



Psychiatry as a Science and an Art: The Novel Case of Radicalisation

Management of the psychiatric patient involves engaging with and responding to complex mental phenomena. Engaging requires the psychiatrist to try to explain the mental phenomena; as well as understand what other factors may have influenced its particular manifestation (Jaspers, 1963). Responding involves integrating information obtained from engaging with the patient and developing a treatment approach for the individual (Szmukler, 2007; Bhugra, Ventriglio, Kuzman, Ikkos, Hermans, Falkai, Fiorillo, Musalek, Hoschl, Dales, Beezhold, Rössler, Racetovic & Gaebel, 2015).

Engaging and responding to complex mental phenomena requires the use of multiple modes of thinking. Explaining mental phenomena requires modes of thinking from the natural sciences, where the psychiatrist tries to discover and apply potential causal relationships to the case presentation. Understanding involves modes of thinking from the arts, in which the psychiatrist uses knowledge of contemporary social and cultural influences to explore why the mental phenomena presents in particular ways in individual patients (Mendelson & Jablensky, 2007; Murphy, 2015). Neither the sciences nor the arts are alone sufficient to successfully manage the psychiatric patient. Both are jointly necessary.

The necessity of combining modes of thinking from the sciences and the arts in psychiatry is exemplified when exploring how a psychiatrist may deal with mental phenomena that is novel to the professional community. A contemporary example may be the presentation of a radicalised young person.

Consider the case of Jake Bilardi. Bilardi was a highly intelligent but socially awkward teenager who lived in Melbourne, Australia. He spent much time on his laptop. He was fascinated by international politics, which he wrote about in a personal online blog. At 16 years of age, Bilardi converted to Islam. Although he initially practiced peacefully, he was soon radicalised by the Islamic State (IS) online. In March 2015, Bilardi died acting as an IS suicide bomber in Iraq (Bachelard, March 12, 2015; Booker, March 23, 2015; "Jake Bilardi: What we know about Melbourne teenager linked to Islamic State suicide bombing," 2015).

Bilardi's father described him as having a range of unresolved psychological issues. He demonstrated attention-seeking behaviours and violent outbursts, as well as experiencing significant personal hardships, most notably the death of his Mother (Booker, March 23, 2015). If Bilardi had presented to a psychiatrist as radicalised and ready to leave for the Middle East, how could he be managed?

Explaining and understanding Bilardi's case is challenging. To explain the mental phenomena, the psychiatrist must act as a medical expert and scholar to assess and apply scientific literature that explores possible causal relationships in radicalisation phenomena. The psychiatrist will be quick to find that the scientific literature on radicalisation is incomplete and inconsistent. Some research argues that radicalisation is a mental disorder caused by inherent individual tendencies towards adopting inflexible thinking patterns and belief systems (E.g. Liht & Savage, 2013). Other studies claim the empirical support for radicalisation being a discrete form of psychopathology is unconvincing. Therefore, it is better considered as the result of a constellation of maladaptive psychological functions and processes (E.g. Borum, 2014). The clinical situation is further complicated by some literature that has found scientific support for other mental illnesses such as depression having a possible causal link to radicalised mental phenomena (Bhui, Everitt, & Jones, 2014; McGilloway, Ghosh, & Bhui, 2015). However, the psychiatrist is able to conclude that almost all scientific literature supports the view that radicalisation involves holding extreme beliefs that have the potential to lead an individual to commit acts of violence to support or defend them (Bhui et al., 2014; Borum, 2014; Liht & Savage, 2013; McCauley & Moskaleiko, 2008; Wilner & Dubouloz, 2010).

In applying this scientific literature, the psychiatrist may be able to partly explain Bilardi's individual mental phenomena. Bilardi's history of unresolved psychological issues convincingly indicates a propensity towards violence. His online blog also suggests that he held extreme beliefs and became inflexible to alternative views (Booker, March 23, 2015; "Jake Bilardi: What we know about Melbourne teenager linked to Islmac State suicide bombing," 2015). Whether Bilardi experienced depression or other mental illnesses remains unclear. Nonetheless, it would seem that the psychiatrist could use this scientific mode of thinking to determine that Bilardi was indeed radicalised, and to partly explain some underlying causal links.

However, using this scientific information alone leaves open the question of why Bilardi in particular became a radicalised Muslim and was able to commit to the IS. Approaching this question requires the psychiatrist to understand Bilardi's presentation using modes of thinking from the arts. In the case of radicalisation, anthropological literature may be useful. Anthropological literature indicates that radicalised young Muslims may be influenced by representations of their own country's response to conflicts in the Middle East. There also appears to be influence of portrayals of the moral imperative to use violence as a form of altruism in responding to the victimisation of Muslims in such conflicts. Perhaps most importantly, however, is the influence of technology on young people's ability to acquire and process social and cultural issues outside their immediate context, particularly terrorist propaganda (Porter & Keibell, 2011; Veldhuis & Staun, 2007; Williamson, 2014).

In combination with scientific literature, this anthropological evidence provides a more holistic explanation and understanding of Bilardi's mental phenomena. In particular, Bilardi's access to technology to examine and respond to IS propaganda appears to have been pivotal in his radicalisation. His blog posts suggest the adoption of the perception of victimisation of Muslims due to the actions of countries like Australia in the Middle East, and that indiscriminate retaliation through use of violence was appropriate (Booker, March 23, 2015; "Jake Bilardi: What we know about Melbourne teenager linked to Islmac State suicide bombing," 2015).

Having tried to explain and understand Bilardi's mental phenomena, the psychiatrist must now discern how best to respond. To respond to novel mental phenomena, the psychiatrist must act as an effective communicator with Bilardi and collaborate with others who may be able to provide further guidance. An effective response again requires both modes of thinking from the sciences and the arts.

One response may be to adapt scientifically supported treatment approaches to other mental phenomena to Bilardi's presentation. In cases of radicalisation, this may involve treatment of depression. However, seeing as the role of depression in Bilardi's mental phenomena remains unclear, a more useful response may be to use scientifically supported approaches to violent behaviour. The rationale for this approach stems from evidence that radicalised mental phenomena seems to encourage using violent retaliation methods when being challenged by other views. However, not all radicalised individuals are violent (Porter & Kebbell, 2011). Anthropological literature also indicates that over time, most radicalised individuals abandon their involvement with groups such as IS. This may be due to changes in social and cultural influences due to age, family interests and opportunities for employment and career development (Veldhuis & Staun, 2007). Thus, responding to Bilardi's tendencies for violence using scientifically supported approaches to ensure no harm is caused to himself or others, while simply waiting for these anthropological influences to lead him away from radicalisation may be a useful response.

However, this approach relies on Bilardi encountering the right anthropological influences at the appropriate time in his life. There is also conflicting scientific evidence that radicalisation may have stronger causal relationships to normal psychological processes, such as the desire to be a member of a group (Silke, 2008).

An alternative, more effective response is to use an approach specific for the management of radicalisation in young Muslims. As radicalisation is a form of mental phenomena novel to the profession of psychiatry, there are few approaches available. One potentially useful response, however, is the 'Being British Being Muslim' (BBBM) program. BBBM is constructed on scientific and anthropological evidence that radicalisation involves a combination of a predisposition to inflexible thinking patterns and the influence of cultural leaders in Islam. BBBM involves asking the patient to respond to moral dilemmas given by cultural and social leaders, and facilitates the development of

skills in non-violent methods of compromise. Evidence indicates that this approach enhances the ability of patients to tolerate others' more moderate views and have greater willingness to use compromise and collaboration rather than violence in resolving conflicts (Liht & Savage, 2013).

The psychiatrist could use BBBM to respond to Bilardi to encourage the development of tolerance of other worldviews, and facilitate non-violent skills in conflict-resolution. However, the longevity of the effects of BBBM remains unclear. It is also important for the psychiatrist to ensure that their response to the patient does not necessitate the abandoning of certain mental phenomena simply because it contains social or political views that conflict with those of society. To do so would be akin to the abuse of psychiatry for political purposes in the Soviet Union and China (Bonnie, 2002; van Voren, 2010). Thus overall, an integration of both potential responses may be appropriate to managing Bilardi.

This paper highlights that the practice of psychiatry is complex. Effective management of patients requires a combination of multiple modes of thinking. Through analysis of the hypothetical psychiatric management of Jake Bilardi, it is clear that the psychiatrist must be able to integrate and apply modes of thinking from the both the sciences and the arts to explain, understand and respond to novel mental phenomena. Psychiatry is therefore, necessarily, both a science and an art.

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