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An integrative psychological model for radicalism: Evidence from structural equation modeling

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ABSTRACT

The present study aimed at testing an integrative model that comprises cognitive, psychopathological and psychosocial factors that potentially relate to radicalism as an antecedent condition to radical and terrorist behaviors. A sample of 662 Egyptians (54.83% females and 45.17% males) aged 26, 16 years was administered a comprehensive battery of 25 cognitive, psychopathological and psychosocial measures. The data were analyzed using Exploratory Factor Analysis and Structural Equation Modeling techniques to test the research hypothesis. The results revealed that the cognitive model, psychopathological model and psychosocial model did not fit the data well individually. However, an integrative model that included 22 psychopathological constructs, five cognitive constructs, and four psychosocial constructs fit the data very well. Both males and females conceptualized the constructs similarly, and there were no significant latent gender mean differences in any constructs involved in the research model, including radicalism. These findings imply that none of the models can solely explain radicalism, whereas the integrative model can. The findings support the notion that radicalism is a product of, but is not limited to, complicated trajectories of cognitive, psychopathological, and psychosocial factors.

1. Introduction

Radicalism and terrorism are related but different concepts. Despite their interchangeable use, they need to be separated, because radicalism refers to the realm of ideas whereas terrorism refers to the realm of actions. The literature differentiates between the two terms in that a terrorist is a radical but not all radicals are terrorists (Sugiono, 2011). Radicalism and terrorism are also conceptualized along a continuum where terrorism is the endpoint of violent expression (Lombardi et al., 2014) and radicalism is the pathway leading to violence and terrorism. The present study conceptualizes radicalism as the adoption of extremist beliefs that advocate violence to attain economic, religious, and/or political gains yet may or may not be expressed in terrorist forms.

Explaining radicalism requires a multidisciplinary contribution of several social sciences as no single discipline can offer a comprehensive explanation. Some studies have adopted top–down approaches that investigate the roots of terrorism in social, economic, and political settings (Victoroff, 2005). Others have used bottom–up approaches that examine the characteristics of radicals/terrorists (Wieviorka, 2004). However, regardless of the approach, no explanation of any behavioral phenomenon can be comprehensive unless it integrates structural and psychological dynamics (Ross, 1996). When confronting terrorism, it is wise to address the radical mind by understanding its structure and dynamics at the individual level.

For years, psychologists have examined the individual characteristics of radicals/terrorists, especially since the 9/11 attacks. In general, we can describe four types of research. The first involves the adoption of a psychopathological model that focuses on the individual characteristics of terrorists' psychological functioning. The second embraces a psychosocial model that conceptualizes distinctive psychosocial characteristics of terrorists. The third utilizes a cognitive model that presumes that the specificities of the extremist mind are thoughts, emotions, and social needs based on a specific set of psychological predispositions. The fourth seeks demographic data that can predict the radical/terrorist mind.

The major psychological theories on terrorism take into account a wide range of psychiatric, psychological and sociological approaches, but none of them depends upon the systematic testing of research assumptions or empirical data. They are theoretical, subjective and mostly result from 1920s-era psychoanalytic hypotheses (Victoroff, 2005). The published research lacks appropriate scientific methodologies that depend on validated and trustworthy measures of psychological factors, tested hypotheses using robust statistical tests or comparisons of terrorist groups with suitable controls.

Radicalism is too complex to understand through a particular model that focuses only on one aspect of human behavior. Nevertheless, none of the available psychological models provide strong evidence for the potential psychological causes of radicalism. Moreover, there is no systematic research involving comprehensive psychological examinations, and there is a lack of well-controlled studies based on empirical data. It is important for different disciplines of psychology and psychiatry to

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develop a theory that addresses both the psychological and psychiatric causes of a political phenomenon such as radicalism/terrorism (Victoroff, 2005). A valid and testable model that incorporates cognitive, psychosocial and psychopathological factors is therefore needed. This model should rely on empirical data and well established statistical techniques. Therefore, the present study aimed to test three of the most promising models to explain the cognitive and behavioral profile of radical individuals based on empirical data.

2. The proposed model

This study posits that cognitive factors, psychopathological factors, and psychosocial factors have direct effects on radicalism. Moreover, it proposes that the three latent factors (cognitive, psychopathological, and psychosocial) are interrelated and have direct and indirect effects on radicalism.

3. Method

3.1. Participants

A sample of 662 Egyptian adults participated in the present study. All participants are Arab Muslims Sunnites recruited through acquaintances in and out the campus of Tanta University in Egypt. The mean age was 27.7 years (363 females, mean age = 26, 16; 299 males, mean age = 28, 34).

3.2. Measures

3.2.1. Activism–radicalism intention scale (ARIS; Moskalenko & McCauley, 2009)

The ARIS is a four-item, self-report questionnaire that measures illegal and violent activism (e.g., "I would continue to support an organization that fights for my group's political and legal rights even if the organization sometimes resorts to violence"). Each item was rated on a 7-point Likert scale ranging from 1 (disagree completely) to 7 (agree completely), with a value of 4 for "neutral". In this study, the ARIS showed excellent reliability ($\alpha = .94$), and the test–retest reliability was .87.

3.2.2. The short Coolidge axis II inventory (CATI −+; Coolidge, Segal, Cahill, & Simenson, 2010)

The SCATI is a 70-item self-report measure answered on a four-point Likert scale ranging from 1 (strongly false) to 4 (strongly true). The SCATI assesses 14 personality disorders: 10 from Axis II of the DSM-IV-TR (antisocial, histrionic, narcissistic, obsessional, borderline, paranoid, schizoid, schizotypal, dependent, and avoidant), 2 from Appendix B of the DSM-IV-TR (depressive and passive–aggressive), and two from the DSM-III-R (sadistic and self-defeating). Several studies have shown that the CATI has evident validity and reliability (e.g.Sinha & Watson, 1999, Watson & Sinha, 2007). In the present study, the CATI+ subscales had very strong reliability ($\alpha = .91$–.94) and test–retest reliability (.76–.84).

3.2.3. Cognitive complexity instrument (CCI; Bagdasarov, 2009)

The CCI has nine Likert-type items with three dimensions of cognitive complexity (i.e., differentiation, abstractness, and integration) measured by three items for each dimension. The response options for each were based on five-points, and the items ranged from 1 (strongly disagree) to 5 (strongly agree). In this study, the CCI had high reliability ($\alpha = .96$) and test–retest reliability (.81).

3.2.4. Intolerance of uncertainty scale − short form (IUS-12; Carleton, Sharpe, & Asmundson, 2007)

The IUS-12 is a 12-item short form of the original 27-item intolerance of uncertainty scale (Freeston, Rhéaume, Letarte, & Dugas, 1994). The IUS-12 self-report items measure reactions to uncertainty, ambiguous situations, and the future. The IUS-12 has two subscales: prospective (7 items) and inhibitory (5 items). The responses to the items are on a scale ranging from 1 (not at all characteristic of me) to 5 (entirely characteristic of me). Several studies have shown that the scale has good psychometric properties in different samples (i.e., clinical and normal individuals) (Boelen & Carleton, 2012; Carleton, Collimore, & Asmundson, 2010; Carleton, Gosselin, & Asmundson, 2010; Carleton et al., 2012). In this study, the scale had high reliability ($\alpha = .90$) and test–retest reliability (.78).

3.2.5. Rational decision-making style (RDMS; Scott & Bruce, 1995)

The RDMS is a subscale of the General Decision-Making Style Scales (GDMS). The RDMS comprises four items, and participants rate their responses on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The higher the score, the more rational an individual is considered to be. The initial reliability shown by Scott and Bruce (1995) ranged from .77 to .85. In the present study, the RDMS had high reliability ($\alpha = .94$) and test–retest reliability (.87).

3.2.6. Cognitive style index (CSI; Allinson & Hayes, 1996)

The CSI has 38 items, and participants choose among three options: true, unsure or false. Possible scores for this measure range from 0 to 76. A high score refers to an analytical style, and a low score indicates an intuitive style. In the original study, Cronbach's alpha was .82, whereas it was .91 in the present study. In the present study, the test–retest reliability was .76.

3.2.7. The frustration–discomfort scale (FDS; Harrington, 2005a,b)

The FDS contains 28 items, with four subscales of seven items each. Its five main dimensions are "discomfort intolerance", "social intolerance", "emotional intolerance", "achievement" and "fairness seeking". Participants rate their responses on a 5-point scale: absent = 1, mild = 2, moderate = 3, strong = 4, and very strong = 5. The original form of the FDS showed plausible reliability (Harrington, 2005b, 2006; Ko, Yen, Yen, Chen, & Wang, 2008). In the present study, the FDS subscales had very good reliability ($\alpha = .94$–.96) and test–retest reliability (.83–.90).

3.2.8. Need to belong scale (NTB; Leary, Kelly, Cottrell, & Schreindorfer, 2013)

The NTB questionnaire is a 10-item, self-report measure of the need to belong. The responses range from 1 (strongly disagree) to 9 (strongly agree). Example items are "If other people don't seem to accept me, I don't let it bother me" and "I try hard not to do things that will make other people avoid or reject me". Several studies have indicated reasonable validity and relativity of the questionnaire (e.g.Baumeister & Leary, 1995, Leary et al., 2013). In the present study, the scale had excellent reliability ($\alpha = .93$) and test–retest reliability (.85).

3.3. Procedures

The participants were instructed to answer all measures in one session. They were allowed to ask any questions and were able to withdraw at any stage. The participants answered the measures in the following order: ARIS, CATI − +, CCI, IUS-12, RDMS, CSI, FDS, and NTB.

4. Statistical analysis and results

For the exploratory factor analysis and descriptive statistics, we used Statistical Package (SPSS) version 22.0 software. To evaluate both the measurement model and research model in answering the study question, we employed Structural Equation Modeling (SEM) using the IBM Amos software, version 22.0.