

WASHINGTON UPDATE

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Promoting Resilience in Response to War and Terrorism

Surprisingly, people in therapy reported no difference in their stress levels once the war with Iraq started. But that may be only because war was seen as just one more stressor in chronically stressful times, according to a new survey of psychologists by the American Psychological Association Practice Directorate.

The survey, conducted with “real-time” reporting by psychologists both before and after the first bombs of the war fell, found that psychologists said 67 percent of patients were affected by the threat of war, and 42 percent discussed war and the threat of terrorism in their most recent session. Additionally, while only one patient initiated therapy due to concerns about current events, 13 percent of patients already in treatment were concerned enough about war and terrorism for it to become a focus of their treatment, according to the psychologists who responded to the survey. Psychologists surveyed also reported that the threat of war and terrorism had an emotional impact on many patients’ lives: 28 percent of patients felt that the greatest emotional response was apprehension; nearly 19 percent of patients felt distress; and nearly 18 percent felt anger.

Of course, the attacks of September 11th did much to create this sense of chronic stress and anxiety. As we know the intent of terrorism is precisely to create this state of anxiety. To the extent that psychology can contribute to enhancing the resilience of our citizens so that we react with less anxiety, we reduce not only the impact of terrorism but also the incentives for terrorists to engage in violent acts. Hence, there is a need for good

information on psychological resilience and programs designed to help citizens deal with the continuing threats of terrorism.

The APA, the American Psychological Foundation, and Verizon, Inc. are providing funding for the continuation of the APA Task Force on Promoting Resilience in Response to Terrorism. The Task Force is developing information that is most likely to help our citizens deal with the stress, anxiety and fear caused by terrorism. The work product will present a range of information in the form of fact sheets designed for different groups in our society: , children, adults, older adults, people of color, first responders, etc.

To provide a scientific foundation for this effort, The Task Force reviewed the literature on psychological resilience, as well as the literature on terrorism in other countries (e.g., Northern Ireland, Israel) and on the response to natural disasters like hurricanes and earthquakes. However, it is clear that natural disasters are different from terrorism, because they lack the element of intentionally inflicting harm on innocent and defenseless civilians, that many find so abhorrently cruel. The literature suggests that several variables are associated with post-disaster psychological status. Pre-disaster psychological vulnerability (e.g., prior episodes of PTSD), degree of exposure to the traumatic event during and immediately after the disaster, and the occurrence of major life stressors (e.g., loss of home, unemployment) are associated with poorer post-disaster adjustment. On the other hand, personality resources such as resilience or hardiness and social support are associated with better post-disaster psychological status. Stress inoculation programs and programs for dealing with acute and chronic stress and anxiety are likely to be of significant help in coping with threat of terrorist attack. However different segments of our diverse society have different methods of coping and managing stress. Hence we need to keep the diverse

needs of our pluralistic society uppermost in its mind as we develop this information. Recent data suggest that age and gender are associated with the development of PTSD following the September 11 attacks, with children and females more likely to develop symptoms. Also of interest, those who watched greater amounts of TV viewing of the attacks more likely to develop symptoms. Very little is known about how specific ethnic groups respond to disasters and hence more research is needed in this area. One challenge for the future is to design and evaluate psychoeducational programs aimed at enhancing the factors of resilience (Confident Optimism, Productive and Autonomous Activity, Interpersonal Warmth and Insight, and Skilled Expressiveness) and hardiness (a sense of Control over one's life, Commitment as a result of finding meaning in one's existence, and viewing change as Challenge).

What Can Psychologists Do?

Psychologists who have expertise in any area that might help address the threat and impact and terrorism and war are encouraged to direct their attention toward these problems. Psychologists who do not have training in the area of disaster response might consider obtaining such training and then becoming part of the APA Disaster Response Network. Psychologists with expertise in the area of promoting resilience might consider offering CE workshops to their colleagues and also working with their state and local psychological associations to offer resilience enhancement programs in their local communities. In addition, APA began its "Road to Resilience" campaign after September 11, 2001 to teach resilience skills and has added to that with its "Resilience in a Time of War" series of brochures as a result of the war with Iraq. APA's "Resilience in a Time of War" materials, including brochures aimed at consumers; parents and teachers of very young children;

parents and teachers of elementary school children; parents and teachers of middle school children; parents and teachers of highschoolers; and teens, are available by calling toll-free 1-800-964-2000 or by free download at www.helping.apa.org <<http://www.helping.apa.org>>.

We are at the proverbial fork in the road as a society in dealing with this problem. There are many ways that psychologists can help, and we have sketched just a few of them. The stakes are high. If we can help, we must.

As always, I welcome your thoughts on this column. You can most easily contact me via email: Rlevant@aol.com.

Biographical Sketch

Ronald F. Levant, Ed.D., A.B.P.P., is a candidate for APA President. He is in his second term as Recording Secretary of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993-95, a member at large of the APA Board of Directors (1995-97), and APA Recording Secretary (1998-2000). He is Dean, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, FL.