

Adam Lankford. *The Myth of Martyrdom: What Really Drives Suicide Bombers, Rampage Shooters, and Other Self-Destructive Killers*

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Review Essay by Zubair Qamar

Introduction and Overview

In his book, Adam Lankford, a criminal justice professor at the University of Alabama, sheds light on an often neglected dimension of suicide terrorists – the psychological/suicidal dimension. He does this by providing specific examples of terrorists who were suicidal and asks for the debate to go beyond religious radicalism and political ideology. Lankford goes through “case studies, suicide notes, love letters, diary entries, and martyrdom videos” (pp. 17, 18) to make his case. The first chapter is an Introduction to the book, which explains how, according to Lankford, the experts did not understand the 9/11 hijackers correctly, and how he embarked on research for his book. Chapter-2 extends the discussion from Chapter-1 on how, according to Lankford, the experts have been wrong on understanding suicide terrorists. Chapter-3 discusses Lankford’s sample of some 130 suicide terrorists and his claim that they exhibit suicidal traits. Chapter-4 illustrates Lankford’s “psychological autopsy” of Mohamed Atta, the alleged ringleader of the 9/11 attacks. Chapter-5 explores Lankford’s thoughts on differences between genuine heroes and suicide terrorists. Chapter-6 compares suicide terrorists with perpetrators of murder-suicide, including workplace killers and rampage shooters. Chapter-7 discusses Lankford’s four categories of suicide terrorists (conventional, coerced, escapist, and indirect). Finally, Chapter-8 presents recommendations to predict where suicide terrorism is more likely to happen. This book review essay touches upon key aspects of the book, including the intentions of suicide terrorists, the suicide traits to suicide connection, Lankford’s psychological autopsy of Mohamed Atta and other 9/11 suicide terrorists, Lankford’s convenience sample, Lankford’s accusation against certain scholars of being incorrect, demonstration of some of Lankford’s subjective and dubious reasoning, followed by the conclusion.

Words that Mask the Truth

Lankford advises the reader not to listen to what comes out of the mouths of suicide terrorists to understand their true motives, adding, “... you can’t believe everything you hear” (p. 20). Indeed, believing everything you hear from a suicide attacker, or his/her family, can lead to incorrect understandings and conclusions. Lankford tells us that because suicide bombers claim to be self-sacrificing for a claimed cause does not necessarily make it so. However, using

Lankford's approach, one can also ask: Why believe that they are suicidal if they may have the capacity to make rational decisions to kill themselves for non-suicidal, perceived noble causes? Intentions behind actions are difficult to ascertain, and words and actions do not always allow one to be absolutely certain about root causes of one's self-killing. Moreover, Lankford's assessment is limited to the psychiatric realm without offering an equally substantial treatment of other possible causes of suicide. The "situational" factors are mentioned in passing by Lankford without seriously considering and elaborating on the influences and effects they have on suicide terrorists. (See, for example, pages 13, 32, 116, 131, and 148). It is surprising that the effects of military occupation, befriending of regimes with poor human rights records, and poor economic growth and prosperity in certain majority Muslim regions have little to no consideration in Lankford's analysis of suicide terrorism. Neither does religion and ideology. A more detailed analysis of social-cultural factors is also missing. According to Lankford, mental illness seems to be the main driving force that makes suicide terrorists do what they do, which makes his analysis incomplete.

Suicidal Traits to Suicide

In addressing the issue of words by suicide terrorists that may mask the truth, Lankford expresses confidence in the "suicidal traits-to-suicide" link at the level of mainly soft indicators. Yet these are common to millions, if not more, people. Predicting suicide from such an assessment is highly prone to false positives. Lankford appears to approach these complex matters in a simplistic way. James Christopher Fowler (2012) from the Baylor College of Medicine found that

"...despite decades of research, accurate prediction of suicide and suicide attempts remains elusive. The American Psychiatric Association (APA) Guidelines on Suicidal Behavior (APA, 2003) concluded that predicting suicide appears impossible in large part due to the rarity of suicide, even among high-risk individuals such as psychiatric inpatients. Beyond statistical challenges posed by low base rates, longitudinal prediction using relatively distal variables such as psychiatric diagnoses, demographics, and self reported psychological states consistently yield high false-positive prediction rates, limiting their predictive value (Goldsmith et al., 2002; Rudd et al., 2006; Oquendo, Halberstam, & Mann, 2003). Complicating the assessment strategy is the fact that most studies assess single risk factors, leaving clinicians and expert panels to estimate how risk factors interact to influence outcomes." [1]

Fowler (2012) also states

"Assessment of psychological vulnerabilities...seemed a logical approach, yet a review of empirical literature yielded mixed results for the most consistently studied psychological constructs of impulsivity/aggression, depression, anxiety,

hopelessness, and self consciousness/social disengagement (Conner, Duberstien, Conwell, Seidlitz & Caine, 2001).”[2]

While no assessment is immune to false positives, a less meticulous assessment like Lankford’s is certainly more prone to false positives, especially when emphasis on psychological vulnerabilities has achieved mixed results in other studies. A more careful risk assessment is therefore necessary to differentiate and target those who are at substantial risk of suicide over the masses who possess similar soft traits. For example, past suicide attempt, which is the “[s]trongest consistent predictor for both suicide attempts and completed suicide across many studies”[3] should be examined. When the reviewer asked Lankford how many individuals in his sample of 130 suicide terrorists attempted suicide in the past, he responded: “That’s a good question, but I don’t have the answer on hand.”[4]

Lankford’s “Psychological Autopsy” of Mohamed Atta and other 9/11 Hijackers

Lankford’s “psychological autopsy” of Mohamed Atta demonstrates the weakness described above. Lankford tells us that the

“psychological autopsy has revealed that Atta’s struggles with social isolation, depression, guilt and shame, and hopelessness were very similar to the struggles of those who commit conventional suicide and murder-suicide” (p.83).

What can be concluded from similarities between Atta and those who commit conventional and murder suicides at the level of such indicators? Not much, especially when Atta, according to Lankford himself, never considered “hanging himself, slitting his wrists, or putting a bullet through his brain” (p.75). In other words, Atta had no known past suicide attempts. The implication from Lankford that those traits led Atta to commit suicide is unsubstantiated. Furthermore, Lankford writes that Atta’s individual psychology, and the traits that form it,

“explain why Atta behaved so differently from the millions of Islamic fundamentalists and tens of thousands of terrorists and terrorist leaders who have not carried out suicide attacks – and never will” (p.85).

On the contrary, it is more convincing to believe that many non-suicidal terrorists *do* possess such traits because the traits are not necessarily factors required for suicide to take effect, and are traits common to millions of people. In addition, Lankford’s “psychological autopsy” is also based on certain misunderstandings and unverified assumptions, which further compromise its quality. For example, in discussing depression, Lankford zeroes in on the symptom of *appetite and/or weight changes*. He writes that

“...Atta would complain when other members of his group would bring home delicious food, which seems odd considering the lack of a true religious justification for this stance” (p.74).

While Sunni Islam does not prohibit healthy eating, and while Atta exaggerated in expressing displeasure with the act of eating, Islam does teach Muslims to eat in moderation and avoid gluttony. The Qur'an states, "And eat and drink and be not extravagant; surely He does not love the extravagant" (Al-A'raf 7:31). It is probable that Atta had a twisted understanding of Islam, as extremists do, including with the stated verse of the Qur'an and sayings of Prophet Muhammad on eating. If this is true, then contrary to Lankford's understanding, Atta was displaying extremist religious behavior and was not necessarily depressed. It is odd that Lankford did not entertain this interpretation as a possibility.

Lankford also fails to explain that depression may not always be an important risk factor for suicide according to certain scholars. For example, Matthew Nock, the same 2011 MacArthur Fellow who Lankford uses for support in Chapter-8 when explaining his computer test with "predictive powers", had a different understanding. Nock says: "But what our data show is depression isn't a strong predictor of suicide"...[5]. Lankford should mention that suicide scholars have different conclusions from data on predictors of suicide. His book makes it appear as if his explanation is the only way to understand the matter, which is clearly not the case. Similarly, Lankford's psychological analyses of a few other 9/11 hijackers were based on cursory details, weak suicide risk assessment, and overly ambitious conclusions that they were mentally impaired. Lankford's "psychological autopsies" lack the required strength to support his opposition to scholars who held the view that the 9/11 hijackers were by and large normal.

Lankford's Convenience Sample

On pages 49 to 51, Lankford cites the research of Ariel Merari (an Israeli clinical psychologist) on suicide bombings and supports his sample.[6] However, Merari's sample was a convenience sample that presents a host of problems. Some problems in a convenience sample include sampling bias and the sample being unrepresentative of the population. In other words, there are limits to making inferences and generalizations of the population from such a sample that can be contradicted by results from a more representative sample. The same problems are associated with Lankford's convenience sample of 130 suicide terrorists (STs). Lankford said,

"The 130 STs described in Ch3 and Appendix A are probably more of an opportunity sample than a geographically representative sample. I just tried to find every case I could." [7]

Lankford's sample of 130 suicide terrorists, however, must be taken with a grain of salt. In footnote-61 in Chapter-3, Lankford writes,

“All efforts have been made to reduce the chances of redundancy. However, since some of these individuals are not identified by name, *it is possible that a few cases appear on this list more than once*” (emphasis added) (pg.208).

In other words, Lankford admits the possibility that his sample could be different in number than the 130 suicide terrorists. When the reviewer read the list of suicide terrorists in Appendix-A, the following was noted:

Unidentified Males: 10

Unidentified Females: 8

Unidentified sixteen-year-old boy: 1

Multiple unidentified attackers: Stated 5 times, each with multiple attackers

Multiple teenage boys: Stated 1 time

(Appendix-A, p.177)

How does one know if the unidentified individuals really existed or not, or if there could be repeats in counting them, as Lankford considered above? While some researchers wish to keep certain names anonymous to protect the identities of attempted suicide terrorists and their families, it also provides leeway to incorporate manufactured “evidence.” Even if the evidence is genuine, the anonymity of the data makes it less convincing to be taken seriously. (As a side note, it is curious why Lankford lists Mir Aimal Kasi as a suicide terrorist. After killing CIA staff in 1993, he fled to Pakistan, was later found, and legally executed in 2002 by the US government. He never attempted suicide, but committed terrorism. After he fled the crime scene, he was in hiding and still did not attempt suicide in any form (Appendix-A, p.180).

An “opportunity” or convenience sample, as explained above, limits inferences and generalizations of the population. Robert Brym, a Canadian political sociologist, expressed this concern with Lankford’s sample as he did with Merari’s sample:

“Are the thousands of suicide attackers who are not in his sample different from those who are included? Could they perhaps have been driven by political conditions and social factors that have nothing to do with their psychological predispositions? We don’t know, and therefore we don’t know whether any of the inferences Dr. Lankford draws from his sample are valid.”[8]

Lankford’s optimism and expectations give him reason to believe that a more representative sample of suicide terrorists would corroborate his findings. Lankford says,

“The broader question is whether or not my findings are representative of what we’d expect to find in STs around the world, *and I think they are*” (emphasis added).[9]

But to “think” what further research might (or might not) illustrate is not the same as what it *would* illustrate. While Lankford’s optimism is admirable, it is based on faith rather than hard data. The results of more research need not support Lankford’s expectations. This can only be

known once a representative sample is taken and analyzed. Until then, Lankford's optimism that most suicide terrorists worldwide are suicidal is premature. Lankford is eager to push the cart before the horse, and seems to use evidence to support what he already assumed to be true.

Did Lankford keep an open mind? The discussion so far appears to indicate that he probably had a biased outlook from the outset. This may partially explain why he used a convenience sample. When this reviewer asked Prof. Lankford why he did not use a random sample, he replied that:

“...random sampling could be valuable. But random sampling also inevitably limits the amount of evidence you're considering, because you'll be ignoring certain important cases because a random number generator has not selected them. Given the scarcity of evidence currently available, I am hesitant to take any approach which limits the evidence further. In an ideal world, we'd have evidence on thousands of cases, and could then randomly sample and still be analyzing a sample large enough to be valid.”[10]

But random samples address both the known and unknown variables and are likely to give a less biased and more accurate representation of the population. When the reviewer asked Prof. Brym to comment on Lankford's thoughts, he responded:

“*Of course* random sampling ignores some cases – the whole point of random sampling is to be able to generalize reliably from some cases to the relevant population. We don't have to have data on the entire population to make reliable estimates about its characteristics precisely because the sample has been drawn randomly.”[11]

Adam Lankford may have had fewer cases through a random sample, but his research would have been taken more seriously in the view of this reviewer.

Accusing Experts of Being Wrong

Lankford is also critical with studies and statements of many other scholars in the field. He impugns Robert Brym (pp. 5, 35, 50), Scott Atran (pp. 5, 58),[12] Robert Pape (pp. 5, 6, 29, 30, 65), Jerold Post (pp. 5, 35, 66, 109), Ellen Townsend (pp. 5, 27), Riaz Hassan (pp. 5, 29),[13] Adel Sadeq (p. 5), Larry Pastor (pp. 6, 110), and Mohammed Hafez (pp. 6, 109).

For example, he criticizes Ron Paul who used Robert Pape's research for saying that 95% of suicide attacks are caused by foreign occupation. Lankford writes, “Paul is confusing an indirect cause with a direct cause” (p.161). When the reviewer asked Prof. Lankford what his evidence was that 95% of suicide attacks in the areas/regions Paul referred to refer to suicidal terrorism, he responded:

“As to what I argue is actually going on, I think that's pretty clear throughout the book. [Zero]/130 who I've examined are motivated purely by ideology, including anti-occupation ideology.”[14]

Lankford uses his sample of 130 suicide terrorists to conclude that Pape's conclusion is incorrect. However, as stated earlier, nobody can confidently use a small convenience sample and speak for the general population of suicide terrorists. A clear limitation of a convenience sample is that it may not at all be representative of the total population of suicide attackers. Also, even *if* Pape is incorrect in his conclusion, does it make Lankford correct in *his* conclusion? No. While accusing Pape of not conducting extensive studies of the biographies of suicide attackers in his (Pape's) study, Lankford did not either. Therefore, how can Lankford know if Pape is wrong or not? He cannot. It is another example of Lankford's rush to judge a matter without being fully cognizant of the facts.

While portraying Pape as being oblivious of the psychological/suicidal dimension of suicide attackers, Lankford neglects to mention that, according to Pape's research,

“the data shows less than 5 percent of suicide attackers experience major depression associated with ordinary suicide.”[15]

This is no superficial study. Robert Pape's groundbreaking study in *Cutting the Fuse* “surveys and analyzes over 2,200 suicide attacks and 2,500 suicide attackers around the world since 1980, based on over 10,000 documents in English and native languages and nearly every available martyr video in existence.”[16] Lankford either did not understand Pape's research results or chose to ignore most of it.

Lankford has also been unable to respond to Pape's excellent point that

“while mental illness and ordinary suicides occur in every country at fairly constant rates, suicide attacks are highly concentrated in specific areas of foreign occupation – typically starting when the occupation begins and sharply declining when it ends – patterns that strongly refute mental illness as a major cause as they confirm the main findings of *Cutting the Fuse*.”[17]

When Israel left Lebanon in 2000 and suicide attacks by the Lebanese ceased, was it because their “psychological instability” and “suicidal” tendencies also ceased?[18] Lankford's views are difficult to square with such facts and with common sense.

Subjective Views and Dubious Reasoning

Adam Lankford also forms his own subjective understandings of terms from which he bases his analyses.[19] Regarding *heroism*, for example, he writes that

“...some suicide terrorists may have legitimately done heroic things during their lives” (p.106)

He then continues,

“But...carrying out a suicide attack wasn’t one of them. Even if you believe in their God, their cause, and their right to fight, the act of killing itself is not heroic – for any reason” (p.106).

However, Lankford’s statement is controversial in light of other definitions of *heroism*. For example, David Lester, former President of the International Association for Suicide Prevention, said,

“It all depends on your definition of a hero. In my note, I use Zimbardo's, and I reckon that *some suicide bombers could fit his definition*” (emphasis added).[20]

Lester further said that

“Restricting the venue to the conflict(s) in the Middle East, it is clear that suicide bombing is part of a war. *The acts may, therefore, fit into the military hero category proposed by Zimbardo, but the agents may also be viewed as martyrs since they are working for a clear political and religious cause*” (emphasis added).[21]

Lankford fails to mention that being a hero and martyr are not straightforward matters as he portrays. Using the definitions and understandings of other scholars, there would not necessarily be a “myth of martyrdom.” When Lankford is subjective, he sounds more like a propagandist than an objective scholar. Lankford also violates his own approach by using the statements of suicide terrorists arbitrarily. He writes,

“By definition, this...means that their attacks cannot be considered a true ‘sacrifice,’ because the suicide terrorists are not forfeiting ‘something highly valued.’ *Even according to their own statements*, they are trading something they put low value on (their lives in this transient, unhappy, and corrupt world) for something they value highly (heaven and paradise). There is nothing noble or brave about that kind of bargain” (italics added) (p.8).

Lankford admonishes us not to take the words of suicide terrorists at face value, yet has no problem doing so in their claims of what they attribute high and low value to. Lankford also classifies “conventional,” “coerced,” “escapist,” and “indirect” people who kill themselves as “suicide terrorists” (p.130). This is a subjective definition of “terrorist” that is not shared by most, or many, terrorism experts who relate such violent acts to mainly political goals. Lankford needs to define these terms before using them. Otherwise, many suicidal people would receive the “terrorist” label.

Lankford’s book includes a discussion of social stigmas associated with suicide, but this is mainly in reference to Arab culture (see, for example, p.26, p.60, p.152, p.160, p.173). However, Lankford exaggerates the link between the social and religious stigmas of suicide with a suicide attack as an escape route. While this is true in some cases, it is not true in most Arab regions. In addition, Lankford fails to consider how family and religion act as social *support* rather than social *pressure*. Ziad Kronfol, a psychiatrist at Weill Cornell Medical College in Qatar, says

“I already mentioned stigma and ignorance and their negative impact on mental health. However, factors such as family and religion could have a positive impact. Family ties are strong in the Middle East and this can play a positive role to the extent that they are used as social support rather than social pressure. Similarly, the impact of religion could be positive to the extent that it induces good deeds and protects the person from harm, including self-inflicted harm. *In other words, religion can be a protective factor against suicide*” (italics added).[22]

By overlooking the positive potential of family and religion in Arab regions as protective factors against suicide, Lankford portrays Arabs in a distorted and negative manner. He also seems to convey that Arabs who do suicide attacks are doing it solely due to negative social stigma without entertaining other possible causes adequately.

Some of Lankford’s statements are, in this reviewer’s opinion, bordering on the absurd. For example, Lankford writes,

“The raw materials for prolonged suicide terrorism campaigns are virtually all here. In the United States, approximately thirty-four thousand people commit suicide each year. So there is plenty of suicidal intent to harness, along with tens of thousands of people who could be coerced into becoming suicidal” (p.166).

This is unrealistic alarmism. Lankford does not provide any evidence to substantiate his claim that “tens of thousands of people...could be coerced into becoming suicidal” in the United States. Furthermore, while explaining that Mohamed Atta was not fully obedient to Osama bin Laden’s orders, as he had prioritized his own preferences instead, Lankford concludes:

“He was not so blindly committed to the cause, so in awe of bin Laden, or so brainwashed by terrorist teachings that he simply did what he was told” (p.66).

Because Atta differed on key matters with bin Laden does not necessarily mean Atta was not committed to the cause. Two or more people can differ in certain respects and still be committed to the same cause. Even more bizarre is Lankford’s allusion that Atta’s cause stemmed from his supposedly psychologically abnormal mind without any convincing evidence to substantiate the claim:

“No – the truth is that Atta had his own agenda. Like many suicidal people, he was not willing to take his own life until he was ready: he wouldn’t be rushed into it, and it needed to be on his terms. In fact, unlike a professional soldier or ideologically committed Green Beret, he was willing to jeopardize the mission’s success in order to meet his own objectives” (p.67).

As discussed earlier, Lankford’s portrayal of Atta as one who had suicidal tendencies is unconvincing. Lankford also misrepresents his sources. For example, he writes,

“Pew Research Center surveys indicate that more than two hundred thousand Americans believe that suicide attacks are “often” or “sometimes” justified” (p. 163).

He means *Muslim* Americans, not “Americans” in general, as his statement appears to imply. Lankford is also unaware of other polls that illustrate what Americans, in general, think about violence against civilians. When Americans were asked if violence against civilian targets, such as bombings, are justified,

“an astounding 24% said they believe that bomb attacks aimed at civilians are ‘often or sometimes justified’ and 6% feel they are ‘completely justified.’ *In other words, American Muslims are between four and six times less likely than other Americans to endorse violent acts against civilians*” (italics added).[23]

Being fixated on suicide terrorism over terrorism against civilians in general is to prioritize the lesser threat over the greater threat. Mentioning a poll that illustrates the views of Muslim Americans on violence without explaining the polls of Americans in general is to portray Muslim Americans in a skewed manner.

Conclusion

While Lankford’s recommendations in the end of the book are important, most have already been stated by countless scholars before him, and can be included in recommendations to counter terrorism in general. This includes keeping an eye on the Internet and interviewing family members of suicide terrorists. Lankford could have included more recommendations in his last chapter, including Alex Schmid’s recommendations on countering terrorism.[24] Lankford’s recommendation to authorities to monitor psychologically compromised individuals and deduce the probability of suicide terrorism using “every resource they can” (p.167) seems to be a shot in the dark and a terrible waste of valuable resources considering the very low probability of suicide terrorism in the United States, and the difficulties associated with predicting suicide terrorism. Along similar lines, Lankford places too much hope in Matthew Nock’s five-minute computer test, which can detect individuals who have attempted suicide in the past, and predict which individuals are likely to commit suicide within six months (p.171). While praising this technology, Lankford stretches its utility by saying,

“This could be an incredibly powerful security screening tool for identifying anyone who is contemplating a suicide attack” (p.172).

Yet predicting suicide and predicting suicidal attacks is not the same matter, and the link between suicide and a suicide attack is more complex. Furthermore, Lankford acknowledges that “false positives” are still possible:

“Of course, there would be some false positives. Some suicidal individuals who have no terrorist inclinations whatsoever would also be flagged. But encouraging them to get help wouldn’t be a bad thing either.” (p.172).

Lankford is to be reminded that predicting suicidal individuals is already a very difficult task, predicting suicide attackers is even more challenging, and making our security officials turn into mental health specialists may not be such a great idea.

While focusing on the psychological dimension is urgent, Lankford makes the same mistake as those whom he accuses. While he blames suicide terrorism experts of over-emphasizing the political/ideological dimension, Lankford overemphasizes the psychological/behavior dimension over other variables that are just as, if not more, important. While the book makes some interesting points, understanding suicide terrorists as mainly mentally unstable individuals, if followed, may channel the efforts of national security professionals away from more relevant causes and triggers of suicide terrorism, and terrorism in general. This can be dangerous for a country's national security.

Lankford's study does allow readers to understand the lives of some terrorists more fully. While useful, extrapolating premature generalizations from an unrepresentative sample can lead to an incorrect understanding of the motivations of most suicide terrorists, as well as of the effective ways to counter them. Moreover, it can also absolve those terrorists who commit premeditated acts of violence to maim and murder by labeling them psychologically unstable. It may be more important to stop the leaders who motivate both psychologically stable and unstable individuals to commit suicide terrorism, and to focus on the nationalist, political, and extremist religious interpretations, motivations, and triggers that Lankford spends only few words discussing in his book.

Martyrdom by suicide terrorists may be a "myth" according to Lankford, but not to many suicide terrorists themselves. Academic scholars too might recall the Thomas theorem ("If men define situations as real, they are real in their consequences" [25]) and define and understand such attacks differently, based on other criteria and contexts. Overall, the book's conclusions are based on certain unverified assumptions that require further study alongside the many studies that have already been undertaken beyond the psychological/behavior aspects. It is therefore recommended that Lankford's conclusions not be accepted at this time until further research determines the way forward.

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Notes

[1] James Christopher Fowler (2012). 'Practice Review: Suicide Risk Assessment in Clinical Practice: Pragmatic Guidelines for Imperfect Assessments.' *Psychotherapy*. Vol. 49, No. 1, 81–90. Available: <http://www.apa.org/pubs/journals/features/pst-49-1-81.pdf>

In this paragraph, Fowler (2012) cites:

American Psychiatric Association. (2003). *American Psychiatric Association Practice Guideline for the assessment and treatment of suicidal behaviors*. Arlington, VA: American Psychiatric Publishing.

Goldsmith, S. K., Pellmar, T. C., Kleinman, A. M., & Bunney, W. E. (2002). *Reducing suicide: A national imperative (Committee on Patho-physiology and Prevention of Adolescent and Adult Suicide, Board on Neuroscience and Behavioral Health, Institute of Medicine of the National Academies)*. Washington, DC: The National Academies Press.

Rudd, M. D., Berman, A. L., Joiner, T. E., Nock MK, Silverman MM, Mandrusiak M, .Witte T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36, 255–262. doi:10.1521/suli.2006.36.3.255

Oquendo, M. A., Halberstam, B., & Mann, J. J. (2003). Risk factors for suicidal behavior: Utility and limitations of research instruments. In M. B. First (Ed.), *Standardized evaluation in clinical practice* (Vol. 22, pp. 103–130). Washington, DC: APPI Press.

[2] Ibid. Fowler. pg. 83. In this paragraph, Fowler (2012) cites:

Conner, K. R., Duberstein, P. R., Conwell, Y., Seidlitz, L., & Caine, E. D. (2001). Psychological vulnerability to completed suicide: A review of empirical studies. *Suicide and Life-Threatening Behavior*, 31, 367–385. doi:10.1521/suli.31.4.367.22048

[3] Ibid. Fowler. p. 83, Table-2.

[4] Adam Lankford. Personal communication, Feb.15, 2013.

[5] Shari Roan (Sept. 20, 2011). 'MacArthur fellow will focus on suicide prevention.' *Los Angeles Times*. Available: <http://articles.latimes.com/2011/sep/20/news/la-heb-macarthur-suicide-20110920>

[6] Lankford defends Merari's sample:

"For instance, sociologists Robert Brym and Bader Araj have claimed that Merari's sample may not be representative of the larger population of suicide bombers. However, this is a wholly unsubstantiated critique, and Brym and Araj admit that if Merari's sample is somehow not representative, it is likely in ways that are still 'unknown'." (Adam Lankford. *The Myth of Martyrdom*. pp. 49-50)

Brym comments on Lankford's criticism of his and Araj's criticism of Merari's sample:

"Even Professor Merari acknowledges that he drew a convenience sample (in which cases are chosen based on their accessibility) rather than a representative sample (in which cases are chosen so their characteristics match the characteristics of the population of interest). Our criticism is therefore a matter of fact. To say it is "unsubstantiated" suggests that Dr. Lankford lacks even an elementary understanding of sampling, including the fact that all convenience samples are *necessarily* unrepresentative in ways that are unknown.'" (Robert Brym. Personal communication, Feb.11, 2013)

Robert Brym says, "Ariel Merari developed the same idea as Lankford in *Driven to Death* (Oxford University Press, 2010)." (Robert Brym. Personal communication, Feb. 11, 2013)

Even if Merari's sample was somehow valid, it is interesting to note that Lankford remained silent in his book about the other weaknesses Brym and Bader Araj expressed with regard to Merari's study:

"First, the interviewers may have sought out signs of depression, leading to overdiagnosis. Overdiagnosis of depression is an increasingly common problem in psychology and psychiatry, and as Merari notes, the view that depression and suicidality lead to suicide bombing in certain contexts has been a pet theory of his for more than 20 years, well before he had any evidence to support the hypothesis...."

"A second potential source of bias resides in the fact that the respondents were political prisoners serving life sentences in Israeli jails. That circumstance may have led them to exhibit a higher rate of depression and suicidality than one would find outside the prison system...."

"Third, it may be relevant that at least six and perhaps more of Merari's fifteen respondents failed to complete their suicide mission because they lacked the resolve to do so. Some depressive and suicidal tendencies may have resulted not from a preexisting condition so much as the respondents' failure to execute their plan, thereby disappointing their organizational sponsor, the Palestinian public, and themselves, resulting in a depressed state...."

"Fourth, the interviews and tests were conducted by authority figures who[m] respondents likely viewed as part of the coercive apparatus of an Israeli penal institution. This situation may have led prisoners to respond less than candidly. The present authors find evidence of lack of candour in one of the tests Merari and his associates conducted...." (Robert J. Brym & Bader Araj. (2012). "Are suicide bombers suicidal?" *Studies in Conflict & Terrorism*, 35:432-443. Available: <http://projects.chass.utoronto.ca/brym/suicidal.pdf>.

See also: Brym and Araj's Rejoinder to Merari: Robert J. Brym & Bader Araj. (2012). "Suicidality and suicide bombers: a rejoinder to Merari." *Studies in Conflict & Terrorism*, 35:733-739. Available: <http://projects.chass.utoronto.ca/brym/merari%20rejoinder.pdf>

[7] Adam Lankford. Personal communication, Feb.13, 2013.

[8] Robert Brym. Personal communication, Feb.11, 2013.

[9] Ibid. Lankford. Personal communication, Feb.13, 2013.

[10] Ibid. Lankford. Personal communication. Feb.13, 2013.

[11] Robert Brym. Personal communication, Feb.17, 2013.

[12] Scott Atran had responded to Lankford in response to his Op-Ed on Dec. 18, 2012:

"Mr. Lankford argues that suicide terrorists like the 9/11 attackers or other jihadis share a triad of psychological peculiarities: mental health problems, sense of personal victimization, desire for glory. I've interviewed failed and would-be suicide terrorists, their families, and friends across Eurasia and North Africa. Apart from desire for glory, highly developed among jihadis and their ilk but less so among lone-wolf killers like the Newton murderer, there is little similarity. Field interviews and controlled psychological experiments by my research teams and others indicate that members of violent extremist groups are parochial altruists whose personal identity is fused with that of their primary reference group, often a small network of action-oriented friends. They are motivated by a cause (but so are millions of others who fail to act), yet kill and die for and with their friends and fellow travelers (which is why only a very few act, and always together, even if only via internet). They show no reliable history of psychopathy, suicidal tendencies, sociopathy or any of the other psycho-social problems frequently associated with lone-wolf killers. Our research also shows that personal humiliation and victimization are negative predictors of martyrdom. Rather, moral outrage over perceived threats and

injustice by an outgroup toward family, friends and ingroup drives violence. We must make every effort to understand what motivates mass murder in order to stop it, but simple and superficial comparisons will not assist.”

(Scott Atran. Personal communication, Feb.10, 2013).

[13] When this reviewer asked Riaz Hassan for his thoughts on Lankford’s criticism, he responded, “I don’t know much of Dr Lankford’s work. But his contention that suicide bombers are suicidal goes against...the evidence about the phenomenon” (Riaz Hassan. Personal communication, Feb.11, 2013).

[14] Ibid. Lankford. Personal communication, Feb.13, 2013.

[15] Ibid. Pape.

[16] The quote is from Robert Pape’s response to Lankford in the *Huffington Post*:

“It is unfortunate that Adam Lankford has gone ad hominem in criticizing my work, but readers should not doubt the commitment and credibility of the scholarship behind *Cutting the Fuse: The Explosion of Global Suicide Terrorism and How To Stop It* published by the University of Chicago Press. The research represents years of work by a research team at the University of Chicago, was funded by the Department of Defense and the Carnegie Corporation of New York, has been endorsed by the both heads of the 9/11 Commission, the current Chief of the U.S. Navy and numerous other prominent policy makers and scholars, and published by one of the leading university presses in the country after a lengthy peer-review process.

“*Cutting the Fuse* surveys and analyzes over 2,200 suicide attacks and 2,500 suicide attackers around the world since 1980, based on over 10,000 documents in English and native languages and nearly every available martyr video in existence. The analysis examines the data as a whole and conducts detailed studies of every important suicide terrorist campaign and numerous studies of the specific motives of individuals (eg, the 9/11 Hamburg cell, July 2005 London bombers, and Moroccans who carried out suicide attacks in Iraq).

“The overwhelming picture that emerges is that foreign occupation is the main cause of suicide terrorism, accounting for over 95 percent of the thousands of attacks since 1980. Of course, this finding is startling. It would be much easier to come to terms with the phenomenon of suicide terrorism, which produces devastating attacks like 9/11, if it could be explained as the result of psychological illness carried out by emotionally disturbed individuals as Dr. Adam Lankford would have us believe. We do like our villains to be monsters and it may be true that mental illness is responsible for some suicide attacks. However, the percentage is low; the data shows less than 5 percent of suicide attackers experience major depression associated with ordinary suicide. And, while mental illness and ordinary suicides occur in every country at fairly constant rates, suicide attacks are highly concentrated in specific areas of foreign occupation -- typically starting when the occupation begins and sharply declining when it ends -- patterns that strongly refute mental illness as a major cause as they confirm the main findings of *Cutting the Fuse*.

“The strength of this scholarship and the transparent basis for its conclusions has led many in Washington and around the world to take the findings seriously. If, as we believe, the evidence shows that foreign occupation is the main cause of suicide terrorism, than Americans and other policy makers should take this seriously into account and pursue future courses of action accordingly.

“Ultimately, readers should judge for themselves, either by turning to *Cutting the Fuse* or looking at the extensive documentation available at the website of the Chicago Project on Security and Terrorism.” (Robert Pape. (Sept.23, 2011).

‘Response to Adam Lankford.’ *The Huffington Post*. Available: http://www.huffingtonpost.com/robert-a-pape/suicide-terrorism-_b_977688.html)

[17] Ibid (Pape).

[18] This question is asked by the author, based on Pape's following point: "But since Israel withdrew its army from Lebanon in May 2000, there has not been a single Lebanese suicide attack." Robert Pape. (2010). 'It's the Occupation, Stupid.' *Foreign Policy*. Available: http://www.foreignpolicy.com/articles/2010/10/18/it_s_the_occupation_stupid

[19] Of Chapter-5 of Lankford's book (What Real Heroes Are Made Of), Lankford says, it "is certainly the most subjective section" of his book. (Ibid. Lankford. Personal communication, Feb.13, 2013).

[20] David Lester. Personal communication, Feb. 8, 2013.

[21] David Lester. (2010). 'Are Suicide Bombers Heroes?' *Psychological Reports*, 106, 2, pp. 499-500.

[22] Mohammed Yahia. (July 24, 2012). 'Dealing with Mental Illness in the Middle East.' *Nature Middle East*. Available: <http://www.nature.com/nmiddleeast/2012/120724/full/nmiddleeast.2012.103.html>

[23] Doug Saunders. (2012). *The Myth of the Muslim Tide*. Vintage Books. New York, NY. pp. 86-87.

[24] Alex P. Schmid. (2012). 'Twelve Rules for Preventing and Countering Terrorism.' *Perspectives on Terrorism*. Vol.6. Issue 3. p.77.

[25] W.I. Thomas and D.S. Thomas. *The Child in America*. New York: Knopf, 1928, pp.571-572.