Editorial: “Make out that the fellow is insane”: reflections on mental illness and terrorism

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Why do people commit acts of terrorism? Mental illness is perhaps the most resilient explanation. It is certainly the oldest. Two thousand years ago, the historian Josephus explained the motivation of Zealot extremists as “the madness of desperate men”. In 1809, after a German student tried to assassinate him, Napoleon ordered: “I hope nothing will be said about it; if there should be talk, make out that the fellow is insane” (Johnston, 2002, p. 225). Since the 1960s, mental illness has been a recurring proffered explanation for terrorism, one that persevered after “radicalisation” emerged in the 2000s as the dominant framework for understanding involvement in terrorism. Given such exceptional endurance, it is perhaps surprising that the evidence base to justify such a link is flakier than might be expected. Research has generally found that the rate of mental illness is actually lower among terrorists than among the general population. For example, LaFree *et al.* (2018) examined 1,473 individuals contained within the Profiles of Individual Radicalization in the United States database and found that only slightly more than 8% reported a history of mental health problems, a level considerably lower than the US average. A range of studies have also illustrated that terrorists tend to show significantly lower levels of mental illness compared with other types of offenders. For example, Dhumad *et al.*’s (2020) study on prisoners in Iraq found that offenders convicted of terrorism had significantly lower levels of antisocial personality disorder compared with offenders convicted of murder. Other research has also shown that extremist sympathisers have lower levels of mental illness compared with delinquent samples from the same community populations (Ellis *et al.*, 2016). A recent Cambell Systematic Review concluded that the best of the research to date “did not support the assertion that terrorist samples are characterised by higher rates of mental health difficulties than would be expected in the general population” (Sarma *et al.*, 2022, p. 2). One sub-set of terrorists, however, who have often reported comparatively higher levels of mental illness, are lone actors. While nearly all studies still report that only a minority of lone actors have a history of mental health issues, these numbers are still higher than the rates seen for group-based terrorists. For example, Corner and Gill (2015) compared a data set of lone actor terrorists with a data set of 428 group-based actors. One of the key differences to emerge concerned the rate of mental illness, which was 31.9% for the lone actors but just 3.4% for the group-based actors. The mental health issues ranged across a variety of disorders and conditions, including those related to depression, the autistic spectrum, schizophrenia, narcissistic disorders and others. Other research has echoed the findings on the wide variety of mental health issues involved. Given this eclectic diversity, researchers increasingly argue that mental health issues themselves do not directly “cause” radicalisation, but rather, when they are relevant, they are potentially increasing the influence of other factors. This requires more nuanced

thinking in terms of how we think mental illness connects with terrorism and violent extremism. Not least because the potential range of factors that might be involved in radicalisation is formidable. One recent review flagged over 1,500 factors that have been found to have some statistical link (Corner and Taylor, 2020). Yet, mental illness continues to attract particular interest, arguably more than any other single factor and certainly more than it generally warrants. One exception to that trend may apply to the role mental health can play in the processes behind individuals *ceasing* involvement in terrorism. This has been much less explored, but there are emerging findings that stress and burnout are two mental health issues frequently connected to disengagement and deradicalisation processes (e.g. Silke *et al.*, 2021). Twenty-five years ago, I wrote about the enduring appeal of mental illness as a primary explanation for terrorism (Silke, 1998). Despite the flood of research since then, it is an appeal that has not gone away. As Napoleon understood, mental illness has always offered a usefully simplistic answer to a complex question. Even today, it still presents a seductive explanation for extreme violence, and in so doing, it can obscure more potent, if less convenient, causes.

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