



The Relationship between Mental Illness (Disorder) and Terrorism

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Some researchers think that terrorists suffer from deep psychological problems including being aggressive, reckless, deranged and psychopathic (a person characterized with lack of emotional empathy, antisocial, inward-looking and rigid behavior). In fact, terrorists kill in cold blood and stand against civilization and progress. Researchers mostly focus on personality traits and disorders. However, the most widely accepted approach considers a terrorist as an individual suffering a mix of psychosocial personality disorders. Other perspectives will be outlined later in the article.

The World Health Organization (WHO)'s definitions suggest that there are mental disorders with various aspects and symptoms. Such disorders are characterized with a complex mix of notions, perceptions, sentiments, behaviors, in addition to abnormal relations with other people. These disorders include: acute depression, bipolar disorder, schizophrenia as well as other types of psychosis. Other forms include aging psychosis and developmental disorders such as autism.

On the other hand, terrorism is a form of psychological, ideological and socioeconomic warfare, whether it plays out in the form of explosions, suicide bombings, biological or financial terror. Thus, it is a kind of asymmetrical political violence waged in order to create fear, intimidation and cause violent damage to victims and property.

The connection between mental disorder and terrorism:

Major research trends that examined the connection between mental disorder and terrorism may be summarized in four key trends as follows:

First: there is a trend that stresses a strong connection between mental disorder and terrorism:

Some researchers such as Pearce described the behavior of terrorists as depicting many characteristics of mental disorders and symptoms, such as paranoia, aggressive

psychopathy, extremism, hallucinations, disconnection from reality, magical thinking, feeling of marginalization, inferiority, isolation, alienation, temporary madness, sadomasochism and other disorders.

There is another sub-trend that deals with specific types of terrorist groups and attacks. And it became clear that the existence of a certain pattern of personalities raises the likelihood of the display of mental disorders of such individuals. Such disorder can unfold in many behaviors, including mainly terrorism.

In terrorism research, a specific type of terrorism, a certain type of terrorist groups as well as specific types of terrorist attacks are noticed. And this type of terrorism and attacks is being described as “peculiar”. Thus, Jesse Norris, in her recent study published in the “Journal of Terrorism and Research Initiative” (in June 2020 issue) called for paying particular attention to some traits that distinguish individuals labeled under this type of terrorism. Such traits include nihilistic, anarchist inclinations, mental disorder, and tendency towards brutal violence, in addition to other characteristics.

Mrs. Norris once again cited in this study Jeffrey Simon’s characterization of the strange phenomenon of lone wolves, describing them as “cruel terrorists having complex psychiatric problems” and that they “tend to be advocates of a single cause, very smart, but with absolutely no feeling of remorse.”

So, Mrs. Norris proposed making the category of “peculiar terrorism” a separate cohort of terrorists that its individuals share common traits among collective and individual terrorists at the same time, due to the fact that the difference is a matter of degree and not kind. But what groups them together is the following common traits:

1. **Magical thinking:** terrorists who suffer semi-schizophrenic states (who haven’t yet reached full-blown schizophrenia) think that they can communicate with the dead, predict future events, in addition to their unrealistic beliefs about success.
2. **Wishful thinking:** through exaggeration and believing in the likelihood of the success of the terrorist and its group. Such exaggeration is linked to strong wishes of social change due to the terrorist behavior.
3. **Psychotic strategic thinking:** clearly influenced by mental disorders including being constantly consumed by persistent notions or hallucinations about a post-terrorism world and tying that to some terrorist operations.

Mrs. Noriss concludes by saying: “despite the fact that mental disorder could be the key reason behind this strange behavior, especially in cases of collective terrorism, yet there are other sources for this behavior, such as distorted rigid beliefs, drug use and constant fear, confusion and suspicion in which the terrorists live.”

Thus, the common theme of these three traits is the disconnection from reality, being absorbed in ruminative self-focused thinking and disdain of facts, all of which are clear signs of schizophrenia.

This type of research trends leads us to another kind of research that is interested in the peculiar nature of the extremist terrorist behavior and whether it is an idiosyncratic or collective pattern. This latter type of research is focused on the behavior of lone wolves and that of a pack of wolves. These researchers argue that a lone wolf (a radical individual) might suffer from psychological disorders compared to an aggressive and better organized pack of wolves. The lone wolf is the terrorist who commits mass crimes (by killing four or more persons in 24 hours or less) regardless whether he/she has a certain belief or not. So, he/she acts independently, but can be directed, controlled, directly or indirectly, by larger terrorist organizations. These studies suggest that as long as the individual get disconnected from being directly supported or directed, it is more likely he/she would suffer from psychological-mental disorders.

An important report published by the Islamic Military Counter Terrorism Coalition (IMCTC), titled: “The Lone Actor” indicated that a quarter of lone actors were diagnosed as suffering from one or more types of psychological disorders prior to carrying out the attack. And mood disorders such as depression and bipolar disorder were more prevalent and followed by psychotic disorders such as schizophrenia, according to the diagnosis. Other disorders among such individuals included adjustment and attention disorders.

Emily Corner and Paul Gill had tested whether there were significant differences in the mental illness between two samples of terrorists. The first sample comprised terrorists who committed terrorist act independently, while the other sample consisted of terrorist who acted collectively. The first group comprised 119 lone actors, while the second comprised 119 collective actors. And the data analyses had shown that the lone acting terrorists have had psychological disorders by a rate of more than 13.49 times compared to the rate of psychological disorders of the collectively acting terrorists.

However, what is significant here is the conclusion of the analyses that the terrorists who acted collectively, each one of them have had one wife, partner or more, on the one hand, and they were affiliated with wider terrorist groups by a higher rate compared to the terrorist who acted collectively by 18.06 times, on the other hand. So, the dichotomy that argues that there are two groups of terrorists, lone actors and collective actors, might be inaccurate. This is because each and every lone actor terrorist might belong to a certain clandestine or indirect group and each collectively acting terrorist might act alone as well. Therefore, understanding the concept of group dynamics, e.g. the collective mechanisms that makes the individual more prone to interaction, isolation, collaboration or competition in collective contexts, is very relevant in understanding terrorist motives whether they acted alone or collectively.

Second: Positive relationship, taking into account factors other than merely mental disorder:

Advocates of this trend say that tendency towards violence and the use of narratives that incite violence, should be taken into consideration, in light of the behavior labeled as violent extremism. Violent extremism is defined as a “violence committed by an individual or a group in support of ideological, religious or political goal.” This term is used interchangeably with “terrorism.” The protagonist of this trend argue that the mental disorder solely can’t determine who will get involved in violent extremism, but makes individuals more vulnerable or targeted by the danger of involvement in such acts, in addition to other factors such as lack of social ties, childhood traumatic experiences, negligence, anger, desire for vengeance, substandard education system and substance abuse. Other factors include radical or violent rhetoric espoused by terrorists outlining their supposed supremacy or distinction. The same trend also includes the power struggle and pressures that take place within the terrorist groups and the consequences of engaging in violent acts leading to the feeling of sense of guilt, shyness and shock among some of them. And such experiences could push the terrorist fall into the fits of disorders or acts of psychosis. This trend is favored by researchers including Weatherstone and Moran.

Third: another trend confirms the existence of a subsequent and not a preceding correlation between mental disorder and terrorism:

Meanwhile, other studies suggest that there are prevalent social factors within terrorist organizations that negatively affect the safety or physical fitness of individuals and members. These include internal rivalry within a given terrorist organization that lead

to a conflict that fuel grudge, animosity and personal dislike among the lower ranks and wider disintegration at the higher levels. Such pressures and conflicts, as well as punishment of members flouting the group's directives, erosion of confidence in the group and its influence, lack of vision, confusion, intimidation and elevated levels of fear might lead to internecine conflict and further inflame paranoia, aggression and hallucinations.

Hence, mental disorders, in fact, precede the existence of terrorist groups, and do not come after. And this trend is similar to some extent to the aforementioned second type of studies regarding factors conducive to mental disorders. Yet, the difference lies in the fact that this trend does not suggest a prior existence of the disorder as the case in the first and second trend, it rather suggests a subsequent existence. Finally, this does not mean that these individuals were predisposed to disorder and pointed out earlier.

Fourth: No correlation between mental disorder and terrorism:

Proponents of this view argue that the acute mental disorder has no impact on terrorism and there is little correlation between them. In the meantime, other experts such as Harlow et al, as well as Sigman found in 2004, that 9 out of 10 individuals in the study were designated as terrorists had not shown any schizophrenic symptoms. While other studies that examined many violent extremists, known as jihadist combatants, who committed violent terrorist attacks, found that they were not psychopathic. Rather, most of them were healthier and sound, compared to other violent criminals.

Conclusion:

In most cases, this type of studies faces serious methodical issues including small test samples, lack of analytical and statistical tools.

In short, terrorism is a complex and multifaceted behavior. It consists of biological, cognitive, cultural, emotional, environmental, educational, idiosyncratic and group components. Therefore, terrorism studies need to be conducted based on plans of a multidisciplinary research team that brings together educators, psychologists, sociologists, religious, political and economic scholars who can work together to reach a better understanding of this pathological phenomenon which threatens human civilization and progress.