Opinion and Debate

Terrorism and Mental Health: The issue of psychological fragility

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It is rightly said that the world is no longer a safe place to live due to the growing terrorism. According to the U.S. Department of State report, 'Terrorism is premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents, usually intended to influence an audience.[1] A universal medical and public health definition was proposed which is: "The intentional use of violence, real or threatened, against one or more non-combatants and/or those services essential for or protective of their health, resulting in adverse health effects in those immediately affected and their community, ranging from a loss of well-being or security to injury, illness or death."[2]

The terrorist incidents of Pan Am Flight 103, Oklahoma City bombing and attack on World Trade Centre has shaken the mental health of children and adults in United States. The incidence of Post-Traumatic Stress Disorder (PTSD) has been recorded to be quite high among adults while children exhibited depressive disorder, separation anxiety disorders, grief reactions as well as PTSD. A survey conducted on 512 participants out of whom 84 had been directly exposed to a terrorist attack and 191 had a family member or friend exposed to such an attack revealed PTSD among 48 participants, acute stress disorder by one participant and 299 reported depression.[3]

In a study[4] among Vietnamese refugees, people who were exposed to more than three trauma events had heightened risk of mental illness after 10 years compared to people with no trauma exposure. Results[5] from a meta-analysis indicates that in a year following terrorist incidents, the prevalence of PTSD in directly affected populations varies between 12% and 16%. A national household survey[6] on 4,023 people revealed six-months PTSD prevalence to be 3.7% for boys and 6.3% for girls, Major Depressive Episode among boys was 7.4% and 13.9% in girls, Substance Abuse Disorder had a six-month prevalence of 8.2% among boys and 6.2% for girls. In a study by Wanda,[7] children's responses to terrorism include acute stress disorder, posttraumatic stress disorder, anxiety, depression, regressive behaviours, separation problems and sleep difficulties. Adults, adolescents and children do get the effects from violence and terrorism depending upon the type of event and psychological endurance. However, it is important to note the fact that the experience of violence does not necessarily lead to psychiatric morbidity.[8] W.H.O. estimated that, in the situation of armed conflicts throughout the world "10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behaviour that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches."[9]

The matters in terms of violence are advancing with the passage of time that may possibly bring in more serious issues related to both physical as well as mental health.

Of late, there are reports of a new and dreadful invention of weapons of violence that are called Bio-electromagnetic Weapons. According to the description by an Institute of Science in Society, these weapons operate at the speed of light, can kill, torture and enslave without making physical appearance. It further adds that voices and visions, daydreams and nightmares are the most astonishing manifestations of this weapon system, it is also capable of crippling the human subject by limiting his/her normal range of movement, causing acute pain the equivalent of major organ failure or even death and interferes with normal functions of human senses. It can cause difficulty with breathing and induce seizures besides damage to the tissues and organs.

Through this form of terrorism, it is possible to persuade subjects that their mind is being read; their intellectual property is being plundered and can even motivate suicide or murder. Pulsed Energy Projectiles (PEPs) are another form of weaponry that is used to paralyze a victim with pain. According to Peter Philips, a scientist from USA, circumstances may soon arrive in which anti-war or human right protestors suddenly feel a burning sensation akin to touching a hot skillet over their entire body. Simultaneously they may hear terrifying nauseating screaming, which while not produced externally, fills their brains with overwhelming disruption. This new invention is dreadful addition to the armamentarium of weapons of abuse and torture. Manifestations of the effects of these occult weapons can mimic mental ill health and add further to the misery of the victims.

The potential threat from use of biological warfare agents is more devastating as they are not detectable before the attack and can lead the possible victims to a state of constant vigilance and anxiety.

Pakistan has witnessed numerous episodes of terrorism and the common people are unable to see light at the end of the tunnel in terms of a termination point. This includes suicide bombing, killings, threats and violent intimidations. Horrendous acts of terrorism were video recorded and released on internet sites.

We have yet to see the psychological morbidity among the surviving victims and witnesses of Islamabad Marriot Attack and similar multiple attacks in numerous cities of Pakistan.

There are a number of questions that would arise: Do we have national figures on mental health morbidity leaving aside few publications and recorded personal observations? Are there any national empirical studies being conducted on terror related mental health morbidity? Do we have enough capability to address the psychological disaster resulting from this state of affairs? Are the mental health professionals adequately trained in terms of 'disaster Psychiatry'? What is the magnitude of the problem among those who do not report the mental ill-health symptoms? Is there a need to equip the health system with the means and strategies to help the sufferers of terrorism? What can be done at the Family Practice level to begin with? Living in the midst of violence, should we not find effective ways to address the mental health morbidity before it is too late?

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