

Radicalization, Terrorism & Psychopathology:

State of affairs, gaps and priorities for future research

Norah Schulten, Bertjan Doosje, Ramón Spaaij en Jan Henk Kamphuis

Commissioned by WODC (Research and Documentation Centre)

Ministry of Justice and Security



UNIVERSITY OF AMSTERDAM

January/14/2019

Summary

Radicalization and terrorism are internationally prominent societal problems. Various alternative models seek to explain the radicalization process towards terrorism, in order to support preventive policies. Since the 1970s, scientists have paid attention to the role of one specific psychological factor evident in a substantial proportion of the general population: psychopathology (i.e., mental disorder). In the early years of this research field, several psychopathological characteristics were attributed to terrorists, especially psychopathy (antisocial personality), narcissism, narcissistic rage, and paranoia. Subsequently, a vision emerged, often based on interviews with terrorists, which espoused that terrorists rarely show psychopathological characteristics. Empirically, however, the evidence for both perspectives often fell short due to a lack of statistically and systematically obtained data, validated psychological tests and diagnostics, comparison groups, and nuances within groups of terrorists, as well as various forms of political and psychological biases in the research.

In 2018, there seems to be a consensus among experts that psychopathology cannot lead independently to radicalization or terrorism and is therefore not a direct risk factor. However, psychopathology is often included in risk assessment instruments. Thus, a more nuanced picture is necessary to better understand the relationship between psychopathology and terrorism for sound case management. Therefore, the current study has tried to answer the following two main research questions:

- 1) What is known from extant scientific research about the relationship between psychological disorders and radicalization/terrorism?
- 2) What is a relevant and feasible research agenda in this field?

These questions were answered by means of a systematic literature study (PRISMA method), interviews with academic (N=4), clinical (N=4) and practical (N=1) experts, and one focus group.

Prevalence of psychopathology in terrorism

1a. Which psychological disorders in relation to which forms of radicalization/terrorism have been the

subject of scientific research? What are the main findings regarding the relationship between psychological disorders and terrorism?

The prevalence literature supports the conclusion that psychopathology is relatively more common among lone actor terrorists than among terrorists acting within group structures (i.e., group terrorists). Overall, psychopathology was evident in a substantial minority of lone actors. The psychological disorders that occur more often in lone actors than in the general population are schizophrenia, delusional disorders and autism spectrum disorders. However, it warrants mentioning that the studies showed substantial methodological and diagnostic limitations. The conclusions should therefore be interpreted with caution.

With respect to group terrorists (who are responsible for approximately 95% of the attacks), there currently is no clear evidence available that psychopathology occurs more frequently in this group than in the general population. Some studies do suggest, however, that psychopathology may be present in a small minority of American right-wing extremists and French jihadist terrorists (psychosis). This is also the case for subgroups such as violent (suicide) terrorists (depression and suicidality) and foreign fighters (schizophrenia and psychosis). For the latter forms of terrorism, however, no obvious significant differences with comparison groups have been demonstrated and the clinical diagnoses were not always established by clinical experts. Future research should therefore further examine the extent to which psychopathology is evident and implicated in these subgroups. For the time being, the bulk of the explanatory power seems to lie in other factors, such as socio-psychological, economic and political risk factors.

The role of psychopathology in terrorism

1b. By what mechanisms does psychopathology influence radicalization and terrorism? Which factors are implicated?

1c. What factors / mechanisms can we glean from related problematic behaviors? How might

this inform us about risk factors/ mechanisms implicated in radicalization/ terrorism?

1d. What are prominent theories and/or models that can describe/explain the (possible) influence of psychological disorders on radicalization/terrorism?

In order to study which mechanisms may play a role in the relationship between psychopathology and terrorism and which other factors are relevant, we consulted empirical and theoretical studies on both radicalized people and terrorists. These studies were supplemented by expert interviews and juxtaposed with information from the DSM-5 (the system for categorizing mental disorders). More knowledge about the role of these mechanisms can be useful to professionals who are involved in terrorism case management in which psychopathology appears to be present.

If psychopathology is involved in terrorism, and especially in lone actor terrorism, it seems to play a non-specific and complex role in a highly individualized chain of context-dependent events and factors that ultimately leads to terrorist activities. The events and factors that support violence and that can interact in a cumulative way with psychopathology are diverse. Examples of such factors are situational conditions (e.g., access to and supplies of weapons), stress (e.g., chronic stress complaints, acute stressful situations and social stressful conditions), violence-inducing cognitions (e.g., experienced grievances, moral indignation and an ideology that supports violence), a history of violence, radical social environments (e.g., a radical partner and/or an encounter with a radical person) and physical and social isolation (and therefore strong internet influences).

Disorders from the schizophrenia spectrum and other psychotic disorders (in particular delusional disorders), social communication disorders and autism spectrum disorders seem overrepresented among lone actor terrorists. In the case of psychotic disordered terrorists, it is assumed that the extreme ideas provide perpetrators with some much needed structure. The extreme ideas (black and white) and the resulting behavioral agenda can provide (dysfunctional) support and give meaning to the derailed psyche. In the case of social disorders, it is assumed that personal isolation (or the absence of corrective, nuancing influences) and a tendency towards obsession promote the extremity of opinions. Furthermore, the nexus

between depression and terrorism can lie in giving meaning to already existing thoughts of suicide. Experts also indicate that more extreme personality traits or formal personality disorders can translate into enhanced reactions to humiliation or into reduced empathy for the fate of others. Conversely, severe psychological dysfunction can also serve as a negative risk factor in that the planning and execution of a terrorist attack is preempted due to insufficient cognitive and executive capacity.

As described above, psychopathology does not seem to be common among group terrorists. Other risk factors from established models seem considerably more evident, such as the feeling of helplessness, powerlessness, uncertainty, personal victimhood and experienced grievances. Theoretical studies and experts speculate that in some cases psychopathological vulnerabilities such as depression, schizophrenia, narcissism or traumas may interact with the latter risk factors. As indicated earlier, these suggested connections should be treated with caution, as they are not (yet) based on empirical evidence, but on speculation.

Research agenda

2a. Which psychological disorders and/ or mediating factors are missing in scientific research?

2b. Can this knowledge be acquired by novel empirical research? If so, what is a relevant and feasible research agenda in this field?

Based on the gaps in the existing literature, expert interviews and the discussion in our focus group, we developed a research agenda that consists of five priorities (perspectives). These perspectives will be supported by a multi-method approach, in which priority research and quantitative, qualitative and experimental research complement each other. Key research directions are first and foremost to enhance theory development and to conduct further research on specific terrorist (sub-) groups with regard to motivational processes and psychopathology. For example, the report shows that various themes, such as the role of psychopathology in foreign fighters, deserve more attention. Second, we recommend efforts to unify the (treatment) protocols for thorough case management of (potential) terrorists. The third objective and the fourth objective concern standardization in clinical assessment methods and consensual definitions of radicalization and terrorism, respectively. The fifth and final

objective is to build up an international network in which the exchange of (existing) clinical knowledge is promoted.

For some of these research directions, key practical feasibility issues are at play. For example, for both quantitative and qualitative research, it is difficult to share, manage, and publish confidential data, due to medical confidentiality agreements and the new privacy legislation within Europe. Nonetheless, there are various possibilities to carry out this research within the legal parameters. For example, a privacy-impact assessment will have to be made, and researchers can collaborate with a third independent party that collects, manages, links, and encrypts the confidential data.

Conclusion

Prevalence studies on psychopathology and terrorism show that there is no single specific profile for terrorists. Psychopathology seems to play a limited role in lone actor terrorism and not specifically in group terrorism. Moreover, mental disorders are generally also not useful for statistically predicting who will or will not commit a terrorist act. For each disorder, even if it has been relatively more frequently observed among lone actor terrorists, the vast majority of the persons suffering from it will never be attracted to radicalization or terrorist activities. Future research will have to clarify which psychological disorders are more common in certain specific types of terrorism, and with which violence-supporting factors these psychological disorders may be associated. Improved qualitative knowledge about (treatment) protocols can serve to support case management efforts of clinical experts and professionals across the globe.