

Neo-Terroism : Impact of Violence Situation to Mental Health of People in Southern Border Provinces of Thailand¹

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Abstract

Violence situation in southern border of Thailand have dragged on since AD 2004 with more than 13,243 incidents causing injuries and deaths for over 15,931² people. The incidents tend to be called "constant violence" and move towards severe quality. This can be seen by the pattern of high destruction and loses upon the life and property of government officials and especially on the civilians. The violent situation have affected severely on the people's mental health as indicated by the direct proportion of statistical numbers of the mental sicknesses on the degree of southern violence that are increasing to the point of concern. This variation tends to be directly proportioned to the

quality violence rather than the quantitative one which is in line with the "Neo Terrorism" concept. Mental health of the people should be treated seriously and continuously and there should be more psychiatrist, psychiatric nurse and psychologist to work in SBP.

Keywords: Mental health, Southern border of, Violence situation

แนวคิดสงครามสมัยใหม่ : ความรุนแรงกับ สภาวะทางสุขภาพจิตของประชาชน ในจังหวัดชายแดนภาคใต้

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บทคัดย่อ

สถานการณ์ความรุนแรงในจังหวัดชายแดนภาคใต้ (จชต.) ยืดเยื้อมาตั้งแต่ปีพ.ศ. 2547 จนถึงปัจจุบัน และมีเหตุการณ์ความรุนแรงเกิดขึ้นแล้วมากกว่า 13,243 ครั้ง และเป็นผลให้ให้มีผู้บาดเจ็บและเสียชีวิตแล้วมากกว่า 15,931 คน⁴ สถานการณ์ความรุนแรงมีแนวโน้มที่เรียกกันว่าเป็นความรุนแรงที่มีภาวะคงที่ (constant violence) และมีการเปลี่ยนแปลงรูปแบบไปสู่ความรุนแรงเชิงคุณภาพมากขึ้น โดยเห็นได้จากรูปแบบหรือวิธีการในการก่อความไม่สงบที่มีลักษณะของการทำลายล้าง สร้างความสูญเสียมากขึ้น มุ่งให้เกิดความเสียหายต่อชีวิต ร่างกายและทรัพย์สินของทั้งเจ้าหน้าที่รัฐและประชาชนมากขึ้น โดยเฉพาะความสูญเสียต่อชีวิตและ

Introduction

Conflict problems leading to violent situations have plagued Southern border provinces of Thailand (SBP) since 2004. Up to now there have been over 13,243 incidents which resulted in more than 15,391 injuries and deaths. The cost of these tragedies and losses in Thai political society is beyond estimation. Although the Thai state, through every cabinet has tried hard and continuously over the past nine years in implementing various policies, allocating more than 140,000,000 baht of budget, and appointing numerous soldiers, police, and civilians for the region to solve the problems, its efforts are not adequately fruitful. The violent situations seem to get worse and more complicated regarding the nature of problems, causes, conditions, and contexts.

This research studied the impacts of the violent situations on the quality of life concerning mental health of the people in SBP in order to present concrete evidences of such impacts. Secondary statistics were used in analyzing the relationship between the violent situations and these people's state of mental health. This article consists of two parts: violent situations and concepts about a new form of war, and the relationship between violent situations and affected people's mental health.

In the past century, conceptual frameworks about security generally focused on the security of the state, particularly military security and national interests. Nevertheless, in the last two or three decades, there were a great deal of changes in both national and international politics which influenced the state's trends of thoughts and security strategies. The resulting phenomena were attacks which constitute "new war." Its unique characteristic is that in this form of war it is difficult to draw a clear line between opponents and identify the

ร่างกายของฝ่ายพลเรือน สถานการณ์ความรุนแรงส่งผลกระทบต่อสุขภาพจิตของประชาชน โดยเห็นได้จากสถิติการเจ็บป่วยด้วยโรคทางสุขภาพจิตของประชาชนพื้นที่ 3 จชต. ทั้งโรควิตกกังวล โรคซึมเศร้า และโรคจิตมีค่าสูงขึ้นหรือลดลงแปรผันไปในทิศทางเดียวกับสถานการณ์ความรุนแรงในจังหวัดชายแดนภาคใต้ และมีแนวโน้มจะสูงขึ้นอย่างน่าวิตกกังวล รวมทั้งยังมีแนวโน้มที่สอดคล้องกับความรุนแรงเชิงคุณภาพเป็นมากกว่าความรุนแรงเชิงปริมาณซึ่งเป็นไปตามแนวคิดเรื่องการสงครามสมัยใหม่ที่มุ่งสร้างความสูญเสียให้กับเป้าหมายที่เป็นพลเรือน เนื่องจากเป็นเป้าหมายอ่อนแอ ไม่สามารถป้องกันตนเองและต่อสู้ตอบโต้ได้ และเมื่อเกิดความสูญเสียจะสร้างความหวาดกลัว ความสะเทือนใจและ สะเทือนอารมณ์ให้กับสังคมได้มากกว่าเป้าหมายในฝ่ายความมั่นคง ดังนั้น สุขภาพจิตของประชาชนจึงควรได้รับการดูแลอย่างจริงจังและต่อเนื่อง และควรมีจิตแพทย์ พยาบาลจิตเวช และนักจิตวิทยาที่ปฏิบัติงานในพื้นที่ จชต.เพิ่มมากขึ้น

คำสำคัญ: ความรุนแรง, จังหวัดชายแดนภาคใต้สงคราม, สมัยใหม่, สุขภาพจิต

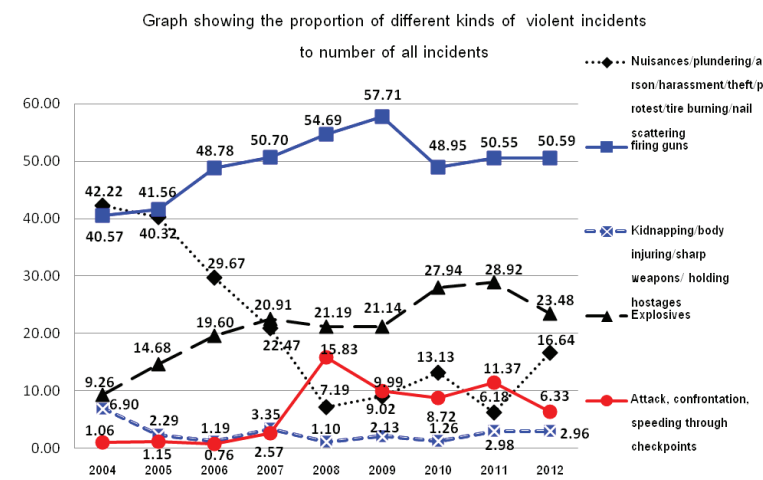
opposite as done in the conventional war when a state fights against another state, militants and armed groups, or organized criminal violence. Fighting the “new war,” the state cannot monopolize the use of violence; every level of society including individuals can cause violence and severely violate human rights as well.

This “new war” can also be called a “civil war,” an “internal war” or a “situation of low-intensity conflicts.” One of its important characteristics is in the change of warring method. Its strategy is based on the lessons learned from both experiences in guerrilla warfare and counter-insurgency operation during the cold-war period. This combination gives the “new war” a special form. In a conventional or general war the goal is to seize a territory through military strategies. The result of the war is dictated only by the strategic confrontation in the battlefield. On the other hand, the form of guerrilla warfare was developed to avoid mobilization to one single spot. Its seizure of a territory is achieved by controlling population politically through mass psychology rather than military moves. It also tries to avoid open confrontations as much as possible. Therefore, the strategies of the “new war” are to employ attacks that will produce distinct, horrendous imprints and to target at weak, helpless victims. Consequently, most of the victims are ordinary people or weak, defenseless civilian officials. Their injuries or casualties can bring greater emotional impacts on members of society than the security officers’. Such violence can cause fear and terror in general society as well.⁵

Violence Situation in SBP

The database of Deep South Watch reveals that the violent situations in SBP can be characterized by what is called “constant violence

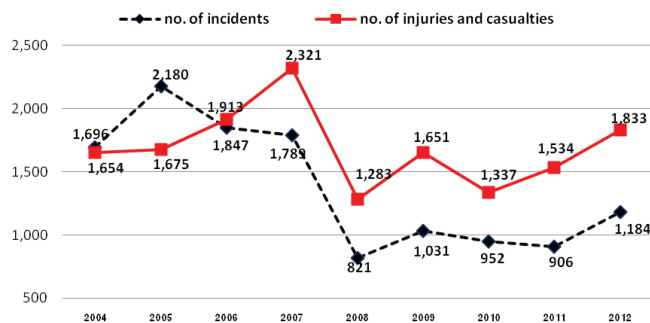
tendency.” The form of attacks also changes qualitatively towards higher degree of destruction in lives and property of both state representatives and general public. As shown in the graphs, the incidents which do not aim directly at injuries and deaths, such as nuisances, deceptive ploys, tire burnings, tricky nail scattering, arsons, harassment, threats of all kinds, thefts and burglary, plundering, demonstrations, protests, etc. have obviously decreased since 2006. The level of kidnapping, body injuring, use of sharp weapons, taking hostages with an aim for injuries or life but causing unserious loss has been rather constant or a little lower. On the other hand, the use of firing guns and explosives with an aim to cause injuries, casualties and serious damages tends to be much higher. So is the level of attacks, confrontations, and speeding through check points with aims at state officers’ damage, as shown in the following graph.



Source : Deep South Watch

The graph above shows that the number of violent incidents has a tendency to decrease but that of injuries and deaths tends to increase. Since 2006 the number of injuries and deaths has been higher than that of incidents, and the proportion of injuries and death to each incident tends to be higher as well. All these show that the violent incidents tend to be more destructive and the situations have an obvious development towards qualitative violence, as illustrated in the two graphs below.

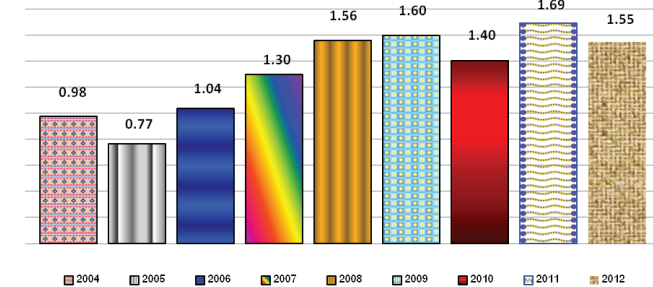
Graph showing number of violent incidents and number of injuries and casualties



Source : Deep South Watch

When the violence victims' background is taken into consideration, it is found that the targets of the attacks are defenseless civilians more than armed security officers. This is because the emotional and psychological impacts on society will be more intense, as mentioned earlier. According to the chart below, the proportion of injured victims and casualties in descending order is as follows: ordinary people and civilian state officials, security personnel, and insurgents. The injuries and deaths of all three groups are remarkably related. The losses

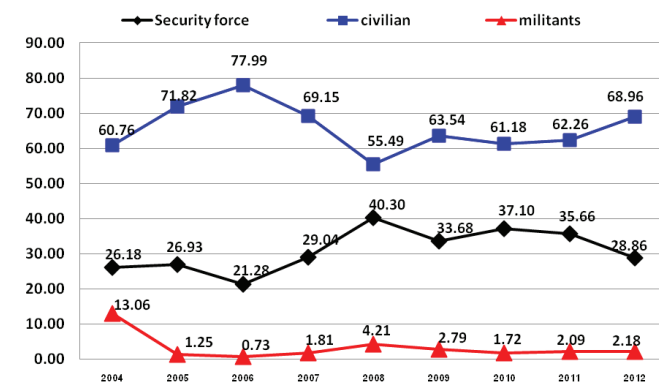
Graph showing the proportion of injuries and casualties to each incident



Source : Deep South Watch

of the civilians and the security forces are of inverse ratio. That is, when the level of the civilian loss is high, that of the security is low, and vice versa. This kind of proportion is ostensible. As for the loss of the insurgents, it is rather constant or slightly decreases. In contrast, the security's loss tends to be higher.

Graph showing percentage of injuries and casualties classified according to their background



Source : Deep South Watch

Impact of Violence Situation to Population's Mental Health

This second part of the article deals with the analysis of the relationship between violent situations and the population's mental health, based on the comparison of the incident statistics and the rate of mental health problems among the Southerners. The statistics of mental health problems were collected from the Department of Mental Health's reports on the southern population's problems over 12 years between 2001-2012, or the period from three years before the insurgencies began up to the present time. The purposes are to compare the rates of mental health problems before and after the violent situations, the rates of such problems in SBP with those of the South, as well as the average rate of the mental health problems in SBP with the violent incidents. SBP here refers to Songkla, Pattani, Yala, and Narathiwat. The reason why Songkla is included because its four districts, namely Chana, Thepa, Sabayoi, and Natawee, share the borders with the other three provinces and face the violence problems as well. Besides, the Songkla province is the site of Rajanakarind Hospital, the lower South medical center which specializes in treating neurotic/psychotic malaises, and Songklanakarind Hospital, a section of Prince of Songkla University, which has the biggest medical school in the South together with a clinical department for mental health disorders. Therefore, a lot of people with such problems from SBP go to seek treatments in Songkla. Also, many patients at other hospitals of SBP are referred to these two hospitals. The mental health disorders in this research include anxiety disorder, depressive disorder, psychosis, and suicidal inclination with both successful and unsuccessful attempts.

Anxiety is the term that covers abnormal fear or worries or a

combination of different symptoms such as over-worries, fantasizing, over-startling reacting, sleep disturbance, concentration problem, forgetfulness together with overworking of autonomic nervous system. The resulting physical problems are headaches, sweating, muscle tension, palpitation, breathing difficulty, hand and foot numbness, dyspepsia, and high blood pressure that sometimes may cause fatigue.⁶

Depressive disorder is the abnormal state of mind with a mixture of depression and lack of self-respect together with anhedonia (lack of anticipated interest or satisfaction in activities). Depressive patients do not feel like doing the things they usually enjoy. They are often pre-occupied with unreasonable sense of sadness or guilt, with self-hatred and lack of self-worth. They are helpless, hopeless and degenerative concentration. Those with absent-mindedness will also have short memory. They are alienated from society and activities. They have decreasing sexual desire and have obsession about death or suicide. Instances of physical symptoms are easy fatigue, headaches, and digestive problem. Some lose weight because of appetite loss while some others may gain weight because of overeating. Surrounding people can notice that they are agitated or lethargic.⁷

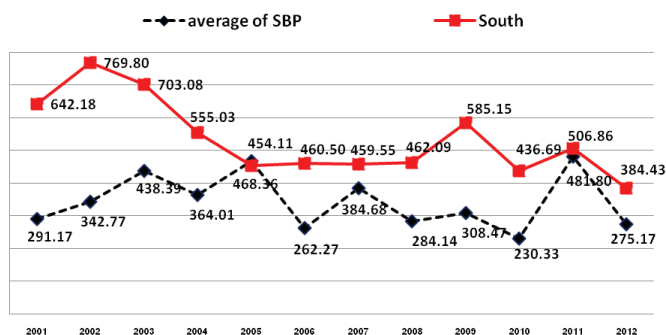
Psychosis refers to the deranged state of mind with which patients cannot control themselves and therefore cannot lead a normal life. There are three general symptoms. The first is behavioral change or disorganized behavior. Those who used to be clean and polite become dirty and rude. Quiet persons become very talkative. ones who mumble to themselves all night without eating or sleeping. The second is hallucination. they hear people scolding them all the time despite the fact that no one is doing so. Some misunderstand that they are

maliciously followed with intension for injuries or life, or captured by aliens in order to plant electronic chips. Some believe that they are reborn gods, or they can hear the voice of the deceased. Some claim to hear the mental wave, to see invisible images, to smell inexistent odors. The third is delusion. At this stage, some patients are unaware of their illness, so they resist a doctor visit. Sometimes their resistance causes physical violence.⁸

The findings of this research are as follows:

1. Rate of anxiety disorder patients per 100,000 people in SBP as compared with that of the South in general, and its direct correspondence with violent situations

graph showing the rate of anxiety disorder patients per 100,000 people in SBP as compared with that of the South



Source : Department of Mental Health, Ministry of Public Health

The graph above shows that the rate of illness in SBP is lower than that of the South and they do not have much correspondence. However, in 2005, the year of the highest number of violent incidents, the rate of the illness in SBP shot up until it was higher than that of the

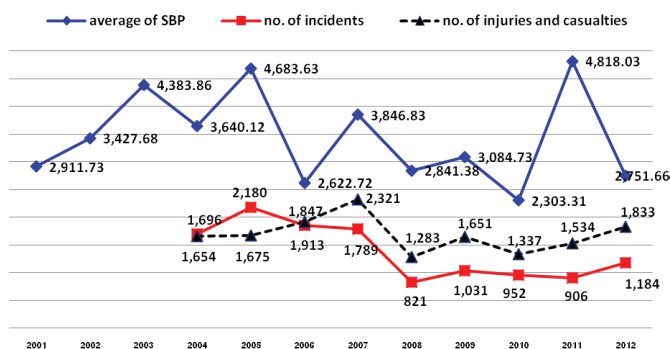
South. In 2011 the rate of the mental problems in SBP shot up again to almost as high as that of the South. This time the causes could be the storms and floods which seriously damaged the Southerners' properties and occupations consecutively around the end of 2009 and 2010. The decreased household incomes caused them continuous and accumulated stress. It is remarkable that while the rate of mental health problems in the South tends to decrease continually, that in SBP still fluctuates greatly with no tendency to reduce. This might be the result of violent attacks in SBP since 2004 and the beginning of the security force's implementation of new policies in 2008 in rounding up, searching, and arresting militants. This approach has reduced the number of incidents, but it has caused a higher level of injuries and casualties which has a great impact on the public's morale and causes terror and accumulated stress.

The comparison of the mental health problems in SBP with the violent situations shows their correlated relationship. Between the years 2004-2006 the rate of illness directly corresponded with the number of incidents. Nevertheless, since 2007 the rate of mental health problems in SBP has corresponded more clearly with the number of injuries and casualties than with the number of incidents, as shown in the graph below.

2. Rate of depressive disorder patients per 100,000 people in SBP as compared with that of the South in general, and its direct correspondence with violent situations

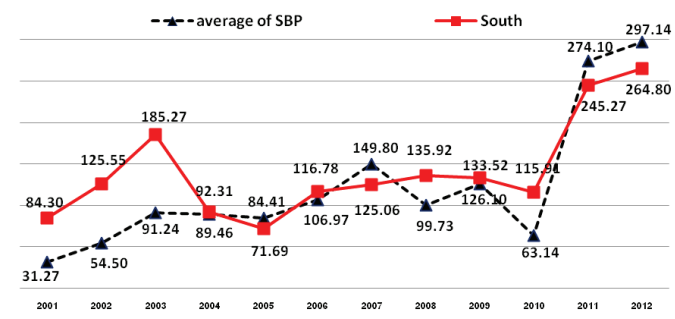
The graph above shows that the rates of mental illness in SBP and the South had little correspondence. Before 2004 the rate in SBP was lower than that of the South. However, since 2004 while the rate of the

Graph showing number of violent incidents and number of injuries and casualties as compared with rate of anxiety disorder patients per 1,000,000 people in SBP



Source : Deep South Watch and Department of Mental Health, Ministry of Public Health

graph showing the rate of depressive disorder patients per 100,000 people in SBP compared with that in the South

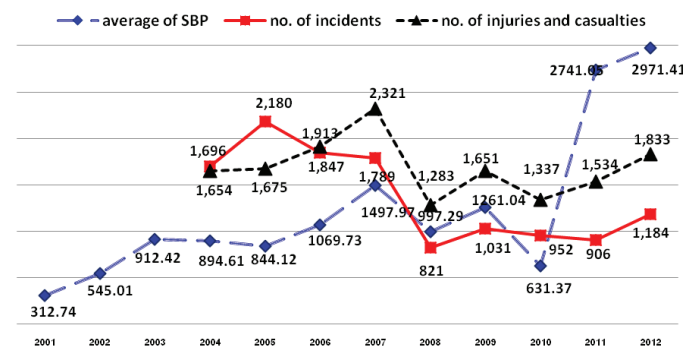


Source : Department of Mental Health, Ministry of Public Health

South decreased, that in SBP did not, resulting in their similar levels. In 2011 - 2012 the illness rates of both SBP and the South leaped up dramatically. Especially, that in SBP was even higher than that of the South. These increases might be caused by the consecutive disastrous storms and floods around the end of 2011 and 2012. A remarkable observation is that while the statistics of the South in general tended to be constant and only shot up in these two years, those of SBP had a tendency to increase and jumped up high in these same years. This means that the people in SBP were much affected mentally not only by the repetitive natural disasters but also by violence problems.

The comparison of the mental illness rate in SBP with violent incidents indicates that there is an obvious correspondence between the two, especially when the former is compared with the numbers of injuries and casualties. This relationship is shown in the parallel lines representing the rate of mental health problem and the destructive and fatal attacks, except in 2011 and 2012, as explained earlier.

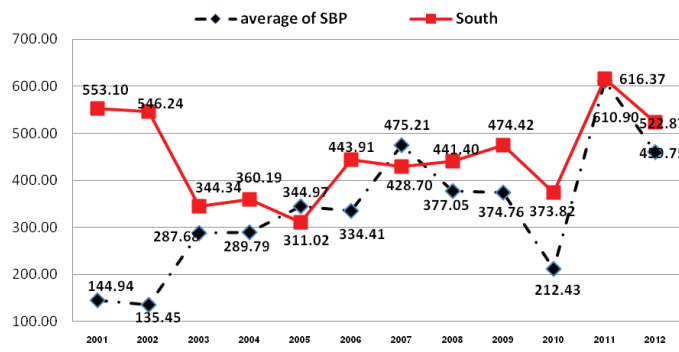
Graph showing number of violent incidents and number of injuries and casualties compared with rate of depressive disorder patients per 1,000,000 people in SBP



Source : Deep South Watch and Department of Mental Health, Ministry of Public Health

3. The rate of psychotics per 100,000 people in SBP compared with that in the South and its direct correspondence with violent situations

Graph showing the rate of psychotics per 100,000 people in SBP compared with that in the South



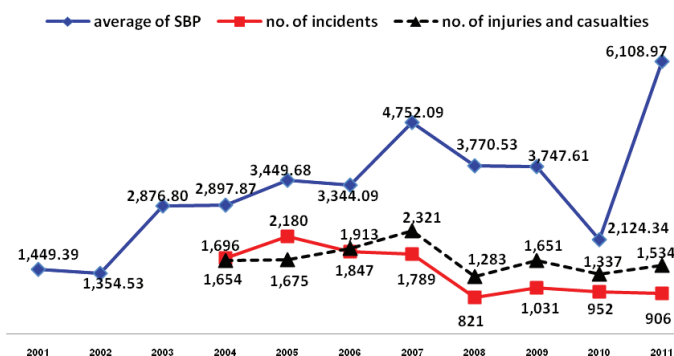
Source : Department of Mental Health, Ministry of Public Health

The graph above shows that the pattern of relationship between the rate of psychotics in SBP and of the South is the same as that of the depressive disorder patients. That is before the break out of insurgencies the rate of illness in SBP was lower than that of the South. However, since the beginning of violence conflicts, the number of SBP did not decrease, making it as high as that of the South in general. In 2011- 2012 when the illness rate of the South rose dramatically, that of SBP rose even more until it became higher than that of the other. The reasons were most probably the same as those for depressive disorder problems

The comparison of the mental illness rates in SBP with violent incidents indicates that there is an obvious correspondence between the two. However, the relationship has the same pattern as that of the

anxiety disorder rate with the incident rate. That is between 2004- 2006, the illness rate in SBP corresponded with number of incidents, but since 2007 the illness rate has corresponded more clearly with the numbers of injuries and casualties than with the number of incidents. Likewise, while the number of injuries and deaths increased in 2011-2012, the rate of illness leaped up accordingly due to the same reasons as those of depressive disorder, as illustrated in the following graph.

Graph showing number of violent incidents and number of injuries and casualties compared with rate of psychotics per 1,000,000 people in SBP

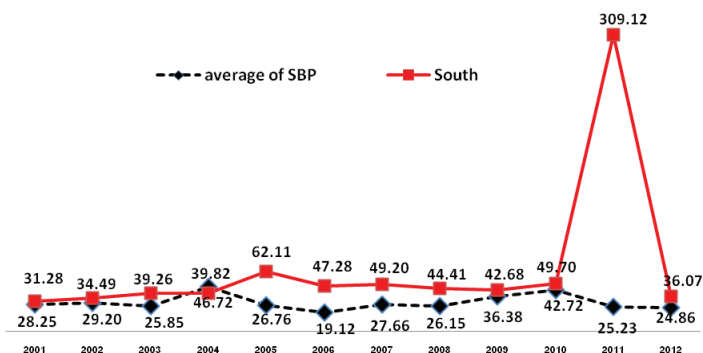


Source : Deep South Watch and Department of Mental Health, Ministry of Public Health

4. The rate of successful and unsuccessful suicides per 100,00 people in SBP compared with that in the South and its direct correspondence with violent situations

The graph above shows that the rate of successful and unsuccessful suicides in SBP and the South are similar but have little correspondence. In 2011-2012 the suicide rate in SBP slightly decreased but that of the

Graph showing the rate of successful and unsuccessful suicide per 100,000 people in SBP compared with that in the South

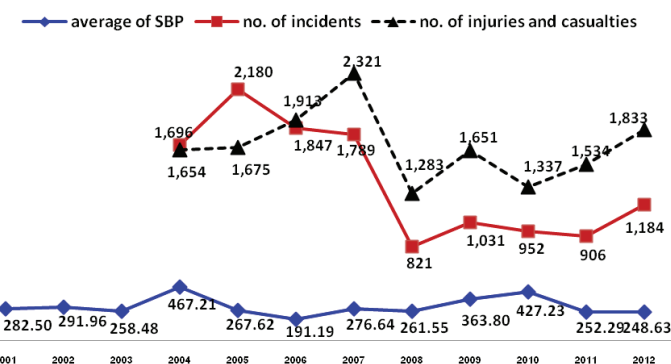


Source : Deep South Watch and Department of Mental Health, Ministry of Public Health

South leaped up. The causes could be the consecutive storms and floods in the South around the end of 2010 and 2011. An interesting observation is that the suicide rate in SBP slightly increased but became higher than that of the South in 2004, which marked the first year of the prolonged violence. Furthermore, the suicide tendency in SBP is constant while that of the South slightly increases. This relationship differs from that between the rates of anxiety disorder, depressive disorder, and psychosis in SBP and the South. That is in SBP the mental health problems to increase obviously and continually while in the South the tendency is lower for anxiety disorder, constant for depressive disorder, and higher for psychosis. The difference in these tendencies is probably due to the principles and teachings in Islam. The majority of the population in SBP believe in Islam which states that suicide is a forbidden act, a major sin. Keeping this teaching in mind, the Muslims in this region refrain from suicides or suicidal attempts.

The comparison of the successful and unsuccessful suicides in SBP with violent incidents shows little correspondence. In 2004 - 2006 the suicide rate corresponded with the number of incidents, but since 2007 it has corresponded more with the numbers of injuries and casualties than with the number of incidents. However, since 2011-2012, these three rates have not corresponded with one another. The graph below shows that the suicide rate has decreased while the numbers of incidents and of injuries and deaths have increased.

Graph showing number of violent incidents and number of injuries and casualties compared with rate of suicide per 1,000,000 people in SBP



Source : Deep South Watch and Department of Mental Health, Ministry of Public Health

The comparison of the relationship between the violent situations in SBP and its population's mental health, based on their anxiety disorder, depressive disorder, psychosis, together with the rates of the same mental health problems in the South in general, reveals that the mental illness of the people in SBP tends to increase continually and clearly in accordance with the number of injuries and casualties

more than with the number of incidents. This relationship between the stated factors in SBP differs from that in the South where the number of illness tends to be constant or decreasing and increased dramatically in the years of consecutive natural disasters. The statistics illustrate that qualitative violence has more impact on people's mental state than quantitative violence. The qualitative violence can cause emotional disturbance, apprehension, and terror among the people more. Especially when the victims of violent incidents are weak or defenseless civilians, they get suspicious and worried that they themselves or their families and close associates may become targets or victims of destructive attacks as well. Since the loss of civilians corresponds with the number of injuries and casualties, and this latter number corresponds with the people's mental health, the three factors, namely civilians' loss, qualitative violence, and people's mental health, are related.

As for the inclusion of Songkla in SBP with regard to illness statistics, the researcher was well aware that, because it is a big, populous province with a specialized hospital and a university hospital that are likely to attract patients from Nakhon Si Thammarat and Phattalung, the rate of mental illness may be higher than it should be without connection with the violent situations in SBP. However, in addition to the province's proximity to the scenes of violence and its sites for two principal hospitals as argued early on in this article, the study of the illness rate of SBP with Songkla included reveals that this rate has little or no relationship with the illness rate of the South but clearly corresponds with violent situations. These findings confirm the justification of such inclusion.

Conclusion

In conclusion, the situations in SBP are characterized by constant violence which, nevertheless, shifts towards more destructive aims at life and property, or towards qualitative violence. The attacks which target at defenseless civilians have caused fear, terror, and suspicions among people more than at armed security force. Consequently, this strategy leaves an obvious impact on people's mental state. The relationship of these three elements clearly supports the concepts of New War or Neo-Terrorism

Considering the violence and its impact on the mental health of people in SBP, it was showed that the violent situations and insurgencies did not have a tendency to be decreased because when comparing with the losses that were likely to be increased on the state security forces and civilians, and comparing with the characteristics of serious unrest with the main objectives of physical and life hurting and devastating, we found that the insurgency problems in the SBP is likely to be increased in quality despite the fact that there was a tendency to be decreased in quantity, particularly in the comparative. When comparing a number of situations with the losses, the situation formation characteristics and the objectives of each drastic situation, It is founded that the violence increase in quality and impact to the mental health of people in SBP. Empirically, the mental health illness statistics are increased and varied according to the severity of the violent situations in SBP and there have been a tendency to be anxiously higher, which is the result of a life in the fear, the paranoia, the pressure and stress continued for several years. Mental health of the people should be treated seriously and continuously and there should be more psychiatrist, psychiatric nurse

and psychologist to work in SBP. The Government should accelerate to increase the rate of psychiatrist, psychiatric nurse in SBP as well as psychologists in educational institution to take care the mental health of youth.

¹ Revised from the article presented at the International Peace Conference of 2013 on "Engaging Violent Conflicts in the Asia-Pacific with Nonviolent Alternatives" on November 12-14, 2013, at Imperial Queen's Park Hotel, Bangkok. It is co-hosted by the Faculty of Political Science, Thammasat University and the Asia-Pacific Peace Research Association (APPRA)

² Deep South Watch. Information updated on June 30, 2013.

³ บทความนำเสนอในงานประชุมวิชาการนานาชาติด้านสันติภาพประจำปี 2556 ในหัวข้อ "Engaging Violent Conflicts in the Asia-Pacific with Nonviolent Alternatives." ระหว่างวันที่ 12-14 พฤศจิกายน 2556 ณ โรงแรม Imperial Queen's Park จังหวัดกรุงเทพมหานคร โดยคณะรัฐศาสตร์ มหาวิทยาลัยธรรมศาสตร์ร่วมกับ The Asia-Pacific Peace Research Association (APPRA)

⁴ ข้อมูลจากศูนย์เฝ้าระวังสถานการณ์ภาคใต้ สรุป ณ วันที่ 30 มิ.ย. 56

⁵ Mary Kaldor, *New & Old Wars: Organized Violence in Global Era*. (Stanford, California: Stanford University Press, 2007). Cited in Srisompob Jitpiromsri and Areeluk Poonsub, "Civil Peace Strategy of People in the Southern Border Provinces." presented at the Regional (South) Political Science and Public Administration Conference, 2007. At Rachamongkalada Pavillion Hotel, Songkla on September 28-29, 2007.

⁶ http://www.ramamenthal.com/generaldoctor/analys_cure_paranoid/

⁷ http://th.wikipedia.org/wiki/depressive_disorder.

⁸ Supattana Dechatiwong Na Ayudhaya, M.D. Thai Encyclopoedia for the Youth vol.10. Encyclopoedia for the Youth Project under the initiative of His Majesty the King

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