



Older Adults: Resilience and Vulnerability in Response to Terrorism

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).

Very little evidence is available about the psychological effects of terrorism in older adults. Therefore, this fact sheet draws mainly on what is known about the general response of older adults to stress, particularly in response to natural and man-made disasters. This information provides some understanding of the continuum of potential emotional responses, including resilience and vulnerability. Overall, older adults have shown themselves to be very resilient in the face of life challenges. Naturally, people differ from each other in how they respond, and the same person may respond well to some life challenges yet have difficulty with others. Therefore, suggestions for older adults who want to enhance their own resilience in difficult times are provided.

Defining "older adults" is difficult; there is no specific age at which a person can be considered an "older adult"; that depends on the issue under consideration, each person's pattern of aging, etc. Most of the material presented below is based on research and experience with adults in their 60s to 80s; it likely also applies to even older adults, if they are reasonably healthy. Frail elderly adults, at any age, may not have as much resilience and may be more vulnerable to the impact of stress. So the following material applies with most certainty to the largest group of older adults—those beyond 60 years old who are experiencing some age-related changes in health, but who are generally healthy, living independently, and not affected by a dementing condition. At some points, we will refer to particular issues that might apply to others who are aging with more health problems.

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 following misfortune. Some may even thrive. 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 in Older Adults?

The same individual characteristics noted in *Fostering Resilience in Response to Terrorism: A Fact Sheet for Psychologists Working With Adults* also apply for older adults—those who will be most resilient are likely to be people who have a positive outlook and a sense of personal mastery, actively engage in coping with the stressor, and find meaning in the events. Many of these qualities tend to increase with age, and research has found that, on average, older adults display greater resilience in response to difficult or challenging life experiences, and they are better able to maintain a positive emotional state under stress than younger persons. When older adults experience a stressful event, they generally report less distress than do younger individuals. Specifically, many older adults are able to approach stressful situations in ways that are emotionally wise and effective at limiting the negative impact of stress. In general, older adults:

- *Use more active strategies to avoid negative situations in the first place*

When uncontrollable stress occurs, older adults do not compound this by getting involved in other stressful situations.

- *Use good cognitive strategies to manage negative emotions*
They seem to be able to keep from overreacting to difficult situations and keep things in perspective.

- *Stay focused on positive things they can do or positive events happening at the same time*

- *Actively compare current stressors to things they have experienced and coped with successfully in the past*

- *Maximize good emotional experiences by selecting activities with familiar positive impact (e.g., Almeida, 1998; Carstensen, 1995; Charles, 2002)*

Older adults have a lifetime of knowledge about what is most important to them, and they are good at turning to the really meaningful people and activities in their life during tough times.

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- **Utilize social ties**

This is an area in which older adults display considerable wisdom. Older adults focus on connecting with the people who are most meaningful to them, particularly in times of stress. For many older adults, family and life-long friends provide the most meaningful social ties (Carstensen, 1995) and play important roles in helping older adults maintain positive emotions and recover from stressful experiences (e.g., Charles, 2002).

Well-meaning younger adults sometimes try to help when older adults face stressful times by encouraging connection with new acquaintances and establishing new social ties. While this may be helpful at times, generally this is not the natural strategy used by older adults who are resilient. Instead, they think about who means the most to them, and they make sure that limited time and energy are well spent on connection with those who are most dear.

Effective Coping Strategies

Sometimes difficult or challenging life experiences cannot be avoided, and when they happen, many older adults are able to cope effectively. However, like younger adults, some older adults can feel overwhelmed. There is no one right way to cope (Silver & Wortman, 1980). This holds true for older and younger adults alike. In a crisis, older adults generally control negative emotions well, but they also need to actively address problems posed by the stressor. A focus on addressing problems can replace feelings of helplessness 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). The responses identified in younger adults coping with the 9-11 terrorist attacks may apply to older adults: Active coping was associated with less general distress, while 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). Other active strategies that older adults can use to promote resilience are listed in the section on "Building Resilience."

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, there is a direct relationship between the extent of trauma exposure and the 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. In current experiences with terrorism in the United States, older adults may be more likely to experience such vicarious exposure (i.e., to be home watching events on television than to be on the front lines in danger situations). In addition, they may experience secondary traumatic exposure if those they love most dearly, children or grandchildren, for example, are directly affected by terrorism.

Common Effects of Trauma Exposure

Even more so than younger adults, the vast majority of older adults who are distantly involved in a terrorist attack will have relatively quick and long-lasting psychological recovery. 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.

The range of trauma-related responses is wide and includes post-traumatic stress disorder (PTSD), other anxiety disorders, substance abuse/dependence, and depression. The psychological effects of traumatic exposure, in particular, depression, in older adults have received limited attention (Cook, Areán, Schnurr, & Sheikh, 2001). Older adults who experience trauma may not meet full diagnostic criteria for PTSD, but may still have clinically significant symptoms that affect their psychological functioning, physical health, and social relations, often called subthreshold or partial PTSD. Although the majority of older adults exposed to trauma will not develop or maintain PTSD reactions, subthreshold reactions should not be overlooked.

Who Is At Risk for Terrorism-Related Stress?

The first issue to highlight here is that age is not a risk factor, but rather a protective factor, when considering terrorism-related stress:

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- Only a few studies have focused specifically on responses to the terrorist attacks of September 11th. One study was done in New York immediately following the September 11th terrorist attacks, as part of a study of depression in visually impaired older adults that happened to be ongoing immediately before the attack. In that study (Brennan, Horowitz, & Reinhardt, in press), older adults did not show a significant increase in depression symptoms after the attack. The authors interpret this to be evidence of "the resiliency of older adults who have coped with other stressful events in their lifetimes." Fung (2002) studied reactions from outside the United States and found that older adults responded with more sadness and sympathy but less shock and anger than younger adults. Masters (2002) found that older and younger adults in the Midwest did not differ in social avoidance and distress in relation to 9-11 when they reported their feelings after viewing a videotaped news summary of events of the day. In line with earlier comments, before watching the videotape, older adults reported less distress than did younger adults. Galea et al. (2002) studied the psychological aftermath of 9-11 for individuals living in New York City. Age data were collected, but are not yet reported. Analysis of this data will further our understanding of older adults' responses to terrorism.

- Other relevant findings come from the study of older adult survivors of stressful events, such as natural disasters. Generally, such studies have found that older adults are less likely to develop the trauma reaction described above than are younger individuals (Norris, 1992). In general, older persons cope quite well with disaster situations and tend to report fewer adverse emotional effects and feelings of relative deprivation than younger victims (e.g., Huerta & Horton, 1978). Given this, it is not surprising that a recent survey by the National Council on Aging (NCOA, 2003) shows that only a minority of older adults are concerned about terrorist attacks; far more older adults are worried about physically caring for themselves or losing their memory.

Thus, age is generally a protective factor, but there are issues of concern and some predictable differences among older adults in vulnerability level for terrorism-related stress:

- Older adults may have difficulty accessing appropriate resources and receiving effective services, due to mobility problems, sensory impairment, etc. When older adults do develop psychiatric morbidity, the impairment should be addressed in the context of the existing functional limitations associated with aging and physical comorbidity.
- In older adults, personal stress has been shown to be associated with only short-term increases in distress; but longer-term effects have been found to be dependent on the

level of community destruction and resulting disruption of services (Bolin & Klenow, 1982-1983; Phifer & Norris, 1989). Further, in a study of PTSD symptoms following natural disasters in the United States, Mexico, and Poland, Norris and colleagues (2002) found no consistent effect of age. Responses depended more upon the social, economic, cultural, and historical context of the disaster than on age. Thus, the response of an individual to terrorism cannot be predicted by knowing only the individual's age; information about the context of the older adults' experience, particularly in terms of how their community and cultural groups are broadly affected by a disaster, needs to be considered.

- Most research suggests that older adult survivors of natural and man-made disasters show both direct and cross-tolerance (Knight, Gatz, Heller, & Bengston, 2000; Norris & Murrell, 1988) to subsequent stressors; exposure to prior disasters appears to reduce the future impact of similar and dissimilar stressors. This concept is often referred to as "stress inoculation" and means that, in general, resilience or resourcefulness is often promoted in older adults after exposure to stress. In layman's terms, many older adults say, "I've been through things before at least as bad as this, and I survived and even learned from the experience. I can get through this, too."
- Some research on older adult survivors of extreme and prolonged stress, such as experiencing the Holocaust or prison as former prisoners of war, supports the "residual stress or vulnerability" perspective (Danieli, 1997); survivors of extreme stress may have a heightened vulnerability to subsequent stressors (Port, Engdahl, Frazier, & Eberly, 2002; Yehuda, Kahana, Schmeidler, Southwick, Wilson, & Giller, 1995). These stressors may be environmental, such as war (Solomon & Prager, 1992) and discrimination (Eaton, Sigal, & Weinfeld, 1982), or internal, such as disease (Peretz, Baider, Ever-Hadani, & De-Nour, 1994). Currently, we are not able to differentiate the older adults who will respond to stress with the inoculation reaction from those who will be more vulnerable.

- In addition to previous exposure to severe and prolonged trauma or current/past PTSD, other factors may place older individuals at risk for negative responses to terrorist acts (APA Working Group on the Older Adult, 1998). These include decreased physical mobility, sensory impairment or limitation such as hearing loss, and diminished social/family supports due to death or relocation. In addition, older adults may misinterpret psychological reactions to mass violence as somatic complaints and thus seek medical rather than mental health treatment.

Building Resilience

Older adults who have higher levels of terrorism-related stress can make personal efforts to build resilience. Many of these

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approaches are the same as those used by younger adults, but some particular approaches may be especially appropriate for older adults. Older adults can:

- *Seek education and normalization*

One useful strategy in building resilience is to recognize that a minor level of continuing reactions to trauma reminders is normal. It is important for individuals not to "beat themselves up" or degrade themselves if they are having emotional symptoms or are not able to effectively manage them. Learning about normal and problematic responses to terror is a positive coping strategy. Understanding that others have felt the same way helps older adults feel that they are not alone. Helpful places for further information include the National Center for PTSD (www.ncptsd.org) and the Sidran Foundation (www.sidran.org).

- *Maintain routine*

During times of stress, things can seem unfamiliar, or individuals may not feel like themselves. Maintaining routine is very important; having a set organized schedule can put familiarity and controllability back in place.

- *Take good care of self*

During times of chaos and upheaval, individuals may forget or be too overwhelmed emotionally to take good care of themselves. Engaging in self-care, such as keeping up with daily hygiene, eating a healthy diet, and getting adequate sleep and exercise, is vital.

- *Engage in pleasurable activities*

Increasing pleasant events in life is often viewed as a buffer to stress and a promoter of resilient coping. Healthy self-nurturing includes seeking out pleasurable activities, such as taking walks or learning a new skill.

- *Find supportive people*

During difficult or challenging times, the help of supportive people is essential. Reaching out and asking for help is an important step for people to take in the road to recovery. Individuals should think about whose support will be most meaningful and make efforts to be in touch with those people. Sometimes older adults do not reach out to loved family members for fear of being a burden; it is important that they try to set such concerns aside. Older adults who reach out to beloved friends and family are likely to get help, and also to find that they can provide help.

- *Set a plan and follow through*

Taking concrete steps to solve problems, rather than avoiding them, provides people with a sense of control and mastery. Thus, setting a plan and working toward completing it is important in building resilience.

- *Find meaning or purpose*

Older adults' perception of positive and negative effects of traumatic exposure may be a major factor in their later responses. For example, older male veterans who perceived positive benefits (e.g., increased self-esteem, confidence, and coping skills) from their military duties fared better than those who could not point to such positive aspects of their experience (Aldwin, Levenson, & Spiro, 1994). If working as a volunteer for others in need makes sense, given an individual's life circumstances, older adults can be encouraged to take active volunteer roles, either around disaster response or in other activities that have personal meaning.

Levels of Intervention

Building resilience is a first step, but it may not be sufficient for all older adults. While older adults are less likely to suffer from mental health problems, when they do, the problem is more likely to be ignored or inadequately treated, causing unnecessary suffering. Older adults are especially likely to benefit from intervention efforts at the individual and community levels, for example in their families, their religious communities, senior centers, etc. For example, during terrorist threats/attacks, older adults who are cut off from services needed to maintain a daily routine (e.g., shopping, attending church, getting to the senior center) are at increased risk for depression. Effectively addressing such practical needs could be an efficient way of preventing psychological disorders. Families and communities need to find a balance in which special efforts are made to reach out to older adults who are having difficulties, while at the same time recognizing and supporting the resiliency of the majority of older adults.

When professional help is needed, it is clear that older adults benefit as much from psychotherapy as do younger adults (APA Working Group on the Older Adult, 1998; Knight, 1986), especially when appropriate adaptations to the therapeutic approach are made to reflect some normative, age-related changes in memory, information processing, styles of learning, etc. Some older adults may be embarrassed, ashamed, and reluctant to admit to mental health problems, but most older adults who seek help for mental health problems express interest in psychotherapy, particularly when it is action-oriented and provides help in dealing with immediate problems. Ageist assumptions that an older adult may not be able to benefit from psychotherapy need to be avoided.

In considering levels of intervention, older adults may be considered an underutilized national resource as communities seek to provide helpful intervention alternatives. Thompson, Norris, and Hanacek (1993) have suggested that "intervention

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efforts should be directed at shifting some of the burden toward older people. . . there are many valuable services they could perform, including victim advocacy, community canvassing, house-sitting, child care, preparing meals, and the like." Older adults potentially could serve as valuable resources for younger adults on emotional coping in the face of terrorism as well. They may be able to impart a wise perspective based on a lifetime of dealing with difficult situations and to suggest effective emotional coping strategies. In the NCOA (2003) survey cited above, older adults commonly indicated that "having something meaningful to do" and participating in meaningful volunteer experiences were among the most preferred activities. The NCOA president commented, "The survey results are important because they validate the need for efforts to facilitate civic engagement of older Americans." Providing such volunteer services represents a way for older adults to engage in active coping, as well as a way for communities and the nation to utilize a neglected resource.

Below are several resources that provide information that may be of assistance to older adults or clinicians working with older adults:

Oriol, W. (1999). *Psychosocial issues for older adults in disasters*. U.S. Department of Health and Human Services. Publication No. ESDRB SMA 99-3323. Substance Abuse and Mental Health Services Administration. Center for Mental Health Services.

This very informative brochure includes appendices on resource material, sources of assistance and information, and a disaster preparation checklist prepared by older adults for older adults. Copies are available at no charge by writing: National Mental Health Services Knowledge Exchange Network P.O. Box 42490 Washington, DC 20015 or by calling (toll-free) 1-800-789-2647.

Hurricane Awareness—Action Guidelines for Senior Citizens
(Item #8-0440)

Preparedness for People With Disabilities (Earthquakes)
(Pub. #FEMA-75)

Copies of both are available at no charge by writing:
FEMA Publications
P.O. Box 2012
Jessup, MD 20794-2012
or by calling (toll-free) 1-800-480-2520.

COPE: Counseling Ordinary People in Emergencies. (1992). *Voices of wisdom: Seniors cope with disaster* (Videotape). The Earthquake Recovery project. San Bernardino, CA: County Department of Mental Health.

Copies are available at no charge by writing:
National Mental Health Services Knowledge Exchange Network
P.O. Box 42490
Washington, DC 20015
or by calling (toll-free) 1-800-789-2647.

In Summary

- Older adults in general have developed effective strategies over the life course for emotional regulation in stressful situations, and they are less likely than younger adults to develop PTSD in responses to traumatic stress.
- However, there is much not known about older adults' response to overwhelming stressors, like terrorist attacks.
- In particular, greater information about which older adults are at risk in disaster situations is sorely needed. Prior exposure to certain overwhelming traumatic stressors, such as occurred in the Holocaust, is one example.
- Some older adults' responses to traumatic exposure or reexposure will be devastating, and these older adults may have greater difficulty articulating need and accessing appropriate services. Older adults who are identified as experiencing high emotional distress after or during terrorist activity may be less able to avail themselves of helping resources, and mental health care providers should be prepared to reach out to older adults in need.
- Although the prevalence of full diagnostic criteria for PTSD is relatively low in older adults, there are other long-term psychological effects of traumatic exposure that require assessment and treatment (Cook, 2002). These include subthreshold or partial PTSD and depression.
- Mental health care providers should consider programs to enlist older adults as resources in various ways when providing community-based services following national crises such as terrorist attacks.

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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 assistance, a person can take other helpful actions, including joining 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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