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THE TERRORISM AND ITS PSYCHOLOGICAL EFFECTS

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Abstract: *Terrorism is essentially a weapon that depends on the transmission of a threat to the general public, as public opinion is the only factor that can press political actors to meet the terrorist's power demands. Thus, terrorists quickly accepted an important lesson: the media are crucial in their campaigns. The terrorist act itself means almost nothing, while advertising is everything. The result is a generalized state of panic and uncertainty resulting from the possibility of carrying out such an attack in any place at any time. Terrorism can be considered a threat not only to national and international security, but more than anything, an attack on the psychological welfare of all people who are knowledgeable about this phenomenon. The consequences of terrorism can be most of the times felt even without ever experiencing up-close such an appalling event. This paper intends to merely sketch the psychological effects which terrorism inflicts, as the subject is wide and in ongoing research.*

Keywords: *Terrorism, psychological, effects, consequences, pathology*

1. INTRODUCTION

What is terrorism, if not a show in essence, a drama that exists only by the echo it raises in the media? Any attack is wanted, carefully planned, orchestrated according to its target: the public opinion.

When seeking information on an attack, one is struck by the appearance of a violence that seems unbridled, unchecked and uncontrolled, chaotic and unfair to indiscriminately innocent victims. Exploding bombs, automatic weapons that take the crowd to target, hijacking, men and women taken hostage, sometimes brutally executed by the aggressors, atrocious and shocking unexpectedness – that is terrorism. What is striking is the sudden emergence of events returned to the incomprehensible and unacceptable in terms of reason. Thus an

inattentive observer can take terrorism for what it is not: an irrational, barbaric act of violence.

When analyzing its mode of action, it is clear that none of its acts is a matter of chance. It is not violence for the sake of violence! Instead, the attacks are planned and meet a strategy based on political ideology and it is always finalized by a goal, such as the conquest of power or the autonomy, or take-over, of a territory. This can only be achieved through a program and tools adapted to its realization. This is, indeed, terrorism: a weapon in the service of a goal, or, more accurately, a fighting technique acting as an influence process in the context of subverting the established power and psychologically obliterate populations. Such an ambition cannot result from disordered action relying on violence alone. The latter is necessary, no

doubt, but not just any kind of violence. An attack is therefore directed by a scenario which regulates precisely all the details, actors, places, terms, victims, according to a protocol developed in advance where every aspect was evaluated and decided for the specific opportunities it presents in terms of creating dread and chaos.

The terrorist violence is anything but haphazard, and tends, instead, to an organized *modus operandi* where improvisation and randomness have little space and its main stand is the mass media, whose deployment is turned to the terrorists' advantage by carefully manipulating the symbols they scripted. Terrorism uses very precise choices whose combination represents the basic equation of the terrorist action. This mix of elements represents, in the mind of a terrorist, sufficient force in regard to the sought psychological impact, which is considered more devastating than the act itself. In fact, the terrorist action abounds in horror as the perpetrators make a huge effort to exceed the limits of dreadfulness.

2. PSYCHOLOGICAL CONSEQUENCES

2.1 Mental disorders caused by terrorist acts.

Contrary to what one might think terrorism is not expressed primarily in the field of reality, but in that of potentiality. It is less well defined by the actions it implements, as it is by those the terrorists announce for future realization. All past and present actions merely offer the support and certification for its future ones; they endorse the issued threats and base their credibility. So that terrorism is never summarized in an action, but locked in the manner of a compressed spring, in a tense

dynamic which leads one's thoughts towards future actions. An attack is thus never an end in itself, but the promise of all the attacks that will certainly succeed from that.

The psychological consequences of terrorism have been described following the attacks in Munich in the 1972. The social and political climate of the time also favored the recognition of "psychological victims" of terrorism, but also made it clear that retaliation follows soon after.

The first epidemiological studies are initially relied on the knowledge acquired during military conflicts in the second half of the 20th century, particularly during the Vietnam War. Subsequently, several studies on the psychological effects of attacks in Europe or in the context of the Israeli-Palestinian conflict have shown a sometimes high rate of depressive disorder and post-traumatic stress disorder (PTSD) among victims. [2-5] The analysis of this literature, however, faces a problem often imprecise definition of "psychological victim" of a terrorist act, as well as extremely diverse methodologies, particularly in regard to measurement tools or screening for psychiatric disorders. [5] The group studied is often incomplete, based on hospital records, insurance or even police regularly away tourists or foreign language patients. [2-4] It will eventually expect the attacks in New York in 2001 and Madrid in 2004 to appear several epidemiological studies on a large scale, illustrating the major psychological consequences of these events, both among the direct victims than in the general population (Table 1).

As seen in the table below, PTSD varies from 2.7 to as high as 18%, this maximum being reached in the cases of individuals who

Table 1 - Prevalence of psychiatric disorders seen after attacks [6-14]

Prevalence of psychiatric disorders seen after attacks	Psychiatric disorders within individuals involved on site	Local Population	National Population
Post Traumatic Stress Disorder	12 – 18%	7,5 – 11,5%	2,7 – 4,3%
Depression	-	8 – 10%	-
Anxiety Disorders	39%	-	-
Alcohol or drug incidence	-	-	38%
Psychiatric medication	-	7,7 – 8,1%	-
Alcohol use	-	17,5 – 24,6%	-
Nicotine	-	9,7 – 9,9%	-
Marijuana	-	2,7 – 3,3%	-



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were on site at the time of the event. Depression has a prevalence of 8 to 10%, present within the local population. Anxiety Disorders show the highest predominance, of 39% in the case of individuals involved in the terrorist attack, followed closely by alcohol or drug use in the national population - 38%. Psychiatric medication, alcohol abuse, nicotine and marijuana consumption also record a growth in numbers.

2.2 Individual psychosomatic effects. The psychological trauma induced by a terrorist act typically follows three stages, succeeding over time (Table 2). The victims initially have a legitimate reaction to stress and fear, tailored to the violence and unpredictability of the event. During this period especially, victims try to make contact with their loved ones for reassurance about their condition, or only to obtain support and comfort. [5] This first phase gradually fades and can leave room for sleep disorders, anxiety or aggression manifestations. Finally, a variable proportion of the affected individuals subsequently develop psychiatric complications, particularly in the form of post-traumatic stress disorder or depressive episodes.

As shown, the reaction's length varies from a few hours to a long-term response and

the symptoms escalate from anxiety, stress, fear, insomnia, and irritability, to depression, post-traumatic stress disorder, and substance abuse.

The female population, the precarious, or living alone, and patients with a psychiatric history are at increased risk of psychiatric complications, especially in the form of PTSD. [3, 4, 17-20] Advanced age seems sometimes be a protective factor, although it appears inconsistently in the literature. [2, 6, 17, 21] Patients physically affected by the attack or having felt a threat against their bodily integrity (physical proximity, hearing or vision of site of the attack) have an increased risk of developing post-traumatic stress syndrome. [3, 22, 23] This risk is correlated to the extent of physical injuries, especially aesthetically (amputation injuries face or hands) and the loss of a loved one (family, friend, colleague) in the attack. [3, 5, 22, 23]

The emergency services (fire, police or ambulance) face directly the victims of the attacks and also the at-risk population. They are sometimes the target of terrorists, whether deliberately (second attack after the first explosion in a market in Tel Aviv) or unintentionally (collapse of the World Trade Centre in New York). Studies of rescuers who

Table 2 - Sequence of psychological reactions after a terrorist attack [15, 16]

Time phases	Duration	Characteristics
Immediate reaction	Hours to a few days	anxiety, stress, fear, confusion, activation of the autonomic nervous system response
Intermediate reaction	A week to several months	nightmares, insomnia, hyper-vigilance, aggressiveness, irritability, somatic disorders (dizziness, headache, fatigue, nausea)
Long-term reaction	≥ one year	depression, anxiety and somatoform disorders, post-traumatic stress disorder, substance abuse, sleep disorders

spoke in New York or Oklahoma City have confirmed a high rate of psychiatric complications in the form of post-traumatic stress disorder or depression, associated with excessive alcohol consumption. [24] Curiously, the rescuers' spouses also have post-traumatic stress signals with a frequency higher than that of the rest of the population. [25]

Children are the ultimate particularly vulnerable population, at risk of psychiatric complications either during direct exposure with or by proximity to the event, or when a member of their family is hurt. [26-28] Alarming, the images transmitted by the media play a key role in the onset of symptoms of post-traumatic stress. [4, 18] The severity of psychological harm is thus directly correlated to the exposure to these images. [6]

For example, during the attacks on the World Trade Centre in 2001, American children have faced an average of three hours of live images, to up to five hours or more in 25% of cases. [4] The effect of media on adult patients is definitely the same, albeit in a lesser extent. [14, 29]

2.3 The psychological consequences on the community. Terrorist acts not only reach individuals but also their families, colleagues, neighbors and ultimately the whole of society. The impact goes far beyond the individual direct victims. Following an attack, it is thus frequently observed in the general population the occurrence of risky behavior, with an increase in tobacco, alcohol and psychotropic drugs, an increase in risky sexual behavior, and a worsening of the peer relationships. [5, 7, 21, 30, 31] The economic and employment impact is also notable. Following the attacks on New York in 2001, nearly a third of Manhattan's residents have had to change one way or another professional activities, combined with periods of unemployment. [19]

Also the use of public transport (London Underground, Madrid train station), is challenged with frequent avoidance reactions and community phobias.

In the extreme situations, diffuse symptoms not explained by the attack itself were sometimes observed in the population. These protean manifestations

(fatigue, difficulty in breathing, headache, nausea, etc.) are sometimes grouped under the term mass psychogenic illness. [32] They have been described in military conflicts (the Gulf War), industrial disasters (nuclear accident at Three Mile Island) or after deadly attacks (World Trade Centre in 2001). The majority of these symptoms is related to anxiety disorders, rather than a real disease. [33] This type of clinical manifestations may become dominant in case of a CBRN (chemical, bacterial, nuclear, radiological) attack, whether real or fictional, and induce a major panic, as experienced by the health services during the anthrax crisis. [34] The main challenge for primary care physicians would be to identify cases of proven pathologies, among a multitude of manifestations of anxiety. [16]

2.4 Concept of resilience. Contrary to popular belief, the collective reaction of society rarely expresses itself in the form of panic or aggression. Instead, there have been noticed community support initiatives, materialized in the form of blood donations, spontaneous help to extract the victims from the debris, or to accommodate victims. [16]

The attacks in Madrid and London have demonstrated the capabilities of the civilian population to overcome the event and to continue their daily activities despite her fears to live in the same vicinity of the site of the attack. This individual and community capacity to overcome the trauma of the attack has crystallized around the concept of resilience, currently spearheading civil strategy against terrorism. [35] The attacks remain difficult to avoid, thus the concept of resilience aims to prevent its consequences on the population and to limit the potential gains that could benefit terrorists. In this sense, resilience almost has a deterrent effect and can be considered a real counter-terrorism strategy. It tries to minimize the emotional and psychological impact and to strip the terrorist act of its terror potential, unifying the entire population against the perpetrators of the attack. [35, 36, 37] This concept of resilience applies to several levels of the society:

- Individual resilience: the individual ability to overcome the trauma, spontaneous reactions to



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help other victims, as individuals show the tendency to gather in support groups.

- Societal resilience: the ability of the affected target to survive, to keep its habits, its independence and its rights.
- Political resilience: the ability of political structures to overcome the event and meet the population (the attack in Madrid's main railway station is excellent bad-example, as the lack of clarity and unity was very costly to Aznar's government).

The importance of accurate information and its quality, as given by the authorities, that the population recognizes and trusts is the cornerstone of the concept. [38, 39] The medical staff, fire-fighters, managers of public transport, municipal authorities and leaders civil society, play a key role here. [40] The reports sent out to the population (information about possible attacks, counter-terrorism strategy), the credibility of contingency plans and the existence of similar episodes when the authorities proved to be in control of the situation (see the IRA bombings in the London area, or the Israeli-Palestinian conflict) also allow for a better reaction of the whole society. [17, 40, 41]

2.4 Psychological Support for victims.

Most direct or indirect victims of a terrorist act are able to gradually deal with the stress of the event and do not require psychological treatment. [17, 41] Contrary to some media belief, the spontaneous appeal of the general population to professional psychological help is thus extremely limited. Using a systematic debriefing is also highly controversial and may even be counter-productive, or at best useless. [38, 39] Directly injured individuals or those who have suffered the loss of a loved one, or people who cannot escape the fear of the attack, are nevertheless likely to develop psychiatric complications and should therefore

be assessed and assisted in order to deal with the consequences of the event. The privileged position of the primary care physician allows for playing a key role here, by detecting and identifying patients at risk of developing symptoms of depression or post-traumatic stress. [42] The decision of a secondary referral to specialist treatment can be based on some anamnestic and clinical indices.

3. CONCLUSIONS & ACKNOWLEDGMENT

Attracting domestic and international public attention on "the noble goal" pursued by the terrorists in their need of solving problems caused by a conflict in a region on an ideology, the "injustice and persecution" that is subject to a social group is the core objective of these type of violent groups. In fact, public opinion is the main force to whom terrorism in terms of propaganda and psychological effect is addressing. Thus, by raising even a small segment of the population, terrorism causes a polarization of society in terms of supporters and adherents.

Apparently comprehensive and clear, the definitions of terrorism yield inevitable gaps and generalizations, if you submit them to a synchronic and diachronic comparative analysis. Such an attempt was made by Alex P. Schmidt and Albert I. Jongman in their paper on Political Terrorism published in 2001. They identified and scrutinized 109 definitions of terrorism given in different periods, effort which led to the identification of recurrent elements: violence, force - 83.5%; political act - 65%; **focus on terror fear - 51%**; threat - 47%; **psychological effects and anticipated reactions - 41.5%**; discrepancy between targets and victims - 37.5%; deliberateness, planned, systematic, organized action - 32%;

methods of combat, strategy, tactics - 30.5%. As terrorism does not have a unanimously accepted definition, if we were to link the words above, we would most probably come up with the most accurate description of this phenomenon.

Terrorism depends on the spread of a threat to the general public, as public opinion is the only factor that can push the political actors to meet the power demands of terrorism, given that political power has as a rule the refusal *ab ovo* to negotiate with terrorists, because such a process implies the recognition of the partner's legitimacy. As such, putting pressure on the general public gives terrorists the leverage they need to constraint the political class.

Terrorists quickly learnt and accepted a major lesson: the media are crucial in their campaigns; the terrorist act itself is almost nothing, while advertising is everything.

The result is a generalized state of panic and uncertainty resulting from the possibility of carrying out such an attack in any place at any time. The second effect they pursue is targeting symbols of the concerned entity or known personalities. The result in this case is general moral decline especially where the confidence in the system's ability to control a terrorist threat is concerned. The most telling in this respect is the strategy of Al-Qaida in the past decade.

Influencing the violence, calling for terrorism to achieve its goals, is a complex phenomenon that does not fit into the classical scheme of manipulation in which "A" influences "B" acting on emotions, interests or background. In the democratic system, the game is played by many participants: terrorist organizations, the media, the public, state authorities, and the political power.

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