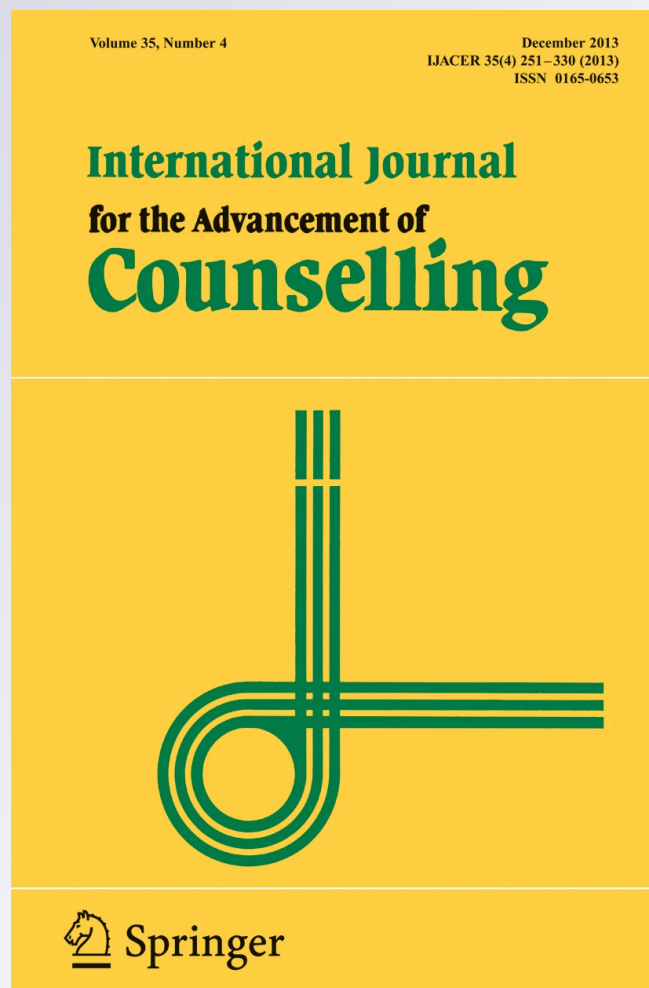*The Impact of Bombing Attacks on Civilians in Iraq*

**Fuaad Mohammed Freh, Rudi Dallos & Man Cheung Chung**

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ORIGINAL ARTICLE

# The Impact of Bombing Attacks on Civilians in Iraq

**Fuaad Mohammed Freh · Rudi Dallos · Man Cheung Chung**

**Abstract** Research on the effects of experiencing a bomb attack has yielded considerable literature on related mental health matters. However, there is a paucity of studies looking at the psychological consequences and mental health effects following bombing attacks specifically in relation to civilians in Iraq. This qualitative study involving 11 adults (M=6, F=5) aimed to investigate how people who had experienced a potentially trauma inducing event of being in a bomb attack made sense of the experience and attempted to cope with it. Semi-structured interviews were conducted and transcripts analysed using Interpretative Phenomenological Analysis (IPA; Smith and Osborn 2003). Four overarching themes emerged: 1) mental and physical health problems, 2) interpersonal relationship issues, 3) changes in attachment, and 4) attempts to cope. Participants revealed that exposure to a bomb attack had a major effect on their psychological well-being and also fragmented their personal relationships. Nevertheless, a variety of coping strategies were identified. The study adds to an understanding of how psychological difficulties continue and affect recovery.

**Keywords** Bombing attacks · Coping strategies · Interpretative phenomenological analysis · Iraq

## Introduction

The people of Iraq have lived under political pressure, prolonged sectarian conflict and occupation for the last few decades. Over this period there have been episodes of wars that have occurred quite regularly. As a direct result, a myriad of traumatic events have occurred, such as, abduction, imprisonment and torture, looting, being held hostage, diseases, hardships and murders. Armed conflict is also increasing in many parts of Iraq, and as a result many civilians have been killed.

In order to understand clearly the reality of violence, conflict, and people's experience of being in terrorist bombing attacks, it is necessary to understand the contextual history and current state of this society, its tribulations and the hardships of its people. Iraqi society is

F. M. Freh (✉) · R. Dallos
University of Plymouth, Plymouth, Devon, UK
e-mail: fuaad.freh@plymouth.ac.uk

M. C. Chung
Zayed University, Abu Dhabi, UAE

one of the most ancient societies in history; certainly one of the oldest communities in the Middle East. There is no exact historical period to mark the beginnings of violence, hardship and conflict in Iraq; however, the evidence indicates that Iraqis' suffering goes back to the early days of the British occupation in late 1914 (Ahmad et al. 2000).

Over the last 60 years in particular the Iraqi people have lived through various war events and a series of coups in the 1960s, such that people have been confronted regularly with suffering and bloodshed. The Iraqi people were affected greatly by the war between Iraq and Iran over the period 1980–1988. During this war, more than half a million Iraqis were killed, hundreds of thousands were handicapped and vast economic resources were wasted (Ismael 2007).

Iraqis were exposed to extermination unprecedented in their history after the attack on Kuwait in the Gulf War of 1991, when Iraq involved its neighbour, Kuwait. Subsequently, that was followed by United Nations' sanctions. The UN imposed upon Iraq more than 10 years of a tight economic embargo, which affected the lives of the people at all levels and caused emigration of thousands of Iraqis to neighbouring countries and to the West. The Iraqis suffered a lot, experienced the horrors of hunger, poverty and all kinds of diseases (Murthy and Lakshminarayana 2006). In addition, many abuses of human rights have been evident. Studies have presented evidence that the Gulf War had tremendous mental and physical effects, emotional disturbances, and psychological distress among the Iraqi population (DeMause 1991), and abuses have been reported, such as torture, unexplained disappearances, forced conscription and amputations (Amowitz et al. 2004).

The fall of the regime of Saddam Hussein and the occupation by the Unites States of America in 2003, which was designed to bring peace and democracy to Iraq, has amounted to a humanitarian, security, political and historical disaster. This ongoing war has unleashed religious sectarian violence and deterioration in political, economic and social stability for Iraq and all of its citizens. This war is arguably the deadliest of the 21st century. The sectarian violence and attacks against the American army have caused turmoil, unrest and death to thousands of people. There have been heavy bombing attacks and more than 1,000 cases of suicide bombings documented in the period between 2003 and 2010, with considerable "collateral" damage to civilians. It was documented that the bombing attacks caused 19 % (42,928 of 225,789) of all Iraqi civilian casualties (Hicks et al. 2011).

Increasingly, the rate of traumatic events such as violence, different forms of political repression including assassinations and murder have spread, but the greatest threat to peoples' lives continues to be bombing attacks. A bombing attack is arguably one of the most overwhelming of traumatic events (Edwards 2007). It has long been established that exposure to bombing is associated with a substantial psychological burden (Norris et al. 2002), which probably starts in the immediate aftermath of the bombing exposure and may persist in some persons for many years (North et al. 1999). People who are exposed to bombing are at a high risk of psychological disturbances, including cognitive and emotional disruptions or development of mental health problems (Miguel-Tobal et al. 2006).

Terrorist bombing attacks represent an emerging traumatic threat that has the potential to affect randomly large numbers of people. It is also suggested that the psychological consequences of such human-made disasters are likely to be more profound in the general population than after a natural disaster (Miguel-Tobal et al. 2006). The bombing attacks in Iraq and the difficult life circumstances are providing an environment for the emergence of psychological disturbances. A study has estimated that one out of three people in Iraq could be vulnerable to developing some form of PTSD during their life time (Alhasnawi et al. 2009).

Despite this evidence in research that exposure to bombing can lead to high levels of stress and the development of PTSD symptoms, psychological studies have not sufficiently studied effects of the experience. There are very few studies on the impact of these incidents

on mental health. One recent study exploring Iraqi civilians' experiences of being in a bomb attack found that the experience caused mental and physical health disruptions, shattered personal assumptions, and led to a deterioration in the sense of the self (Freh et al. 2012), but there is still much to be learned about the psychological effects of this phenomenon.

This present study was concerned to address gaps in the literature by exploring how people who have been in a bomb attack make sense of their experience and find ways of trying to cope. This qualitative study involved an in-depth analysis of people's experience of the event they were exposed to and the meanings they gave to it.

## Methodology

Ethics approval for the study was obtained from the Faculty of Health Ethics Committee at the University of Plymouth. Clinical and nursing staff in the Ministry of Health (MoH) in Iraq assisted with recruitment and they were in place to assist anyone who might have been psychologically affected (re-traumatised) by the interviews. All participants were informed in the information sheet provided to them and verbally by the interviewer that they would have an opportunity to discuss taking part in the study, were also encouraged to raise any questions or concerns, and would be provided with further information if requested, such as advice and counseling should that be needed.

### Participants

Eleven Iraqi civilians ($M=6$, $F=5$) exposed to their first terrorist and military bombing attack were recruited for the study. Participants were chosen on the basis of it being their first attack. People were not eligible to participate in the study if: 1) they were less than 18 years old, 2) had been exposed to bomb attacks more than once, 3) the incident was less than 1 month prior to the interview, and 4) they were soldiers or policemen/women.

The 11 individuals had a mean age of 25.63 years (SD=4.38). Over half (6) were married, 1 was widowed and the rest (4) were single. In terms of educational level, five had been to university, three had studied to secondary level and the rest (3) had primary education. All the participants identified themselves as Muslims.

All but one of the bombing incidents had taken place in 2009, with none of the participants being involved in the same incident. The average time between exposure to the bombing and the interviews ranged from 109 days to 331 days, with a mean gap of 214.63 days (SD=64.97). See Table 1 for demographic details of the participants.

As a result of the bomb attack, four of the participants had been injured (2 men and 2 women), ranging from little to severe pain. Medical records indicated that all participants were healthy and did not suffer from any major physical health problems and they also showed that those who had been injured had received physical treatment, but not psychological therapy.

### Procedure

Clinical and nursing staff at the Ministry of Health in Iraq assisted with recruitment. They were informed by the first author of the purpose of the study, provided with the selection criteria and asked to identify potential participants from their medical records. Sixteen potential participants were initially identified and approached, but five did not wish to take

**Table 1** Demographic details of the participants

| Name of participant[a] | Gender | Marital status | Age | Religion | Educational level | Occupation | Date of incident | Date of the interview |
|---|---|---|---|---|---|---|---|---|
| Ali | Male | Married | 32 | Muslim | University | Teacher | April 09 | Oct. 09 |
| Nihad | Male | Single | 27 | Muslim | Primary | Salesman | March 09 | Oct. 09 |
| Rami | Male | Married | 30 | Muslim | Secondary | Self-employed | June 09 | Oct. 09 |
| Samir | Male | Single | 24 | Muslim | University | Engineer | July 09 | Oct. 09 |
| Omar | Male | Married | 26 | Muslim | Secondary | Mechanic | Feb. 09 | Nov. 09 |
| Faris | Male | Single | 21 | Muslim | Primary | Unemployed | May 09 | Nov. 09 |
| Eman | Female | Widowed | 31 | Muslim | University | Nurse | Dec. 08 | Nov. 09 |
| Sarah | Female | Married | 27 | Muslim | Primary | Housewife | Jan. 09 | Nov. 09 |
| Nadine | Female | Single | 19 | Muslim | University | Student | April 09 | Nov. 09 |
| Suha | Female | Married | 25 | Muslim | Secondary | Housewife | March 09 | Nov. 09 |
| Sahar | Female | Married | 20 | Muslim | University | Student | May 09 | Nov. 09 |

[a] All participants' names were changed to protect confidentiality

part in the study. The details of the 11 participants prepared to be involved were passed on to the principal researcher.

The researcher made contact with the potential participants and once initial consent was obtained, participants were given information sheets and were asked to send back an 'opt-in' form should they wish to take part. The researcher described fully and discussed what the research would involve and allowed the participants to ask any questions they wished. All 11 people agreed to take part in the study and signed the consent form before the interviews.

In each interview, the first author introduced himself fully and expressed appreciation to the participants for taking part in this study. Participants were encouraged to talk freely about their experiences. They were also allowed to take a break if they wished to, due to the sensitivity of some questions (e.g., can you describe in detail the bombing attack incident? How did you feel? What did you think?). Each interview was conducted without interruption, apart from two. One person asked for a postponement till the next day due to "flashbacks" during the interview. A second was not able to continue remembering what he described as "the horrible day", so was offered the opportunity to stop and complete the interview the next day.

Materials

An interview based on a semi-structured schedule was the means of data collection. Semi-structured interviews were chosen due to three substantial reasons. Firstly, this type of interview is regarded as suitable for the exploration of perceptions and opinions of respondents regarding complex and sometimes sensitive issues, enabling probing for more information and clarification of answers. Secondly, the varied nature of educational backgrounds, personal histories and likely severity of the experiences of the participants lent itself to this type of interview. Finally, this type of interview is very suitable for obtaining in-depth information and gathering a broad range of descriptions about personal experiences (Wengraf 2001).

In accordance with the structure of the interview schedule and the intended procedures, which had been prepared by the research team, open-ended questions were used to obtain the participants' information. Such questions have advantages compared with other types of questions such as closed questions (Ivis et al. 1997; Schuman and Presser 1979). They allow the respondent to express opinions and interpretations without being influenced by the researcher, whereas closed questions limit the respondent to the set of alternatives being offered. They also encourage the possibility of discovering responses that participants might give spontaneously, thus avoiding any bias that may result from suggesting responses to individuals; a bias that might occur with closed questions (Krueger and Casey 2000).

All of the interviews were conducted by the first author. They addressed several issues: (i) information about the participant, (ii) describing the incident in detail, (iii) identifying ways of coping with the incident, (iv) detailing effects of the incident, and (v) talking about the post-incident period. The duration of each interview was between 62 min and 91 min ($m=76.5$) minutes. The interviews were audio-taped and transcribed verbatim.

Credibility Checks

The list of questions in English was translated by the first author into Arabic and evaluated by two interpreters who speak Arabic as a first language and were competent with the English language. The interviews were conducted, transcribed verbatim in Arabic, and translated back to English by the first author.

In order to verify the accuracy of the back-translation, the English and Arabic versions of the "interviews transcriptions" were given, without the biographical details, to two professional interpreters. Both of the translators had lived in English speaking countries for several years and earned part of their income as professional interpreters. The accuracy of the interviews was then discussed with the translators, with emphasis on where discrepancies were noted, where there was not a uniform interpretation or where a difficult word or question was evident.

Analysis

Interpretative Phenomenological Analysis (IPA) (Smith and Osborn 2003) was the approach chosen, as the study aimed to gain a personal insight into the experiences of the participants. IPA is a qualitative method used to explore how individuals perceive a particular situation faced, interpret and make sense of their own experience, social world, and personal dilemmas, and search for common themes across the sample group.

IPA was adopted for a number of reasons. First, the method allows an exploration of relatively stable themes, schemas, and mental representations in people's thinking regarding how they make sense of their experiences of an incident; in this case a bombing attack. Second, it gives researchers opportunity to achieve a thorough and detailed understanding of the participants' perceptions and perspectives of self in relation to the situation concerned (Smith and Osborn 2003).

The English transcripts of the interviews were repeatedly read by the authors initially in order to conduct preliminary analysis and identify key responses and themes. The researchers sought to cluster their observations into super-ordinate and sub-ordinate themes. To be familiar as possible with the accounts, the transcripts were read closely over and over. Each reading had the potential to prompt new insights. Later, the authors moved through the

transcripts one by one to comment on similarities and differences, amplifications and contradictions in what a respondent was saying.

Emergent themes and sub-themes were listed and investigated for connections between themes followed by more analytical ordering to make sense of the connections that emerged.

Validity Enhancement

Semi-structured qualitative interviews do not aim to produce 'objective' evidence and the notions of reliability and validity are considered mainly in terms of relevance and rigour:

1. Audit trail. The main researcher/first author kept a diary of the process of analysis and the steps in the process of inferences, from initial codings to the development of the super-ordinate themes. He also maintained a reflective diary considering how his own attitude and experiences may have influenced the process of interpretation.
2. The two other researchers (RD and MC) also conducted an independent audit trail of the process of the analysis and helped in clustering of the themes.
3. Independent analysis. The principal researcher conducted interpretation and analysis, clustered preliminary IPA observations into sub-ordinate and super-ordinate themes. One of the researchers (RD) also conducted an independent analysis of a proportion of the transcripts to enhance the validity of the analysis.

## Results

The 11 interviews resulted in four super-ordinate themes; (1) Mental and physical health problems; (2) Interpersonal relationships; (3) Changes in attachment; and (4) Attempts to cope. The sub-ordinate themes, which constituted the source of each master theme, and the master themes themselves will be discussed.

Mental and Physical Health Problems

This theme emerged from the participants' accounts of the bombing experience as having a dramatic and negative effect on their health. They were aware that deterioration in their physical health was related to and probably caused by the experience, and appeared to realize that this also produced a range of psychosomatic symptoms, in that the emotional distress was being presented as a range of embodied states and illnesses.

*The impacts of the incident were a lot; a constant headache, stomach problems, and fear from everything. I can't get rid of all these things.* (Ali)

The common reported symptoms were: amnesia, emotional intolerance, dizziness, having a 'heavy head' or constant headache, insomnia, disturbances of metabolism and nutrition. Also there were cases of diabetes, ulcers and endocrinological diseases.

*There is a pressure on my head and it presses strongly. It makes me feel dizzy, forget things, but not the important one.* (Sarah)

People seemed to experience profound emotional effects due to the bombing. This pain and stress was mostly seen through somatization symptoms and anxiety. Other

symptoms reported were survivor guilt, traumatic dreams and flashbacks, avoidance of places and memories related to the bombing, and emotional detachment. Those that were closer to the explosion reported higher levels of anxiety than those who were located farther away.

> *Stomach disorders never leave me even now, especially when I remember the incident… I do feel worry about silly and unimportant things.* (Rami)
> *It is unlikely that I will have a sleep without nightmares about the bombing.* (Omar)

Even after a relatively long time since exposure to the bombing, participants were still reporting high levels of anxiety and frustration. Such symptoms would seem understandable given what people in Iraq face almost constantly.

> *I'm unable to play football anymore because I lost my leg. When I see my friends playing football I feel despair, frustration and helplessness.* (Faris)

The psychological and physical effects of the bombing incident seem intensified when participants remember details of the bombing.

> *A couple of days ago, my city was exposed to a huge explosion. My legs were shivering. I got pain in my stomach. And such, every time when I remember the incident.* (Suha)

The important thing to note is that these problems were often seen as pernicious, long-standing, embracing a variety of physical disorders sustained by the survivors, and not to exist before the bombing.

> *I will never get rid of the horrible things that I saw.* (Nadine)
> *I was optimistic and love life. I became pessimistic. I was energetic and love sport and continuous walking, but after the incident became lazy and isolated. I don't like to go out with anyone.* (Nihad)

*Interpersonal Relationships*

When trying to analyse the impact of the bombing experience, we wondered about the impact on interpersonal relationships, as evidenced in the interviews. This was influenced by the experience of the principal researcher, an Iraqi citizen, of seeing the impact on relationships. Therefore, care was taken not to read these accounts too negatively and also to look for any indications that relationships may also have become closer and more supportive. Many of the accounts from the participants revealed that the experience had had a deleterious effect in this regard.

> *Friendships and social relationships are not important at all. There are no real friendships in this world.* (Samir)

The participants also described that they experienced a sense of unwillingness to engage in interpersonal relationships and a seeking to withdraw from social life, a loss of interest in friendship/intimate relationships, arguments/conflict with others and struggling to retain old friendships. In other words, intimate relationships were affected in both quality and stability. However, they described that this withdrawal was not simply deliberate but largely out of their control. Associated with this they felt a loss of desire for intimacy or sexual contact.

*I have no ability to engage in any intimate relationship with any girl. I lost this meaning. I lost the meaning to be desired by girls. This thing does not mean anything to me.* (Omar)

The participants also described that they felt upset and weak, and avoided talking with others. Moreover, most reported isolation symptoms and negative personal emotions towards others.

*I don't have the ability to sit and talk with my friends more than ten minutes. Honestly, people look scary.* (Nihad)

Participants also highlighted more intense personal negative emotional responses toward others.

*The bombing could happen again. So, I decided to stay away from people.* (Sarah)

Finally, participants highlighted a low level of solidarity responses with others, social sharing, and thinking or rumination accompanied by a decrease in spontaneous bonding.

*I can't accept others' opinions and I don't share with them mine.* (Sahar)

Changes in Attachment

There were individual differences in the way that the participants appraised their attachment styles after their experience of the bombing. The theme 'changes in attachment' can be seen to connect with the concept of insecure attachment and high levels of avoidant attachment strategies. Participants discussed how their own experience affected their level of attachment with others.

*It is not easy to become close to others. Sometimes, I feel uncomfortable being close to others.* (Eman)

Relationship effects that seemed to correlate with the bombing and affected attachment patterns included difficulty trusting others.

*I prefer to stay alone, because I don't trust others*. (Sarah).

Data from other studies in this project have shown a prevalence of insecure-avoidant attachment coping among the participants and attempts to avoid and deny painful feelings.

Attempting to Cope

Participants reported different strategies they used to try to cope, not only with the effects of the bombing but also with other life circumstances that coincided with the bomb attack. Featuring in these coping strategies were religious beliefs involving receiving support from God, prayers and reading the Quran. These strategies might have influenced the psychological outcomes and played an important role in toleration of the effects of the bombing. When participants asked how they coped with the bombing, Faris, for instance, said: *"Continuous prayer and reading the Quran"*.

In conjunction with religious coping, participants made considerable use of social support from a range of sources. The majority of the participants were married and, for the older

participants in particular, their experience seemed to have been a shared one with their spouse. The participants' spouses and other close relatives were a key and valued source of support.

> *Without my wife's support, things might be more difficult.* (Samir)

Participants' intact social support systems were a favourable prognostic sign for future adjustment. This support seemed to help with participants' perspectives towards their current situation and toward life in general, mediated the effects of distress and influenced the development of post-traumatic symptoms. With social support, they felt more able to cope with the effects of the bombing.

> *My uncle supported me and helped me a lot to get out of this ordeal. He was ready to do anything to make me feel happy.* (Marwa).

Just knowing that friends and family were thinking of them was also helpful. This was associated particularly with religion and friends from their Mosque who could pray and make supplications to God for the participant.

> *My friends send me healing by making supplications to God to help me. The thought of someone caring for me that much is rather great.* (Omar)

Avoidance of physical locations and thinking about the experience were notable strategies used by the participants. There appeared to be a belief that avoiding the place where the bombing occurred and crowded places, and avoiding thinking about the experience could prevent the onset of painful feelings, sorrowful memories, and depression:

> *I deliberately don't think about the bombing.* (Sahar)
> *I think it is not good to think about it* [the incident] *because thinking about it could bring lots of bad things and could make me depressed.* (Eman)

On the whole, participants spoke critically about the lack of psychological support and care they received from the medical profession. The majority of the participants found the hospital experience did not provide a sense of safety and of being looked after. Others referred to the poor monitoring role and provision of information from health professionals, and all the participants talked negatively about the reassurances they received from those caring for them. The notable exceptions to this were particular personnel who were perceived as helpful and the abundance of emotional support from some medical professionals.

## Discussion

The existing literature largely neglects civilians' personal experience of bombing in Iraq, in favour of veterans deployed in Iraq. The current study aimed to address this imbalance by asking local people about their experience of being in a bomb attack and how they had coped. It was anticipated that this would be relevant to those caring for people in this situation and also be of interest to those who themselves have been exposed to bombing. The results of this study indicated that even though there were considerable individual variations in the level of 'psychopathological' symptoms found at the individual level, there were also some common themes in how people experienced such attacks and the strategies they later used to cope with the adverse after effects of the incident.

The participants highlighted several psychological and physical impacts in relation to the bomb attack. The findings also suggest that there is an impact on personal relationships with others. When speaking about how they were able to tolerate the bombing, participants seemed to rely on processes involving religion, such as reading the Quran and prayer. In conjunction with self-initiated coping responses, participants also received social support from a range of different sources, which facilitated the coping process.

The accounts suggest that the bombing was experienced as traumatic. Hence, the themes that emerged can be referred to as falling within the notion of a 'traumatised sense of self'. This affected sense of self inevitably involves a great deal of psychological and physical distress. Each theme presented related to different aspects of the experience described by the participants.

The first major theme *'physical and mental health'* highlights significant effects on participants. This finding is evident in existing literature. Studies indicate that posttraumatic stress disorder (PTSD) is associated with undermined mental and physical health status (e.g., more physical health symptoms, and visits to health care professionals) among victims who have been exposed to bombing (Grieger et al. 2006).

At the same time the sense of self is characterized by problems with social and interpersonal relationship difficulties in relating to other people. The major theme of *'interpersonal relationships'* highlights this dilemma. For example, participants frequently mentioned difficulties with social and personal relationships; including withdrawal from social life and avoiding talking with others, loss of interest in friendship/intimate relationships and becoming argumentative/conflictual with people. This theme highlighted losing interest in relationships with others and behaving as a somewhat different person. This theme also captured a sense of relationships becoming difficult because participants felt themselves to be a different, altered or damaged person who could not relate as before the attack.

This experience is also connected with the participants' notion that the experience had changed their personality and their *'sense of self'*. This was seen typically as a deficit, a loss of their old optimism, and abilities to cope. Laufer (1988) described the concept of a "serial self" an unsettling sense of shifting and changing experiences of self, which imprints the experience on the individual and has a disruptive impact in later life. More generally, it may connect with a sense of despair that is characteristic of depression and related to PTSD. PTSD and trauma theory suggests that loss of self relates to an inability to concentrate, mood swings, and harmful behaviors (Nevid and Rathus 2007). Arguably, a coherent and stable sense of self is required to act as a base that a person can use to make sense of the trauma and develop strategies to cope with the posttraumatic symptoms in later life (Janoff-Bulman 1992).

In the current high-risk sample of adults who had been exposed to a bombing attack, participants demonstrated a predominantly insecure *attachment style*. This finding seems to favour the idea that people react to dangerous events in different fashions and a bombing attack experience could cause feelings of lack of security in interpersonal relations and difficulties in being close to and relying on others. This finding is consistent with literature looking at other stressful experiences such as adults who report the experience of childhood abuse. A study by Muller et al. (2000) indicated that 76 % of a sample of adults who reported the experience of childhood abuse endorsed one of the three typical insecure attachment styles (dismissing, fearful, or preoccupied).

Regarding the insecure attachments, one explanation worthy of exploration concerns the way in which these participants felt towards their experience. Research suggests that

bombing attack experiences can lead to mistrusting feelings towards others and, therefore, would reflect a state of anxious apprehension that holds back an individual's ability to have satisfying interpersonal relationships (Benoit et al. 2010; Renaud 2008). Likewise, insecure attachments result from negative interactions with others that could cause individuals to question the integrity of the self and doubt the trustworthiness, responsivity and accessibility of others.

Even though experiencing psychological distress, feeling unsafe about the world, and struggling to relate to others, participants were *trying to cope* with reality. The reality is that they live in a highly dangerous context and that they have no means to escape, which potentially makes the problem worse. As a result, they have to rely on different coping strategies.

It was noticeable that participants received social support from a range of different sources, such as friends and family, which facilitated the coping process. However, in some cases, this attempt at support included encouragement to engage in avoidant strategies, such as trying not to think or talk about the events and to keep feelings suppressed, which appeared to aim at distancing participants from the stress that they might be experiencing. This appears to be a widely shared strategy in Iraq and is understandable in the context of the need to manage the practicalities of life, but in the long-term may prevent emotional processing of the experiences.

Feelings of strength, resilience and power were also seen to be a result of the support that they had received from family and friends. This suggests that social support might play a vital role in promoting resilience, recovery from difficulties and problems, and help with overcoming the effects of trauma, and leading to an improvement of the emotional climate in the aftermath of the bombing attack. It appeared that social sharing helped people to reconstruct basic assumptions or develop positive beliefs and feelings. Finally, because of the reinforcement of social integration and positive beliefs, social sharing also helped the participants to construct a positive emotional climate, emphasizing trust, hope, and positive feelings (Páez et al. 2007). PTSD and trauma theory supports this assumption suggesting that the decline of PTSD symptoms over time might be due to the support that the person receives from others (Shahar et al. 2009).

Religion was also employed. The affected individuals were trying to cope by turning to religion, reading the Quran, reading religion-based stories, and asking for support from God. This finding basically adds support to the existing literature in that religious coping mechanisms help attenuate the effects of negative experiences and generate more positive emotions (Schuster et al. 2001) to cope with the bombing and to enhance feelings of comfort, control and connectedness (Meisenhelder 2002).

To conclude, it is important to point out the limitations of this study. Whereas for some participants the bombing attack had occurred only recently, for others the incident has occurred several months previous, which may also have a bearing on the degree of severity of the experience. A further potential criticism of this study is that since Iraq is a highly dangerous place, this may have inflated the sense of danger and trauma that participants reported. The difficult circumstances that Iraqi people have been facing, living in such a situation could affect the psychological well-being and generate psychological distress in general. Finally, as language was the key element in identifying the experiences of participants, the validity of translation is a major issue. Despite the fact that the researcher did his best to make the English version similar to the Arabic version, the translation might still not be totally accurate in extracting the appropriate themes from the interview transcripts.

Clinical Implications

Important implications for clinical practice can be derived from the findings of the current study. For example, professionals are prompted to consider how to provide psychological treatment and engender a positive sense of self to overcome the negative impact of the bombing experience when people have no control over the bombing itself.

Getting support from spouses, relatives, and friends to change the things they can appears to be an important psychological intervention: also, offering forums for emotional expression, and facilitating the sharing of experiences would seem important. Given the importance of social support, professionals may consider offering assistance to those providing such support, in order that they can continue to do so, thereby strengthening this essential resource.

Religious coping also emerged as a theme but how this helped people varied and it needs to be considered in the light of the other forms of coping and support. For example, solitary prayer may further isolate a person so that they become more withdrawn and lonely. On the other hand taking part in shared prayer may reduce a sense of social isolation.

## Conclusion

A bombing attack experience generates several psychological, social, and physical effects. The findings of this study illustrate key aspects of the experience and highlight issues to consider for those caring for bombing survivors. This study suggests that the experience of a bombing attack and ways of coping link with the wider cultural context of danger and lack of a safe base to resolve the experience. The findings also suggest that the themes of mental and physical health problems and interpersonal relationship issues relate to the nature PTSD symptoms that are evident in trauma theory. This study adds to our understanding of how mental and physical health problems and other psychological difficulties may continue to hold back opportunities to recover.

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