RAN HEALTH

CONCLUSION PAPER
RAN Mental Health Working Group meeting
30-31 May 2024, Bucharest, Romania

The attraction of conspiracy theories and disinformation: A mental health perspective

Key outcomes

The belief in conspiracy theories is not a new phenomenon, but it continues to pose a key challenge for the prevention and countering of violent extremism (P/CVE) in Europe, since they play vital roles within extremist ideologies, recruitment and radicalisation. In order to efficiently plan P/CVE interventions, it is necessary to understand how people are attracted to conspiracy narratives and the factors that can make a person more vulnerable to the attraction of conspiracy narratives, such as mental (ill) health. To do so, the RAN Mental Health Working Group invited mental health and other relevant professionals to meet in Bucharest on 30 and 31 May 2024.

The meeting's outcomes are as follows:

- A conspiracy theory is an explanatory belief that "they" conspire in secret to harm "us". Here, "they" are, e.g., national governments, foreign nations, minority groups, companies, secret service agencies, etc.

- The belief in conspiracy theories can be seen throughout human history. However, in current times, social media makes them spread faster and makes it easier to reach a large audience.

- Conspiracy theories thrive in times of crisis and social upheaval (e.g. economic recessions, revolutions, wars, natural disasters, terrorist attacks). Also, a personal crisis can lead a person to believe in conspiracy theories (e.g. losing a job, or divorcing).

- They can lead to violence when there is a perception of imminent, significant threat (threat control override symptoms) to oneself or close environment, strengthening the belief that action is urgently needed to remove the imminent threat (i.e. violence is self-defence); belief that one has special power and duty to remove threat; tunnel vision: deep immersion in narrow information and no counter-information; cohesive group, group think and normalisation.

- Although most people who believe in conspiracy theories do not have a pathology, some mental health disorders can create a heightened vulnerability to conspiratorial beliefs. For (mental health) practitioners it is important to understand and mitigate the vulnerability that a mental disorder creates to extremist conspiratorial narratives.

This paper summarises the main takeaways of the discussion, including the description of conspiracy theories and in what way they can be harmful, the most common themes across extremist narratives and how they can be related to mental (ill) health. This is followed by some general recommendations, a description of four different cases from practice and a description of a relevant practice.

Highlights of the discussion

What are conspiracy theories and are they harmful?

During the meeting Prof. Dr van Prooijen offered some research insights on conspiracy theories. A conspiracy theory is an explanatory belief that "they" conspire in secret to harm "us". Here, "they" are, for example, national governments, foreign nations, minority groups, companies, secret service agencies, etc. The belief in conspiracy theories has gone up, but it is not per definition more than ever. Because of social media they spread faster than ever before and they reach a larger audience. It is easier to find people who think the same and easy to find evidence for your own truth. In earlier times conspiracy theories were seen more as a legitimate source of knowledge. However, conspiracy theories have emerged in all times and cultures. Already in medieval times, young women were burned because they were seen as conspiring with the devil (witch hunts). But also more recently in the 1930s, anti-Semitic conspiracy theories on Jewish world domination were common.

Even though one might argue that they are mere theories, you can apply the Thomas theorem (1928) to conspiracy theories "if people define situations are real, they are real in their consequences". And it has been shown that people can act on their conspiracy theories, which can cause harm to the individuals themselves, their relatives but also society as a whole. For example, people who believed 5G was the cause of the COVID-19 pandemic could turn into resistant freedom fighters and burn down 5G towers. Furthermore, conspiracy beliefs predict rejecting the status quo and support for alternative political systems (direct democracy, autocracy, return to monarchy) [1], they are associated with violent, illegal forms of collective action [2], and during the COVID-19 pandemic people who believed in conspiracy theories lost friends over it [3]. However, engagement in conspiracy theories does not equal the intent to act on them and having the capability to do so.

So, when might conspiracy theories lead to harm or violent actions? There is a: perception of imminent, significant threat (threat control override symptoms) to oneself or close environment; strengthening belief that action is urgently needed to remove imminent threat (i.e. violence is self-defence); belief that one has special power and duty to remove threat; tunnel vision: deep immersion in narrow information and no counter-information; cohesive group, group think and normalisation. This normalisation is accelerated in the digital world where you can easily find many people agreeing with you. If you are part of a cohesive group, you can experience a sense of deindividuation. If the group endorses a theory and calls to action, you might easily go with it. Conspiracy theories flourish in crisis situations (e.g. economic crises, health crises, terrorist attacks) and in precarious circumstances (e.g. discrimination, exclusion, inequality, unemployment, actual corruption). An explanation for this is offered by the existential threat model showing that people want to make sense of distressing events or feelings, which often implies scapegoating of groups that one did not trust to begin with. However, the conspiratorial thinking does not reduce the discomfort, it only amplifies the feeling of threat [4].

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[1] Papaioannou, K., Pantazi, M., & van Prooijen, J.-W. (2024). Rejection of the status quo: Conspiracy theories and preference for alternative political systems. *British Journal of Social Psychology.* Ahead of print. https://doi.org/10.1111/bjso.12754

[2] Imhoff, R., Dieterle, L., & Lamberty, P. (2021). Resolving the puzzle of conspiracy worldview and political activism: Belief in Secret Plots Decreases Normative but Increases Nonnormative Political Engagement. *Social Psychological and Personality Science, 12*(1), 71-79. https://doi.org/10.1177/1948550619896491

[3] van Prooijen, J.-W., Etienne, T. W., Kutiyski, Y., & Krouwel, A. P. M. (2023). Conspiracy beliefs prospectively predict health behavior and well-being during a pandemic. *Psychological Medicine, 53*(6), 2514-2521. https://doi.org/10.1017/S0033291721004438

[4] van Prooijen, J.-W. (2019). An existential threat model of conspiracy theories. *European Psychologist, 25*(1), 16-25. https://doi.org/10.1027/1016-9040/a000381

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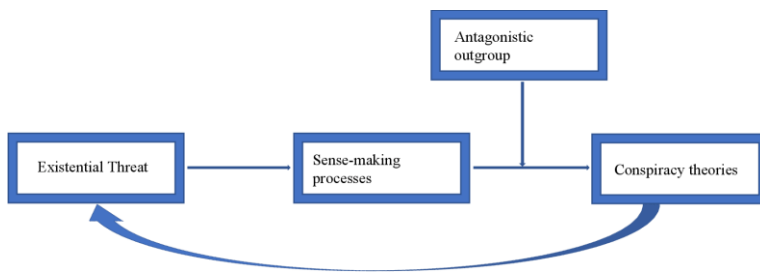
What are the common themes across extremist narratives?

Most extremist ideologies, causes and narratives rely heavily on conspiratorial theories with claims of threat, deception and persecution. They might even use the conspiracy theory as propaganda without believing in it, spreading them for their own gain. The themes cutting across extremist narratives are:

- Strong perception of imminent threat and a conspiratorial explanation of the threat posed by a malicious group operating secretly, it is hidden and you are disadvantaged and the focus of the conspiracy.

- Strong mistrust for mainstream laws, authorities, politicians and people in powerful positions, and media outlets — that are either viewed as complicit in the out-group's conspiracy or else unaware of or helpless to it.

- The theory is presented in a factual way as evidence with emphasis on hidden patterns of events and their hidden meanings. Patterns, symbolic meanings of events and indirect signs reveal the truth. They often mix small amounts of truth, some half-truths and a lot of non-truths.

- It is self-perpetuating, someone comes to seek safety and in the group the conspiracies are reinforced and one ends up feeling less safe.

How are conspiracy theories related to mental (ill) health?

Some people by trait are more susceptible and some mental health disorders create heightened vulnerability to conspiratorial beliefs. However, it is important to note that most people who believe in conspiracy theories do not have a mental disorder. And in cases where there is a mental disorder present, the severity of this disorder does not imply strength or link to risk or the severity of risk. For (mental health) practitioners it is important to understand and mitigate the vulnerability that a mental disorder creates to extremist conspiratorial narratives. Some examples of ways in which mental disorders can create contexts for push and pull factors for conspiracy theories include:

Mental illness

- Paranoid and persecutory delusions that can be part of a disorder (bipolar mania, schizoaffective disorder, stress-related disorders or psychosis) and are strong unshakable beliefs despite there being no evidence to support them. A person can think everything around them is referring to them, and that they are in danger from others or an agency that is conspiring to harm them. Conspiracy narratives can resonate with such experiences and offer a way to try and manage the experienced threat.

- PTSD and trauma history that can result in a chronic sense of danger, with your brain telling you there is a constant threat, including when things are not threatening. The conspiracy theory can offer a sense of control and defend against the threat. The victimhood and suffering from the conspiracy narratives also resonate.

- Adjustment disorder and acute stress reactions can create a feeling of intense threat from a stressor and one can become preoccupied with the stressor which can lead to paranoia and sense of threat from those blamed for causing the stressor. Conspiracy theories might have a pull because they explain the stressor and how to protect against its danger.

Personality disorders

Personality disorders (PDs) shape an individual's perception and experience of themselves, the world and others. Conspiracy theories can resonate with traits of PDs in many different ways. For example:

- Paranoid PD: perception of the world as dangerous, sees others as being deceptive and malicious. They are prone to seeing innocent events or actions as plots. Conspiracy theories give alleged facts around such plots and the malicious intentions of their conspirators.

- Narcissistic PD: perception of self as centre of significance and interpreting others' behaviour as attempts to compete, jealousy, and undermining or humiliating. Grandiose self-perception and sense of entitlement leads to interpreting their own lack of success as due to the malicious acts of others. The types of conspiracy narratives that attribute one's disadvantage to others' attempts to humiliate and which aggrandise one's in-group and offer elite knowledge of the "truth" about the out-group's tactics and how to defeat them have a great pull.

- Antisocial/dissocial PD: sees deception, manipulation and harm of others as normal, which makes conspiratorial theories of others acting in such a way resonate. As one's core goal is seen to be "looking after number 1" (the self) at all costs, the legitimisation of harm and violence to remove such threats, offered by conspiracy theories, can have a pull.

- Borderline/Emotionally unstable PD: switching between states of paranoia, threat/need for others and anger at others can create different push factors towards conspiracy theories. For example, seeing others as manipulative makes conspiracy narratives resonate, and their legitimisation of anger can resonate with own anger. The need for control can be met through the solutions proposed by conspiracy theories. Finally, a state of intensely needing closeness with others might result in bonding with others by sharing conspiracy theories and over-identification with others who believe in the conspiracy.

- Schizotypal PD: sees patterns in innocuous things and has a mistrust of others. Has superstitions, magical thinking and odd belief patterns. May perceive hidden meanings in and connections between events or others' actions. A lot of conspiracy theories purport patterns in events that are evidenced by symbols and symbolic events. As this personality may not trust the in-group and connect deeply with others' shared experiences, the individual may engage in the conspiracy theory and remain outside the group, likely creating their own idiosyncratic version of the conspiracy theory.

Neurodevelopmental disorders: Autism spectrum disorder

It is important to note that there are a lot of high-functioning individuals with autism spectrum disorder (ASD). They critique the world more than other people and over-analyse details in their personal and public life that can leave them feeling the world/others are unjust and threatening. Some features of autistic information processing styles can create push and pull factors for conspiracy theories. For example:

- Systemising and patterned thinking: they are very strong on picking up facts, patterns and details and are strong theorisers. That draws them to very patterned types of narratives, which conspiracy theories typically are. For example, conspiracy theories often highlight a pattern in unexplained events, purporting links. They may deploy numbers and highlight systems that could explain events in the world.

- Visual detail processors: attracted to symbols and imagery in conspiratorial narratives.

- Over-focus on/absorbed in detail and miss bigger picture. Conspiracy theories present a detailed analysis of each event, with the individual distracted away from the lack of broader cohesion/logic to the conspiracy theory.

- Need the world to be predictable, orderly and logical and conspiracy theories purport to explain suspicious/uncertain events and illogical/unfair power and put the uncertain world back in order. They claim a logical explanation of mysterious events and offer solutions to injustices, which both afford a sense of predictability and order.

- Lacking a theory of mind means they may not be able to intuitively read others' intentions. Conspiracy theories explain others' malicious intent.

- Processing explicit not implicit information in the social and physical worlds can make conspiracy theories that make the implicit danger in the world explicit reassuring and intellectually stimulating.

Due to not criticising the conspiracy theorists' social or emotional agendas and the wider political contexts of conspiracy theories, some autistic individuals may take the details, facts and theories literally. They might get deeply immersed in and obsessed with the patterns and details of the theory and its symbolism and apply it literally to events around them. Once the conspiracy theory becomes an obsession or preoccupation, they repeatedly analyse and research it, maintaining its intensity. Their attention does not shift away from it and it may dominate their life and override or even consume their other life goals. Conspiracy theories may generate fear and anger and such emotions can become intense and fixated as a result.

Recommendations

General recommendations

- Develop insight on how mental disorders could create heightened vulnerability to conspiratorial beliefs. To do this, it is important to synthesise expertise in mental disorders, extremist narratives, radicalisation pathways, and the possible intersections between mental disorders and conspiracy theories. To frame such intersections, we need to understand how each feature of each relevant mental disorder can contextualise push and pull factors for extremist conspiracy theories.

- Understand the chronology. Conspiracy theories may precede/predispose to or follow/arise from engagement in an extremist group. The conspiracy theory may serve a different function at different times.

- Understand what feature of conspiracy theories resonates (pull factor) and offer counter theories that have a similar pull:

  o develop self-insight into the pull of conspiracy theories;

  o reduce the pull of conspiracy theories by exploring if they do offer what they purport and help to assess their veracity;

  o develop alternative theories and explanations with similar pull/appeal.

- Reduce "push" where possible: e.g. sources of threat:

  o Where mental disorders generating a push towards conspiracy theories are treatable, push factors can be reduced by treating the mental disorder. If it is mental illness adding to the push factors, you have to address it. It is important to develop a sense of safety, for example by improving predictability in the individual's life.

  o If the mental disorder generating push is not treatable, develop strategies to strengthen sense of safety and redirect suspiciousness towards the source of the conspiracy theory, to diminish its pull.

  o Conspiracy theories may offer safety and be "functional" — make sure not to reduce safety. They usually meet many needs, and we need to understand the function met by the conspiracy theory for the individual.

- Do not pathologise need for conspiracy theories as they are commonly endorsed by the general population and may in some instances be grounded in past experiences and the need for safety, meaning, predictability and control in a complex and dangerous world.

- Explore if practitioners are seen as part of conspiracy theories, offer transparency and build safety/predictability. Practitioners need to empathise with and understand the individual's perceptions, in order to help them alter them. An individual holding conspiracy theories perceives them to be truths and may view practitioners disputing such truths as a threat or at the very least naïve. Practitioners need to be

transparent about their intentions and make the work they are doing as predictable and safe as possible, to be trustworthy.

Case-specific recommendations

Participants discussed four cases in smaller groups and formulated recommendations for (mental health) practitioners on how to approach each case.

Case 1: Incel narratives, depression, indicators for bipolar disorder and narcissistic features

> A middle-aged man who is the only child of divorced parents. He has several half-siblings, but he only sees his mother when she brings him food. He is charged for hate speech towards women and towards the government (described as women supporters). He has no work and no finished education. He mostly interacts online, and he is very isolated in the real world. He is part of the incel groups and has different accounts on social media where he posts his theories. He gets reinforcement for his ideas on the incel platforms. He is convinced women have a strategy against men who are not fitting a certain standard. There are indications for a mild form of autism — for instance, he does not understand when people make fun of him, indication for bipolar disorders with circles of depression with anger and feelings he can change the world. Narcissistic features also seem to be present, he likes to take the role of an expert in his videos and tells the "common people" what they do not know.

- It is important to get a proper psychological assessment and diagnose him to understand how his mental health state interacts with his ideological thinking. Especially in terms of push and pull factors, determine which parts of the incel theory resonate with him concretely and how and why.

- A true narcissist would rather enjoy the position of a (superior) expert sharing knowledge while someone with autism will focus on the topic as a special interest, researching it, becoming an expert on that topic (in this case inceldom) and wanting to share that knowledge.

  - When someone has ASD, there is an interest in detail and collection, the bigger plans or goals do not have to be there. In this case he has a goal to collect information about the incel theories, but there is also an affective part. He is angry, feels injustice and a lot of grievances that he cannot get a girlfriend. The lack of theory of mind can explain this, because he does not understand why people do not want to be with him. He does not realise it is probably his own lack of social skills.

  - When someone has ASD, depression can become an obsession in itself. A negative repetition from "red pill" (world is dominated by women) to "black pill" (nihilistic version that nothing is going to change, you are ugly and the world is like this, there is nothing else other than destruction). The anger could become disruptive. This can be an additional explanation for the bipolar symptoms that seem present.

- Participants estimated that there is only a mild threat, and mainly for himself since he was extremely afraid of the police when they arrested him, and he does not seem to have a larger or articulated plan.

- The authorities or "the system" have become part of the narratives that he cannot get a girlfriend. Everyone who thinks differently than he does are women supporters. Therefore, the biggest challenge in this case is to establish a connection with him. Participants discussed several options:

  - A former incel, who understands his mind and speaks the incel language, might be a way to get in contact with him.

  - A mentor or somebody who can represent a *father figure* could establish a dialogue and show or teach him how to interact with others and improve his social skills.

  - The online world uses the strengths of individuals with ASD. It is categorical, uses images and has a sensory pull. Hence, a mental health support link through online advertisement can be a way to reach him.

- o Another possibility is to approach him with the help of his mother, since she is his only known contact in the offline world.

- If someone feels threatened, you should not focus on creating dissonance, but first work on the protective factors: focus on any alternative healthy interest, create predictability and routine, and work on sensory regulation. Secondly, work on his skills and provide him the insight that women want more than just looks. Not by telling him that something is wrong, but by nurturing and deploying social skills.

Case 2: QAnon, alcohol and drug abuse, paranoid illusions and trauma

> A middle-aged man who was convicted to a probation custody of 3 years because he wrote "Juden verboten" and insults about the Roma community on the walls of a public school. He believes in deep state, QAnon and negationism. He lives with his mother in her house and has no job. His mother is white and his father is black, but he identifies as white. He abuses alcohol and drugs and has paranoid delusions, hallucinations, a lot of trauma and suicidal ideation. Previously he has been hospitalised and followed by the public mental health service, but diagnosis is difficult because there are multiple issues at play. He has little motivation to change.

- The crack and cannabis make him paranoid and this may feed the belief in conspiracy theory. Because he abuses drugs, it is difficult to identify the links between his conspiratorial thinking and mental health issues.

- The function of the conspiracy theories probably has something to do with his identity issues. The theories help him to put the blame for his miserable life and lack of social network onto someone else. Interestingly, the conspiracy theories he believes in practically tell him to hate himself.

- The biggest challenge in this case is to make him open to receiving help. In this specific case it was mandatory to get treatment because of his conviction.

   - o Be transparent and inform him about the entire treatment process. Drafting the entire picture can make him more prone to accept help.

   - o He has the need to be accepted and validated by someone, hence you need time and resources to build a personal relationship with him for him also to agree he has a problem and to be able to work with him.

   - o In this specific case he had to accept some kind of treatment, either medications or meetings with the psychiatrist. Firstly, he accepted the latter and later also accepted using medication. In this phase the violent intent went down.

   - o When the violent intent is decreased, you can work on the function of the conspiracy information and look for alternatives together.

Case 3: COVID-19 and climate change conspiracies, toxic masculinity, ASD

> Middle-aged man, one of four siblings from divorced parents. His parents divorced when he was 3 years old, after which he went to live with his mother. Dad became hugely financially successful, his mom kept struggling financially during his life. Two of his siblings are diagnosed with ASD. There is some rivalry between him and his siblings and the relationship with his dad is bitter. In adulthood he was diagnosed with ASD as well. He currently has a long-term relationship with his girlfriend, and is in his seventh year of studies, having a high debt. Brexit and COVID-19 led to him consuming a lot of online media, giving rise to the belief in conspiracy narratives. He believes in global warming, but thinks the government is intentionally masking it (strongly believes the world is ending). He also believes that the government used COVID-19 to kill and damage people. Additionally, he believes in a rise in xenophobia, has feelings of toxic masculinity and the belief in a race war. He has intrusive and violent thoughts towards women, his girlfriend in particular, and is inspired by school shootings. He talks about committing a shooting at his university.

- There seem to be signs of a narcissistic PD. During sessions it can sometimes feel as if he now has an audience he can talk to. Also, events in the past are always described as someone else's fault. He describes that the intrusive thoughts towards women and other races make him feeling superior. It is therefore important to perform a psychological assessment, to understand where his approach to the world comes from and to rule out that some symptoms are not part of his ASD. The intervention can then be built around the outcomes of the assessment.

    o Given his young age when his parents divorced and his relationship with them, also perform an adult attachment test.

- His hate towards women can possibly be explained by his mother not being financially successful, giving him fewer chances in life than his other siblings who were living with his dad. He describes their successes as being "handed on a plate". It is therefore important to talk with him about his mother, their relationship and past, as it may be that he has mixed feelings towards her, of feeling both protective and angry towards her.

- On the surface, he seems very engaged and amenable, which makes it hard to question and to dig deeper. However, this may be a mask or a front to cover anger and hurt that lie below. Bringing this to the surface, in a safe and helpful way, seems crucial.

- Participants estimated that the risk of violence is in the mental health issues (ASD and possibly a PD) and not in the belief in conspiracy narratives per se:

    o He often has the feeling of not being understood and standing out, feeding his rage and anger.

    o He can be totally obsessed with theories and narratives online, repeatedly research them, causing him to end up in the so-called rabbit hole.

Case 4: Anti-vax and flat earth theories, features of narcissistic PD

A full-time university professor, in his 40s. He defines himself as an anarchic person with left-wing ideologies. He promotes anti-vaccines theories, denies climate change and is a follower of the flat earth theory. He executes his own research to prove he is right, such as sending several hot air balloons into the air to take photos, resulting in saying that the "curvature of the horizon could not be seen". He has a podcast about all these theories. He is very charismatic, which makes many people like him, especially female students. The university forbids him to continue with his lines of research, making him denounce them to the institution for investigation. The forensic evaluation showed that he has a narcissistic PD and certain traits (some criteria) of paranoid PD (persecutory ideas).

- The evaluated person is very intelligent and charismatic. He is a person who does not need social contact. He has no family (his parents died) or close friends (his only friend died during the pandemic confinement). He thinks he is superior and that his thoughts and feelings are the right ones, making assessment harder.

- The belief in conspiracy narratives came up during the COVID-19 pandemic, which creates the suspicion that something happened during that time. It might be that the conspiracy narratives offered him more control of the situation. It can be helpful to explore this.

- He is being followed on social media by right-wing extremists. It is important to make him aware that he is posing a threat to society and that he might inspire those persons for taking action. Let him see that he is a bad influence. He can also use his knowledge for personal things, which also could give him the attention he needs.

- Perform a neuropsychological assessment to make sure that his behaviour is a result of a narcissistic PD and not from neuropsychological disorders, since his mother died of Alzheimer's. It might be the case that he is not narcissistic, but that his behaviour shows someone who could have Asperger syndrome. He

wants to share his knowledge, since he presents significant difficulties in social interaction, along with restricted and repetitive patterns of behaviour and interests.

- Find a person whom he sees as his mentor (someone that he looks up to). That person can maybe help to analyse this case and talk with him.

Relevant practices

Avatar game for the prevention of violence: The regional resource centres on violence, traumatic stress and suicide prevention (RVTS Norway) has built a game for frontline practitioners, such as teachers, social workers and youth workers. By creating avatars all with different struggles or issues (e.g. self-harm, conspiracy beliefs, radicalised), which facilitates role playing, practitioners can practice online on how to engage or approach individuals. In the game, practitioners walk through various chapters following a signal that something happened at school (e.g. an incident between a boy and a girl). The practitioner can have conversations with the individuals involved and gets a score with each question he/she asks (e.g. "does the question you ask add to the trust-building, or does it not?"). If the practitioner builds enough trust, he/she gets a better dialogue, and more information. If no trust has been built, the game ends and the practitioner can try again in a new game.

Because of the element of gamification, practitioners can train over and over again, practicing different types of situations and learning from earlier practices. In the last chapter of the game the practitioner can talk with other practitioners like the school nurse and principal, to get advice and collaborate. There are also recommendations for further reading and services you can contact for support.

Further reading

- RAN (2021): Conspiracy theories and right-wing extremism – Insights and recommendations for P/CVE

- RAN Practitioners (2023): Dealing with conspiracy narratives in the close social environment – A practical handbook to help the helpers

- RAN Practitioners (2019): Extremism, radicalisation & mental health: Handbook for practitioners

- van Prooijen, J.-W., & van Vugt, M. (2018). Conspiracy theories: Evolved functions and psychological mechanisms. *Perspectives on Psychological Science, 13*(6), 770-788. https://doi.org/10.1177/1745691618774270

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