Mental Health, Socio-Political Turmoil, and the Place of the Counsellor

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Secretary-General of APRCC, Delegates, and Fellow Counsellors:
Good afternoon and thank you for staying with the conference till the end. For this closing address, I have chosen to talk about the relationship between socio-political turmoil and mental health, and how we as counsellors can provide some amelioration to the situation.

A Little Background

Socio-political turmoil seems to be everywhere these days. For instance, the Arab Spring, a series of anti-government protests, uprisings, and armed rebellions spreading across much of the Islamic world in the early 2010s against oppressive government regimes has evolved into the Arab Winter (Grinin, Korotayev & Tausch, 2018), threatening to topple the old Islamic world as evidenced by uprisings in Tunisia, Sudan and Algeria. Slightly more recently is the Yellow Shirts Movement in France which originated with French motorists from rural areas who had long commutes protesting against an increase in fuel taxes. It has quickly evolved into a demand for a change of government, and is now in its 11th month of protests. The most recent is the situation in Hong Kong where we are in the 4th months of marches, protests and riots, with a band of rioters vandalizing and destroying selected public and private properties, and underground railway stations every weekend. The movement started with a protest against a proposed amendment to an extradition law but have rapidly evolved into an anti-police rampage, and there seems to be no end in sight as of today. Among social movements of a longer duration are protestors demanding the independence of Catalonia and its establishment as a sovereign state under the slogan “Catalonia, New State in Europe”, which is now in its 7th year of struggle. Of course, even longer are the socio-political conflicts in Palestine which have been ongoing for decades. In short, these so-called colour-coded revolutions are running rampart in almost all corners of the world.

Political campaigns have also been known to contribute to stress. In America, PTSD has been flippantly termed President Trump Distress Disorder, referring to post-election anxieties in 2016 and beyond (Rayner, 2016). In Britain, anxiety surrounding Brexit is called “brexiety”, referring to a collective mental breakdown involving identity crisis, increased risky behaviour and the perceived schizophrenic stance of the political parties (Chakelian, 2018). Reportedly, up to 20% of clients in therapy spoke about the Brexit and its effect on them.

Psycho-social Effects of Socio-Political Turmoil

It is a well-established fact that prolonged socio-political conflict has a high correlation with the risk of post-traumatic stress disorder (PTSD) and major depression. For instance, Cannetti et all (2010) claimed that approximately one-fifth of Palestinian men and women were diagnosed with PTSD and major depression. The reason for this is uncomplicated: Most, if not all, socio-political conflicts tend to drag on interminably, creating a tremendous amount of uncertainly in one’s livelihood, future prospects and even sense of identity. These uncertainties pose immense challenges to traditional and core beliefs and values, further aggravating one’s sense of security. As Dr. Jay Watts, known psychotherapist and activist, so aptly put it, “Uncertainty is one of the most difficult states to inhabit”. Therefore, during socio-political turmoil, where there is extreme polarization of the society in question with high stakes such as freedom, democracy, economic development and so on at play, plus uncertain outcomes, there is a ready recipe for anxiety.

Socio-political turmoil is an aberration from previous phases of relative stability, and dynamic adjustment is often needed emotionally, psychologically, physically and financially. In the process of adjustment, interpersonal relationships are often challenged. A common issue appearing in family therapy is dealing with family members holding opposing views and unwilling to make concessions, often resulting in intergenerational discord and marital breakups. Friendships have also known to suffer.

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The Shape of Suffering

Being forced to live with a new reality and simultaneously feeling compelled to continuously reinvent oneself to cope with the changing reality takes toll on individuals in varied ways. Overall, common responses include:

- Catastrophizing, blowing every mishap out of proportion and embracing an end-of-the-world sentiment;
- Avoiding the demands for change by physically or psychologically distorting one's predicament or refusing to accept it;
- Increasing risk-taking behaviour by illogically maximizing gains and minimizing losses;
- Experiencing elevated levels of distress and despair with alternating periods of anger and rage;
- Feeling embroiled in situations over which one has little control, and consequently becoming easily frustrated and helpless;
- Harbouring ideations of doing harm to those seen as responsible for one's predicament or acting on these ideations;
- Harbouring ideations of doing harm to oneself out of a growing sense of helplessness and hopelessness; and
- In the case of those with pre-existing conditions, experiencing an exacerbation of these conditions.

Are We Talking About PTSD Here?

Cursorily, the responses outlined above have the appearance of PTSD but there are some variations, and this warrants a closer examination.

The DSM-5 lists eight criteria for PTSD and the table below attempts to establish a checklist for comparison.

PTSD	**Long-term Political Conflicts**	**Notes pertaining to clients suffering from political turmoil**
Criterion A Stressor (one required) Individual was exposed to: death/threatened death, actual/threatened serious injury, or actual/threatened sexual violence through: • Direct exposure • Witnessing the trauma • Learning that a relative or close friend was exposed to a trauma • Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g. first responders – police, medics)	✓	The stressor for political conflicts tend to be mostly long-term and indirect, and rarely a one-time event.
Criterion B Intrusion Symptoms (one required) The traumatic event is persistently re-experienced through: • Unwanted upsetting memories • Nightmares • Flashbacks • Emotional distress after exposure to traumatic reminders • Physical reactivity after exposure to traumatic reminders	✓	The intrusion also encompasses re-experiencing through almost unavoidable exposure to media and mass media accounts.
Criterion C Avoidance (one required) Avoidance of trauma-related stimuli after the trauma including: • Trauma-related thoughts or feelings • Trauma-related external reminders	✓	Individuals might find avoidance of external reminders difficult unless they resolutely obliterate their presence on social media.
Criterion D Negative alterations in cognitions and mood (two required) Negative thoughts or feelings that began or worsened after the trauma, including: • Inability to recall key features of the trauma • Exaggerated negative thoughts and assumptions about oneself or the world • Exaggerated blame of self or others for causing the trauma • Negative affect • Decreased interest in activities which were previously considered enjoyable • Feeling isolated • Difficulty experiencing positive affect	✓	This is reported by the majority of clients.
Criterion E Alterations in arousal and reactivity Trauma-related arousal and reactivity that began or worsened after the trauma, including: • Irritability or aggression • Risky or destructive behavior • Hypervigilance • Heightened startle reaction • Difficulty concentrating • Difficulty sleeping	✓	There is often observable escalation in aggressive, risky and destructive behaviour. Alterations in reactivity include increased tolerance of violence, and decreased tolerance of different socio-political views.

Criterion F Duration (required) • Symptoms last for more than 1 month.	✓	This is usually the case.
Criterion G Functional Significance (required) • Symptoms create distress or functional impairment (e.g., social, affective, occupational)	✓	In counselling sessions, there have been frequent reports on inability to focus on work/study, and a general sense of anhedonia which caused a reluctance to engage in social interaction.
Criterion H Exclusion • Symptoms are not due to medication, substance use, or other illness.	✓	During periods of socio-political turmoil, counsellors witness a worsening of symptoms in clients with pre-existing mental health issues, and an increase of reported symptoms in clients without pre-existing mental health issues.

From the table above, it can be seen that although there are similarities, yet the fit is by no means perfect due to three main reasons. First, since socio-political turmoil is usually prolonged, lasting from anything between a few weeks to a few years, individuals are traumatized repeatedly. This re-traumatization is almost unavoidable because of rampant reporting through paper and social media, on television, and between peers. Second, socio-political turmoil sometimes does not have an end in sight, and the looming uncertainty adds to the traumatization. Third, because everyone in the same community is exposed to the turmoil, people are inclined to gradually "normalize" it instead of identifying the symptoms as worthy of seeking professional help. Therefore, given the sprouting of colour-coded revolutions all over the world today, perhaps we should consider a distinct category of stress disorder, Socio- Political Turmoil Stress Disorder (SPTSD), and develop a unique system of identifying symptoms of SPTSD, and evolve possible protocols of intervention.

Symptoms of SPTSD

Physiological

Include palpitation, increased heart rate, constriction of visceral muscles, shortness of breath and general restlessness.

Psychological

Include inability to focus, difficulty in making simple decisions, loss of confidence, being easily angered and frustrated, being usually anxious, experiencing unreasonable fear, having flight of ideas, and harbouring strong feelings of being pressurized or even persecuted.

Behavioural

Include taking up smoking or increased smoking, increased medication, becoming jumpy, reporting a deterioration of short-term memory, being accident-prone, experiencing a notable increase or decrease in appetite, experiencing a notable increase in hours of sleep or becoming insomniac, increased intake of alcoholic beverages, increased intake of prescription and recreational drugs, careless driving, and a proneness to resort to violence in navigating interpersonal conflicts.

A Suggested Protocol for Counsellors Dealing with SPTSD

Assimilating the experience of counsellors with practice in regions with socio-political turmoil, a 7-step protocol has been developed for use.

Step 1

Increase awareness of the presence of SPTSD symptoms. Just because everyone has these symptoms does not make them normal, nor does it mean that professional intervention is unnecessary. For clients who are reluctant to be engaged in any formal intervention, suggest a trident-approach:

1. Exercising – Physical exercise is known to burn off stress hormones such as adrenaline and reduce excess energy and tension. Exercise also compel healthier breathing, and in the process release neuro-transmitters which are natural anti-depressants.
2. Breathing – By breathing more deeply and slowly, the heart rate is decreased and the amount of adrenaline produced by the body is reduced. In mindfulness training, one's breath is deemed to function as an anchor to still the mind.
3. Eating well – Anxiety is often further impaired by irregular meals, too much alcohol and caffeine. When symptoms of SPTSD are noted, a healthy diet becomes crucial.

Step 2

Differentiate between fear and anxiety. This is important especially for young clients whose limited verbal skills may cause the counsellors to misinterpret their state of mind. If the client is experiencing fear which is a response to immediate danger, he/she must be assisted to secure his/her safety. If the client is experiencing anxiety which is a response to the idea of a threat, then talking it through may be useful in alleviating the anxiety.

Step 3

Employ relaxation techniques. Often, in the counselling room, counsellors encounter clients who appeared to be wedged in the fight-flight mode which makes then unamenable to any counselling intervention. In this sort of situation, simple progressive relaxation techniques are extremely effective.

Step 4

Taking stock of client's well-being. Assist and guide the client to take an inventory of his/her well-being in all realms of his/her existence. Introduce a two-pronged intervention: On the one hand, help the client to focus on the here and now, and let him/her realize that groping in uncertainty and catastrophizing things prevent him/her from enjoying the present. On the other hand, assist the client to accept his/her predicament because avoiding his/her feelings would simply compound his/her suffering.

Step 5

Develop a safety plan. For the client's peace of mind and to lesson his/her anxiety, help him/her to develop a safety plan for himself/herself and his/her significant others. This safety plan should also be rehearsed to allow the client to develop a sense of control in an otherwise uncertain environment.

Step 6

Live normally. Counsel clients to live a normal life as far as is permissible, and that they should endeavour to continue doing things they enjoy as much as possible. If circumstances are restrictive, they should be advised to scale back but not to cancel altogether. Assist them to design a reasonable lifestyle. For instance, if crowds frighten them, they should frequent less crowded places; if watching the news distresses them, they should just skim the headlines to stay in touch; if certain friends or relatives are too negative, then contact with them should be minimized for the time being.

Step 7

Stay hopeful. Here, the counsellor can benefit from referring to Snyder's (1996, 2000) Hope Theory. Snyder proposed three types of thinking: goals thinking, pathways thinking and agency thinking. Goals could be anything an individual is desirous of experiencing, creating, getting, doing or becoming. It could be a significant long-term pursuit or a mundane and simple goal. Within the context of SPTSD counselling, the counsellor can inject a sense of optimism in the client by prompting him/her to think about his/her passions in life, the things that really excite them. Pathways refer to the perceived ability to generate possible routes to achieve one's goals. For SPTSD clients, counsellors would do well to guide them to be more selective and invest their resources in the passions that they are really adept at, and to construct sturdy people relationships around these passions so that they feel supported. Agency refers to the willpower to move toward one's goals. Being surrounded by sturdy people relationships is as important as developing a game plan to increase one's chances of spending more time and resources on pursuing one's passion.

Concluding Remarks

Monumental advances in information technology means that we are rapidly assimilating impetus for change, and change will no longer occur in measurable or predictable increments, but rather in "revolutionary" proportions. This is to say that the so-called "colour-coded revolutions" are going to occur more frequently and pugnaciously, and they will wreak havoc in the lives of many. Thus far, research on SPTSD has been scanty and relegated to the traditional PTSD genre. Hopefully, in the not too distance future, academics would recognize SPTSD as an independent and rather unique category of mental health issues, deserving of focused study. In the meantime, counsellors can do well to:

- Recognize that socio-political turmoil is no longer a rare societal feature;
- Develop better awareness of the symptoms of SPTSD;
- Realize that the turmoil affects people differently, and intervention must be individualized;
- Consider the 7-step protocol presented in this paper and to provide evidence either in support of or against it, so that hopefully a more solid evidence-based model may emerge;
- Contemplate how to keep hope alive for clients; and
- Be the psychological balm to sooth suffering, to make life at least bearable, and to breed in clients the courage, resilience and faith to seek a better tomorrow.

Thank you.

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