# **PSYCHOLOGICAL CONSEQUENCES OF TERRORISM: CASE STUDY OF PAKISTAN**

Talat Abbas and Sidra Jamil<sup>\*</sup>

#### Abstract

Consequent to joining hands with international community in war against terrorism, Pakistan is bearing the brunt of terrorism since the upheaval of September Eleven. Parallel to physical harms, terrorism has modelled intense psychological disorders in Pakistani citizens. Numerous researchers have identified the psychological disorders predominant in the country as a result of terrorism, whereas categories and metamorphosis of these disorders are discussed very rarely. The present study emphasises on the psychological consequences of terrorism on mental health of Pakistani masses. The study unfolds the use of fear as an instrument to paint the horrification of terrorism in the minds of masses. In addition to that the study also gives the policy recommendations to manage the psychological disorders prevailing in Pakistan.

**Keywords:** Terrorism, Psychological Disorders, Pakistan.

#### Introduction

atastrophe of 9/11 is considered as a potential game changer in the history of contemporary global politics. Within ten days of the attacks on twin towers, George W. Bush, the president of America announced war on terrorism. Almost ten decades prior to the attacks of September 11, President on United States, William McKinley was assassinated by an anarchist in 1901. After the event, Theodore Roosevelt, the new president announced global crusade against terrorism.<sup>2</sup>

The terrorist attack on World Trade Centre propelled United States to intercede in Afghanistan, with core directive to rip Al-Qaida into shreds. Al-Qaida was involved in various high-profile terrorist ventures including Twin Towers in New York and the Pentagon.3

In October 2001, the Operation Enduring Freedom-Afghanistan (OEF-A) was launched. Mullah Omer, the leader of Afghan Taliban and de facto head of state of Afghanistan, knew that he could not resist United States effectively in conventional war, therefore decided to fight guerrilla warfare against America and its allies. The majority of Afghan Taliban fighters and bigwigs recoiled in their communities in Afghanistan and Federally Administered Tribal Areas (FATA) in Pakistan. Pakistan shares 2640 km long porous border with Afghanistan that makes cross border movement easy.

\*Mr. Talat Abbas is presently serving in the Punjab Government's Department of Forest, Wildlife and Fisheries, and Ms. Sidra Jamil is presently working as a visiting lecturer in International Islamic University, Islamabad.

Before proceeding Operation Enduring Freedom-Afghanistan, United States requested to:

- Shut off the Pak-Afghan border and to stop all the activities and transportation of Al-Qaida group within and outside the Pakistan;
- Freeze the assets of Afghan Taliban leadership in Pakistan;
- Break the fuel supply to the Afghan Taliban.
- Share intelligence information gathered by Inter-Services Intelligence (ISI) regarding Osama bin Laden and Al-Qaida;
- Grant permission to use airspace for carrying out robust military operations in Afghanistan;
- Allow the American forces to station in Pakistan to imprison Osama bin Laden.<sup>4</sup>

Pakistan opted to join United States in Afghanistan for the sake of international peace and security. Subsequently, the Afghan Taliban declared war against Pakistani government, and another wing Tehrik-e-Taliban Pakistan (TTP) was formed under the headship of Bait Ullah Masood to operate from Pakistan against Pakistani government.<sup>5</sup> Peter J. Philips claims that terrorist organizations upsurge the spiralling of attacks when stances counter-insurgency.<sup>6</sup> Likewise happened in the case of Taliban. With the execution of operation by United States in Afghanistan, a high frequency wave of terrorism took Afghanistan and Pakistan in its way. Tehrik-e-Taliban planned and execute deadly attacks in Pakistan that only resulted into the killings of masses but also caused monetary loss of billions of US dollars. One hundred and sixty-four people were killed in 2003 in terrorist attacks, whereas the death toll reached to three thousand, three hundred and eighteen in 2009.<sup>7</sup> Till early 2018, 61213 people were killed.<sup>8</sup> Enduring terrorist attacks and escalation in homicide caused the adverse effects on the mental health of individuals. Coming below is the precise picture on psychological disorders prevailing in Pakistan consequent to terrorism.

## Impacts of Terrorism on Mental Health in Pakistan

Terrorism is a psychological warfare that not only brings human and economic forfeiture but carries psychological harms too. The terrorists escalate their actions to cast terror in the minds of masses. Fear is a prime instrument of terrorist organizations, utilized to capitalize their objectives. Modern terrorism may look like ordinary criminal actions, however in terrorism, criminal acts such as homicide, sabotage and blackmailing are just means to reach desired ends. The strategies and gears utilize by the terrorist organization goes through various short-term aims and objectives, such as inculcation of paralyzing fear in the target population. Therefore, modern terrorism creates insecurity in each and every individual of target population that following attack may take his life away. The entire kit and caboodle of terrorism is developed to perform the task of identification of sagaciousness of security, and to dismay the target society to function efficiently. The concealed objective of terrorist group behind terror propagation strategy is to initiate public opinion to compel the governments to up their hands before the demands of the terrorist organization. Hence, as a result of perceived

threat and fear, target populations are played in the hands of terrorists, and assist them to proceed with their goals. The physical and economic loss caused by terrorism might be limited in scope, but limited loss is very well affected to build psychological impact on fairly broader degree. Terrorist organizations focus on three types of audience:-

- The first target audience is the membership of the terrorist group and its popular support. Through terrorist attacks, terrorist organizations convey message that we are successfully leading towards our goal, and strength of enemy can be counterbalanced if we hit its most sensitive point i.e. masses. This tactic helps the terrorists to regenerate solidarity and uplift morale among themselves and their supporters.
- The second target audience of the message of terrorist organizations is the victim population and message bore to them is contrary to mentioned above audience. The government of victim is told that despite all your measures to prevent terrorism, you are not yonder to our access. Once masses begin to recognize themselves insecure in their residences, offices and schools, the next message is delivered that you are not safe until you surrender before our demands. This is done to shatter the national morale and create hustle bustle among the victim population.
- The third target audience population is international community residing outside the victim country. The aim is to draw attention of global community towards the conflict, and to recognize the fortitude of terrorists to achieve their goal without considering the nature of means and costs. In this way global community put pressure on host country to consider the demands of terrorist group, and to bargain with them to bring about peace."

## **Understanding of Psychological Disorders**

The terminology "psychological disorder" is frequently used to refer the mental and psychiatric disorders. Psychological disorders are defined through behavioural and mental warning signs that produce impacts on multiple domains of life. The psychological disorders produce distress in the person enduring the behavioural and mental warning signs. The DSM-5, the latest edition of the American Psychiatric Association's diagnostic manual describes psychological disorder as:

"...a disorder categorized by a clinically substantial commotion in an individual's mental, sentimental directive, or action that portrays a dysfunction in a psychological, biological, or developmental course fundamental to mental working and performance. Mental disorders are commonly related with significant suffering and distress in social, professional, and other significant activities."

Though umpteen psychological disorders are extant yet mentioned below are only few of them that occur as an upshot of terrorism:

### **Anxiety Disorders**

Anxiety disorders are commonly characterized by life-threatening and persistent worry, fear, anxiety and further behavioural disorders of similar types.<sup>13</sup> Fear involves an emotional response to a menace. The menace can be a reality or a perception. Anxiety also comprises of expecting the ascendance of future threat. The anxiety disorder can be sub-categorized into following types:

- **Generalized Anxiety Disorder (GAP):** It involves the lop-sided concern about the day to day events. Worries and concerns are considered normal sometimes, yet GAP are those concerns and worries that may have tendency to affect the proper mental functioning of a person.<sup>14</sup>
- **Agoraphobia:** In this psychological disorder, a person fears of public places and hesitate to visit those places where chances of having panic attack are high. In certain cases, an individual develops hesitant attitude that he becomes inept to face public, and leave home. <sup>15</sup>
- **Social Anxiety Disorder:** A person suffering from this disorder feels as if he is watched or judged by someone. Sufferer of this disorder avoids visiting social settings such as school, office, market etc.<sup>16</sup>
- **Specific Phobias:** This psychological disorder is categorized by deadly fear of a certain person, thing or an event. Sometimes people are found having phobias of reptiles and bugs, fear of highlands or deep waters. These mentioned phobias are called specific phobias of natural events. The specific phobias also include the unnatural events such as war, terrorism, homicide etc. The encountering of an individual with man-made events results into shivering, nausea, heart excruciating, and fright of death in some cases.<sup>17</sup>
- Panic Disorder: This type of psychiatric disorder involves panic attacks that may happen without any particular reason. Anxiety and worry are the common signs of this disorder. Sufferers of this disorder avoid to visit the places where last panic attack happened, avoiding attitude develops as a consequent of previous panic attack. This affects the routine activities. 18
- **Separation Anxiety Disorder:** It is a sub-type of anxiety disorder that is characterised by life-threatening fear and anxiety regarding being separated from attachment figures. For example, fear in children to get detached from their parents or parents' fear to lose their kids. The person having warning signs of separation anxiety disorder avoids leaving house, attending college and workplace.<sup>19</sup>

#### Trauma and Stress Related Disorders

This category of psychological disorders occurs as a result of stressful and traumatic events. Previously trauma and stress-related disorders were placed in under the scope of anxiety disorders, but presently they are replaced into new category.<sup>20</sup> Given below are the types of trauma and stress-related disorders:-

 Acute Stress Disorder: The warning symptoms of this disorder occurs within one month of the encounter with traumatic event. The event can be

- natural or man-made. The symptoms include extreme anxiety and fear, and person's inability to develop positive emotions.<sup>21</sup>
- Adjustment Disorders: This category is characterized by sudden change for example, death, divorce, monetary damage, migration and other impairments of similar kind. The symptoms of this disorder are extreme anxiety, sense of isolation, annoyance, bleakness, depressed mood, fear and irritability.<sup>22</sup>
- **Post-Traumatic Stress Disorder (PTSD):** Exposure to a life-threatening and traumatic incidence results in the development of this disorder. The sufferers of PTSD develop habit of recollecting and re-experiencing the incidence persistently, and stepping aside from those figures that make the suffer to recollect the traumatic event. In addition to that a suffer finds himself drown in negative thinking, nightmares, annoyance, and incapable of reminiscing aspects of the event.<sup>23</sup>

## Psychological Disorders viz-a-viz Terrorism in Pakistan

Terrorism has brought about adverse psychological disorders among Pakistani masses. Every second individual residing in Pakistan is a sufferer of psychiatric disorder and strain consequent of terrorism.<sup>24</sup> The survey published in Dawn revealed that forty percent of the total Pakistani population is suffer of psychological disorders. According to the survey 57.5 percent of women and 42.5 percent of men are facing depressive disorders.<sup>25</sup> Intense traces of trauma, depression, phobias and anxiety found in the air of Pakistan are the poisoned chalice of Pakistan's counter-terrorism efforts for global peace and security. People sitting in every nook and corner of the country got affected by the psychological consequences of terrorism. Secretary General of Pakistan Medical Association (PMA), Dr. Qaiser Sajjad said that 35.7 percent residents of Karachi, 43 percent inhabitants of Quetta and 53.4 percent people are sufferers of psychological illness.26 According to Pakistan Medical Association, worldwide, twenty percent people are victim of psychological disorders, whereas in Pakistan the estimated depression in country's population is thirty-four percent.<sup>27</sup> Beside genetic factor, environmental elements also contribute primarily in the pathogenesis of psychological disorders.<sup>28</sup> Researches revealed that people who witness terrorist attacks directly have most adverse psychological impacts. In Pakistan, survivors of terrorist attacks and people from security agencies who had encountered the attacks have most adverse psychological disorders.<sup>29</sup> Terror, insecurity, fear and threat propagating in the social environment of Pakistan has put the mental health of masses at risk. The study conducted by students of Rawalpindi Medical College (RMC) tells that 68.2 percent of the families of students enrolled in RMC fear to send their children to college, and 34.4 percent families do not allow the students to attend the college on any day consequent to security threats. The mentioned critical situation is troublesome for the streamline education of the students.<sup>30</sup> Students enrolled in Pakistani institutions also contemplate that media overstate the situation and create flimflam by extra exaggerating the news and role of media is gobbledygook and distressing. 31 In Pakistan, most of the people are exposed to terrorism over television. 32 Besides curricular activities, terrorism also hinders the extracurricular activities, therefore has a negative impact on students' life. Mostly activities are cancelled or postponed due to security concerns.<sup>33</sup> People want to

migrate from Pakistan, and desire to settle abroad due to prevailing insecurity in the country.<sup>34</sup> Fifty physicians lost their lives from the years 2001 to 2016.<sup>35</sup> Consequent to assassinations of medical doctors, many of them left Pakistan to limit the risk of life.<sup>36</sup>

#### Recommendations

Terrorism is a psychological warfare too. Through limited physical harm, terrorists try to maximize psychological damage to the victim population. Usually, social assets of a nation- social unity, traditions and capability to function properly is beset. Therefore, it is crucial for a state to have counter-terrorism units with an effective ability to manage psychological and behavioural damages and social mal-functioning consequent to terrorism. Coming down below is the comprehensive sketch to counter terrorism in Pakistan.

- Role of State: The continuing episodes of terrorism underscored the importance of effective and efficient counter-terrorism unit. National Counter Terrorism Authority (NACTA) adopted the comprehensive National Action Plan (NAP) to curb terrorism, but unfortunately no observable measures have been taken to address the adverse psychological damage occurred as a result of terrorist attacks. Anxiety, fear, annoyance and depression are the key emotional setbacks of terrorism faced by Pakistani society. State and provincial governments must allocate funds to aid the educational and instructional campaigns in victim communities.
- Comprehensive Counter-Terrorism Strategy: Pakistan must have comprehensive counter-terrorism strategy that would be equally effective for dealing with physical and psychological damage. Pakistan is carrying a successful robust operation against terrorists, yet sometime government officials may have found engaged in exposing incredible terrorist threat that spread fear and terror in the environment. State government has the responsibility to educate and train Pakistani masses to deal effectively with physical and psychological consequences of terrorism. To get the task done, counter-terrorism text must be introduced at post-elementary level.
- Responsibility to Respond: State has the responsibility to respond to those who are victim of terrorism, physical and mental both. Psychological first aid is the right of every direct and secondary victim. American Red Cross Disaster Mental Training Program was introduced in United States to give training to respond to any terrorist event. Likewise training programs must be launched under the banner of Pakistan Red Cross. Efforts should also be made to restrict people from exposing to place of terrorist attack. Informal care-providers and social workers must come forward to provide support to victim population. School teachers can be helpful for people dealing with psychological disorders.<sup>37</sup> Similarly, work places and religious institutions can also be good platforms for providing psychological aid.<sup>38</sup>
- **Strategies for Preparedness and Response:** There is a dire need of research on preparedness and response at advance level, the studies which are carried out till date have concluded that community-oriented responses are

instrumental in managing the psychological impacts of terrorism. The overall policies for formulating the public and accurate resources to respond at large-scale traumatic incidences must be organized in accordance to specificity of the population (direct victims, responders, and vulnerable factions) and phases of the incidence (pre-attack, acute, post-attack, long-term post-attack). These policies can be sub-categorized into two groups which although are different yet have overlapping objectives.

- O To deliver instant psychological management to permit for efficient public health and response policies, for example, mitigation and prevention of psychological distress and fear, and lessen the potential and redundant strains on the system of health care.
- To condense short-term and long-term psychological morbidity.
- **Function of Media:** It is important that media should not be played in the hands of terrorist organizations. Media facilitates the terrorist organizations by amplifying the horrification of incidence of terrorism. In modern democratic world, citizens have right to have correct facts, but media must be cautious in broadcasting the terrorist activities, and avoid casting fear and trauma.

### Conclusion

Since the time when the foundation stone of Pakistan was laid, the country has been resiliently fighting against the social economic and political upheavals. Terrorism is one of the key challenges Pakistan has come across. Pakistan has faced high intensity wave of terrorism after the cataclysm of 9/11. Pakistan joined US led coalition forces in Afghanistan to fight against terrorism, consequently Taliban declared war against Pakistani government and started carrying out lethal terrorist attacks in the country. Physically weak terrorist groups chose to use psychological tools to reach its desired goals. Pakistani government may have taken effective steps to eliminate terrorism, but psychological impacts of terrorism never came under consideration, therefore neither managed nor resolved. Haziness and absence of knowledge on specific or sole impact of terrorism on mental health of the masses is may confound the task of the state officials i.e. who should perform the task of planning and strategizing on psychological health as a part of overall development of disaster preparedness model, and terrorism preparedness model in particular. The efficient implementation of effective strategy may help in alleviation of fear, anxiety and depression in Pakistani masses. Clear understanding about managing the mental health issues viz-a-viz terrorism is prime to plan and execute accurate and operative strategies. The emergency response system and public health system must be capable of dealing with and unexpected terrorist attack, along with concrete and effective model to minimize the psychological impacts of the attack. Various national security departments must collaborate and coordinate with each other for early preparedness. Emergency responding units, medical centers and hospitals and public health offices must be capable of dealing with any physical and psychological harms occur as a result of terrorist attack. In addition to that an efficient communication system is essential to contrivance approbations for responding and eliminating traces of horror and depression prevailing among the masses. Federal and provincial governments should contemplate three-prong style together with education,

preparedness and action. In a nutshell, well-researched policies and strategies related to anti-terrorism preparedness system, and efficient implementation of established model are equally important.

#### **NOTES**

- David C. Rapoport, "The Four Waves of Rebel Terror and September 11," *The Journal of Generative Anthropology*, no.1 (2002), accessed on May 14, 2018, http://anthropoetics.ucla.edu/apo801/terror/.
- Richard B. Jensen, "The United States, International Policing the War against Anarchist Terrorism," Terrorism and Political Violence 13, 1 (Spring 2001): 15-46.
- Khuram Iqbal and Sara De Silva, "Terrorist lifecycles: a case study of Tehrik-e-Taliban Pakistan," *Journal of Policing, Intelligence and Counter Terrorism* 8, 1 (2013): 72-86.
- <sup>4</sup> Tariq Rauf, "US seeks Pakistan's resistance." Center for non-proliferation studies, Monterey Institute for International Studies, (2012), accessed on May 22, 2018, <a href="http://cns.miis.edu/archive/wtco1/pak.htm">http://cns.miis.edu/archive/wtco1/pak.htm</a>.
- 5 Khuram Iqbal and Sara De Silva, "Terrorist lifecycles: a case study of Tehrik-e-Taliban Pakistan," Journal of Policing, Intelligence and Counter Terrorism 8, 1 (2013): 72-86.
- Peter J Phillips, "The Life Cycle of Terrorist Organizations," International Advances in Economic Research, no.17 (2011):369–385.
- Mohsin Hamid, "Why They Get Pakistan Wrong by Mohsin Hamid," *The New York Review of Books*, September 29, 2011, https://www.nybooks.com/articles/2011/09/29/why-they-get-pakistan-wrong/.
- Fatalities in Terrorist Violence in Pakistan 2000-2018," South Asia Terrorist Portal, Accessed on May 17, 2018, http://www.satp.org/satporgtp/countries/pakistan/database/casualties.htm.
- Boaz Ganor, "Terror as a Strategy of Psychological Warfare," International Institute of Counter Terrorism, August 15, 2002, https://www.ict.org.il/Article/827/Terror-as-a-Strategy-of-Psychological-Warfare#gsc.tab=o.
- 10 Ibid.
- in Ibid.
- "Diagnostic and Statistical Manual of Mental Disorders (DSM-5)," American Psychiatry Association, accessed on March 17, 2018, https://www.psychiatry.org/psychiatrists/practice/dsm.
- "Anxiety Disorders," National institute of Mental Health, Accessed on March 16, 2018, https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml.
- 14 Ibid.
- 15 Ibid.
- 16 Ibid.
- 17 Ibid.
- 18 Ibid.
- 19 Ibid
- <sup>20</sup> John J. Greist, "Overview of Trauma- and Stress-Related Disorders," MSD Manual, Accessed on March 19, 2018, https://www.msdmanuals.com/home/mental-health-disorders/anxiety-and-stress-related-disorders/overview-of-trauma-and-stress-related-disorders.
- 21 Ibid.
- <sup>22</sup> Ibid.
- 23 Ibid.
- Terrorism affecting mental health, The Nation, December 07, 2009, https://nation.com.pk/07-Dec-2009/terrorism-affecting-mental -health.
- 25 Hassan Mansoor, "Depression rising alarmingly in Pakistan's urban areas," Dawn, April 07, 2017, https://www.dawn.com/news/1325360.
- 26 Ibid.
- 27 Ibid.
- 28 Ibid.
- Farah Malik, Rabia Khawar, Rabia Iftikhar, "Development of Terrorism Impact Scale: Initial Validity and Reliability Analyses, Pakistan Journal of Social and Clinical Psychology 8, No.2, (2010): 91 118.
- Maheen Jamal, "Impact of Terrorist Attacks on Educational Institutions-Perceptions of Medical Students," Journal of Rawalpindi Medical College Students Supplement 20, No. 2, (2016):124-128, https://www.journalrmc.com/volumes/16-OA%2013%20impact%200f%20terrorist%20attacks.pdf.
- <sup>34</sup> Ahmed AE, Masood K, Dean SV, Shakir T, Kardar AA, Barlass et al., "The constant threat of terrorism: stress level and coping strategies amongst university students of Karachi." *Journal of Pakistan Medical Association 61*, No. 4, (2011):410-414, http://www.jpma.org.pk/PdfDownload/2720.pdf.
- 32 Ibid
- 33 "Why extracurricular activities are so important," Mountain Heights Academy, Accessed on March o6, 2018, http://www.mountainheightsacademy.org/whyextracurricular-activities-are-so-important/.
- Maheen Jamal, "Impact of Terrorist Attacks on Educational Institutions-Perceptions of Medical Students," Journal of Rawalpindi Medical College Students Supplement 20, No. 2, (2016):124-128, https://www.journalrmc.com/volumes/16-OA%2013%20impact%200f%20terrorist%20attacks.pdf.
- 35 "Doctors killed in Pakistan 2001-2016," South Asia terrorism portal, Accessed on March 12, 2018, http://www.satp.org/satporgtp/countries/pakistan/database/Doctors\_killed\_Pakistan.htm.
- Maheen Jamal, "Impact of Terrorist Attacks on Educational Institutions-Perceptions of Medical Students," Journal of Rawalpindi Medical College Students Supplement 20, No. 2, (2016):124-128, https://www.journalrmc.com/volumes/16-OA%2013%20impact%200f%20terrorist%20attacks.pdf.
- B. D. Stein, T. L. Tanielian, M. E. Vaiana, et al., "The Role of Schools in Meeting Community Needs during Bioterrorism," Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 4, No.1, (2003): 273–81.
- 38 W. Goldman, "Terrorism and Mental Health: Private-Sector Responses and Issues for Policy Makers," Psychiatric Services 53, No.8, (2002): 941–3.