Suicide Terrorism as a Socially Approved Form of Suicide

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Introduction

For years, the conventional wisdom among most scholars has been that suicide terrorists are not truly suicidal, and that much like ordinary soldiers they are motivated by a selfless commitment to their organization’s cause, rather than a desire to end their lives. However, evidence increasingly indicates that some suicide terrorists do exhibit classic suicidal traits (Lankford, 2010; Merari et al., 2010). It is difficult to quantify the overall percentage of suicide terrorists who appear suicidal, because the requisite biographical and motivational data on individual attackers are often missing. However, the list of suicide terrorists who appear to have displayed risk factors for conventional suicide is steadily growing.

One of the remaining issues that has not received sufficient scholarly attention is the interaction between social approval and suicide, with regard to how that affects our understanding of suicide terrorism. A major reason why previous scholars have largely dismissed the possibility that suicide terrorists could be suicidal is because they have failed to control for the effects of social approval.

Comparing Suicide Terrorists to Typical Suicidal Individuals

When this variable is ignored, direct comparisons between suicide terrorists and those who commit conventional suicide can become extremely misleading. For example, Townsend (2007) is just one of many who has pointed out that while religion protects against suicide, most suicide terrorists are very religious. In addition, while suicide rates in Muslim nations are extremely low, the majority of suicide terrorists come from the Islamic world. At first glance, these apparent conflicts might be interpreted as evidence that suicide terrorists are in fact not suicidal – and many have made this exact argument. However, when we consider research that controls for the social aspects of religion, we see that religion primarily appears to protect against suicide through its social mechanisms (Robins & Fiske, 2009; Stack & Wasserman, 1992). In other words, on their own, religious beliefs themselves do not seem to have any effect on reducing suicidal behavior (Robins & Fiske, 2009; Stack & Wasserman, 1992). The protective effect of religion is actually that individuals who are affiliated with religious groups are more likely to adhere to socially approved behavioral norms – and in almost all previously studied contexts, these norms have discouraged suicide.

By contrast, in the social contexts that produce the most suicide terrorists, social approval for their particular form of suicide is extraordinarily high. For instance, according to a series of 2009 Pew Research Center surveys, 68% of respondents in Palestine believed that the suicide bombing of civilian targets is justified (Pew Research Center, 2009). And although similar levels of support for suicide terrorism may not be found at the national level elsewhere, it appears that even higher social approval of suicide terrorism is prevalent throughout certain subcultures and terrorist organizations around the world. In many of these social contexts, killing oneself “for the cause” is not only considered justified and permissible, it is overtly celebrated and glorified (Charny, 2007; Hoffman, 2006).

Therefore, the most valid way to assess suicide terrorists through comparative analysis would be to contrast them with those who commit conventional suicide in contexts in which suicide is equally popular. However, with the possible exception of suicidal cults, it is not clear that scholars have ever studied conventional suicide in a social context where even 50% of the population considers the act permissible for young adults, much less a context that so fully glorifies and celebrates it. Japan has long been considered the most suicide-permissive country in the world (Lee-naars, Maris, & Takahashi, 1997; Pinguet, 1993; Takahashi, 1997), but a recent study shows that only approxi-
mately 15% of student respondents in Japan were “unconcerned” by suicide; the vast majority were either sympathetic to suicidal individuals’ mental health problems or critical of their weaknesses (Sato et al., 2006).

Identifying Suicidal Tendencies Under Conditions of Social Approval

For these reasons, it may be impossible for scholars to know precisely what shape conventional suicide would take in a social context that widely glorifies and celebrates it, because this context may never have existed. Would a higher percentage of religious people carry out suicide? Most likely, given the findings cited earlier (Robins & Fiske, 2009; Stack & Wasserman, 1992). Would an unprecedented majority of young people carry out suicide? Most likely, given the association between adolescent attitudes toward suicide and their suicidal behavior (Arnautovska & Grad, 2010). And this is exactly what we see with suicide terrorism.

Under such conditions, the widespread social approval of a form of suicide may not only increase the likelihood of completed suicides for those who would be suicidal anyway, but also increase the prevalence of suicide ideation and suicide attempts for those who would otherwise never have considered it. After all, socially approved suicide would be expected to cast a much wider net. Outside of the terrorism context, past research has established an association between tolerance for suicide, or suicide permissiveness, and increased levels of suicidal behavior (Arnautovska & Grad, 2010; Hjelmeland et al., 2008).

Furthermore, the differences between typical suicidal individuals and those suicidal individuals under the conditions of widespread social approval would likely extend to their psychological traits as well. This possibility is so radical that it has rarely—if ever—been considered. From a purely logical perspective, it seems likely that suicidal behavior under conditions of social approval would appear quite different than suicidal behavior under conditions of social disapproval. But what would this mean in practice?

It might indicate that much of what we “know” about conventional suicide could not necessarily be applied to suicide in such different social contexts. Many of the risk factors previous scholars have identified for suicidal behavior, such as depression, guilt, shame, hopelessness, and rage, may actually only be risk factors for socially disapproved suicide—not for suicide itself. For instance, in social contexts where conventional suicide—or suicide terrorism—is highly approved of, glorified, and celebrated, individuals preparing to kill themselves might display far more confidence and ego-strength than the typical suicidal individuals studied in the past. Other elements of their psychology or behavior prior to committing suicide might be significantly altered as well.

However, in and of itself, the social approval of suicide—or suicide terrorism—does not change the essential function or nature of that act. If we assess suicide terrorists and find out that they are more self-confident or exhibit less depression or shame than ordinary suicidal individuals, that does not necessarily rule out their still being suicidal. The difference may simply be that they are suicidal in a context that provides them with social support, as opposed to most suicidal individuals, whose decision to kill themselves is not celebrated by those around them.

Recommendations for Suicide Terrorism Prevention

In order to facilitate suicide terrorism prevention, scholars and practitioners need to further expose the underlying similarities between this violent behavior and conventional suicide. They should work to identify key aspects of suicidal behavior that are common to all suicides—regardless of the social context. For instance, one of these core components of suicide may be a preference for death over pain. The elderly sometimes commit suicide to avoid physical pain; adolescent suicides are more often sparked by intolerable psychological pain. Are suicide terrorists also defined by their preference for a quick death over a painful life—in contrast to regular terrorists and terrorists leaders, who will endure almost anything to stay alive? It certainly appears so. In addition, other fundamental features of suicide that transcend social approval must be identified and used to assess suicide terrorism.

Both in the Islamic world and in many other regions, there are already powerful social stigmas that help keep conventional suicide rates relatively low (Beautrais, 2006; Hjelmeland et al., 2008; World Health Organization, 2003). The social disapproval of suicide in places that produce the most suicide terrorists should thus become an asset, not a liability. These same social stigmas could potentially help deter suicide terrorism, because even the terrorists themselves condemn suicidal behavior as “weak,” “selfish,” and “mentally disturbed” (Post et al., 2009).

First and foremost, however, researchers should reconsider the interaction between social approval and suicide. By doing so, they may be able to further establish the suicidal nature of suicide terrorism, which in turn could undermine the social support upon which terrorist organizations depend.

References


About the author

Adam Lankford is an Assistant Professor of Criminal Justice at The University of Alabama, Tuscaloosa, AL, USA. From 2003 to 2008, he helped coordinate Senior Executive Anti-Terrorism Forums in conjunction with the US State Department. Dr. Lankford has published on a wide range of topics related to counterterrorism and international security.

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