

Impact of Threat of Terrorist Attack on Social Interaction Anxiety and Death Anxiety among Young Adults

Iram Batool¹, Fatima Zulfiqar²
& Ruqia Safdar Bajwa³

Abstract

Terrorism is one of the biggest challenges of the world and it is difficult to specify its reasons and impacts. It is a fear inducer among masses, and victimize people physically (directly) and psychologically (indirectly). Pakistan is one of those countries of the world in which such cruel acts i.e. suicide blasts, target killing and serial bombings, happen repeatedly. Experts believed that in such circumstances people might have high death anxiety, and social interaction anxiety. Presented study was aimed to explore these variables during the time of threat. Study was completed in two phases, Phase I was the time when institutions were under the threat of terrorist attack and phase II was when they come out of high alerts (A-B design). Data was collected from two main institutions of Multan City i.e. Bahauddin Zakariya University and Nishter Medical College. Death Anxiety Scale and Social Interaction Anxiety scale were used. Sample of 205 individuals age ranged from 18-27 years old were included. For analysis, paired sample T-test was done to explore the differences. Findings of the study revealed significant differences, Social interaction ($p < 0.01$) and death anxiety ($p < 0.01$) was significantly high in pre test phase and coping strategies is more likely to be adopted when exposed with anxiety. Moreover, it can be speculated that terrorist threats have strong impact on psychological state of individuals.

Keyword: Terrorism attack, social interaction anxiety, death anxiety, young adults.

Introduction

Terrorism is demarcated as “Acts of violence deliberately perpetrated on inhabitants’ non-combatants with the purpose of furthering some ideological, religious or political goal” (Borum, 2004). Hundreds and billions of dollars were used by world on counterterrorism measures against the four hijacking since 11 September 2011 (Sandler et al., 2009). The issue of terrorism is very much complex and many researchers have thrown light on this issue which have told us

¹Assistant Professor, Department of Applied Psychology, Bahauddin Zakariya University (BZU), Multan, Punjab- Pakistan.

²Member, Department of Applied Psychology, Bahauddin Zakariya University (BZU), Multan, Punjab- Pakistan.

³Lecturer, Department of Applied Psychology, Bahauddin Zakariya University (BZU), Multan, Punjab- Pakistan.

that there are many reasons and causes are involved. In past few years, terrorist attacks claimed 36,495 lives and injured 27,985 people in Pakistan as a result of 3,482 bomb blasts and 281 suicide attacks (Malik et al. 2015).

Large number of expenditure is needed to tackle terrorist activities such as intelligence, military action, police investigations and defensive measures all over the world. Many questions were aroused like does the economic crises and debt is faced by industrialized countries due to the threat of terrorist warrants? (Gaibullov, Sandler, & Santifort, 2011), In what ways the risk of terrorism has changed from high profile hijacking on a flight to modern period of transnational terrorism (Hoffman, 2006)? Is domestic terrorism being more troublesome than transnational terrorism? Welfare interest is transnational terrorism. Throughout the 9/11 period how the terrorist modified the view of homeland safety to “war on terror” (Raza, 2016)? In what ways the supremacy of terrorist that changed from the left wing political views to religious fundamentalists has an effect on risk of terrorism? Are we safer today than yesterday? (Gaibullov, Sandler, & Santifort, 2011). Mental health of individuals is affected by the terrorist attacks. This makes them worried, anxious and depressed. They feel emotionally upset and unwell most of the time. And the stream of the terrorism which has made them worried even about their families they do not see themselves as well as their families on a safe place. There is a strong need of a collaborative and non-judgmental approach to adjust this issue (Hussain et al., 2012).

Anxiety is defined as an emotion which consists of worried thoughts, feelings of strain and some physical changes such as increase in blood pressure (APA, 2014). It is a widespread experience with everybody goes through it at some point in their lives. However, in many instances when this anxiety is incapacitating, chronic, disrupting of everyday life, causing extreme suffering and preventing growth then it is a reason of concern and call for professional treatment. Social anxiety is an end result of faith of negative judgment by others in social situations. People may consider themselves to be deficient in or having insufficient social skills needed in diverse social situations. This sense or conviction of insufficiency may subsequently cause them to fear social situations and even stay away from them. People with this anxiety may also think that their behaviour may be improper in the given social situation that may end in negative reactions and assessment from others around them. Worry about possible dishonour, ridicule and humiliation among or in front of a group of people causes extreme anxiety in these people.

Two inter-related dimensions of social anxiety has been anticipated by Mattick & Clarke, (1998) as cited by Kashdan (2004). Possible symptoms such as fear, avoiding meeting people, expressing their feelings to others and social

interaction and anxiety; where there is a fear and person avoids social situations in which he/she feels that he/she is being watched or observed, is social surveillance anxiety. Conversely, most studies look into social anxiety as a whole. At the same time as, social interactions are an overriding part of social life, they are also a leading aspect in the study of social anxiety.

Social anxiety is an inner state and for this reason it may not be evident in most situations unless the person suffering from it reports it. It may cause emotional problems (Muris, Schmidt & Merckelbach, 2000) and also affect apparent behaviour (Biederman et al, 2001). In certain cases, children who have social anxiety may exhibit externalized problems that can be traced to the anxiety of social interaction. Some children exhibit defiant behaviour, conduct problems, peer problems that are a result of their internal anxiety. A study was conducted on Pakistani university students who have expressed sadness about the horrible act of terrorism at both public and personal level (khan et al. 2016). Another approach in this regard have elaborated that there are different issues and measures are involved in this stream of terror and stress, and have also elaborated some coping strategies in this domain for the students (Khan et al. 2015).

There is an inter-linked connection between life and death and are frequently considered as opposite to each other. Most of the people avoid discussion related to death and may see death as an absurd topic. In some cases, whenever the discussion started on the topic of death or dying, people try their best to avoid such type of discussions (Corr, Nabe, & Corr, 2003). In order to conform with the social norms, euphemisms are used. To discuss death or dying in other words such as 'went to a better place', 'passed away', 'laid to rest', 'kicked the bucket', and 'moved on'. Hence, in modern society to some extent the thought of dying or death is very uncomfortable for people. Death creates anxiety among people and it is seen as that person has no control over it (Schumaker, Barraclough, & Vagg, 1988). Such phenomenon is known as death anxiety. A sort of attitude is hold by person towards death is considered as death anxiety. When a person thinks about the dying or death he has apprehensive and negative feelings (Richardson, Berman, & Piwowarski, 1983) which usually linked with the fear of death (Feifel & Nagy, 1981; Wink & Scott, 2005).

The phenomenon of fear of dying and death is common in all societies and in most of the times regarded as an important motivation for human behaviour (Becker 1973). Among fear of death and death anxiety many differences were made by former researchers, now most of the authors use these terms conversely, now fear of death in general is considered as a complicated construct (Lester 1994; Neimeyer and Moore 1994; Wong, Reker, and Gesser 1994), and many tools are available to measure different facets of fear.

On 16 of December, 2014 a terrorist activity was conducted by seven members of Tehrik-e-Taliban (TTP) in Peshawar (a north western city of Pakistan) on Army public school. According to the reports militants were not Pakistanis, belong to different other countries. The militants entered the school and started firing on children and school staff (BBC, 2014; DNA India, 2014), 141 people were killed included 132 school children and their age was from eight to eighteen years. Army's Special Services Group (SSG) of Pakistan launched a special rescue operation and killed all the seven terrorists and 960 people were rescued by them (BBC, 2014; The Guardian, 2014). The attack was deadliest one that could ever happen in Pakistan and far larger in magnitude than the 2007 Karsaz attack (saniha-e-karsaz) (CNN, 2014).

This study explains the impact of threat of terrorist attack on Social interaction anxiety and death anxiety among young adults under terrorist threat. The main objective of this investigation was to measure social interaction phobia and death anxiety which disabling the routine life of students. The aim of assessment was to provide multiple services for students and families including counselling and emotional support and psychological first aid. Terrorism has been spreading at a fast rate. The number of victims is spreading day by day which also includes students from school, colleges and universities. It has become a destructive issue in recent years. So, policies are needed to control this destruction and its impact. Operations like Zarb e Azab are going on these days held by Pakistan army to combat terrorism, along with a number of researches, educational and political programs are going on to increase insight of the destruction. The purpose of the study was to give rise to an educational practical implementation by having a study of their anxieties and its impact

Objectives

1. To explore the death anxiety in pre and post phases (1 and 2).
2. To explore the social interaction anxiety in pre and post phases (1 and 2).
3. To explore in which phase coping strategies will be adopted

Method

Participants

Students from Bahauddin Zakariya University and Nishter Medical College who were under terrorist threat in Multan were selected for this study. Sample size consisted of 205 participants. Students were assessed in experimental conditions and then the same students were reassessed in control conditions and results were recorded. Sample was drawn through purposive sampling technique.

Instruments

Three scales were used to assess corresponding variables.

Social Interaction Anxiety Scale

It is a self reported measure and is used to assess the discomfort when meeting with others (Mattick & Clarke, 1998). It is used for clinical purpose as well as for social anxiety researchers (Blanc, et. al., 2014). It consists of 20 statements and used to measure the severity of social interaction anxiety in terms of both phobia and anxiety. Thus it yields a separate score for both social phobia and social anxiety. People reports how much each item describes them on a 5 point likert scale ranging from 0 to 4. Score above 34 is termed as social phobia and the score above 43 is termed as social anxiety. The scale can differentiate between different anxieties.

Death Anxiety Scale

This instrument was developed by McMordie in psychological reports in 1979. The scale consists of 15 statements. 1 corresponds to high and 0 corresponds to low level of anxiety. Time of administration is 10-15 minutes.

COPE Inventory

It is used to assess coping strategies. It includes two kinds of statements some are called dysfunctional and the others are called as functional. The scale irrespective of the other scales is bipolar i.e. absence of a response implies a presence of other. The items are available in atleast 3 formats i.e. dispositional, time-limited version of past and time-limited version of present. The version used in the present study is a dispositional of cope inventory. Cope inventory is used when people are faced with difficult and stressful events they adopt coping strategies. It is a 60 items self-reported measure with four response categories. There are fifteen coping strategies focusing on mental disengagement, venting on emotions, using instrumental social support, growth, humour, positive reinterpretation, planning, acceptance, religious coping, behavioural disengagement, substance abuse. There are fifteen types of coping strategies in this scale focusing on mental disengagement, venting on emotions, using instrumental social support, growth, humour, positive reinterpretation, planning, acceptance, religious coping, behavioural disengagement, substance abuse and suppression of activities of competition.

Procedure

The research was carried out on students of Nishtar medical college and Bahauddin Zakariya University which were under terrorist threat. Formal permission for data collection was taken from both the institutes. All ethical considerations were taken into account. Confidentiality of information was ensured to all participants. Data was taken in two phases. Sample of students under terrorist threat were selected by using purposive sampling technique. All

participants were asked to fill Scales booklet which comprised of informed consent, demographic variables, Death Anxiety Scale and Social Interaction Anxiety Scale were given to each individual. It took 30 to 35 minutes to complete it.

Result

Results were analysed through SPSS. Paired sample t-test and descriptive statistics were applied on the data.

Table 1

Paired sample T-test analysis on Death Anxiety

Phase	N	M	SD	T	P
Phase 1	205	9.87	1.787	14.132	000***
Phase 2	205	7.95	2.189		

*p<.05, **p<.01, ***p<.001, M= Mean, SD= Standard Deviation

Table 1 depicts significant difference on the level of Death anxiety of phase 1 and phase 2. Looking at the mean column, there is a marked difference in the score of Death anxiety in phase 1 (M=9.87) which is larger than phase 2 (M=7.95). The p value is less than 0.01, which shows that the difference is statistically significant.

Table 2

Paired sample T-test analysis on Social Interaction Anxiety

Phase	N	M	SD	T	P
Phase 1	205	32.78	8.645	5.430	000***
Phase 2	205	30.21	10.981		

*p<.05, **p<.01, ***p<.001, M= Mean, SD= Standard Deviation

Table 2 shows significant difference in the scores of social interaction anxiety of phase 1 and phase 2. Looking at the mean column, there is a marked difference in the score of social interaction anxiety in phase 1 (M=32.78) which is larger than phase 2 (M=30.21). The p value is less than 0.01 which shows that social interaction anxiety was low in phase 2

Table 3

Paired sample T-test analysis

	Phase	N	M	SD	t	P
Positive	Phase 1	205	10.79	2.668		

reinterpretation and growth	Phase 2	205	10.70	2.634	2.235	.027*
Mental disengagement	Phase 1	205	10.34	2.607	3.380	.001**
	Phase 2	205	10.01	2.812		
Focus on advantaging of emotions	Phase 1	205	10.30	2.855	2.140	.034*
	Phase 2	205	10.27	2.848		

*p<.05, **p<.01, ***p<.001, M= Mean, SD= Standard Deviation

Table 3 depicts significant differences between phase 1 & 2 on mental disengagement, positive reinterpretation and focus on advantaging. The p value is less than 0.05 for positive reinforcement and growth, focus on advantaging and 0.01 for mental disengagement which represents that each coping strategies were more adopted in phase 1 where anxiety levels were high.

Table 4

Paired sample T-test analysis

	Phase	N	M	SD	t	P
Use of instrumental and social support	Phase 1	205	10.62	3.765	2.463	.015*
	Phase 2	205	10.53	3.763		
Active coping	Phase 1	205	10.91	7.907	2.521	.012*
	Phase 2	205	9.54	3.129		
Denial	Phase 1	205	8.46	2.711	2.497	.013*
	Phase 2	205	8.39	2.694		

*p<.05, **p<.01, ***p<.001, M= Mean, SD= Standard Deviation

Table 4 shows significant difference in the scores of use of instrumental and social support, active coping and denial of phase 1 and phase 2. The p value is less than 0.05 which shows that coping strategies were more likely to be adopted in phase 1.

Table 5

Paired sample T-test analysis

	Phase	N	M	SD	t	P
--	--------------	----------	----------	-----------	----------	----------

Religious coping	Phase 1	205	13.30	2.752	2.701	.007**
	Phase 2	205	13.17	2.762		
Humor	Phase 1	205	8.52	3.185	2.334	.021*
	Phase 2	205	8.44	3.081		
Behavioral disengagement	Phase 1	205	8.35	2.560	2.273	.024*
	Phase 2	205	8.26	2.603		

*p<.05, **p<.01, ***p<.001, M= Mean, SD= Standard Deviation

Table 5 shows significant difference in the scores of Religious coping, humour and behavioural disengagement of phase 1 and phase 2. The p value is less than 0.05 which represents that these strategies were more adopted in phase 1 where anxiety levels were high.

Table 6

Paired sample T-test analysis

	Phase	N	M	SD	t	P
Restraint	Phase 1	205	10.28	2.482	3.243	.001**
	Phase 2	205	10.14	2.392		
Use of social and emotional support	Phase 1	205	10.00	3.240	3.285	.001**
	Phase 2	205	9.79	3.209		
Substance use	Phase 1	205	6.05	2.531	1.647	.01*
	Phase 2	205	6.00	2.538		

*p<.05, **p<.01, ***p<.001, M= Mean, SD= Standard Deviation

Table 6 shows significant difference in the scores of phases of substance abuse (phase1&2), use of emotional and social support and restraint. The p value is less than 0.05 and 0.01 which shows that each coping strategies were more adopted in phase 1 and looking at the mean column, there is a marked difference between phases.

Table 7

Paired sample T-test analysis

	Phase	N	M	SD	t	P
--	-------	---	---	----	---	---

Acceptance	Phase 1	205	10.13	2.526		
					3.925	.000***
	Phase 2	205	9.54	2.810		
Suppression of competing activities	Phase 1	205	10.10	2.131		
					3.320	.001**
	Phase 2	205	9.76	2.465		
Planning	Phase 1	205	11.16	2.786		
					3.519	.001**
	Phase 2	205	10.73	3.057		

*p<.05, **p<.01, ***p<.001, M= Mean, SD= Standard Deviation

Table 7 shows significant difference in the scores of Acceptance, Suppression of competing activities and planning of phase 1 and phase 2. The p value is less than 0.05 and 0.01 which represents that each coping strategies were more adopted in phase 1 and looking at the mean column, there is a difference between phases.

Discussion

The study was conducted to check the death anxiety, social interaction anxiety and coping strategies among students under terrorist threat. Past researches have showed that people show more anxiety in critical situations (Mallet et al., 1991) and adopt more coping strategies in stress (Lauver, 2007; Chan, 1998). According to literature it was hypothesized that, mostly people (students) have faced difficulties in performing routine studies due to the fear of terrorist threat (Khan et al. 2016). According to the present research terrorist threat may affect coping strategies, social anxiety and death anxiety. The 3 factors death anxiety, social interaction anxiety and coping strategies vary and are different in two phases. The ratio of coping strategies, death anxiety and social interaction anxiety is more in phase 1 as compared to phase 2.

Statistical analysis indicated that there is a significant difference in death anxiety, social interaction anxiety and coping strategies among students in the two phases. Paired sample T-test was applied for analyzing the data. Result of paired sample t-test indicated that there was a significant difference in death anxiety, social interaction anxiety and coping strategies among the students in the two phases.

Terrorism these days is one of the growing problems in the country. It is creating problem not only nationwide but also across the nations globally (Malik et al. 2015). It had inflicted many cognitive, emotional and behavioural problems. The aim of the study was to evaluate major cognitive, emotional and behavioural

problems so that important strategies could be formulated for the coping of students in difficult threat situations (Khan et al. 2016). In this study, due to the high cognitive problems as well as death and social interaction anxiety among students, we suggest implementing further educational psychological programs to decrease the problems. Moreover, conducting more quantitative and comprehensive researches has suggested to evaluate specific effective factors in terrorism. Based on the mentioned points and also because a few studies have been done on this subject.

Conclusions

Terrorism is a major problem these days. There is a significant difference between death anxiety, social interaction anxiety and coping strategies among students under terrorist threat during phase 1 and phase 2. The phase 1 was the time of much chaos so the level of anxiety and coping strategies adopted at that time were high, compared to the phase 2 when level of anxiety and extent of coping strategies adopted was low. The students were most likely to report due to the severe difficulties.

Limitations and suggestions

There are few limitations and suggestions of presenting study which could be minimize to explore the deeper results of the study:

Sample was restricted to students of different colleges and universities which were threaten by terrorists, sample size could be enhanced to a broader level for more deep results. Some more psychological aspects could be explored along with the respective aspects. To get the in-depth results of the study qualitative and longitudinal approaches could be used. The concept of death anxiety social interaction anxiety and coping strategies is broad so it could be explored in a more broader way.

References

- "Pakistan Taliban: Peshawar school attack leaves 141 dead". BBC. 16 December 2014. Retrieved 14 November 2015.
- "Peshawar school attack: Over 10 killed in Pakistani Taliban attack, hundreds of students hostage". DNA India. 16 December 2014. Retrieved 16 December 2014.
- "Pakistan Taliban: Peshawar school attack leaves 141 dead" BBC 16 December 2014. Retrieved 16 December 2014
- American Psychological Association (2014). Anxiety. Retrieved from <http://www.apa.org/topics/anxiety/> on 1st June 2014
- At least 126, mostly children, slaughtered as Taliban storm Pakistan school". CNN. 16 December 2014. Retrieved 16 December 2014.

- Becker E., (1973). *The denial of death*. Free Press, New York.
- Biederman, J., Hirshfeld-Becker, D. R., Rosenbaum, J. F., Hérot, C., Friedman, D., Snidman, N., & Faraone, S. V. (2001). Further evidence of association between behavioral inhibition and social anxiety in children. *American journal of Psychiatry*, 158(10), 1673-1679.
- Borum & Randy., 2004. *Psychology of terrorism*, section 2 pp.6
- Chan, D. W. (1998). Stress, coping strategies, and psychological distress among secondary school teachers in Hong Kong. *American Educational Research Journal*, 35(1), 145-163.
- Corr, C. A., Nabe, C. M., & Con, D. M. (2003). Death and dying: Life and living (4th ed). Belmont, CA: Wadsworth.
- Feifel, H., & Nagy, V. T. (1981). Another look at fear of death. *Journal of Consulting and Clinical Psychology*, 49(2), 278.
- Gaibullov, K., Sandler, T., & Santifort, C. (2012). Assessing the evolving threat of terrorism. *Global Policy*, 3(2), 135-144.
- Hoffman, B. (2006). *Inside terrorism*. Columbia University Press.
- Hussain, J., Iqbal, S., Taj, R., & Khan, A. M. (2012). Impact of terrorism on mental health. *Annals of Pakistan Institute of Medical Sciences*, 8(1), 46-49.
- Kashdan, T. B., & Herbert, J. D. (2001). Social anxiety disorder in childhood and adolescence: Current status and future directions. *Clinical Child and Family Psychology Review*, 4(1), 37-61.
- Khan, Z. H., Watson, P. J., & Chen, Z. (2016). Muslim spirituality, religious coping, and reactions to terrorism among Pakistani university students. *Journal of religion and health*, 55(6), 2086-2098.
- Landes, W. M. (1978). An economic study of US aircraft hijacking, 1961-1976. *The Journal of Law and Economics*, 21(1), 1-31.
- Lauver, D. R., Connolly-Nelson, K., & Vang, P. (2007). Stressors and coping strategies among female cancer survivors after treatments. *Cancer Nursing*, 30(2), 101-111.
- Le Blanc, A. L., Bruce, L. C., Heimberg, R. G., Hope, D. A., Blanco, C., Schneier, F. R., & Liebowitz, M. R. (2014). Evaluation of the psychometric properties of two short forms of the social interaction anxiety scale and the social phobia scale. *Assessment*, 21(3), 312-323.
- Lester, D. (1994). The Collett-Lester fear of death scale. *Death anxiety handbook: Research, instrumentation, and application*, 45-60. Taylor & Francis, Washington, DC.
- Malik, M. S. A., Sandholzer, M., Khan, M. Z., & Akbar, S. (2015). Identification of risk factors generating terrorism in Pakistan. *Terrorism and Political Violence*, 27(3), 537-556.
- Mallett, K., Jurs, S. G., Price, J. H., & Slenker, S. (1991). Relationships among burnout, death anxiety, and social support in hospice and critical care nurses. *Psychological reports*, 68(3_suppl), 1347-1359.

- Mattick, R. P., & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety¹. *Behaviour research and therapy*, 36(4), 455-470.
- More than 100 children killed in Taliban attack on Pakistan school. The Guardian. 16 December 2014. Retrieved 14 November 2015.
- Muris, P., Schmidt, H., & Merckelbach, H. (2001). Correlations among two self-report questionnaires for measuring DSM-defined anxiety disorder symptoms in children: The Screen for Child Anxiety Related Emotional Disorders and the Spence Children's Anxiety Scale. *Personality and Individual Differences*, 28(2), 333-346.
- Neimeyer, R. A. (2015). *Death anxiety handbook: Research, instrumentation, and application*. Taylor & Francis.
- Neimeyer, R. A., & Moore, M. K. (1994). Validity and reliability of the multidimensional fear of death scale. *Death anxiety handbook: Research, instrumentation, and application*, 103-119.
- Raza, S. S. (2016). Anti-terrorism Legal Regime of Pakistan and the Global Paradigm of Security: A Genealogical and Comparative Analysis. *Review of Human Rights*, 2(1).
- Richardson, V., Berman, S., & Piwowarski, M. (1983). Projective assessment of the relationships between the salience of death, religion, and age among adults in America. *The Journal of general psychology*, 109(2), 149-156.
- Sandler, T., Arce, D. G. and Enders, W. (2009) 'Transnational Terrorism', in B. Lomborg (ed.), *Global Crises, Global Solutions*, 2nd Ed. Cambridge: Cambridge University Press.
- Schumaker, J. F., Barraclough, R. A., & Vagg, L. M. (1988). Death anxiety in Malaysian and Australian university students. *The Journal of social psychology*, 128(1), 41-47.
- Wink, P., & Scott, J. (2005). Does religiousness buffer against the fear of death and dying in late adulthood? Findings from a longitudinal study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60(4), P207-P214.
- Wong, P. T., Reker, G. T., & Gesser, G. (1994). Death Attitude Profile-Revised: A multidimensional measure of attitudes toward death. *Death anxiety handbook: Research, instrumentation, and application*, 121.