BOOK REVIEW

Israel Charny’s *Fighting Suicide Bombing: A Worldwide Campaign for Life*  
[2007 Westport, CT: Praeger Security International. $49.95]

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Israel Charny has been busy lately. Between running the Institute of the Holocaust and Genocide in Jerusalem and the International Association of Genocide Scholars, conducting a private practice as a family therapist, and teaching at Open University, he has written two books—and both are noteworthy. After beginning with his indictment of everyday fascistic thinking in his companion book *Fascism and Democracy in the Human Mind*, Charny turned his attention to the psychology of suicide bombers in *Fighting Suicide Bombing*.

*Fighting Suicide Bombing* is a bold achievement. The boldness comes in fashioning an answer to the question of why suicide bombing takes place. There are other notable endeavors of late (e.g. Bloom, 2005, and Hafez, 2006), but these are efforts, while Charny’s book is an achievement. He offers the answers, if only we will listen.

Many of the new books about suicide bombing fall somewhat short, as they were written by nonclinicians offering a variety of tenets including relativism (Asad, 2007), apology (“it’s our fault, it’s triggered by the occupation”) (Pape, 2005), and theories that decry pathology (Kruglanski, Chen, Dechesne, Fishman, & Orehek, 2009; Pedazhur, 2006). They are nice notions but not accurate, suggests Charny. He goes on to defend political incorrectness as well as to point up Muslim-on-Muslim attack and victimization and the ways in which Western psychiatry’s silence has failed us.

We begin with the book jacket photo that commands the reader’s attention as the horror on a Muslim woman’s face reminds us that the terror is not reserved for Infidels only. Then the dedication of the book is “to life,” while the volume’s last words are a plea for peace—in Charny’s words, a “worldwide campaign for life” to be led by religious and secular leaders across the globe. The book concludes with a vignette from Islamic culture that speaks nobly of furthering peace and life, ending with the last word: “inshallah.” What is evident in between is Charny’s humanistic approach to this most inhumane of all modern phenomena.

So it makes no sense that a reviewer charges Charny with being islamophobic. The New Yorker/Israeli in Charny answers his detractors by
explaining that as a clinician trained to identify psychopathology, he is addressing mental illness in the culture even though it is well entrenched—as was demonstrated by the results of two separate 2007 surveys, which found that 25% of British and American Muslims under age 30 support suicide bombing. In calling a death cult just that, Charny reminds us of Hezbollah’s Sheik Nassralla statement: “We love death more than we love life and that is why we will win,” and indicts Islamicists and all extremist and fascistic thinking.

Charny takes no prisoners, specifically describing liberals (e.g. witness unfounded statements by London mayor Ken Livingston, who has said, “Muslims are less likely than non-Muslims to support the use of voice for political ends”) and psychiatry as naïve, co-opted, and so determined to employ postmodern cultural relativism that they have lost the battle before it was waged. He also uses the Egyptian Arab Doctors Association to support his affirmation that politics can distort even sciences in non-democratic nations. He cites Secretary-General Dr. Abd Al-Mun‘im Abu Al-Futuh, who advised doctors not to intervene in the Asian tsunami tragedy of December 2004, saying, “This earthquake was divine punishment because of the Muslims’ oppression by the infidels, invaders and occupiers headed by the U.S. and . . . therefore we have no interest in what happened” (Preface, p. xx).

Unfair criticism notwithstanding, Charny is on solid clinical ground when he posits the following: If a patient walks into the hospital and says he is suicidal, doctors immediately begin treatment. As well, if a patient walks into a hospital and says he wants to blow up a number of people, clinicians again treat the pathology. Charny’s response is that just because the patient has a political rationale, it doesn’t mean he merits a mental health pass. He reminds us that mental health is not determined by public opinion or a show of hands. As Charny argues in Fascism and Democracy in the Human Mind, if everyone catches the bubonic plague, it doesn’t make it less deadly. Charny further invokes this statement of Anatole France: “If fifty million people say a foolish thing, it is still a foolish thing.”

The lack of criticism of nonwestern practices is itself problematic, Charny notes. For instance, we know from psychological anthropology that even though a ritual is culturally valued, psychological trauma still persists. To wit, Dutch parliamentarian Ayaan Hirsi Ali’s extensively addresses her own Female Genital Mutilation (FGM) and the emotional scars that remain. Clearly, within every honor culture are pockets of pathology that hide behind religion or politics (Lindner, 2006), including honor killings, slavery, beatings, child abuse, and sati, that leave only the victims to tell of the psychological damage.

Suicide bombing is no different. Such “hatred has been bred in the
bone” (Post, 2007) and is pathological. While most non-clinical experts (e.g. Atran and Pape) address the normalcy of such actions, there is a small group of researchers who are compiling data that tell of something quite different. All is not well for those on their way to paradise. Direct interviews of “failed” suicide bombers now jailed in Israeli prisons reveal that social pressure and ostracism were key experiences for many of the shaheeds and shaheedas (male and female martyrs). Having dishonored the family in various ways, many martyrs were recruited and told to make amends by killing as many Jews as possible. “I asked him to find me guys who were desperate and sad,” the dispatchers would say (Berko, 2007, p. 1). This revelation is consistent with psychiatrist Ariel Merari’s data that indicates that a third of the shaheeds had suicidal symptoms, and most possessed rigid and weak (easily influenced) personalities. Surrounding the vulnerability and rigidity is a culture that promises a better life in the hereafter, extolling the virtues of martyrdom, fame, and fortune for the surviving family. In an emotionally impoverished honor culture, this is a good deal. Under such circumstances, only mental health practitioners are in the position of deciding what is and isn’t pathological. The above phenomena are symptoms suggesting that clinicians must begin to conceptualize and study in order to offer new corrective models of health, Charny asserts.

Thousands of people across the planet have been wounded or killed by suicide bombing, and the lone voice to condemn the practice in terms of its psychological effects is that of Israel Charny. He puts the answer in simple and concise terms—normal people want to live—and then indicts those people, systems, and institutions that distort and pervert all that is life-enhancing. Charny bends over backwards, sometimes to the point of distraction, to implicate pathology rather than religion. If anything, the book is as pro-Muslim as it is pro-life.

Perhaps the critics of the book picked up on Charny’s outrage. To be sure, he is outraged at the new level of violence against democracies—the “life unworthy of life” campaign of suicide bombers—all too reminiscent of the Nazis, Stalinists, and other political death cults. But make no mistake: Charny’s piercing cry is directed at those Muslims who exploit other Muslims, manipulating their children and their most vulnerable as pawns in this lethal chess game. He screams for sanity in this most insane of political times and pleads for a “worldwide campaign for life.” He knows that when his voice grows hoarse from crying out, all that is left will be tears.
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REFERENCES