

Psychosocial Explanations of Terrorism

Are terrorists mentally disordered?



It is often thought that terrorists are “crazy,” “insane”, or “psychotic” because it is otherwise difficult to imagine why people would kill innocent victims, often also killing themselves in the process. In many societies, this behavior is difficult to understand, especially suicide attacks, which raises many questions. Examples of terrorists that perpetuated the idea that terrorism is linked to psychological disorders are Ted Kaczynski (“Unabomber”) and Anders Breivik (2011 Norway attacker). Both men are believed to have suffered from paranoid schizophrenia. Others include Richard Reid (“Shoe Bomber”), Timothy McVeigh (Oklahoma City bomber), Khalid Sheikh Mohammed (the 9/11 mastermind), and Major Nidal Hasan (Fort Hood shooter).

Although there is a natural tendency to view these and other terrorists as fundamentally different, perhaps in the same class as mass murderers and school shooters, who are often diagnosed with a mental illness, there is a decisive difference. The latter incidents are not politically motivated, while terrorists are.

Terrorism implies rational intent

In other words, there is a fundamental difference regarding rationality; and if there is rationality, and if this is part of a mechanism that is linked to some ideological idea, it becomes difficult to contribute terrorist acts to mental illness. Regarding academic evidence, the instrumental approach to terrorism firmly rejects the notion that terrorists are “crazy.” Instrumental explanations of terrorism suggest that the act of terrorism is a deliberate choice by a rational actor with an objective to achieve political or ideological goals.

According to Jerrold Post, author of *“The Mind of the Terrorist,”* terrorists are psychologically normal, that is, not clinically psychotic. He stated further: “They are not depressed, and not

severely emotionally disturbed, nor are they crazed fanatics. In fact, terrorist groups and organizations regularly weed out emotionally unstable individuals. They represent, after all, a security risk.” Therefore, there is no particular terrorist personality, and there is no consistent evidence that terrorists are crazed fanatics. However, this does not mean that there are no terrorists who are clinically disturbed. In fact, personality disorders might be more frequent than in general populations.

Terrorists find meaning and belonging

There are two possible exceptions. In general, as we have seen, engagement in terrorist groups are related to the psychological need to belong and find meaning in life. Therefore social processes such as peer influence and group dynamics play a decisive role. In the first instance, suicide terrorism is instrumental and strategic in the execution of a successful attack. For this reason, females are often recruited as they tend to be detected and suspected less. They are most often vulnerable and susceptible individuals who find social support from within an ideological group.

Candidates are people in conflict zones whose motivation is often based primarily on trauma or revenge, and people outside areas of conflict who may feel alienated, disillusioned, marginalized, discriminated against, and seeking some meaningful life purpose. The individual may not be acting on the same motivation as the group. However, the group and its leadership emotionally and psychologically manipulate potential recruits by exploiting their vulnerabilities.

Lone wolves are an anomaly

The most common pathway to terrorist group involvement is social or familial connections. Lone wolf terrorists are also a relative anomaly as few terrorists truly operate in isolation. They may have a relatively loose connection via email, social media, online forums, and other communication, but they seldom act without any guidance or encouragement. A study found that although suicide terrorists do not suffer from psychosis, the majority tend to have dependent-avoidant personality traits. This means that they find it hard to say no to authority figures and are more likely to act against their own judgment. The rest, about one-third, have impulsive and emotionally unstable traits, but are less controllable and their enthusiasm often short-lived.

On the other hand, organizers of terrorist attacks are manipulative, more intelligent, older, pragmatic, and with less moral ambiguity. Therefore, there is a distinct difference in the psychology of those organizing terrorist attacks and the individuals executing it. Essentially, in particular for the leaders, terrorism is a rational strategy to achieve an ideological goal, and they are adept enough to attract vulnerable individuals to follow their plans.

Conditions favorable for terrorism

In conclusion, rather than trying to identify the causes of terrorism, which are elusive and

intertwined, a more relevant and helpful question is to explore what conditions are favorable for terrorism. There are common psychological and external characteristics that blend together to create an impetus and motivation for an individual to get involved with a terrorist organization in the first place.

Most typically, an individual at risk of radicalization and engagement in terrorist activities would have some resources and education, but feels alienated or aggrieved by their political situation. They seek a community to fit in and belong to and show an increasing interest in new and extreme ideologies, their social network, behavior, and movement is likely to change until they eventually separate from their “old” life. Many recruits also engage through family, friends, and intimate partners who are already in the network. They are also typically between the ages of 18 and 28 and have a pre-existing sympathetic feeling toward violent acts.

Therefore, most recruits may feel marginalized, oppressed, and disadvantaged, but they don't satisfy the criteria of a mental illness. But, as I explain in the follow-up article, most lone wolf actors are different as they have an elevated predisposed vulnerability that is often linked to a history of disturbed mental health.