Fostering Resilience in Response to Terrorism: A Fact Sheet for Psychologists Working With Adults

Terrorism is the "systematic threat or use of unpredicted violence by organized groups to achieve a political objective. Terrorism's impact has been magnified by the deadliness of modern-day weapons and the ability of mass communications to inform the world of such acts" (Merriam Webster, 2000). This remarkably insightful definition, written more than a year prior to the devastating attacks on our nation, is supported by studies conducted by psychological researchers in the aftermath of these attacks. The terror, horror, and helplessness that Americans experienced following the attacks on the World Trade Center and Pentagon are matched in our experiences only by the assault on Pearl Harbor and the assassination of President John Kennedy.

Fortunately, people adapt quite well following stressful life events--resilience seems to be the general rule of human adaptation (Masten, 2001). This principle applies well to the terrorism Americans experienced in 2001. Multiple studies now demonstrate that most Americans recovered within 6 months of exposure (DeLisi et al., 2003; Galea et al., 2002; Schlenger et al., 2002; Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002). Among those who continue to struggle are people who were present during the attacks and those who experienced loss of loved ones, jobs, homes, and possessions. Even most of those who were personally affected through loss are continuing on with their daily lives, and most of them are rebuilding their lives and their families' strengths. Only a relatively small, albeit meaningful, percent of those directly affected have developed PTSD or other clinical disorders.

Nonetheless, the continuing threat of additional terrorist attacks, including the specter of assaults of mass destruction involving biological, chemical, nuclear, and radiological weapons, leaves many feeling unsettled in the present and anxious about the future. This fact sheet identifies components of resilience to help psychologists aid people in managing ongoing stress and to promote positive adaptation in the future should more terrorist attacks occur.

What Is Resilience?

Resilience describes the process and outcome of successfully adapting to difficult or challenging life experiences, especially highly stressful or traumatic events (O'Leary, 1998; O'Leary & Ickovics, 1995; Rutter, 1987). Resilience is an interactive product of beliefs, attitudes, approaches, behaviors, and, perhaps, physiology that help people fare better during adversity and recover more quickly following it. Resilient people bend rather than break during stressful conditions, and they return to their previous level of psychological and social functioning (some may even thrive) following misfortune. Being resilient does not mean that life's major hardships are not difficult and upsetting. Instead, it means that these events, though difficult and upsetting, are ultimately surmountable.

What Contributes to Resilience?

A number of psychological factors contribute to how well a person adapts to adversity. These include the way an individual views and engages the world, the availability and quality of social resources, and specific coping strategies (Dohrenwend & Dohrenwend, 1981). Fortunately, in each of these domains, resources and skills associated with more positive adaptation to stressors can be cultivated and practiced.
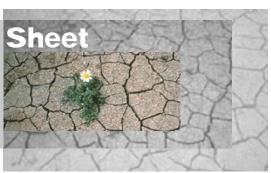
Additionally, an individual's adaptation to stressful events occurs in the context of specific family and community settings. It is important to consider how structures at the family and community levels can help or hinder an individual's responses to stressors. Factors such as stability, organization, and cohesion in families (Garmezy, 1987) and strong social networks in communities (Wandersman & Nation, 1998) can provide protective effects for individuals.

Individual Characteristics

Individual characteristics associated with good adjustment in stressful circumstances—each of which can be learned and developed—include the presence of a positive outlook, a sense of personal mastery, active engagement in coping with the stressor, and finding meaning in the events. These resiliency characteristics tend to travel together in "caravans." The down side of this is that those who lack these resources tend to lack a family of resources. The positive side, however, is that when people develop resources, they tend to develop an array of resources (Hobfoll, 1998).

• *Resilient people are optimistic.* They maintain hope about future outcomes, and such optimism is associated with the use of active, problem-focused coping when dealing with stressful life events (Carver & Scheier, 1987; Lazarus & Folkman, 1984).

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• *Resilient people have self-efficacy.* They believe that they have the skills necessary to effectively manage or accomplish the task at hand (Bandura, 1982), resulting in sustained effort and a greater likelihood of success.

• *Resilient people have a sense of mastery.* They believe that they can exert positive control over the environment. Breaking down complex problems into smaller, more accomplishable tasks and goals can result in a series of immediate successes that enhance an individual's feeling of mastery and control over the problem (Meichenbaum, 1985).

• *Resilient people have a sense of coherence.* This includes the expectation that life events will make sense, the belief that they have the necessary personal and social resources to meet the demands of these events, and the conviction that these demands are worthy of investment and commitment and are meaningful (Antonovsky, 1987).

• *Resilient people are hardy.* Hardiness describes those who are actively engaged, who believe they can influence the course of events in their lives, and who accept change as a part of life—as a challenge rather than a threat—and know that it can be beneficial (Kobasa, 1979). Evidence suggests that hardiness buffers the negative impact of stress, perhaps because it is associated with appraisals of events that minimize emotional distress and promote active coping (Wiebe, 1991).

Social Ties

People seek out others for solace and support during difficult times. Indeed, in the immediate aftermath of 9/11/01, Schuster and colleagues (2001) found that almost every individual surveyed (98%) in a representative study of 560 Americans reported talking to others about the attacks, and most (60%) had also participated in group activities related to the events.

Two aspects of social support are critical to managing stress. Caring and supportive relationships can provide emotional support that may buffer the impact of acutely stressful situations or crises and allow for expression of difficult emotions; large social networks can provide help and information relevant to managing stressors (instrumental support; Cohen & Wills, 1985). In one study of coping following 9/11/01, satisfaction with the emotional support received from friends and families and the number of people available to provide instrumental support were both associated with lower distress (Butler et al., 2002).

Helping others during difficult times may be beneficial to all concerned. Members of support groups report that giving sup-

port can be as helpful as receiving it (Taylor, Falke, Mazel, & Hilsberg, 1988). Of note, one in three Americans surveyed reported donating blood, money, or volunteer time following the terrorist attacks (Schuster et al., 2001). Reaffirming ties to larger social institutions, such as social and religious groups, during times of stress may also have beneficial effects (Hobfoll et al., 1991). Ninety percent of Americans surveyed right after the terrorist attacks reported turning to prayer, religion, or spiritual feelings in an effort to cope (Schuster et al., 2001).

People tend to be more resilient if they:
• Build and maintain close relationships with friends and family

• Turn to their close relationships in times of need

• Ask for help when they need it, even if it is just to talk or have someone spend time with them

• Make themselves available to their close friends and family who need help

• Balance the things they can do on their own with the things for which they need others

Effective Coping Strategies

There is no one right way to cope with stressful events (Silver & Wortman, 1980). Although people often focus on trying to control their emotions in the grip of crises, longer-term adjustment requires more of a problem-focused approach, where the difficulties posed by the stressor can be actively addressed. This focus on addressing problems minimizes the feelings of helplessness often associated with misfortune and replaces them with an increased sense of control and personal mastery. For these reasons, active coping (i.e., doing something to try to address the problem) is typically associated with better psychological and physical outcomes than avoidant coping (Holahan & Moos, 1985). In research on coping following the 9/11/01 terrorist attacks, active coping was associated with less general distress, while behavioral disengagement (giving up), self-blame, denial, and substance use were associated with more distress and post-traumatic stress symptoms (Butler et al., 2002; Silver et al., 2002).

People who cope effectively:
• *Take a step back to problem solve before addressing problems*

• *Break up big tasks into smaller tasks and address the smaller, more manageable tasks*

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• *Rely on their own best resources*

For some this is faith. For others it is being with friends and family. For most people, it is using all those resources that have been helpful in the past.

• *Take a break from problems to relax, take care of everyday tasks, and then get back to the problem or task*

• *Seek help from others*

This can be to share problem-solving ideas, to unload emotional burden, or just spend some quality time together.

• *Keep a sense of perspective*

We are seldom as alone as we might feel. And, there will almost always be a positive future after a period of rebuilding and restoring. This does not mean there will not be things to grieve about and sadness that might stay with us, even for a lifetime.

• *Get involved in the community and help others*

Even those who are directly affected by a terrorist attack have something to share. Maybe not right away, but after a period of recovery, it helps to help others and to contribute to the community.

What Is Trauma Exposure?

Trauma exposure refers to the degree to which an individual experiences, witnesses, or is confronted with actual or threatened death or serious injury to self or others. In general, a "dose-response" relationship has been identified between extent of trauma exposure and level of resulting symptoms-—the greater the exposure, the more severe the disturbance. In addition, characteristics of the individual and of the event also contribute to understanding short- and long-term outcomes (King, King, Fairbank, Keane, & Adams, 1998). However, in this media age, it appears that even vicarious exposure through watching television coverage of traumatic events can be highly stressful. Recent studies (Butler et al., 2002; Schlenger et al., 2002; Schuster et al., 2001) indicate that those who watched more television coverage of the terrorist attacks reported a higher degree of distress.

Common Effects of Trauma Exposure

For the vast majority of people who are distantly involved in a terrorist attack, psychological recovery will be relatively quick and long lasting. Those who are directly exposed to an attack (i.e., those present at the attack and its aftermath, those who experience the death of a loved one, those who sustain significant personal losses) may have intense emotional reactions that include distressing thoughts, feelings, and images of the event.

Some may experience frightening dreams and heightened levels of psychological and physiological arousal. These experiences may result in an inability to sleep, to concentrate, and to perform expected routines. Those who are suddenly bereaved may also have widely ranging emotional reactions, from horror to profound sadness to fear for the future. For most people who are directly affected, the course of reactions is generally toward recovery, although the time course varies remarkably for people deeply affected.

Who Is At Risk for Terrorism-Related Stress?

In general, risk can be seen as a function of the degree of exposure to the horror of the event and its aftereffects, the level of actual or threat of loss, and available resources: The greater the exposure, and the fewer the available resources, the greater the risk of terrorism-related stress. Consequently, people most at risk for ongoing terrorism-related stress will be:

• People directly exposed to terrorism through threat or injury to themselves, the death of loved ones, or personally witnessing the death or injury of others;

• Emergency and other personnel who tended to the injured or recovered the dead;

• Families or loved ones of members of these groups;

• Children, especially those in the region of the attack;

• People who perceive themselves to be potential targets of terrorism (for example, those who fly frequently or work in government installations);

• Those who may be potential targets of a backlash to terrorism;

• People previously exposed to other traumatic events or who have developed post-traumatic stress disorder;

• People with a history of other mental illnesses;

• People experiencing other recent major life stressors;

• People who are socially isolated; or

• People whose resources are limited because of poverty, racism, and immigrant status.

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Building Resilience

Adapted from the "The Road to Resilience," Discovery Health Channel and the American Psychological Association Practice Directorate, 2002

Resilience can be learned and developed by anyone. People can start to build resilience at any time, including before, during, and after a disaster or terrorist event. Because people differ in how they communicate feelings and cope with adversity, there are a number of ways to build resilience. For example, some people find great support and solace in their families and communities, while others seek out close friends or colleagues. Such differences among individuals may reflect cultural and other important differences, and because there are such variations, each person needs to develop an approach that works for him or her. Following is a list of different ways that can help people build their resilience.

• *Make connections*
Reaching out can build resilience, and there are a number of ways to make connections—strengthening close relationships; accepting help and support from those who care; offering help and support to others; and becoming involved in civic, faith-based, or other local groups for social support and enhancement of hopefulness.

• *Avoid seeing crises as insurmountable problems*
Even if people cannot change a difficult circumstance, they can change their view of and reaction to it. In particular, considering how things may improve in the future and noting the small ways in which things are improving in the present can both help make a situation feel less intractable.

• *Accept that change is a part of living*
Traumatic experiences can feel like they change everything, and it is true that they may affect very important aspects of peoples' lives. Successful coping involves accepting what cannot be changed, focusing attention and effort on what can be changed or improved, and bearing in mind that change—both good and bad—is an essential part of life and growth.

• *Move toward goals*
Developing realistic goals and the plans to achieve them and taking steps on a regular basis, even if they seem small, toward achieving those goals can foster resilience.

• *Take decisive actions*
Taking action in the face of difficult situations can be empowering and can lead to changes in the situation. Ignoring, minimiz-ing, or wishing that circumstances were different do nothing to remedy the situation and can be demoralizing.

• *Look for opportunities for self-discovery*
Although living through very stressful or traumatic experiences can be emotionally difficult, such experiences offer people opportunities to learn about themselves—their personal strengths, relationships, and potential for growth. Using such experiences as an opportunity to expand and grow is an impor-tant way to master a difficult event.

• *Nurture a positive view of self*
Developing confidence in the ability to face life's challenges, to solve problems, and to trust their own instincts can all help peo-ple build resilience.

• *Keep things in perspective*
When facing painful events, people can keep things in perspec-tive by considering the broader context and trying to maintain a longer-term view. It is important to avoid blowing the event out of proportion.

• *Maintain a hopeful outlook*
Having an optimistic outlook means being hopeful about how things will turn out. A person's visualizing about what he or she wants, rather than worrying about what he or she fears, is a more optimistic, and therefore more resilient, way to approach life and life's challenges.

• *Take care of yourself*
By paying attention to personal experiences, including needs and feelings, people can learn important information about how to take care of themselves, both psychologically and physically. This includes keeping track of what makes them feel better, what is relaxing, what activities are enjoyable, and what experi-ences are rejuvenating and recharging. Noting what has helped in the past can help people respond well in the future.

Additional Resources

Getting help when it is needed is an important aspect of taking care of oneself, and it can also contribute to resilience. In addition to turning to family members and friends for assis-tance, a person can take other helpful actions, including join-ing community support or self-help groups, reading books about how others have successfully managed hardships and challenges, and gathering related information on the Internet (though quality can vary by source).

One online resource that may be a good place to start is the **APA Help Center at www.APAHelpCenter.org.**

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Authors
Lisa D. Butler, PhD, Stanford University; Stevan E. Hobfoll, PhD, Kent State University; Terence M. Keane, PhD, VA Boston Healthcare System
Senior Editor: Laura Barbanel, EdD

References
Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well.* San Francisco: Jossey-Bass.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*, 747-755.

Butler, L. D., Koopman, C., Azarow, J., Desjardins, J. C., Seagraves, D., McCaslin, S., Hastings, T. A., & Spiegel, D. (2002, November). *Predictors of distress and resiliency following the tragedy of 9/11/01.* Paper presented at the annual meeting of the International Society of Traumatic Stress Studies (ISTSS), Baltimore, MD.

Carver, C. S., & Scheier, M. F. (1987, August). *Dispositional optimism, coping and stress.* Paper presented at the annual meeting of the American Psychological Association, New York.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*, 310-357.

DeLisi, L. E., Maurizio, A., Yost, M., Papparozzi, C. F., Fulchino, C., Katz, C. L., et al. (2003). A survey of New Yorkers after the Sept. 11, 2001, terrorist attacks. *American Journal of Psychiatry, 160*, 780-783.

Discovery Health Channel and APA Practice Directorate. (2002). *The road to resilience.* Washington, DC: American Psychological Association.

Dohrenwend, B. P., & Dohrenwend, B. S. (1981). Socioenvironmental factors, stress, and psychopathology. *American Journal of Community Psychology, 9*, 129-146.

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 346*, 982-987.

Garmezy, N. (1987). Stress, competence, and development: Continuities in the study of schizophrenic adults, children vulnerable to psychopathology, and the search for stress-resistant children. *American Journal of Orthopsychiatry, 57*(2), 159-174.

Hobfoll, S. E., Spielberger, C. D., Breznitz, S., Figley, C., Folkman, S., Lepper-Green, B. et al. (1991). War-related stress: Addressing the stress of war and other traumatic events. *American Psychologist, 46*, 848-855.

Hobfoll, S. E. (1998). *Stress, culture, and community: The psychology and philosophy of stress.* New York: Plenum.

Holahan, C. J., & Moos, R. H. (1985). Life stress and health: Personality, coping, and family support in stress resistance. *Journal of Personality and Social Psychology, 49*, 739-747.

King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience-recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support and additional stressful life events. *Journal of Personality and Social Psychology, 74*, 420-434.

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37*, 1-11.

Lazarus, A., & Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.

Meichenbaum, D. (1985). *Stress inoculation training.* New York: Pergamon Press.

O'Leary, V. E. (1998). Strength in the face of adversity: Individual and social thriving. *Journal of Social Issues, 54*, 425-446.

O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health: Research on Gender, Behavior, and Policy, 1*, 121-142.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57*, 316-331.

Sarason, S. B. (1974). *The psychological sense of community: Prospects for a community psychology.* San Francisco: Jossey-Bass.

Schlenger, W. E., Caddell, J. M., Ebert, L., Jordan, B. K., Rourke, K. M. et al. (2002). Psychological reactions to terrorist

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attacks: Findings from the National Study of Americans' Reactions to September 11. *Journal of the American Medical Association, 288*, 581-588.

Schuster, M. A., Stein, B. D., Jaycox, L. H., Collins, R. L., Marshall, G. N., Elliott, M. N. et al. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine, 345*, 1507-1512.

Silver, R. C., Holman, A., McIntosh, D. N., Poulin, M., & Gil-Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September 11. *Journal of the American Medical Association, 288*, 1235-1244.

Silver, R., & Wortman, C. B. (1980). Coping with undesirable life events. In J. Garber & M. P. Seligman (Eds.), *Human helplessness: Theory and applications* (pp. 279-340). San Diego, CA: Academic Press.

Taylor, S. E., Falke, R. L., Mazel, R. M., & Hilsberg, B. L. (1988). Sources of satisfaction and dissatisfaction among members of cancer support groups. In B. H. Gottlieb (Ed.), *Marshaling social support* (pp. 187-208). Newbury Park, CA: Sage.

Wandersman, A., & Nation, M. (1998). Urban neighborhoods and mental health: Psychological contributions to understanding toxicity, resilience, and interventions. *American Psychologist, 43,* 647-656.

Waysman, M., Schwarzwald, J., & Solomon, Z. (2001). Hardiness: An examination of its relationship with positive and negative long term changes following trauma. *Journal of Traumatic Stress, 14*, 531-548.

Wiebe, D. J. (1991). Hardiness and stress moderation: A test of proposed mechanisms. *Journal of Personality and Social Psychology, 60*, 89-99.