CASAT Podcast Network

Welcome to season two of CASAT Conversations.

I am your host Heather Haslem.

This season we will explore the timely and complex topic of resilience for healthcare providers.

Within each conversation, you will hear from experts, clinicians and providers who will explore and share the latest research, best practices and applications for how to be resilient.

Please enjoy today's conversation.

So today on the show we have Dr. Roxane Cohen Silver.

She is a distinguished professor of Psychological Science, Medicine and Public Health at UC Irvine.

Her research explores how people encounter stressful events that can have a major impact on the course and direction of their lives.

They are those they love may be confronted with a disabling accident, serious illness, death or violent crime.

In her work, she investigates the acute and long term reactions to these personal traumas as well as the impact of larger community disasters such as infectious disease outbreaks, terrorist attacks, earthquakes or firestorms, school shootings and war.

She and her team identify individual social and societal factors that facilitate successful adjustment to stressful life events and identify myths concerning the coping process.

She also explores the long term physical cognitive, emotional and social effects of traumatic experiences and considers the impact of beliefs and expectations of one social network on the adjustment process.

Her research highlights predictors of individual and community resilience, the cumulative effects of collective trauma and the role of traditional and social media in transmitting the stress of community disasters beyond the directly impacted community.

We are delighted to have you here on the show.

Dr. Silver welcome thank you so much for the invitation.

So as a researcher looking at these multitude of factors I would imagine in this last year of the pandemic, uh you've been extraordinarily busy.

And so as we start today's interview, how did you get into researching your multitude of research interests?

Well, I've actually been studying how individuals and communities respond to disasters and adversity For over 40 years.

I originally got into this area of research because my very close friend from high school's father got a brain tumor and he went from as far as we could tell, a healthy father of a young woman, two dead about three or four weeks later.

And I know what this was the first time that I had experienced anything like this.

This was my closest friend and I didn't know how to help her, I didn't know what I should do.

And I was very interested in psychology at the time, I decided that what I wanted to study was how I, as a friend could help somebody who encountered a sudden uncontrollable, horrendous life event.

And so I began that in my studies in graduate school.

And since that time I've gone from looking at how people experience tragedy within their own lives, to the larger collective traumas that we have been living in for.

Of course the last 15 months or so.

Part of the reason that I moved into community why disasters was frankly because I moved to California and I was immediately confronted.

This was in the late 80s, early 90s, I was confronted with natural disasters that I had not experienced previously.

So I had my experience of my first earthquake and within a few years after that I, my community was devastated by wildfires and it was at that time that I realized that some of the things that I had been exploring about individual tragedy was now amplified by the fact that you had hundreds and in some cases thousands of people who were impacted by an event on the same day.

And in recent years, of course that we're now talking about millions of people can be impacted for from an event in in the same day or the same week.

In the same month.

Yeah, I'm really struck by how your personal experiences have informed your research questions, which I think is the case many times as we observe what's going on in our lives and in the world and then taking that to the lab.

Well, it at the time, you know, I was I think 19 or 20 years old.

So the the event triggered an interest in trying to figure out how I could best help close other.

But over the years, one of the things that I've been really struck by was how my predictions and my own expectations were inconsistent with the data that I collected from very very early on.

I I saw that when one collects Method, a logically rigorous study.

When 11 can collect, um can conduct a study in a methodologically rigorous fashion and can interview a large number of people, one can collect data that can be juxtaposed against the assumptions that we might have about how people are going to respond.

And from very early on from my dissertation, conducted many decades ago on spinal cord injury until now I have continued to be humbled by the findings that I obtained and recognized that my assumptions and the assumptions of many in our society are sometimes um the assumptions are basically incorrect or have really don't hold up when scrutinized with against the data.

And so I'm curious what are some of those assumptions that may be surprised you along the way?

Well, when I first began my research, this is again back in the 70s, Late, late 70s, early 80s, the very popular view of how people would respond to tragedy was informed by Kubler Ross's stages of dying very, very popular at the time and still continues to some extent even decades later.

But there was an assumption very early on that individuals who encountered a tragedy would respond in a particular fashion.

In Kubler Ross's model.

They were individuals would first um, I think it was first get angry and then get pressed and then would engage in some sort of bargaining or some sort of protest and then ultimately would accept the tragedy that that they were confronted with.

And those that model which was extremely popular for every kind of tragedy.

I remember there were stage models for how people reacted to rape.

Stage models for how people would react to blindness.

Stage models for how people would respond to spinal cord injury or two, sudden unexpected death of a loved one.

Those models assumed that most people would respond in a particular fashion and if they didn't respond in that fashion, there was something abnormal about their responses.

And what I learned very early on and has been repeatedly demonstrated in my data is that there is not a one size fits all response to tragedy.

What I've learned from very early on is that the the most striking finding is how variable people's responses are to tragedy.

And we can see that within the same family, two or three members of the family might respond very differently to what looks to the outsider like the same event.

And in fact, one of the, the earliest papers that my colleague Camille Wortmann and I published was called the myths of coping with loss, in which we argued that there was not a single way in which people would respond to tragedy, that it wasn't the case, that everybody would be devastated in the immediate aftermath.

And if they weren't devastated, that there was something wrong with them or that somehow that devastation would leak out later.

And there was also an assumption, I still do think is perhaps widely or is certainly held by some people that there will be an ultimate period of acceptance that people will recover.

Often there's an assumption that by the anniversary, the one year anniversary or so, that people will have recovered from a tragedy and that also didn't fit the data we saw in some of our earliest work, Dr Workman and I saw that individuals who had experienced the sudden unexpected death of their child responded very, very differently And over the last 40 or so years.

One of the things that I've been trying to do in my research is to understand what are the factors that are associated with differential responses.

Is that can we identify risk factors that put some people at risk for negative psychological or physical outcomes in response to a tragedy?

And are there other factors that are that promote resilience or that facilitate people's adjustment?

And that's really what I've been studying for the last several decades.

I'd love for you to tell us about some of those risk factors.

Well, again, I'm going to just make some generalizations here, but I want to recognize that these are in fact generalizations and that um I I still will maintain that there is not one size fits all kind of response, but one of the things that we have seen repeatedly in our data are that individuals who have had some mental health difficulties prior to an event are at greater risk of negative psychological responses to a tragedy when it occurs similarly, we have found that individuals who have previously experienced tragedy, let's say they have previously experienced some violent events or have witnessed violence might be at greater risk of negative psychological responses when mass violence event occurs, for example.

So individuals who have resources, both social resources, um financial resources, maybe you may find it easier to cope with the tragedy when it occurs, we find individuals who have a lot of chronic stress during the time that an event happens may have more difficulties adjusting to it.

So individuals who might be underemployed or unemployed, who don't have, who are living alone and don't have the social resources to to go to may be at greater risk of negative psychological responses.

I do of course, still want to highlight that.

While I call these risk factors, it doesn't doom people.

There are many instances of individuals who have had difficult childhoods that nonetheless are able to respond very well when tragedy hits.

So there isn't, again, there's no one size fits all response.

There are many different factors, both factors, risk factors and resilience factors that can play a role in how individuals respond.

But all we can do those are conclusions that are drawn from interviews with thousands of people and any individual person may react differently, depending on a variety of things, but it's very hard when you're talking about predicting responses of human beings to to be able to say exactly how they're going to respond.

But we look for patterns in our data and over the decades I've probably interviewed or surveyed thousands of people.

Many many tens of thousands of people.

And so these are conclusions that I'm drawing on the basis of the research that I've collected.

But again as I mentioned a few minutes ago I continue to be struck by new findings and new new experiences and new ways of seeing the data that continue to um lead me to form different conclusions that how people have responded To the events of 2020 have been informed.

My my my research has been informed by prior decades of studies but every Tragedy like 2020 and and continuing into 2021.

It's unique in in many ways.

Do you have any findings from 2020 that you can share with us that have maybe surprised you?

Or kind of opened up a new way of thinking well where my colleagues and I are in the midst of a national longitudinal study of the pandemic and its associated stressors.

We began in the first few weeks actually, shortly after the U.S.

Declared that pandemic to be an actual pandemic in it national disaster.

We have been following several 1000 people over the last uh we begin with over 6500 people and we have interviewed them now.

Twice we're beginning will soon begin our third wave of data collection.

one of the things that has been, I think striking about the events.

The most recent events is just the sheer Cronus city of them.

You know, it's been at least until relatively recently.

All bad news all the time.

And the extent to which people have immersed themselves in though that bad news via traditional media or social media has really taken a toll.

People, We, my colleagues and I wrote a paper back in February before COVID-19 was even called COVID-19.

In which we used some of the Results from the work that we've been collecting over the last 20 years to make some predictions about the potential role of the media in amplifying distress surrounding the pandemic.

And the prior research was very informative in enabling us to make some predictions that in fact were borne out by the data.

The more people have been immersed in this bad news and the more people have been immersed in both traditional and social media, the more likely they have been to exhibit distress in response to the pandemic.

And the associated stressors that have followed.

Mm hmm.

Yeah.

It's fascinating to think about the amount of media consumption whether that be news media or social media.

And then it's dirty.

It's impact on our stress and really our well being and resilience.

Well, you know, if you think about the pandemic.

Many, many people were forced to stay at home and had more time on their hands than they might have had previously.

Some people were no longer spending an hour or more a day in traffic.

Some people were ah Mhm had had more time to listen to the media and the News was changing very quickly.

It's still in, you know, in mid-2021 the news is changing on a daily basis and that is because we are dealing with a new a new infectious disease for which very little um for which we're learning a great deal over time early on there was there was not a recognition that people could transmit the virus if they were asymptomatic.

We learned in 2020, that that wasn't the case that people could transmit the virus if they were if they didn't have symptoms.

We're learning new things about the variants were learning new things about the vaccines.

All of this means that there is new news that we can that we might feel the need to gain access to.

But as I said for a very long time, it was all bad news all the time.

And so the more people were immersed in that bad news, the more distressing it it was my colleagues and I have actually been studying the role of the media in Responses to tragedy since the September 11 2001 terrorist attacks back after 9 11.

The only way that people learned about the events of that day were via what what is now called traditional media.

Most of us learned about the attacks via television, also radio and print media, But over the last 20 years the media landscape has changed dramatically.

We didn't have things called podcasts some years ago, it was called radio and you know, it was there there was there was a very we got a news at very different ways that at certain times of the day Now in in 2021 we carry most people carry a smartphone in their hands where they have constant access to news media and to social media and to updated news as well as graphic images and videos that aren't being monitored by an editor.

And so all of these things mean there are exposure to tragedy is It can be constant and that was very different from what happened after 911.

So, we've been exploring over the years, the role of media exposure, graphic media in particular after mass violence.

But just the sheer amount of media to which people are exposed and we have seen across several studies that the more likely people are to engage with media about a tragedy, the more likely they are to exhibit stress responses.

The more anxious they may be, the more anxious they are, the more they may be drawn to the news media in an attempt to find out more to deal with the anxiety and with each increasing tragedy.

People are drawn into the media.

I will also say that that's part of the goal of the media is to get people to click or to listen or to see to see what um yeah, that the content that's being delivered and it's just that when it's, as I said, you know, all bad news all the time.

It can it can take a toll on people's mental health.

Mhm.

What are some of the recommendations that you have for having a healthy relationship with the media?

That's a very that's an excellent question.

One that I'm asked all the time.

And let me just say I yeah, I listen to my own advice.

I will tell you I'm I'm not a very large consumer of media, but I am I stay up to date quite regularly and I think part of what we advocate is that people both monitor the amount of time that they're spending in the media and moderate the amount of time.

So certainly in the early days of the pandemic one could spend endless hours reading and listening to stories.

I've had journalists contact me and have called that doom scrolling.

I had not heard that term before.

I what's that asked by a journalist what my thoughts were about dreams growing, which and I've seen it in many in many media reports since then, but it's the sense that one starts in with one story and then clicks on another Lincoln clicks on another Lincoln click on another link.

Um So what my colleagues and I advocate is that people monitor the amount of time that they're spending that you can, especially when it you know, surrounding the pandemic, there has been a distorted sense of time anyway and so people can lose, lose hours um consuming media.

We suggest that people check the news perhaps a few times a day, maybe in the morning, maybe at noon or lunchtime maybe in the evening and that one be very conscious of the amount of time that they're spending immersed in that I personally don't engage in any social media.

I I don't click on videos, I'm very cautious about exposure to graphic images is something that we have seen is associated with can be associated with distress.

And so I'm very cautious about this and I don't spend time watching television, but I'm very, I would say that I'm as knowledgeable as the next person because I do read a lot, but again at very specific times of the day, I um I noticed, you know in November October November of last year, I definitely was noticing fatigued from the pandemic.

Um It was election season, there was so much going on in our world that I did have to take a break or a fast from social media during that time and it was extraordinarily helpful for my mental health uh to take that break until about January February of this past year.

There is some data, I understand I have not collected data myself that that has demonstrated this week.

We just didn't have the mechanism to collect these data.

But I understand that some data were collected In 2020 that showed that people did start seeking less media exposure as the year went on.

And I think it was demonstrated by Pew that in which they were collecting daily uh media exposure data.

You know, one of the things that I'm not in any way advocating up is that people put their head in the sand.

I'm not in any way advocating that people stay ah Mhm.

That I'm not in any way advocating that people hide from the media.

I'm just advocating that people stay conscious of how much time they're immersed in it.

And I'm also and I also want to highlight that I'm not in any way advocating any censorship of the media.

I I certainly, I think that it's perfectly fine to have this content available, but I think that the consumer needs to be aware of the possibility of being over exposed to bad news.

I have a wonderful meditation teacher that I've worked with for years and we've had interesting dialogues about the media and social media.

And her recommendation was when scrolling through social media to pay attention to um sort of like when do you get to that place where you're really you're really just mindlessly scrolling, you're not paying attention.

So there's a way to help guide your attention back to pay attention to the sensations in the body.

Um and to notice that, and that's been an extraordinarily useful tool for me to just notice, okay, oh, I'm here mindlessly scrolling because I'm tired.

I've had a long day.

Um and then it's like, okay, this isn't useful anymore.

So put it away.

But it's also the case, but it's also the case that we have had just a tremendous amount of news of, you know, the pandemic has shifted, there was an economic, severe economic consequences.

In response to the pandemic.

There have been a large number of natural disasters undoubtedly driven by climate change that have led to massive firestorms in us.

There were tornadoes last year in the midwest, there were hurricanes on the east Coast.

These were all these are all events that that take up our attention.

We had um the George Floyd murder.

We had, as you mentioned before in all of the protests surrounding the belated recognition of systemic racism.

We had election season two impeachments, um, the insurrection, I mean, they're just have been so many examples of newsworthy content.

We had um hate crimes against asian americans and then add on top of that, the fact that the pandemic has been worldwide.

Of course, that's what a pandemic means, that it's, it's worldwide.

And so people have watched the pandemic wax and wane In other countries as well.

We're at over 600,000 deaths in the United States alone, which means millions of people have been impacted by the pandemic directly.

And so again, there it is, it's there's there's a lot to take in and I think that it's even if one isn't mindless, there is when one is scrolling, there's just a lot to take in.

There is a lot to take in.

Even just listening to, you know, list off each one.

I'm aware of that overwhelming feeling of thinking about 2020 and 2021 and what it's meant for all of society.

Um and there's such value to the news and media and staying up to date.

Um and there's so much value in consciously choosing how and when you take in the media as well when it comes to our mental health.

And if you go back to a comment that I made earlier about a strong protective factor is social people's social relationships.

And during the pandemic when we were when our activities were severely restricted, staying in touch with our social network via social media was one of the best ways in which we could connect with others.

You know, with the notion that we could communicate with others and be able to see them and you know, three years ago, four years ago.

That was just not the way people communicated.

And yet now, you know, I've been to funerals over zoom.

I've been to babies births over zoom.

I mean things that we would never have expected previously, let alone meetings, conversations I've been teaching over zoom.

So these are all ways in which the the fact that we have access to the internet is a very positive thing and I think helped many, many people cope.

So I think, you know, media is a double edged sword.

It is, I I like to think of it as technology hygiene.

And so what are the parameters you know that support well being and health that we can put in place.

And there's, I think there's a lot that we can do, but it takes that conscious intention versus just having the news on at all times and it's just coming at you all day or this habit loop of the same real being shown for hours at a time.

Right, right, right.

Uh so as you know, really this podcast is for health care providers and earlier you mentioned um one of the risk factors being chronic stress already and then putting a pandemic on top of it.

And so I'm aware of how some providers may have already been living in a state of chronic stress and then we've added the layer of the pandemic and whether they've been, you know, on the front lines working the pandemic or um seeing clients from their homes at zoom.

What what kind of, how does your research maybe inform their lives while health care providers are and have been in many cases the essential workers that we have perhaps previously not acknowledged adequately.

Certainly healthcare providers have been at the front lines, both mental health providers and physical health providers.

It's been very, very difficult.

And to the extent to which they have not been able two take the time to engage in self care and to spend time with their own families.

I I certainly know I've certainly read of cases and of individuals who wanted to protect their family and they were potentially exposed to the virus and of course they were wearing protective equipment but they nonetheless decided not to come home not to go home because they didn't want to expose their families that that just added enormous strain.

And I think that we are seeing some potential burnout from um healthcare providers that have just been going at this for so long.

It's important I think for the employers of these healthcare providers to make sure that they can take a break or get adequate access to mm hmm health protective equipment.

And I think to recognize that individuals just I need a break.

I mean I I have been like like many many people I have been sort of a hyper alert level for a very long time and I find that some days I just sit in the chair and just stare out the window.

I mean I just to sort of take a breather from this chronic stress and you know, unfortunately I think a few months ago we many people felt that there was a light at the end of the tunnel.

And I think that the data that have been coming out very recently and the end of July suggests that there is a new variant that may be more that may be transmitted more easily than we had anticipated and that individuals who have been vaccinated may still be able to may still get sick or maybe transmitting the virus or shedding the virus themselves on to others who are either vaccinated or unvaccinated.

I mean all of this just is adds to the possible demoralization that people might be feeling.

You know, we thought we were close to being done with this and and g it's continuing again.

So I think that we were I at least from what I'm reading and I'm not a virologist.

But what I have been reading suggests that we may be in this for a pretty long time.

That although we're variant delta right now, there may be more debt variants down the line and hopefully there will the science of the vaccines will stay up to date with the court or will will exceed the speed with which the variants developed.

But I think that we're we're potentially in this for the long haul.

What is a little bit I would say sort of sad and frustrating to me is that Back in March and April of 2020 when I was being interviewed by journalists and participating in Webinars and podcasts back then I said, and this is against spring of 2020, We don't know how bad this is going to get and we don't know how long this is going to last.

And in summer of 2021, I might still say the same thing.

And that's a little bit frustrating that we still don't know how bad it's going to get.

And we still don't know how long it's going to last.

And that I think just adds to the strain of the last 15 or so months for everybody, not, not, not merely healthcare professionals, but healthcare professionals and their loved ones and their clients and their patients.

I think, you know, there's a lot of what I'm seeing is there's a lot of fatigue right now with the delta variant here in Nevada.

We just had mask mandates again and Um there's a lot of fatigue and burnout.

Just like I'm tired.

This is, you know, it feels like a marathon and where it may be a mile, I don't know, 13, 14 and um, it's it's exhausting.

So with your research on resilience, um, what are, what are some things that we can do to support ourselves as we continue to move through it?

Well, we're not because whatever, I don't know what's that, like 106 miles.

Well, you know, I think we've we've talked about some things that taking time for oneself engaging in self care monitoring the amount of time that one is exposed to the media monitoring is seeking out supportive network, seeking out professional assistance when that is necessary.

Those are very, very important.

I I do believe in on the basis of decades of research on how people cope with adversity that most people will get through this and will be surprised as they look back at how well they coped given what they were confronted with.

I I do feel that most people are resilient.

Again.

I want to go back to a comment I made very early on, which is that there is not a one size fits all response, but in general, most people are quite resilient.

And I think that when we get past the pandemic, most people will be able to recognize the tremendous losses that they had and B thankful that it's over again.

People have had tremendous losses, both real and symbolic during this past 15 or 16 months.

I mean, let's let's let's confront the or let's talk about the real losses again when we have over 600,000 people who have died in millions of people who have been sick.

Those are direct exposures, millions of people lost their job, had financial no, had devastating financial consequences as a result of the pandemic.

So there's all of those direct losses.

But let's talk about the symbolic losses, not being able to say goodbye to a loved one.

Having funerals where you can't gather together.

Um, those are just, you know, tragic losses where people have not been able to, to mourn and to participate in rituals and then there's rituals, positive rituals that have had to be canceled weddings and birthday parties and spending time with elderly family members.

And then there are young people who didn't get their senior year, didn't get prom, didn't get to play sports.

Didn't get to graduate in the way they were thinking, You know, I've been teaching students who are in graduate school who have never been to the campus.

I mean they've never been to the campus in which they're going to school.

And so these are, these are losses of a different sort and everybody has had something that they have lost.

Nonetheless.

I think as we get as we get past this and we reflect back, we will be, I think most people will, will recognize that they had coping skills that they didn't even realize that they had and they will, they will come out of this, I don't want to say.

And I don't want to say, well, we'll come out of it stronger.

I that that feels very, um, that that doesn't fit my data, let's just say, But I, I think, I think people will, we'll be glad it's over and we'll be glad that they got through it.

Just like we've seen from many other adversities, People cope, People get through it there.

They, I don't believe that everybody recovers again.

I don't believe people necessarily accept the tragedy, but they get through it.

They come to terms with it.

You know, as we started today, before we started recording, you mentioned that the 20th anniversary of September 11 is coming up this year.

Um and you were the principal investigator of a multi year longitudinal study on the national impact of September 11 terrorist attacks.

Um And you hinted at some of the key findings, but are there any key findings that you found in that that may shine a light for us moving forward as we move through the pandemic.

One of the things that we learned in our national study of the September 11 terrorist attacks is that one did not have to be directly affected by the events of 9 11 to have been impacted by those events.

So people did not have to no.

Somebody who died that day to be profoundly affected by the 9 11 attacks.

It was the first, yeah, it was the first terrorist attack on U.S. soil.

It highlighted our vulnerability.

Two individuals who might wish us ill will.

And one of the things that we learned from the 19, the study of 9-11 was the important role that the media played in transmitting a local tragedy much more broadly, both nationally and internationally.

So that has helped me understand a little bit more about why individuals who might not have personally been affected by Covid.

That is, they may not have lost a loved one.

They may not have gotten sick themselves might nonetheless have been greatly affected bye.

These yes, terrible pandemic because both, as we said, there may be symbolic losses that they have had and I don't think, I don't think I would have recognized that as much had I not done the work after 9 11 to recognize that there were ways in which 9 11 impacted young people who never knew what it was like to travel, get on an airplane without going through metal detectors.

I mean, they were just, you know, now young people stand in line as they're going into a concert and they open their handbags and they open their pockets without protest.

And that was not something that happened prior to to 9 11.

And so those are ways in which our society has changed.

And I think the pandemic will bring out, bring up on its, its new changes as well as as we talked about the, the embracing of technology in communicating with people near and far is something that will certainly come out of the pandemic again, I I think that one of the things that we learned from 9 11 is that there is great resilience in our country and in our communities and that people didn't close up and go home.

They embraced one another and and got past the tragic events of 9 11 and and It's now 20 years later, it's for historians I think to look back on the long-term historical impact.

And in the same way that 20 years from the pandemic will have historians look back on the pandemic and see what we um how we have adjusted.

But I think on a personal level many people will be able to look back and be um quite, I don't know if I want to say surprise but quite content with the fact that they got through it and that they're very happy that they're not still immersed in the Terrible Events of 2020 and 2021.

Yeah, well I just wanna thank you for your time and for um sharing all of your research with us a few things really stick out.

Um you know, honoring that there is no one size fits approach to um any sort of response to a disaster or to a traumatic event and that all responses are valid.

So just honoring wherever our listeners are at today and thank you for sharing your time with us and your knowledge with us Dr. Silver.

Thank you.

Thank you so much for having me.

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