

Terrorism and Psychopathology

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Psychopathology within Terrorism Research

"The boundaries between violent extremism and psychopathology are blurry. The boundaries of terrorism are invented, while the construct of mental disorder is being continuously revised"

Individuals who cannot hold a positive role in society, in a state of mental urgency. Lussier (1970's)

To search for individual

Jenkins, 2013; p.11

A False Dichotomy?

An act of targeted public violence is *either* carried out by a terrorist *or* a mentally ill individual.



How the terrorist is characterised Aggregation and regression

How 'mental disorder' is characterised Loss of specificity

The conflation between the mental disorder and irrationality and incapability Stigma

Presumption of overarching explanatory power of one factor

'Silver Bullet'



Expanding "The Terrorist"

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Hewitt (2003)
         Lone vs. Group
                  Disorder prevalence (22% vs. 8.1%)
Merari et al. (2010)
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Suicide Bombers vs. Non-Suicide Terrorists

Suicide bombers more likely to be diagnosed with

avoidant-dependent PD, suicidal ideation, depressive tendencies

Grunewald et al. (2013)

Lone vs. Group (Right Wing)

Prevalence 40.4% vs. 7.6%

Corner & Gill (2015)

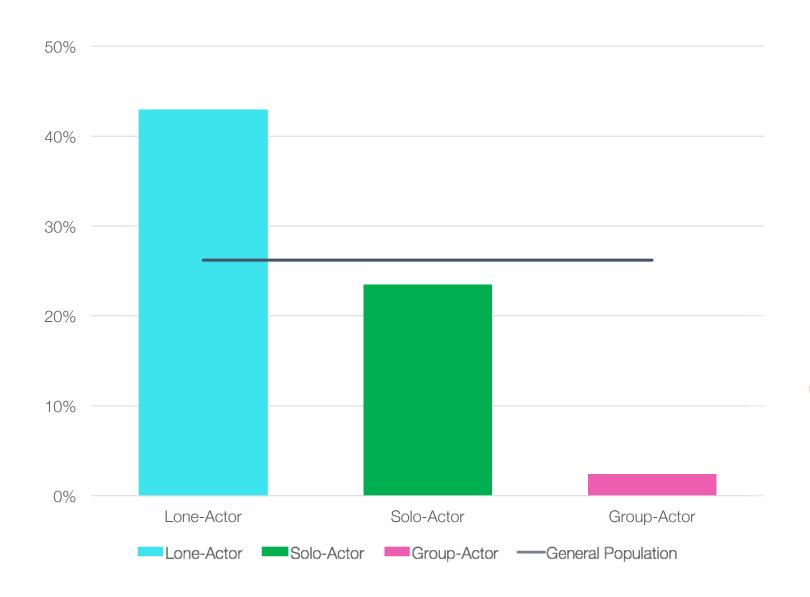
Lone actors 13.5 times more likely to be diagnosed

Corner & Gill (2017)

IS Directed less likely to have contact with services than IS Inspired



Mental Disorder Prevalence across Actors





Expanding Psychopathology

Gottschalk & Gottschalk (2004)

Incarcerated Palestinian and Israeli Terrorists vs. Controls

Terrorist group- higher scores for psychopathic, paranoid, depressive, schizophrenic, and hypomanic tendencies

Weenink (2015, Forthcoming)

Attempted and Successful 'Foreign Fighters'

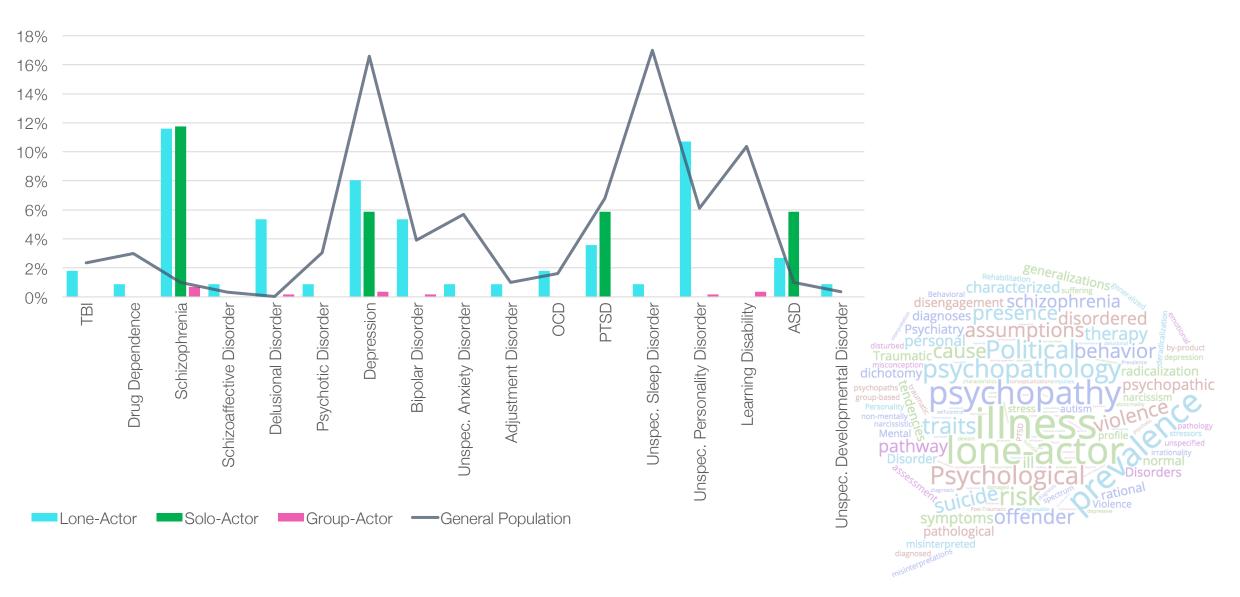
Schizophrenia, psychosis, substance abuse/addiction, NPD, ADHD, ASD, PTSD

Corner & Gill (2015)

Schizophrenic more likely to have history of violence ASD more likely to display obsessive tendencies and online behaviours



Mental Disorder Prevalence Across Actors



'Rationality'

Wilson et al. (2010)

"terrorists are not characterized by mental disorder... [and instead are]... like many other criminals... rational decision makers"

McDonald (2013)

"people with psychological disorders do not make good terrorists. They lack the discipline, rationality, self-control and mental stamina needed if terrorists are to survive any length of time"

Taylor (2015)

"there is little research to show that terrorists are mentally disturbed, which makes sense, as **such an individual would be a liability to the cause**"



"Many high-profile, Islamic State-inspired individuals have undoubtedly either shown symptoms of psychological distress in earlier years or have been formally diagnosed with a disorder. However, at a time when rigorous and interdisciplinary insight was needed, many researchers, reporters, and practitioners turned to flippant language and coinage. Such phrases not only failed to explain the relationship (if any) between terrorist engagement and psychopathology... These include Max Abrahms' "loon wolf" phrase, a term that he applies to any lone terrorist suffering any form of mental disorder or psychological distress... Other popular terms used on Twitter are "Islamopsychotics" and "Mentalhadist" terms that conflate religious devotion with mental illness, thus simplifying and demonizing both."

Corner & Gill (2017)



Lone Actors

Observed Percentages for Nonmentally Ill and Mentally Ill Actors

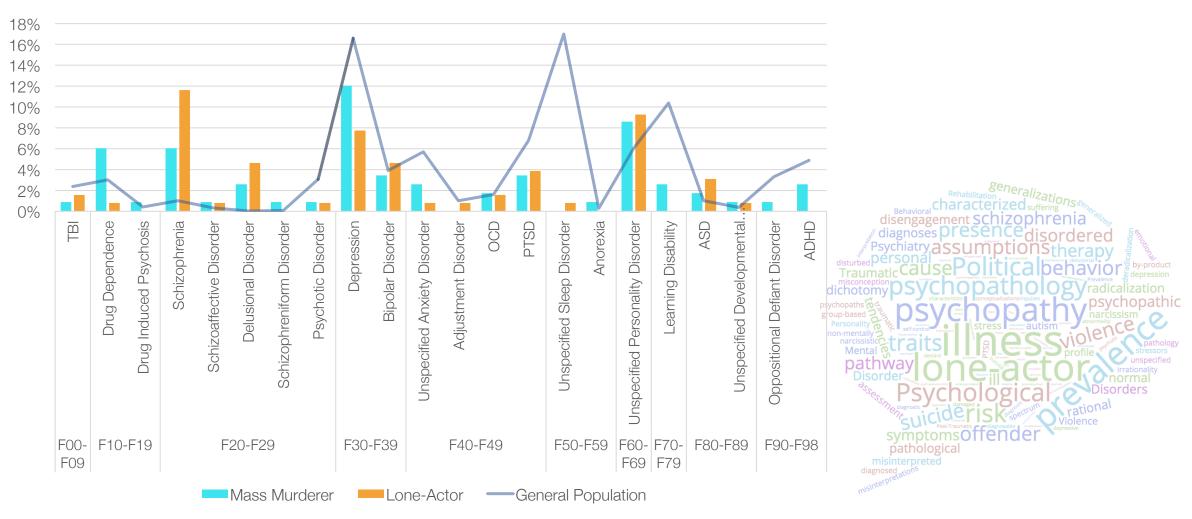
	Mentally ill	Nonmentally ill
Hypothesis 2		
Individual's spouse or partner part of wider movement.	18.4%***	1.2%
Command and control links with others.	7.9%	21.0%*
Hypothesis 4		
Individual's parents divorced.	31.6%***	9.9%
Proximate upcoming life change.	15.8%*	6.2%
In build up to event; individual experienced being target of prejudice.	28.9%**	11.1%
In build up to event; individual experienced being disrespected.	28.9%*	14.8%
Individual recently under elevated level of stress.	44.7%*	27.2%
Chronic stress in individual's life.	34.2%*	19.8%
Hypothesis 5	116977	100000000000000000000000000000000000000
Recent increase in levels of physical activity.	21.1%*	8.6%
Individual had stockpile of weapons.	63.2%**	40.7%
Individual expressed desire to hurt others.	76.3%*	58.0%
Discriminate or nondiscriminate target?	73.7%**	50.6%
Individual claimed responsibility publicly.	53.3%*	38.3%
Hypothesis 6	0,855	
Individual engaged in violent behavior previous to terrorist event.	52.6**	30.9%
Violent attack carried out?	65.8%**	44.4%
Did the individual kill?	55.3%***	24.7%
Did the individual injure?	52.6%***	25.9%
Additional variables		
Single issue inspired individual.	28.9%**	12.3%
Born in United States.	63.2%**	39.5%
Held a Ph.D.	10.5%*	2.5%

p < .1. p < .05. p < .01.



Expanding 'Rationality'

Mental Disorder Prevalence



Mentally III Lone Actors vs. Mentally III Mass Murderers

'Leakage'

- Letters
- Statements
- Others know grievance and planning
- Recruit others
- Propaganda
- Public claim of responsibility

Planning

- Online learning
- Dry runs
- Research
- Preparatory travel
- Stockpiling weapons
- Plans for further attacks

Ideological Interactions

- Spouse/partner in movement
- Face to face interactions
- Virtual interactions
 - disengagement schizophrenia
 di

'Silver Bullets'

Nikolas Cruz: Depressed Ioner 'crazy about guns'

'He would break everything around him': Family detail Nice attacker's mental health issues

Published time: 16 Jul, 2016 16:54 Edited time: 29 Jul, 2016 13:42 Jordan says mass killer was mentally disturbed, not a jihadist

Fort Lauderdale attacker 'lost his mind in Iraq,' say family

Published time: 7 Jan, 2017 14:39 Edited time: 8 Jan, 2017 15:01

Martin Couture-Rouleau: A homegrown madman

Branded a terrorist driven by Islamic State, the man who struck a soldier with his car in Quebec was really a lone wolf with nothing to lose

Martin Patriquin
October 22, 2014

Stephen Paddock: Vegas suspect a high-roller and 'psychopath'

'Always Agitated. Always Mad': Omar Mateen, According to Those Who Knew Him

By DAN BARRY, SERGE F. KOVALESKI, ALAN BLINDER and MUJIB MASHAL JUNE 18, 2016

09 June 2016 5:13 PM

He wasn't No Terrorist, Bruv - reflections on the Leytonstone Knife Outrage

WORLD NEWS | Thu Jul 28, 2016 | 12:21pm EDT

Fervent jihadist or suicidal refugee: the many faces of Bavarian bomber

Man Haron Monis: 'Damaged' and 'unstable'

() 16 December 2014 Australia









Mental health issues, not Islam, is why man shot Philly cop, lawyer says

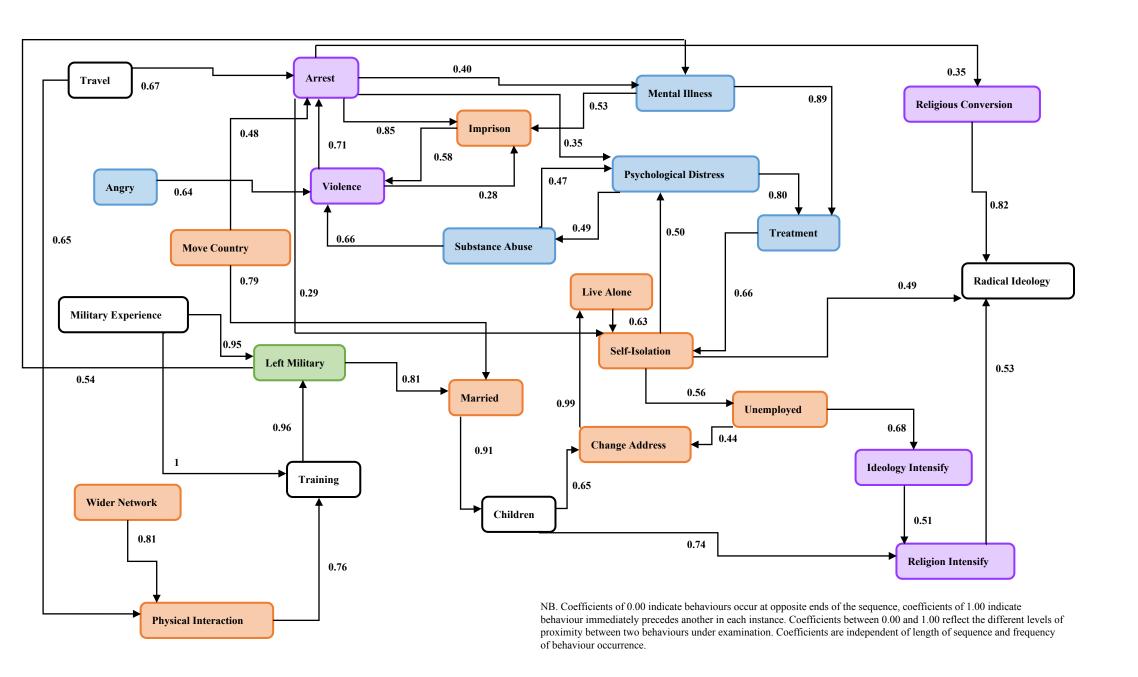
() 5 October 2017

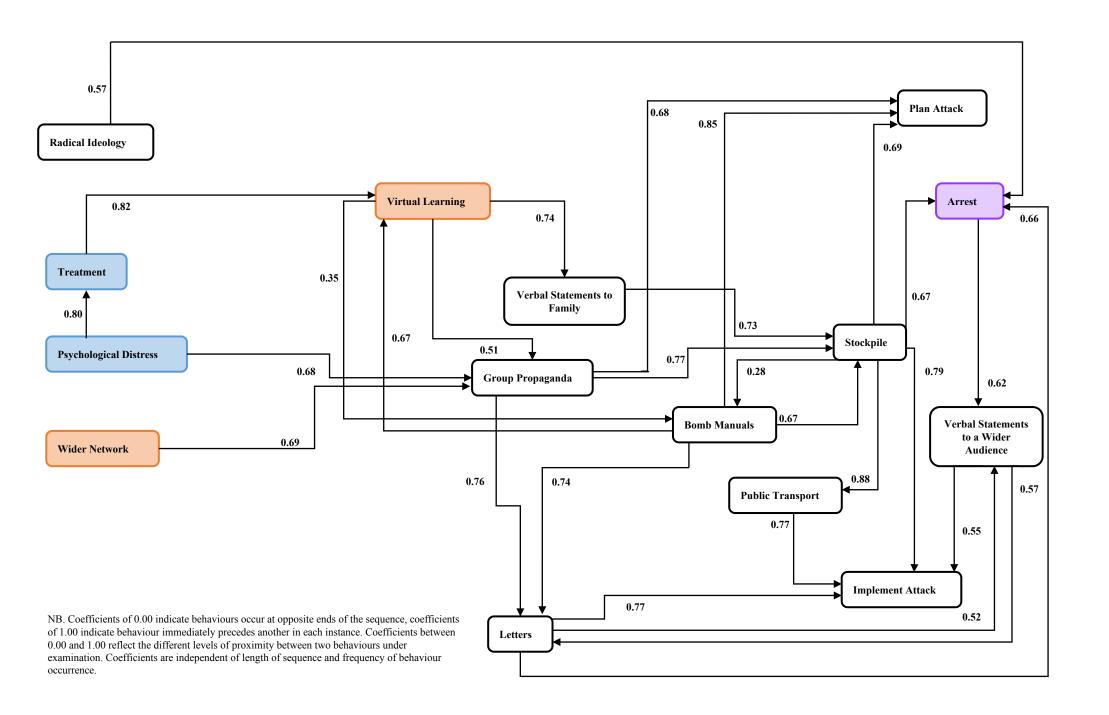
Should We Allow Mentally Ill 'Lone Wolves' To Call Themselves A Terrorist?

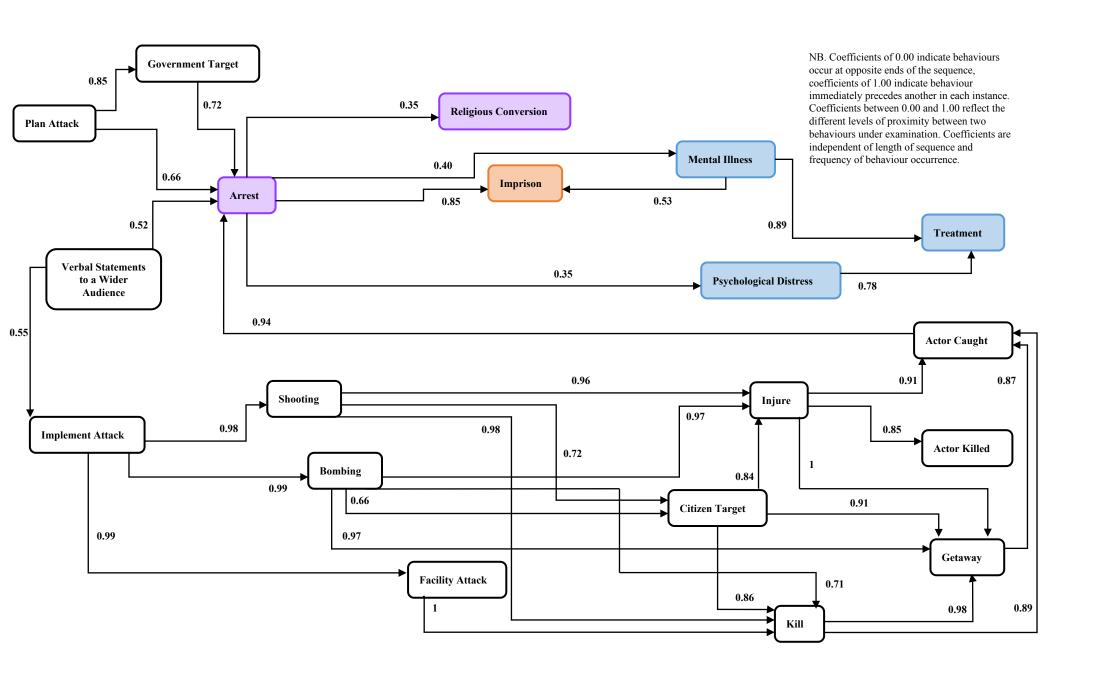
"'Deranged or driven by a hateful ideology' is a perfect example of two master narratives that are often proffered and treated as being mutually exclusive. The individual actor is *either* deranged, unbalanced, unhinged, disturbed, mad, crazy, nuts and unstable, or he/she is driven by a hateful ideology, radicalized, politically focused, inspired by some foreign 'entity', or determined to effect some social or political upheaval or policy change... In the days that follow an event such as these, the framing of the individual's motivation usually takes on one of these two narratives. The chosen narrative depends upon the easy availability of *information* regarding their ideological content, mental health history or personal background details."

Horgan et al., 2016







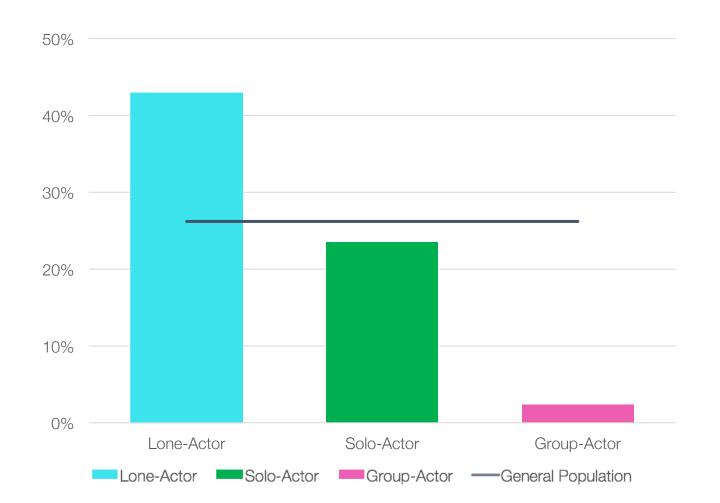


"The cases share a mixture of unfortunate personal life circumstances coupled with an intensification of beliefs that later developed into the idea to engage in violence. What differed was how these influences were sequenced. Sometimes personal problems led to a susceptibility to ideological influences. Sometimes long held ideological influences became intensified after the experience of personal problems. This is why we should be wary of mono-causal master narratives. The development of these behaviors is usually far more labyrinthine and dynamic."

disengagement Schizophrenia
disengagement Schizophrenia
diagnoses presence disordered
Psychiatry assumptions therapy
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'Being' a Terrorist

Mental Disorder Prevalence across Actors





'Being' a Terrorist-'Selection Effects'

Hudson & Majeska (1999)

"Candidates who appear to be potentially dangerous to the terrorist groups' survival **are screened out.** Candidates with unpredictable or uncontrolled behavior **lack the personal attributes** that the terrorist recruiter is looking for"

Post (2009)

"terrorist groups attempt to screen out emotionally disturbed recruits"

Jackson (2009)

Those with an overt mental disorder **may not 'fit' into roles** within a group- deemed unsuitable for operations



'Selection Effects'?

Only 46.2% mention a recruitment process before engagement

Recruitment between those disclosing suffering psychological distress

$$X^{2}(1) = 0.348$$
, p=0.555

Vast differences in recruitment processes both between and within groups

In certain cases, some traits are prioritised, but mental health further down list

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"If they were more mentally stable... like if they were 51%
                                                 mentally stable and 49% wacko... we would tend to take
          "Abdulrkerini twas wifterent finne averyone else etalkinelden,
 that was clear. At first I wondered if he was a heroin addict. I "One they, aidnarfiathirseds an early solutions that was a heroin addict. I
      had steen dan the menders too rinan stresses, or a word that's just I could tell from the way he moved his eyes there was something because I didn't run across enough people who may have
       knew the kidacas and home was a solution of the land and 
 their eyese (impowes ethered the African was not the carned think if they became a liability or if they were too much to
            WOADDADOK, Klachwig and this etectory skeiget to a light exe
           were manageable. I could see us accepting them.... Unless handcuffs, and they had radioed for a four-by-four to take him the engre like complete wise aviistic, and you caw see igo:
 back to Pakisiag... We wad to earn into pactaning of the total about this, it was certainly true that Abdul Kerim, was an he had returned to Pakistan. Now, he wanted to come back... exception to all gorest of rules. Then he went onto say there was something wrong with the
   African, something not right in his head. It was very important to people, I think that they look for people capable of putting the stream of his head. It was very important to people, I think that they look for people capable of putting the stream of his head has been believed in without land.
  solicitation—another product to go do think that they of look for vulnerable people... some of which may have
 (Nasiri2006) numbers that the set in a phone of the set in the set
       find broken people essentially... I mean dealing with identity before is enderstoon dealing with identity before is enderstoon and addiction, were dealing with identity before is enderstoon.
those types of things...kids who were on the street... you could tell there was not a lot of family oversight, 'cos we (Nasiri 2006, 155) were looking to draw them into our family."
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'Being' a Terrorist-Identity and Stress

Fused Identity

Intergroup Emotion Theory

Group Stressors not Present



Expanding 'Being' a Terrorist

Reinares (2011)

'personal reasons', "existential crisis"

Altier et al. (2015)

burnout, psychological distress, fear, physiological distress

Bubolz & Simi (2015)

32% distress prior or during involvement, 44% self-report suicidal ideation, 58% substance abuse

Prevalence

Mental Disorder

11.8%

Psychological

Psychological

Psychological

Distress Prior to

Distress During

Distress Post-

Terrorist

Terrorist

Disengagement

Engagement

23.1%

Engagement

45.9%

41.9%

Rehabilitation

Characterized suffering

disengagement schizophrenia

diagnoses presence disordered

Psychiatry assumptions the rapy

disturbed personal scharacteristic penavior of depression

Traumatic cause Political penavior of depression

dichotomy psychopaths of psychopa

Individual Protection-Resilience

Do experiences really have equal impact?

Those who don't report distress - more likely to turn to substance use/abuse after physical abuse from caregivers, then report criminal behaviour

Birth of a child appears to halt criminal/antisocial behaviour in those who don't report distress

Those who do report distress - more likely to carry out criminal behaviour before reporting substance use/abuse.

Distress more likely to precede involvement in anti-social/criminal behaviour

	Psychological	No
	Distress N=21	Psychological
		Distress N=70
Caretaker Physically Abusive	61.9%***	21.4%
Caretaker Verbally Abusive	23.8%*	5.7%
Familial History of Mental Disorder	33.3%***	7.1%
Good Relationships with Family	23.8%	44.3%*
Children	0.0%	21.4%*
Involved in Criminal Behaviour	61.9%*	35.7%
Loner	57.1%***	2.9%
Alcohol Abuse	38.1%**	10.0%
Drug Abuse	52.4%***	10.0%

Group-Based Protection

28.6% of those who suffered psychological distress prior to engagement, did not report psychological distress during engagement

65% of those who did not suffer psychological distress prior to engagement, reported psychological distress during engagement

	Psychological	No
	Distress N=50	Psychological
		Distress N=59
Individual was a Spy	19.6%**	3.4%
Poor Relationship with Leaders	18.0%**	1.7%
Retain ties with Family & Friends not in	72.0%**	45.8%
group		
Trouble Balancing Marriage with Activities	89.7%*	66.7%
Trouble Balancing Children with Activities	84.6%*	57.1%

Social Protective Factors Alone Not Sufficient

Risks Within Engagement

No Differences between Distress and

- Undertaking a Violent Role
- Being a Victim of Violence
- Being Disrespected
- Being Incarcerated
- Abuse During Incarceration
- Death of Close Family/Friends
- Satisfaction with Role

Those who don't report distress- more likely to report physiological problems and physical illness after a report of guilt and trouble coping with actions

Those who do report distress- reporting of distress both follows and precedes continual reporting of guilt, regret, and trouble coping

	Psychological	No
	Distress N=50	Psychological
		Distress N=59
Physiological Distress	32.0%***	8.5%
Guilt over Actions and Group Actions	32.0%**	10.2%
Regret for Actions and Group Actions	34.0%**	11.9%
Trouble Coping with Role and Actions	20.0%*	6.8%
Trouble with a Clandestine Lifestyle	42.0%***	13.6%
Became Physically III whilst Engaged	50.0%*	28.8%
Burnout	52.0%***	20.3%

Risks Within Disengagement and Post-Disengagement

Despite Differences in Reasoning, No Difference between Distress and Desire to Disengage

 $X^{2}(1)=0.041$, p=0.840

Those who don't report distress- following guilt, more likely to move more quickly towards a role in legitimate politics

Those who do report distress- cyclical nature of guilt and distress; suggestive of a lack of positive coping mechanisms

	Devehological	 No
	Psychological	
Disengagement	Distress N=36	Psychological
		Distress N=50
Fear Harm from Group	26.0%**	6.8%
Religious Conversion	10.3%*	0.0%
Tasks too Risky	33.3%*	15.2%
Burnout	30.8%*	8.9%
Post-Disengagement		
Victim of Violence	72.2%*	50.0%
Expressed Regret	47.2%***	10.0%
Trouble Coping	27.8%*	8.0%
Fear Harm from Group	36.1%***	8.0%
Disillusionment with Group Strategy	71.4%*	44.9%
Guilt	40.0%*	18.4%
Burnout	61.1%***	22.0%
Politics	14.3%	38.0%*
Felt Judged	44.4%**	18.0%
Dayahalagigal Cumpart	40 00/ *	0.00/

"The results largely agree with, and build on the conclusions of the seminal reviews... In certain cases, mental disorder may play a role in terrorist behaviour, and in certain cases, terrorist involvement may play a role in the development of a mental disorder. The work in this thesis has highlighted that accepted theories surrounding 'rationality', 'selection effects', and 'social buffering' require immediate review. It is not sufficient to claim that individuals with mental disorder are not capable of planning and executing sophisticated attacks, or that these individuals are not recruited to organisations because they are viewed as less desirable, or that the social environment of a group protects all individuals from developing mental health problems. Terrorism is an emotive subject, and this, alongside the relative youth of the academic field has allowed, and in some instances, encouraged the proliferation of 'intuitive' (and in some cases, uninformed) reasoning, which has not been supplemented with, or verified by a valid empirical evidence base."



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A False Dichotomy? Mental Illness and Lone-Actor Terrorism

Emily Corner and Paul Gill University College London

We test whether significant differences in mental illness exist in a matched sample of lone- and group-based terrorists. We then test whether there are distinct behavioral differences between lone-actor terrorists with and without mental illness. We then stratify our sample across a range of diagnoses and again test whether significant differences exist. We conduct a series of bivariate, multivariate, and multinomial statistical tests using a unique dataset of 119 lone-actor terrorists and a matched sample of group-based terrorists. The odds of a lone-actor terrorist having a mental illness is 13.49 times higher than the odds of a group actor having a mental illness. Lone actors who were mentally ill were 18.07 times more likely to have a spouse or partner who was involved in a wider movement than those without a history of mental illness. Those with a mental illness were more likely to have a proximate upcoming life change, more likely to have been a recent victim of prejudice, and experienced proximate and chronic stress. The results identify behaviors and traits that security agencies can utilize to monitor and prevent lone-actor terrorism events. The correlated behaviors provide an image of how risk can crystalize within the individual offender and that our understanding of lone-actor terrorism should be multivariate in

Keywords: terrorism, terrorist, mental health, lone actor, behavior

Across the Universe? A Comparative Analysis of Violent Behavior and Radicalization Across Three Offender Types with Implications for Criminal Justice Training and Education

Final Report

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There and Back Again: The Study of Mental Disorder and Terrorist Involvement

Paul Gill and Emily Corner University College London

For the past 40 years, researchers studied the relationship between mental disorder and terrorist involvement. The literature developed in 4 paradigms, each of which differs in terms of their empirical evidence, the specific mental disorders studied, and their conceptualizations of terrorist involvement. These paradigms have not, however, witnessed linear and incremental improvements upon 1 another. Although 1 paradigm has generally tended to dominate a temporal period, many false assumptions and incorrect interpretations of earlier work permeate into today's discourse. This article provides a history of the study of mental disorders and the terrorist. First, we briefly outline the core fundamental principles of the first 2 paradigms, The article then outlines the core arguments produced by the seminal reviews conducted in Paradigm 3. We highlight how these findings were consistently misinterpreted in subsequent citations. We then highlight recent innovations in the study of terrorism and mental disorder since the various influential literature reviews of 1997-2005. We conclude by outlining how future research in this area may improve in the coming years by broadening our understanding of both terrorist involvement and psychopathology away from simple dichotomous thinking.

Keywords: terrorism, terrorist involvement, mental disorders

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a OPEN ACCESS

Mental Health Disorders and the Terrorist: A Research Note **Probing Selection Effects and Disorder Prevalence**

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ABSTRACT

Recent research on lone-actor terrorism has found a high prevalence of mental health disorders among these offenders. This research note addresses two shortcomings in these existing studies. First, it investigates whether selection effects are present in the selection process of terrorist recruits. Second, it builds on the argument that mental health problems and terrorist behavior should not be treated as a yes/no dichotomy. Descriptive results of mental health disorders are outlined utilizing a number of unique datasets.

ARTICLE HISTORY

Received 27 September 2015 Accepted 8 November 2015

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Is There a Nexus Between Terrorist Involvement and Mental Health in the Age of the Islamic State?

By Emily Corner and Paul Gill

The wave of Islamic State-linked terrorism experienced in the West over the past couple of years has rekindled debates surrounding mental disorders and terrorist engagement. A very preliminary survey by the authors found that out of 55 attacks in the West where the 76 individuals involved were possibly influenced by the Islamic State, according to media reports, 27.6% had a history of apparent psychological instability, a percentage comparable to that found in the general population. This figure is driven largely by individuals inspired by the Islamic State, as opposed to those directed by it, however. The percentage is likely overinflated for several noteworthy reasons, including poor reporting, low benchmarks, and the tendency to overuse mental health problems as a 'silver-bullet' explanation for terrorist involvement. The relationship is, in fact, far more complex than typically presented.

rigorous evidence base for these debates. These questions include: What is the existing evidence base regarding psychopathology and terrorist involvement? How prevalent are mental disorders among Islamic State-directed and -inspired offenders in the West? What is the content of these diagnoses? When present, what relationship did the disorder have with radicalization?

The Evidence Base

Very few scientific analyses have focused upon the relationship between mental health and terrorist involvement. The following outlines the headline results from the sum total of these scientific endeavors.3 Some recent studies analyzed the prevalence rates of different disorders within very different samples of terrorist offenders. Based on police files, 6% of Anton Weenink's sample of 140 Dutch individuals who either became foreign fighters or sought to travel abroad for the purpose of terrorism had diagnosed disorders.* An additional 20% displayed signs of undiagnosed mental health problems. The diagnoses included ADD, AD/HD, autism spectrum, narcissistic, schizophrenia, post-traumatic stress, and psychotic dis-



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relatively rare occurrences, which is a good thing. Yet that very rarity is also what make



Lone Actor Extremist Events (LAEEs) are terrorist attacks carried out by individuals acting alone, which can be highly damaging to local and national communities. Because they have the notential to inflict considerable human, social and political harm, LAFEs have been a growing source of concern, notably in the Western world. LAEEs remain



***UCL**

The ELLfunded PRIME Project aims to improve our understanding of lone actor terrorism and to inform the design of social and physical counter-measures for the prevention of loneactor radicalisation, the disruption of lone-actor terrorist plots, and the mitigation of terrorist attacks carried out by lone extremists.

these terrorist events hard to detect, disrupt, and recover from





PRIME is keen to involve end-users and subject matter experts at every stage of the project. If you would like to take part in our validation activities or be kept appraised of our findings, do not hesitate to contact us.





