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Hypothesis Article

# The Impact of Terrorism on the Mental Health: Jammu and Kashmir (India)

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## Abstract

Human behaviour is more or less influenced by his needs, motivations and other desires for achieving a goal and non-fulfilment of set goals leads to frustration. However, magnitude of individual's frustration determines his future course of action for the attainment of these goals. According to frustration-aggression paradigm inability to tolerate the effects of frustration becomes the potential cause of violent behaviour. Human goals are multi-faceted including political motives, regional aspirations, religious superiority, cultural dominance, etc. Violence, terrorism, militancy and insurgency are the real expressions of non-containment of human behaviour unacceptable to the member of the society or citizens of any country.

***Keywords:*** *Terrorism; Mental Health; Frustration*

Mental health has been described in such terms as creativity, spontaneity in interpersonal relations, integrated personality, correct perception of oneself and of one's environment. As person's mental health is related to his attainments of positive goals, the negative goals become the source of mental illness. The significance of mental health is by and large depending on an individual's positive-ness towards his fellow members in the society itself. Adaptation to extreme social and physical environment might provide long-term benefits to Mental Health [1]. The question of mental health is related with the circumstances of individual's social and cultural life, past and present and the state of his emotional, social and spiritual life. Triandis [2] related health to physical and social surrounding.

The importance of mental health is nothing new in the history of mankind. Human beings have mainly two kinds of health, physical or physiological and mental or psychological. Mental health has also been defined as optimum development of human abilities, optimum growth towards maturity with freedom from neurotic tension. It is also an ability to maintain relationship with other individuals and groups.

Mental health was considered to be a reflection of individual response to stress and change in social, cultural, economic and social environment [3]. Mental health is explained in terms of negative or positive of the scale value, which differs from individual to individual. On the other hand, avoiding negative goals, mental illness is reduced. Moreover, a person with emotional problems may have mental health problems correspondingly who can be helped. The closely related problems with Mental Health are addiction, violence, etc. [4].

Benjamin Netanyahus, 1978, at a Jerusalem sponsored international seminar on terrorism, "is the deliberate and systematic murder, maiming, and menacing of the innocent to inspire fear for political ends". Innocent people are killed in any conflict or war. Civilians, then, are the keys to the terrorists. They kill civilians, and more often than not, they hide behind them-hoping that the prospect of more innocent deaths will help them escape retribution.

According to Walter Laqueuer, 1977:125, "Terrorists are fanatics and fanaticism frequently makes for cruelty and sadism". Taylor (1994:92) notes that two basic psychological approaches to understanding terrorists have been commonly used: the terrorist is viewed either as mentally ill or as a fanatic.

Often, terrorism is treated as a recent concept. The term "terrier" was derived during the French Revolution of the 1790's, when it was used to describe what is known as the 'Jacobean excesses'. Terror or terrorism is based on the latin verbs "terrier" and "deterre". Terrere means to cause to tremble, deterre means to fight. These work forms are now quite adequate to describe the ubiquitous phenomenon of these generations well. Terrorism, then, is a form of intimidation designed to influence politics and Government behaviour.

In United States it is defined as "those acts of violence or threat, aimed at a state or organization with the intention to damage its interests or obtain concessions from it".

"Terrorism, however, is not mindless violence". The terrorist action may be incredibly destructive and evil, but the events are generally very well planned, well-rehearsed, and well executed. Terrorism is often a grandiose display of power and military skill. Terrorism is a means to an end, not an end in itself. It has real goals and definite objectives.

Violence is considered to be 'pathological' behaviour. Mackenzie [5] defines violence as "the exercise of physical force so as to inflict injury on or cause damage to persons or property; action or conduct characterized by this, treatment or urge tending to cause bodily injury or forcibly interfering with personal freedom".

Terrorism creates a psychological state of extreme fear and anxiety totally out of proportion to the physical damage it causes in terms of loss of life and property. The total number of causalities as a result of terrorist acts or due to counter-terrorist action by the security forces is only a fraction of what could be caused during conventional war, even in one being fought between two small powers or during a civil war.

The possible reasons of terrorism lie 1'n different psycho-social factors such as frustration in life, suppression by others, lack of equal opportunities, tendency to dominate, deprivation, poverty caste hierarchy, lack of wisdom of ruling group, cultural diversities and change in value systems, fundamentalism and revivalism, feelings of insecurity, ethnic identity etc. [6] are the root causes of such behaviour of terrorism or militancy.

The turmoil in Kashmir started in 1988. For the last 18 years due to militancy, everyone is scared, and streets become deserted when it gets dark, and except the sound of gunfire here and there, there is deathly silence everywhere. In this state of fear and anxiety, the essential services do not function properly, if they function at all. People see an atmosphere of neglect and decay everywhere. The deepest anxiety amongst ordinary people arises when they fear a collapse of law and order, and also fear that they and their loved ones are vulnerable to the armed intruder. Thus they can protect neither their life nor their property. Terrorism works towards a collapse of the social order and terrorists exploit this situation by trying to project them as a better alternative.

The State of Jammu and Kashmir was under indigenous Muslim rule, which continued for 250 years till Akbar annexed Kashmir to the Mughal Empire in 1586. The next four centuries (361 years to be precise) are regarded by the Kashmiri's as a period of slavery- when they were ruled in turn by the Mughals, Pathans, Sikhs" and Dogra kings. Maharaja Sir Hari Sigh was fourth in the line of Hindu Dogra rulers.

The boundaries of Jammu and Kashmir State are common on one side with China, the other with Pakistan and with Himachal Pradesh. Kashmir has pre-dominantly Muslim population. In Jammu region three districts namely, Doda, Poonch and Rajouri. are the Muslim majority areas where as the rest is Hindu dominated area. In Ladakh region the Buddhists are in majority, except for Kargil district, which has shiite Muslim dominance.

Whatever be the perceptions "On Kashmir Accession with Indian Union" all are well aware of its disputed character. This issue/has been one of the contention issues between the two formidable neighbors of South Asia, i.e. India and Pakistan which are responsible for the continued strained relations between these republics since October 1947. The dispute over Jammu and Kashmir is thus fifty years old.

The people of Jammu and Kashmir do not hold uniform viewpoint on Kashmir problem and are divided in different sections, one favouring accession with India, other with Pakistan and another for the separate independent entity of the state. Thus, these are undoubtedly three-parts in Kashmir dispute- India, Pakistan and people of Jammu and Kashmir state. Any viable and everlasting solution to this dispute can be achieved only on the participation of all the three parties in the negotiations. Due to the perceived or actual injustice, the dissatisfaction of the people of Kashmir particularly after 1984 was due to political mishandling. Since then anger and frustration started taking place giving rise to insurgency and terrorism which got support of external forces or across border.

In order to counter or curb these activities large numbers of army personnel have been developed. During the ongoing militancy women have suffered the most. Innumerable cases of atrocities meted by Kashmiri women at the hands of different agencies have suffered during the past turbulent decade. The women have been molested, nabbed and raped, which left an impression of insecure life on the side of women folk. In Kashmir women have been the worst sufferers of the ongoing strife. Studies show women form bulk of the cases of anxiety and depression related psychiatric disorders. A recent study done by the Sociology Department of Kashmir University while releasing a project report (2000) showed that women and children were the worst sufferers. Although sufferings of women and children apparently seem to be must but in reality every class, group, and section of people suffered in Kashmir due to insurgency, terrorism and counter terrorism.

Due to these reasons they lack motivation, feel depressed are under stressors and lack emotional balance. These psychological factors result in the form of imbalance and disturbed personality, poor mental health and many other psychological diseases.

In this study an attempt has been made to see the condition of mental health of different people who are affected by these factors like terrorism, insurgency etc. They are common masses, militants and army personnel involved directly or indirectly in violence.

## Hypotheses

### The following hypothesis were formulated

1. There will be significant difference between the militant groups and the army personnel on mental health scores.
2. There will be significant difference between army personnel posted in peace areas or less affected areas and army personnel posted in highly affected areas on the mental health scores.
3. There will be significant difference between mental health of common masses and those of militants and security forces.
4. There will be significant difference between people living in highly affected areas and people living in less affected areas on the scores of mental health.
5. Mental health of all the three groups, namely militants, security forces and common masses will be significantly different from each other.
6. There will be significant difference in the mental health among the people who are living in highly affected areas and the army personnel who are posted in highly affected areas.

## Method

### Sample

The present study was planned to investigate the impact of terrorism/militancy on the mental health of three different groups namely, militant group, army personnel, and common masses in the state of Jammu and Kashmir. 120 subjects from three groups, i.e., militant group, army personnel, and common masses in Jammu and Kashmir each consisting of 40 subjects. All the groups were further divided into two subgroups consisting of 20 subjects each. Army group was sub-divided on the basis of those posted in highly militancy affected areas and those posted in less affected areas. Similarly common masses were divided on the basis of those living in highly affected areas and less affected areas. Militant group included those who surrendered three years earlier and those who surrendered recently. The sample was randomly drawn from different areas of Jammu and Kashmir.

### Tools used

All the subjects (militant group, army personnel, and common masses) were administered mental health scale by Husain and Sharma 1996 developed on the lines of RG.I. Health Questionnaire.

### Procedure

Sample of the present study comprised of militants, army personnel and common masses belonging to two different environmental conditions (areas) of the Jammu and Kashmir. First, scale was administered to militants who had surrendered three years earlier and those who surrendered recently and were presently in the central jail of Jammu. The next group, i.e. the army group, scale was administered to those who were presently posted in highly affected areas like Srinagar, Baramula, Kupwara and Doda districts and to those army personnel who were presently posted in peaceful or less affected areas like Jammu, (Kathua, Udhampur and Rajouri). Similarly, scale was administered to those local people of Jammu and Kashmir who were living in highly and less affected areas.

### Design

**This study had a 3 x 2 factorial design. It was as under:**

| A | | **B** | | **C** | |
|---|---|---|---|---|---|
| Group I | Group II | Group I | Group II | Group I | Group II |
| 20 | 20 | 20 | 20 | 20 | 20 |

Group A: Militant Group (40)
Group I includes those who surrendered three years earlier (N = 20)
Group H includes those who surrendered recently (N = 20)

Group B: The army group (40)
Group I includes those who were posted in highly affected areas (N = 20)
Group II includes those who were posted in highly affected areas (N = 20)

Group C: Common Masses (40)
Group I includes those who were living in highly affected areas (N = 20)
Group II includes those who were living in less affected areas (N = 20)

### Analysis of Data

For analysis of data 3 x 2 ANOVA, Duncan's Range and t- tests were applied.

## Results and Interpretation

The results and interpretation are given in the following tables:

| Sources of Variance | SS | DF | MS | F | P |
|---|---|---|---|---|---|
| Groups ABC | 905.272 | 2 | 12.096 | 12.096 | .000 |
| Category LH | 33.075 | 1 | 33.075 | .884 | .349 |
| Two Way Interaction | 60.200 | 2 | 30.100 | .804 | .450 |
| Total | 60.200 | 119 | 44.240 | | |

***Table 1:*** *The following ANOVA table shows the comparison among three groups namely. Group A (Militants), Group B (Army) and Group C (Common Masses) from two backgrounds on Mental health scores.*

The above table shows that Group A (Militants), Group B (Army) and Group C (Common Masses) differ significantly on the scores of mental health, as the level of significance is .000. The subjects from three groups belonging to less and high affected areas did not show and significance of difference on Mental health scores.

| Group | N | Mean | Level of Significance |
|---|---|---|---|
| A (Militant Group) | 40 | 46.175 | .05 |
| B (Army Group) | 40 | 51.925 | .05 |
| C (Common masses) | 40 | 62.075 | .05 |

***Table 2:*** *Comparison among three groups on Mental health with the help of Duncan's Range Test.*

The above table shows that Group C differs significantly from Group A and Group B at .05 level of significance. The Mental health scores of the common masses is the highest followed by army and militant groups respectively.

| Group | N | Mean | SD | t | p |
|---|---|---|---|---|---|
| Category I | 20 | 45.750 | 5.581 | .48 | .633 |
| Category I | 20 | 46.600 | 5.586 | | |

***Table 3:*** *Mean comparison of two sub categories of Group A (MilitantGroup) on mental health scores by using 't' test.*

The above table depicts that the two sub groups i.e., Category I (who surrendered three years earlier) and Category II (who surrendered recently) do not differ significantly from one another on the mental health scores.

| Group | N | Mean | SD | t | p |
|---|---|---|---|---|---|
| Category I | 20 | 52.800 | 6.296 | .74 | .463 |
| Category I | 20 | 51.350 | 6.063 | | |

***Table 4:*** *Comparison of mean of two sub categories of Group B(Army Personnel) on mental health Scores.*

The above table depicts that the two sub-groups i.e., Category I (those posted in highly affected areas) and Category II (those posted in less affected areas) do not differ significantly from one another on mental health scores.

| Group | N | Mean | SD | t | p |
|---|---|---|---|---|---|
| Category I | 20 | 53.200 | 6.237 | 1.23 | .226 |
| Category I | 20 | 5.650 | 6.846 | | |

***Table 5:*** *Comparison of two sub categories of Group C (Common Masses) on the scores of mental health.*

The above table depicts that the two groups i.e., Category I (who are living in highly affected areas) and Category II (who are living in less affected areas) do not differ significantly from one another on mental health scores.

| Group | N | Mean | SD | t | df |
|---|---|---|---|---|---|
| Category I | 20 | 50.058 | 6.651 | .636 | 38 |
| Category I | 20 | 46.600 | 5.585 | | |

***Table 6:*** *Comparison between two groups namely Group A (Militants) and Group B (Army) on the Mental health scores.*

**Group A:** Mental health of militants who surrendered recently.

**Group B:** Mental health of army personnel posted in highly affected areas.

The above table depicts that Mental health of Group B (Army) was found much better than that of Group A (militant group).

## Discussion and Conclusion

For the past two decades 'terrorism' has spread and engulfed the entire world. In the face of escalating tensions created by terrorism and the after shocks and trauma of violent crime, it becomes essential to study the psychological aspects of communities who confront terroristic incidents constantly and a terrorizing environment. While cultures differ, it is amazing how many people are alike. Citizens of all cultures perceive threats to their security and safety in a negative manner. They long for stability and peace in their homelands. Most people want to be able to provide themselves with necessities, rather than fight.

There is no dearth of evidences related to the worldwide terrorism. A total of 4220 terroristic incidents were reported by the International Association of Chiefs of Police (IACP) worldwide for 1987. The data plainly indicate that terrorism is increasing and that multiple deaths and destruction are increasing enormously. Terrorism in India still occupies the centre-stage in many parts of the country specially Jammu and Kashmir where it has dominated almost every aspect of the life of its citizen for years. Terrorism creates a state of mind where anxiety and fear dominate the people's thinking and behaviour. Terrorist succeeded in creating such an effect in Kashmir for the last eighteen years.

The present study investigated the impact of terrorism on the mental health of the militants (Group A), army personnel (Group B), and common masses (Group C) in the state of Jammu and Kashmir. For this purpose, 3 x 2 design was applied. Sample of the study comprised of 120 subjects. Three groups were taken which included militant group, security forces and the common masses each consisting of 40 subjects. All the group were further divided into two sub-categories each consisting of 20 subjects. This division was done on the basis of highly affected and less affected areas of Jammu and Kashmir (India) and the sample was drawn randomly. Results were obtained through analysis of variance (ANOVA) Duncan's Range test and t-test, which showed that the three groups, i.e., Group A, Group B, and Group C differed significantly from one another.

The table 1 showed that all the three groups i.e., Group A (Militants), Group B (Security forces) and Group C (Common masses) differed significantly from each other on the scores of mental health.

Referring to table 2 which shows the results of Duncan's Range Test as applied to mental health scores of three different groups, i.e., A, B, and C. It was found that Group C (Common masses, mean = 52.075) differed significantly at .05 level from Group B (Security forces, mean = 51.925) and Group A (Militants, mean = 46.175). Mental health of common masses was found much better than that of "militant group and security forces because common masses have less threat to their lives as compared to other two groups who are at logger head every time.

The tables 3 to 6 showed the results that there was no significant difference found when means of all the two sub-categories of the three groups, i.e. Group A, Group B, and Group C with respect to their mental health scores were compared.

On the basis of the results, hypotheses were proved according to which there would be significant difference between militant group, army personnel and common masses on mental health scores. Mental health of common masses was found better than that of security forces and militants. Security forces had better mental health scores as compared to militants.

There are few studies conducted, which depict the noxious and delirious impact of terrorism and violence on the psychological well-being of the people. Most of the studies have emphasized the post-traumatic stress disorder (PTSD) of the people who have survived the terrorist attacks. Poor Mental health and Depression are highlighted in many related studies along with other related psychological abnormalities.

The study by Bilkis., *et al.* (1996) tried to detect and record the mental health of 58 refugees (18 - 64 years old) of war who were victims of traumas and torture. Study revealed that 70.7 percent of the sample had personal experience of traumatic events because of the violence in war. While a possible prevalence of psychiatric disorder was found in 64.1 percent. Results revealed that traumatic events and age were the main factors related to the condition of mental health of the subjects. The results of our study are in consonance with the results of this study.

Sidhoum., *et al.* (2002) studied terrorism, traumatic events and mental health which suggest that the effects of violence include a lack of trust, feelings of hopelessness, and a decline in social cohesion and support. The effects threaten to become long-term after effects of the crisis. The results of this study too are supported by our findings. Pyszczynski., *et al.* (2002) studied the psychology of terror which explores the emotions of despair, fear and anger that arose after terrorist attack. It says that human react the way they do to the threat of death and how these reactions influences their post-threat cognition and emotion. This study also supports the findings of our study.

Hoge., *et al.* (2002) studied psychological consequences after terrorist attack which suggest that diagnostic groups showed depression, anxiety, acute and post-traumatic stress disorder, substance use disorder and other behavioural health problems and adjustment reaction in adults. The results of this study too are supported by our findings [7-10].

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