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The Psychology of Religious Violence and Terrorism

### THE PSYCHOLOGY OF RELIGIOUS VIOLENCE AND TERRORISM

Welcome to ReachMD's medical focus series. This month, ReachMD explores our nation's progress in disaster medicine and public health preparedness. Religious terrorism has become commonplace in our lifetime. What causes the person to kill innocent strangers in the name of religion? Our guest today is uniquely qualified to address this question. He is an authority on comparative religion and a clinical psychologist. Welcome to our special segment on disaster medicine. I am Dr. Leslie Lundt, your host and with me today is Dr. James Jones. Dr. James Jones. Dr. Jones is a distinguished Professor of Religion and an Adjunct Professor of Clinical Psychology at Rutgers University, New Jersey. He is also a Senior Research Fellow at the Center on Terrorism of John Jay College in New York City. In addition to practicing as a clinical psychologist, Dr. Jones is widely published. His latest book is "Blood That Cries Out From The Earth."

#### DR. LESLIE LUNDT:

Welcome to ReachMD, Dr. Jones.

#### DR. JAMES JONES:

Thank you very much. It is great to be here. I am looking forward to the discussion.

#### DR. LESLIE LUNDT:

Now what factors work to make ordinary people become so dangerous?

#### DR. JAMES JONES:

Well, I think particularly in terms of people with a sort of religious orientation, I think what is going on there is that religious and spiritual longings can be very powerful for people in need for a meaningful life, a sense of meaning and purpose, sense of being connected to something greater, a sense of belonging to community, and when these very powerful religious and spiritual desires get hooked up with certain psychological longings, experiences of shame and humiliations, and the need to see the world in black and white categories and split the world into opposing camps of pure and impure, <\_\_\_\_\_> punitive vengeful deity or teacher, connection of purification and

bloodshed, fascination with violence, and over idealization of one's own tribe or nation. It is the combination of those powerful religious and spiritual strivings with these psychological factors that make up the psychological precondition to turn towards religious violence and religious terrorism.

**DR. LESLIE LUNDT:**

And how does religion play into these things?

**DR. JAMES JONES:**

Well, I think religion often play upon and reinforce feelings of shame and humiliation. They often pass beyond humility, which is a virtue into making people feel humiliated, which is a psychological problem. Religion has often split the world into an apocalyptic cosmic battle of good against evil. They demonize the other, they make the other satanic, you know, and a demonic enemy cannot be reasoned with. A demonic enemy can only be destroyed. Often times religions teach a theology of laugh and vengeance, while that is not traditional in any major world religion; it certainly becomes predominant in religious groups that turn towards terrorism. Sometimes they teach a connection between purification and bloody sacrifice and sometimes they promote an uncritical over idealization of their own teachings or their own tradition and I think those are some of the ways that religion contribute uniquely to moving people on the direction of terrorism.

**DR. LESLIE LUNDT:**

Are certain religions more likely to produce violent extremist?

**DR. JAMES JONES:**

No, no, I do not think so. I think you find terrorist movements across the religious spectrum and throughout history. So, no one religion is more correlated with terrorism historically than any other religious tradition.

**DR. LESLIE LUNDT:**

Now, in your book, "Blood that cries out from the earth" you draw parallels between seemingly very different groups such as the Buddhist splinter group responsible for the Tokyo subway gas attacks, all the way to the antiabortion crusade of the religious right here in this country. How do you connect those two?

**DR. JAMES JONES:**

I think that is basically the point in the book that there are certain themes which I have already mentioned. There are certain themes that cut across all these different traditions. There are certain themes that are sort of on the boundary of spirituality and psychology that virtually all religiously motivated terrorists share and take people who are community mental health people. This is something I often say if I speak to people in community mental health or the police officers, you know, these things can be warning signs that a religion has the potential. It does not mean it is going to become, but if you have a religious group where the members really are subjected to a profound experiences of shame and humiliation or if you have a religious group that is split humanity into the all good against the all evil

and demonizes the other or if you have a religious group that has a very < \_\_\_\_ > punitive idea of God or the leader, if you have a group that has a conviction that purification requires the shedding of blood and bloody sacrifice, if you have a group that is fascinated with violence, and has a lot of violence in its religious imagery, those are warning sign. It does not mean the group is necessarily going to become terroristic, but those are warning sign that a group has the potential to go in that direction. So if you have a patient that belongs to such a group or if you are a community health person or a first responder and you see groups that have those characteristics lay bare paying to attention to, I think.

**DR. LESLIE LUNDT:**

If you are just joining us, you are listening to the clinician's roundtable on ReachMD XM 157, the channel for medical professionals. I am Dr. Leslie Lundt, your host and with me today is Dr. James Jones. We are discussing the psychology of religious terrorism.

Dr. Jones, how can we best help our patients who might be struggling with some of these issues?

**DR. JAMES JONES:**

Well, that is a good question and I have been thinking about that question and I think there are really 3 rather different groups that I can think of, of different groups of patient. There are people who have directly experienced a terrorist attack, people in New York or Washington on 9/11 or people in Oklahoma city or other such groups and there it seems to me the best thing is to think about the research on coping, the difference between positive and negative coping, and people who use positive coping methods and encourage people to use positive coping methods that seek social support, they become involved in community service and help others, may be draw on their religious or spiritual resources if they have them to become more self reflective of their values and what is important in their life, I think, those are the things that you see in people who have directly experienced a terrorist attack or any disaster that seems to lead the positive outcome. If on the other hand the patient is nursing anger and revenge or is keeping their feelings bottled up or is withdrawing from friends or family, those are kind of warning signs, I think. But you have one group of patients who have directly experienced them and you have a large number of people. These are really the second group, the people that I really wrote this book for, "Blood that cries out from the earth" which are people who may not have directly experienced a terrorist attack, but are trying to understand what motivates people to do this and if people are struggling with that question then I suppose I have to recommend my book which is I suppose a typical academic trick but still. Then it seems to be that there is a third group that we do not take so seriously, but there is research about this that people who have experienced what we might call vicarious traumatization and they may not have been there on 9/11 in New York. They may not have lost someone on 9/11 or in Oklahoma city, but they saw enough of it on television or they read it enough about it in the newspaper, on the internet that they were traumatized even though they did not live in an area where it was experienced directly in the way that, lets say I did here in the New York metropolitan area, but I think we need to take that vicarious traumatization seriously and not to dismiss it and say, "oh well, you were not there, you were not really traumatized by it." No, people can be traumatized vicariously by seeing images on the TV or the internet or the newspaper. So I think there goes 3 groups and I think they need to be approached somewhat differently and I think it is important to sort of differentiate those 3 groups.

**DR. LESLIE LUNDT:**

And certainly you mention of what we see on TV, just today there was another story about some car bomb blowing up a bunch of people, I mean, it seems almost relentless. Is there a risk at all of sort of a flip side of this that may be patients or people are getting immune to this because it is seemingly so common now?

**DR. JAMES JONES:**

Well, I do not think people in United States are immune to a concern with terrorist attacks in the United States or in North America or may be even in Europe if you have friends or family or business associates in Europe, but things that happen further away in Pakistan or Afghanistan or Iraq or Iran or some place like that if you have do not have a direct connection, yes, I think people do become desensitized to news about the war or in Afghanistan or Iraq or somewhere out in the Middle East then I think there is a desensitizing that sets in, which I think you are absolutely right. I think that is a problem, not so much I think of medical or psychological problem, but it is a political problem because then people who is interested in addressing these issues that really do need to be addressed nationally.

**DR. LESLIE LUNDT:**

For those of us that want to learn more about this, clearly we can read your book and again that is "Blood that cries out from the earth" any other resources for practitioners out there that want to learn more about the role of religion in individual psychology?

**DR. JAMES JONES:**

There are lot of books coming out and my book has a good bibliography if you go on Amazon and you look under books on religious terrorism. I do think though that you want books that have been published recently because I do think and this is controversial area, but so much of the research, earlier research that was done on terrorism was done in the 60's and 70's with politically oriented groups in Europe, primarily and to some extent in United States the Baader-Meinh of Gangor the Red Brigade, may be the weather underground something like that, the IRA, but contemporary terrorism is a very different phenomena and the models that we developed to understand those, much more compact local groups I do not think are useful in the age of the internet. The internet has changed the whole scope of terrorism now if you were to show in itself. So, there are lot of books out, but I do encourage people to read stuff that has come out in the 21st century since 9/11.

**DR. LESLIE LUNDT:**

Thank you so much for being on our show today.

**DR. JAMES JONES:**

Well, I hope this has been helpful to you and to your colleagues.

**DR. LESLIE LUNDT:**

Absolutely.

We have been speaking with Dr. James Jones about the psychology of religious terrorism.

I am Dr. Leslie Lundt. You have been listening to our special segment on disaster medicine on ReachMD XM 157, the channel for medical professionals. To listen to our on-demand library, visit us at [www.reachmd.com](http://www.reachmd.com). If you register with the promo code radio, you will receive 6 months' of free streaming to your home or your office. If you have comments or suggestions, give us a call at 888-MDXM-157. Thank you for listening.

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I am Dr. Larry Kaskel, host of lipid luminations. Join me for CME panel discussion sponsored by the National Lipid Association examining the enhanced trial. Tune into ReachMD weekend CME as I welcome leading experts, Dr. Evan Stein, Michael Davidson, Greg Brown, Jerome Cohen, and Jennifer Robinson. This enhanced trial CME offers medical providers the discussion of the important clinical trials affecting lipid management. The leading experts will discuss the clinical implications of the ezetimibe and simvastatin in hypercholesterolemia enhances atherosclerosis regression, otherwise known as the enhanced trial, recently published in the April 2008 New England Journal of Medicine and publicly presented at the Annual American College of Cardiology Meeting in March. Join your colleagues for weekend CME on ReachMD XM 157, the channel for medical professionals. To listen to accredited programing online or to download as podcast, please visit [www.reachmd.com/weekendcme](http://www.reachmd.com/weekendcme).

You are listening to ReachMD XM 157, the channel for medical professionals. Here is a sample of the great shows airing this week. I am Dr. Matthew Sorrentino. Join me this week and I will be speaking with Dr. Paul Iazzo at the University of Minnesota. We will be discussing opioids, fish oils, and hibernating bears. Thank you for listening to ReachMD XM 157 where we change topics every 15 minutes. For our complete weekly guest and program guide, visit us at [www.reachmd.com](http://www.reachmd.com).