

Letter to Editor. How to understand the fundamentalism and acts of terrorism?

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In the light of the known definition of mental health the fundamentalist attitude and associated acts of terrorism, sometimes in the form of suicidal attacks are not normal behaviours.

Although they are complex phenomena, described by psychologists and sociologists, it seems that the essence of the causes of fundamentalist attitudes and acts of terrorism should also be discussed by psychiatrists. This is important, in particular by reason of diffusion by the mass-media of fears, which increases prevalence of the anxiety syndromes. In face of the recent spread of these phenomena, any theoretical considerations, which bring closer the explanation of the essence of these occurrences, can be important because it can contribute to effective countermeasures.

It is necessary to distinguish the trails of explanation of the nature of a fundamentalist attitude from theories related to the coexisting acts of terrorism. There are two different approaches to interpret the causes of terrorism.

Activities that can be termed “terrorism” happened always. The well-known researcher of these phenomena Jerrold M. Post, outlining historical transformations notes that the first such actions in the twentieth century was the attack on the Israeli Olympic Village in Munich in 1970 [1–4]. J.M. Post proposes classification of all acts of terrorism and the distinction of: 1) Political; 2) Criminal; and 3) Pathological terrorisms. Among the Political Terrorism he distinguishes: A) Sub-state terrorism; B. State supported terrorism; C) Regime or state terrorism. Among the sub-state terrorism he discerns: 1. Social revolutionary terrorism (Left); 2. Right wing terrorism; 3. National-separatist terrorism; 4. Religious extremist terrorism, with categories of: 4a. Religious fundamentalist; and 4b. New religion terrorism. There is also 5. Single issue terrorism. J.M. Post cites many authors advocating his view that the vast majority of so-called terrorists do not show known significant psychopathological disorders [5–7]. It stresses that a typical psychological common feature of these people is their

“psychological normality”. He emphasises that the distinguishing characteristics of these people is founded in specific social relations expressed by strong “collective identity”, where in each group prone to commit the terrorist acts must be considered in a concrete cultural context. In addition, the formation of this “collective identity” is usually fabricated by a charismatic leader. In general, the leader tries to detect in the minds of the members of the group: grief, resentments, dissatisfaction and direct them to a certain external society, pointing to the undisputed cause of life frustration and the target of future attacks. The leader generates, by this way, a sense of the meaning of life for members of the group. It is a known metaphor of J.M. Post that their “hatred is bred in the bone” [2]. It can be concluded that the group of people formed in this way has a kind of “collective consciousness”, which control its behaviour to a large extent [8].

The phenomenon of terrorism is evolving. The mentioned researcher points out that in recent years the extremely important role play the mass-media, used by terrorist group to spread fear and to strengthen the effects of its actions. Societal media (the Internet) also enabled the creation of a virtual wide “community of haters” [3].

Some researchers, however, do not share the opinion of the lack of features of psychopathology in the average brain function of fundamentalists and extremists carrying out acts of terrorism [9, 10].

Asp et al., formulated so called False Tagging Theory, stating that people with extreme fundamentalist views reveal structural and functional changes in the ventromedial parts of the prefrontal lobes [9]. These researchers justify this theory by results of psychometric measurements estimating the severity of authoritarianism, fundamentalism and intense religious beliefs among selected groups of patients with pathological changes in the prefrontal lobes, proved by the brain imaging methods (CT, MRI) compared to the control groups [9]. Shenhav et al. found also features of impaired coordination of the prefrontal lobes with amygdala [10].

One can doubt whether it is permissible to transfer the conclusions of these studies, carried out on small groups of people and relate them to the causes of intense fundamentalism in large populations of people living in countries of the Middle East.

On the other hand, however, it is possible to formulate the hypothesis that a restrictive taboo system, forced through centuries perhaps was leading to these structural and functional changes in the prefrontal lobes, and contributed to the intensification of authoritarian and fundamentalist attitudes. The biological mechanisms of consolidation of such functional changes could be explained by possible role of epigenetic changes (changes in so called epigenome) [11].

The above-mentioned authors of the mainstream studies and opinions on the causes of fundamentalist attitudes invariably emphasise that the particular manifestations of terrorism should take into account the specific cultural and social context.

Because now the overwhelming problem is the fundamentalism and terrorism originating from the region of the Middle East, it is necessary to consider the following cultural and societal features, probably closely related to these phenomena:

1. On average, among people living in the considered countries the values such as scepticism, tolerance, freedom of expression are not esteemed. Conversely, the opposite is socially expected, it means the universal adherence to the orthodoxy in behaviour

rules and thinking, not only in public matters, but also in private, personal thinking. It is termed by the principle haram / halal. Ibrahim Kalwas, a Pole who changed his religion wrote on this subject as follows: "...This irrationality stops the progression of the culture for hundreds of years. Obligatory is thinking always in terms haram / halal, it means – what is allowed and what is not allowed. This applies to everything e.g. 'do not touch Western literature, Western ideas, because it might be haram'. This constant fear that by a thought one can commit a sin forms ubiquitous memento mori –that I can die and stand in front of God as a heretic. The sense of expiation bordering on the religious madness. These people live in the eternal religious myths, lose their rational thinking, they begin to think only collectively, lost individualism even humanism. There is no focus on the man. It causes the progressive destruction of the civilisation that once was one of the most powerful..." [12].

2. According to Hamed Abdel-Samad, a well-known philologist and political scientist – recently much more serious conditions occurred. In the heart of the Middle East occurred the mentioned "C. Regime or state terrorism" and unfortunately this regime – in fact is stunk by "the ideology of fascism" [13]. Taking it into account would require a review of hundreds of attempts to explain the reasons for the emergence of such an ideology, what is beyond the scope of this text.

3. The religious and ideological system of considered population is characterised by excessive fixation on prohibitions regarding human sexuality. It is extremely important for understanding of the phenomenon under consideration [14–16]. To avoid bias of this statement we propose to consider the conclusions of Meloy Reid et al., who presented the psychoanalytic review of so-called "lone wolf" terrorists [17]. These authors write that mental functioning of these people is characterised by: "a personal grievance and moral outrage; the framing of an ideology; failure to affiliate with an extremist group; dependence on a virtual community found on the Internet; the thwarting of occupational goals; radicalisation fueled by changes in thinking and emotion – including cognitive rigidity, clandestine excitement, contempt, and disgust – regardless of the particular ideology; the failure of sexual pair bonding and the sexualisation of violence; the nexus of psychopathology and ideology; greater creativity and innovation than terrorist groups; and predatory violence sanctioned by moral (superego) authority".

Cited considerations should facilitate the formulation of possible measures to combat the spread of terrorism. According to J.M. Post – claims that the most important are actions, which consist on: 1. impeding the recruitment of new members of terrorist groups, 2. inciting tensions within the group, 3. measures facilitating the escape from these groups of people, who are discouraged, 4. cut off of funding and other forms of support for terrorist groups, 5. efforts to delegitimise leader of the group and undermining its authority among followers.

Since the formation of terrorist groups depends on the cultural and social context, then counteractions should take into account also Reid Meloy's emphasis on difficulties of considered people in establishing intimate relationships, their fixation on bans in the area of sexuality and secondary sexualisation of violence. It would be a challenge for psychiatrists and psychologists for the development of theoretical grounds of such counteracting argumentation addressed to the consolidated aberrant groups

and it would need to create mass-media actions, whose coverage would be comparable quantitatively with those, which are today at the service of terrorists. Such activities are not yet known. The most ambitious efforts of psychiatrists, psychologists and cognitive scientists should, however, consist on making progress in understanding the essence of the so-called collective consciousness, comprehended as in the studies of herd behaviour of certain species [8].

References

1. Post JM, Ali F, Henderson SW, Shanfield S, Victoroff J, Weine S. *The psychology of suicide terrorism*. Psychiatry 2009; 72(1): 13–31.
2. Post JM. “*When hatred is bred in the bone:*” *the social psychology of terrorism*. Ann. N. Y. Acad. Sci. 2010; 1208: 15–23.
3. Post JM, McGinnis C, Moody K. *The changing face of terrorism in the 21st century: the communications revolution and the virtual community of hatred*. Behav. Sci. Law 2014; 32(3): 306–334.
4. Post JM. *Terrorism and right-wing extremism: the changing face of terrorism and political violence in the 21st century: the virtual community of hatred*. Int. J. Group Psychother. 2015; 65(2): 242–271.
5. Arena MP, Arrigo BA. *Social psychology, terrorism, and identity: a preliminary re-examination of theory, culture, self, and society*. Behav. Sci. Law 2005; 23(4): 485–506.
6. Townsend E. *Suicide terrorists: are they suicidal?* Suicide Life Threat. Behav. 2007; 37(1): 35–49.
7. Miller L. *The terrorist mind: II. Typologies, psychopathologies, and practical guidelines for investigation*. Int. J. Offender Ther. Comp. Criminol. 2006; 50(3): 255–268.
8. Raafat RM, Chater N, Frith C. *Herding in humans*. Trends Cogn. Sci. 2009; 13(10): 420–428.
9. Asp E, Ramchandran K, Tranel D. *Authoritarianism, religious fundamentalism, and the human prefrontal cortex*. Neuropsychology 2012; 26(4): 414–421.
10. Shenhav A, Greene JD. *Integrative moral judgment: dissociating the roles the amygdala and ventromedial prefrontal cortex*. J. Neurosci. 2014; 34: 4741–4749.
11. Heard E, Martienssen RA. *Transgenerational Epigenetic Inheritance: myths and mechanisms*. Cell 2014; 157(1): 95–109.
12. Urzędowska M. *Brodzate demony islamu. Rozmowa z Piotrem Ibrahimem Kalwasem*. Gazeta Wyborcza; 17.10.2015. <http://wyborcza.pl/magazyn/1,148545,19033360,brodzate-demony-islam-u-rozmowa-z-piotrem-ibrahimem-kalwasem.html> [retrieved: 14.12.15].
13. Grotowicz V. *Brunatny odcień Półksiężycy*. Gazeta Wyborcza; 21.11.2015. <http://wyborcza.pl/magazyn/1,149285,19222862,ciemna-strona-politycznego-islam-u.html> [retrieved: 14.12.15].
14. Rogers MB, Loewenthal KM, Lewis CA, Amlôt R, Cinnirella M, Ansari H. *The role of religious fundamentalism in terrorist violence: a social psychological analysis*. Int. Rev. Psychiatry 2007; 19(3): 253–262.
15. Tomczak P. *Poszerzone badania nad religijnością pacjentów z rozpoznaniem schizofrenii*. Psychiatr. Pol. 2006; 40(5) 885–899.

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16. Woo JS, Morshedian N, Brotto LA, Gorzalka BB. *Sex guilt mediates the relationship between religiosity and sexual desire in East Asian and Euro-Canadian college-aged women*. Arch. Sex. Behav. 2012; 41(6): 1485–1495.
 17. Reid Meloy J, Yakeley J. *The violent true believer as a “lone wolf” – psychoanalytic perspectives on terrorism*. Behav. Sci. Law 2014; 32(3): 347–365.