

Nurturing Hope during a Stressful Present and an Uncertain Future

Part I

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The number of people throughout the world who have been diagnosed with COVID-19 and those who have died from the virus is staggering. While the rate of infection in most countries has declined, the presence of new cases and deaths on a daily basis remind us of how deadly the virus continues to be. The emotional and financial strain have been devastating to so many individuals and families. It is not surprising that recent publications highlight the increase in mental health issues triggered by the burdens of social isolation and financial loss.

I and many other mental health clinicians have continued to write articles and conduct webinars that offer strategies to manage stress and nurture resilience in ourselves and others during the pandemic. As we slowly emerge from stay-at-home directives, I have been asked my thoughts about the possible long-term effects of COVID-19 on both our own and our children's emotional well-being. Given the multitude of variables involved in answering that question, it is difficult to predict for any one child or family or the even larger community the future consequences of the virus. Some families have experienced far more hardship and uncertainty than others, worrying about having enough food in the household, being able to pay the mortgage, having a job when businesses open again, or having a loved one who has battled the virus or died as a result of being infected by it. Individuals who struggled with anxiety and/or depression prior to the emergence of COVID-19 are typically more at risk for these conditions intensifying than those who have not faced such problems.

Some school districts have been more effective in shifting to virtual teaching and learning than others. Certain conditions work against successful on-line instruction, including a lack of computers, limited internet access, and parents having to work outside the home and not being available to supervise their children. The situation is often more acute for students with special needs who require a greater amount of in-person assistance and monitoring to be successful than remote learning is able to provide.

“Playing Badminton in a Windstorm”

The pressure on schools to have plans in place for re-opening in the fall is intense. The headline of a recent lead story in *The Boston Globe* read: “Schools would be tested in a return: Daunting changes, drastic and subtle.” The article, written by Malcolm Gay, detailed the many challenges schools will face in re-opening, with student and staff safety of paramount importance. Tom Scott, executive director of the Massachusetts Association of School Superintendents, captured this seemingly Herculean task when he observed, “It’s like playing badminton in a windstorm. The questions are endless. The more you talk about it, the more issues you identify.” Playing badminton in a windstorm! How apt an image.

I am certain that many parents, especially of young children, will report that it is difficult for them to think of the challenges of the new school year given the more immediate problems they face. As an increasing number of day and overnight camps announce a cancellation of their summer season, as childcare centers remain closed or with a reduced number of spots, parents are left to wonder how to continue working in the absence of these resources.

One of the greatest uncertainties resides in not knowing the course that the virus will take. Will there be a second spike in late summer or early fall leading to renewed restrictions, economic challenges, and school closures well into 2021? Many people are overwhelmed by anxiety and desperation, especially in terms of whether they will have a job and an income. Tension mounts between those who adhere to the recommended social distancing guidelines set by the Center for Disease Control and Prevention (CDC) and those who do not. The situation is not alleviated when a political leader flames anxiety and anger by encouraging citizens to “liberate” their states from restrictions rather than conveying a message that recognizes the roots of this anxiety and attempts to bring people with different perspectives together to consider reasonable plans and actions for the future.

A Weakening of Personal Control

In a number of my previous columns, including in March of this year, I have emphasized the importance of adopting an attitude of personal control as a basic

underpinning of resilience, that is, to focus on factors over which we have some influence, including our attitude and response to problematic situations, rather than on events over which we have little, if any, control. Unfortunately, the multitude of unknown factors occasioned by the coronavirus fuels feelings of helplessness and diminishes a sense of personal control, leaving us vulnerable to increased anxiety and depression.

One indication of the toll of the coronavirus on our mental health was cited in an article by Kira Herzog and posted on CNBC's website. She reported the large percentage of Americans who were turning to apps on their smartphones for help with their emotional well-being. "First-time downloads of the top 20 mental health wellness apps in the U.S. hit 4 million in April. That's up 29 percent from 3.1 million in January. By contrast, first-time downloads of the top 20 such apps fell 30 percent during the same period last year." Mental health experts caution about the effectiveness of these apps, especially in meeting the needs of many of the users.

What We Have Learned from Previous Crises

The negative impact of the coronavirus on our lives is enormous. As I continue to reflect on possible actions we might take to lessen this impact even to some small degree, I want to share two areas of study that may provide helpful insights. The remainder of this article will be devoted to describing one area, namely, the information we can garner from other traumatic events experienced on a large scale, such as the world wars, 9/11, and natural disasters including Hurricane Katrina. While I recognize these situations are different in many ways from the one we are currently facing (probably the most similar situation to the coronavirus is the pandemic of 1918-1919), what we learned from these past occurrences may help us to identify "protective" factors that we can apply now.

Then in next month's article I plan to address the second area, a study of firsthand accounts of lessons learned during the time of COVID-19.

Earlier in this article I wrote that I have been asked my thoughts about the possible long-term effects of the virus on our lives. Diana Divecha, a developmental psychologist on the faculty of the Yale Child Study Center and the Yale Center for Emotional Intelligence, addressed this question in an on-line article published by the Greater Good Science Center at the University of California-Berkeley. Divecha referred

to studies conducted after wars and natural disasters to assess how children and their families fared. She wrote, “Studies consistently show that certain conditions help children adapt well, and other conditions compound a child’s distress—but the overall message is a hopeful one. Given some support and protection, our children have remarkable strength and hardiness.”

One factor determining the impact of a stressful event on a child’s future mental health (and on an adult’s as well) was the extent of their exposure to the dangerous situation. The late developmental psychologist Emmy Werner, a Holocaust survivor and one of the most renowned researchers of resilience, studied the writings of 200 children who directly experienced the horrors of World War II and later interviewed 12 of them as adults. Not surprisingly, the ones who had direct exposure to the violence and bombings reported symptoms of PTSD 50 years later. The same results were found in other studies that involved children who witnessed conflicts in South Central Asia, Rwanda, and Ireland as well as the 9/11 attacks in New York City. In terms of the latter event, children who lived below Canal Street (closest to the Twin Towers) “had four times the rate of psychiatric and physical health disorders as young adults, compared with children who were across the bridge in Queens and only saw media coverage of the event.”

These findings support observations I made after 9/11, namely, that the farther one was from the sites of the planes going down in New York City, the Pentagon, and Shanksville, Pennsylvania, the less the psychological impact. This should not be interpreted to imply that citizens who lived thousands of miles from the tragedy did not experience pain, anxiety, and anger, but rather it did not appear to be at the same level of intensity or as long lasting as those who were at or near the scene or who lost a loved one in the carnage.

Divecha cautioned that viewing excessive media coverage can begin to approach direct exposure. I recall that a day or two after 9/11 many television stations stopped showing the planes crashing into the Twin Towers since doing so heightened the anxiety of the viewer, especially children.

In describing the Werner studies and the findings from 9/11, Divecha suggested that during the current pandemic we shield children, especially young ones, from nonstop media messages. She advised that even with teenagers, adults should be available to help

them process the news and to convey that problems associated with COVID-19 are being addressed and that there is hope for the future. I might add, as I have personally experienced, limiting one's news viewing during COVID-19 while still keeping informed with what is transpiring can be very therapeutic. I would also guess that after the crisis has passed (whenever that might be), those living in the so-called hotspots of the virus may display more mental health issues than those residing in locations with relatively few cases of COVID-19.

Two other protective factors highlighted by Divecha are those I emphasized in my March article and represent a basic foundation of resilience: first, we all need loving, supportive people in our lives and second, it is important that parents and other caregivers convey love and a calm demeanor to their children. This parallels the late psychologist Julius Segal's notion of a "charismatic adult," an adult from whom we "gather strength." Clinicians observed the influence of such adults in England during the Nazi bombings. Children who remained with their families even as bombs exploded in their presence rarely showed "traumatic shock." The company of a trusted, calm adult provided a sense of security even in a life-threatening situation.

The picture was much different for children who experienced a parent being killed or for children who were separated from their parents. As an example, children who were evacuated out of London to avoid the bombings and away from loved adults had a much more difficult time adjusting than those who were in the bombings but with family members or other supportive caregivers. The same dynamic was found with children who grew up in poverty or children who experienced the devastation of Hurricane Katrina. Obviously, for parents and other caregivers to serve as charismatic adults they must model a calm, secure demeanor, a demeanor that does not minimize the seriousness of the situation but offers a message of hope. We must learn to take care of ourselves if we are to effectively take care of our children.

The final point advanced by Divecha is one that also parallels a major belief to which I subscribe, namely, resilience will blossom in both children and adults when we participate in "contributory activities," that is, activities that enrich the well-being of others and add a sense of purpose to our own lives. As Divecha observed, "When

children are able to pitch in and contribute—in their families or their community—they develop mastery they feel valued, and their confidence grows.”

As noted above, in next month’s article I will look at firsthand accounts of what individuals of different ages believe they’ve learned during the coronavirus. If any readers would like to share their experiences, please send them to me.

Until then, I hope you stay safe and well.

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