

WHAT DOES “PSYCHOLOGY IN POLICY” MEAN?

PSYCHOLOGY BEYOND BORDERS is dedicated to seeing psychology become an integral part of policy at all levels of community, national and international governance.

PSYCHOLOGY BEYOND BORDERS adheres to the definition of “Psychology” adopted by the American Psychological Association (www.apa.org): Psychology is the study of the mind and behavior. The discipline embraces all aspects of the human experience — from the functions of the brain to the actions of nations, from child development to care for the aged. In every conceivable setting from scientific research centers to mental health care services, “the understanding of behavior” is the enterprise of psychologists.

The dominant response to large-scale tragic events by governments and NGOs typically focuses on the physical response: the provision of shelter, water, food, medical attention. While these physical provisions are necessary “givens” in the immediate aftermath of any disaster, we know that the negative impacts of disaster are not just a function of the disaster itself, but also of the human response to the disaster.

Any large-scale tragedy that disrupts social networks, increases physical and emotional stress, and causes significant loss - of loved ones, of possessions, of ways of life - can have major psychosocial consequences. The psychosocial impacts can range from virtually nothing to severely debilitating, the temporary to the long term, the localised to the widespread. The effects can permeate through multiple levels of society: individual, family, community, organisational, regional, national and global. We know from research all over the world that the psychological or mental health consequences of large-scale tragedy can play out for decades, resulting in huge national costs to the health system, the workplace, the economy.

We also know from research about the effects of exposure to violence and large-scale tragedy resulting from natural disaster, armed conflict or terror attacks, that the psychological and the physical consequences are inexorably linked – inherent parts of a whole that cannot be separated. Lessons from past catastrophic disasters in the Americas, Asia, the Middle East, and other countries, whether freak acts of nature or deliberately orchestrated, suggest that there is no single universal response to such trauma, and there is no universal timeline for recovery. Some of us will take longer than others to find our “new normal” life, and some of us will find ourselves unable to learn that what happened has passed. We may become paralysed by the horror we witnessed, unable to see a way forward, unable to “move on” or even move through. Our terror may evolve into clinical diagnoses such as Post Traumatic Stress Disorder (PTSD), an anxiety related mental illness, or in children, developmental disorders. Research also tells us that such distress can play out in the body and/or in behaviour: as witnessed by increased incidence of heart disease by those most stressed in the aftermath of 9/11 or decreased immune system functioning in Lebanese people following prolonged exposure to war. Behaviourally, consequences can be individual, such as the increased risk-seeking behaviour of Israeli teenagers, or at a collective level – an increase in the number of fatal traffic accidents following fatal terror attacks in Israeli cities. The lessons from the research and anecdotal evidence from all of these disasters – both human orchestrated and natural – is that the mind and the emotions affect the body, and the body affects the mind and emotions.

Therefore BOTH psychosocial and physical considerations must be inherent components of policy.

“PSYCHOLOGY INTO POLICY”

Psychology into policy means that:

- **Disaster Prevention, Preparedness and Response Policies** are underpinned by a “do no further harm” mantra.
- **Disaster Preparedness Policies** acknowledge the sustaining power of natural human support networks. Programs equip people in their own countries and communities to support each other.
- **Disaster Preparedness Policies** include training programs in advanced trauma treatment for mental health workers, first responders, public health professionals, natural first responders such as teachers and clergy, are planned and ready to be activated.
- **Disaster Response Policies** and programs empower impacted communities and families to maintain their routines: finding work, returning to school, resuming normal household activities such as cooking and cleaning, all facilitate “movement” and doing.
- **Disaster Response Policies** include plans for public health screening processes ready to be activated to identify those who are experiencing acute signs of distress within the community.
- **Disaster Response Policies** ensure responders have the resources to sustain them as they help others. If not resourced, both physically and emotionally, responders such as emergency workers, counsellors and volunteers can all suffer “secondary trauma”.
- **Disaster Response Policies** include provision for programs that de-stigmatise stress responses to large-scale tragedies with the acknowledgement that for most of us affected by large-scale disaster, either directly, or vicariously through our exposure via the media, our grief, anger, anxiety and horror are normal responses to an abnormal event. This includes de-stigmatisation of symptoms of distress among responders.
- **Disaster Preparedness Policies** include ongoing dialogue with news organisations toward defining specific policies for how traumatic events might be covered in the media so as to minimise trauma for most readers/viewers. Research after the September 11, 2001 terror attacks

revealed many more people were traumatised through indirect exposure through the media than directly exposed in the vicinity of the attacks.

- **Counter-Terrorism Policies** include strategies for prevention by systematic deliberate programs which build bridges of understanding between East and West, provide ways for alienated youth to identify with the homeland national story, provide cross-cultural community education and integration opportunities to help reduce racism and build mutual understanding and acceptance.
- **Counter-Terrorism Policies** acknowledge that terrorism is fundamentally psychological warfare and therefore counter-terrorism strategies pervasively include the psychological – such as public education programs in accurate risk assessment and anxiety management techniques.
- **Refugee Placement Policies** incorporate psychosocial elements in the design of displaced persons camps and transitions to and from such camps, taking into account the potent healing power of communities, no matter where they are -- with the refugee's long term psychological well being as the guiding force.
- **Refugee Placement Policies** take account the potential for culture shock and displacement shock, especially when refugees are located to new countries. Systematic cultural, social and psychological orientation programs are built-in to prevent and ease such shock.

These are just a sample of the strategies that include psychology in policy relative to large-scale tragic events. As a journalist, Anderson Cooper stated when he first toured New Orleans after Hurricane Katrina: "The waves of sorrow have only just begun". A planned systemic regional/state/national response that gives equal space to the physical and the psychosocial can help people move through the waves and rebuild their lives in ways that ease their distress, not compound it.