

THE MEDICINE OF UNCERTAINTY – FEAR, RUMORS, AND EMOTIONAL CONTAGION DURING REGIONAL CRISES

Grand Rounds Presentation

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DISCLOSURE STATEMENT

Speaker:

Dr. Sulaiman Alshakhs

- Has no relevant financial relationships to disclose
- Will not be discussing unlabeled/unapproved use of drugs or products



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OBJECTIVES

- Define intolerance of uncertainty during geopolitical crises
- Identify the common clinical presentations during conflicts
- Apply strategies to address patients (and perhaps even those around you)

BACKGROUND - PSYCHIATRY IN WARS

- In the early 20th century, WWI and WW2
- Soldiers developed a feeling of dread/helplessness, fear, panic, mutism
- Nightmares, tremors, emotional numbness, sensitivity to noise
- “That day [in February 1918] the Germans gave us a terrible shelling. Lieutenant Lewis and I were sitting in my dugout and Lewis was **so nervous he could not sit still**. Finally a shell landed on top of the dugout and blew the whole roof off. **Lewis went entirely to pieces, fell on the floor and tried to dig in the floor with his hands. He finally went entirely limp and we were unable to rouse him or get him to speak although his eyes were open** and he apparently was not hurt. Finally we had to send him back on a stretcher.” (Henry C. Evans)
- War neurosis / Shell shock



KAUFMANN CURE



Geistesgestörter Kriegsblinder.



DEFINITIONS

- **Post-traumatic stress disorder (PTSD)**
- PTS
- Stress
- Anxiety disorders
- Major depressive disorder

Table 1. Posttraumatic stress disorder diagnostic criteria (DSM-V)

Diagnostic criteria	Description
Criterion A: Exposure to traumatic stressor, either as victim, perpetrator, or witness (one required)	Traumatic events include death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Stressor can be indirect (e.g. learning a close friend or relative was exposed to trauma)
Criterion B: Reexperiencing symptoms (one required)	Recurrent, unwanted, and intrusive memories, flashbacks, or traumatic nightmares; intense or prolonged distress or marked physiological activity after exposure to reminders of traumatic event(s)
Criterion C: Avoidance behaviors (one required)	Persistent effortful avoidance of distressing trauma-related stimuli after the event
Criterion D: Cognitive distortions (two required)	Being unable to recall key features of the traumatic event; persistent (and often distorted) negative beliefs and expectations about self, other people, or the world in general; persistent distorted blame of self or others for causing the traumatic events; negative emotional state that persists; decreased interest in important activities; not able to experience positive emotions
Criterion E: Increased arousal (two required)	Irritable or aggressive behavior; self-destructive or reckless behavior; hypervigilance; exaggerated startle response; difficulty concentrating; sleep problems
Criterion F: Duration (required)	Persistence of symptoms (in criteria B, C, D, and E) for more than 1 month
Criterion G: Functional impairment (required)	Symptoms create distress or functional impairment (e.g. social or occupational)
Criterion H: Exclusion (required)	Symptoms are not caused by medication, substance use, or other illness

DEFINITIONS

- Post-traumatic stress disorder (PTSD)
- **Post-traumatic stress (PTS)**
- Stress
- Anxiety disorders
- Major depressive disorder

BACKGROUND - CURRENT LANDSCAPE

- In previous wars, 90% of casualties were military
- Recently: 90% are civilians
- Technology in warfare (less dependent on combat fighting)
- Point prevalence of PTSD among civilians affected by wars from 9-60% (vs. 3.95% worldwide lifetime prevalence)
- Depression: from 16-68% (vs. 7-10% 12-month prevalence)
- Anxiety disorders: 21.7-25% (vs. 11-13% 12-month prevalence)
- Other prevalent conditions: somatization, alcohol and drug abuse

DOES IT STOP AT WAR ZONES?

- 410 Australian women
- Interviewed before and after October 7, 2023

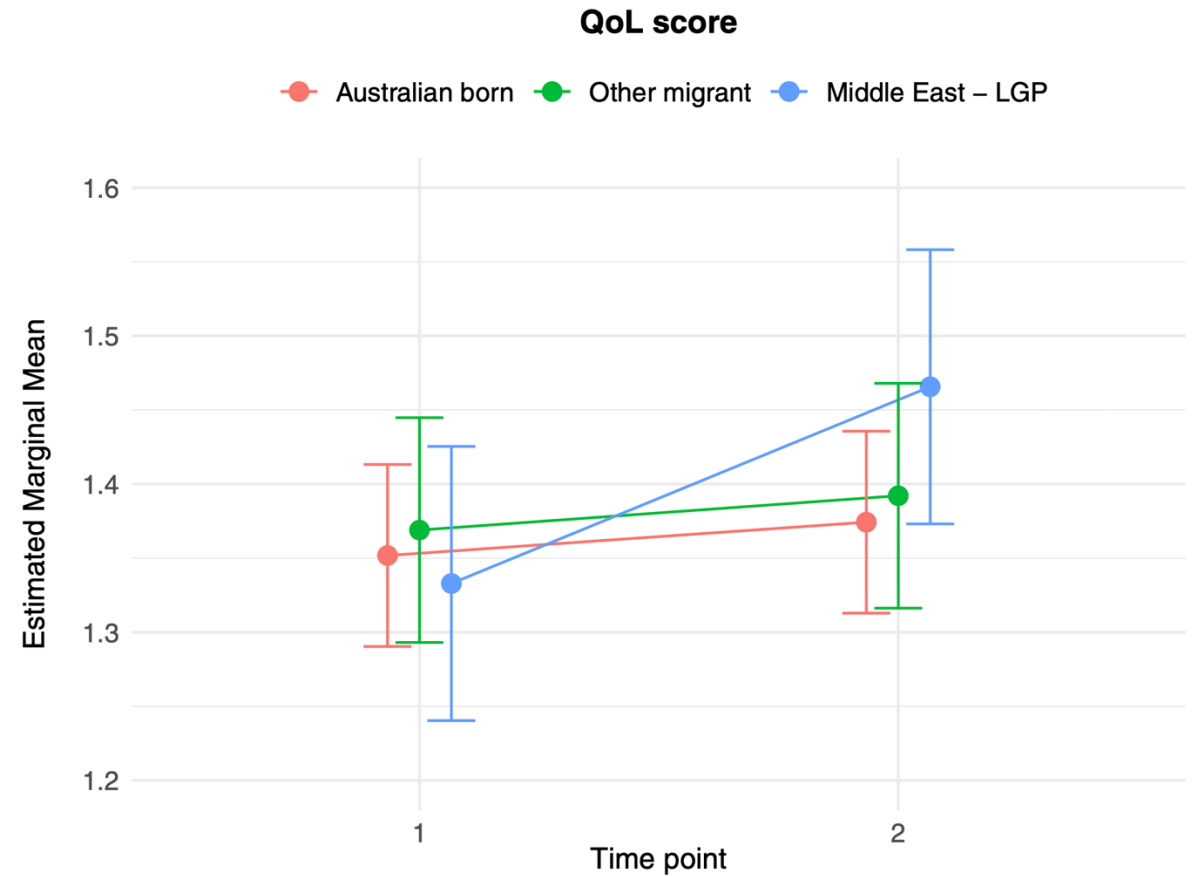
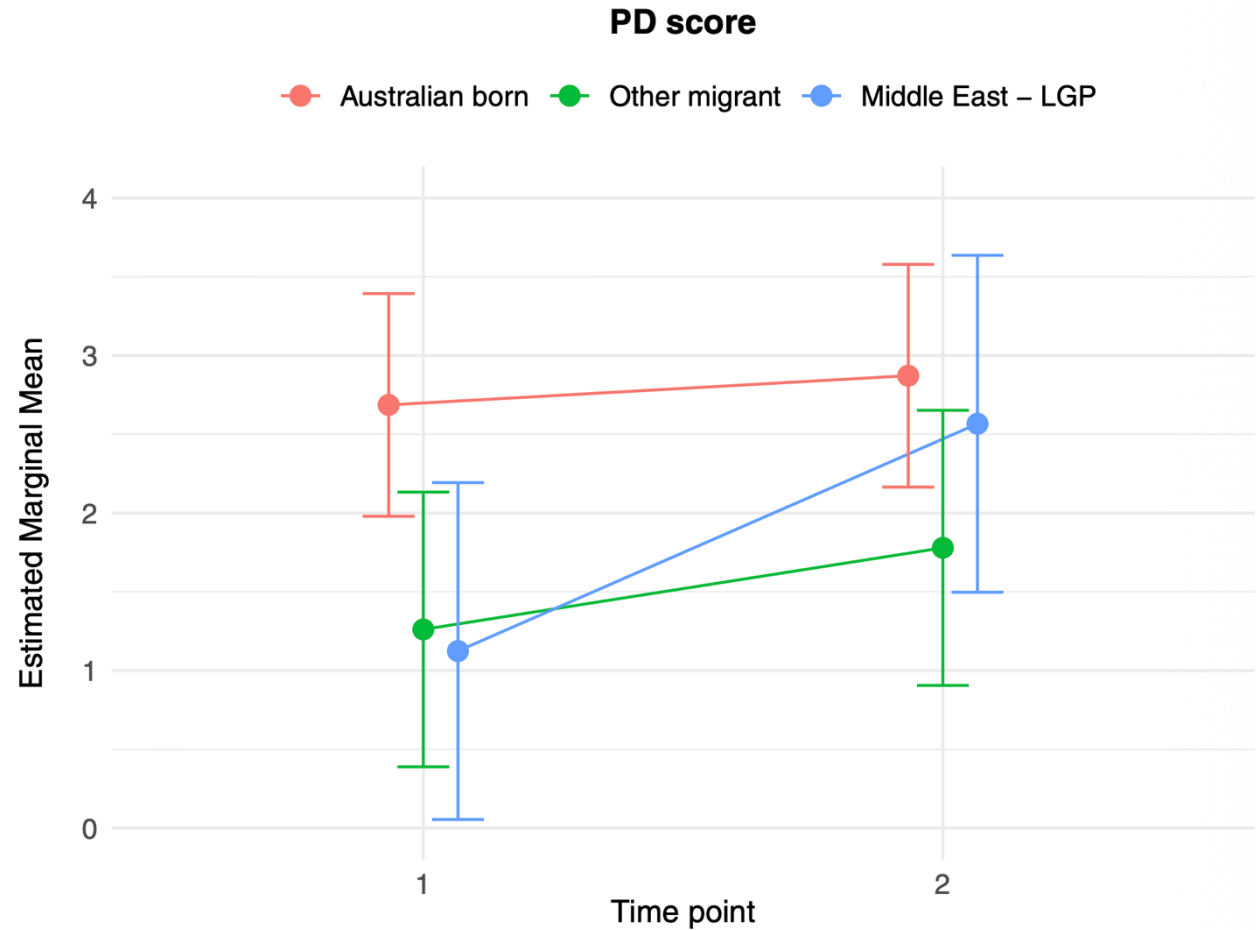


Fig. 5: Estimated marginal means of QoL score.

DOES IT STOP AT WAR ZONES?

- Panic disorder increased independent of PTSD and depression



WHAT HAPPENED?

- Current war created different perspectives of experiences
- Certain countries: direct involvement
- Other countries: attacked but not in official war status
- Local timeline of experiences:
 - Fear of death (one's self, loved ones)
 - -> Loss of residence, occupation
 - -> Ceasefire, but economic effects of war
 - -> OSCILLATE
 - -> Uncertainty

UNCERTAINTY

- Will we be killed?
- How can we avoid nuclear emissions?
- Will we lose our water and electricity?
- I worry that my company may fire me if I leave
- Will there be economical layoffs?
- The world economy may really collapse

The war may expand

Ceasefire announced, the war will likely stop

Ceasefire broken

Negotiations stopped

Negotiations resumed

- I don't know what will happen!!

UNCERTAINTY

- I don't know what will happen
- But I need to know what will happen, to prepare
- What are the worst possible outcomes?
- Let me watch the news
- I am worried more
- I am tired

RUMORS

- Social media and news networks have both rational and irrational discourse
 - People interact more with discourse that engages them emotionally
 - Companies want more engagement for ads (profits)
 - Algorithms tailored to promote things that will engage you more, even if not true
 - Makes it harder to distinguish credible information
 - Plus, people have a tendency to believe negative information easier
 - Result: more negative information appears to you more, and you are more likely to believe it
 - humans are more heavily influenced by bad news than by good ones
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- Individual mental health toll: anxiety and depression
 - Social mental health toll: emotional contagion -> collective anxiety

MEDIA

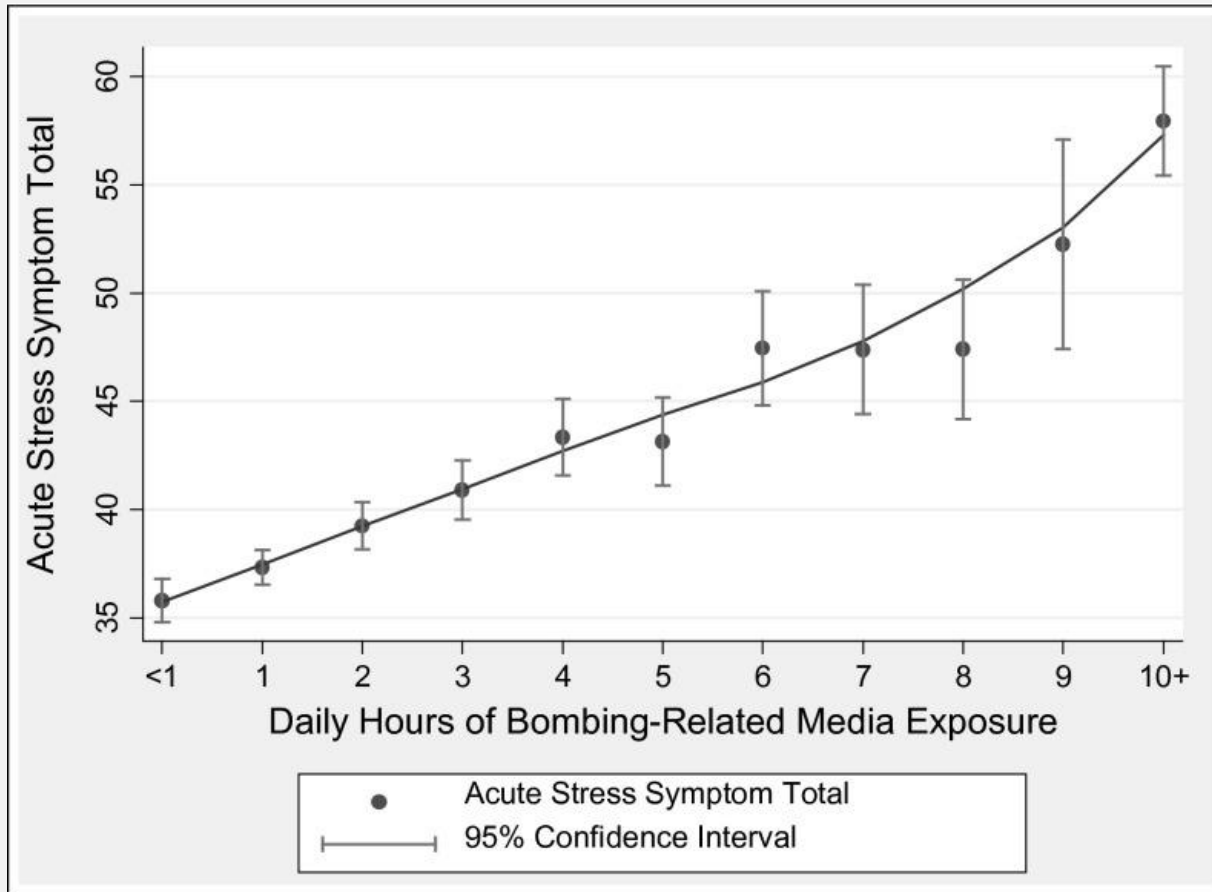
- Disaster media coverage is associated with PTSD, posttraumatic stress reactions, depression, anxiety, and substance use
- Who are most affected by media?
 - Females, pre-existing emotional problems, and lower social support

BOSTON MARATHON BOMBING

- Directly exposed people are at greatest risk for developing stress-related disorders
- Or are they?
- Assessed stress symptoms in 4,675 adults
- Hypothesis: impact of media exposure is higher than that of direct exposure on acute stress



BOSTON MARATHON BOMBING



- 6 or more hours of daily media exposure was associated with higher acute stress symptomatology than was direct exposure

CLINICAL SCENARIO

- Young man in his 20s with Autism ->
- No other mental health history
- Presented with insomnia and irritability for the past two weeks

CLINICAL SCENARIO

- Withstood war in Gaza
- Severe physical injury
- Killing of 16 immediate family members
- Was stable for over a year -> tipped off last month

DOES THIS HAPPEN ONLY WITH WAR SURVIVORS? PEOPLE WITH SPECIAL NEEDS?

- We are seeing changes among those without previous history of mental illness
- Those without special needs
- Without previous war exposure
- Presentations: insomnia, panic attacks, irritability, isolation, PTSD symptoms, and generalized anxiety symptoms

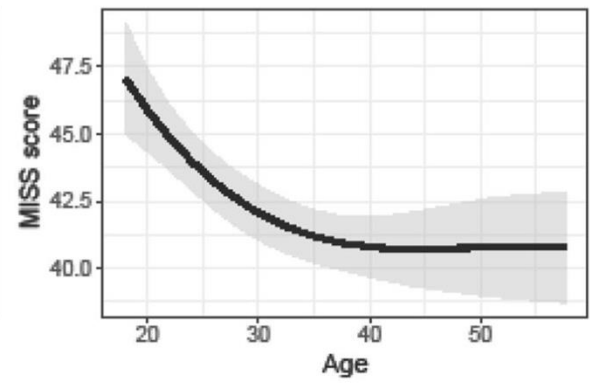
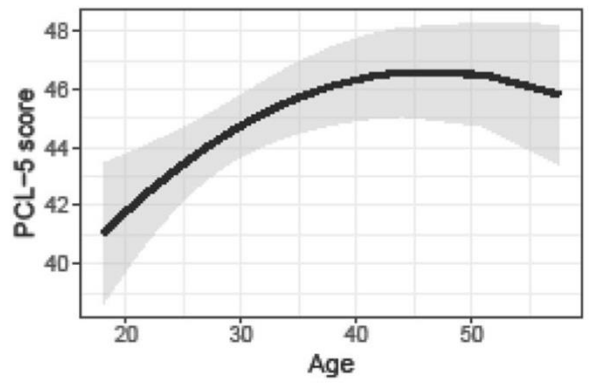
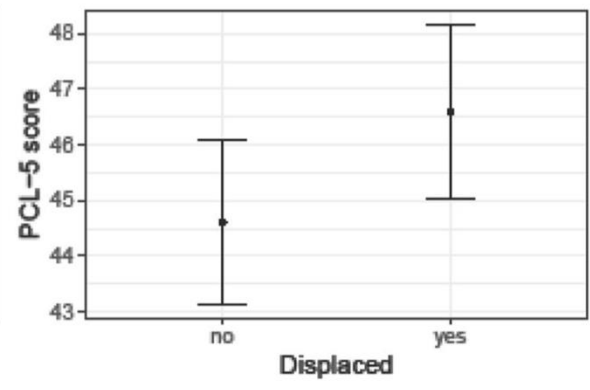
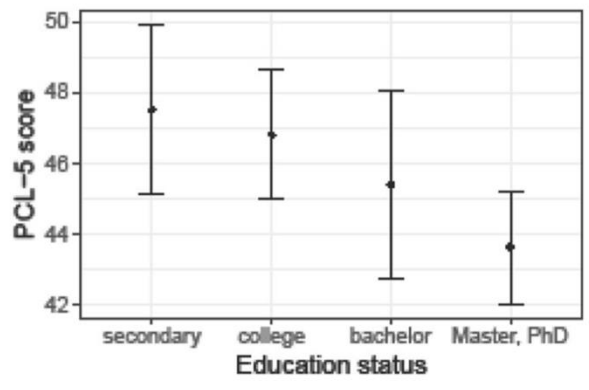
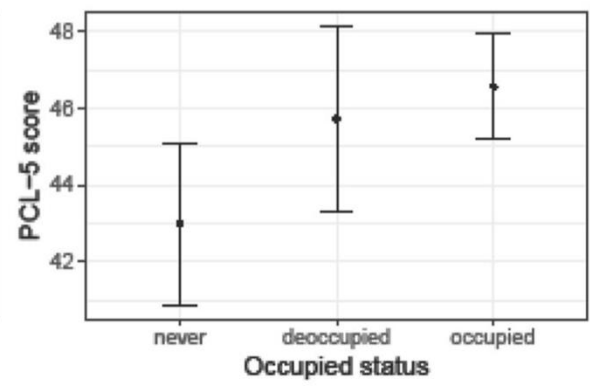
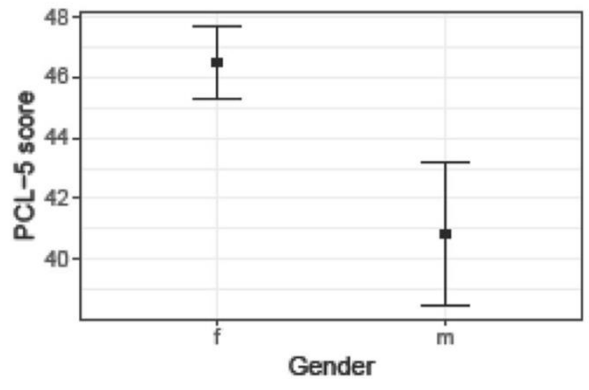
VULNERABLE POPULATIONS

- Military personnel
- Children
- Women
- Healthcare practitioners
- Individuals in detention facilities
- Previous psychopathology

WHAT FACTORS AGGRAVATE IT?

Table 1. Risk Factors in Association of Developing Depression, PTSD, and Anxiety Disorders in War-Refugees and Veterans.

Category	Risk factor	Explanation
Demographic risk factors (3)	Age	Older age increases the risk
	Gender	Females are more prone to most mental disorders except PTSD For PTSD both genders are equally vulnerable
	Education	A lower educational level increases the risk
War-related risk factors (2)	Number of war traumatic events	Higher the number, the higher the risk
	Conflict experience	No previous combat and prison experience increases the risk
Post-migration risk factors (7)	Duration of migration	Longer duration in exile/displaced state has been poorly but positively correlated with psychiatric disorders
	Post-migration stress	Increased stress is associated with a higher risk
	Employment	Unemployment increases risk
	Income	Lower income and savings increase the risk
	Language proficiency	Inability to comprehend the language of the host country can increase the risk
	Social support	Lack of social support increases the risk
	Marital status	Unmarried people are more susceptible to depression No such correlation has been established with PTSD or anxiety disorders
Other risk factors (2)	Previous neuropsychiatric disorder	Past significant medical history elevates the risk
	Child of the affected mother	Children of mothers with first-hand experience of war-related events are more vulnerable



CHILDREN

- Studies reported that specific post-traumatic changes may be considered either pathological or normative, that traumatic experiences can produce growth as well as pathology, and that war experiences do not necessarily lead to mental health problems.
- Sandler reported “strong evidence that many children recover from truly traumatic experiences with little or no residual damage to their personalities”.
- Lazarus observed that “some people appear to have the capacity to view harsh experiences in a positive, challenging light, while others seem constantly to view them as threats”.

CHILDREN

- Affected by family variables: TV-viewing practices and the reactions of parents
- A lower socioeconomic status of the family, a lower educational status of parents, high parental stress and poor coping ability appear to be strongest risk factors for adverse psychological effects in their children
- 8000 Adolescents studied after 9/11: greater probability of PTSD associated with more media use
- Assessed PTS in 166 children and 84 mothers without direct exposure to the 9/11 attack:
 - The amount of television viewing and parent depression predicted an increased risk.
 - Higher level of family support predicted a lower risk

QUESTION 1

- What is the most common symptom in times of conflicts/unrest?

QUESTION 1

- What is the most common symptom in times of conflicts/unrest?
 - Panic
 - **Inability to sleep**
 - Shaking
 - Chest pain

COMMON PRESENTATIONS

- Insomnia
- Anxiety
- Panic attacks
- Anhedonia
- Persistent Sadness
- Hopelessness
- Substance use
- Relapse/worsening of mental health conditions

WHAT CAN WE DO?

WHAT CAN WE DO AS PRACTITIONERS?

- What is in the patients' control?
- Self-help techniques
- Our communication
- Referrals



Happiness and freedom begin with a
clear understanding of one principle.
Some things are within your control.
And some things are not.

—Epictetus

DICHOTOMY OF CONTROL

No Control

Weather

Wars

Past

Future

Economy



Clickbait

Traffic

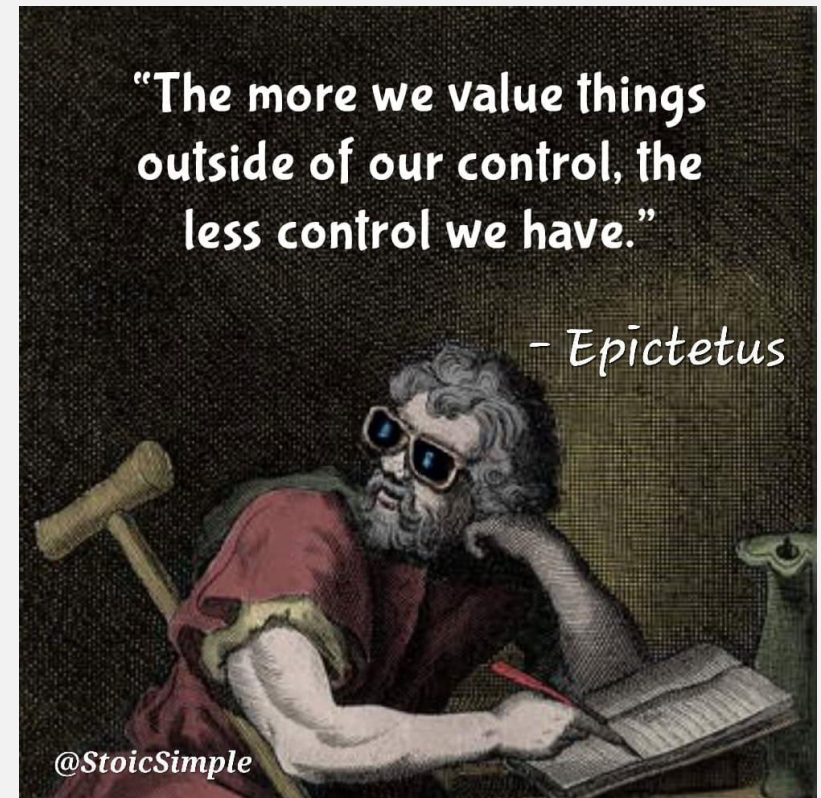
People

Politics

Tax rates

"The more we value things outside of our control, the less control we have."

- Epictetus



@StoicSimple

SELF-HELP TECHNIQUES

1. Psychoeducation and Awareness
2. Structured Daily Routine
3. Physical Activity and Body Care
4. Social Support and Community Networks
5. Mindfulness and Spirituality

SELF-HELP TECHNIQUES

6. Breathing, Relaxation, and Grounding Techniques
7. Managing Information Flow
8. Creative Expression and Journaling
9. Tailored Approaches for Specific Groups
10. Digital and Mobile Tools

SELF-HELP TECHNIQUES

- Syrian refugees in Turkey
- Can these WHO techniques prevent mental illness?
- RCT: 500+ refugees without mental illness, randomized to Self-help with Enhanced care as usual (ECAU=social support) vs. ECAU (control)
- Self-Help was not effective immediately post-intervention, but was associated with beneficial effects at six-month follow-up
 - Less incidence of mental illness (59/272, 21.69% vs. 112/275, 40.73%)
 - Better quality of life

I. PSYCHOEDUCATION AND AWARENESS

2. ROUTINE

- Negative affect (a symptom of stress) is associated with more negative primary appraisal of the war situation (i.e., higher threat appraisal)
- The association between negative affect and appraisal was attenuated among individuals engaging in regular work routine
- The positive relationship between work routine and appraisal was stronger among women than among men

3. HEALTHY HABITS

A decrease in unhealthy eating habits together with an increase in physical activity were negatively correlated with mental health problems

4. SOCIAL COHESION

- Social support mediates the link between stressful life events and psychological consequences, such as anxiety and depression
- One's perception of the availability of others as a resource, rather than actual support received, plays an important role in the prediction of coping, well-being, and psychological and physical health

5. MINDFULNESS AND SPIRITUALITY



6. BREATHING, RELAXATION, AND GROUNDING TECHNIQUES

5 senses technique

Take a moment to look at your surroundings.
Either in your head or out loud, list:

5 things you can **see**



4 things you can **feel**



3 things you can **hear**



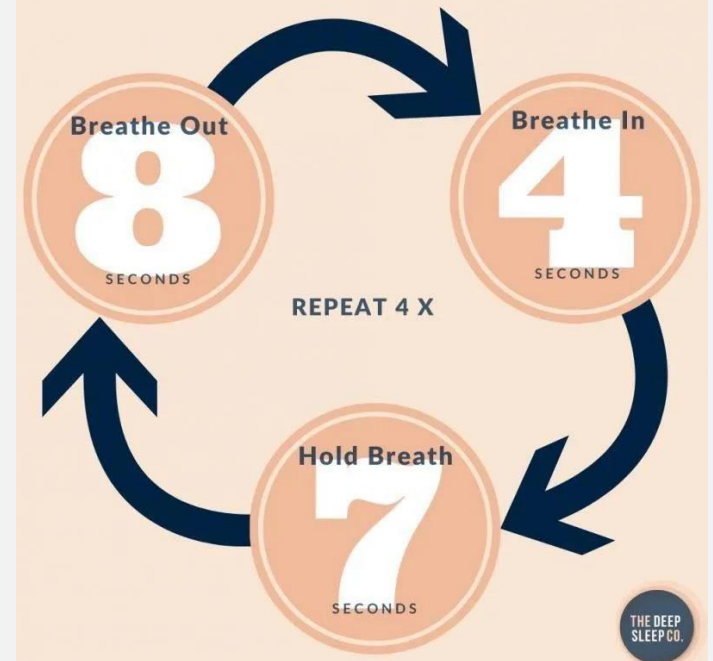
2 things you can **smell**



1 thing you can **taste**



4-7-8 BREATHING TECHNIQUE



7. MANAGING INFORMATION FLOW

8. CREATIVE EXPRESSION AND
JOURNALING

9. TAILORED APPROACHES FOR SPECIFIC
GROUPS

10. DIGITAL AND MOBILE TOOLS

Others?

OUR COMMUNICATION - JARGON

- Learning from the Syrian conflict
- Avoid using professional jargon (depression, therapy, psychology)
- Universal terms are better (suffering)
- Assertiveness, claiming expertise, or predicting outcomes - worse outcomes

WHAT ABOUT CHILDREN

- Research has demonstrated that in the Middle East, parents act as one of the largest protective factors for their children during war
- The continuation of routines and daily activities and school reduce risk
- Positive parenting also decreased risk
 - Instead of hitting, warning/grounding
 - Instead of shutting off conversations, listening to their concerns
- Managing the parents' mental health problems

TAKE-HOME MESSAGES

- Conflicts are not homogeneous, and their effects on individuals also vary
- There is much that we don't know, but we still figured a lot about vulnerability and protective factors
- Vulnerability factors (what we cannot control vs. what we can)
- Normalize (stress symptoms are a normal reaction to conflicts)
- Communicate effectively (less psychologic jargon, listening effectively, asking rather than assuming)
- Offer (self-help techniques)
- Refer (when needed)

DISCUSSION