Suicide terrorism: a case of folie à plusieurs?

EMAD SALIB

Murder and suicide may be inseparable. Both assert power over death (Dein & Littlewood, 2000). Individual murderers may seek the death penalty for themselves by committing suicide or attempting fatal self-harm; one in three murders is followed by suicide, and the majority of suicides of murderers occur within hours of the act of killing (West, 1965). Some murderers may also die in acts of simultaneous murder and suicide.

Historically, this is hardly a new phenomenon. Simultaneous suicide and homicide has been employed as an act of warfare since ancient times. In the Middle Ages the Jewish Sicairis and Islamic Hashishiyun sects were infamous for such attacks (Schweitzer, 2000). In the 18th century suicide–homicide tactics were used in India, Sumatra and the Philippines, and in the 20th century the Japanese launched kamikaze attacks during the Second World War.

SUICIDE TERRORISM

Martyrdom, malady, patriotism, hatred, revenge – or a Machiavellian ploy?

Simultaneous suicide and homicide has now become a hallmark of terrorism. This is a motivated violent attack, perpetrated by a self-aware individual or individuals who actively and purposely kill themselves along with their chosen targets (Schweitzer, 2000). The individual is carefully selected, well trained, and is willing and able to execute the attack in a state of almost hypnotic transformation (Ganor, 2000). The perpetrator believes that death is a precondition for the success of the mission, bestowing immortal honour. These terrorists make concrete preparations for their death: they write wills, undertake purification ceremonies, and leave taped messages asking their families not to mourn them because they are not dead but rather transformed to another life. The terrorist's death is also certain even if the mission fails. For the terrorist to survive the attack is unexpected – probably unthinkable – by his (or her) leaders (Ganor, 2000).

Modern suicide terrorism is aimed at causing devastating physical damage, through which it inflicts profound fear and anxiety. Its goal is to produce a negative psychological effect on an entire population rather than just on the victims of the actual attack. The large number of casualties guaranteed in such attacks ensures dramatic and spectacular media coverage (Schweitzer, 2000). Methods of suicide terrorism include blowing up aeroplanes in mid-air, the use of weapons of mass destruction, and the use as missiles of ordinary moving objects such as aircraft, motor cars, boats, wagons, trucks, motorcycles, bicycles, animals, and young men and women.

Over the past two decades acts of suicide terrorism have been reported in Lebanon, Kuwait, Sri Lanka, Israel, Palestine (West Bank), India, Panama, Algeria, Pakistan, Argentina, Croatia, Turkey, Tanzania, Kenya and the USA. Between 1980 and 2002, an estimated 340 suicide–homicide terrorist acts have been reported, with an estimated number of victims varying from none to 3000 per incident and number of suicides ranging from 1 to as many as 16 in a single act of suicide terrorism. There are currently ten religious and secular groups that are known to have used suicide–homicide acts as a tactic against their government or against foreign governments. Some of the terrorist suicide groups are motivated by nationalism, ethnic nationalism, religion or religious ethnic nationalism (Schweitzer, 2000).

Al-Qa’ida (‘the base’) is a multinational group, with members from numerous countries and with a worldwide presence. Al-Qa’ida’s religious philosophy transends territorial borders, and the organisation seems to differ from other groups in its structure, objectives and methods. Its goal is to overthrow all existing Muslim governments (which are viewed as corrupt), to drive Western influence from those countries, abolish state boundaries, unite all Muslims and to establish, by force, a government that follows the rule of the Caliphs (Robinson, 2001: chapter 11). Although al-Qa’ida’s share of suicide terrorism over the past 22 years is approximately 1% of the total number of attacks, it has resulted in the greatest loss of life through an evil act beyond the realm of human reason.

The terrorist mind

The terrorist mind is dark but not unfathomable. The literature on suicide terrorism refers to the beliefs and personality of the leader, the social structure of the group, and makes references to irrationality, brainwashing and morbid psychology (Hazani, 1993; Lamberg, 1997; Dein & Littlewood, 2000; Colvard, 2002). The powerful hold that the leader has over the group members, generally referred to as ‘charisma’, and the leader’s patience and goal-directedness are the most common factors in all suicide terrorist groups. Followers and potential suicide terrorists are indoctrinated to believe in their immortality and assured ascendance to a heavenly paradise which they are made to believe is
physically present. Suicide terrorists are convinced of their immortality, a belief that gives them sufficient drive to carry out the fatal act (Hazani, 1993), a complex convergence of political, cultural and religious ideas, economic hardship and, in some cases, psychological instability (Hazani, 1993). However, it is not clear from the available literature whether mental illness among suicide terrorists is any higher than in the general population. It is possible that those who have demonstrated mental illness were ill before joining the terrorist organisation (Lamberg, 1997). Suicide terrorists who execute acts such as the attack on the World Trade Center on 11 September 2001 may be people who are not necessarily violent but who embark on violent actions and are prepared to die for what they believe to be the greater good of their society (Colvard, 2002). The primary aim of suicide terrorists is not suicide, because to the terrorist groups suicide is simply a means to an end, with a motivation that stems from rage and a sense of self-righteousness. They see themselves as soldiers willing to sacrifice themselves for a higher purpose and are convinced of an eternal reward through their action (Ganor, 2000). Two main motivations can be identified in the vast majority of suicide terrorist acts: the first is anger and a sense of hopelessness; the second is a deep religious belief that a better life awaits in paradise.

**Folie à plusieurs or shared ideology?**

Beliefs held by suicide terrorists may be seen as alien and irrational, probably delusional, by people who do not accept the terrorists’ views. The same beliefs, however, are accepted as rational and are widely shared by people who understand and support what the terrorists are fighting for and regard them as martyrs or freedom fighters, depending on their perceived cause (Colvard, 2002). Lasègue and Farlet introduced the term *folie à deux* (‘madness of two’) in 1897 to describe the occurrence of shared delusions in two or more people who live in close proximity and are relatively isolated from the outside world and its influences (Mickaud, 1964). Behaviour based on beliefs induced by powerful suggestion in circumstances where a state of religious fanaticism or practices are potent and relevant factors is difficult to demarcate from shared delusional beliefs such as occur in *folie à deux* (Enoch & Ball, 2001). The beliefs of the ‘inducer’ or ‘principal’ are transferred to close companions, who share and help to sustain such beliefs. This is not dissimilar to the structure of al-Qa’ida, with Osama bin Laden as its principal and inducer. His beliefs were shared and sustained initially by one or two close associates, in their self-imposed exile from the outside world, in a possible *folie à deux* (madness of two) or *a trois* (madness of three). *Folie à plusieurs* (madness of many) arises when many recipients are willing to share such beliefs. *Folie partagée* (shared madness) might provide some explanation of al-Qa’ida’s bizarre and evil but meticulously calculated and executed suicide-homicide attacks on the USA in September 2001.

**THE ONLY CURE FOR SUICIDE TERRORISM IS PREVENTION**

Attempts to defeat terrorism with military might can be more dangerous to the governments concerned than to the terrorists (Colvard, 2002). The military approach alone can only reinforce deep-seated, easily shared and sustained persecutory beliefs of a religious colouring among a large number of well-educated but fanatical young men and women ready to act on their leaders’ disordered thought processes and evil fantasies.

Alien thoughts and irrational beliefs are not controlled by eradication of the individuals who harbour or spread such beliefs, especially those who are willing to die for them. Ideas know no boundaries and will always find homes in receptive minds in a climate of chronic conflict, hopelessness, anger, sense of injustice, depression, fear, oppression, poverty and fanaticism. The presence of a callous but charismatic leader within an organisation will prepare them to act on shared beliefs, overvalued ideas or delusions in what they perceive as martyrdom. Suicide terrorism is probably more preventable than other forms of suicide. Receptive and vulnerable minds must be protected and strengthened in the face of the deadly persuasion of pseudo-religious leaders. What is required is a serious and sustained commitment from all nations to combat suicide terrorism in its infancy. Governments must try to resolve or at least reduce global paranoia, tackle injustice over chronic disputes, map and help areas of endemic hopelessness in the world, and eradicate the global infrastructure of terror. Good religious beliefs must never be allowed to be distorted and abused by charismatic inducers of *folie à plusieurs* of delusional martyrdom, or by ignorant, fanatical preachers who turn religion into the opium of angry people, and ordinary young men and women into human bombs. Another al-Qa’ida-style suicidal *folie à plusieurs* may then be prevented.

**DECLARATION OF INTEREST**

None.

**REFERENCES**


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