The challenge of radicalisation: a public health approach to understanding and intervention

Kamaldeep Bhui & Edgar Jones

To cite this article: Kamaldeep Bhui & Edgar Jones (2017): The challenge of radicalisation: a public health approach to understanding and intervention, Psychoanalytic Psychotherapy, DOI: 10.1080/02668734.2017.1354908

To link to this article: http://dx.doi.org/10.1080/02668734.2017.1354908

Published online: 03 Aug 2017.
The challenge of radicalisation: a public health approach to understanding and intervention

Kamaldeep Bhui* and Edgar Jonesb

aCentre for Psychiatry, Queen Mary University of London, London, UK; bInstitute of Psychiatry, Psychology & Neuroscience, King’s College London, London, UK
(Received 9 July 2017; accepted 10 July 2017)

Radicalisation is the term proposed to explain how an apparently ordinary person can be transformed from a law-abiding citizen into a supporter of violent protest. It refers to a process of belief modification and requires a progression from feeling sympathy towards violence for a political goal to direct involvement in such activities. This paper explores the reasons why individuals are drawn to extreme movements and how approaches devised for public health can be applied to prevention. We argue for interventions at an early stage when ideas are beginning to take root in people vulnerable to the recruiter’s message and identify both protective and risk factors.

Keywords: radicalisation; mental health; psychological processes; public health

Introduction
Since 9/11 the focus on terrorism and its prevention is central to government initiatives around the world, whether high- or low-income countries, or whether dominated by radical religious belief systems or practices, or secular right-wing movements (Felton, 2004; Frank, 2005). Terrorism undermines societies and institutions by killing civilians and diverting resources, especially in low-income countries, from other important humanitarian, health and societally critical policies and programmes (Bhui, Hicks, Lashley, & Jones, 2012; Goldman, 2002). Whilst governments have introduced measures designed to address radicalisation (in the UK the Contest model includes a Prevent programme, whilst Channel is designed to counter beliefs and actions likely to lead to violent protest), there remains less emphasis on understanding the roots of disaffection and grievances with democratic processes (HM Government, 2011). This paper explores a range of ideas proposed to explain the power of radical philosophies and why they are so appealing to groups of young people to the extent that many are willing to sacrifice their lives.

An evolving context
War and conflict have focused attention on psychological trauma. The reified concept of post-traumatic stress has helped to justify access to health care for asylum

*Corresponding author. Email: k.s.bhui@qmul.ac.uk

© 2017 The Association for Psychoanalytic Psychotherapy in the NHS
seekers and refugees, civilians exposed to war but trapped in the conflict zones, veterans returning from combat, and those that are victims of physical assault, crime, rape, or violent attack, or natural disasters (Jacobs, Burns, & Gross, 2003). Terrorism is now added to this list of trauma, both for its direct effects on those at the heart of a bomb attack or killing, and for its indirect effects through the fear invoked in family and friends of victims, ordinary citizens and witnesses, including children and young people for whom terrorism is daily mentioned on the news channels (Rousseau & Measham, 2004). Yet terrorism is not only an individual experience but also a group one, designed to undermine a particular set of core values about society and replace them with ‘higher’ causes that do not always seek rational earthly solutions, or goals that political compromise might deliver (Atran, 2003, 2010). Such attacks have a symbolic effect and are designed to destroy core values of democracy. Many of the recent attacks are directed towards events and activities where people express freedoms: a gay nightclub in Orlando, a Jewish supermarket in Paris, or the Copenhagen shootings at a public afternoon event called ‘Art, Blasphemy and Freedom of Expression’ and the killing of a Jewish security guard outside the city’s Great Synagogue in February 2015 (Anderson, 2016). Although individual people are targets, the goal of most terrorists is politically or culturally recognisable groups, including governments (Alderdice, 2009; Gostin, 2002).

Yet, what do we know about the causes of terrorism in order to prevent it? Generally, it is thought that there are socially strained contexts in which terrorism emerges as a possible option for those feeling disempowered (Leiken, 2016), but this still does not fully explain the chosen methods and their extreme and violent nature. The chosen method may reflect a politically isolated minority (usually) to wage (an unequal) war with those in power, in order to change the political decisions of those in power and to disrupt ordinary processes of government and governance. Instilling fear in citizens is part of that process (Leistedt, 2016; McGilloway, Ghosh, & Bhui, 2015). This inequality in power, that is an ostensibly weaker authority attacking a larger more powerful one, is given prominence in the narratives of terrorists in order to justify the atrocities, killings and the persistent disruption to society (O’Shaughnessy & Baines, 2009). Yet at the same time, recent claims from IS (Islamic State) and al-Qaeda is that they are larger authorities themselves, seeking to subvert a whole political and religious system and to exchange it for their own, and the active and rapid pace of communications, the levels of resources, and use of persuasive device (technological, digital and dramatic) are alarming and distinct from previous terrorist groups (Bhui & Ibrahim, 2013; Neumann, 2016).

Justifications for such acts include religious ideology, even if this falls well beyond an orthodox interpretation of faith, political discrimination and powerlessness such that the subjects’ only option for action includes violence (Atran, 2003, 2010; Baines et al., 2010). However, many people feel aggrieved but choose democratic and non-violent political protest; and even where protest becomes violent, for example, riots in North London by black youth, the state of anarchy is quickly resolved and order restored whilst lessons are learnt. Yet, terrorism per-
Psychoanalytic Psychotherapy

sists and the so-called ‘fifth wave’ under the auspices of Islamic authorities, such as al-Qaeda and the Islamic State, have assumed a brutal and repressive character, using technologically advanced communications and persuasive technologies to recruit and persuade. These narratives seek to frame terrorist actions in a context of righteousness and the protection of the broader Muslim faith, appealing to individuals, often young and impressionable, looking for a purpose and meaning in their lives, a political search for belonging rather than a social or health malady (McGarry, 2016).

Mental illness and terrorism

Mental illness is a global problem, even in high income countries, and yet only between a quarter and a third of those with a common psychological disorder receive any form of treatment; the absence of treatment is lower for those with psychosis, but in lower income countries the indices are far worse, with very little spent on mental health of citizens. Terrorism is known to inflict experiences of loss and trauma, and so is often, like conflict and war in general, associated with depression, anxiety, post-traumatic stress or abnormal grief. However, mental health experts have recently turned their attention to prevention of terrorism by trying to understand the motivations and sentiments of those recruited to undertake violent acts against innocent civilians. Historically, terrorism has been broadly recognised as a political act with little relationship to mental illness other than causing mass group and individual distress. However, the recent phenomenon of citizens of Western democracies taking up terrorist causes in the countries in which they were educated, or seeking out terrorist networks in Syria or Iraq or Afghanistan, has raised questions about who is susceptible to recruitment narratives. So understanding psychological processes by which individuals align with extremist thinking and are motivated to act violently is a key issue for modern democracies. Another growing concern is that some people who already appear to suffer emotional distress or frank mental illness may be particularly at risk from terrorist propaganda. More specifically, lone actors, those not belonging to any terror networks in a command and control manner, but people who are nonetheless appearing to act on behalf of a terrorist cause, are thought to be more likely to suffer from mental illness (Corner & Gill, 2015).

Our work has sought to understand prevention through the very early phases of radicalisation, following the analysis of New York 9/11 perpetrators (Silber & Bhatt, 2007). That is, how might we stop people early in the trajectory of becoming involved in violent acts of terrorism, long before they have even considered violence as an action? This is not popular work nor always well received. As some believed that this approach inadvertently mitigated the gravity of terrorism offences by explaining them in terms of understandable psychological processes and mental illness. Others felt that we risked stigmatising those with psychological disorders, already perceived in the public imagination to be dangerous, such that people with mental illnesses would worry about receiving treatment and those around them would fear them more. Then, other objections to such work
are that terrorism is fundamentally a political issue relating to security and should be addressed through domestic and international policy through counterterrorism agencies.

The existing government strategy, strong and successful as it is on preventing incidents by high-risk individuals linked to specific groups, does not consider prevention at the earliest phases. The Royal College of Psychiatrists issued a position statement in September 2016 emphasising that the evidence upon which public bodies are asked to change practice to protect individuals at risk of being drawn into terrorism is limited (https://www.rcpsych.ac.uk/pdf/PS04_16.pdf). The statement also observed that safeguarding is already taking place in the context of good psychiatric practice, and that managing risk is part and parcel of mental health care. Furthermore, in the context of terrorism risk prediction tools are doomed to fail, given the rarity of the event. In anticipation of this evidential context from 2008 onwards, Bhui, Jones and others began to explore public health approaches to radicalisation, the process proposed to explain the engagement of ordinary young people in terrorist causes. Does radicalisation exist? Is it measurable? Our research efforts aimed to explore this, but in close collaboration with communities who were already complaining that government strategy excluded them and perhaps even diminished their role as suspect communities.

Public health

Whilst acts of terrorism remain mercifully rare, they are dwarfed by public health problems such as TB, infectious diseases, accidents and death from road accidents or due to cancer, obesity or heart disease. Although there has been a dramatic increase in the last six months in the numbers of people killed by terrorist attacks in the UK, which have rightly caused widespread alarm and concern, since 7/7 there have only been, at the time of writing (June 2017), 39 deaths as a result of terrorism within the UK: Mohammed Saleem, a 82-year old Muslim stabbed by Pavlo Lapshyn, a 25-year old Ukrainian student in April 2013, Private Lee Rigby stabbed in May 2013 by Michael Adebolajo and Michael Adebowale near the Royal Artillery Barracks in Woolwich, Jo Cox killed by Thomas Mair in June 2016, the five who died on Westminster Bridge in March 2017, 22 killed by a suicide bomber in Manchester, eight killed in the London Bridge in attack, and one person in an attack at a mosque in Finsbury Park in June 2017. The rarity of terrorist acts makes it very difficult for any science of risk prediction or prevention to be certain about preventive capability. However, we also know that terrorists are technologically advanced and adaptive, so that whatever preventive efforts are introduced, they are rapidly superseded by events.

Despite the rarity, terrorism continues to attract much government attention and finance, because it symbolically attacks the heart of a society’s cultural values, governance processes and structures of law and order, ‘so that people can go about their lives freely with confidence’ (HM Government, 2011)
A public health approach

Public health approaches involve close connections with the community, actions at a population level and not only through health agencies, and interventions that aims to reduce risk factors and promote protective factors. The purpose is to shift the distribution of risk factors in a population to reduce the number of people who are reaching the threshold for having significant risks and developing illness. This approach has been applied to violence prevention in general (Mikton, Butchart, Dahlberg, & Krug, 2016), and to behaviours such as suicide, violence, drug taking, crime and now also to radicalisation and terrorism (Bhui et al., 2012).

A good exemplar is public health approaches to violence and conflict seek to enact prevention at the earliest opportunity (Sidel & Levy, 2003). These approaches have been applied to violence prevention in general, to teenage pregnancy, gun and violent crime, as well as smoking and other societal ills that, if unaddressed, consume significant health care resources (Henry, Farrell, & The Multisite Violence Prevention Project, 2004; Massetti, Holland, & Gorman-Smith, 2016; Mikhail & Nemeth, 2016; Mikton et al., 2016). Suicide, for example, is a rare event but identifying risk factors associated with suicide in the general population such as self-harming behaviours, alcohol and drug misuse, depression, access to means (firearms, coal gas) will plausibly reduce rates. The purpose of a population-level intervention is to shift the risk factor profile of any early indicator towards the left so reducing the likelihood of adverse outcomes. However, to reduce the incidence of radicalisation and violent protest, we need to better understand the social and psychological conditions that lie on the pathway. Therein lies the dilemma; we do not know enough about the pathways and these are likely to be multi-layered and multi-faceted, appealing to different groups of vulnerable or susceptible individuals.

To investigate what radicalisation might look like, as part of a large research programme, we worked with local communities to better understand the meaning of radicalisation and how to measure it. This culminated in a survey of over 600 Pakistani and Bangladeshi men and women living in the community. The methodology, and detailed analyses are already published and accessible (Bhui, Everitt, & Jones, 2014; Ghosh et al., 2013). Although extremism is not limited to South Asian or Muslim heritage populations, these were the groups that were under scrutiny and to whom many of the debates about radicalisation related. Thus, we collected views from community groups to construct a set of questions which were later piloted, tested, and refined and included in a survey of Bangladeshi and Pakistani men and women. We discovered that people were willing to answer the questions, that there were no incidents during our survey and that such work was possible. The research enabled us to develop a measure of sympathies for radicalisation, and consider the relevance of a number of variables that showed correlations with our measure.
These findings challenged the prevailing view that feeling oppressed, marginalised or being of low income were essential drivers of grievances, that then led to anger and thus potential recruitment into radicalised thinking. Of course, although we attempted to recruit a population sample, our study is limited to inferences about our specific samples. It is possible that of those who progress towards more active involvement, there are additional factors, that we have not been able to consider. Taking a public health perspective also meant that we should also consider those who were not so condemning of terrorist acts, and thus might be open to persuasion, that is to view the spectrum of sympathy to condemnation as a continuum rather than being concerned with only those actively professing sympathies for violent causes including terrorism. In this manner, we found depressive symptoms, and scores above 5 on the PHQ-9 were relevant and related to greater sympathy rather than condemnation of such acts. This lead us to investigate what depressive symptoms might mean and their role (Bhui, Warfa, & Jones, 2014; Bhui et al., 2014). To what extent was this hopelessness or pessimism, leading to a search for meaning and purpose, or was depression related to personality and not something that might come to the attention of psychotherapists. We are undertaking further research on what types of depressive symptoms are relevant, and comparing White British with Pakistani men and women to explore common factors relating to extremism. A recent analysis of this data shows that depressive symptoms increase sympathies for violent protest and terrorist a little, but surprisingly life events, especially bereavement and giving money to a charity, and to a less significant extent, political participation, are negatively correlated with sympathies; our interpretation is that social connectedness, even if expressed through loss, is protective (Bhui, Silva, Topciu, & Jones, 2016).
Psychoanalytic Psychotherapy

Thus relationships and the ability to tackle pessimistic thinking seem important, but so does being part of a community and giving to that community. Focusing only on attitudes or psychological constructs as targets of deradicalisation might seem an obvious way forward, given the parallels with psychological therapies that target cognitive biases. However, there are wider social drivers and more internal and collective sacred antecedents that would not easily be accessible. Deradicalisation programmes around the world do make use of the social and cultural milieu of the individual and their identity group within which psychological or other work can be undertaken. For example, see the reports from the Radicalisation Awareness Network (https://www.counterextremism.org/resources/details/id/310/ran-deradicalisation-working-group-proposed-policy-recommendations). Indeed, this is also the way offender management services operate. However, a population approach takes a different perspective, that of intervening early in the natural history of developing extreme ideologies, and focusing on prevention at a population level, exposing all people to the right sorts of messages and counter-narratives, and to tackle the social drivers and potential sources of grievance and isolation that may encourage people to seek empowering and powerful but dangerous ideologies to give their lives meaning.

Clearly, the public health approach is there to complement and not to replace criminal justice agencies, especially if people have moved more towards joining and participating in organised groups or personal individual actions in support of terrorist organisations. The public approach also seeks to reduce fear and provide practical and evidence-based information to the wider public, so that all can see themselves as part of a solution, rather than be excluded or even feel they are the suspect community. Part of the strategy of terrorism is to provoke a harsh counter-response that reinforces accusations of discrimination and alienation and injustice against groups, most prominently against Muslim populations and countries in the Middle East. However, thoughtful and measured responses are necessary, not dissimilar to what was seen during the Norwegian legal process after the Brevik incident. When atrocities and homicide are seen in unusual and often idiosyncratic circumstances from people not expected to commit those acts, the public and police seek explanation, and invoking mental illness or psychological processes are now common. This may further stigmatise people with mental illness and those seeking help from psychological services. We do need to promote an evidence base, but for now we know the majority of incidents have little to do with mental illness, and the extent of modifiable psychological process or vulnerability is yet to be determined. This field of research and practice is in its infancy and can learn much from existing literature on crime and violence, and experiences of recognising and preventing crime in general. However, the dimensions of culture, religiosity, international politics and world crises and conflict, do bring a different dimension. The place of psychoanalytic thought lies in not only interrogating the evidence and emotional processes of perpetrators, but also of political decision makers and victims, and the wider public.
Conclusion

An analysis of media responses to our nuanced population studies showed that the press often occupy polarised positions, suggesting that the capacity for emotional distortion is high in relation to violence and terrorism. The studies were based on proportional quota sampling of people of Muslim heritage in defined areas and yet the findings were interpreted by newspapers as if we had interviewed convicted terrorists. Furthermore, there was concern that we were dismissing terrorism as a form of mental illness, or that we had ignored accumulated understanding of different varieties of terrorism in Northern Ireland and other countries. Strategies to reduce the impact of radical messages should be based on a gradual but evolving process of gathering information and knowledge and to resist the temptation to reach for a binary position on findings and policy implications. Binary thinking is a core challenge we face when tackling terrorism, a rejection of possibilities that are not in accord with our own precepts. This tendency is seen not only in researchers, practitioners and experts, but also amongst government leads and politicians. The notion of preventive efforts introduced long before any chance of a commitment to violence seemed irrelevant to some at the front line of counterterrorism for whom the imminent threat is the priority. Whilst their legitimate and pressing concern for public safety is acknowledged, greater regard should be given to addressing what seems like an endless supply of people willing to give their lives to terrorist causes. Drawing on writings of Atran (2003, 2010), loyalty to intimate cohorts of peers, often promoted through religious communion, seem relevant, whilst a search for meaning and purpose may draw many away from a secure life with their families towards radical extremism.

Disclosure statement

No potential conflict of interest was reported by the authors.

References


