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OPINION

Addiction to death

*Marc Reisinger**

European Opiate Addiction Treatment Association, Brussels, Belgium

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Introduction

"Know you are fighting men who look into the barrel of your gun and see heaven," wrote Dzhokhar Tsarnaev, a young Chechen, one of the authors of the bombing of the Boston Marathon in 2013. In addition to its political dimension, this is a psychological statement: death is desirable, pleasurable.

Could attraction to death be considered as a non-substance-related disorder,[1] that is, similar to pathological gambling, for example? Since thousands of young people have left Europe to join the jihad in Syria, one should worry about the epidemic aspect of this disorder.[2] To develop this concept, I will mainly study the case of Mohamed Merah, a 24-year-old French-Algerian who committed several attacks in Toulouse in 2012.[3]

Glorifying Death

This young man—who shot unarmed soldiers, three children, and one teacher in a Jewish school—left a kind of testimony. Before being killed, he spoke for hours with the police who were besieging him. These conversations were transcribed in a 170-page court document, published on the internet by the newspaper *Liberation*.[4] This document is a confession, a will, and a psychological analysis of the terrorist. His brother also provided interesting elements about his psychology.

The first point to emphasize is his **fanaticism**. Merah thought he was the vanguard of the Muslim fight:

> My duty is to awaken and invigorate the Muslim community, to awake them so that they will attack in turn, so that France will not know peace here or in Afghanistan.

Merah dreamed of an Islamic state, a perfect utopia where all social contradictions would be resolved by themselves:

> With an Islamic state there will be no injustice. There will be no corruption or theft or any type of forbidden things in a country which practices this perfect law, because it comes from Allah. You don't want this law to spread in the world. You want to build your democracy.

This triumphalist and childish rhetoric preceded his eventual collapse. Before emptying his two guns on the police, Merah filmed himself, weeping and reciting a sura of the Quran:

> There is power or strength only with Allah.

His collapse reveals the depressive dimension hidden behind his enthusiasm, a depression that expressed itself in a real cult of death (as well as for the young Chechen terrorist quoted above): "Facing you is a man who loves death as much as you love life."

His brother Abdelghani Merah described how Mohamed used religion to glorify death:

> I realized that he was glorifying death in his speech, and that he had a habit to get into morgues to see the bodies. This attitude was a concern for me. I tried to reason with him, but he repeated, "Death is beautiful!" in a cheerful tone.[5]

Merah illustrates this during his conversations with the police surrounding him:

> Life in this world is a prison for the Muslim believer. It is the paradise of disbelievers—your paradise. You work and you get pleasure. But we are in a prison here. To be behind bars or walking freely does not change anything. We know that sooner or later we will have to die, to join our lord.

Those elements show that a mixture of utopia and fascination with death can become an addiction, as strong as hard drugs, among desocialized youngsters. They foster a dependency where no other pleasure matters, outside of which nothing exists. Mohamed Merah did not drink, used no drugs, and did not go out with girls, but he was addicted to war-game videos.

* Address for correspondence: Marc Reisinger, European Opiate Addiction Treatment Association, 193 Avenue Louise, Brussels, Belgium. (Email: m.reisinger@proximus.be)

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This addiction to death is taught by Salafist preachers, whose videos, readily accessible on the internet, are kind of advertisements for death, complete with depictions of soothing fountains and beautiful young girls.[6]

This ideology of death is accompanied by a total insensitivity to the suffering of others. Merah had been able to murder a child crawling alongside the body of her father and brother, as well as to fire a point-blank shot into the temple of another little girl. In describing himself and the coldness with which he killed, his only remorse was "technical":

> When I shot the soldiers, I dropped a charger. I did not know it was the charger. I realized it later. And against the Jews, if the weapon had not stopped, I would not have killed four, it would have been … [redacted by the newspaper *Liberation*].

The killings appeased Merah:

> The second time, when I saw that I had killed three […] I felt my heart was soothed. And as I was appeased, I wanted to do it again every time. And by doing it again I felt better and better.

Sexual frustration seems to play a significant role in the mental state of Mohamed Merah. Three months before his attacks, he religiously married Hizia, a 17-year-old girl, whose face was hidden behind a niqab. They stayed together in Mohamed's apartment, and they watched *The Simpsons* movies or played *Call of Duty* on their PlayStation. His young wife described him as "a baby." Fifteen days later, he brought her back to her parents and asked for a divorce.

Why was he marrying when he was ready to die? Because he was caught in a dilemma. Girls were attracted to him, but he did not seem to realize it. His shyness and religious fanaticism combined to prevent him from meeting his sexual and social adolescent needs:

> I wanted to get married to avoid fornication, going with women who are not lawful for me.

Fornication (sex outside of marriage) is a sin in Islam, the tenth major sin, whose punishment is eternal.[7] Merah wanted paradise and the women from paradise, as he candidly admitted to police during his last night:

> I want paradise and to meet the Prophet and the women of paradise.

Especially since his marriage with the young Hizia remained virtual. Three weeks before his attack, Merah reportedly told an imam that "the first woman he would have would be a woman of paradise."



FIGURE 1. Screenshot of an Islamist video "advertising" for paradise.

The Death Addiction Syndrome

From this description of the case of Mohamed Merah, we can isolate psychological and sociological factors to draw a picture of the "addiction to death."

Psychological factors

Substance use disorders in the DSM–V imply "hazardous use," "social/interpersonal problems related to use," and "neglected major roles to use."[8]

The concept of dependence, or addiction, has been extended to certain behaviors, such as gambling, internet, sports, sex, and compulsive shopping. Death obsession often has the same addictive characteristics. The relationship between heroin addiction and addiction to death was depicted in a Lou Reed song:

> Heroin, be the death of me. Heroin, it's my wife and it's my life.

In the DSM–V, substance use disorders include at least two of the criteria among those found in Merah's behavior:

- Hazardous use: his death speaks for itself.
- Social/interpersonal problems related to use: the relationships with his family, neighbors, and authorities were very poor.
- Neglected major role in order to use: Merah stopped studying and working.
- Tolerance: he became accustomed to the presence of death.
- Used larger amounts/longer: his radicalization was accompanied by a growing vocation for martyrdom.
- Much time spent using: he spent much time playing video games with killing and handling corpses.
- Activities given up in order to use: he reduced his social, professional, and recreational activities.

Depression: Merah's case presents at least five of the DSM–V criteria for major depressive disorder:

- depressive mood
- diminished interest or pleasure in activities

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- feelings of worthlessness and excessive or inappropriate guilt (he became desocialized and felt worthless if he did not perform jihad)
- thoughts of death
- based on his behavior, one could also add insomnia and restlessness

In addiction to death, unlike the usual depressive disorders, anhedonia is associated with a conviction that death will yield enjoyment that is greater than what can be attained in life. It is different from the usual suicidal feelings, where death is not valorized; it is rather the consequence of a desire to escape a disappointing life.

Mohamed Merah's behavior also meets all of the criteria for the definition of antisocial personality disorder,[9] that is, failure to conform to social norms with respect to lawful behavior, deception, impulsivity, irritability and aggressiveness, reckless disregard for the safety of self and others, consistent irresponsibility, and lack of remorse.

Nevertheless, addiction to death cannot be reduced to antisocial personality, since it is based on the pursuit of its own interest: treat the other as objects, with no primary intention to sacrifice oneself.

In terms of **sexual frustration**, sexual inactivity or dissatisfaction generates agitation, depression, stress, loneliness, and/or anxiety. The physical and psychological changes of puberty are a critical period. Ideology and religious education can make this process more difficult.

The anthropologist Claude Lévi-Strauss noted the importance of this issue in Muslim culture: "A frank conversation with young Muslims shows that they are obsessed with the problem of premarital virginity and later fidelity."[10] The Pakistani novelist Nadeem Aslam evoked the link between frustration and attraction to death among Islamists: "Paradise is a promise of unlimited pleasure, banned on earth: in paradise they will be drinking wine or having as many sexual partners as they want."

Sociological factors

Fanaticism is related to fascination with death and the conviction to access a life beyond, but the religious aspect is not necessary. Russian nihilists, followers of Bakunin, were ready to sacrifice their lives and "exterminate all Russians over twenty-five of years because they were unable to realize the ideas of the revolution."[11] Furthermore, the Islamic religion is not the only one fascinated by death: the crucifixion plays a central role in Christianity. It is also surprising to discover this praise of death (and manipulation) at the dawn of Western philosophy, as it appears in this dialogue from Plato:

> If he believes in the reality of the underworld as a terrible place, do you think that any man will be fearless of death and in battle will prefer death to defeat and slavery?
>
> By no means.
>
> Then it seems we must exercise supervision also, in the matter of such tales as these, over those who undertake to supply them and request them not to dispraise in this undiscriminating fashion the life in Hades but rather praise it, since what they now tell us is neither true nor edifying to men who are destined to be warriors.[12]

Political convictions may lead one to consider individual lives as negligible. "Viva la Muerte" was the rallying cry of the Franquists during the Spanish Civil War. But revolutionary convictions do not necessarily lead to terrorism.

The psychological factors noted above can also be politically **manipulated**. We already mentioned the role of Islamist preachers. Nazir Afzal, a British prosecutor, described how "perpetrators take teenagers who feel misunderstood, show them propaganda about a better world and a better life, and distance them from their family and friends. Then they take them."[13]

Addiction to death also has an **epidemic** aspect due to the fascination about terrorists, who become like pop stars. The boys want to copy them and girls want to seduce them. Suicide by itself, regardless of political or religious causes, has an epidemic aspect, as in the waves of suicides following Goethe's *The Sorrows of Young Werther* or the suicide of Kurt Cobain in 1994. Canadian researchers have shown that suicide is "contagious," since exposure to suicide increases the risk of more suicide.[14]

Conclusions

Addiction to death may be considered as a disorder characterized by the belief that death is superior to life, accompanied by the desire to take action. It is a specific entity related to psychological and social factors, crossing several diagnoses: addiction, depression, antisocial personality, and sexual frustration.

Such a diagnosis could help approach a complex problem that touches a significant subculture of Western youth. It would deepen the concept of "radicalization," and might contribute to the prevention and treatment of this problem, by chemotherapy, psychotherapy, family therapy, and support groups.

Disclosures

Dr. Reisinger hereby declares that he has nothing to disclose.

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