Psychopathology of terrorists

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Terrorist behavior represents a subtype of human aggression probably determined by a combination of biological, psychological, and social factors, as well as by peculiar environmental influences and group dynamics. As regards terrorists’ psychological characteristics, the available studies (mostly carried out with no sound scientific design) have failed to identify the common or typical pathological personality traits of modern terrorists. The popular opinion that terrorists must be insane or psychopathic is still widespread; however, no evidence exists that terrorist behavior may be caused either by prior or current psychiatric disorders or psychopathy. Not surprisingly, some theories have proposed social factors and non-pathological psychological traits as predisposing elements for terrorist acts, but they generally lack of empirical validation. Moreover, most of these theories do not explain why, even if so many people are exposed to the same social factors or show the same psychological traits, only a tiny minority of them join a terrorist group. Therefore, it is mandatory that systematic and scientific investigations be carried out in order to understand the possible bases for terrorist aggression, including the early detection of possibly associated psychopathology, and to design an appropriate counterterrorism prevention policy.

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Clinical Implications

- In the data of the available literature, there is no significant evidence of a link between psychopathology and terrorism.
- Even if the presence of a mental disorder is detected in a terrorist, it cannot be concluded that the disorder was the cause rather than a consequence of terrorist activity.
- Systematic and scientific investigations are needed in order to understand the bases for terrorist aggression and to design an appropriate counterterrorism policy.

Introduction

Given the heterogeneity of terrorist behavior, there remains a lack of consensus even about the definition of “terrorism,” so that more than a hundred different academic labels can be found in the literature.

Generally, by considering common elements found in current definitions, terrorism can be considered as violence or the threat of violence against non-combatant populations in order to obtain a political, religious, or ideological goal, or to influence the target population and change their behavior through fear and intimidation.

Since even terrorist actors may be very heterogeneous, different typologies of terrorism can be categorized. State terrorism, for example, refers to acts of terrorism conducted by a nation against foreign targets or its own people (e.g., the bombing of Guernica, the gassing of Kurdish civilians during the closing days of the Iran–Iraq War). Conversely, sub-state terrorism is categorized by Post (2004)2 as social revolutionary terrorism, right-wing terrorism, nationalist/separatist terrorism, religious extremist terrorism, and single-issue terrorism (e.g., animal rights), each of which appears to be associated with its own psychological dynamics.

The large number of theories regarding the causes of terrorism include a broad spectrum of sociological, psychological, and psychiatric approaches. However, they rarely have been based on scientific methods, such as the use of validated measures for psychological and psychiatric examination, comparisons with appropriate control subjects, or the use of appropriate statistical testing to validate hypotheses. The reasons for this are multiple and often easily understandable. First, as
already mentioned, terrorism cannot be interpreted as a unitary behavior, so that every theory based on hypotheses trying to draw general outlines is drawn up using inconsistent assumptions. Second, terrorism research may require dangerous and expensive travel to politically unstable regions. Third, active terrorists are not likely to cooperate with psychological or psychiatric assessment. Fourth, authorities may deny access to incarcerated terrorists because of security and secretive concerns. The result is that the data derived from systematic investigations are severely limited.

Since the debate concerning the causal connection between mental illness and terrorism is still open, the aim of the present article is to critically summarize the main psychopathological hypotheses about the genesis of terrorist behavior. For this aim, published data in the Medline and PubMed databases were searched up to March of 2017 using the keywords “terrorism” and “terrorist”, each individually matched with “psychiatry”, “psychopathology”, and “mental illness”. Furthermore, a search for relevant articles, books, and chapters of books was conducted by examining the cited references of the retrieved publications. In particular, retrieved information was used to discuss the arguments about the personality and psychopathology of terrorists.

**Personality of Terrorists**

As regards theories that posit that terrorism may be due to a personality disorder, the first interesting reports were published in the 1970s and 1980s. In the United States, Hubbard (1971),3 based on unstructured interviews, described a group of skyjackers as sexually shy and passive, with poor social skills and achievements, with deeply religious mothers and violent and alcoholic fathers. Some common typical characteristics were identified in a larger group of more than 900 Italian right-wing terrorists,4 particularly ambivalence about authority, defective insight, emotional detachment from the consequences of their actions, uncertain sexual roles, magical thinking, low-level education, and destructiveness. In Germany, another study utilizing semistructured interviews5 with 227 left-wing and 23 right-wing terrorists identified two patterns of personality traits: (1) an extroverted, stimulus-seeking, dependent pattern, and (2) a hostile, suspicious, and defensive one. However, none of these American, Italian, and German studies used control groups and/or validated psychological instruments. They did not suggest common personality traits in the three analyzed groups, and without control subjects they could not conclude that the identified characteristics distinguished terrorists from non-terrorists.

More recently, a study employing semistructured interviews with 35 incarcerated Middle Eastern extremists6 revealed that most came from respected families who had supported their activism. They cited peer influence as the main reason for joining the terrorist group, and membership was described as something that fused individual identity with the group’s collective identity and goals. Studying the biographies of 10 Muslims who had engaged in terrorist acts and without a formal method to confirm his psychiatric impressions, Sageman (2004)7 found no evidence of pathological narcissistic or paranoid traits.

We can think that, though terrorists rarely exhibit personality disorders, they can be characterized by subthreshold psychological traits or may be influenced by identifiable social factors.8 Actually, in the previous few decades, many sociological and psychological theories have been proposed about this topic, interpreting terrorist activity as an aggressive reaction to frustration and social oppression or the result of social learning through group influences (ideological indoctrination, repetitive training, and peer pressures).9 However, most of these theories lack validation by controlled empirical studies and fail to explain why only a tiny minority of the millions who are exposed to the same social factors and show the same psychological traits join a terrorist group.

To summarize, as regards the psychological characteristics of terrorists, the available studies lack scientific design and fail to identify the common or typical pathological personality traits of terrorists.

**Psychopathology of Terrorists**

The popular opinion that terrorists must be insane or psychopathic is still widespread. Many theories developed during the 1970s and 1980s hypothesized a connection between mental illness and terrorism, suggesting that prior psychopathology causes individuals to engage in terrorist acts. Parry (1976)10 stated that most political terrorists are not normal but are insane or mentally disturbed. Pearce (1977)11 claimed that their behavior may show some evidence of psychopathy, paranoia, or some other clinical psychiatric disorder. Other authors have focused on personality disorders, attributing to terrorists a remorseless personality type (psychopathy or sociopathy)12 or defining them as outlaws and outcasts with the typical characteristics of psychopaths.13,14

However, there is little evidence in the literature for the hypothesized connection between prior psychopathology and terrorism. Moreover, very little controlled research has been carried out with an adequate psychiatric evaluation. On the basis of uncontrolled empirical studies on left-wing German militants, on members of the Algerian Front de Liberation Nationale, and on members of Hezbollah, terrorists exhibited no signs of psychiatric disorders.15–17 In Northern Ireland, a clinical examination18 comparing 59 ordinary killers with 47
political murderers found that the latter were generally more stable, had a better family background, and showed significantly less evidence of mental illness. Rash (1979)20 examined 11 members of the German Baader-Meinhof terrorist group and reported no evidence of mental illness in any of the respondents. Post et al. (2003)6 also found no psychiatric disorders in two groups of 21 and 14 Islamist terrorists. Therefore, many authors have concluded that, if it is true that the leaders of terrorist groups are sometimes insane individuals and that a few terrorist acts may be attributed to insane persons, terrorists rarely meet the psychiatric criteria for mental disorders.20,21

Similarly, several lines of reasoning do not support the popular claim that antisocial behavior is typical or common among terrorists. Extensive evidence favors the notion that terrorists are far from being outcasts. On the contrary, they are often considered by their groups as heroes fighting for the freedom of their people. The Irishman who joined the Provisional Irish Republican Army or the Middle Eastern student who joins an Islamist radical group may receive considerable popular support, and they think of themselves as being altruistic and to be contributing to the best of his/her society, even as significantly increasing the economic income of his/her family.17,22 Ironically, therefore, with respect to group identities, certain types of terrorism represent “prosocial” behavior—the antithesis of selfishness. Further evidence of the prosociality of some terrorists derives from an Italian study on militants who joined a terrorist organization.23 The author suggested that terrorist recruitment begins by involving the militant in a group with shared social values, by filling the individual’s sense of emptiness and eliminating their sense of exclusion, and by promoting a “role” within the society where he/she was considered to be a dropout.

Another interesting point of view considers the possibility that terrorism and mental illness may be connected because of the effects produced in some individuals by their engaging in terrorist activities—that is to say, that psychopathology is the consequence of surrounding conditions and events.24 Therefore, if the presence of mental disorders is detected in a terrorist, it cannot necessarily be concluded that the disorder was the cause rather than the consequence of terrorist activity. Trauma- and stressor-related disorders (e.g., posttraumatic stress disorder and adjustment disorders) are conditions specifically linked to intense stressors, like combatants’ exposure to life-threatening and catastrophic events.25 Along these lines, different variables have been proposed that may be of importance in contributing to psychiatric disorders secondary to terrorist acts, particularly terrorists’ lifestyles, the need to hide themselves, abandonment of original families, frequent and sudden escapes, living in extreme situations, adhesion to the strict rules of the group, conflicts within the group, and the effects of interrogation and incarceration.24

To summarize, there is no significant evidence in available literature of a link between psychopathology and terrorism. As with general criminal activity, there are undoubtedly cases where individuals engage in terrorism because of a prior mental disorder (the so-called “lone wolves,” although the latest isolated acts carried out by this kind of individual do not support this assumption), but this possibility is most likely remote. Therefore, without doubt, it is a hard task to try and disentangle the question of how great might be the impact of a preexisting mental disorder on a terrorist, or if, when clearly diagnosed, it is the cause rather than the effect of his/her behavior.

Conclusions and Perspectives

No evidence exists that terrorist behavior is caused by either prior psychiatric disorders or psychopathy. Many theories have proposed social factors and psychological traits as predisposing elements for terrorist acts, but they almost always lack empirical validation. In any case, terrorists are markedly psychologically heterogeneous, and every terrorist, like every person, has his/her own complex of psychosocial experiences and traits. As Victor-off (2005)9 argued, terrorism is unequivocally a subtype of human aggression that is probably always determined by a combination of innate factors, biological factors, early developmental factors, cognitive factors, temperament, environmental influences, and group dynamics. The degree to which each of these factors contributes to a given event probably varies between individual terrorists and between terrorist groups. Theories that claim predominance for one of these influences over the others are at the moment premature. Systematic and scientific investigations are needed in order to understand the bases of terrorist aggression and to design an appropriate counterterrorism policy. Taking into account the most recent and increasingly tragic attacks, it should be imperative to institute multidisciplinary research programs in order to increase a critical knowledge base founded on evidence and not on theoretical presumptions. The best therapy in medicine, as well as in psychiatry, is prevention. An effective counterterrorism policy, therefore, should be guided by a scientific understanding of the individual and societal/environmental risk factors that might predispose individuals to become terrorists.

Disclosures

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