



Do suicide terrorists exhibit clinically suicidal risk factors? A review of initial evidence and call for future research

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ABSTRACT

Despite growing evidence to the contrary, it is still widely assumed that suicide terrorists are not actually suicidal. However, this review supports recent studies which suggest the opposite, and presents initial evidence that much like other suicidal individuals, many suicide terrorists appear to be driven by clinically suicidal risk factors, including: (1) the desire to escape the world they live in, (2) the desire to escape moral responsibility for their actions, (3) the inability to cope with a perceived crisis, and (4) a sense of low self-worth. By establishing the links between suicide terrorism and suicidality, scholars may be able to better understand the nature of these violent attacks and develop more effective ways to stop them.

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1. Introduction

In recent years, the view that suicide terrorists are not actually suicidal has become widely accepted. Many scholars have argued that in terms of their psychology, suicide terrorists are essentially just like any other people who are willing to sacrifice themselves for a cause (Davies & Neal, 2000; Gambetta, 2005; Hafez, 2006; Israeli, 1997; Pape, 2005; Pastor, 2004; Townsend, 2007). As Townsend (2007) summarizes, “The results of [her] review strongly suggest that suicide terrorists are not truly suicidal and that attempting to find commonalities between suicide terrorists and others who die by suicide is likely to be an unhelpful path for any discipline wishing to further the understanding of suicidal behavior” (p. 47).

On the surface, this contention is actually quite convincing. There do seem to be many fundamental differences between typical suicides—which are often triggered by hopelessness and represent a desperate cry for help—and these so-called “martyrdom attacks”—which are supposedly driven by commitment to a sacred cause and the instrumental objective of striking the enemy. For instance, a terrorist’s psychology when carrying out a suicide attack may seem no more suicidal than a soldier who jumps on a grenade to save his comrades, or a secret service agent who takes a bullet to save the president. In all three of these cases, the person who ends up dead made a calculated choice which led to his or her death, and the decision does not appear to be driven by a personal death wish, but rather the hope that the act would ultimately save lives. Thus, for those who believe that the suicide attacks are politically justified and that the terrorists are fighting a life-and-death battle against the enemy, the suicide attacker’s sacrifice can seem incredibly poignant, noble, and selfless (Baer, 2005).

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However, maybe something is being overlooked here. As Crenshaw (2007) details, despite the flood of interest since September 11, 2001, “explanations [of suicide terrorism] are still at an early and uneven stage. The concept remains imprecise, the facts are not well established... Findings are often based on incompatible datasets, and references to cases or examples do not always fit the stated definition of the concept. Contradiction, ambiguity, and error are particularly consequential because the overall number of suicide attacks is quite small” (p. 134). Given these challenges, it is no surprise that upon closer inspection, the five “empirical reports” cited by Townsend (2007) in her steadfast declaration against suicide terrorists’ suicidality are far from convincing. Three depend largely upon interviews of the deceased suicide terrorists’ friends and family members, but these individuals are not necessarily reliable. Some of them may be in denial, others may lie to protect the “heroic” reputations of their loved ones, and none of them are professionally qualified to recognize clinical risk factors for suicide. The other two reports cited by Townsend (2007) are based on interviews of regular terrorists, not suicide terrorists. Naturally, there may be fundamental differences between those who were interviewed and those who are actually willing to blow themselves up. After all, of the many thousands of extremists who support Islamic fundamentalism and believe that suicide attacks are justified, only a tiny percentage actually carry them out (Nacos, 2006; Pew Research Center, 2007; Zakaria, 2003). Terrorist leaders explain this discrepancy by arguing that these few are the most committed true believers (Hafez, 2006). But maybe the relative scarcity of suicide attacks is instead due to the scarcity of people who develop suicidal traits.

There is growing evidence which supports this possibility. Lester et al. (2004) came across early signs in their study of suicide bombers and psychological profiles. In their recommendations for future research, they suggested that “if detailed biographies of terrorists and suicide bombers were to be collected, evidence might well be found of a high frequency of risk factors for suicide” (Lester et al., 2004, p. 292). More recently, perhaps the most impressive empirical study on this issue was conducted by an Israeli research group, which had four senior clinical psychologists administer psychologist tests to 15 preemptively arrested suicide bombers and 26 other terrorists who had no plans to carry out suicide attacks. The clinical assessments showed that 40% of the suicide bombers displayed suicidal tendencies and 13% of them had made previous suicide attempts, unrelated to terrorism (Merari et al., 2010). Conversely, none of the regular terrorists or organizers of suicide attacks showed any signs of suicidality (Merari et al., 2010).

By reviewing the literature on clinical suicidal risk factors and connecting it to initial evidence on suicide terrorism, this paper will attempt to provide a broader context for these findings. Although some suicide terrorists are not Muslim, this article will primarily focus on Islamic suicide terrorism. Past scholarship has shown that—outside of the terrorism context—suicidal people are driven to kill themselves by several key factors. These include (1) the desire to escape the world they live in (Durkheim, 1897; Farber, 1968; Maris, 1981; Shneidman, 1979), (2) the desire to escape moral responsibility for their actions (Farber, 1968; Hendin & Haas, 1991; Lester, 1998; Maris, Berman, & Silverman, 2000; McCaghy et al., 2006), (3) the inability to cope with a perceived crisis (American Association of Suicidology, 2009; Charny, 2007; Durkheim, 1897; Farber, 1968; Gernsbacher, 1985; Lester, 1997; Maris, 1981), and (4) a sense of low self-worth (Durkheim, 1897; Emler, 2001; Farber, 1968; Lester, 1997; Maris, 1981; McGee & Williams, 2000). This review will provide additional evidence that at least some suicide terrorists appear to exhibit these exact same traits.

It must be acknowledged that this review takes an inductive approach, and moves from the specific to the general—from a set of particular observations to the suggestion of a pattern. As such, it cannot possibly conclude that all suicide terrorists exhibit clinically suicidal risk factors, but only that the ones reviewed here appear to, and that further research is thus warranted on this topic to measure

the extent of these findings. However, the merits of this approach are well established (Holland et al., 1989). One of the most time-tested methods for making new scholarly progress is to begin with anecdotal observations and preliminary findings, then interpret them via inductive reasoning and pattern recognition, put them in the context of previous scholarship, and publish them with a call for further research.

2. The desire to escape the world

At its core, suicide is an act that offers people the chance to escape (Durkheim, 1897; Farber, 1968; Maris, 1981; Shneidman, 1979). In Durkheim’s (1897) terms, this impulse could be rooted in the desire to escape a world where the individual feels disconnected and isolated (egoistic suicide), a world where the individual feels less important than the collective and cannot bear to forego his or her duty (altruistic suicide), a world that has changed and feels meaningless (anomic suicide), or a world that only offers oppression and pain (fatalistic suicide). As Farber (1968) explains, “On the basis of the hard evidence, suicide is basically a running away from, a bursting out of an unbearable situation” (p. 26). Suicidal people often speak of “getting away,” saying things like “I just couldn’t stand things any longer. I just had to get away from it all” (Farber, 1968, p. 8). Maris (1981) summarizes the overall picture quite well: “The most common objectives of the suicides we have known and/or studied have been to *escape* (pain, unhappiness, hopelessness, etc.) or to *act aggressively* against another person or situation” (p. 290). It seems quite apparent that suicide terrorism combines both of these deadly aims.

Members of terrorist organizations are indoctrinated in many powerful ways, and one key feature of the rhetoric that psychologically prepares them for suicide attacks is an emphasis on the terrible state of the world (Lankford, 2009). For example, Egyptian activist Sayyid Qutb, an Islamic fundamentalist whose teachings inspired Osama bin Laden and the entire Al Qaeda campaign, has decreed that “Humanity today is living in a large brothel! One has only to glance at its press, films, fashion shows, beauty contests, ballrooms, wine bars, and broadcasting stations! Or observe its mad lust for naked flesh, provocative postures, and sick, suggestive statements in literature, the arts and mass media” (Ahmed, 2003, p. 110). Similarly, Stein (2003) documents how Al Qaeda has commonly promoted the idea that people today are living in a “world of contaminants” (p. 291).

The psychological effects of this indoctrination on would-be suicide terrorists appear to be absolutely critical. These individuals claim to be driven by a desire to enter paradise and reap heavenly rewards, but in fact, it seems that at least for some, the suicidal desire to escape life is one of the main reasons that the afterlife holds such immediate appeal. The words of Islamic jihadist Ijaz Khan Hussein—who failed in his attempt at “martyrdom”—are a classic example of this suicidal outlook: “If Allah had chosen me to die, I would have been in paradise, eating honey and watermelons and grapes, and resting with beautiful virgins, just as it is promised in the Koran. Instead, my fate was to remain amid the unhappiness here on earth” (Burns, 2002). In turn, Al Qaeda suicide terrorist Abu Muhammad Al-San’ani, who blew himself up at a checkpoint in 2006, expressed a similar desire to escape to heaven that was rooted in a similarly negative assessment of the material world: “To my family and friends, I say... Meeting you in Paradise, which is as broad as heaven and earth, is preferable to me than remaining with you in this transient life” (MEMRI, 2006). Again, these statements indicate that at least some suicide terrorists are not only motivated by the common human desire to enter heaven—a desire shared by millions of people around the world—but also by the highly atypical and suicidal feeling that they must immediately escape the world they live in.

Sometimes this suicidal outlook is the manipulative product of terrorist indoctrination, but it may also be rooted in real world horrors. For instance, Palestinian suicide bombers often experience such “hellish” living conditions that terrorist leaders do not have to

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