Response to the commentary letter: “The mind of suicide terrorists” and “Psychopathology of terrorists”

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Dear Editor,

Suicide terrorism is a phenomenon that nowadays is apparently waning. It is evident that the novel emergency related to the recent Covid-19 pandemic forces governments to prioritize efforts and interventions to defeat this outbreak. Undoubtedly, these are necessary, albeit somehow short-sighted behaviors, as we should have learnt from the latest terrorist events that the so-called lone wolves may be ready to implement unexpected attacks everywhere.

The authors correctly stressed in their commentary the paramount difficulties in investigating and assessing the possible specific characteristics of typical terrorists who had survived to their attacks, and how heterogeneous and controversial are the different psychological/psychiatric profiles proposed. In addition, they highlighted how these might depend not only on the prevailing societal/cultural background of the proposers, but also on the “spirit of the times,” the so-called “Zeitgeist,” a philosophical concept of the German philosophy to denote the features of a given age.1

Generally, they agreed with the available literature on the evidence that normal individuals may become terrorists, if possessing an intrinsic vulnerability associated with a social/cultural and political background, and if nurtured by evil leaders that nourish their religious convictions, while subjugating them up to the point that they commit what they consider “right” aggressive acts and slaughters.2,3

Drs. Crowther and Chiarantini put forward the possibility that suicide terrorists are not individuals suffering from antisocial personality disorder or psychopaths without empathy or sense of regret, but rather their behaviors would be “pro-social,” as consequent to their fight for a common cause. On my opinion, these conclusions, though valid perhaps in sporadic cases, are not tenable, as they are the typical justifications and defences of terroristic groups, and contradicted by evidences of their cold heinous behaviors and carnages and by the lack of a clear cause except murders and destructions.3

In any case, I am particularly grateful to Drs. Crowther and Chiarantini to remind us that we have not to decrease interest in deepening the knowledge of this phenomenon that is like a smoldering fire. Therefore, we have to keep in mind that terrorism might rise again especially at time of uncertainties, economic crisis, and life-threatening events, such as the present due to Covid-19 pandemic requiring governments shift all resources toward this emergency. Herein, I would like to underline the parallelisms between terrorism and coronavirus outbreak in terms of psychological effects. They are both sudden, unexpected, and surrounded by mystery events eliciting acute stress reactions and fears. Unfortunately, although our lives and economies worldwide were significantly scrambled after the attack of September 11, 2001 in New York (USA) and the next dramatic episodes in several other countries, we did not learn sufficiently the lesson, and specific investments to lessen or prevent them decreased. Therefore, it is essential that we maintain a constant interest in the question regarding the psychological/psychopathological aspects of suicide terrorist that should never be neglected, as currently it is in great danger to fall by the wayside, with more severe consequences in the future.

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References


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