

Chapter 7 – EMPIRICAL STUDY OF THE TERRORIST THREAT: LESSONS FOR RESILIENCE FROM AFGHANISTAN

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I could have presented my past research, the cross-cultural PTSD study conducted ten years ago, which fits with the theme of this conference. However, I'd like to talk about the final phase of a study started after the NATO-Russia Advisory Board was formed to discuss research related to counter-terrorism operations – a study on the psychological aspects of terrorism threat. Terrorist attacks have direct and indirect victims with different traumatic stressors – PTSD factors. While lots of people have studied the direct victims of the 9/11 attacks, less studied are the indirect victims. Direct victims have traumatic stressors, but indirect victims also have traumatic stressors in the form of information about the actual of impending terrorist incident by means of the mass media and other sources. So there is an impact on the civilian population, even for those not directly involved. Some of the indicators are increased fear of death, rise in aggression, increased vigilance, emotional arousal, increased use of cigarettes, drugs and alcohol, increased anxiety and responses characteristic of PTSD – depression, symptoms of psychopathology and dissociation.

For the past six years, our faculty (at the Russian Academy of Sciences) has examined the effects of direct broadcasting of the acts and the exposure of the citizens to the acts, comparing the impact of TV and radio broadcasting on various populations in various regions. The study I will discuss is an integrated one with psychometric methods used by us and our US partners to identify symptoms of PTSD. The set of methods we used are conventional/widely accepted measures – the Mississippi Scale (MS) to identify PTSD, methods of Spielberger (State-Trait Anxiety Inventory) to measure anxiety, the Eysenck Personality Questionnaire (to assess personality traits), the Lifetime of Experiences Questionnaire (to measure current mental activity levels (and how active over the lifetime)), and the System Checklist 90 (to determine expression of psychopathological features and assess levels distress). There is no existing special toolkit to determine the intensity of individual experiences and emotions of those who lived through the (terrorist) attacks. It took two years to develop a special questionnaire to determine the emotions and other psychometric methods (test of validity). The questionnaire had 50 questions and looked at the impact of mass media on civilian populations. The questionnaire had a validity of .93, estimated by means of a comparison of scores of QTT index between the different groups – psychiatric patients and health groups.

There were 494 subjects overall, a group in Moscow (n = 288), a group in the Chechen Republic – Grozny, Gudermes (n = 73) and a group of the residents of Chita in Eastern Siberia (n = 133). We looked at the remote experience of terrorism. To look at the indirect impacts, we performed another test – an associative test (fear, death, explosion, pain, murder, disaster, blood, tear, victims) – a sentence like “terrorism is...”. After analysis, we had a semantic mapping based on frequency of associated words, a rank ordered list. We processed the data statistically. Overall, “fear” was the top association (n = 264), followed by “death” (n = 224) and “explosion” (n = 129). The remaining associations, in order of ranking were “pain”, “murder”, “disaster”, “tear” and “victims”. We found that in Moscow the highest word association is fear, in Chechnya murder and death and in Chita there were no significant associations.

Another method was used to determine how intense the feelings are and males had much higher intensity in their responses than females (3:1). The group exhibiting the highest and most intense response/reaction (based on the Total Index QTT) was Chechnya (145.5) relative to the group from Chita (139.4) and the group from Moscow (128.5). How to explain this provocative response? Simon Wessely, in an article on the London bombing, wrote that Londoners were very resilient. It could be hypothesized that Moscow, a city that has been subjected to a higher number of stresses, is more resilient, or more tempered, used to continuous stresses. They don't seem to react as much to the media messages. This assertion should be backed up by empirical data at some point.

Another thing, quite important, is that people respond to stress in a different manner – some suffer from the exposure to stress, some fall ill and others do not. However, there was not enough data on how people live through stress. In our study of how people respond to stress, how mass media manipulates emotions, the subject group was divided into three parts – one group with high PTSD levels, (here we look at emotions and intensity and correlate with PTSD), no PTSD symptoms and partial PTSD manifestations. We analyzed how the groups' PTSD manifestation reflected or was associated with the intensity of the attacks. Overall, the study group contained individuals with high level PTSD ($r = .148$), moderate levels of PTSD ($r = 0.02$), and no PTSD ($r = .14$). If one looks at sub-scales – Obsessive Compulsive Disorder (OCD), anxiety, MS scale, we can measure the interrelation with PTSD.

Perception of the terrorist threat doesn't depend on age or gender, but rather is interconnected with negative emotions – higher anxiety, decreased adaptation, and somatic discomfort. Emotionally unstable, introverted people who suffer from different symptoms are prone to more intense perceptions of the terrorist threat. Others aren't affected. For those who exhibit some psychological indications or sub-clinical states, we cannot predict what will happen or make a definite diagnosis because the development can proceed along different lines. They could develop problems that can't be diagnosed (not covered by the factors in the study). Perception of the threat is correlated with intensity of PTSD symptoms. Thus the terrorist threat is a traumatic stressor. Now we have a new stressor due to (the H1N1) influenza. We need to assess this new threat, using this methodology and thus create a screening method for psychological systems.

7.1 DISCUSSION

(Krasnov) The suicide rate in Moscow is lower than regional rates – it's (at 12/100,000) comparable to Berlin or Warsaw. Maybe the people of Moscow and St Petersburg feel they are defended and supported by specialists, including this Institute, who are ready to help them. In Siberia, people feel forgotten and undefended; the local power brokers follow their own interests and have not demonstrated that they care about the peoples' health and resilience. Russia consists of very different regions from north to south and the people are very different. A lot depends on the local organizations and how care of the population is organized. People in some places are very prone to media influence; in Moscow they'll change the channel. When we were planning this study we understood that the impact on a person is conditioned by a great number of factors. So we tried to eliminate social factors and focus on other factors. We had to use tools that were stable, not overly dependent on the influence of external factors. For example, we would like to understand why TV images are so influential, what is the mechanism behind the influence of these powerful images in which no decoding is necessary and pictures go 1:1; that is, they are directly understood. After all, people who live away from sites of terrorism exhibit symptoms of PTSD, something that needs to be studied in depth. We use a lengthy survey in order to understand what is going on. Our work is a pilot project that has raised a lot of social and psychological questions, which is one of its purposes. We wanted to start cross-cultural studies and compare different data with similar methodologies. We have a cross-cultural study with veterans from Vietnam and AFG. The results were quite stable – same approach, methodologies. The results of studies depend on many factors; we can't use one ruler to measure all factors.

(Krasnov) Simon Wessely presented his work that looked at the influence of a small population of London. His group got different results for different parts of London – different for the city centre, etc. These results were unexpected, but not viewed as tragic. They didn't study the Russian population of London. Now you have your data on Moscow. Is resilience associated with big cities or cities that went through World War II? Maybe it's in their mentality that they are survivors? I think some of this needs empirical study. Russia is obvious as the first site. Instead of experiments, we could make the judgment relative to the perception of threats. I think the experience of people is valid and important. Muscovites show lower level responses to threat. It's a terrible place, stressful. Yes, there is still a part of the population that develops such signs. Explosions in the underground provoke discussion of negative expectations and media coverage filled with negative emotions. They prepare horrible things in TV programs and newspapers and naturally they make the perception worse.

(Danielsen) I see the same patterns in sociological and anthropological research of risk assessment and fear. It was interesting the way you used the media in your research. The swine flu thing was crazy – a media hype. No one died in Norway. People in Norway went crazy because three people died in Mexico from swine flu. Our Minister of Health said 130,000 people would probably die from the swine flu. A professor said that it wasn't a big deal, that normally 100 people or so die from these influenza viruses and counselled people to relax and wash their hands (to prevent getting the flu). Media impact is huge in isolated places.

(Krasnov: Question for Danielsen) I was interested in your presentation. I want to broaden the question you raised. Not only do we have to account for culture, we need to present an alternative ideology. In conflict, we have the aggressor, the group defending the people and the actual people of a culture. If an aggressor comes, the population supports the defending group. We can identify the cause of the failure in Iraq by recalling Soviet history. In the Western Ukraine after World War II, they had armed opposition to Soviet power. Stalin identified the group and they were sent to Siberia or exterminated. A new Soviet ideology was successfully introduced as a replacement for the old ideology and the counter insurgency was extinguished. Popular support for the defenders was stopped. Now we're trying to combat Islamic fundamentalism; however, we aren't suggesting an alternative in order to stop the support for the defenders of their culture. What is your opinion?

(Danielsen) We try to use military force to take land, but we don't want land. We want them to change the way they think and act. So we're using a tool that doesn't fit.

(Varus) Sending people to Siberia isn't the way we want to do it today. We don't know what we want to do and we haven't agreed what we want to gain from it. It's difficult, like raising kids. You can't say, "don't shout" while shouting. It's the same thing. In order to make people civilized, you have to be civilized. You have to provide a role model. In Chechnya they want to be civilized and modern, but in their own way. You need a military and political end state in mind. I agree with you that in order to do and believe something else you have to provide an alternative. Like drug addicts – if they don't have a job or something else, they won't quit.

(Wientjes) There needs to be an alternative. We should avoid a political discussion. There needs to be strong agreement between Nations that military power isn't enough. We need an integral and encompassing effort including civilians. Also a lot of work needs to be done in terms of the reconstruction. These are difficult issues. Obama didn't develop a military end state and that makes people focus too much on the military. At NATO Headquarters, we discuss this on a daily basis.

(Jongman) The Sri Lankan government was very tough on the Tamil Tigers and in a few months completely defeated them. What will the long-term results of killing 10,000 people be? How do we generalize this? There is a huge humanitarian crisis. We have the Pakistani government going into areas and creating a huge humanitarian crisis involving lots of refugees – 2 million and another 500,000 coming from Waziristan. These are big challenges in terms of how to deal with this – should we adopt the Sri Lankan strategy or will the refugee camps foster more terrorism?

(Aleksanin) I am reminded of the historical context of Soviet War in Afghanistan from 1979 – 1989. Apart from military operations, some policies were in place for reconstruction and political support. Industrial work was done. Ten years later, the decision was made to withdraw. Still, the democratic government of Afghanistan remained and stayed in power for two years. It was replaced by the Taliban and you know what resulted. Clearly a military solution needs to be complemented by social reconstruction and other associated activities.

