



Not in Their Right Mind? Right-Wing Extremism Is Not a Mental Illness, but Still a Challenge for Psychiatry

Frank Schumann*, Peter Brook and Martin Heinze

Department of Psychiatry and Psychotherapy, Brandenburg Medical School, Immanuel Klinik Rüdersdorf, Rüdersdorf, Germany

Most research in psychiatry on extremism focuses on the question whether there is a connection between extremism and psychiatric diagnoses. In addition, practitioners are increasingly asked to take part in programs aimed at preventing and countering violent extremism by assessing risk for radicalization. However, an issue that remains largely unaddressed is that the rise of the far right in many countries during the last years poses a challenge for psychiatric services as working with right-wing patients can be a source of conflict for practitioners and patients alike. In this article, we assert that the narrow conceptual scope on psychological vulnerabilities and the practical focus on risk assessment contribute to processes of psychiatrization and limit the scope of research on right-wing extremism in psychiatry. By giving a brief overview of social research into right-wing extremism, the article argues that right wing beliefs should not be conceptualized as an expression of psychological vulnerabilities but rather as attempts to deal with conflict-laden social reality. Thus, a shift of perspective in psychiatric research on extremism is needed. On a conceptual level, the scope needs to be broadened to grasp the interplay of individual and social factors in radicalization with sufficient complexity. On a practical level, it is necessary to further investigate challenges for practitioners and institutions working with right-wing extremist patients.

Keywords: psychiatry, right-wing extremism, radicalization, psychiatrization, right-wing populism, mental health, prevention

OPEN ACCESS

Edited by:

Sanne te Meerman,
University of Groningen, Netherlands

Reviewed by:

Fabian Virchow,
University of Applied Sciences
Düsseldorf, Germany

*Correspondence:

Frank Schumann
Frank.Schumann@mhb-fontane.de

Specialty section:

This article was submitted to
Medical Sociology,
a section of the journal
Frontiers in Sociology

Received: 07 December 2021

Accepted: 15 April 2022

Published: 11 May 2022

Citation:

Schumann F, Brook P and Heinze M
(2022) Not in Their Right Mind?
Right-Wing Extremism Is Not a Mental
Illness, but Still a Challenge for
Psychiatry. *Front. Sociol.* 7:830966.
doi: 10.3389/fsoc.2022.830966

INTRODUCTION

In the last 10 years, right-wing populism¹ has established itself as a stable force within the political spectrum of many countries, in some even as part of the government (Mudde, 2019). This led to intense debates not only in the public sphere, but also in research on the causes and consequences of right-wing extremism. After radicalization prevention had focused mainly on Islamism in the years after the September 11 attacks, the recent developments brought right-wing extremism back into focus.

As with many sectors of public life, the popularity of the far right, and the accompanying public focus on it, also affect psychiatric services. As public health care institutions,

¹As terminological discussions would go beyond the scope of the article, we chose to use the most well-known terms. However, it should be noted that there is considerable debate on the analytical value of terms like right-wing populism and extremism.

psychiatric institutions must offer services to right-wing extremists just as to other patients. This results in various challenges. For example, the presence of right-wing extremists can be a burden for other patients or staff, especially if they have experienced discrimination related to racism and right-wing extremism. On the other hand, and unlike other health care institutions, psychiatric clinics and services are increasingly confronted with a particular set of questions: Are right wing extremist orientations and violence connected to psychiatric diagnoses? What role should psychiatry play in prevention of radicalization and violence?

The assumption of a connection between psychopathology and extremist violence has a long history (Gilman and Thomas, 2016) and is found particularly in media and public debate (DeFoster and Swalve, 2018). In psychiatry and criminology, the notion of a psychopathology of extremists has been discussed controversially since the 1970's (Cooper, 1978; Tanay, 1987; Victoroff, 2005). Lack of empirical evidence was a source of repeated criticism over the years and led most researchers in the field of radicalization to reject the assumption of mental illness having a causal influence on radicalization processes. In recent years, however, psychiatric institutions have increasingly been included in programs aimed at preventing and countering violent extremism (P/CVE), most prominently in the US and the UK. This resulted in a certain revival of research on mental illness and extremism as evidenced by a growing corpus of empirical studies.

Although research into how extremism challenges psychiatric and psychotherapeutic institutions has become highly relevant in recent times, current approaches suffer conceptually from a one-sided focus on mental health problems. This conceptual reductionism is accompanied by a prevention perspective that combines public health and security agendas and thus drives a psychiatrization of a phenomenon that should rather be understood as a complex interplay of individual, social and societal factors. The article argues for a research perspective that can integrate social as well as societal context and is able to address practical challenges of public health care institutions in working with extremist patients. This is done by (1) giving a concise summary of the conceptual and practical shortcomings in psychiatric research on extremism and (2) contrasting psychiatric approaches with current social research on right-wing extremism. The shift in research perspective encouraged by the article comprises both violent as well as non-violent forms of extremism.

RIGHT-WING EXTREMISM AND PSYCHIATRY

The Conceptual Perspective: Mental Health as a Risk Factor for Radicalization

For a long time, the psychiatric literature put forward the thesis of a psychopathology of extremists mostly based on conceptual considerations (Cooper, 1978; Tanay, 1987). However, during the last 10 years, an increasing number of studies were published that empirically investigate the presumed connection of extremism and mental illnesses (Gill and Corner, 2017). These studies

report elevated prevalence rates for psychiatric diagnoses among extremists, particularly for depression (Bhui et al., 2014; Bhui, 2016; Campelo et al., 2018a; Rousseau et al., 2019; Morris and Meloy, 2020) but also for schizophrenia (Weenink, 2019), and personality disorders (Coid et al., 2016). Especially “lone wolf”-terrorists are more likely to fulfill the criteria for a psychiatric diagnosis (Gruenewald et al., 2013; Corner and Gill, 2015; Corner et al., 2016). Most studies follow a tendency noticeable in radicalization studies in general, namely, to focus primarily on Islamism, whereas right-wing extremism tends to play a minor role (Bjørge and Aasland, 2019). Isolated studies, however, can be found claiming that right-wing violent offenders are more likely to have had traumatic experiences during childhood (Baron, 1997; Simi et al., 2016).

Although studies seem to point toward a connection of psychiatric diagnoses and radicalization, findings are inconsistent and do not allow for a clear conclusion. Meta-studies report considerable variation in prevalence rates between individual studies (Trimbur et al., 2021) and note that many studies have a weak diagnostic basis (Corner et al., 2021; Gill et al., 2021). The heterogenous findings do not come as a surprise, since radicalization is usually seen as a complex process with a wide range of pathways (Borum, 2012). As such, many factors do play a role in radicalization processes, for example, the presence of social adversities, availability of radical ideology, and proximity to radical political groups. In addition, radicalization is a highly dynamic process that encompasses personality changes (Bjørge, 2011) and represents an independent source of psychological stress that must be dealt with (Koehler, 2020). Studies on the correlation of psychiatric diagnoses and extremism can neither account for the complexity nor for the dynamism of radicalization processes. It thus remains unclear, how elevated prevalence rates for psychiatric diagnoses among extremist populations are to be interpreted. Based on the available data, a causal connection of mental illness and radicalization cannot be established.

Nevertheless, psychiatric literature maintains that psychic vulnerabilities can help to explain extremism (Corner et al., 2021; Gill et al., 2021), if social and societal aspects are factored in (McCauley and Moskalenko, 2008; Simi et al., 2016; Decety et al., 2018; de Ridder et al., 2019; Gill et al., 2021; Harpviken, 2021). This is usually done by situating individual risk factors within a multilevel model that includes the social micro level (family, friends), meso level (communities, social class), and macro level (societal and political developments) (Doosje et al., 2016; Eisenman and Flavahan, 2017; Campelo et al., 2018b), often mirroring the ecological model for violence prevention by the World Health Organization (WHO, 2004).

Although, at first glance, paying closer attention to social context seems to increase the explanatory power of the model, central problems remain. Firstly, the model does not clarify how individual and social factors interact in radicalization processes (Smith et al., 2020). Instead, it is implied that individual, social, and societal risk factors just add up to an overall radicalization risk, neglecting the dynamism of radicalization processes and leaving open why, under otherwise similar conditions, some individuals develop extremist orientations and others do not.

Secondly, adding social context does not solve the initial problem plaguing the explanatory model, namely, that there is little evidence for a causal connection between psychiatric diagnoses and extremism.

The Practical Perspective: Mental Health Practices in the Context of Counterterrorism

In 2015, the United Kingdom Government revised the Prevent Strategy Policy that now requires psychiatrists among other professions to identify and report people at risk of being drawn into terrorism (HM Government., 2015; Weine et al., 2017; Chivers, 2018). Community-based programs aiming at preventing and countering violent extremism have also been launched in the United States (Ellis and Abdi, 2017). In the European Union, the Radicalization Awareness Network (RAN) encourages mental health practitioners to assess risks for radicalization (Al-Attar, 2019; RAN Practitioners., 2021a,b).

The prevention approach is often laid out within a public health framework (Bhui et al., 2012; McGilloway et al., 2015; Alcalá et al., 2017; Bhui and Jones, 2017; Bhui, 2018; Aggarwal, 2019; Weine and Kansal, 2019). Following Caplan (1964), these approaches usually make a distinction between primary, secondary, and tertiary prevention (Weine and Kansal, 2019). While primary prevention aims at anticipating radicalization processes before they occur, for example, by working with communities to increase social cohesion and access to social services (Ellis and Abdi, 2017), secondary prevention aims at identifying and intervening in radicalization processes at an early stage, and tertiary prevention seeks to rehabilitate extremists. Psychiatrists are usually asked to work in all three areas as part of a multidisciplinary team that also involves community work (Weine et al., 2017). Thus, the prevention approach contributes to an expansion of psychiatric tasks and structures.

However, the prevention approach goes beyond the public health field and is part of national security programs, some of which have already been mentioned. Within these programs, psychiatric structures are assigned the task of assessing risks for violent radicalization of patients as part of an early warning system and thereby contributing to preventing terrorist attacks (Eisenman and Flavahan, 2017; Weine et al., 2017). In some states, as Denmark for example, institutional structures have been created to coordinate collaboration between psychiatry, intelligence, police, and social work (Freestone, 2017; Sestoft et al., 2017). As such, psychiatry becomes part of a national security agenda. This point has been hotly debated among psychiatrists, especially in the UK. While some argue that psychiatrists are responsible to protect society from “violence resulting from mental illness” (Hurlow et al., 2016, p. 162) and therefore should cooperate with security agencies to prevent radicalization, many are skeptical about the scientific foundations of risk assessment procedures (Bhui, 2016; Royal College of Psychiatrists., 2016; Khoshnood, 2017) and point toward ethical issues such as negative stereotyping of Muslim communities and breaching medical confidentiality (Middleton, 2016; Summerfield, 2016).

Based on the dual perspective of public health and security agendas, practical recommendations for psychiatrists focus primarily on the question of what specific roles psychiatrists should play in P/CVE (Al-Attar, 2019; Dom et al., 2020) and how they can contribute to risk assessment (Eisenman and Flavahan, 2017; Logan and Lloyd, 2019; Bhui et al., 2020; Logan and Sellers, 2021). Several tools now exist to assist psychiatrists in risk assessment, such as Trap-18 (Meloy, 2018) and the VERA-2R (Pressman et al., 2016). The focus on safety issues and the tendency to view Muslim communities and psychiatric patients as “dangerous people” (McSherry and Patrick, 2011) has been the subject of repeated criticism (Coppock and MacGovern, 2014; Open Society Justice Initiative., 2016; Rizq, 2017; Abbas, 2019).

THE ROLE OF SOCIETY: RIGHT-WING EXTREMISM AS REACTION TO SOCIAL CONFLICT

It is widely assumed in radicalization literature that grievances within the social lifeworld of individuals work as a push factor in radicalization (Borum, 2012; Hafez and Mullins, 2015). Despite acknowledging that social factors play a role in radicalization, most studies on extremism in psychiatry still focus mainly on individual risk factors such as psychological vulnerabilities and do not go into much detail how these vulnerabilities interact with social and societal factors. In contrast, explanations developed in social research give a more nuanced account of societal developments leading to right-wing support. Although explanations differ, most of them agree on a crucial point: right-wing orientations need to be explained as a reaction to a social reality that is perceived to be in crisis.

One of the oldest explanations for right-wing extremism, the theory of the authoritarian personality developed by Adorno et al. (2019) during World War II, views right-wing extremism as an expression of a personality structure that formed in reaction to feelings of powerlessness caused by strict and punishing parents. If similar feelings of powerlessness are reexperienced later in life, for example during personal or social crises, authoritarian personalities are likely to turn toward right-wing political groups. While the original concept of authoritarianism was complemented by a social theory developed by Adorno, later social psychological reformulations, such as Right-Wing Authoritarianism (Altemeyer, 1981), pay less attention to societal conditions of authoritarianism. However, newer research again emphasizes social roots of right-wing extremist orientations by combining the concept with a theory of perceived threat (Onraet et al., 2013).

Recent social research on the popularity of the far right builds less on theories of authoritarianism and instead describes the turn to radical and extreme right-wing positions within the conceptual framework of status threat. It is an ongoing debate whether it is predominantly economic or cultural change that threatens social status. Socioeconomic explanations (Manow, 2018; Rodrik, 2018) highlight the role of economic insecurity following the transformation of economy and labor market due to globalization, while sociocultural approaches argue that a

change of conventional values and norms is responsible for feelings of threat (de Wilde et al., 2019; Inglehard and Norris, 2019). Despite the differences, both explanations assume that a threat to social status drives right-wing support. Research on supporters of the German right-wing populist party Alternative für Deutschland (AfD) found that it is a combination of both socioeconomic and sociocultural threat that predicts support for the right-wing party (Lengfeld and Dilger, 2018).

Although less popular in recent years, another explanation for radicalization can be found in approaches that focus on anomie. These emphasize the dissolution of social cohesion and security following societal processes of individualization as an important factor for the development of right-wing extremist orientations (Anhut and Heitmeyer, 2009). Evidence for the anomie-theoretical explanation can also be found in the electorate of far-right parties such as the AfD. The impression of being increasingly socially isolated is widespread among AfD supporters (Müller-Hilmer and Gagné, 2018).

DISCUSSION

Even though studies report higher prevalence rates of psychiatric diagnoses among extremists, there is no clear evidence for a causal influence of mental health issues on extremism. Rather, as social research shows, right-wing extremist orientations form through a complex interaction of individual and social factors and can be understood as an attempt to come to terms with a social reality that is perceived to be in crisis. Psychiatric research into right-wing extremism should, therefore, be able to take the interplay of individual and social factors within the biography of extremists into account. Against this background, current research on right-wing extremism in psychiatry has several weaknesses:

- The focus on individual risk factors found in psychiatric literature restricts the conceptual scope to psychiatric phenomena and ignores the fact that right-wing extremist orientations develop as a way to deal with social challenges. Although current approaches often propose multilevel models of radicalization that include social and societal factors, it remains unclear how individual and social factors interact in the formation of right-wing extremist orientations. Often, social aspects are conceptualized simply in terms of bad influence by peers or lack of social support that add to individual mental health risks.
- Despite little evidence for psychological causes of radicalization, psychiatric treatment is part of P/CVE programs such as the EU's Radicalization Awareness Network (Al-Attar, 2019). However, treatment recommendations often do not go beyond standard psychiatric treatment, such as medication and psychotherapy (RAN Practitioners., 2021a). That suggests that by treating mental health symptoms it is also possible to treat extremism. Moreover, the P/CVE approach also suggests that extremism is manageable through closer psychiatric screening and risk assessment, thus expanding the reach and tasks of psychiatric structures. The combination of psychiatric treatment of right-wing extremism and expansion of security policy tasks to psychiatry

can be described as a form of top-down psychiatrization (Beeker et al., 2021). Top-down psychiatrization is a process driven by institutional and political agents in which an increasing number of people and areas of life become subject to psychiatric knowledge and practices.

- Difficulties and challenges for practitioners working with right-wing extremist patients have received little attention so far. Not only do right-wing extremist orientations conflict with ethical principles of the medical profession like, for example, treatment regardless of ethnicity, sexual orientation, or gender, but treatment of right-wing patients may also lead to tensions and conflicts with patients and staff who have experienced discrimination related to right-wing extremism.
- The conceptual focus in psychiatric literature lies almost exclusively on radicalization into violent extremism. As a result, radicalization processes that do not lead to violent acts do not receive sufficient attention.
- Often, right-wing extremism is subsumed under the label extremism, neglecting the specifics of right-wing extremism. Despite sharing some characteristics with, for example, Islamism, right-wing extremism develops in different social contexts and manifests in different ways (Bjørge and Aasland, 2019).

To conclude, a research perspective is needed that can conceptually integrate psychological and social factors so that right-wing extremism becomes visible as a relationship persons form toward their social environment. Research should also be able to grasp the specifics of right-wing extremism in its violent as well as non-violent forms. Conceptually, a promising starting point can be found, for example, in the concept of orientation as it was developed within the German research on right-wing extremism among youth in the 1990's (Held et al., 1996; Marvakis, 1996, 2020). That approach understands right-wing extremism as an orientation aid for leading one's life in a complex and challenging social environment.

Since the trajectories into right-wing extremism are diverse, a qualitative methodology would be best suited to explore the interplay of individual, social, and societal aspects within the biography of right-wing extremists. If it is better understood how right-wing orientations develop during life course, it should be possible to work out if and how these orientations relate to psychiatric diagnoses and whether treatments are needed that take the specifics of right-wing orientations into account. The few studies that exist on therapeutic work with right-wing extremist patients understand right-wing extremism primarily as affinity toward violence (Ebrecht-Laermann et al., 2017; Hardtmann, 2017; Henkel et al., 2019). Instead, a broader scope that also includes right-wing extremism as an ideological orientation is needed. In this context, approaches from psychoanalytic social psychology, which emphasize the importance of far-right ideology for maintaining a psychological balance may be helpful (Busch et al., 2016; Lohl, 2021).

However, shifting the focus of research from psychological risk factors to processes of orientation in social contexts does not mean that psychiatry would not benefit from a better understanding of right-wing extremism. But instead of trying to cure right-wing extremism by psychiatric means, psychiatry needs to concentrate on the practical challenges

of working with persons belonging to the far-right political spectrum. Research-based concepts and appropriately trained personnel are needed to deal professionally with these challenges. Understanding the limitations of psychiatry in this manner can potentially contribute to an effective and just use of resources in psychiatric institutions.

DATA AVAILABILITY STATEMENT

The original contributions presented in the study are included in the article, further inquiries can be directed to the corresponding author.

REFERENCES

- Abbas, M. S. (2019). Producing internal suspect bodies: divisive effects of UK counter-terrorism measures on Muslim communities in Leeds and Bradford. *Br. J. Sociol.* 70, 261–282. doi: 10.1111/1468-4446.12366
- Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J., and Sanford, R. N. (2019). *The Authoritarian Personality*. New York: Verso.
- Aggarwal, N. K. (2019). Questioning the current public health approach to countering violent extremism. *Glob. Public Health* 14, 309–317. doi: 10.1080/17441692.2018.1474936
- Al-Attar, Z. (2019). *Extremism, Radicalisation and Mental Health: Handbook for Practitioners*. Available online at: https://ec.europa.eu/home-affairs/system/files/2019-11/ran_h-sc_handbook-for-practitioners_extremism-radicalisation-mental-health_112019_en.pdf (accessed November 28, 2021).
- Alcalá, H. E., Sharif, M. Z., and Samari, G. (2017). Social determinants of health, violent radicalization, and terrorism: a public health perspective. *Health Equity* 1, 87–95. doi: 10.1089/heq.2016.0016
- Altemeyer, B. (1981). *Right-Wing Authoritarianism*. Winnipeg: University of Manitoba Press.
- Anhut, R., and Heitmeyer, W. (2009). “Desintegration, Anerkennungsbilanzen und die Rolle sozialer Vergleichsprozesse für unterschiedliche Verarbeitungsmuster,” in *Neuer Mensch und kollektive Identität in der Kommunikationsgesellschaft*, ed. P. Gerhard (Wiesbaden: VS Verlag für Sozialwissenschaften), 212–236.
- Baron, S. W. (1997). Canadian male street skinheads: street gang or street terrorists? *Can. Rev. Sociol.* 34, 125–154. doi: 10.1111/j.1755-618X.1997.tb00204.x
- Beeker, T., Mills, C., Bhugra, D., te Meerman, S., Thoma, S., Heinze, M., et al. (2021). Psychiatrization of society: a conceptual framework and call for transdisciplinary research. *Front. Psychiatry* 12:859. doi: 10.3389/fpsy.2021.645556
- Bhui, K. (2016). Flash, the emperor and policies without evidence: counter-terrorism measures destined for failure and societally divisive. *BJPsych Bull.* 40, 82–84. doi: 10.1192/pb.bp.116.053603
- Bhui, K. (2018). Radicalisation and mental health. *Nord. J. Psychiatry* 72, 16–19. doi: 10.1080/08039488.2018.1525640
- Bhui, K., Everitt, B., and Jones, E. (2014). Might depression, psychosocial adversity, and limited social assets explain vulnerability to and resistance against violent radicalisation? *PLoS ONE* 9:9. doi: 10.1371/journal.pone.0105918
- Bhui, K., and Jones, E. (2017). The challenge of radicalisation: a public health approach to understanding and intervention. *Psychoanal. Psychother.* 31, 401–410. doi: 10.1080/02668734.2017.1354908
- Bhui, K., Otis, M., Halvorsrud, K., Freestone, M., and Jones, E. (2020). Assessing risks of violent extremism in depressive disorders: developing and validating a new measure of sympathies for violent protest and terrorism. *Aust. N. Z. J. Psychiatry* 54, 1078–1085. doi: 10.1177/0004867420944520
- Bhui, K. S., Hicks, M. H., Lashley, M., and Jones, E. (2012). A public health approach to understanding and preventing violent radicalization. *BMC Med.* 10, 16. doi: 10.1186/1741-7015-10-16

AUTHOR CONTRIBUTIONS

FS and PB developed the initial idea for the article, conducted literature search, and interpreted literature. FS wrote the first draft. All authors contributed to preparing the final version of the manuscript, approve the final version to be published, and agree to be accountable for all aspects of the work.

FUNDING

We acknowledge funding by the MHB Open Access Publication Fund supported by the German Research Association (DFG).

- Björge, T. (2011). Dreams and disillusionment: engagement in and disengagement from militant extremist groups. *Crime Law Soc. Chang.* 55, 277–285. doi: 10.1007/s10611-011-9282-9
- Björge, T., and Aasland, R. (2019). *Extreme-Right Violence and Terrorism: Concepts, Patterns, and Responses*. Available online at: <https://icct.nl/app/uploads/2019/09/Extreme-Right-Violence-and-Terrorism-Concepts-Patterns-and-Responses-4.pdf> (accessed November 28, 2021).
- Borum, R. (2012). Radicalization into violent extremism II: a review of conceptual models and empirical research. *J. Strateg. Secur.* 4, 37–62. doi: 10.5038/1944-0472.4.4.2
- Busch, C., Gehrlein, M., and Uhlig, T.D. (2016). *Schiefheilungen. Zeitgenössische Betrachtung über Antisemitismus*. Wiesbaden: Springer.
- Campelo, N., Bouzar, L., Oppetit, A., Pellerin, H., Hefez, S., Bronsard, G., et al. (2018a). Joining the Islamic State from France between 2014 and 2016: an observational follow-up study. *Palgrave Commun.* 4:137. doi: 10.1057/s41599-018-0191-8
- Campelo, N., Oppetit, A., Neau, F., Cohen, D., and Bronsard, G. (2018b). Who are the European youths willing to engage in radicalisation? a multidisciplinary review of their psychological and social profiles. *Eur. Psychiatry* 52, 1–14. doi: 10.1016/j.eurpsy.2018.03.001
- Caplan, G. (1964). *Principles of Preventive Psychiatry*. New York, NY: Basic Books.
- Chivers, C. (2018). What is the headspace they are in when they are making those referrals? Exploring the lifeworlds and experiences of health and social care practitioners undertaking risk work within the Prevent Strategy. *Health Risk Soc.* 20, 81–103. doi: 10.1080/13698575.2018.1437121
- Coid, J. W., Bhui, K., MacManus, D., Kallis, C., Bebbington, P., and Ullrich, S. (2016). Extremism, religion and psychiatric morbidity in a population-based sample of young men. *BJPsych* 209, 491–497. doi: 10.1192/bjp.bp.116.186510
- Cooper, H. H. A. (1978). Psychopath as terrorist. *MLegal Medical Quarterly* 2, 253–262.
- Coppock, V., and MacGovern, M. (2014). Dangerous minds? deconstructing counter-terrorism discourse, radicalisation and the ‘psychological vulnerability’ of muslim children and young people in Britain. *Child. Soc.* 28, 242–256. doi: 10.1111/chso.12060
- Corner, E., and Gill, P. (2015). A false dichotomy? Mental illness and lone-actor terrorism. *Law Hum. Behav.* 39, 23–34. doi: 10.1037/lhb0000102
- Corner, E., Gill, P., and Mason, O. (2016). Mental health disorders and the terrorist: a research note probing selection effects and disorder prevalence. *Stud. Confl. Terror.* 39, 560–568. doi: 10.1080/1057610X.2015.1120099
- Corner, E., Taylor, H., Van der Vegt, I., Salman, N., Rottweiler, B., Hetzel, F., et al. (2021). Reviewing the links between violent extremism and personality, personality disorders, and psychopathy. *J. Forens. Psychiatry Psychol.* 32, 378–407. doi: 10.1080/14789949.2021.1884736
- de Ridder, B., Fassaert, T., and Grimbergen, C. (2019). Radicalisering en psychiatrie: pleidooi voor een brede blik. *Tijdschr. Psychiatr.* 61, 554–562. Available online at: <https://www.tijdschriftvoorpsychiatrie.nl/assets/articles/61-2019-8-artikel-deridder.pdf> (accessed April 26, 2022).
- de Wilde, P., Koopmans, R., Merkel, W., Strijbis, O., and Zürn, M. (2019). *The Struggle Over Borders: Cosmopolitanism and Communitarianism*. Cambridge: Cambridge University Press.

- Decety, J., Pape, R., and Workman, C. I. (2018). A multilevel social neuroscience perspective on radicalization and terrorism. *Soc Neurosci.* 13, 511–529. doi: 10.1080/17470919.2017.1400462
- DeFoster, R., and Swalve, N. (2018). Guns, culture or mental health? Framing mass shootings as a public health crisis. *Health Commun.* 33, 1211–1222. doi: 10.1080/10410236.2017.1350907
- Dom, G., Schouler-Ocak, M., Bhui, K., Demunter, H., Kuey, L., Raballo, A., et al. (2020). Mass violence, radicalization and terrorism: a role for psychiatric profession? *Eur. Psychiatry.* 49, 78–80. doi: 10.1016/j.eurpsy.2018.01.001
- Doosje, B., Moghaddam, F. M., Kruglanski, A. W., de Wolf, A., Mann, L., and Feddes, A. R. (2016). Terrorism, radicalization and de-radicalization. *Curr. Opin. Psychol.* 11, 79–84. doi: 10.1016/j.copsyc.2016.06.008
- Ebrecht-Laermann, A., Bialluch, C., and Sischka, K. (2017). “Analyse im Extrem. Transgressive Dynamiken in der Arbeit mit Menschen aus rechtsextremen und salafistischen Milieus,” in *Grenzen*, eds. B. Unruh, I. Moeslein-Teising, and S. Walz-Pawlita. (Gießen: Psychosozial) 250–258.
- Eisenman, D. P., and Flavahan, L. (2017). Canaries in the coal mine: interpersonal violence, gang violence, and violent extremism through a public health prevention lens. *Int. Rev. Psychiatry* 29, 341–349. doi: 10.1080/09540261.2017.1343527
- Ellis, B. H., and Abdi, S. (2017). Building community resilience to violent extremism through genuine partnerships. *Am. Psychol.* 72, 289–300. doi: 10.1037/amp0000065
- Freestone, M. (2017). Personality, identity, risk and radicalisation. *Int. Rev. Psychiatry* 29, 310–312. doi: 10.1080/09540261.2017.1344395
- Gill, P., Clemmow, C., Hetzel, F., Rottweiler, B., Salman, N., Van der Vegt, I., et al. (2021). Systematic review of mental health problems and violent extremism. *J. Forens. Psychiatry Psychol.* 32, 51–78. doi: 10.1080/14789949.2020.1820067
- Gill, P., and Corner, E. (2017). There and back again: the study of mental disorder and terrorist involvement. *Am. Psychol.* 72, 231–241. doi: 10.1037/amp0000090
- Gilman, S. J., and Thomas, J. M. (2016). *Are Racists Crazy? How Prejudice, Racism, and Antisemitism Became Markers of Insanity*. New York: NYU Press.
- Gruenewald, J., Chermak, S., and Freilich, J. D. (2013). Distinguishing “loner” attacks from other domestic extremist violence. *Criminol. Public Policy* 12, 65–91. doi: 10.1111/1745-9133.12008
- Hafez, M., and Mullins, C. (2015). The radicalization puzzle: a theoretical synthesis of empirical approaches to homegrown extremism. *Stud. Confl. Terror.* 38, 958–975. doi: 10.1080/1057610X.2015.1051375
- Hardtmann, G. (2017). ““Wer hier etwas gegen meinen Großvater sagt, den bringe ich um...”. Gespräche mit rechtsradikalen Jugendlichen aus psychoanalytischer Perspektive,” in *Aggression, Gewalt und Radikalisierung. Psychodynamisches Verständnis und therapeutisches Arbeiten mit Kindern und Jugendlichen*, ed. B. Traxl. (Frankfurt a. M.: Brandes and Apsel) 191–218.
- Harpviken, A. N. (2021). Psychological vulnerabilities and extremism among Norwegian youth: a structural equation model using a large-n sample. *Peace. Confl.* 27, 212–224. doi: 10.1037/pac0000562
- Held, J., Horn, H.-W., and Marvakis, A. (1996). *Gespaltene Jugend. Politische Orientierungen jugendlicher ArbeitnehmerInnen*. Opladen: Leske/Budrich.
- Henkel, M., Michel, S., Gaubatz, S., Keymer, A., Brakemeier, E.-L., and Benecke, C. (2019). Schwierige situationen in der psychotherapie und wie therapeuten mit ihnen umgehen. *Z. Psychosom. Med. Psychother.* 65, 372–383. doi: 10.13109/zptm.2019.65.4.372
- HM Government. (2015). *Revised Prevent Duty Guidance for England and Wales*. Available online at: <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales> (accessed February 21, 2022).
- Hurlow, J., Wilson, S., and James, D. V. (2016). Protesting loudly about prevent is popular but is it informed and sensible? *BJPsych Bulletin* 40, 162–163. doi: 10.1192/pb.40.3.162
- Inglehard, R., and Norris, P. (2019). *Cultural Backlash. Trump, Brexit, and Authoritarian Populism*. Cambridge: Cambridge University Press.
- Khoshnood, A. (2017). The correlation between mental disorders and terrorism is weak. *BJPsych Bulletin* 41, 56–56. doi: 10.1192/pb.41.1.56
- Koehler, D. (2020). Violent extremism, mental health and substance abuse among adolescents: towards a trauma psychological perspective on violent radicalization and deradicalization. *J. Forens. Psychiatry Psychol.* 31, 455–472. doi: 10.1080/14789949.2020.1758752
- Lengfeld, H., and Dilger, C. (2018). Kulturelle und ökonomische Bedrohung. Eine Analyse der Ursachen der Parteiidentifikation mit der “Alternative für Deutschland” mit dem Sozio-oekonomischen Panel 2016. *Zeitschrift für Soziologie* 47, 181–199. doi: 10.1515/zfsoz-2018-1012
- Logan, C., and Lloyd, M. (2019). Violent extremism: a comparison of approaches to assessing and managing risk. *Legal Criminol. Psychol.* 24, 141–161. doi: 10.1111/lcrp.12140
- Logan, C., and Sellers, R. (2021). Risk assessment and management in violent extremism: a primer for mental health practitioners. *J. Forens. Psychiatry Psychol.* 32, 355–377. doi: 10.1080/14789949.2020.1859591
- Lohl, J. (2021). “Über den Abgrund”: Tiefenhermeneutische Analysen rechter Sozialisationsprozesse. *Sozialer Sinn* 22, 25–48. doi: 10.1515/sosi-2021-0003
- Manow, P. (2018). *Die politische Ökonomie des Populismus*. Berlin: Suhrkamp.
- Marvakis, A. (1996). *Orientierung und Gesellschaft. Gesellschaftstheoretische und individuelwissenschaftliche Grundlagen politischer Orientierungen Jugendlicher in Strukturen sozialer Ungleichheit*. Frankfurt: Peter Lang.
- Marvakis, A. (2020). “Nationalism and/or Developing Understanding of Society?,” in *Cultural-Historical and Critical Psychology: Common Ground, Divergences and Future Pathways*, eds. M. Flee, F. González Rey, and P.E. Jones. (Singapore: Springer Singapore), 155–171.
- McCauley, C., and Moskaleiko, S. (2008). Mechanisms of political radicalization: pathways toward terrorism. *Terror. Polit. Violenc.* 20, 415–433. doi: 10.1080/09546550802073367
- McGilloway, A., Ghosh, P., and Bhui, K. (2015). A systematic review of pathways to and processes associated with radicalization and extremism amongst Muslims in Western societies. *Int. Rev. Psychiatry* 27, 39–50. doi: 10.3109/09540261.2014.992008
- McSherry, B., and Patrick, K. (2011). *Dangerous people. Policy, Prediction, and Practice*. New York, NY: Routledge.
- Meloy, J. R. (2018). The Operational development and empirical testing of the terrorist radicalization assessment protocol (TRAP–18). *J. Pers. Assess.* 100, 483–492. doi: 10.1080/00223891.2018.1481077
- Middleton, J. (2016). Preventing violent extremism: the role of doctors. *Lancet* 388, 2219–2221. doi: 10.1016/S0140-6736(16)31902-X
- Morris, A., and Meloy, J. R. (2020). A preliminary report of psychiatric diagnoses in a scottish county sample of persons of national security concern. *J. Forensic Sci.* 65, 1638–1645. doi: 10.1111/1556-4029.14471
- Mudde, C. (2019). *The Far Right Today*. Cambridge: Polity Press.
- Müller-Hilmer, R., and Gagné, J. (2018). “Was verbindet, was trennt die Deutschen? Werte und Konfliktlinien in der deutschen Wählerschaft im Jahr 2017”, in: *Forschungsförderungs report Nr. 2*. Available online at: https://www.boeckler.de/fpdf/HBS-006793/p_fofoe_report_002_2018.pdf (accessed April 26, 2022).
- Onraet, E., Van Hiel, A., Dhont, K., and Pattyn, S. (2013). Internal and external threat in relationship with right-wing attitudes. *J. Pers.* 81, 233–248. doi: 10.1111/jopy.12011
- Open Society Justice Initiative. (2016). *Eroding Trust The UK’s Prevent Counter-Extremism Strategy in Health and Education*. New York, NY: Open Society Foundations.
- Pressman, E., Duits, N., Rinne, T., and Flockton, J. (2016). *VERA-2R Violent Extremism Risk Assessment Version 2 Revised: A Structured Professional Judgement Approach*. Utrecht: N. I. F. P./D. J. I.
- RAN Practitioners. (2021a). *Conclusion Paper: Mental Health Practices and Interventions in P/CVE*. Available online at: https://ec.europa.eu/home-affairs/document/download/ac5728a7-ac30-45dc-b823-4f5fc7acc9c_en (accessed November 28, 2021).
- RAN Practitioners. (2021b). *RAN Activities on Mental Health*. Available online at: https://ec.europa.eu/home-affairs/networks/radicalisation-awareness-network-ran/topics-and-working-groups/ran-mental-health-working-group-ran-health_en (accessed November 28, 2021).
- Rizq, R. (2017). ‘Pre-crime’, prevent, and practices of exceptionalism: psychotherapy and the new norm in the NHS. *Psychodyn. Pract.* 23, 336–356. doi: 10.1080/14753634.2017.1365005
- Rodrik, D. (2018). Populism and the Economics of Globalization. *J Int Busin Pol.* 1, 12–33. doi: 10.1057/s42214-018-0001-4
- Rousseau, C., Hassan, G., Miconi, D., Lecompte, V., Mekki-Berrada, A., El Hage, H., et al. (2019). From social adversity to sympathy for violent radicalization:

- the role of depression, religiosity and social support. *Arch. Public Health* 77, 45. doi: 10.1186/s13690-019-0372-y
- Royal College of Psychiatrists. (2016). *Counter-Terrorism and Psychiatry. Position Statement PS04/16*. Available online at: https://www.rcpsych.ac.uk/pdf/PS04_16.pdf (accessed February 18, 2022).
- Sestoft, D., Hansen, S. M., and Christensen, D. M. (2017). The police, social services, and psychiatry (PSP) cooperation as a platform for dealing with concerns of radicalization. *Int. Rev. Psychiatry* 29, 350–354. doi: 10.1080/09540261.2017.1343526
- Simi, P., Sporer, K., and Bubolz, B. F. (2016). Narratives of childhood adversity and adolescent misconduct as precursors to violent extremism: a life-course criminological approach. *J. Res. Crime Delinquency* 53, 536–563. doi: 10.1177/0022427815627312
- Smith, L. G. E., Blackwood, L., and Thomas, E. F. (2020). The need to refocus on the group as the site of radicalization. *Perspect. Psychol. Sci.* 15, 327–352. doi: 10.1177/1745691619885870
- Summerfield, D. (2016). Mandating doctors to attend counter-terrorism workshops is medically unethical. *BJPsych Bull* 40, 87–88. doi: 10.1192/pb.bp.115.053173
- Tanay, E. (1987). Pseudo-Political Terrorism. *J. Forensic Sci.* 32, 192–200. doi: 10.1520/JFS12342J
- Trimbur, M., Amad, A., Horn, M., Thomas, P., and Fovet, T. (2021). Are radicalization and terrorism associated with psychiatric disorders? A systematic review. *J. Psychiatr. Res.* 141, 214–222. doi: 10.1016/j.jpsychires.2021.07.002
- Victoroff, J. (2005). The mind of the terrorist: a review and critique of psychological approaches. *J. Conflict. Resolut.* 49, 3–42. doi: 10.1177/0022002704272040
- Weenink, A. W. (2019). Adversity, criminality, and mental health problems in jihadis in dutch police files. *Perspect. Terror.* 13, 130–142. Available online at: <https://www.universiteitleiden.nl/binaries/content/assets/customsites/perspectives-on-terrorism/2019/issue-5/9--weenink.pdf> (accessed April 26, 2022).
- Weine, S., Eisenman, D. P., Jackson, L. T., Kinsler, J., and Polutnik, C. (2017). Utilizing mental health professionals to help prevent the next attacks. *Int. Rev. Psychiatry* 29, 334–340. doi: 10.1080/09540261.2017.1343533
- Weine, S., and Kansal, S. (2019). What should global mental health do about violent extremism? *Glob Ment Health* 6, e14. doi: 10.1017/gmh.2019.12
- WHO (2004). *Preventing violence: a guide to implementing the recommendations of the World Report on Violence and Health*. Available online at: <https://apps.who.int/iris/bitstream/handle/10665/43014/9241592079.pdf;sequence=1> (accessed November 5, 2021).

Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Copyright © 2022 Schumann, Brook and Heinze. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.