Editorial

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Editorial

Thinking about radicalisation, fundamentalism and terrorism immediately evokes powerful emotional responses and pushes us to the limits of our sympathy and understanding. Caught up in a maelstrom of public outrage, hate, fear, grief and helplessness is it possible to think psychotherapeutically, to access compassionate feelings and understanding for the perpetrators as well as the victims, to put into words what are often referred to as ‘unspeakable’ atrocities, and to imagine the mind of the terrorist, rather than adopting an overview and global analysis of the subject to distance oneself from any personal encounter?

A popular and plausible understanding of the nature and relationship between fundamentalism, radicalisation and terrorism is as follows. The first expresses a belief system of extreme views, usually pertaining to religion, in upholding a strict, literal or distorted interpretation of scripture, but also includes strict adherence to the basic principles of any subject or discipline. The second describes the process by which an individual, or group comes to adopt these (usually) extreme religious views which have now become attached to political or social ideals and aspirations that reject or undermine the status quo or contemporary ideas often associated with Western values. This process is often thought to be the result of the active work of fundamentalists in causing someone, thought to be young and vulnerable in some way to being ‘converted’, to adopt radical positions on religious, political or social issues. Finally, in the most extreme cases, a minority of the radicalised will turn to terrorism in the unlawful use of violence and intimidation in the pursuit of political aims. From a psychoanalytic viewpoint, radicalisation, fundamentalism and terrorism all involve disturbed states of mind and it is tempting to understand the relationship between the three as a pathological regression of psychic processes from the psychic, to psychotic thinking, to violent enactment, where highly disturbing thoughts, fantasies and affective states are expelled in action. However, as John, Lord Alderdice points out in this issue, although radicalisation, fundamentalism and terrorism tend to become fused in the public mind, there is not a simple linear relationship between the three phenomena, nor can one assume that all result from pathological processes.

The idea for this Special Issue, published in two consecutive issues, was first suggested to me at the end of 2015 by Pam Kleinot, who was organising two conferences on the subject: ‘Radicalisation, fundamentalism, gangs and vulnerability’ and ‘Radicalisation, terrorism and hate’, both of which took place very successfully at Amnesty International, Human Rights Action Centre in London last year. At that time, the international community was reeling from the deadliest terrorist attack in French history, in which ISIS claimed responsibility for multiple
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shootings, hostage taking and bombing in Paris in November 2015, which left 130 people dead and 368 injured. This attack, of course, had occurred after another terrorist attack in Paris earlier that year, which killed 17 and injured 22, in which the antifascist satirical magazine, Charlie Hebdo, was the target of a mass shooting by two Islamic gunmen who identified themselves as belonging to Al-Qaeda.

At the time of submitting the first draft of their paper ‘The challenge of radicalisation: a public health approach to understanding and intervention’, Kham Bhui and Edgar Jones wrote that since 7/7 there had been only been eight 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; and the five who died on Westminster Bridge in March 2017. However, during the process of editing their paper, this figure had to be increased five-fold to an overall total of 39 people killed in the UK since 2005, following the spate of terrorist attacks: 22 killed by a suicide bomber in Manchester, eight killed in the London Bridge attack and one person in an attack at a mosque in Finsbury Park in June 2017. Terrorism is no longer woven into the backdrop of our daily lives: it has been pushed centre stage into an on-going tragedy from which few can avoid being affected.

In the wake of 9/11 and the rise of suicide bombers in the Middle Eastern conflict, a body of literature has accumulated offering a psychoanalytic perspective on terrorism. Psychoanalysis, of course, is only one discipline of many that attempts to make sense of these events and the motivations of those responsible, and offers insights that are complementary to other approaches – sociological, political, cultural and others. This Special Issue brings together contemporary psychoanalytic writers and practitioners, some of whom were speakers at the aforementioned conferences, involved in the study of radicalisation, fundamentalism and terrorism. Some of the authors have worked with terrorists, thus, grounding their reflections and insights in direct clinical contact with these individuals. Although the contributors to this volume approach these subjects from different angles, all are united in acknowledging the importance of unconscious primitive psychic mechanisms – phantasies, conflicts and defences – that may underlie the extreme mindsets and violent actions of the individuals and groups involved.

Pam Kleinot starts off the first issue with an informed overview of the psychoanalytic and group analytic study of terrorism in her paper ‘One man’s freedom fighter is another man’s terrorist’ which tries to make sense of the unconscious roots of aggression, hatred and violence. She reminds us that terrorism is often a social activity and therefore, a group analytic approach has an important contribution to make in understanding the unconscious dynamics of large groups that play a crucial role in the development of radicalisation, fundamentalism and terrorism.

This group perspective is reinforced by the subsequent two papers by John, Lord Alderdice: ‘Fundamentalism, radicalisation and terrorism Part 1: Terrorism as dissolution in a complex system’ and ‘Fundamentalism, radicalisation and terrorism Part 2: Fundamentalism, regression and repair’. Drawing on his personal
experience of growing up in Northern Ireland, and his unique position as both a prominent politician and psychoanalytic psychiatrist working with terrorist organisations in countries involved in political conflicts around the world, he provides a psychoanalytic and systemic perspective on the history of fundamentalism, radicalisation and terrorism and explores how the group dynamics of minority populations may result in the perpetuation of violence that is seen as terrorism by others, but for whom it is a justifiable response to collective experiences of subjugation, humiliation and injustice suffered over generations.

Expanding on Alderdice’s ideas with Kleinian theory, David Morgan, in his powerfully evocative paper ‘Inflammatory projective identification in fundamentalist religious and economic terrorism’, sees the rise of fundamentalism and terrorism as a retreat from the anxieties provoked by a modern world characterised by industrialisation, urbanisation, secularism and technology. He likens the terrorist mindset to a psychotic illness, where we are the unwilling container for explosive attacks, the aim of which is to communicate fragmentation and psychosis into the minds and bodies of the victims, via the process of what Morgan calls ‘inflammatory projective identification’.

The next two papers together consider developmental trajectories and risk factors for the onset of violence, radicalisation and fundamentalism in childhood and adolescence. In her paper ‘Rage and hatred in infants: Conditions which facilitate development vs. those which result in tragic delays or alarming distortions’, Anne Alvarez draws on her extensive experience with violent children who have been abused or neglected, to distinguish, within the context of internal object relationships, three factors contributing to violent behaviour: disturbance, deviance, and deficit and neglect, and links each of these to the child’s relationship with the object. In disturbance, aggression may arise towards a persecutory object and where this internalised violence may be turned against the self. Some infants and children may be pushed into a perverse trajectory where they become identified with the bad object, violence becomes a habitual way of relating to others, and they become addicted to perverse excitements. This trajectory has a poor prognosis in being more likely to develop into psychopathy and frank perversion in adulthood. Neglect may be as damaging as frank abuse in producing deficits in the internal representation of good figures and of a good self, which may produce rage, despair and shame, and which eventually harden into deep cynicism and the devaluation of human relationships.

In the following paper, ‘Terror, fundamentalism and male adolescence’, Elisabeth Rohr examines the next stage of human development – adolescence – and proposes that a male adolescent identity crisis is a risk factor for terrorism in some young men. By linking contemporary theories of religious fundamentalism with psychoanalytic theories of adolescent breakdown, she proposes that boys who have experienced pathological attachments in early childhood, poverty, and difficulties at school and with peers, may be particularly susceptible to being drawn into religious fundamentalist communities which offer containment and a male identity that is fused with a higher being and so has no need for the ambivalence, anxieties and conflicts faced in adolescence.
The second issue describes the work of clinicians who have worked directly with convicted terrorists or those deemed at risk of radicalisation. There is little evidence in the literature of cases of direct therapeutic work with radicalised individuals or terrorists, and therefore, Maktuno Sult’s account of her treatment of a young man at risk of radicalisation is unusual. In ‘Dreaming of Columbine: Exploring an offender’s preoccupation with the Columbine Killings’, she describes a compelling clinical case which nicely illustrates Rohr’s theory of adolescent vulnerability, fundamentalism and extremism, in her treatment of a young offender, who had converted to Islam in prison and who incited others to join the Taliban and commit suicide bombings. He had experienced in childhood the risk factors that Rohr highlights: poor attachment to his mother, being bullied at school and poor academic achievement, and Maktuno relates how his obsession and identification with the ‘Colombine Massacre’ killers – two young men who had also experienced bullying and who exacted their revenge in the mass killing of their peers – provided an escape from painful feelings of shame and humiliation. In her psychoanalytically informed treatment of him, paying particular attention to her countertransference, she was able to demonstrate to colleagues the value of a psychoanalytic approach in identifying unconscious factors that contribute to risk assessment, working within a criminal justice system where treatment is focused on cognitive and behavioural modification.

The next two papers reflect the work of clinicians who have worked with convicted terrorists. In ‘Pathways into terrorism: The Good, the bad and the ugly’, Monica Lloyd and Pam Kleinot put forward a pathway model of terrorism using psychoanalytic and group analytic understanding to reflect on the first author’s work with convicted terrorists in prison. By exploring the different motivations of these men, the authors found that they could be divided into three main groups, representing three different pathways into terrorism: those who identified with a noble cause, those who were mainly motivated by criminality, and those, mostly lone actors, who were motivated by hostility and grievance, but who also had higher levels of mental illness than group actors. They propose that for all three groups, terrorism may be understood as a form of communication in which primal fears, existential threats and disavowed feelings are projected via primitive defence mechanisms into a persecuting group which becomes a target for annihilation.

Lloyd and Kleinot’s typology of terrorism based on their clinical experience of a small sample of convicted terrorists, is validated by more formal empirical research, which is presented in the paper ‘Terrorism and mental disorder, and the role of psychiatrists in counter-terrorism in the UK’ by Jessica Yakeley and Richard Taylor, informed by the second author’s experience of assessing several incarcerated remand and convicted terrorists. They describe the results of recent studies that have examined the characteristics of the largest sample of terrorists to date, comparing 119 lone actor terrorists with 428 group-based actors, and found that a large proportion of the lone-based actors (41%) had a history of mental
health problems and were 13.5 times more likely to have a history of mental illness than group-based terrorists. This contradicts the belief over the past few decades that terrorists were no more likely to suffer from mental disorder than the general population, one explanation being that mental illness would impede decision-making and reliability in executing terrorist acts. Yakeley and Taylor go on to explore the ethical dilemmas encountered by psychiatrists’, and other mental health professionals’, involvement in the government’s strategy to prevent terrorism.

One of the concerns of the government’s Prevent strategy and focus on radicalisation is that it has disproportionally targeted Muslims and thus alienated Muslim communities, creating ‘circles of fear’ in the relationships between these communities and mental health and other services. In their paper ‘Working together to break the “circles of fear” between Muslim communities and mental health services’, Angela Byrne, Shirin Mustafa and Imam Qamruz Zaman Miah describe their difficult work within Tower Hamlets, East London, with community groups, faith leaders and local services, aimed at breaking these cycles of distrust and animosity, and promoting mutual understanding and respect to improve relationships with mental health services, including better access to talking therapies.

The final paper, ‘The challenge of radicalisation: A public health approach to understanding and intervention’, echoes the importance of working directly with Muslim communities to understand the meaning of radicalisation and to develop effective interventions at a population level to prevent radicalisation at an early stage of the trajectory of individuals at risk. Kam Bhui and Edgard Jones describe their research in carrying out a large survey of over 600 Pakistani and Bangladeshi men and women living in the community to elucidate risk and protective factors. In contrast to the Prevent strategy, this public health approach focuses on prevention at a population level, seeks to provide evidence-based information to the wider public so that all can see themselves as part of a solution, and reduce the polarisation between those that feel suspect and excluded, and the wider population whose fear and outrage provokes harsh responses, fuelling the ‘circles of fear’ described in the previous paper. Bhui and Jones’ conclusion to their paper eloquently summarises the collective contribution of all of these papers in offering psychoanalytic perspectives on radicalisation, fundamentalism and terrorism: ‘The place of psychoanalytic thought lies in not only interrogating the evidence and emotional processes of perpetrators, but also the emotional processes of political decision makers and victims, the media and the wider public’.

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