if not risible. This appears to have been based on his extreme ideas as a manifestation of pathological lying. As appalling and extreme as Breivik's ideas were, he gave no indication of *fabricating* them as lies, but rather the expression of his intensely held beliefs. The issue to determine was were they delusional or overvalued ideas? This had been the problem with all three of the cases and would apply to similar politically motivated spree killers, such as Brenton Tarrant in New Zealand.

The court case duly proceeded from 16 April to 22 June 2012. On 24 August 2012 Anders Behring Breivik found guilty of the crimes charged, was sentenced to 21 years in preventive custody with a minimum time of 10 years. The consequences of the penalty was not considered. Norwegian law has a maximum of 21 years in prison, with detention after that if still considered a risk (which will probably apply to Breivik if his current attitude is any guide).³² Detention in a forensic psychiatric hospital, however, could be indefinite with no certainty of release.

Breivik did not appeal the finding of guilt probably because incarceration suited his martyr image. More prosaically he may have been advised that appealing could decrease the likelihood of his release after 21 years. This was not to last. Breivik, like Brendon Tarrant in New Zealand, changed his mind as the harsh realities of isolation sank in and made several appeals, with varying degrees of success, to improve his conditions.³³ These appeals probably indicate an retrospective realisation as the reality of incarceration struck home.

The controversy over the assessments continued after the trial and criticism abounded; a British psychiatrist called it 'a source of cringing embarrassment to the profession of forensic psychiatry'.³⁴ Randi Rosenqvist, a leading Norwegian forensic psychiatrist, criticised the

psychiatrists for playing down Breivik's anti-Muslim sentiment on the grounds of mental incompetence. For historical reasons, she pointed, there is a tradition of caution when it comes to diagnosing mental illness in cases involving politically motivated perpetrators.

Psychologist Svern Torgensen claimed that Breivik, whom he had not examined had Narcissistic Personality Disorder (NPD), similar to the finding of Aspaas and Torrisen that Breivik had pathological narcissism. Personality disorders have the lowest diagnostic reliability (maximum 30%) and validity is even more doubtful. NPD did not exist before the DSM-111 in 1980, hardly encouraging belief in its scientific status.³⁵ It is also a psychoanalytic concept, going back to Freud and at odds with other diagnoses which are theory-free. A good example of its misuse and lack of validity is the way psychiatrists and psychologists went public to accuse Donald Trump of 'malignant narcissism' (in the process ignoring the Goldwater Rule).

Such a finding is a reflection of the diagnostic confusion in which psychiatry finds itself. Of all these disorders, NPD is a good example of the current medicalisation of ordinary life. Science and medicine have been co-opted into the daily discourse to explain everything (except that humans by nature will always be varied and accept responsibility for their actions). Some describe a narcissist as a psychopath who hasn't been caught yet.

Discussion

The three trials in question occurred at times of great historical tension for Norway. Highly emotive circumstances surrounded the first two: the brutality of the Nazi oppression the determination of the Norwegians to bring collaborators to account after the war and Hamsun's wartime support of Hitler.

Seventy-five years after the end of World War 2 have dulled memories of the Nazi onslaught and the brutality of their occupation. For the Norwegian people the issues were stark. It was doubly challenging to the national image that two figures held in such high regard (Quisling's profile, admittedly, had been fading for some time before the war) should have so blatantly sided with the enemy. Appalling treason deserved the highest level of punishment; yet, so extreme was their calumny that many believed

that it could have only been driven by madness – or dementia in Hamsun’s case.

The public perception that all Nazi collaborators were mentally unwell did not arise *de novo* but was facilitated by the psychiatrists. From Langfeldt down, they believed that the ‘German hussies’ were mentally retarded.³⁶ It is difficult to avoid the impression that the idea of Norwegian women preferring German soldiers was a threat to the national self-image. This concept was equally easily applied to Quisling and Hamsun.

Breivik’s trial was at a challenging time for the Norwegian public. Previously a small homogenous population, their tolerance was deeply challenged by the arrival of refugees of differing cultural and religious values, seen by many as posing a threat to a long-established way of life. Few of the new migrants became terrorists but, like many other uprooted communities, clung to themselves and rejected the values of the new society they found themselves. This in turn polarised the political debate between those who insisted on assimilation and those supporting multiculturalism. The country’s role in Europe was also relevant. Although Norwegians had voted against joining the EU they had in fact a *de facto* union and were no more exempt from the issues over the counter-reaction over refugees than the rest of the continent. Reaction and resistance followed, fanned by movements in other parts of Europe. Extremists were inevitable but no one could have anticipated the methodical and planned way in which Breivik carried out his killing spree. It is significant that many themes in Breivik’s manifesto were pan-European in sentiment.³⁷

Melle points out the ‘odd’ effect Breivik had on his investigators, making them reluctant to explore the deeper basis for his ideas, adding that they should be cautious in expressing themselves publicly.³⁸ Many Norwegian psychiatrists, she adds, would not have disagreed with the first finding of schizophrenia, although differing in the use of ICD-10 criteria (as opposed to DSM-1V).

Breivik’s case was another example of a recurrent forensic dilemma: extreme ideas leading to murderous criminal behaviours that are foreign to the thinking of the average person. Does this mean that they are delusional? Rahman, Resnick and Harry hold that the concept of extreme overvalued beliefs constitutes rigidly held nondelusional beliefs, not a psychotic

condition.³⁹ The European concept of the overvalued idea is of one distinct from an obsession or delusion. They add that had Breivik been tried under Anglo-American law, the issue would have revolved around whether he knew the difference of right from wrong (M’Naughten rule). While hypothetical, it is unlikely this would have made any difference to the court’s findings.

The cases described are by no means unique to Norway and to illustrate how the same issues can recur in other jurisdictions consider the case of Peter Sutcliffe, the Yorkshire Ripper. Going to trial, Sutcliffe pleaded not guilty to thirteen charges of murder but guilty to manslaughter on the grounds of diminished responsibility.⁴⁰ Four psychiatrists (two for each side) diagnosed Sutcliffe with paranoid schizophrenia. On the face of it, this would indicate unanimity of findings. Consequently the prosecution accepted a plea of diminished responsibility but the expected path of the trial was then derailed. The judge rejected the expert testimonies on the basis that the public would feel Sutcliffe had escaped punishment.⁴¹ This required the psychiatrists to be subjected to lengthy cross-examinations by the prosecution aimed at discrediting their findings. This was successful as the jury then rejected the psychiatric evidence (possibly influenced by evidence from a prison officer who allegedly heard Sutcliffe say to his wife that if he convinced people he was mad then he might get ten years in a ‘loony bin’).

Sutcliffe was found guilty of all counts of murder and sentenced to twenty concurrent sentences of life imprisonment. In another turn of the wheel, once incarcerated Sutcliffe was soon found to have paranoid schizophrenia and spent the next 32 years in Broadmoor psychiatric hospital. This vindicated the psychiatrists who found unequivocal evidence that he had schizophrenia.⁴²

Reviews of the conduct of the trial leave little doubt that political issues in response to public pressure intervened in the usually objective manner in which the psychiatrists reached and presented their findings.

Confronting the public belief that being in a forensic hospital was an easy ride, Sutcliffe’s time in Broadmoor was hardly easy. He was nearly strangled with a phone cord, stabbed and blinded in the eye and glassed in the face causing extensive lacerations – a challenge to the public perception that this was an easier alternative to

prison. He was then determined to have recovered in response to treatment and transferred back to Frankland Prison where he remained until his death in 2020.

Simon Wessely, President of the Royal College of Psychiatrists, said that the inexplicable can only be explained as an act of insanity, which by definition cannot be rationally explained.⁴³ Breivik's acts were so monstrous and the consequences so grievous that the perpetrator had to be insane. The purpose of psychiatry in such cases, contrary to the public belief, is not 'to get people off'. The belief that to be detained in a forensic psychiatric hospital is an easy alternative to being jailed is erroneous. Many criminals did not want to be 'nutted', preferring detention in a prison.

Symptoms, assessment and diagnoses, like all of science, are ultimately a product of their social context; that is, they cannot be unmoored from the social circumstances in which they arise. The Quisling and Hamsun psychiatrists were highly professional and strongly aware of the importance of what they had to do but they could not avoid the widespread beliefs about the collaborators which they facilitated. In the Breivik case contradictory findings, done to the best of the assessors' ability, were obtained but enormous social pressures that drove the court to decide that he should face trial as a sane person. If there is one certainty, it is that such cases will recur and all parties, including lawyers, psychiatrists and the public, will be affected, best intentions notwithstanding, by the whirlwind of controversy that emerges.

Conflict of Interest

There is no conflict of interest and this article complies with the requirements of ICMJE; a signed declaration form is attached.

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³⁴ Fahy T. Do cases like that of Anders Breivik show that fanaticism is a form of madness? *BMJ*. 2012 Jul 11;345:e4647.

³⁵ See: Alarcón RD, Sarabia S. Debates on the narcissism conundrum: trait, domain, dimension, type, or disorder? *J Nerv Ment Dis*. 2012 Jan;200(1):16-25; Karterud S, Øien M, Pedersen G. Validity aspects of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, narcissistic personality disorder construct. *Compr Psychiatry*. 2011 Sep-Oct;52(5):517-26.

³⁶ Langfeldt G. Psychiatric observations and experiences during the German occupation of Norway. *Acta Psychiatr Neurol*. 1946;21(1-3):459-71.

³⁷ Richards B. What drove Anders Breivik? *Contexts*, Fall 2014, Vol. 13, No. 4, pp. 42-47.

³⁸ Melle I. The Breivik case and what psychiatrists can learn from it. *World Psychiatry*. *Ibid*.

³⁹ Rahman T, Resnick PJ, Harry B. Anders Breivik: Extreme Beliefs Mistaken for Psychosis. *J Am Acad Psychiatry Law*. 2016 Mar;44(1):28-35.

⁴⁰ Editorial. Sutcliffe and after. *The Lancet*, 6th June 1981, 1241-1242.

⁴¹ Jenkins P. Serial murder in England 1940–1985. *J Crim Justice* 1988; 16: 1–15.

⁴² MacCulloch M. Correspondence. *The Journal of Forensic Psychiatry and Psychology*. 1993; 4:3, 583-589.

⁴³ Wessely S. Anders Breivik, the public, and psychiatry. *Lancet*. 2012 Apr 28;379(9826):1563-4.