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Suicide Terrorism: Performance Violence as Public Plunge

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This article explores the relationship between the social psychology of the individual and the final abyss of suicide terrorism. The boy on the high dive is a metaphor for the fearful pause before the leap. For a young child, the dive is exciting and dangerous: the fearful pause is somewhat analogous to thoughts and feelings before the terrorist's catastrophically destructive contemplated homicidal/suicidal behavior. If we think about the leap itself, there may be a better analogy. Is there any corollary to a specific group of suicide completers? What can be learned from others who have contemplated and undertaken perhaps the most public type of suicide—plunging from an extreme height? To what degree are those individuals fully committed compared with ambivalent? For those who are ambivalent and turn back, what is it that dissuades them? For those who appear committed and fail in their attempt, what is the likelihood of their returning again? Because suicidal jumping and suicide terrorism are both public acts, do these two groups on the pathway to fatal performance violence share similar motivations and ambivalence? If there are similarities among those who act publicly in fatal ways, are there policy-related means or measures that have been successful in decreasing public suicide that might also be applicable for decreasing the incidence of suicide terrorism?

Through an examination of the content and process of public suicide, this article focuses on those individuals whose behavior is essential to the actual terrorist violence, especially if that behavior results in expected death to the individual. Not all persons engaged in terrorist activities will engage in a final fatal personal drama. Even in situations where lone actors conceive and execute terrorist actions, research has shown that there are bystanders who may have some preliminary knowledge of the event long before the audience to terroristic performance violence will witness the destructive event.

The finest illustrators illuminate the thought and emotion of their subjects in authentic ways. They resonant with the viewer. The American illustrator Norman Rockwell, for example, could not have known that one of the greatest American film directors, Steven Spielberg, would one day prize one of Rockwell's paintings that was first publicly viewed when Spielberg was not yet a year old. Spielberg purchased the painting, and it now hangs in his office, he says, "so I can look at it every day of my life."¹

Peering into the Abyss

Rockwell's painting "Boy on a High Dive" was the subject of the August 16, 1947, cover of the

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Saturday Evening Post. The painting of a young boy crouched and kneeling at the end of a diving board twenty feet above the unseen pool below is visually compelling. As he peers timid and wide-eyed down over the far edge of the board, the blue sky in the background frames what may be the greatest challenge and decision yet in his young life. For the viewer, the painting is visually arresting, even without knowing that the model who posed for the painting was Rockwell's son. Spielberg describes a shared resonance that is defining: "It means a lot to me because we're all on diving boards hundreds of times during our lives, taking the plunge or pulling back from the abyss."² That Spielberg would use the word "abyss" is telling, because it exposes the darkness that belies the painting's overt sentimental, if not somewhat humorous, initial impression.

The word "abyss," according to the *Oxford English Dictionary (OED)*, originated in the postclassical Latin *abyssus* (bottomless pit) and over the centuries evolved and was translated as primal chaos, pit of hell, depth of wisdom, depth of sin, depth of obscurity, and depth of grief. It is now defined as "the primal formless chaos out of which the earth and the heavens were created; and the great deep or bottomless gulf believed in old cosmogonies to lie beneath the earth; the infernal pit, the abode of the dead, hell." According to the *OED*, it can also be defined as "a bottomless chasm; any unfathomable cavity or void space."³ Spielberg's use of the term is relevant to the boy's anxiety above the water, in that the *OED* also defines it from the ancient Hebrew cosmogony of the Old Testament: a vast subterranean body of water, the source of terrestrial water and of the Flood.

Rockwell's painting illuminates the boy's psychology, as the boy seems to ponder Spielberg's question whether he should be "taking the plunge or pulling back." As a young boy, he has yet to fully form his identity. Time is a factor. There is pressure to decide because he occupies what is by necessity a temporary psychological as well as physical space as he crouches cautiously at the edge of the board. The painting provokes emotion, portraying a private anxious moment in a very public place.

A full appreciation of the preplunge psychology of the individual must include an understanding of social contracts, whether real or implied. The pool is a public place, ensuring that the boy's decision to leap will be viewed by others. Even though the frame of the painting does not include anyone else, the power of the painting resides not only in what is portrayed but also in what likely exists outside the frame—other children and parents, as well as bystanders. Whether watching from the pool, standing below, or waiting behind him on the ladder, these social witnesses raise the stakes, making the decision, whatever it is, all the more defining. Should he choose to inch back from the abyss, that decision has its own dangers. The boy is still at a great and precarious height. To turn around on the narrow board in order to descend the ladder risks a physical fall as well as a perhaps more painful social fall from grace in the expected rebuke from his peers.

Demographic Heterogeneity

Terrorism is often a "team sport"⁴ facilitated by those who arrange funding, transportation, weapons, purchases, and so on. Whether a lone actor or a member of a team, the terrorist who sacrifices himself in the quest of killing others deserves special focus because of the essential nature of his role. There is no profile of a person who decides to engage in a public terroristic act that will likely end in death for the terrorist and for the intended victims. Such persons are a heterogeneous group that includes those suffering from a diagnosable mental illness. Whether they are homegrown or immigrant, civilian or military trained, their educations, social strata, marital status, level of religious expression, route to radicalization, and plans of attack are as

diverse as their names and places of birth. Similarly, there is no profile for a separate and distinct group of suicidal individuals—those who choose to take their own lives by jumping off a tall bridge. People who attempt suicide are a heterogeneous group. Nonetheless, researchers have determined that appropriate policy changes can decrease the number of completed suicides.

Performance Violence

Marc Juergensmeyer coined the term “performance violence.” He describes the concept as follows:

Performance violence is planned in order to obtain tangible goals, and also to theatrically enact and communicate an imagined reality. The scenario that underlies the performance of religious terrorism is often one of cosmic war. Scenarios other than cosmic war could also motivate some religious terrorism. The idea of warfare involves more than an attitude; it is ultimately a worldview and an assertion of power. An act of violence sends two messages at the same time: a broad message aimed at the general public and a specific communication targeted at a narrower audience.⁵

As a sociological construct within apocalyptic religious belief, the concept of performance violence provides a way to understand the motivations of the organization seeking to portray itself to an audience—terrorizing those who identify with the targets of victimization while recruiting those who do not identify with the terrorized target population. Whereas Juergensmeyer writes about performance violence to describe the actions of a terrorist group, I use the term in an individual capacity—as a psychological construct—though its sociological dimensions remain relevant to help explain the motivations of lone actors who choose to face their death in very public places. Whether these actors ultimately engage in public suicide or suicide terrorism in public places, the concept of performance violence may help explain behavior at the individual level when that behavior also has a significant social component.

Just as members of terrorist groups have been viewed simplistically, so too can cult members. When we label and fail to understand motivation and context, we miss opportunities for intervention. The participant observation research of Jean-François Mayer into the Order of the Solar Temple, for example, is enlightening and may provide insights into the minds of those whose terrorist act includes their dramatic death.⁶ The Order of the Solar Temple was an apocalyptic group that committed mass suicide, including mass immolation at several locations in Europe and North America between 1994 and 1997. In his work, Mayer attended recruiting meetings to answer compelling questions. What power did these leaders have over those who were vulnerable to joining? What are the frailties that some possess, and even display when coming in contact with the leader of a violent ideology that requires secrecy from the public? The vulnerabilities and characteristics that make violent radical pathways seductive are important to know. It is just as important to understand the resilient qualities of those who are ambivalent, approaching the ledge but turning away to nonviolent life within their communities. Mayer found that the leaders of the group only rarely were able to persuade a curious observer to become a member. Most of those potential converts who attended presentations by the cult leader, Joseph Di Mambro, did not attend any further meetings.⁷

Suicide and Suicide Terrorism

As noted earlier, those who engage in suicide terrorism do not fit a specific profile. Those who engage willingly in this behavior are rarely found to be suffering from mental illness; rather, they have been described as “psychologically normal” individuals who are moved to suicide for several different reasons that can be social or situational. While this view has long been accepted, Adam Lankford challenged these assumptions after studying a heterogeneous group of suicide attackers from “Asia, Africa, Europe, the Middle East, and North America . . . who were male, female, young, old, Islamic, and Christian [and] . . . who carried out the most deadly and the least deadly strikes.” He concludes that “in terms of their behavior and psychology, suicide terrorists are much like others who commit conventional suicides, murder-suicides, or unconventional suicides where mental health problems, personal crises, coercion, fear of an approaching enemy, or hidden self-destructive urges play a major role.” He identifies “critical differences between suicide terrorists and those who have genuinely sacrificed their lives for a greater good.”⁸

One of the great challenges for researchers who study suicide terrorism is the low base-rate. Those who successfully complete the attack and die during the event may be researched through psychological autopsy if sufficient evidence is available, but even those numbers are small. The number of survivors is even smaller, yielding low numbers from which to draw conclusions.

Because suicidal jumping and suicide terrorism are both publicly violent acts, do these two groups on the pathway to fatal performance violence share similar motivations and ambivalence? While the majority of suicides are private, with deaths that are known only after the body is found, a distinct group, the suicide jumpers, engage in a public display of performance violence in the presence of strangers who are powerless to intervene because the event is unexpected and rapidly evolving.

Suicide Bridges

Across the world, certain tall bridges have earned the sobriquet “suicide bridge.” These are bridges that have routinely attracted suicidal individuals, acting as magnets for those who choose to jump from such tremendous heights that death is near certain. In the United Kingdom, prevention became a priority at a popular suicide bridge, the Clifton Suspension Bridge. When barriers were erected, the rate of suicide from the bridge was substantially reduced.⁹

Significantly, it has taken decades to convince authorities that a barrier could provide a deterrent to jumping from one of the most iconic structures of the twentieth century and the most famous bridge for suicides in the United States, the Golden Gate Bridge over the San Francisco Bay. Built in 1937, this bridge offered an important solution to geographic isolation and attracted great numbers of photographers, tourists, and commuters. Unfortunately, it also presented the community with a longstanding problem by attracting another group, those who planned to jump to near-certain death. According to David H. Rosen, “the distance at mid-span from rail to water is 250 feet and about 260 feet at low tide and it takes just three to four seconds to travel this distance. The velocity in a free-fall from the Golden Gate Bridge has been calculated to range between 73.6 and 75 miles per hour of impact force in each case.”¹⁰ Now almost eighty years after the bridge’s construction, and because of research on the effects of preventative measures on other suicide bridges, lawmakers are informed and a plan for building a barrier has been approved.¹¹

In his notable 1978 study of those who attempted suicide from the Golden Gate Bridge, Richard Seiden describes the Golden Gate Bridge as “the number one suicide location in the world,” pointing out that “from the opening day, May 18, 1937 to April 1, 1978,” there had been

“625 officially reported suicide deaths and perhaps more than 200 others that have gone unseen and unreported.” But, he writes, “proposals for the construction of a hardware antisuicide barrier have been challenged with the untested contention that ‘they’ll just go someplace else.’” To test that contention and answer the question, “Will a person who is prevented from suicide in one location inexorably tend to attempt and commit suicide elsewhere,” he compared “the long-term mortality experience of the 515 persons who had attempted suicide from the Golden Gate Bridge but were restrained, from the opening day through the year 1971” to “a comparison group of 184 persons who made nonbridge suicide attempts during 1956–57 and were treated at the emergency room of a large metropolitan hospital and were also followed through the close of 1971.”¹²

Whether because of the “performance” aspect in a public place in the midst of strangers or because of some other factor or factors, Seiden concludes that the suicidal jumper is not as committed to death as may first appear, and if dissuaded, he is not likely to make future attempts: “The major hypothesis under test, that Golden Gate Bridge attempters will surely and inexorably ‘just go someplace else,’ is clearly unsupported by the data. Instead, the findings confirm previous observations that suicidal behavior is crisis-oriented and acute in nature. Accordingly, the justification for prevention and intervention such as building a suicide prevention barrier is warranted and the prognosis for suicide attempters is, on balance, relatively hopeful.”¹³

Three years before Seiden published his study, Rosen interviewed the small number of known survivors. Six of the eight survivors stated that the bridge was their site of preference. Notably, four stated that they would not have attempted suicide if the Golden Gate Bridge had been unavailable to them. In his interviews with the survivors, Rosen found the following commonalities:

(1) Problem relating to people . . . no personal love . . . a loner.” (2) “Extremely depressed and felt worthless . . . stuttering was uncontrollable . . . longed for death as a release from my feelings of alienation and hopelessness.” (3) “Felt alone and didn’t know what to do and I wanted to die.” (4) “Rejected by my lover.” (5) “Life was not worth living . . . nothing interested me.” (6) “Depressed, confused, and failing in school . . . jumping and living—a logical way to keep things silent, to get old things finished and to draw attention to myself and issues.”¹⁴

As essential as a stage is to the performance of an opera, the Golden Gate Bridge appears to have been essential for almost all who chose the bridge for their defining last act. As Rosen concludes:

The six Golden Gate Bridge survivors’ suicide plans involved *only* the Golden Gate Bridge. For all of them, this bridge had a special and unique meaning. Often this was related in a symbolic way to the association of the Golden Gate Bridge with death, grace and beauty. The fact that the Golden Gate Bridge leads the world as a location for suicides should be knowledge enough for us to begin to *deromanticize* suicide, specifically as it relates to the Golden Gate Bridge, but also in a general way. In addition to *deromanticizing* suicide and death especially as they relate to the Golden Gate Bridge, these findings point to a need to do something practical in order to prevent further suicides from that structure.¹⁵

Despite the compelling aforementioned research into the special nature of this bridge, the planning and construction of a barrier is only being realized in this decade.

Discussion

Just as certain bridges are magnets for those contemplating suicide, public spaces such as theaters, restaurants, and shopping malls are magnets for suicide terrorism. We have learned that there are measures that can be taken at so-called suicide bridges that will speak to the person who intends suicide. But how can these lessons be applied to suicide terrorists? Do both suicide terrorists and suicidal jumpers usually visit the site prior to the destructive event? Is this a time when ambivalence can move the individual to reconsider? What are the subconscious messages that may either attract individuals to or deter them from these sites, and in turn dissuade them from seeking out other sites? Do the images conveyed following these events repel or deter terroristic events? Can the Golden Gate Bridge in San Francisco teach us anything about the degree of certainty that jumpers possess when climbing over the rail?

While suicide research is difficult because of the long-standing stigma associated with taking one's own life, suicide terrorism research is even more difficult. In addition to real or imagined social sanctions from friends and family who do not support the destructive ideology of a terrorist act and do not condone the violence and consequences of such an act, the survivor of an attempted act of suicide terrorism who is contemplating discussing his or her prior inclination and behavior with a researcher faces possible legal and social consequences for revealing that he or she had embarked on a journey of terroristic violence, raising the questions: Will I be arrested? Will I be placed on a watch list? Will my decision to take a life-affirming decision instead paradoxically instigate the end of my life because the terrorist group will target me after rejecting their ideology?

Despite the many differences between those who undertake suicide and those who obligate themselves to suicide terrorism, the process through which researchers have studied the unique group of suicide completers—those who leapt from the Golden Gate Bridge—may be relevant to the study of those who have either been convicted of terrorist offenses or who have come to the precipice and then turned away. Just as there are many routes that lead to or away from completed suicide, we may be able to identify the multiple pathways that lead to and away from terroristic violence.

Because of the moral opprobrium and stigma associated with suicide, attempted and completed suicides continue to bring shame to affected families. The insights gained from interviews with survivors, including those who jumped from the Golden Gate Bridge, have taught us more about the mind of the individual on the ledge and have translated into more effective approaches to preventing suicide. Now, because YouTube has replaced the *Saturday Evening Post* as a popular medium, one can watch dozens of completed Golden Gate Bridge suicidal jumps on demand. These visuals are disturbing, and at the same time compelling. But, according to viewership statistics, most compelling are the insights of one jumper who survived a jump at age seventeen. His thoughts, on YouTube, have been shared with more than three million viewers.¹⁶ Comprehensive research still needs to be conducted on those many others who have turned away or been pulled away from the abyss. The results of such research may one day also provide a greater understanding of those who may turn to suicide terrorism.

Notes

¹ Jeff Gates, “Steven Spielberg on Norman Rockwell and the Movies,” *Eye Level* (blog), July 16, 2010, <http://eyelevel.si.edu/2010/07/steven-spielberg-on-norman-rockwell-and-the-movies.html>.

² *Ibid.*

³ *Oxford English Dictionary*, 2nd ed.

⁴ Prison Radicalization: Are Terrorist Cells Forming in U.S. Cell Blocks? Senate Testimony, U.S. Senate Committee on Homeland Security and Government Affairs, Gregory Saathoff, September 19, 2006.

⁵ Marc Juergensmeyer, “Religious Terrorism as Performance Violence,” in *The Oxford Handbook of Religion and Violence*, ed. Michael Jerryson, Mark Juergensmeyer, and Margo Kitts (New York: Oxford University Press, 2013), 280.

⁶ Jean-François Mayer and Elijah Siegler, “Our Terrestrial Journey Is Coming to an End: The Last Voyage of the Solar Temple,” *Nova Religio* 2, no. 2 (April 1999): 172–96.

⁷ Jean-François Mayer, personal communication with the author, June 15, 1999.

⁸ Adam Lankford, “Précis of the Myth of Martyrdom: What Really Drives Suicide Bombers, Rampage Shooters, and Other Self-Destructive Killer,” *Behavioral and Brain Sciences* 37 (2014): 351–62. [PubMed]

⁹ O. Bennewith, M. Nowers, and D. Gunnell, “Effect of Barriers on the Clifton Suspension Bridge, England, on Local Patterns of Suicide: Implications for Prevention,” *British Journal of Psychiatry* 190 (March 2007): 266–67, doi:10.1192/bjp.bp.106.027136.

¹⁰ David H. Rosen, “Suicide Survivors: A Follow-Up Study of Persons Who Survived Jumping from the Golden Gate and San Francisco-Oakland Bay Bridges,” *Western Journal of Medicine* 122, no. 4 (April 1975): 290.

¹¹ Golden Gate Bridge, Highway, and Transportation District, “Update on Suicide Deterrent Net Construction Project,” press release, February 18, 2016, available from Golden Gate Bridge Physical Suicide Deterrent System, <http://www.ggbsuicidebarrier.org/>.

¹² Richard H. Seiden, “Where Are They Now? A Follow-up Study of Suicide Attempters from the Golden Gate Bridge,” *Suicide and Life-Threatening Behavior* 8, no. 4 (Winter 1978): 203.

¹³ *Ibid.*, 213.

¹⁴ Rosen, “Suicide Survivors,” 290.

¹⁵ *Ibid.*, 294.

¹⁶ Kevin Hines, “I Jumped Off the Golden Gate Bridge,” YouTube video, 5:07 minutes, posted December 9, 2015, <https://youtu.be/WcSUs9iZv-g>.