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MENAM

8

Psychological Aspects of Suicide Terrorism

Ariel Merari

By a strict definition, a suicide terrorist attack is an assault that is intended to achieve a political objective and is performed outside the context of a conventional war, in which the assailant intentionally commits suicide while killing others. The self-immolation element makes this form of terrorism substantially different in both its psychological foundations and potential consequences from other terrorist attacks that involve high risk for the perpetrators.

Suicide terrorism constitutes a political and strategic problem of considerable import. This observation seems obvious after the September 11, 2001, attacks in the United States. Yet even prior to the attacks in New York and Washington, suicide attacks had, on some occasions, far-reaching political consequences. In 1983, attacks against U.S. and French forces and diplomatic missions in Lebanon resulted in the evacuation of the Multinational Force from that country. This step enabled the Syrian de facto takeover of the country and, in the following years, had a vast influence on Lebanese domestic and international politics. In another arena, Palestinian suicidal terrorist attacks in Israel in 1996 resulted in a change of government and had a major deleterious impact on the Middle Eastern peace process.

Suicide terrorist attacks attract much public interest and concern. This phenomenon has always been surrounded by mystery and fear. The fact that, unlike ordinary self-immolation, terrorist suicide has been murderous and often directed against the random public, naturally augments the feeling of cryptic danger and the need to understand it. In the absence of empirical research on this phenomenon, the explanations offered have been quite speculative. The most common explanations have emphasized cultural factors. Islamic religious fanaticism has been particularly popular in this context (Taylor, 1988; Israeli, 1997; Hoffman, 1998). Taylor, for example, typically included the analysis of suicidal terrorism in a chapter titled "fanaticism." He finds the roots of this behavior in the tradition of the Assassins and attributes suicidal terrorism to Shiite fanaticism in particular: "The forces that gave rise to the Assassins remain and influence the Shi'ites today" (p. 109). Similarly, "the behaviours which we find so difficult to understand (suicide bombing, for example) have their origins in the kind of religious practice which characterises Islamic fundamentalism, and especially shi'iteism" (p. 110).

Taylor, however, extends his account to include political suicides of other societies, notably

Western, such as those by members of the German Red Army Faction in prison in the 1970s, the Irish hunger strikes in Maze Prison in 1980 and 1981, and the Jonestown mass suicide in 1978. His broader explanation attributes this phenomenon to social pressure and conformity that characterize certain societies: "Both contemporary Shi'ite society, and the Japanese society of the time, show many attributes of intense control, with restrictions on extra-societal influences. In many respects they are as 'psychologically' closed as the prisons which sustained both the Baader-Meinhof and the IRA suicides" (p. 120).

Raphael Israeli (1997) finds the basic explanation of this phenomenon in the Islamic frame of mind: "Turning to an Islamic frame of reference for a definition, and perhaps a diagnosis, would then appear imperative if we are to comprehend the underlying motives of this sort of unparalleled mode of self-sacrifice" (p. 107). However, he maintains (with no empirical evidence to support his claim) that personality factors also play a role in the making of a suicide terrorist. Specifically, he speculates that suicide bombers share three common characteristics: They are young and have few life responsibilities; they are unsuccessful or are shunned by their family and society, so that they feel isolated; and they have low self-esteem. Suicide terrorists, according to Israeli, "may be somewhat depressed and in search of easy solutions to their problems. Unsuccessful; perhaps self-despising, they find solace in becoming martyrs, thus almost instantly and mythically transforming frustration into glory, failure into victory and self-depreciation into public adoration" (p. 106).

Other explanations ascribed the phenomenon to indoctrination, even brainwashing, in the sense of persuading "uninformed youth" to commit suicide in the service of their advocated cause (Post, 2001). In an earlier study (Merari, 1990) I attributed politically motivated suicide, particularly cases of group suicide such as Massada (AD 73) and the Irish chain suicide of 1980 and 1981, to situational factors, notably group pressure, group commitment, and the influence of a charismatic leader, as well as to personality factors. These explanations are not entirely compatible with factual evidence that has accumulated on suicide terrorism.

Prevalence

Several writers have maintained that suicide terrorism is an ancient phenomenon, claiming that it was used by groups such as the Jewish Sicarii of the first century and the Muslim *hashashin* (Order of Assassins) of the eleventh through the thirteenth centuries (Sprinzak, 2000; Schweitzer, 2001; Atran, 2003). This claim is erroneous since these groups carried out attacks that involved great risk for the perpetrators, sometimes their almost sure death, but they were not suicide in the strict sense of self-immolation. As much as recorded evidence is concerned, true suicide terrorist attacks, in which the attackers kill themselves while killing others, are a modern phenomenon. The first recorded case of a suicide terrorist attack was the car bombing of the Iraqi embassy in Beirut on December 15, 1981, although as a methodical terrorist tactic, they were first used in Lebanon in 1983 by radical Islamic groups that later formed Hizballah.

A simple count of suicide attacks around the globe shows an alarming rise in recent years (see Figure 8.1). Of the 583 suicide attacks that were carried out around the world from 1981 to 2004, 435 of them (75%) took place between 2000 and 2004.

Indeed, since the first wave of suicide attacks carried out in Lebanon by Hizballah in 1983, this tactic has been espoused by many other groups around the globe. These include eight groups in Lebanon (six of them Lebanese and two Palestinian), four Palestinian groups in Israel's occupied territories, two Egyptian groups, the Kurdish Labor Party (PKK), the Turkish Revolutionary People's Liberation Front (a left-wing group), Chechen rebels, the Tamil Tigers (LTTE), Islamic militant groups in Kashmir, al-Qaeda, a militant Islamic group in Morocco, and anti-American groups in Iraq. Most of these have carried out only a small number of suicide assaults. Only a few have embarked on a systematic campaign of suicide attacks as a central method in their armed struggle. Table 8.1 shows the number of suicide attacks by country from 1981 through April 2005. The table also shows the number of people who committed terrorist suicide, as some attacks have involved multiple suicide attackers.

So far, suicide attacks have taken place in 30 countries. However, the great majority—nearly

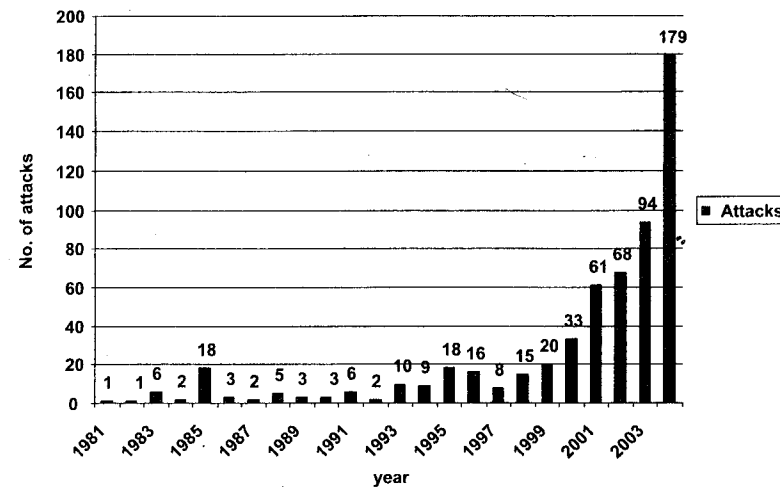


Figure 8.1. Suicide attacks by year.

88%—have been carried out in only 6 countries: Lebanon, Sri Lanka, Israel, Turkey, Russia, and Iraq. In fact, 73% of the world's tally have taken place in only 3 countries, namely Sri Lanka, Israel, and Iraq, and Israel and Iraq alone account for 63% of the world's total. These facts highlight an important characteristic of the nature of the spread of suicide terrorism as a terrorist tactic. Although the overall frequency of suicide attacks has been on the rise since this tactic first appeared in Lebanon in the 1980s, suicide terrorism does not spread in a fashion similar to the growth rate of the use of new technologies, such as the Internet or cellular phones. Rather, it is restricted to places where acute, violent conflicts are being waged, and in these places, it is limited to the duration of the acute struggle. It is true, however, that the likelihood that suicide attacks will be adopted as a tactic in an insurgent struggle is greater today than ever before. In this sense it seems that this tactic has become a trend, especially (but not exclusively) among militant Islamic groups.

Nevertheless, as demonstrated by the 9/11 events, the frequency of attacks is not the most important factor in creating the impact of suicide terrorism. Extremely large numbers of casualties result when the suicide method is coupled with other characteristics of the group, namely, the abi-

lity to acquire and use a large quantity of explosives (or other means of causing mass casualties), the selection of densely populated targets, and smart planning that makes it possible for the group to devise original modes of attack and circumvent defenses.

The Profile of Suicide Terrorists

Descriptions of the profiles of suicide terrorists relate to two types of data: demographic details and psychological characteristics. Whereas the demographic descriptors, such as age and gender, are relatively easy to obtain, psychological features, notably personality traits and motivations, are not readily accessible.

The numerous descriptions of the psychological (as distinguished from demographic) characteristics of suicide bombers offered so far have by and large been speculative, conjecturing from biographical details (e.g., Hudson, 1999; Weinberg, Pedahzur, & Canetti-Nisim (2003); Cronin, 2003; Kimhi & Even, 2004; Holmes, 2005; Ricolfi, 2005). Very few of the reports have been based on interviews with would-be suicide bombers or with their families (Andoni, 1997; Hassan, 2001).

Table 8.1. Number of suicide attacks and attackers by country and period, as of April 30, 2005

Country	Period	No. of Suicide Attacks	No. of Suicide Attackers
Afghanistan	2001–2004	6	7
Argentina	1992–1994	2	2
Bangladesh	2001	2	4
Bolivia	2004	1	1
China	1998–2002	3	3
Croatia	1995	1	1
Egypt	1993–2005	5	6
India	1991–2001	9	9
Indonesia	2002–2004	4	5
Iraq	1988–2005	256	291
Israel	1988–2005	175	195
Kenya	1998–2002	2	4
Kuwait	1983–1985	2	2
Lebanon	1981–1999	41	41
Morocco	1995–2003	6	13
Pakistan	1995–2004	15	20
Philippines	2003	1	1
Portugal	1983	1	5
Qatar	2005	1	1
Russia/Chechnya	2000–2004	33	40
Saudi Arabia	2001–2004	8	15
Spain	2004	1	7
Sri Lanka	1987–2004	68	113
Tanzania	1998	1	1
Tunisia	2002	1	1
Turkey	1996–2004	25	26
Uganda	1998	1	1
USA	2001	5	20
Uzbekistan	2004	4	6
Yemen	2000–2002	2	4
Total	1981–2005	682	845

Note: Counts of the number of suicide attacks in Sri Lanka vary considerably, presumably because of differences in the definition of a suicide attack.

Interviews with would-be suicide bombers were conducted by nonpsychologists and have not utilized psychological tests. The common conclusion that suicide bombers are psychologically "normal" should be treated with caution. Whereas acute psychosis (e.g., schizophrenia or depression) would probably be detected by a layperson, diagnosing more subtle personality disorders requires thorough clinical interviews and personality tests. The presence of these kinds of disorders is not likely to be revealed in an interview by nonprofessionals.

Psychological data on suicide terrorists of most groups have not been published. Since 1983 I have collected data on suicide terrorism around the globe from a variety of sources, mainly media reports that included demographic and biographical details of suicides, sometimes based on interviews with the suicides' families. Valuable information was gained from interviews with jailed would-be suicides. Particularly useful as a basis for psychological autopsy was a systematic set of data on 34 of the 36 Palestinian suicide terrorists

from 1993 to 1998. These data were based on interviews with family members (parents and siblings) of the suicides. Other data included interviews with people who attempted to carry out suicide attacks but failed and with Hamas and Palestinian Islamic Jihad (PIJ) trainers of suicide bombers. Data on suicide terrorists in Israel after 1998 and on suicide attackers in Lebanon from 1983 to 1989 (almost all of the suicide attacks in Lebanon took place within this time frame) are based mainly on media sources (and include some demographic characteristics), as well as on interviews with jailed would-be suicides.

Demographic Characteristics

Age

The mean age of the Lebanese suicide bombers was 21, and the age range was 16–28. The mean age of the Palestinian suicides prior to the second intifada was 22, with a range of 18–38. The age range of the Palestinian suicides in the current intifada was somewhat broader (17–53), but the average remained the same: 22. Two-thirds of them were between 18 and 23 years old. Pape (2005:208) reported that the average age of the LTTE suicides was 21.9. The age range of the female PKK suicides was 17–27, and the males were 18–40 years old. The mean age of the actual and would-be male suicides combined was 27 (Ergil, 2001). The age range of the al-Qaeda 9/11 suicides was reported as 20–33 (Schweitzer and Shay, 2002).

Marital Status

Data for the Lebanese sample are lacking, but clearly almost all of the suicides were single. In the 1993–1998 Palestinian sample, 31 (91%) were single (moreover, none of them was engaged to be married), and three were married (only one of them had children). During the second intifada (which started on September 29, 2000, and is still going on at the time of this writing), the proportion of married suicide bombers remained below 10%. By the 1997 Palestinian Authority (PA) census, the median age at first marriage was 23 (Palestinian Central Bureau of Statistics, 1997). The fact that almost all of the suicides have been single may suggest that unmarried

persons are more willing to volunteer for suicide missions.

However, in the Palestinian case, it has also been the policy of the organizations to refrain from recruiting married people for such missions. In a study of the demographic characteristics of Hizballah members killed in action (most of them were not suicides), Hurwitz (1999) found that, of those whose marital status was known, only 45% were single. Hurwitz notes, however, that Hizballah's leadership preferred to recruit unmarried youth, but this policy was incongruent with the Lebanese Shiite custom of marrying young. Martin Kramer (1991) has also noted that Hizballah's "window of opportunity" for recruiting a youngster for military activity was rather narrow because the Lebanese custom of marrying young allows the organization only a few years for training and participation in operations. Thus, although the willingness to embark on suicide missions is presumably higher among young, unmarried people, both marital status and age of the suicides seem to reflect Hizballah's policy.

Gender

In the Lebanese case, 38 of the suicides were males, and 7 were females (all of the latter were sent by secular groups). All of the Palestinian suicides prior to the second intifada were males. This, however, was a result of the fact that, until recently, the Palestinian organizations that used suicide attacks were religious groups, which objected to the use of women in combat missions. During the second intifada the secular groups of Fatah and the Popular Front for the Liberation of Palestine (PFLP) also espoused suicide attacks. After Fatah started using women (as well as men) for suicide missions, the religious PIJ and Hamas followed suit in a few cases. Nevertheless, the percentage of females among Palestinian suicide bombers remained very small, less than 4%. It is noteworthy that left-wing Turkish and Kurdish groups, as well as the Tamil Tigers, have used women as often as men for suicide attacks. In the PKK, 11 of the 15 terrorist suicides between 1995 and 1999 were women (Ergil, 2001). In the LTTE there is a special women's suicide unit, called "Birds of Freedom" (Joshi, 2000), and about one-third of the suicide attacks have been carried out by women (Schweitzer, 2001; Chandran, 2001). Thus, the greater number of male suicides in the

Lebanese and Palestinian cases reflects only the preference of religious Islamic groups.

Socioeconomic Status

Reliable data are available only for the 1993–1998 Palestinian sample. In this study, the economic level of the suicides' families was assessed by the interviewer on the basis of her extensive acquaintance with the living conditions of the Palestinians in the West Bank and the Gaza Strip. In general, the economic status of the Palestinian suicides' families represents a cross-section of the Palestinian society in the Palestinian Occupied Territories. In the 1993–1998 sample, the 34 families were distributed as follows: very poor, 12%; poor, 21%; lower middle class, 26%; middle class, 32%; upper class, 9%.

Education

The education level of the suicides at the time of their suicidal attack was higher than that of the general Palestinian society. Of the suicides studied, 26% had at least a partial university education. In comparison, according to the Palestinian Central Bureau of Statistics (2002) data, 11.9% of the general Palestinian population had some education beyond high school. Table 8.2 shows the distribution of the suicides' education level.

Refugees Versus Nonrefugees

Whereas 21% of the Palestinian population in the Territories live in refugee camps (Arzt, 1997, p. 60; Shavit and Banna, 2001), prior to the second intifada they were responsible for 56% of the suicides, more than twice their proportion in the population. Thus, living in a refugee camp should be regarded as an important contributing factor to the likelihood of committing a suicide attack. This phenomenon is true for both the West Bank and the Gaza Strip: In each of these regions, refugee camps' residents are represented among the suicides at more than twice their share of the gener-

al population. Because no relationship has been found between economic status and participation in suicide attacks, the influence of being a refugee is presumably not due to the greater economic hardship associated with the refugee status. Rather, it probably reflects the greater militancy of refugees' descendents and the greater support for Hamas and Islamic Jihad among them.

Religion

Suicide attacks in Lebanon were initially carried out by the radical Shiite groups, which eventually formed Hizballah. For this reason the phenomenon of suicide terrorism, especially the Middle Eastern brand, has been associated in public perception with religious fanaticism. This notion has also permeated academic writings. However, by 1986 it became clear that nearly two-thirds of the suicide attacks in Lebanon were carried out by secular groups (Merari, 1990).

Prior to the second intifada, suicide attacks by Palestinians were carried out only by militant religious groups (two-thirds of them by Hamas and one-third by the Palestinian Islamic Jihad). In the second intifada ("al-Aqsa intifada"), two secular groups—Fatah and the PFLP—have also resorted to suicide attacks. By April 2005, these two secular groups combined had been responsible for 27% of the suicide attacks in the second intifada.

The conclusion that religious fanaticism is neither a necessary nor a sufficient factor in suicide terrorist attacks gains further support from the fact that several other nonreligious groups have resorted to this tactic. Thus, the Tamil Tigers (LTTE), a group that has carried out numerous suicide attacks, is composed of Hindus and motivated by nationalist-separatist sentiments rather than by religious fanaticism (Hopgood, 2005:47–48). Suicide attacks have also been carried out by Marxist (and therefore clearly nonreligious) groups such as the Kurdish PKK and the Turkish Revolutionary People's Liberation Front.

Table 8.2. Education level of Palestinian suicides and of the general Palestinian population (percentage)

Education	No schooling	Partial elementary	Elementary	High school	Partial university	Full university
Suicides	0	2.9	8.8	62	23.5	2.9
General Population	10.5	29.2	25.3	23.0		11.9

Revenge for Personal Suffering

Some observers have suggested that the suicides have been motivated by the wish to inflict revenge for suffering that they had personally experienced (Joshi, 2000; Fisk, 2001). Whereas this explanation is clearly incorrect in the case of the September 11 attackers, it may still be true with regard to suicide attacks in most other places, such as Lebanon, Israel, Turkey, and Sri Lanka. This question was directly examined in the study of the 1993–1998 Palestinian suicides. In that study, the suicides' families were asked about events that could presumably provide a reason for a personal grudge. These included the killing of a close family member by Israeli forces, the killing of a friend, the wounding or beating of the suicide in clashes with Israeli soldiers, and the arrest of the suicide.

Analysis of the results suggests that a personal grudge has not been a necessary factor and apparently not even a major one in initiating the wish to embark on a suicide mission, although in all probability it was a contributing factor in some of the cases. Thus, in only 1 of the 34 cases, a close family member of the suicide had been killed by Israeli forces; however, in 15 cases the interviewees mentioned that a friend of the suicide had been killed prior to the suicide mission. In 7 cases a close family member (a father or a brother) had been jailed. With regard to the suicide's personal encounters, in 16 of the cases the suicide had been beaten or wounded in clashes with Israeli forces during demonstrations. Eighteen of the suicides had been jailed, most of them for short periods of time for minor charges, such as participation in violent demonstrations.

In assessing these findings as indicative of personal trauma, one should remember that most of the Palestinian youth were involved in various aspects of the intifada in activities such as stone throwing, demonstrating, distributing leaflets, painting graffiti, and enforcing strikes. In other words, this part of the suicides' personal history does not distinguish them from the average Palestinian youngster in the period under consideration. Indeed, 19 of the suicides were described by their families as "very active" during the intifada, and 8 were described as "active." In most cases, therefore, a high level of militancy preceded a personal trauma, although such trauma might later add to the already existing hatred and desire for revenge.

Personality Factors and Psychopathology

In none of the cases did interviews with would-be suicides or parents and siblings' descriptions of their personality and behavior (for complete suicides) suggest the existence of a major psychopathology. No evidence was found for hospitalization in a mental institution or outpatient psychological treatment. Furthermore, the descriptions did not reveal a common personality type for all or most of the suicides (however, relying solely on family descriptions was not a sufficiently sensitive method for characterizing personality types). Still, significantly, no evidence was found for the existence of risk factors for suicide. Three main risk factors are generally recognized in psychiatry and psychology: the existence of affective disorders (especially depression), substance abuse, and a history of suicide attempts (Lester & Lester 1971; Barraclough & Hughes, 1987; Klerman, 1987; World Health Organization, 1993; Jacobs, Brewer, & Klein-Benheim, 1999; Linehan, 1999; Miller & Paulsen, 1999; Moscicki, 1999). None of these was present among the Palestinian suicides of the 1993–1998 period. It is, of course, possible that more sensitive techniques would have revealed more subtle suicidal ideation in at least some of the terrorist suicides.

Furthermore, existing sociological and psychological theories of suicide seem to be inappropriate for explaining suicidal terrorism. A full survey of the compatibility of suicide theories with the phenomenon of terrorist suicide is beyond the scope of this chapter, and I therefore address this issue rather succinctly. Of the sociological theories, the one that comes closest to explaining this phenomenon is Durkheim's concept of altruistic suicide, more specifically, his subcategory of "optional" altruistic suicide (Durkheim, 1951). Optional altruistic suicide comprises cases in which suicide is considered a merit by society but is not obligatory, such as the Japanese Samurai custom of seppuku, or hara-kiri.

However, the suitability of Durkheim's concept to the phenomenon of terrorist suicide is questionable on several grounds. Durkheim used the concept of altruistic suicide to characterize societies, not individuals. He explained the differences in the suicide rates of various societies by the attributes of these societies. He inferred the motivation for committing suicide from the

characteristics of the society to which the suicides belonged. Thus, he characterized suicides in the military as "altruistic" because of the characteristics that he attributed to the army, such as obedience and a sense of duty. He perceived altruistic suicide as a stable rather than a situational characteristic of the society in question. Altruistic suicide characterizes societies that are highly "integrated," in Durkheim's terms (i.e., very cohesive) and therefore exert much influence on their members. Hence, to apply Durkheim's concept of altruistic suicide to the phenomenon of terrorist suicide is to attribute these suicides to the traits of the societies in which they occurred—a religious group, an ethnic community, a caste, or a social organization such as the army.

Terrorist suicide, however, has taken place in very diverse societies. In addition to the Lebanese Shi'ites, Lebanese Sunnis, secular Lebanese, Palestinians, Egyptians, Armenians, Marxist Kurds, and Tamil Hindus, suicide for a political cause has also been committed by communist Germans, Catholic Irish, and Protestant Americans (John Wilkes Booth, who assassinated President Lincoln, committed suicide after the murder). It can be argued that the important factor is not the larger social unit—the ethnic group, religious group, or nation—but the micro-society of a terrorist group itself that provides the social milieu amenable to generating self-sacrificial suicide, in accordance with Durkheim's altruistic variety.

Highly cohesive and rigorous, they create rules of conduct and behavior ethics that members are expected to abide and live by. Yet, the great majority of the terrorist groups, regardless of their structure, have not resorted to suicide attacks at all. Furthermore, there is no evidence that terrorist groups, which maintain a particularly strict discipline and a tight structure, have resorted to suicide tactics more than the looser groups. On the contrary: Among the Palestinian groups, the Popular Front for the Liberation of Palestine (PFLP) has a much tighter structure and discipline than Hamas. Yet, the PFLP has generated only a few suicide attacks, whereas Hamas has carried out many.

Psychological theories of suicide cannot readily explain the phenomenon of terrorist suicide either. Psychoanalytic theories view suicide as a result of an "unconscious identification of the self with another person who is both loved and hated.

Thus it becomes possible to treat oneself, or some part of oneself (typically one's disavowed body), as an alien and an enemy" (Maltsberger, 1999, p. 73). While my study did not provide tools for examining the suicides' unconscious processes, no external supportive evidence of this theoretical explanation of suicide was found either. A more specific form of this approach was offered by Zilboorg (1996), who has stressed the importance of identification with an important person who died when the suicide was a child. The data do not support this theory. In the Palestinian sample, for instance, only 6 (out of 34) of the suicides lost a parent prior to carrying out the attack (at ages that ranged from 2 to 10). It is unlikely, although theoretically possible, though, that the suicides lost other psychologically important persons in childhood. But these theories would find it hard to explain the waves of suicide terrorism in the Lebanese, Palestinian, and Sri Lankan cases, as well as the episodes of cluster suicides, such as the September 11, 2001, attacks in the United States, the Irish hunger strikers in 1981, and the cases of Palestinian suicide attacks in duo or trio.

Whereas psychoanalytical theories have basically viewed suicide as aggression (directed internally), other psychological theories emphasize the element of despair. In this view, the wish to commit suicide is almost always caused by intense psychological pain that is generated by frustrated psychological needs: Suicide is committed by those who view it as the best way to stop the pain. The prevailing emotion of suicides is the feeling of hopelessness-helplessness (Shneidman, 1985, 1999). Several other researchers (e.g., Farber, 1968; Beck, Kovacs, & Weissman, 1996) also underscored the role of hopelessness in generating the wish to commit suicide. The greater the feeling of hope, the less the likelihood of suicide. Hope is the perceived ability to influence and to be satisfied by the world. This concept of hope, however, relates to people's expected ability to function within their own social milieu, rather than to a general communal situation, such as being under occupation. Lester and Lester (1971, p. 45) noted in this regard that suicidal people tend to see not only the present but also the future as gloomy, expecting to be socially isolated in the future. With regard to terrorist suicide, however, whereas it can be argued that at least in some cases the suicide attacks are motivated by despair that exists at the

national or community level and is associated with frustrated national needs, the families' interviews revealed no evidence that those who carried out the suicide attacks suffered from despair at the individual level (although it is possible that the interviews failed to discover more subtle personality characteristics and motivations that would have surfaced in psychological interviews and tests administered to the suicides themselves). It is noteworthy in this respect that, in times of war, when the whole community is under duress, suicide rates tend to go down (Lester & Lester, 1971, pp. 109–110).

The profiles of the terrorist suicides gleaned from the interviews did not resemble typical suicide candidates, as described in the literature. By their family members' accounts, 47% of the 1993–1998 Palestinian suicides occasionally said that they wished to carry out an act of martyrdom, and 44% used to talk about paradise. However, the young people who eventually committed suicide had no record of earlier attempts of self-immolation and were not at odds with their family and friends, and most of them expressed no feelings of being fed up with life. In the suicides' notes and last messages, the act of self-destruction was presented as a form of struggle rather than as an escape. There was no sense of helplessness or hopelessness. On the contrary, the suicide was presented as an act of projecting power rather than expressing weakness. It thus seems that most terrorist suicides in the Palestinian sample were not "suicidal" in the usual psychological sense.

Terrorist Groups as Suicide Production Lines

The preceding sections suggest that neither demographic nor individual psychological characteristics can in themselves explain the phenomenon of terrorist suicide.

An important clue to understanding the phenomenon of terrorist suicide can be found in the hunger strike of 10 Irish Republican Army (IRA) and Irish National Liberation Army (INLA) members in Belfast's Maze Prison in 1981. These Irish nationalists, led by Bobby Sands, starved themselves to death one after the other when their demand to be recognized as political (rather than common criminal) prisoners was rejected by the British government.

Although this event does not qualify as an act of suicidal terrorism because the hunger strikers did not kill anyone but themselves, it was an act of self-destruction for a political cause and, as such, can teach us much about the psychological mechanisms involved in suicide terrorism.

Self-starvation is an extremely demanding way to die, much more difficult than the instantaneous death caused by a self-inflicted explosion. It took the hunger strikers from 50 to more than 70 days to die. During that time mothers, wives, and priests begged at least some of the hunger strikers to stop their self-destruction (Beresford, 1987). The force that led them to continue their strike to the very end, ignoring all pressures, must have been very strong. What was this force that sustained their determination? The assumption that all ten were suicidal persons who happened to be in jail at the same time is rather implausible. It is also unlikely that they were motivated by religious fanaticism and the promise of a place in paradise.

The only way to understand this frightening demonstration of human readiness for self-sacrifice is to look at the group's influence on its individual members. The suicide was a product of a group contract that one could not break. The group pressure in that situation was as strong as the group pressure that led hundreds of thousands of soldiers in World War I to charge against enemy machine gun fire and artillery to almost sure death. And it was even stronger once the first hunger striker died. From that point on, the contract to die could no longer be broken because the person who could release the next person in line from his commitment was already dead.

A more comprehensive picture of the process of making suicide bombers was gained from data collected on Palestinian suicide terrorists, including interviews with trainers for these missions and surviving would-be suicides. The findings of these data are supported by circumstantial evidence from suicide terrorism in other countries. The data suggest that there are three main elements in the preparation of a suicide bomber by an organization, namely, indoctrination, group commitment, and a personal pledge.

Indoctrination

Throughout the preparation for a suicide mission, the candidates are subjected to indoctrination by authoritative members of the group. Although the

candidates are presumably convinced from start of the justification of the cause for which they are willing to die; the indoctrination is intended to further strengthen their motivation and to keep it from dwindling. Indoctrination in the religious Palestinian groups (Hamas and PIJ) included nationalist themes (Palestinian humiliation by Israel, stories of Arab glory in the days of Mohammad and the Caliphate, examples of heroic acts during the Islamic wars) and religious themes (the act of self-sacrifice is Allah's will, and the description of the rewards guaranteed a place in paradise for *shahids*—martyrs).

Group Commitment

The mutual commitment of candidates for suicide operations to carry out a self-sacrificial attack is a very powerful motivation to stick to the mission despite hesitations and second thoughts. The chain suicide of the Irish hunger strikers in 1981 is an example of this social contract, which is extremely hard to break (Merari, 1990). A similar situation exists when several members of a terrorist cell prepare together for carrying out suicide attacks, such as the September 11, 2001, attacks in the U.S., the multiple attacks in Morocco on May 16, 2003, and the London suicide attacks of July 7, 2005. Palestinian suicides are usually recruited and prepared individually for their mission. Sometimes, however, two or three youngsters decide jointly to carry out a suicide attack and undergo the preparations together.

In the LTTE, both male and female suicides have been trained in special "Black Tigers" units. Most likely they are also bonded in a social contract to carry out the suicidal mission. In fact, the power of the group commitment and the inability to break it formed the basis of the willingness of the Japanese pilots in World War II to fly on kamikaze missions. The last letters of the kamikazes to their families, written shortly before they took off for their last flight, indicated that, although some of them went on their suicidal attack enthusiastically, others regarded it as a duty that they could not evade (Inoguchi & Nakajima, 1958, pp. 196–208).

Personal Commitment

Many Middle Eastern groups have adopted a routine of releasing a videotape to the media shortly after a suicide attack. In addition, after the

operation, the organization usually presents these tapes to the suicide's family as a farewell message. Typically, in this tape the suicide is seen with rifle in hand (and, in Islamic groups, a Koran in the other hand), declaring his intention to go on the suicide mission. This act is not only meant for propaganda. It is primarily a ceremony intended to establish the candidate's irrevocable personal commitment to carry out the suicide attack. This ritual constitutes a point of no return.

Having committed himself in front of a television camera (the candidate is also asked at that time to write farewell letters to his family and friends, which are kept by the group along with the videotape for release after the completion of the mission), the candidate cannot possibly renege on his promise. In fact, in both Hamas and PIJ, from that point on, the candidate is formally referred to as "the living martyr" (*al-shahid al-hai*). This title is often used by the candidates themselves in the opening sentence of the video statement, which routinely starts this way: "I am [the candidate's name], the living martyr." At this stage, the candidate is seemingly in a mental state of a living dead person and has already resigned from life.

Public Support

The magnitude of public support for suicide operations seems to affect both the terrorist group's willingness to use this tactic and the number of volunteers for suicide missions. Most, if not all, terrorist groups that have used suicide attacks are not indifferent to the opinions and attitudes of what they view as their constituency—the population whose interests they claim to serve and from which they recruit their members. In choosing tactics and targets, the groups tend to act within the boundaries of their constituency's approval. During the last 6 months of 1995, for example, Hamas refrained from carrying out suicide attacks because its leadership realized that such actions would not be supported by the Palestinian population at that time and would thus have had an adverse effect on the organization's popularity. In the Palestinian case, public support for terrorist attacks against Israel in general and for suicide attacks in particular has waxed and waned since the Oslo agreement of 1993, ranging from as low as 20% support in May 1996 to more than 70% in

May 2002 (Center for Palestine Research and Studies, 2000; Jerusalem Media and Communication Centre, 2002; Palestinian Center for Policy and Survey Research, 2002).

The great increase in the frequency of suicide attacks during the second intifada, al-Aqsa intifada, reflects the greater willingness of Palestinian youth to volunteer or to be recruited for what the community generally regards as acts of ultimate patriotism and heroism. Songs praising the *shahids* are the greatest hits, the walls in the streets and alleys of Palestinian towns in the West Bank and the Gaza Strip are covered with graffiti applauding them, and their actions are mimicked in children's games. In this atmosphere, not only do the terrorist groups perceive a public license to continue the suicide attacks, but they also have a constant flow of youngsters ready to become human bombs. The role of the preparation of the suicide candidate is to make sure that the youngsters who, because of social pressure, have said "yes" to an offer to become a *shahid* (or even an enthusiastic volunteer) would not have second thoughts and change their mind.

The importance of public attitude notwithstanding, it should be emphasized that so far there has not been even a single case of a person who carried out a true terrorist suicide attack for a political cause on an independent, personal whim. In every case it was an organization that decided to use this tactic, chose the target and the time, prepared the explosive charge, and arranged the logistics necessary for getting the human bomb to the target. Evidently, therefore, the terrorist group's decision to use suicide attacks as a tactic and the group's influence on the candidates are the key elements in this phenomenon.

Coping With the Psychological Effects of Suicide Terrorism

Terrorism in general and suicide attacks in particular constitute a major source of stress. This section deals with the ways that potential targets have adopted to deal with this stress. As Israel has faced a continuous series of suicide terrorist attacks since 1993, it is an appropriate case in point. Suicide attacks have exacerbated the Israeli-Palestinian conflict and have had a significant adverse political effect on the peace process. They have also had a

deleterious impact on the economy. This final section, however, deals only with their individual psychological effects and the ways that Israel has coped with them.

Terrorist events are known to be a source of psychological trauma. In addition to acute stress disorder, which appears immediately following such an event, a longer-term posttraumatic stress disorder (PTSD) emerges in some of those exposed to the traumatic event. In a review of several studies of PTSD among people in various countries who witnessed a terrorist attack, Gidron (2002) found an average PTSD rate of 28.2%. Symptoms of posttraumatic stress disorder may appear not only among those present at the site of an attack but also among some of those who consider themselves as potential victims or who are exposed to the event through the mass media or personal accounts by relatives and friends. Studies conducted after the 9/11 attacks in New York found PTSD symptoms among people who had not personally witnessed the attack (Cohen Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002; Galea et al., 2002). PTSD rates were higher among people who lived in proximity to the site of the attack and therefore felt a greater direct danger.

Although psychological trauma of civilian victims of terrorism in Israel has been studied since the 1970s, interest in this problem has grown since the 1990s, when suicide attacks became a frequent occurrence. These attacks intensified in the second intifada, which started on September 29, 2000. The nearly 6 years of the intifada (as of this writing) have been marked by suicide attacks, which have been the most deadly form of terrorism by far. Although suicide attacks in this period have constituted only about 0.5% of the total number of terrorist attacks, they have accounted for 59% of the civilian fatalities (Israel Defense Forces, 2003). Suicide attacks are more frightening than other forms of terrorism not only because they generate a larger number of victims but also because these incomprehensible acts of self-sacrifice seem unstoppable. They create a sense of insecurity and lack of control. An explosive charge hidden in an innocent-looking package or a shopping bag can be detected and rendered harmless, but most of the suicides activate their charge upon detection. People avoid public places, such as shopping centers, coffee shops, and buses because these are the targets of suicide attacks.

Surveys conducted in Israel during the recent quarter century have consistently found a very high rate of expressed worry of terrorism. Since 1979, in most of the surveys, more than 70% of representative samples of the adult Israeli population have said that they were "very worried" or "worried" that they or members of their families would be hurt in a terrorist attack. The rate of worry was high even when the intensity of terrorism was much lower than during the second intifada (Merari and Friedland, 1980; Arian, 2003, p. 19).

Nevertheless, this high rate of worry is not necessarily associated with stress disorder. A 2003 survey by Bleich, Gekkopf, and Solomon determined the occurrence of PTSD among Israelis. The survey was conducted in April and May 2002, at a time when Israeli civilians were exposed to frequent suicide attacks. Although more than 60% expressed a low sense of safety for themselves and their relatives, the authors found that only 9.4% met the symptom criteria for PTSD. This low rate is especially surprising because more than 16% of the sample reported that they had been directly exposed to a terrorist attack, and 37.3% had a family member or friend who had been exposed. In comparison, in the United States, various surveys found that 10%–20% suffered from several PTSD symptoms a couple of months after 9/11 (Schlenger et al., 2002; Cohen Silver et al., 2002). The difference may be explained not only by methodological variations (e.g., in the length of time since the exposure to the traumatic event) but also by a habituation process that has taken place in the Israeli population. Another possible explanation is that the Israeli mental health system is more adept at handling the psychological effects of terrorist attacks.

Coping with the psychological effects of terrorism in general and suicide attacks in particular comprises two general categories: (1) preparatory measures, and (2) intervention after the attack. Preparatory measures include the training of organizations and units involved in responding to actual or threatened suicide attacks (police, military units of the homeland command, medical corps, public information, etc.). Public knowledge of the existence of an effective response system and trust in its committed and professional performance reduce anxiety and create some sense of control of a situation that is inherently surprising and uncertain.

Warnings that are based on intelligence information and concern an actual or intended launching of a terrorist attack in a certain area are followed by a massive effort to dissuade or stop the perpetrator by police and military roadblocks and searches. This effort is often successful and helps to reduce the feeling of uncertainty and give the public a sense of control over the situation. The credibility of the warnings is highly important for establishing public trust in the authorities. In the absence of trust, public responses might have resulted in a paralysis of economic and social activities. As the suicide bombers target public places, guards are stationed at the entrances to cafes, shopping malls, theaters, and schools. These guards constitute the last line of defense, and some of them have been killed as they prevented the suicide attacker from getting inside the target building, thus saving the lives of many people.

Intervention after the attack necessitates the coordinated action of many organizations. Police, fire fighters, medical corps, and victim identification teams are the first responders on the scene. Concurrently, hospitals in the area of attack are alerted and get ready with medical and mental health teams to take in a large number of casualties. At the same time, the municipalities activate teams whose task is to inform victims' families and provide psychological and social support. Several studies suggest that social support (by the family or community) is negatively correlated with post-traumatic stress (e.g., Solomon, Mikulincer, & Flum, 1988; Cohen Silver et al., 2002). The activity of social services and volunteer organizations is important mainly in the days and months following the attack.

Persons who suffer acute stress reaction as well as PTSD patients are entitled to social security compensation for their loss of ability to work and to financing for psychological treatment. Following an incident, social security personnel contact psychological patients and invite them to attend support groups that start a week after the incident. Those who suffer long-range psychological incapacitation get a permanent social security allowance commensurate with the degree of incapacitation.

In conclusion, the Israeli experience suggests that even a protracted campaign of suicide terrorism does not necessarily cause widespread psychological trauma. A credible warning system and

trust in the authorities' effectiveness reduce anxiety. Mental health and social support services may effectively reduce and limit the psychological trauma associated with direct or indirect exposure to terrorist attacks.

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