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Trends. Medicalizing Terrorism as Part of the Solution or Part of the Problem: More on the Moussaoui Case

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Abstract: This article discusses the context of the medicalization of psychology, using the case of Zacarias Moussaoui and the 9/11 terrorist attacks as context.

The psychiatric, psychological, and behavioral sciences' approach to terrorism has featured the ebb and flow of medicalization. To some of these observers, terrorist behavior was identical with psychopathological behavior. To others, the intrapsychic activity bearing on, associated with, correlated with, and presumably causing terrorist behavior was psychopathological. To still others, the psychological and behavioral coherence necessary to successfully implement terrorist operations precluded almost all psychopathologies save for ascriptions of psychopathy, sociopathy, or antisocial disorders, even if there are much data to suggest that the last is associated with selective learning and information processing styles that may not be to the adaptive advantage of a terrorist or those he may claim to represent. The upshot of the above is that both epistemologically, metaphysically, legally, and ethically legitimate approaches to the world and their illegitimate counterparts were only discounted as discourses of disease.

Such medicalization carries on in at least some attempts to attribute insanity and paranoid psychosis to Zacarias Moussaoui-one of the so-called 20th hijackers in the 9/11 terrorist attacks. Mr. Moussaoui may or may [not] be psychotic. At Issue are attributions bearing on the diagnosis made by putative diagnostic experts-e.g., the more firmly held a belief, the more likely it may be delusional; if a person is so wrapped up in reviewing things that there's an inability to process reality. The first attribution discounts very firmly held beliefs that we all have that are not considered delusional-e.g., the belief that all people have inalienable rights. The second attribution privileges just one view point as opposed to another in the same manner as the putative psychotic allegedly does. Yet other attributions that stated fears of United States Government misbehavior-bugging rooms or apparatus, aiding and abetting (at least by commission) murder-are ipso facto paranoid delusions are made without the tempering of the history of political violence.

In fact, it seems as if legitimate concerns about the prevention, minimization, and management of political violence is doing violence to understanding-not excusing-said violence. This is good news for terrorists and bad news for their foes. Physician heal thyself. (See Gray, N. S., O'Connor, C., Williams, T., Short, J., & MacCulloch, M. (2001). Fitness to plead: Implications from case-law arising from the Criminal Justice and Public Order Act 1994. *Journal of Forensic Psychiatry*, 12, 52-62; James, D. V., Duffield, G., Blizard, R., & Hamilton, L. W. (2001). Fitness to plead. A prospective study of the inter-relationships between expert opinion, legal criteria and specific symptomatology. *Psychological Medicine*, 31, 139-150; Lewis, N.A. (July 10, 2002). Sept. 11 defendant could lose right to represent himself. *The New York Times*, <http://www.nytimes.com> Rogers, R., Grandjean, N., Tillbrook, C. E., Vitacco, M. J., & Sewell, K. W. (2001). Recent interview-based measures of competency to stand trial: A critical review augmented with research data. *Behavioral Sciences & the Law*, 19, 503-518; Rogers, R., Sewell, K. W., Grandjean, N. R., & Vitacco, M. (2002). The detection of feigned mental disorders on

International Bulletin of Political Psychology

specific competency measures. *Psychological Assessment*, 14, 177-183.) (Keywords: Behavioral Psychology, Medicalization, Political Violence, Psychosis, Terrorism, Zacarias Moussaoui.)