Are Terrorists Mentally Deranged?

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Recent terrorist attacks on the World Trade Center towers and the Pentagon have accentuated the threat of terrorism. However, it appears that the attackers are popularly thought of as mentally deranged individuals who are evil. This article suggests that such an understanding is a misperception of these people and may interfere with an adequate response to prevent future attacks. The article reviews the extant literature on psychological theories of terrorism and concludes that terrorists are not dysfunctional or pathological; rather, it suggests that terrorism is basically another form of politically motivated violence that is perpetrated by rational, lucid people who have valid motives. The only real difference between terrorism and conventional military action is one of strategy. Terrorists lack the necessary resources to wage war in furtherance of their political goals.

In light of the recent attacks on the World Trade Center and the Pentagon, it is imperative that scholars and government officials attempt to understand the mindset of terrorists. Only with such an understanding can the problem of terrorism be addressed in a way that ensures a long-term solution. Media announcements and government rhetoric have echoed popular outrage at the recent attacks and have called for swift retaliation. However, we cannot afford to allow our indignation and grief over the recent horrific events to cloud our judgments about the attackers to the point of interfering with an effective response. Labeling terrorists as "deranged" and "evil" may misdirect attention and obscure political, cultural, and economic conditions that give rise to terrorism. This article is presented in an effort to provide information that can be helpful in understanding terrorist actions. It rejects the notion that terrorists are mentally deranged people; instead, it proposes that terrorism is a form of military action carried out by rational and

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well-functioning people who do not have access to conventional means and who have valid political motivation for resorting to violence.

Because our access to terrorist behavior is so restricted, we are limited in our ability to develop empirically based theories of terrorism (see Merari & Friedland, 1985; Smith & Morgan, 1994). Therefore, we must rely more on existing general psychological theories to understand the phenomenon. In an effort to identify what these existing theories suggest about the terrorist mindset, a literature review was conducted to identify similarities and differences among the principal theories. Based on this review, one can group the theories of terrorist behavior into two broad theoretical camps that use different models to understand terrorism. It is recognized that these two camps are not empirically derived discriminations. Rather, they are formed from a rational inspection of the main features of each theory. The first camp includes theories that portray terrorism as the result of defects or disorders in one's personality structure. This first group of theories uses a broadly psychodynamic model. The second camp consists of theories that approach the phenomenon of terrorist behavior as a form of political violence perpetrated by people who do not have sufficient military resources to carry out conventional forms of political violence. In contrast to the first camp, this one views terrorism as a psychologically normal activity. It relies on basic social learning theory to explain terrorist behavior.

A Personality Defect Model of Terrorism

The personality defect model of terrorism is based on the premise that terrorists have fundamental and pathological defects in their personality structure, usually related to a damaged sense of self. These defects are said to result from unconscious forces in the terrorist's psyche. For instance, Feuer (1969) and Kent and Nichols (1977) believed that terrorism is a reflection of unconscious feelings of hostility toward parents and that this feeling is an outgrowth of childhood abuse or adolescent rebellion. The terrorist's hostile focus is so great during childhood and adolescence that it continues into adulthood and becomes very narrow and extreme, ostensibly explaining the terrorist's absolutist mindset and dedication. The U.S. military's training on the psychology of terrorism was in line with this model as of the mid-1990s (personal experience of the author; see Jones & Fong, 1994).

Kaplan (1981) used the pathology model in an attempt to differentiate between the "reasons" and "causes" of terrorism by proposing that reasons are the social variables that facilitate terrorism or help rationalize terrorist behavior. On the other hand, the causes lie within the terrorist himself/herself. The reasons may include things like poverty, an unjust government, and the principles of dialectical materialism; however, the causes of terrorist behavior "must be sought in the psychopathology of the assassin" (p. 36). According to Kaplan, terrorists have a pathological need to pursue absolute ends.

Kaplan proposed that this is an overreaction to childhood experiences of humiliation at the hands of an aggressor, resulting in a sense of individual failure and lack of self-esteem. Accordingly, the soon-to-be terrorist's personality is defective and is not resilient enough to cope with life stress using socially appropriate means. Kaplan proposed that this budding terrorist therefore identifies with his/her aggressor, adopts aggressive solutions to life stress, and joins others with similar problems in order to repair his/her poor self-esteem. Kaplan suggested that the identification with the aggressor (in object relations terms, the terrorist's sense of self merges with the terrorist's sense of other) allows the terrorist to commit terrible acts without feeling a sense of personal responsibility. According to Kaplan's view, terrorists will always find a "reason" to commit violence, since violent behavior and association with like-minded individuals are the only things that will maintain the terrorist's self-esteem and sense of identity. Johnson and Feldman (1992), Pearlstein (1991), and Post (1984, 1986, 1987) have similar views about how terrorism offers a sense of identity and self-cohesion to the person with a fragile sense of self.

Like the above researchers, Post (1984, 1986, 1987) proposed that terrorists suffer from pathological personalities that emerge from early negative childhood experiences and a damaged sense of self. In contrast, though, he discouraged the assumption that there is only one type of terrorist personality defect. He proposed two terrorist personality types, depending on the specific quality of those childhood experiences.

First, Post suggested, there is the "anarchic-ideologue." This is the terrorist who has experienced serious family dysfunction and maladjustment, which leads to rebellion against parents, especially against the father. Anarchic-ideologues fight "against the society of their parents . . . an act of dissent against parents loyal to the regime" (Post, 1984, p. 243). Similar to Kaplan's concept of the reasons for terrorism, Post said the "anarchic-ideologue" terrorist would always find a reason to rebel, even after specific terrorist objectives are achieved, because the rebellion is a way to act out unconscious hostility toward authority.

Post's second terrorist personality type is called the "nationalist-secessionist" to indicate a sense of loyalty to authority and rebellion against external enemies. During childhood, a terrorist of this personality type experienced a sense of compassion or loyalty toward his/her parents. According to Post, nationalist-secessionists have pathologically failed to differentiate themselves and other (parental object). Consequently, they rebel "against society for the hurt done to their parents . . . an act of loyalty to parents damaged by the regime" (Post, 1984, p. 243). Both the anarchic-ideologue and nationalist-secessionist find comfort in joining a terrorist group of rebels with similar experiences.

In an even further extension of the plurality of terrorist personalities, and by using a more empirical and descriptive method, Strentz (1981) studied the Symbionese Liberation Army (SLA) of the 1970s and proposed three types of personalities based on the roles the SLA members performed for the group. Strentz

suggested that the terrorist-to-be is attracted to one of these roles, depending on his/her individual psychopathology. Like Kaplan (1981) and Post (1984, 1986, 1987), Strentz differentiated between the environmental reasons for terrorism and what he saw as its true causes. He asserted that "the terrorist is involved more because of his psychosocial needs than because of his desire to achieve political-social betterment for the masses" (p. 97).

Strentz's first type of terrorist is the *leader*. Such a person has the overall vision and intellectual purpose of the terrorist group. He/she understands the theoretical underpinnings of the group's ideology. Strentz proposed that such a person has developed a sense of inadequacy but projects his/her sense of inadequacy onto society (thus, the belief that society is inadequate and in need of change). The leader is suspicious, "irrationally dedicated," and uses "perverted logic" (p. 88). The narcissist and paranoid personality is attracted to this terrorist position.

The second of Strentz's roles is that of the *opportunist*. Such a person has technical know-how and is the group's "muscle." Strentz suggested such a person has a criminal history that predates his/her involvement in the terrorist group. According to Strentz, the antisocial personality is drawn to the opportunist role.

Lastly, there is the *idealist*. This is the young person who is never satisfied with the status quo and who has a naive view of social problems and social change. Strentz claims that an inadequate personality best describes the person who is attracted to this role.

The personality defect model views terrorists as suffering from personality defects that result from excessively negative childhood experiences, giving the individual a poor sense of self and resentment of authority. Its supporters differ in whether they propose one (Kaplan), two (Post and Jones & Fong), or three (Strentz) personality types.

A Social Learning Model of Terrorism

Another broad model used to interpret terrorist behavior has been structured upon social learning principles consistent with the theory of aggression put forth by Bandura (1973) or more traditional cognitive-behavioral conditioning theories (see Saper, 1988). In contrast to the personality defect model, the social learning model of terrorism suggests that terrorism is a psychologically normal activity. In other words, terrorist behavior occurs through the same mechanism as nonterrorist behavior; behavior that is rewarding to a person tends to occur more often. From this perspective, terrorism does not result from *dysfunctional* or defective personality traits; rather it is largely a result of societal influences and unique learning experiences that form the foundation of *functional* character traits or behavioral tendencies.

More than 2 decades ago Cooper (1976) emphasized this functional nature of terrorism. He said that this form of violence serves as a means to an end instead of reflecting the idiosyncrasies of a troubled mind. Cooper implied that a terrorist and a soldier differ not in terms of whether or not they are mentally pathological, but in

terms of whether or not they have access to conventional military means. Those who do not have such access resort to unconventional means to achieve military and political goals. Hilke and Kaiser (1979) similarly perceived terrorism as violence perpetrated in order to obtain social and political ends. In a article outlining the types of aggressive behavior, Megargee (1993) considered terrorism an instrumental form of violence rather than an intrinsic form. In other words, the terrorist's primary objective is not to harm, as it would be in the intrinsic form or "heat of passion" violence. The outcome of harm, for a terrorist, is secondary to the primary objective of achieving a political goal. Similarly, Jenkins (1983) said the ultimate terrorist goal is not to terrorize; rather, it is to terrorize in furtherance of an otherwise legitimate political goal, just as nation-states resort to war to achieve political goals when diplomacy fails. Jenkins said learned ideological values are antecedents to terrorist behavior, not personality defects.

Fields (1979) suggested a developmental process based on social learning principles to explain terrorist behavior. She proposed that children exposed to terrorist behavior may develop into terrorists, but only if a foreign entity rather than an indigenous group controls their government while they are growing up. Children raised in such a country would likely model parental dissatisfaction with the foreign interlopers.

Crenshaw (1988, 1992, 2000) also proposed a view of terrorist behavior as more psychologically normal. She suggested that terrorism is a strategically rational behavior and is based on the learned belief that violence in furtherance of political goals is feasible, effective, and morally justified. In order to explain how terrorists can persist in the face of apparent failure and of being outnumbered, Crenshaw (1988) said that the immediate and salient consequences might not be as significant as the personal meaning one derives from one's terrorist behavior. In other words, the punishing qualities of capture and danger are not as strong as the reinforcing qualities of knowing one is propagating a worthwhile ideology. Many terrorists have even committed suicide in order to achieve their goals. This may be how we would also explain legitimate military members' willingness to die for their country, especially when faced with insurmountable odds (we could debate whether the concept of "suicide in order to achieve one's goals" and "willing to die for one's country" are essentially different). This is also consistent with Bandura's (1977) social learning theory, which highlights the importance of intrinsic rewards. In addressing behavior that has no apparent external or immediate reinforcement, Bandura said, "it is people's self-reactions to their own performances that constitute the principal source of reward" (p. 106).

In addition to describing them as goal oriented, Cooper (1976) described terrorists more humanely than have those in the personality defect camp, seeing them as normal people who empathize with their victims and who find it psychologically stressful to maintain a terrorist lifestyle. For instance, he used the term "kindhearted terrorist" (p. 232) to highlight their emotional reaction to the violence they

perpetrate. They must learn to cope with the realization that they kill people, just as soldiers do, and they have a basic reluctance to harm hostages. Just as with soldiers, this basic reluctance must be overcome by a strong ideological or religious conviction that convinces them the ends justify the means. Crenshaw (1988) expanded on the idea that terrorists need to cope with the recognition that they kill people by employing a belief system that protects against the feelings of guilt and anxiety.

In addition to the effect of social learning principles (Bandura, 1973, 1977), decades of research on well-known group processes provide insight into how the group context can influence the judgments made by terrorists and terrorists-to-be. For example, lowered self-awareness in groups can lead to reduced inhibitions toward behaviors, including aggression (Prentice-Dunn & Rogers, 1989; Zimbardo, Haney, Banks, & Jaffe, 1982), and individual group members often conform to perceived group standards, especially when the costs of nonconformity are great (Asch, 1956; Perrin & Spencer, 1981). Another group phenomenon, known as "groupthink" (Janis, 1982), can interfere with individual terrorists' ability to dissent from group principles and ideas. Not only is this important in understanding how a person can go along with his or her peer group when the group takes on terrorist intentions, it can also clarify seemingly unthinkable behavior (e.g., the group suicide of the commercial airliner hijackers).

Gurr (1988) suggested how a terrorist could change as a result of group influences. First, young and disaffected individuals are drawn to terrorist organizations —perhaps the idealist as proposed by Strentz (1981). Those with personal problems or negative experiences with authority figures are most likely to be recruited, because the terrorist group provides them with a "home" and a forum in which to air their grievances. Then, these new members are socialized to accept the group's specific ideology and goals. The behavioral norms of the group are adopted, and peer pressure acts to maintain group involvement. As members stay with the group and commit terrorist acts, they become convinced that the group's goals are well served by their actions. At this stage, Bem's (1972) self-perception theory would predict that members would infer their attitudes, motivations, and values by observing their past actions. Thus, their attitudes would become consistent with their actions. Also, Festinger's (1957) theory of cognitive dissonance would predict that the more dangerous and risky their actions, the stronger would be their beliefs about the righteousness and importance of their actions.

In short, the social learning model asserts that when aggression and violence are rewarding to a person, it will occur more often in the future when dealing with problem situations. The problem situations for terrorists are political issues. With this perspective, terrorism is a learned form of political action that is facilitated by the social context and maintained by intrinsic rewards, group influences, and other social psychological forces. Moreover, this model asserts that terrorists differ from soldiers on the battlefield only in that they do not have access to sufficient military hardware to engage in legitimate forms of political violence.

The Debate

These two theoretical camps clearly disagree on whether or not terrorism is a sign of psychopathology. In order to resolve this disagreement, we need to look at two questions: (1) Is terrorism, by definition, psychopathological? and (2) Is there any empirical evidence that suggests that terrorists, as a group, meet the criteria for a diagnosis of psychopathology more so than do other groups of people?

With regard to the first question, the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*; American Psychiatric Association, 1994) provides the American Psychiatric Association's definition of psychopathology. It uses the term "mental disorder" to differentiate pathological mental states from so-called normal ones. In the *DSM-IV*, mental disorder (psychopathology) is defined as

> a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above. (pp. xxi–xxii)

The first part of this definition seems to include terrorist behavior under the umbrella of mental disorder, since terrorism can be defined as a "behavioral or psychological syndrome or pattern . . . with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom." But the definition subsequently cautions that individual political deviance and behavior in conflict with society is not considered psychopathological. Thus, at best, the *DSM-IV* is equivocal on the question of whether terrorism is psychopathological. If one nonetheless considers terrorist behavior pathological under this definition, one must also then include as pathology such diverse activities as law enforcement work, organized crime, professional football, and wartime military activities. Each of these activities consists of a "behavioral . . . pattern . . . with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom." Those who are attracted to these activities, just as those who are attracted to terrorism, surely have unique personal histories that formed the foundation of their interests and behaviors. However, these occupational groups (as with terrorists) would not be considered psychopathological without some evidence being provided of dysfunction independent of their vocational choice.

This takes us to the second question asked above: Aside from the label of "terrorist," is there any empirical evidence that suggests that terrorists, as a group,

meet the criteria for a diagnosis of psychopathology more than do other groups? The review of the research literature on terrorism presented above failed to reveal any sound evidence that demonstrates a higher incidence of psychopathology among terrorist groups than among nonterrorist groups.

What about the people who will become terrorists but who have not yet exhibited terrorist behavior? Recall that the personality defect model says that people who become terrorists develop pathological traits *prior to becoming terrorists* and that those traits are what drive the person to terrorism. It would be next to impossible to conduct a prospective study to determine these preterrorism causative traits and their effects. Yet a retrospective study would be more feasible. Either way, in order for such individuals to meet the *DSM-IV* definition of psychopathology, we would need to demonstrate that these preterrorism traits were dysfunctional. As is the case for active terrorists, there has been no convincing evidence presented in the literature that suggests terrorists-to-be, as a group, suffer from impaired psychological functioning any more than non-terrorists-to-be.

Some from the personality defect camp (e.g., Ferracuti, 1983) have submitted information from retrospective studies in an attempt to demonstrate that terrorists had interpersonal and parental difficulties in their childhood and adolescence. However, it is questionable whether this evidence supports the notion that their traits were such that they crossed the threshold between the normal and the pathological (dysfunctional). Also, these attempts did not employ control groups, which makes it unclear whether or not terrorists experienced a higher incidence of interpersonal and authority problems than nonterrorists. Yet even if such problems were experienced by terrorists at a higher rate, this would not necessarily indicate that they result in psychopathology. Such negative childhood experiences may merely form the foundation of unique learning experiences about authority figures. After all, we have all had interpersonal and parental difficulties while growing up, and these difficulties have likely influenced our behaviors to some extent, including how we view authority.

Anecdotal examples of terrorists who meet the *DSM-IV* criteria for psychopathology may be mistaken as evidence that terrorism is an outgrowth of psychopathology (e.g., Ted Kaczinski, the "Unabomber," was diagnosed with paranoid schizophrenia). Even if some terrorists have met the diagnostic criteria, this does not constitute evidence that terrorism, in general, is a necessary product of psychopathology. There are two reasons for this. First, an individual instance of a psychopathological terrorist may merely be an anomaly. As stated earlier, in order to show that terrorism is due to psychopathology, one would need to demonstrate that terrorists, *as a group*, meet diagnostic criteria more frequently than do nonterrorists.

The second reason has to do with the notorious weakness of correlational evidence. Specifically, any psychopathology demonstrated by terrorists at a higher rate than nonterrorists may be the *effect* of terrorist behavior, not its cause. In fact,

the unique demands of a terrorist lifestyle are likely to engender the subsequent development of psychological idiosyncrasies, which could then influence the terrorist's behavior. These idiosyncrasies can become pathological, just as any intense and unconventional lifestyle can lead to psychological peculiarities. For instance, it is reasonable to assume that a terrorist will want to avoid detection and apprehension as he/she goes about the planning and execution of terrorist acts. This surely would lead to an increased level of awareness, in order to detect any surveillance. Such a heightened level of awareness, depending on how intense and chronic, could develop into noticeable suspiciousness of others and a certain level of rigidity of actions. The accompanying thought processes and behaviors could be described as paranoid, obsessive, and compulsive. Moreover, if the terrorist maintains a high level of interpersonal caution and significantly reduces emotional and social connection with others, subsequent behaviors and thought processes could meet the *DSM-IV* criteria for paranoid, obsessive-compulsive, or schizoid personality disorders.

We might also expect terrorists to develop antisocial and narcissistic thoughts and behaviors. Terrorists might cope with the realization that they kill people by actively avoiding thoughts about or rationalizing their actions (see Crenshaw, 1988). As this coping style becomes automated, the terrorist is less and less likely to be aware of remorseful feelings. Likewise, terrorists may think very highly of themselves, since they are engaged in incredibly dangerous activities that affect the lives of thousands of people. Depending on the intensity of these thoughts and behaviors, the labels "antisocial" and "narcissistic personality disorders" might apply. Even though I argue that terrorists *could* develop the psychological criteria demanded by the *DSM-IV* to be classified as mentally disordered, there still is no convincing evidence presented in the literature to demonstrate that terrorists, as a group, meet such criteria more than nonterrorist groups.

Even so, terrorists are not unique in their susceptibility to these kinds of psychological consequences. Similar developments may be seen in the nonterrorist occupational groups mentioned above. This is especially true of the military. For example, military officials who are responsible for highly classified information and who perform sensitive missions may display obsessive, compulsive, and suspicious behaviors as a result of rigid adherence to security policies. In fact, these "pathological" characteristics enhance one's suitability for highly sensitive positions (personal experience of author). Also, high-ranking officials, individuals involved in special operations, and others who have a considerable amount of independence and power may develop a sense of grandiosity and egotism. These psychological consequences of military experience may also apply to the competitive corporate world as well. Finally, military members who are personally responsible for killing people (including the "collateral damage" of noncombatants) in wartime probably feel remorse yet may not show it. Rather they may cope by morally justifying their violent behavior and may even resort to demonizing the enemy to ease

the horror of their actions. Their verbalized justification for killing and apparent lack of remorse can be interpreted as psychopathy or sociopathy. Terrorists who are obsessive, compulsive, suspicious, grandiose, self-centered, and remorseless will probably be considered pathological. On the other hand, military or corporate members who exhibit the same traits are likely to be considered wise, capable, or shrewd.

The above discussion leads to a position that rejects the notion that terrorist behavior is due to personality defects. Absent any evidence that terrorists or terrorists-to-be, as a group, meet *DSM-IV* definitions of psychopathology to a greater degree than do nonterrorists, parsimony would dictate that their behaviors be explained via the same mechanisms that are used to explain so-called normal behavior. Notwithstanding the above discussion, though, the issue of psychopathology may be somewhat irrelevant. Regardless of the term used by each camp to describe the antecedent variables of terrorist behavior, the two camps are in agreement that a terrorist-to-be experiences the world in a way that predisposes him/her to a terrorist lifestyle. Ascribing a pathological label to this pattern of development and behavior does not help in understanding or managing the behavior. The important issue is the specific description given to the circumstances (environmental and individual) that give rise to terrorist behavior. This would suggest that any attempt to prevent terrorism should include attention to those circumstances.

Moreover, the two camps' respective descriptions of these circumstances are more similar than they may seem at first glance. The psychodynamic phrase *identification with the aggressor* could substitute for the social learning term *modeling*. The personality defect assertion that terrorists-to-be engage in violence *because of feelings of inadequacy* can be interpreted by those in the social learning camp as individuals' adopting terrorist violence because they are *reinforced with intrinsic feelings of power* in doing so. Furthermore, the personality defect model says that a terrorist's negative childhood experiences, primarily with a caregiver, lead to *unconscious motivation* to act out against authority in a violent fashion. The social learning model likewise says that a person's preterrorism experiences provide the basis for learning a *behavioral, cognitive, and emotional repertoire* that makes terrorism a likely behavioral alternative. Certainly the learning theorists would not argue that the terrorist is aware of this repertoire, so it would be largely "unconscious."

In sum, there are those who say that terrorism is primarily a manifestation of psychopathology and others who say terrorism results form the same psychological processes that affect us all. Upon review, there does not appear to be justification for concluding that terrorism is a form of abnormal psychology or the actions of "deranged" individuals. Terrorists' use of violence, even against innocent civilians, is an attempt to affect political change. Their motivation to resort to terrorism results from unique experience histories that give rise to their understandings of the

world and their role in it. The difference between their actions and conventional military campaigns is that terrorists do not have access to sufficient firepower to overcome their enemy, so they employ a different strategy. Yet the terrorists' *ultimate* objectives are not to injure or kill. Targeting innocent civilians is a means to an end, just as the acceptance of collateral innocent civilian deaths is in conventional war. The ultimate objective of terrorist behavior is to create extreme fear in the minds of a public in order to force that public's government to change policies that the terrorists deem unjust. Understanding this can help in responding to terrorist attacks in order to protect us from terrorist carnage in the short term and to prevent the development of nascent circumstances that may form the experience histories of terrorists in the future.

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