

Terrorismus – "Mohammed Atta kämpfte mit der Depression"

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Religious fanatics - or tired of life? Many suicide bombers primary concern is to take their own life, says U.S. researcher Adam Lankford. He also analyzes the 9/11 Pilots.



Was the man who on 11 September 2001 flew a plane into the north tower of the World Trade Center morbidly depressed? "When I told him goodbye I was sad," said a friend of Mohammed Atta. Roommates remember the Egyptian student, sitting at the table and sighing: "This is boring. Eating is boring." He did not have a career, had been in Germany, socially isolated, without family, without a wife, and had become depressed, a friend explained after Atta's death. It was not easy as a Muslim to not yet have any woman, Atta said at 24 – but at 33 he still had none.

Atta was not voluntarily in Germany. His ambitious father had forced him to get a graduate degree in the West. Seven years it took; he begged his mother: He was tired, he wanted to go home. But the father demanded that the son go to America to get a Ph.D. A few months later, Mohammed Atta was in Afghanistan, and met Osama bin Laden and told him he was ready to die.

A driven into depression "Loser" - this is the man, who the extremists celebrate as a winning figurehead, the man who represents the far most terrible form of Islamic suicide terrorism?

Fanatic, but rational actors?

Mohammed Atta is dead - but scientists are still struggling for his soul. They want to know what was going on inside him before he became a mass murderer and killed himself and other suicide bombers.

"Mad" was how the West described him in the first shock to the collapse of the Twin Towers. Soon, however, the picture changed. The bombers were usually fanatical, but rational actors, is the tenor of researchers today. Above all the hatred of the West of motivated them, and the hope of glory and paradise.

A handful of researchers will not be content with this explanation - especially Adam Lankford from the Department of Criminal Justice at the University of Alabama. "It appears that in our initial rush to explain the motivations of suicide terrorists, we may have been almost completely wrong," he says in a yet unpublished study of Mohammed Atta, shared with Die Presse. Much would indicate that Atta's "struggles with social isolation, depression, guilt and shame, and hopelessness were extraordinarily similar to the struggles of those who commit conventional suicide."

Ten years after 9/11 should make Lankford's research ready for discussion: he has prepared several studies, including in the spring he will publish a list of 75 suicide bombers who have shown his conviction for one thing: they were at risk of suicide in the clinical sense. Including the Palestinian Wafa al-Biss. In 2005, the 21-year-old was arrested with ten kilos of explosives under her clothes, which she wanted to ignite in an Israeli hospital. It was there that she had been treated a year earlier, after she had tried to set herself on fire in the family kitchen. 2005 was also when the Afghan student

Qari Sami committed a suicide attack. With a bomb at the hip, he entered an Internet cafe in Kabul - but did not stop, but went into the toilet, locked the door and only then blew himself up alone in there.

Unwanted pregnancies, marriages prevented, the shame of HIV infection, the feeling that one's life is "worth nothing", and the death of a close relative are all identified as causes. Or terrorist recruiters who admit being aware that "sad types" are who they should look for. Why, asks Lankford, does one out of two Taliban suicide bombers only manage to kill himself? Are these men really so inept - or is it for many of them all about achieving their main objective, which is suicide?

Suicide is a grave sin in Islam

Lankford's theory is controversial because it touches upon a taboo in the Muslim world: suicide. This ranks among the greatest sins in Islam. "Given the power that the stigma of suicide may have to deter future suicide terrorists, it is critical that governments, scholars, and practitioners examine this issue once again," says Lankford.

But he would need to first of all convince his colleagues. The American political scientist Robert Pape analyzed for his book "Dying to Win" (2005) all known suicide attacks since 1980. He came to the conclusion that suicide bombers in general are not "often socially isolated, clinically insane or destitute" and that there is no single documented case of mental illness among them, although some admit to personal trauma (for example, from the violent death of relatives).

Lankford and his scientific opponents certainly have one thing in common: they know it is difficult to prove what they claim. For their study subjects are almost all dead. You have to make due with biographical information, diary entries, wills, stories, recollections of third parties. Then there is the Islamic suicide taboo: even if an assassin showed early signs of life weariness, and suicidal wishes - the individual and his family have difficulty admitting this, either to themselves or to others.

Lankford is aware of this fragile underground. But even if the established view that suicide terrorists had no suicidal tendencies should prove to be largely correct, there still remain undeniable exceptions, he argues. And these exceptions should be used by the U.S. and its allies for strategic purposes. But "if the conventional wisdom is wrong on a much larger scale, and many suicide terrorists are indeed motivated by suicidal desires, this realization could revolutionize counterterrorism efforts."

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