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Terrorist Attacks and Community Responses

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Introduction

Terrorism has occurred throughout the history, but today the world is experiencing its global spread. Pakistan has also faced wave upon wave of terrorist attacks in its major cities, most of them in Islamabad, the federal capital, Peshawar and Lahore, capital cities of the NWFP and Punjab provinces, respectively.

Terrorism—the use of "violence and intimidation in the pursuit of political aims"[1]—involves some form of violence or the threat of violence. The perpetrators are usually individuals or organized non-state actors. Terrorists not only want to create panic but also to shake people's confidence in the government and the political leadership. Terrorism, therefore, is violence and aggression designed to have psychological effects that go beyond the immediate victims of an attack. Psychologists are of the view that aggression can both be innate as well as learned subsequently. In this regard, the works of Freud,[2] Lorenz,[3] Frost and Howells,[4] Dollard, Miller, Doob, Mower and Sears[5] may be reviewed.

The main causes of terrorism can be historical, cultural, religious, economic, social or psychological. Societal pathology can also be responsible for terrorist acts. An absence of social norms, compliance, unequal opportunities of social and economic development, discriminatory laws, ineffective administrative structure and promotion of negative role models by the media may enhance the gravity of terrorism in any society. Psychologists hold that most of the cases of violence can be attributed to childhood neglect, maladjustment, as well as sexual and emotional abuse. Another characteristic leading to violence is rage. Unresolved rage leads to a number of psychosomatic illnesses, masochism, sadism and depression. International disputes—such as the occupation of Palestine, Kashmir, Iraq and Afghanistan—have also played an important role in terrorist attacks in the Middle East and Southeast Asia. Pakistan has become the main target of terrorist attacks by different groups, particularly after 9/11.

The most common forms of terrorism in Pakistan in recent years have been suicide attacks and bomb blasts. Suicide attacks have ancient origins. In the Middle Ages the Jewish Sicairis and Islamic Hashishiyun sects were infamous for such attacks.[6] In the 18th century, suicide tactics were used along the Malabar Coast of Southwestern India, in Atjeh in Northern Sumatra and in Mindanao and Sulu in the Southern Philippines. At all these places, Muslims carried out suicide attacks in their fight against Western hegemony and colonial rule.[7] The biggest suicide assault in recent years has been the 9/11 attacks in the US. Incidents of terrorism have since mushroomed worldwide.

Psychological Effects of Post-9/11

Initial empirical information on the psychological effects of the September 11 attacks became available soon after the incident. Based on a random-digit-dialing survey of 560 US adults conducted three to five days after September 11, Schuster et al reported that 44% of Americans surveyed were bothered "quite a bit" or "extremely" by at least one of five selected symptoms of post-traumatic stress disorder (PTSD). Results varied based on sex, race/ethnicity, and distance from the World Trade Center (WTC). Around 35% of the adults surveyed said their children had one or more stress symptoms. Galea et al[8] studied the prevalence of symptoms consistent with PTSD and depression among 1,008 adults living south of 110th Street in Manhattan using random-digit-dialing techniques with telephone interviews conducted five to nine weeks after the WTC attacks. The findings indicated that 7.5% of the adults living south of 110th Street reported symptoms consistent with current PTSD, and 9.7% reported symptoms consistent with current major depression. Those living closest to the WTC site were found to be nearly three times as likely to have PTSD as those living farther away.

The studies reported to date have either focused on providing a broad overview of the reactions in the US, using survey assessments whose relationship to clinical diagnosis is unknown, or documenting clinically significant distress among those most directly exposed to the events. The National Study of Americans' Reactions to September 11 (N-SARS), a Web-based descriptive epidemiological study of a national cross-sectional sample of adults, was designed:

(1) to estimate the prevalence of symptoms of PTSD and clinically significant, non-specific psychological distress in the second month after the attacks, both nationwide and in the areas most proximal to the attack sites, using screening instruments whose relationship to clinical diagnosis is well-documented; and

(2) to examine the association of both direct and indirect exposures to the September 11 events with symptoms of PTSD and of clinically significant psychological distress. The study also reported on adults' perceptions of the reactions of children in their households.

In another study, based on responses of a national sample of adults to a survey conducted in the second month following the terrorist attacks, the prevalence of probable PTSD related to the September 11 attacks was significantly higher in the New York City metropolitan area than in Washington, DC, other major metropolitan areas, or elsewhere in the US. Given that the population of the NYC metropolitan area exceeds 10 million adults, the 5.1-percentage-point difference in the prevalence of probable PTSD between the NYC metropolitan area and the rest of the US, adjusted for age, sex, race/ethnicity, and education differences, translates into an estimated 532,240 excess cases of probable PTSD among adults in the NYC metropolitan area following the terrorist attacks.

The N-SARS estimate of the prevalence of probable PTSD in the NYC metropolitan area (11.2%) is somewhat higher than the estimate for the portion of Manhattan that lies south of 110th Street (7.5%) reported by Galea et al.[9] The studies differed in the scope and socio-demographic composition of the samples studied and in the ways in which self-reports of PTSD symptoms were translated into "diagnoses," either of which could account in part for the differences in prevalence estimates. Despite these differences in methods, however, the 7.5% PTSD prevalence reported by Galea et al falls within the 95% confidence interval of the N-SARS probable PTSD prevalence rate for the NYC metropolitan area.

The low prevalence of probable PTSD in the Washington, DC, metropolitan area, the other population center that was attacked, is somewhat surprising. Clearly, there are differences in the actual events in the two cities that could account for the difference. Pentagon is more geographically isolated from Washington than the WTC towers were from NYC; it was a military rather than a civilian target, possibly reducing the perception of personal vulnerability, or identification with the victims; and the crash into the Pentagon was much less devastating than the crashes into and collapse of the WTC towers, which produced spectacular visual images and caused considerably more deaths and injuries. The N-SARS estimates are, however, the only estimates published to date for the Washington, DC, area.[10]

Although there is limited evidence linking indirect exposures to traumatic events via TV to PTSD symptoms in children and adolescents, there is little empirical information about the association in adults. In a community sample in which there was opportunity for direct or indirect exposure or both, a statistically significant association was found between PTSD symptom levels and the number of hours per day of TV coverage of the attacks that were watched, even after controlling for indices of direct exposure to the attacks, the content of the TV coverage seen, and socio-demographic characteristics. Similar models fit to our measure of non-specific clinically significant psychological distress symptoms indicate that no direct exposure measures were associated with non-specific distress symptom levels, but both hours of TV watched and the TV content index were.[11]

Documentation of these adjusted associations in a community sample of adults raises a number of important questions. The associations could be an indication that exposure via TV contributed to the development of the symptoms—that those who were already distressed by other September 11 exposures watched TV coverage as a coping mechanism; or that psychologically vulnerable persons are more likely to seek out such exposures via TV. Although the N-SARS findings do not speak definitively to the direction of causality, our findings suggest that the N-SARS measures of TV watching—both hours of coverage watched and the specific content—may be better conceived of as correlates of distress, e.g., a coping mechanism, than as indices of exposure. However, the issue requires additional research in designs that support more definitive causal inference.

Although the research for this paper did not find a statistically significant association between proximity to the attacks and adults' reports of distress among children in their households, the fact that about 61% of adults in NYC and 49.4% in the rest of the US perceived one or more children in their households to be upset by the attacks suggests a need for further study. Studies of children in Oklahoma City after the April 1995 bombing of the Murrah Federal Building found significant levels of psychological problems related to direct and indirect exposure and to TV viewing.[12]

Although children's distress perceived by adults may be biased by the adults' own reactions, or otherwise without clinical significance, further examination of the reactions is clearly indicated. A follow-up should involve direct assessments of children themselves as well as more detailed reports by their parents and teachers.

To measure the psychological and emotional effects of 9/11 terrorist attacks on the WTC, the states of Connecticut, New Jersey, and New York added a terrorism module to their ongoing Behavioral Risk Factor Surveillance System (BRFSS). This report summarizes the results of the survey, which suggests widespread psychological and emotional effects in all segments of the three states' populations. The BRFSS is a random-digit-dialed telephone survey of the non-institutionalized US population aged 18 years and above. The terrorism module consisted of 17 questions which asked respondents whether they were victims of the terrorist attacks, attended a memorial or funeral service after the attacks, were employed or missed work after the attacks, increased their consumption of tobacco and/or alcohol following the attacks, or watched more media coverage following the attacks. The survey was conducted between October 11 and December 31.

A total of 3,512 respondents completed the module in the three states (1,774 in Connecticut, 638 in New Jersey, and 1,100 in New York). Approximately 50% of the respondents participated in religious or community memorial services, and 13% attended a funeral or a memorial service for an acquaintance, relative, or community member. Nearly half (48%) the respondents reported experiencing anger after the attacks. Around 75% reported having problems attributed to the attacks and 12% reported getting help. Family members (36%) and friends or neighbors (31%) were the main source for help. Approximately 3% of alcohol drinkers reported increased alcohol consumption, 21% of smokers reported an increase in smoking, and 1% of non-smokers reported that they started to smoke after the attacks.

In the aftermath of the terrorist attacks and in the presence of the threat of new attacks, many experts expect a radical increase in the number of people experiencing serious problems with prescription drugs, mental health problems, and stress-related medical problems. This could result in higher than expected costs for addiction, mental health, and healthcare services that can further strain an ailing economy.

The people directly involved in tragedies are most at risk of developing traumatic stress reactions, PTSD, and related anxiety and panic disorders. This includes victims who were physically injured or exposed to life-threatening danger, those who watched the events unfold from a nearby vantage point, and those who lost a loved one, friend or co-worker in the attacks. Experts estimate that between 70,000 to 100,000

people in New York City had such exposure to the terrorist attacks that puts them at risk for developing PTSD.

Countless other Americans have been plagued by chronically high stress accompanied by a variety of stress-related problems such as irritability, sleeping disorders, difficulty in concentration and heightened and chronic anxiety. The rates of PTSD and stress-related problems are greater following events caused by deliberate violence than after natural disasters. Individuals with previously diagnosed addiction and mental health issues are most likely to suffer from more severe PTSD marked by both more frequent episodes and more severe symptoms during each episode.

There are two types of traumatic experiences which result in different types of traumatic stress responses: a single time limited episode of traumatic violence that ends with no serious threat of recurring episodes of traumatic violence; and, prolonged ongoing experiences marked by continuous threat of or actual recurrence of episodes of traumatic violence. The latter tends to produce comparatively more damage. The fact that someone experiences or witnesses an act of violence does not mean that he or she will inevitably develop psychiatric morbidity. The available evidence seems to suggest that it takes more than the agent, e.g., threat to life, to provoke psychopathology. Indeed, the role of the environment is of importance, a component of the epidemiological triangle that has been neglected by a greater focus on host-related factors, e.g., gender or age of the victim.

Pakistani Context

Pakistan has played a key role in the global war on terror, but despite being a US ally in the war, it is often accused of supporting Taliban and Al Qaeda in its northern provinces. The present study is intended to understand community attitudes and practices in their cities. In this regard three cities—Rawalpindi, Lahore and Peshawar—were selected because of the intensity of terrorist attacks they faced. The main objective of the study is to measure people's response to observing a terrorist attack, watching media converge of the event, people's perception about the effect of the situation on children and the activities in which people participate after such incidents.

Findings of this study may help to:

1- Assess the psychological effects on people's attitudes, so remedial measures can be suggested for mental and emotional health of adults and children.

2- Guide media persons about the sensitivity level of the community, so they adopt proper ways to cover such events.

3- Make comparisons with studies conducted in other countries.

4- Facilitate further research in this area.

Methodology

The present study is descriptive in nature and survey technique was used to collect data from Rawalpindi, Lahore and Peshawar. Data was collected on a structured questionnaire between July 16 and September 25, 2009 by three data collectors associated with Pak Institute for Peace Studies.

Data Collection and Sample

The data was collected through personal contact on a questionnaire designed specifically for the present study with a random sample of residents of the three cities, Lahore, Peshawar and Rawalpindi. A total of 187 respondents (including 59 females) were included in the research. As many as 78 respondents belonged to Lahore, 57 were residents of Peshawar and 37 lived in Rawalpindi; remaining 15 respondents

were permanent residents of some other districts but were staying in any one of the aforementioned three cities at the time of survey.

Majority of participants had a matriculation or intermediate level degree. Only one respondent had Ph.D level education. The ratios are very proximate to the urban population statistics.

Study Instrument

Respondents were asked questions from the structured questionnaire in Urdu about demographic characteristics, the location of a respondent's residence, and the respondent's location during the attacks. Further queried whether they had directly witnessed the attacks, had been personally involved in the rescue effort or had friends or relatives who were killed or injured during the attacks.

Procedure

Data was collected independently by three data collectors in three cities. They personally contacted people in their vicinities and requested them to participate in the research. The respondents completed the questionnaires on their own. The data collectors marked answers according to the choices of illiterate respondents.

Statistical Analysis

Descriptive statistics was used to analyze the data.

Summary of responses

Q 1: Have you ever heard an explosion?

Almost half (47 percent) of respondents had this experience. As many as 89 respondents (61 males and 28 females) said they had heard the sound of at least one explosion.

Q 2: Presence close to site of incident?

Some 48 male and 24 female respondents stated that they had been present close to at least one place where a terrorist incident occurred. Such proximity creates among individuals the apprehension that they too could fall victim to the incident. This perception may have a strong influence on people's attitudes and practices.

Q 3: Any relatives affected by terrorism?

At least one relative of 26 male and nine female respondents were affected by terrorist attacks. This shows that almost 20% of the participants received emotional injuries due to the present situation.

Q 4: Any relative/acquaintance injured?

Some 51 respondents (27.3%) reported injuries to at least one person—a relative or acquaintance—in a terrorist attack. This is more than a quarter of the sample.

Q 5: Any relative/acquaintance killed?

38 respondents (20.3%) stated that they know at least one person who died in a terrorist attack. The above two immediate responses indicate the ratio of a personal sense of loss and vulnerability in Pakistan today.

Q 6: Participation in rescue activities.

At least 23.5% of the respondents have participated in rescue activities, indicating active participation of the community in giving care and comfort to the affected persons.

Q 7: Level of fear among respondents.

An alarming 85% of the respondents feel a high degree of fear and 11.8% moderate fear on account of acts of terrorism. Only 2.2% stated that they are not scared.

Q 8: People's urge to rush towards home after an explosion.

Well more than half (60.8%) the respondents stated that they urge to rush home to the comfort of their family. Some 26.2 % had moderate response while 12.9 % said they don't know what to do.

Q 9: Changes in daily routine.

Degree	Frequency	Percent
High	83	44.4
Moderate	74	39.6
Don't know	22	11.8
No opinion	7	3.7
Not mentioned	1	0.5
Total	187	100

As many as 44.4% respondents stated that they change their daily routine to a considerable degree after a terrorist attack.

Q 10: People become suspicious of others.

Degree	Frequency	Percent
High	91	48.7
Moderate	48	25.7
Don't know	40	21.4
No opinion	7	3.7
Not mentioned	1	0.5
Total	187	100

Some 74.4% respondents reported becoming suspicious, to varying degrees, of other people after a terrorist attack.

Q 11: People continuously feel uneasy.

Amid a wave of terrorist attacks, 61.5% of the respondents stated feeling a high degree of uneasiness, while 30.5% of moderate uneasiness. This shows a high level of stress and anxiety among the respondents and has implications for the general state of mental health of the people exposed to daily terrorist attacks in Pakistan.

Q 12: People are becoming aggressive.

In a crucial finding, 59.4% of the respondents feel people are becoming more aggressive and 28.3% feel moderate aggression among people on account of terrorist attacks. This finding also suggests a link between anxiety and aggressive behavior.

Q 13: Intolerance is growing among people.

At least 61% of the respondents believe that people are becoming highly intolerant amid increasing terrorist attacks and 30% think they are becoming moderately intolerant.

Q 14: Table 16: People's indifference to law enforcement agencies.

Some 67.4% of the respondents said that they are highly indifferent and almost 20% moderately indifferent. This finding points to the community's lack of trust in law enforcement agencies. This should also inform the authorities to bring suitable changes in the behavior of law enforcement personnel so that the people have a more positive relationship with them.

Q 15: People feel unsafe.

An alarming rate of 75% of the respondents feel highly unsafe on account of the ever-present threat of terrorism and 20% have a feeling of personal vulnerability to a moderate degree.

Q 16 : People experience sleep disorders

Degree	Frequency	Percent
High	60	32.1
Moderate	90	48.1
Low	19	10.2
No opinion	18	9.6
Total	187	100

The above table shows that 32% of the respondents perceive that people have developed a high degree of sleep disorders on account of the threat of acts of terrorism, while 48% think people have moderate sleep disorders. This reflects adversely on the mental health of the people.

Q 17: Children are becoming restless

Degree	Frequency	Percent
High	60	32.1
Moderate	90	48.1
Low	19	10.2
No opinion	18	9.6
Total	187	100

These alarming figures of the above table indicates that 32% of the respondents hold that children are highly restless due to the present situation and 48% feel that they are moderately restlessness. The findings of the present study confirm assumption about changes in child behavior on account of acts of terrorism.

Q 18: Children fear going outside their homes.

According to 37.4% of the respondents, children are highly fearful of going outside their homes, while 45.5% say they are moderately afraid. This perception seems slightly exaggerated.

Q 19: Children experience nightmares

Degree	Frequency	Percent
High	43	23.0
Moderate	79	42.2
Low	29	15.5
No opinion	35	18.7
Not mentioned	1	0.5
Total	187	100

The above table indicates that 23% of the respondents perceive that children experience a high degree of nightmares and 42% that they have moderate nightmares.

Q 20: Children are becoming irritated.

According to 23.5% respondents, children are becoming highly irritated, while 45% feel they are moderately irritated due to the present situation. This indicates that children feel a high degree of stress and anxiety due to negative social experiences.

Q 21: Children are more violent nowadays

Degree	Frequency	Percent
High	39	20.9
Moderate	91	48.7
Low	27	14.4
No opinion	30	16.0
Total	187	100

This table shows that 21% of the respondents feel that children are more violent now, and 49% feel the phenomenon exits among children to a moderate degree. This also confirms the assumption cited earlier that stress and anxiety lead to aggressive behavior.

Q 22: Children take less interest in play

Around 22% of the respondents feel that children's interest in sports and recreation is affected to a high degree on account of acts of terrorism, while 49% of the respondents feel it has affected children to a moderate degree.

Q 23: Children take less interest in studies

Degree	Frequency	Percent
High	43	23.0
Moderate	92	49.2
Low	25	13.4
No opinion	26	13.9
Not mentioned	1	0.5
Total	187	100

Amid acts of terrorism, children's interest in studies dips to a high degree, according to 23% of the respondents. Around 49% of the respondents feel only moderate effects on children's study behavior.

Q 24: Children talk more about death.

Of the respondents, 33% perceive that children talk a lot about death these days while 38% think they do so to a moderate degree. This finding is consistent with other findings that indicate a high level of stress and anxiety among children living under adverse conditions.

Q 25: TV coverage has negative effect on attention

Some 35% of the respondents believe that TV coverage of terrorist attacks has a highly negative impact on viewers, and 45% think the impact is moderately negative.

Q 26: Domestic violence has increased due to TV coverage

Degree	Frequency	Percent
High	51	27.3
Moderate	63	33.7
Low	24	12.8
No opinion	49	26.2
Total	187	100

This table reflects that 27% of the respondents perceive that TV coverage of terrorist attacks has increased domestic violence to a high degree, while 34% think it has hiked such violence to a moderate extent.

Q 27: People feel confused due to TV coverage.

The survey found that 30.5% of the respondents think TV coverage of terrorist attacks creates immense confusion among viewers and 48% perceive that such coverage creates moderate confusion.

Q 28 : People feel depressed due to TV coverage.

There is a high likelihood of depression among viewers due to TV coverage of terrorist attacks, according to 29% of the respondents. Around 48% perceive that there are moderate chances of that.

Q 29: People talk to each other on how to combat terrorism.

The survey found that according to 29% of the respondents, people talk a lot with each other, especially with friends and family on how to combat terrorism, whereas 35% think such discourse only goes to a moderate degree.

Q 30: Prospects of a political solution.

Around 40% of the respondents believe that there are slim chances of a political solution to the terrorism problem, while 29% think such a solution has a high chance of success.

Q 31: Prospects of a military solution.

A little over 41% of the respondents argue that a military solution has slim chances of success, while 26% believe such a solution holds a high likelihood of success.

Q 32 : Prospects of a combined political-militarily solution

Degree	Frequency	Percent
High	55	29.4
Moderate	36	19.2
Low	65	34.8
No opinion	28	15.0
Not mentioned	3	1.6
Total	187	100

Around 35% of the respondents state that a combination of the political and military strategies has a chance of success, while 29% rate the prospects for the success of such a combination as high. Results for the last three tables reflect the confusion among the people about possible solution to the menace of terrorism.

Q 33: Active participation of community in anti- terrorism fight.

Nearly 45% of the respondents believe that there are low chances of practical participation of the community in combating on terrorism, 26% predict moderate chances and only 20% think there are high chances of people actively participating in the anti-terrorism efforts.

Conclusion

This study was intended to understand community attitudes and practices regarding terrorist attacks and their following impacts in three cities, Lahore, Rawalpindi and Peshawar. Research findings on different statements show internal consistency and internal validity. Since the sample for this study was selected at random, the chances to granulize research findings are reduced. This research, therefore, has low external validity.

The research reveals the psychological effects of terrorism on all age groups and highlights the need to take measures for the mental and emotional health of the people. Most importantly it reveals some alarming impact on children which requires urgent attention of the relevant authorities. It also suggests the significance of properly educating people about terrorism-related issues to diminish the confusion about government efforts to combat terrorism. The news media also need to reflect on the impact of the coverage of terrorist attacks and review the manner in which it operates.

It also indicates that the social discourse on combating terrorism has now crept into the grassroots of the population where they believe in politico-military solution to the menace. The counter-terrorism strategies should take this development in a serious note in winning the hearts and minds of the public.

Notes

[1] Compact Oxford English Dictionary.
[2] S. Freud, *Civilization and its Discontents*, (Harmondsworth, 1930 and Penguin, 1985); S. Freud, *Introductory Lectures on Psychoanalysis*, (Harmondsworth, 1917 and Penguin, 1974).
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[6] Y. Schweitzer, *Suicide Terrorism: Development and Characteristics*, a lecture presented at the International Conference on Countering Suicide Terrorism at ICT, Herzeliya, Israel on 21st February, 2000.
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10 W.E. Schlenger, et.al., "Psychological Reactions to Terrorist Attacks: Findings From the National Study of American Reactions to September 11," *Journal of the American Medical Association, 2002.*
11 Ibid.
12 A.Y. Shalev, S. Freedman, "PTSD Following Terrorist Attacks: A prospective Evaluation," *American Journal of Psychiatry*, 2005.

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