

Terrorism and Mental Health

Tariq M. Hassan,¹ Najat Khalifa¹

¹ *Department of Psychiatry, Queen's University, Kingston, Canada*

Terrorism represents a global security concern that exacts a substantial geopolitical, economic, and health burden (Perlman et al., 2011; Rubin et al., 2007). Terrorism is known to invoke feelings of dread and fear among the public, although its specific form can vary depending on region, political climate, and legal context. Terrorism is primarily a criminal act that is politically motivated (Bhui et al., 2016). Research in the field leaped to the forefront following the 9/11 terrorist attacks in 2001. Although terrorism has been linked to a host of socio-economic, political, ideological, psycho-social, and religious factors, no universal terrorist profile has been identified; nor is there a consensus definition for terrorism (Christmann, 2012; Desmarais et al., 2017; McGilloway et al., 2015).

Like any human behaviour, the act of terrorism is also influenced by a complex interplay of individual and environmental factors that work gradually over time, culminating into a trigger point. Although the science of risk assessment has allowed mental health professionals to make informed predictions about the risk of future violence, predicting radicalization to terrorism remains a challenge. Notwithstanding, many legal jurisdictions call on the expertise of psychiatrists, particularly forensic psychiatrists, to evaluate individuals involved in terrorism, likely due to the perception that terrorism is underpinned by mental health issues. Therefore, it is imperative that the psychiatric evaluation of those involved in terrorism be supported by a thorough understanding of the psycho-social, socio-demographic, cultural, medicolegal, and ethical aspects of terrorism. This is particularly important in situations where no specific training is provided on the evaluation of those involved in terrorism, for instance, as part of a forensic psychiatry fellowship program.

This issue of the *International Journal of Risk and Recovery* presents three of four papers that delve into key issues on the categorization of terrorism, psychiatric assessment of individuals involved in terrorism, ethical issues in the

assessment of those involved in terrorism, and preventive and rehabilitative approaches. The fourth paper was published in the previous issue. The themes are diverse though equally important, and the authors offer unique insights into the psycho-social, geopolitical, and ideological underpinnings of terrorism.

Reid and colleagues (2023) summarize research into developing terrorist typologies, offering a unique glimpse into categorizing this complex phenomenon and examining the implications for clinical practice. They argue that terrorism typology gained traction in the 1970s, with earlier classification emphasizing the importance of psychological and geopolitical factors. The early classification by Hacker (1976) into “crusaders, criminals and crazies” was reinforced by personal characteristics. Later approaches were based on situational characteristics, outcomes, and the nature of the terrorist acts (Mozaffari, 1988). More recent approaches used statistical methods such as latent class analysis (Candilis et al., 2023) and multidimensional scaling (Horgan et al., 2018) to define terrorism typologies. The distinction between those who commit group and lone acts of terrorism has gained traction in the literature (Gill et al., 2021), although the validity of this approach across cultures and boundaries merits further examination (Dhumad et al., 2023; Schuurman et al., 2019). Reid and colleagues argue that the theoretical nature of existing terrorism typologies limits their usefulness in informing psychiatric assessments of those involved in terrorism.

Dolp and colleagues (2023) examine the literature on the risk factors for radicalization, the controversial link between mental illness and terrorism, and threat assessment and management. They explain that radicalization is a multi-faceted process that involves gradual indoctrination to extremist ideologies. Dolp and colleagues examine the factors for lone-actor versus group categorizations, showing that mental disorders are more prevalent among lone than group actors. In their

analysis of the usefulness of risk assessment tools, Dolp and colleagues conclude that both static and dynamic risk factors for violence can potentially inform endeavours aimed at early intervention, treatment and management of those involved with terrorism who have mental disorders. However, to balance the rights and freedoms of a people with security-related restrictions, ethical boundaries undoubtedly tend to get blurred.

Platt and Candilis (2023) examine the ethical challenges when the expertise of mental health professionals is called on to assess those involved in terrorism. They cite the adage that one person's terrorist is another person's freedom fighter, arguing that terrorism in some spheres has distinct political themes. Hence, Platt and Candilis explain that assessments by mental health professionals risk medicalizing political thoughts. They argue that the psychiatrist's role encompasses two key areas:

- one pertaining to the forensic psychiatric assessment of the individual's acts; and
- one pertaining to the treatment and rehabilitation of individuals involved in terrorism who may have a mental disorder, as well as the potential counter transference this may evoke in the psychiatrist.

Lastly, Shaw and colleagues (2022) examined the psychiatric aspects of prevention of radicalization and rehabilitation of those involved in terrorism in the previous issue of the *International Journal of Risk and Recovery*. The authors examined counter-terrorism and preventive strategies for online radicalization. They explained that some efforts can be controversial when a jurisdiction's security agency expects general practitioners to identify individuals who may be of concern, thus breaching patient confidentiality. Shaw and colleagues also examined efforts made in the United Kingdom, Saudi Arabia, and other countries to safely rehabilitate and re-integrate people who have been involved in terrorism into society. These interventions draw on the push and pull factors of recruiting, and provide targeted interventions to address these.

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Corresponding author

Tariq M. Hassan, FRCPC, Associate Professor and Forensic Psychiatrist, Department of Psychiatry, Queen's University, c/o Providence Care Hospital, 752 King Street West, Kingston, ON K7L 7X3, Canada; hassant@providencecare.ca