PEACE Psychology

Newsletter of the Society for the Study of Peace, Conflict, and Violence:
Peace Psychology Division of the American Psychological Association

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Don't Lay Down the Word

Peace

is worthy of our time,
a conversation,
a sharing of our images,
Breathing in, breathing out,
Slowly, carefully,
laying down the fear.

Calm meadows,
wandering streams,
trusting someone.
Paths marked by stones
in the wilderness,
placed with love for
those unknown who
share the passion.

Don't lay down the word

Peace

Unrealistic, impossible, idealistic…
No, no, no, I plead.
Peace is possible.

Converse with me.
Don't lay down the word.
Pick it up, look at it longhand
the circles, the connections,
the loops, the backtracks, **the possibilities…**

Water at seashore
rhythmically coming, going.
Its beauty is there, appreciated
by the passerby—or not.
Its being is enough.

Stories shared, laughter
beside a campfire or around the kitchen table.
Conflicts shared;
each believing passionately,
each willing to hear,
each believing
the hard work of respect
is worthy of the time.

Don't lay down the word

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fear.

– Kathleen Lynch Conway

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From the Editor

The oppressed do not appreciate our neutrality.

"If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality."
– Archbishop Desmond Tutu

The end of the war in Iraq doesn't seem imminent, and with all the saber-rattling to invade Iran, I've been desperately searching for words that will make the pen mightier than the sword. In that search I've found words of wisdom from others, used liberally in this editorial. Desmond Tutu reminds us that we dare not be neutral in any situation of oppression—the stakes are too high. Objectively, we can see the war is tremendously costly—about 4,000 U.S. soldiers killed, 60,000 wounded, and almost $500,000,000,000 spent so far. It's even more costly to the people of Iraq—an estimated 700,000 deaths, 4 million refugees, with tremendous infrastructure damage and contamination. Multiply these figures many times over to calculate the long-term costs of individual, community, and structural rehabilitation. This also doesn't include the impact and devastation on families and loved ones affected by this war's death and destruction, nor the loss of potential of those killed or incapacitated. For example, the U.S. Army estimates up to 25 percent of soldiers who served in Iraq display symptoms of serious mental-health problems. One can just imagine the impact on the mental health of the Iraqis trapped in this war, with no tour of duty that will be over soon and no safe haven to return home to.

Any admiration and trust that the rest of the world had for the USA has been squandered. If only we heeded the words of Martin Luther King who said, *"Somehow, we must transform the dynamics of the world power struggle from the negative nuclear arms race, which no one can win, to a positive contest to harness humanity's creative genius for the purpose of making peace and prosperity a reality for all the nations of the world."* The dividend of peace could mean prosperity for all, but instead we see the biggest transfer ever of money from our treasury to the private sector. This war seems to bring prosperity primarily to the U.S. and big business. Record profits are being made by the military and other industries, with increased employment in military-related areas—a substantial economic injection from the tax coffers to the private sector. This $500 billion in taxes could have been used for community development, cancer research, education… used for the common good. Instead, it is now transferred largely into private hands for war-related products and services.

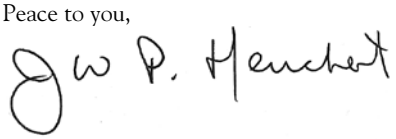
JW P. Heuchert, Editor

Although big business benefits most from the war, our whole society has benefited through security and overall improved economic activity. We should accept the responsibility that accompanies those benefits and the responsibility for what is done in our name. It is unpleasant but vital to remember that *"Terrorism is the war of the poor, and war is the terrorism of the rich"* (Peter Ustinov). How can we respond to this (mostly) involuntary complicity? As psychologists, and peace psychologists in particular, we should use all our professional (and personal) skills and knowledge to work for peace. We are the professionals best equipped to remind our society of Mother Theresa's words: *"If we have no peace, it is because we have forgotten that we belong to each other."* We belong to each other; everyone in the world is part of the global family—Iraqis and Americans alike. As peace psychologists we should be (at the very least) the conscience of APA and the larger society. We should redouble our efforts to end this war, and ensure that peace prevails in the future. As I step down after five years as the editor of *Peace Psychology*, my hope is that we will all remember that "Peace is possible" and that we will all *"think it, plan it, (and) do it"!*

We have yet another bumper edition of *Peace Psychology* with ample evidence of our member's work for peace. Julie Levitt has edited an extensive supplement on the effects of hurricane Katrina; we have research reports, reports from office bearers, and a lot of other material. In fact, we had so much material for this edition that we had to postpone including many photos, our usual center-spread poster, and more, to the next edition. But, on a positive note, we are now a registered publication with our own ISSN number, for those of you who need that.

Please submit your thoughts, announcements, short research reports, reactions, responses and contributions for our next edition by sending your submissions to the address below by March 15, 2008.

Peace to you,



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Message from the President

MI-EGO News Complex or *We Have Met Our Enemies and They are Us and Them*

Daniel M Mayton II, President, Society for the Study of Peace, Conflict, and Violence: APA Div. 48

PRESIDENT EISENHOWER WARNED us about the dangers of the military-industrial complex during his farewell address to the nation. Were he alive today, I think he would be much more concerned about how the danger he alluded to has expanded and increased in power. Our military capabilities are greater in nearly every respect since 1961. The U.S. armament industry supplies this larger military capability, plus it has been the leading producer and exporter of weapons around the world for decades. While this causes considerable trepidation, the military-industrial complex now encompasses much, much more. The relation between the military and industry has expanded to include more aspects of our economy, including Wall Street and divested global corporations. Two additional components added to this mix are the government and the media. The government connects with the military and the economy in numerous ways. Engaging our military troops in conflicts, funding proxy armies, and approving/encouraging arms sales are just some of the ways that the government supports this escalating complex. The revolving doors between the military and the government and the military and economic interests of the military add a labyrinth of interconnections that can hide intentions and interests.

The news media is a relatively new aspect of this complex. While a free press is critically important for a fully functioning democracy, a manipulated or controlled press can work to support a military-industrial complex. Advertising agencies now produce infomercials masquerading as news, newspaper editorial writers are paid by the government, and journalists are imbedded with military units. All have been employed to gain support for governmental policy. Each component is intertwined with the other three as each plays a role in the financial well being of the others.

When all four aspects of the expanded military-industrial complex are combined, it seems clear that a new name is needed to better describe this 21st-century phenomenon.

Let's reframe this concept as the MIlitary Economic GOvernmental News complex or the MI-EGO (pronunciation: *my ego*) News complex for short. The effect of the MI-EGO News complex can involve selfish and self-serving actions but what makes it so powerful and difficult to control is that many of those who help to perpetuate it are good people who do so inadvertently and/or with good intentions.

A brief look at the lead up to the invasion of Iraq in 2003 can demonstrate the power of the MI-EGO News complex. Why did we invade Iraq? Just some of the reasons given for our invasion include oil, armament industry, weapons of mass destruction, poor intelligence, fear because of 9-11, Bush family dynamics concerning Saddam Hussein, politicians who feared looking weak, U.S.-Israeli interests, need for a military base in the region, media as cheerleader, or an unengaged electorate. The MI-EGO news complex pushed all of the above reasons as the case for war was made.

Many in the government were eager to establish a major military base in that part of the world outside of Saudi Arabia (see report of the Project for the New American Century at http://www.newamericancentury.org/RebuildingAmericasDefenses.pdf). Staff, signatories and supporters of this document included many in the Bush administration (i.e. Dick Cheney, Donald Rumsfeld, Paul Wolfowitz, John Bolton, and Richard Armitage) as well as people in the news media (i.e. William Kristol) and the economic world (i.e. Steve Forbes). The prospect of a permanent military base to protect U.S. economic interests in the Middle East following a war with Iraq resonated with some in the oil industry and some in the military who believed their interests would be aided also. Certainly many in the defense industry did not view the Iraq war as a way to sell their deadly widgets, but undoubtedly some did. Others in the defense industry supported the invasion to support their friends in the military or the government. The post 9-11 climate created fear among many members of Congress, members of the news media, and the general citizenry. Fear of appearing weak, being blamed if there were another attack on the U.S., fear of losing the next election, and/or concern for political power and future political deals led to many in Congress to give President Bush approval to use military force against Iraq. Relationships with military personnel and lobbyists also played a role in Congress supporting the invasion.

Some in the news media reported the administration's position because they believed it to be the best approach to take in stopping a future terrorist attack in the U.S. Others did so because they did not want to be described as unpatriotic. Some publishers and editors were probably concerned about the pressure the government regulators and the FCC might apply if they did not support the president. As a result of these and other reasons, the media for the most part uncritically supported President Bush in the lead up to the U.S. invasion. Fear among Americans made many want to do something no matter what it was to get back for 9-11. The repetition of 9-11 and Saddam Hussein in administration speeches influenced 70 percent of Americans to believe that Iraq was somehow behind the 9-11 attacks. High profile citizens like NFL football player Pat Tillman gave up a lucrative salary to volunteer to fight in the "war on terror." Tillman was used by the government and military to rally support. I could

go on with the many linkages and interconnections between the military, economic, governmental, and news media regarding the invasion of Iraq. I'm sure you could, as well. The interrelationships within the MI-EGO News complex provided a multifaceted push toward an invasion of Iraq that created a very difficult momentum to stop.

At the recent APA convention in San Francisco, Marc Pilisuk spoke about the beneficiaries of war and global violence and to the heart of this complex we are facing. His new book on this topic, *Who Benefits from Global Violence and War: Uncovering a Destructive System*, should be an interesting read, and I look forward to getting a copy. However, we don't need to look at his analysis of Halliburton, Carlisle, Bechtel, and other groups to see some of the dynamics of the MI-EGO News complex in action. While I have generally been on the outside looking in to the Board meetings and the Council meetings within APA via reports, minutes, and emails, I can see the dynamics of the MI-EGO News complex are present. A little self-reflection might be informative.

Concern about the ethics of psychologists involved in torture and interrogations has been a difficult and divisive topic since the 2003 invasion of Iraq. The Presidential Task Force on Psychological Ethics and National Security (PENS) report (2005), the Resolution Against Torture and Other Cruel, Inhuman, and Degrading Treatment or Punishment (2006), the Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants" (2007), and the failed Moratorium on Psychologist Involvement in Interrogations at US Detention Centers for Foreign Detainees (2007) have resulted in heated emotional debate fueled in part by the MI-EGO News complex. Getting APA Council to pass a strong resolution to establish a clear moral and ethical high ground for psychologists has been impossible to date, although there has been some movement.

Progress failure has not been a result of a monolithic conspiracy. As I see it, this has been the result of many elements of the MI-EGO News complex. First, a very large number of psychologists, including APA leadership, are employed by the military, intelligence agencies, the defense industry, or work as contractors for the Department of Defense. A strong ethical statement about psychological ethics may directly affect the livelihood of this group or acquaintances with whom they have strong allegiances. Other psychologists do not want a strong statement because it might antagonize an administration that is capable of granting prescription privileges to psychologists. If APA angers this administration, prescription privileges, behavioral science research dollars, and other actions supportive of psychology will take longer to achieve.

Many other reasons for supporting or not supporting a strong moratorium statement do not involve the MI-EGO News complex. For instance, some are concerned about such a statement based on ethical grounds, and others are concerned about the narrowness of a proposal that does not address cruel, inhuman, and degrading treatment in other settings like domestic prisons. Others try to do the best they can to move toward a stronger stance even if it is not what they optimally want. Some psychologists have been very bothered by their involvement in a process that seems to compromise their personal and professional ethics and opt out in protest (i.e. Michael Wessells regarding the PENS and Linda Woolf regarding the Moratorium and other 2007 activities).

The involvement of the news media is the major exception of the application of the MI-EGO News complex to the APA response to torture and interrogations. With few exceptions the press has been less than kind in its reporting of the APA's position on this issue. Even without the support of the press, the multifaceted aspects of the MI-EGO complex have been sufficient to thwart passage of a strong ethical stance and to prevent a clear, positive response in the press.

Peace psychologists need to spend more time in an effort to reduce the power of the MI-EGO News complex. Many avenues might be pursued to begin to accomplish this, and I welcome suggestions and encourage peace psychologists to develop as many approaches as possible.

Let me offer one approach. In many respects peace psychologists and the military are at odds with each other. We might extrapolate many approaches from nonviolence theory and nonviolent activism that seem appropriate.

First, we need to listen and try to understand all sides of a conflict.

Gandhi referred to this as *satyagraha* or the search for the truth. Peace psychologists need to find common ground with military personnel and their families. This is accomplished by actively developing relationships on issues that resonate with all parties. For instance, at APA we saw some military interrogators share the views of peace psychologists on the use of torture. Many in the military and many veterans are concerned about the Iraq war as being unjust or are concerned about highly-paid independent contractors/security forces. Common ground can be useful in leveraging one component of the MI-EGO News complex to reduce its power.

The improved relationship with military personnel and their families should identify common issues to address. The success of a nonviolent action depends upon setting a clear, concrete, achievable goal that can be reached in a reasonable amount of time. Ackerman and Kruegler (1994) note that a good goal should preserve the vital interests of the nonviolent campaigners and resonate with and attract support from societies affected by the conflict. In addition to an overarching goal, intermediate goals are also important to help assess the progress in a campaign. From a policy perspective, nonviolent resisters need to ask whether the campaign is worth pursuing and how we will know we've succeeded or failed. A sound approach would follow a system like Ackerman & Kruegler's (1994) or Burrowes' (1996), use sound principles and once the policy to engage in the campaign is established, engage in operational planning to specifically outline the concrete steps to achieve the desired goals before any actions are taken.

President Eisenhower issued his warning, but he also gave us hope. He said, "I like to believe that people in the long run are going to do more to promote peace than our governments. Indeed, I think that people want peace so much that one of these days governments had better get out of the way and let them have it." Let's make today one of those days.

Presidential Reflections

On the Convention in San Francisco & Society Activities

Daniel M Mayton II
President, Division 48

EACH SUMMER I LOOK forward to the peace psychology program of speakers, symposia, round tables, and posters at the APA convention. As with the more than 18 conventions since the Society for the Study of Peace, Conflict, and Violence was formed, this year I was not disappointed! I want to thank Catherine Byrne, program chair, and her reviewers who put together such a fine peace psychology program, plus Linda Wolff and all those who put together the excellent mini-convention on torture and interrogation. My major regret was that there were so many concurrent sessions that I could not attend them all. If you were not able to be in San Francisco this past August, be sure to look for the many highlights from the convention throughout this newsletter.

So far this year, the Society for the Study of Peace, Conflict, and Violence's accomplishments have been substantial. The Recruitment, Retention, and Public Relations Committee has continued to develop better methods for making data- based decisions. Our Society's increased linkages to other divisions within APA are reflected in the addition of the new liaisons [Ethel Tobach (Div. 6, Behavioral Neuroscience & Comparative Psychology), Judy Kuriansky (Div. 17, Counseling Psychology), Deana Beech (Div. 19, Military Psychology), Eileen Borris (Div. 36, Psychology of Religion)] with others still pending. We have agreed to co-sponsor two conferences that will be of interest to our members. The Summit on Violence and Abuse in Relationships will be held on Feb. 28-29, 2008 in Bethesda, Maryland. More information can be obtained from Debby Ragin (ragind@mail.montclair.edu). The Evidence-Based Practices for Ethnic Minorities Conference will be held in Washington D.C. on March 13 and 14, 2008 following the APA State Leadership Conference. Contact Eduardo Morales at DrEMorales@aol.com for more information. Please put these on your calendar and plan to attend if you can.

During the past six months and during the convention, your Council Representatives, Corann Okorodudu and Judy Van Hoorn, were busy working to pass a Moratorium on Psychologist Involvement in Interrogations at U.S. Detention Centers for Foreign Detainees, and when it was clear it had little chance of passing, they worked on the wording and passage of the best substitute motions at Council. Their energy, diligence, and leadership in moving APA toward a more ethical position regarding psychologists' involvement with torture and interrogation are exemplary. APA still has a way to go on these issues, and I know Corann and Judy will continue to push for higher moral ground. Do thank them for their efforts when you get a chance.

Julie Levitt, 2008 Program Chair, and Debby Ragin, President-elect, have put together the call for presentations for next year's convention in Boston. Check out the specifics and submit a proposal to present your research or peace activities!

Is Peace Possible, continued from page 9

world in which they have limited power to achieve any desires they may have for world peace. It is also interesting that although some of our own previous research showed greater support for invasion in domestic samples born in the U.S. to parents born in the U.S. than in international samples (e.g. Malley-Morrison, & Castanheira, in press), greater faith in the attainability of peace in our international sample was only marginally significantly higher than that in the U.S. sample. It is possible that, in general, there are many people who would like to see peace but are not overly optimistic that it can be obtained. Moreover, many of the recommended pathways to peace indicate that many respondents recognize the complex interdependence of political, economic, and social justice initiatives that extend beyond national boundaries and call for cooperation within the global community.

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Helena Castanheira, Michael Corgan and Kathleen Malley-Morrison can be contacted at Boston University, Boston, Mass.

EXCITING BEGINNINGS

Deborah Fish Ragin
President-Elect, Society for the Study of Peace, Conflict, and Violence: APA Division 48

What an interesting time to be a member of Division 48. And, what an honor it is for me to serve as your president-elect to help guide the Division in the next several years.

I wish to call your attention to two important deadlines for upcoming events. But first, I would be remiss if I did not extend my congratulations and heartfelt thanks to Division 48 Council of Representatives Corann Okorodudu and Judith Van Hoorn, and to our Division Past President Linda Woolf for their outstanding presentations on the use of psychologists in military interrogations involving torture at the 2007 APA mini-convention in San Francisco. Those who attended the sessions may agree that the presentations were stimulating, thought provoking, and very informative. One goal of the mini-convention was to inform APA members about the current procedures that allow for the use of psychologists in military interrogations. I commend Corann, Judith and Linda for presentations that helped educate the APA membership on the ethical, moral and professional issues pertaining to the use of psychologists in military interrogations involving torture, and for their continued work on this issue.

AS FOR UPCOMING EVENTS, during the 2007 convention we also got a "sneak preview" of the Division's program for the 2008 Convention in Boston, Massachusetts. The theme for the Division's 2008 program is "Peace Psychology: Social Justice at Home and Abroad."

When defining peace, former Secretary General of the United Nations, Kofi Annan said:

"…The aim must be peace with justice in the world. And justice means life in dignity."

The scholarly and applied achievements of the 2007 Morton Deutsch Award winner, Dr. Nicholas Freudenberg, and the 2007 Lifetime Achievement Award winner, Dr. Fathali Moghaddam, speak to this theme. Dr. Freudenberg is a Distinguished Professor of Public Health at Hunter College of the City University of New York and a Distinguished Professor at the City University of New York Graduate Center, Department of Psychology. In his over 30 years as a researcher and activist in the field, Dr. Freudenberg has addressed issues pertaining to community and individual violence, health and health policy and incarcerated youth. Dr. Freudenberg's comments when accepting his award explain how his work addresses the issue of social justice:

"…In my work with incarcerated adolescents and adults I have come to believe that the distinctions between victim and perpetrator of violence are often hard to draw. Unless we better identify and take on the social roots of the violence that is so pervasive in our jails these institutions will continue to be more a cause than a solution to continuing cycles of violence that afflict our country. Whether this continuing violence is caused by the inmates who return to communities without help for the drug, mental health or other problems that brought them to jail or by the correctional officers who go to Abu Ghraib in Iraq already acclimated to a culture of violence and abuse does not matter so much."

Dr. Anthony Marsella, who presented the 2007 Lifetime Achievement award to Dr. Fathali Moghaddam, identified the unique contributions and work of Dr. Moghaddam to social justice in these words: "… Fathali was born in Iran. He is a Shite. He earned a BS in Psychology from Liverpool University in 1974, long after the Beatles had made the city. In 1979, he received his Ph.D degree in psychology from Surrey University in England. After work with the United Nations Development Program and several universities, he joined the faculty at Georgetown University where he currently holds the rank of full professor. He has taught courses in a dozen different content areas and he serves on the editorial boards of numerous journals. His lengthy list of published books have literally defined and advanced social psychology's positions on group conflict, international understanding, terrorism, and peace and reconciliation.

But what is most important is Fathali's character and conscience. Fathali lives his work. In my opinion, he is the new "full capacity global citizen"—a person who fuses and blends his responsibilities as a citizen and professional with his responsibilities as a person seeking meaning and purpose."

Doctors Freudenberg's and Moghaddam's work help to frame our discussion of peace and social justice, which will include issues relevant to both domestic and international concerns. I am pleased to announce that both award winners have accepted invitations to speak at the 2008 convention.

We invite you, members of Division 48, to submit your proposals also for the 2008 convention. This year we are accepting submissions in the form of papers, posters, roundtable discussions and symposium that showcase your work on peace and social justice. We include in this theme work that explores education, health care, economic disparities, interpersonal, community and ethnic conflicts. We believe that our interdisciplinary focus will appeal to researchers and activist from other divisions and disciplines as well, so please feel free to share this call for proposals with your colleagues.

I am particularly pleased to announce that this year we have two outstanding program chairs who are ready to assist you with your proposals for the 2008 convention. Feel free to contact our Program Chair, Dr. Julie Levitt (julie.levitt@verizon.net) or our Program Co-Chair, Dr. Petra Hesse (phesse@wheelock.edu) for further information and guidance. In addition, we strongly encourage student submissions for this year's convention. We have noticed a surge in student interests in issues pertaining to peace and international relations and encourage students to explore these interests through Division 48.

One final note. Division 48 has agreed to co-sponsor an American Psychological Association Presidential Summit on Violence and Abusive Relationships: Connecting Agendas and Forging New Directions. This Summit's organizers are Divisions 35 (Psychology of Women) and 56 (Trauma Psychology). Division 48 is one of 14 co-sponsors for this summit. Details of the Summit, which will take place February 28-29, in Bethesda, Maryland, are included

Continued on page 7

We are co-sponsoring two conferences.

Please mark your calendars and plan to attend if possible.

The Summit on Violence & Abuse in Relationships

Feb. 28 – 29, 2008, Bethesda, Maryland.

For more information, contact

Debby Ragin at ragind@mail.montclair.edu

The Evidence-Based Practices for Ethnic Minorities Conference

March 13 – 14, 2008, Washington D.C.

after the APA State Leadership Conference.

For more information, contact

Eduardo Morales at DrEMorales@aol.com

Exciting Beginnings, continued from page 6

elsewhere in this edition of *Peace Psychology*. Specifically, Division 48 will help to organize a training session on advocacy. On Thursday, February 28, Division 48 will assist in a morning training session on strategies for talking with U.S. congresspersons and senators about legislation to address violence and abusive relationships, and an afternoon trip to Capitol Hill to meet with legislators to advocate for legislation to address domestic and relational aggression and violence. This Summit is one of several events that speak to issues of peace and social justice at home, as well as abroad, and deserves our full support. We encourage your attendance and participation in this Summit. Feel free to contact me at ragind@mail.montclair.edu for further information about this summit.

Again, it is my pleasure to serve as your president-elect and I look forward to working with and for you in the coming year.

Peace,

Deborah Fish Ragin
President-Elect

BOOK REVIEW

Working for Peace: A Handbook of Practical Psychology and Other Tools

by Rachel M. MacNair, (ed.) and Psychologists for Social Responsibility

Impact Publishers, Atascadero, California (2006). www.impactpublishers.com

Reviewed by Francisco Gomes de Matos,
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This timely addition to the ever-growing literature on peace studies includes a foreword by Arun Gandhi (director, M.K. Gandhi Institute for Nonviolence) and an introduction by Rachel M.MacNair, with Neil Wollman: "The Choir's Gotta Know How to Sing." In the practical introductory text, readers are told how *Working for Peace* can help them by looking at sets of chapters categorized in terms of improving personal effectiveness, helping local groups work better, looking for ideas on how to make a greater impact, looking for ideas in conflict resolution and/or nonviolent action, communicating one's message effectively, reaching the next generation.

The volume's five sections include: Peace Workers: Getting Yourselves Together; Peace Groups: Getting Organized; Peacemaking: Transforming Conflict into Creativity; Peace Work: Getting the Message Out; and Peaceful Persuasion: Changing Attitudes.

Commendably, epigraph-like statements quote inspiring voices: the Bhagavad Gita, Mother Teresa, Hillel, Rabbi Harold S. Kuchner, E.B.White, Jane Adams, Mary Parker Follett, Paul Loeb, Isaiah, Micah and Maria Montessori.

Given the volume's focus on practical suggestions, a commendable feature is the abundance of guidelines, lists, strategies, techniques and typologies. For example, it includes a list of more than 100 social actions, 20 media communication tips, 12 principles for changing attitudes, and more.

The book's treatment of communication challenges and issues is appropriate, but the inclusion of the core-concept of communicative peace could have enhanced its practical relevance. On that dimension, see this reviewer's chapter "Using Peaceful Language: From Principles to Practices" in the UNESCO—sponsored by EOLSS—online Encyclopedia of Life-Support Systems, 2005.

Three of the many memorable, inspiring statements throughout the book include:

> *"To work for peace is to work for a world of compassion, free of all forms of violence."*
> – Arun Gandhi, p. ix

> *"Creating a peaceful world requires developing peaceful people. Therefore, peace education is an essential part of working for peace."*
> – Linden L Nelson, p. 207

> *"We need you working together, laughing together, healthy, energized, thinking strategically, using every psychological tool to promote the many varieties of cultures of peace around the world."*
> – Anne Anderson

Much more could be said about this highly informative handbook. Its 43 authors and its editor are to be commended for this impressive updating and expansion of "a classic book from 1985" as it is fondly described. In short, it is a creatively crafted book that can impact constructively on the challenging, humanizing mission of English-language-using peace workers.

IS PEACE POSSIBLE? **Citizens' Views**

Helena Castanheira, Michael Corgan & Kathleen Malley-Morrison

IN HER PRESIDENTIAL ARTICLE, "Marketing Peace," Linda Woolf, provides a wonderful quote from Eleanor Roosevelt:

"For it isn't enough to talk about peace. One must believe in it.
And it isn't enough to believe in it.
One must work at it."

(*Peace Psychology,* Fall/Winter, 2006)

In the same issue, JW Heuchert quotes Dwight D. Eisenhower: "I think that people want peace so much that one of these days governments had better get out of the way and let them have it" (page 2). Clearly, Heuchert, the editor of *Peace Psychology*, Woolf, President of the Society for the Study of Peace, Conflict, and Violence (APA's Division 48), and other contributors to *Peace Psychology* are committed to the twin goals of learning more and educating others about peace, and what is needed to achieve it. Both 2006 issues of *Peace Psychology* featured Divison 48's hopeful slogan: "*peace is possible. think it. plan it. do it.*"

Are ordinary American citizens, in this era of burgeoning inter-state and intra-state warfare, able to view peace as a possibility?

If so, what do they think is necessary to move the world in a more peaceful direction? The purpose of the current study was to assess the views of lay people in the United States concerning the possibility of peace and the steps presumed necessary for peace to be achieved.

There has been substantially more theory-building and research on war—its meaning, causes, and effects—than on peace, and much of the research on attitudes toward and conceptions of peace has been done with children. For example, Hakvoort and Hägglund (2001), in an open-ended survey of concepts of war and peace in Swedish and Dutch children and adolescents, found that the Dutch children made more references to disarmament than the Swedish children, and girls' conceptions of peace tended to be more complex than those of boys, with a greater emphasis on social interactions.

Biaggio, De Souza, & Martini (2004) administered an open-ended survey on attitudes toward peace, war and violence to eighth graders and college students from Brazil, Chile, Germany, Portugal, and the USA and found that a majority of the Brazilian adolescents and Chilean adults believed in the possibility of peace, but on average, the respondents from the other countries were more pessimistic. Moreover, although respondents from Germany, which had been involved in two 20th century world wars, were likely to respond that "wars will always exist," respondents from Brazil, Chile, and Portugal tended to think that, with solidarity, wars could be avoided. In a study of children from the United States and Yugoslavia, Myers-Bowman, Walker, and Myers-Walls (2005) found that children from both countries generally viewed peace as the absence of war, although many of them also identified peace with prosocial interactions, tranquility and quiet, agreement and treaty making, and positive emotions. A "ripple effect" in 20% of the American children's conceptions of peace—that is, descriptions of events "that began with one action or interaction and spread outward by influencing others' feelings and behaviors until it reached countries or their leaders (or both)" (p. 195)—suggests that these children saw the achievement of peace as possible. When a sample of 10-year-old Filippino children were asked, "How do you think you can make peace?" they emphasized both economic steps such as "building houses, providing employment and education opportunities, taking care of poverty, and enough food for everybody" and putting a stop to wars (Oppenheimer & Kuipers, 2003, p. 247). In our exploratory study, we posed a similar question to adults.

Methods & Sample

The sample consisted of 68 adults (34 female, 34 male) born in the United States age 18 to 60 (the "domestic sample") and 50 adults (34 female, 34 male) from outside the United States, age 18 to 61 (the "international sample"). All respondents were participants in a larger study of international perspectives on governmental aggression and peace, and all completed the Personal and Institutional Rights to Aggression Scale (PAIRTAS; Malley-Morrison & Daskalopoulos, 2006) over the internet. Participants in the international sample were born in countries other than the United States, as were both of their parents. Just over 75% of the respondents in the international sample were living in the United States at the time they submitted their surveys. Participants in the domestic sample were born in the United States, as were both of their parents. All participants were asked their preferred political party. Not surprisingly, more than a third of the sample identified a political party from their country of origin, or identified themselves as liberal, moderate, or conservative rather than naming U.S. political parties. Based on the responses, we identified five major political party orientations—Socialist/Communist, Democrat/liberal, Independent/moderate, Republican/conservative, and Libertarian—and classified 69% of the domestic sample and 44% of the international sample as Democrat/Liberal, 13% of the domestic sample and 17% of the international sample as Republican/Conservative, and 18% of the domestic and 40% of the international sample as Other or did not report.

Measure

For the purposes of this study, responses to the following two items were analyzed: "I believe that world peace can be achieved" and "The best way to achieve world peace is…" Participants were asked to rate their level of agreement with the first item on a scale of 1 to 7 (from totally disagree to totally agree). The second item was open-ended, allowing participants to present their own views on how world peace might be achieved. The open-ended responses were coded into categories identified in a coding manual developed using responses from a general coding manual sample assembled for the PAIRTAS project, and consisting of 30 participants from the United States and 20 participants from other countries. The coding categories, representing different views on how peace could be achieved, and derived from the coding manual sample, were: 1) Positive interpersonal strategies (with subcategories for communication, compromise, and education); 2) Ethical behavior (e.g., "Act with trust and good will"); 3) Social Justice/Human Rights solutions (e.g., "More equality in shares of resources, better understanding and validation of differences in cultures"); 4) Politics/Diplomacy (e.g., "Through peaceful meetings between many countries in the world, between world officials"); 5) Dominance (e.g.,

"Total domination and control"); and 6) Not possible/don't know (e.g., "it is realistically impossible."). Each response was divided into thematic units and coded for presence or absence of each of the themes (categories) identified in the coding manual. In addition, the frequency with which a particular type of response was given was computed (the "count" score).

Results

Rating scale scores for the "I believe world peace can be achieved" item ranged the entire length of the scale from 1 (totally disagree) to 7 (totally agree), with the average score exactly in the middle (3.5). An independent samples t-test revealed no significant differences between men and women on their scores, but a marginally significant difference ($p=.098$) between the domestic sample ($M=3.81$) and the international sample ($M=3.22$). A one-way analysis of variance with political orientation as the independent variable revealed that the groups differed significantly in their belief in the achievability of world peace, $F(4,106)=3.68$, $p=.008$). Post hoc pairwise comparisons indicated that the Communist/Socialists ($M=5.8$) scored significantly higher in level of agreement than Republican/conservatives ($M=2.70$; $p=.002$), Libertarians ($M=1.5$; $p=.001$), and Democrats/liberals ($M= 2.20$; $p=.02$) and marginally higher than Independents/moderates ($M=2.4$; $p=.054$). The Democrats/liberals, while scoring significantly lower than the Communists/Socialists, scored significantly higher than the Libertarians ($p=.04$) and marginally higher than the Republicans ($p=.07$).

Table 1 provides the frequencies and percentages of respondents providing at least one response in each of the major categories identified in the coding manual. As can be seen, the majority of respondents suggested peace process efforts falling into two categories—positive interpersonal strategies and social justice/ human rights solutions. A chi-square one-dimensional goodness of fit test with the presence/absence scores showed that the distribution of responses into the five main categories (excluding the dominance category, which had less than 5% of the responses) differed significantly from chance, $-2(4) =51.42$, $p<0.0001$. Within the positive interpersonal strategies category, the majority of the responses emphasized communication, understanding, and accepting differences. Within the social justice/human rights category, the majority of responses emphasized global solutions (e.g., "all of the people of the world communities would have to somehow raise their consciousness or level of thinking to aim for the common good").

Chi square contingency analyses were run with the presence/absence scores for the major coding categories to determine whether type of recommended solution varied by domestic versus international group and/or by political orientation. There was no contingent relationship between domestic versus international status and likelihood of making any particular type of argument for the attainability of peace. The only category revealing any difference across political groups was Interpersonal Strategies solutions; specifically, 34 out of the 41 participants recommending this type of process were Socialists/Communists or Democrats/liberals,$-2(4)=8.66$, $p=.07$. A one-way analysis of variance with the count scores confirmed significant differences across groups, $F(4,106)=2.73$, $p<.04$. Chi square contingency analyses run by gender on the presence/absence scores for the different types of recommended paths to peace revealed one statistically significant gender difference. That is, a significantly higher proportion of females than of males recommended social justice/human rights types of actions, $-2(4)=4.10$, $p<.05$.

Finally, Pearson correlations were calculated between age and both the rating scale scores and the count scores for each of the major categories of response. A significant positive correlation was found between age and recommendations for positive interpersonal strategies and a significant negative correlation was found between age and don't know/ impossible responses.

Discussion

To the extent that they thought world peace could be achieved, the vast majority of the current sample suggested that the best routes were peaceful ones—that is through interpersonal processes such as communication, compromise, following the Golden Rule, behaving ethically, and striving to reduce injustice and improve human rights. Suggestions that peace could be achieved through military might were remarkably rare, and only a very small percentage of our sample asserted that attaining world peace was impossible or indicated that they had no idea how it could be achieved.

Although several previous studies (e.g., Ashy & Malley-Morrison, 2007; Hashim & Malley-Morrison, 2007; Malley-Morrison, Daskalopoulos, & You, 2006; Malley-Morrison, et al., 2006) have revealed that women are generally more opposed to war than men, in the current study there were no significant gender differences on rating scale scores indicating agreement with the possibility of world peace. We suggest that although women may generally be stronger proponents of peace than men, they may see the international political arena as a man's

Continued on page 5

TABLE 1: The best way to achieve world peace:

Percentages and Frequencies of Men and Women in Domestic and International Samples Providing Responses in Five Peace Categories

	RESPONSE CATEGORY									
GROUP	Positive interpersonal strategies		Ethical behavior		Social justice/ Human rights		Politics/ Diplomacy		Dominance	
Males	%	n	%	n	%	n	%	n	%	n
Domestic	7	9	4	6	10	13	4	5	1	1
International	12	16	4	5	11	15	5	7	1	2
Females										
Domestic	10	14	2	3	10	13	10	14	0	0
International	7	10	2	3	10	13	4	5	1	1

HEAR THE *MISSING* VOICES

Leigh Messinides & Brian K. Turner

INTRODUCTION: AS A PSYCHOLOGIST WORKING WITH COMBAT VETERANS FOR THE PAST 15 YEARS, I have heard within the confines of the therapy sessions their keen and heart-felt observations on the personal and social costs of war.

It has been increasingly clear to me that these voices are missing from the national and political debates, to the detriment of all. It is clear that the psychological sequelae of combat, for example, symptoms of trauma, depression, grief and isolation, can for some individuals interfere with speaking out, joining peace movements and other activist endeavors. It seems logical that in the psychotherapy process a veteran may become more active in many areas of his life, and one of those that is most important and yet undervalued in the definition of mental health is involvement on a community or social level. However, psychologists are often hesitant to facilitate this process, and I feel there is much that can be done to remedy this. Knowledge of the existence of activist groups, particularly those whose membership involves active military, veterans, or family members of veterans, is one important step. Knowledge of the historical precedent for veterans to be active in the peace process is also very helpful (for a recent example, the film *Sir! No Sir!* is a review of the GI resistance to the Vietnam war). But most important may be the conceptual leap involved in viewing distress as an individual issue versus distress as a natural consequence of social injustice. When working with veterans with issues of anger, for example, the goal of eliminating their anger may obfuscate their feelings as natural consequences to unresponsive social and military systems, having to unfairly bear the burdens of war created by civilian policy-makers, and finding that the system for foreign policy decision-making is part of a system of preserving power and benefiting some strata of society at the expense of others. The following article is one example of the contributions that can and should be made by military veterans to the current war and peace debate. This article is an extension of a roundtable symposium Mr. Turner and I presented, sponsored by Division 48 at the August 2007 American Psychological Association's San Francisco conference.

Leigh Messinides, Ph.D.

The character of any nation at war can essentially be measured by the respective characters of those who make the decision to wage war, and of those who actually are sent to fight. If too great a disparity in character exists between these two "classes," then the nation in effect is waging war on itself and its own values. Welcome to America's Iraq endeavor and how the "shock and awe" campaign that the Bush administration has wreaked on Iraq is coming home to a weary, beleaguered nation in the form of the shattered bodies and broken psyches of our fighting men and women.

I am a disabled veteran (not due to war-related causes) and I feel somewhat conflicted on selecting the correct tone and tenor for my narrative. I am an outspoken activist, given to intemperate outbursts, but I have also worked within the more moderated voice of a journalist. I also have a profound empathy and sympathy for veterans who have suffered far greater than I, yet I am somewhat weighted down by my own debilitating bouts with trauma-spawned depression. In short, my personal concerns for veterans' issues expand and contract within the elastic and expansive confines that demarcate any veteran's playing field.

Our returning veterans stand collectively as possibly our greatest resource in offering a social perspective on the merits and success of war, yet too often, from a psychoanalytical approach, are isolated and segregated into individual case files whose symptoms of trauma are automatically regarded as barriers and impediments to successful rehabilitation into civilian life, rather than reflecting a commonality of perspective that can be effectively directed toward social activism. I have been in therapy for the entirety of our current conflict. Many times I have launched into diatribes and polemic tirades with my therapists against the presidential administration that is nearly entirely a product of the investor class, with no personal experience of hardship of military service. Invariably, the analyst would counter with some refrain of "well, that's great that you are so cognizant of social issues, but what about you?" My response, usually dispensed with a measure of moral indignation, would be "hey, this is about me, living in a nation where draft-dodging elitists send men and women off as mercenary pawns in a free-market experiment to expand the corporate boundaries of upper-class elites."

Part of my personal angst of living in this modern age is coming to terms with how style has come to triumph over substance, and how form so easily vanquishes content. I have grown up in an era in which John Wayne was regarded as the penultimate war hero of the WWII generation, even though he lied to the Draft Board about a nonexistent injury to evade military service. Plenty of actors from that era did not perform combat service in that war (Lee Marvin, Jimmy Stewart, Charles Durning, Clark Gable, among others), but whose humility and lack of self-aggrandizement militated against their prospects of being hailed as warrior icons.

I was still a young man while witnessing Sylvester Stallone being elevated to war hero status as Johnny Rambo, the maverick renegade who returned to Vietnam to rescue imaginary POWs. Once again, a legion of actors and entertainers (Oliver Stone, Dennis Franz, hell, even Jimmy Hendrix spent time in the Army's 101st Airborne Division) were nonetheless overlooked in favor of Stallone's histrionics, even though in real life Stallone fled the country during the Vietnam era to teach at an all-girl's school in Switzerland. Stallone's insult to reality is even more egregious than Wayne's; we actually won WWII, but there were no lone wolves returning to Vietnam to kick Soviet and North Vietnamese butt and restore our collective dignity. This fabrication created a new paradigm in our historical

reference—if we don't like the outcome of a conflict, we simply rewrite history to create the desired outcome.

This brings us to our modern day fabricator extraordinaire, George W. Bush, dressed in full aviator's gear for a staged jet-landing on the aircraft carrier U.S.S. Lincoln in the ultimate display of theatrical machismo, falsely claiming that major military operations in Iraq were concluded, and we had emerged victorious. Later, Bush would send out his minions headed by Karl Rove, to disparage a real war hero's exploits (John Kerry), thereby pulling off the ultimate televisual triumph of theatrical performance over actual living history. This obscene stunt fooled much of common populace, but many veterans took note and remain seething to this day. Ironically, a poll taken in 1985 following the second Rambo movie, found that 40 percent of those surveyed really believed that we had returned to Vietnam in the 1980s to kick butt; this is the same percentage of Americans who still believe Saddam Hussein master-minded the 9/11 attacks on the World Trade Center.

As a veteran, the most galling aspect of our current conflict is that the current administration is devoid of anyone having personal experience in the nightmare of military conflict. The chief proponents and architects of this war include George Bush, Karl Rove, Donald Rumsfeld, Dick Cheney, Douglas Feith, Paul Wolfowitz, Richard Perle, and a host of others who took extraordinary measures to avoid active military service during their respective times of war, with the preeminent exemplar of military avoidance being Dick Cheney, who received five draft deferments from military service during the Vietnam conflict. Not only has this coterie of draft-dodgers callously sent a new generation of the warrior class into battle to advance their own energy resource and corporate-crony related free-market neocon ambitions, but they have quietly worked behind the scenes to resist expansion of veterans' benefits and to subtly influence disability evaluators to dismiss as many PTSD, depression, and other psychologically-based disability claims by returning veterans as possible. Clearly, anger management has a role as a remedy to facilitate a veteran's reintroduction into society but in many respects I believe 'anger amplification' may be a more appropriate course to remedy psychosocial maladies on a larger scale. I, personally, would like to conduct seminars for returning veterans elucidating the draft-dodging predispositions of their civilian commanders, while simultaneously expounding on their cynical undercutting of veterans' funding in order to facilitate tax cuts for the wealthiest contingent of their support base. I would then open the door, stand aside, and hope that as many as possible of the newly enlightened would burst forth as a brigade of collective social justice-seekers on a crusade to correct the imbalance between the craven, mercenary forces of the investor class and the humble sacrifice of the warrior class.

"A nation should have a revolution every twenty years just to keep the government honest."

–Thomas Jefferson

By such a process, the individual rage of each unsung representative can be converted and coalesced into a movement of social protest, civil disobedience, civil insurrection and perhaps ultimately, social revolution. We should not forget that it was our esteemed forefather, Thomas Jefferson, who asserted that "A nation should have a revolution every twenty years just to keep the government honest" (excuse me; I think I hear the NSA and FBI breaking down my door). Simply put, symptoms of rage exhibited by an individual veteran need not necessarily be diagnosed as a need for therapeutic or pharmaceutical intervention; they could simply be regarded as a clarion call for imposing an entire society's need for therapy.

While speaking with people in and out of the Department of Veteran's Affairs healthcare system, I periodically conduct a simple quiz: I ask the person if he or she is familiar with Paris Hilton (substitute Britney Spears, Justin Timberlake, etc.). Invariably they answer yes. Then I ask if they have ever heard of Hugh Thompson, and they invariably answer no. Captain Hugh Thompson, was the crew chief for a UH1 Iriquois helicopter flying a reconnaissance mission in Vietnam on 16 March 1968, and encountered a strange sight over a village called My Lai. Hundreds of Vietnamese, mostly women, children, and the elderly, had been herded into an irrigation ditch and were being mowed down by automatic weapons fire directed from a Lieutenant Calley and his platoon. Captain Thompson landed his helicopter, and with his crew dismounted and positioned himself between Calley's platoon and the villagers, and announced that the next people to be shot, whether they were he and his crew or Calley and his platoon, would be Americans. It is estimated that Thompson and his crew saved the lives of nearly 300 villagers on that day.

For his troubles, Thompson was soon branded a pariah and vilified for "betraying his own kind." When he returned stateside, whenever entering the officer's club, the whole complex cleared out. Dead animals were stuffed in his mailbox, and he received numerous death threats via telephone. But to a true soldier, Thompson represented the most extraordinary of warriors; a person willing to die to fight a declared enemy and coming to realize that sometimes the enemy wore the same uniform as he. The lesson here (I hope) is that as long as we are a nation that knows who Paris Hilton is but doesn't know who Hugh Thompson is (and others like him) we are going to continue being lied into unjust wars by miscreants who, though themselves largely ignorant, are masterful at exploiting our ignorance and fears. Veterans are perhaps our best, though almost certainly our most under used, resource in learning the lessons of war. But for effecting social and military policy changes relevant not just to war-making but peace-making, they may need your assistance to realize just how important they are.

– Brian K. Turner, M.S.

Brian K. Turner is an Army veteran, sergeant, 1st Cavalry Division; Leigh Messinides, is a staff clinical psychologist, Department of Veterans Affairs, Long Beach Medical Center.

Biographical Factors of Men and Women
Nobel Peace Laureates

M.L.Corbin Sicoli & April Hansen Perrymore

Abstract

Biographical data from all 12 women Nobel Peace Laureates was analyzed in comparison with 12 selected men Nobel Peace Laureates (NPL). Results indicated common factors in the lives of these 24 persons; most notably, coming from stable, religious, middle class, loving families without parental abuse or abandonment. NPLs reported strong attachment to at least one parent. Some gender differences emerged; women were more likely to experience childhood hardships (especially the death of a parent), were less likely to marry, and had fewer children than the males. Men NPLs tended to work under powerful mentors within hierarchical organizations, while women formed "grass roots" organizations. Men were more likely to have experienced prior periods of engaging in non-peaceful endeavors and paid for their peace efforts by estrangement from prior peers/governing bodies.

Sample

All 12 women who were awarded the Nobel Peace Prize, from its inception in 1901 until 2005, formed the population for the present study.

A comparison group of 12 men awarded the Nobel Peace Prize was sampled. Those men who shared the prize with a female NPL were selected. If no man shared the prize with a woman, then the male NPL who won the preceding year, or the year after the woman won the prize, was sampled. This procedure was used to correct for any possible historical bias. See Table 1 for a list of all NPLs sampled.

Procedure

Multiple print/electronic sources were consulted for biographical information for each NPL. Biographical information was more readily available for some NPLs than others; therefore, not all database categories (factors) were complete for all NPLs. In these cases the percentages were prorated to include only recipients for whom the necessary categorical information could be found. Only the factors for which information existed for at least 55 percent of the sample were included for analysis. This technique is adapted from that of Rhodes, Hill, Thompson and Elliott (1994). For an analysis of the strengths and weaknesses of the biographical approach to the study of eminent persons, see Ludwig (1996).

Results

An analysis of the factors listed in the methods section revealed both similarities and differences between the majority of NPL men and women. Similarities included: for the family of origin of the NPLs; middle class or higher origins, number of siblings (4), no only child status, strong degree of religious identification, non-coercive discipline methods, no parental desertion, geographic stability, low levels of emotional disorders in both family and NPLs, low levels of military participation, low levels of divorce both in family and NPLs, and parents as role models. NPLs had diverse places of birth and diverse religious backgrounds.

Gender differences included: Men NPLs had higher levels of education, were more likely to marry and to have more children, to have secured a powerful mentor in a hierarchical organization, to have experienced a period of anti-social behavior in their earlier lives, and to have become estranged from prior allies who mentored them.

Women were more likely to have suffered early life hardships, especially the loss of a parent prior to age 21, and to have built "grass roots" types of collaborative ventures with other women or women in cooperation with men.

Table 1

Women & Selected Men Nobel Peace Laureates

Year	Name	Reason
1931	Laura Jane Addams	President WILPF
1946	Emily Greene Balch	Work with WILPF
1976	Mairead Corrigan	Cofounder Peace People
2003	Shirin Ebadi	Rights of women and children
1991	Aung San Suu Kyi	Human rights for Burmese
2004	Wangari Muta Maathai	Greenbelt movement
1992	Rigoberta Menchu	Rights for indigenous persons
1982	Alva Reimer Myrdal	Efforts toward disarmament
1905	Bertha von Suttner	Anti-war writer, Int'l Peace
1979	Mother Teresa	Int'l work with poor
1976	Betty Williams	Cofounder Peace People
1997	Jody Williams	Banning/clearing of land mines
1996	Carlos Felipe X. Belo	Human rights for East Timorese
1931	Nicholas Murray Butler	Carnegie Endow. Int'l Peace
2002	Jimmy Carter	Middle-East peace negotiations
1993	Frederik W. de Klerk	Peaceful end of apartheid
2004	Mohamed El Baradei	Nonproliferation nuclear weaps.
1990	Mikail Gorbachev	Perestroika, Glasnost
1946	John Raleigh Mott	Chair, Int'l Missionary Council
1982	Alfonso Garcia Robles	Efforts toward disarmament
1906	Theodore Roosevelt	Negotiated Russo-Japanese Trea.
1978	Anwar M. el Sadat	Arab-Israeli negotiations
1975	Andrei D. Sakharov	Human rights & nuclear disarm.
1974	Eisaku Sato	Nonproliferation nuclear weaps.

Table 2

Life Factors Common to the Families of Origin of a Majority of Both Men & Women Nobel Peace Laureates

Middle class or higher SES
Average number of siblings: four
No NPL an only child
Significant degree of religious identification
Non-coercive discipline methods
No parental desertion
Geographic stability
Low levels of emotional disorders (also for laureates)
Low levels of military participation
Low levels of divorce (also for laureates)
Diverse places of birth and diverse religious backgrounds
Parents as role models

Table 3

Gender Differences in Life Factors of NPLs by Percentage

	Women	Men	x	p
Post high school education	58	91	3.56	.06
Marriage	66	91	2.27	.13
Parenthood	58	91	2.27	.13
Number of children (t test)	2.5	3.1	14.4	.00
Childhood hardship/ Parental loss	75	33	6.7	.01
Non-peaceful period	0	42	6.31	.01
Powerful mentor/hierarchy	25	100	14.40	.00
Grass-roots founder	75	0	4.80	.03
Collaboration with women or men and women	100	08	24.0	.00

Note:
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Everything I Need to Know About the APA and Interrogations I Learned in Grad School

Sara Durbin

The title of this piece is a little misleading—I am not the type of person who believes that everything can be learned in a classroom. In actuality I am a firm believer in the irreplaceable value of real world experience. However, while participating in the APA conference's debate around a moratorium on the use of psychologists in military interrogations I couldn't help but apply the lessons from my first year in graduate school. Indeed, certain fundamental principles need to be revisited in this debate.

Law and Ethics

Beneficence and Nonmaleficence; above all else do no harm. They are relatively simple concepts, but they carry the weight of our profession. The APA's ethical principles state that "Psychologists strive to benefit those with whom they work and take care to do no harm. Psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons."(2003 ¶12).[1]

Can a psychologist simultaneously protect the rights and welfare of individuals while participating in acts that infringe upon their rights and are harmful to their welfare? Is it ethical to conduct research under conditions where a person's fundamental human rights are violated? Our basic ethical principles charge us with the responsibly for the health, rights, and welfare of others. In detention centers that operate in violation of international human rights the only role a psychologist can hold is one that both protects, and acts in accordance with, the rights of the detainees. The amendment as proposed, and subsequently voted down, at the APA conference provided the APA with an opportunity to act in accordance with its principles. However, these principles seemed lost in the rhetoric of the debate.

Introduction to CBT

Professional psychologists are trained to be able to point out cognitive distortions, yet they are not immune to them. At the APA convention, black and white thinking, overgeneralization, and jumping to conclusions seemed to run rampant. The amendment proposed applied only to situations in which detainees were not provided adequate protection of their human rights and did not remove psychologists from these centers, but only limited their role to that of a medical professional providing beneficial treatment.

Yet repeatedly during the deliberation the actual wording of the amendment was ignored. It was stated that the amendment would completely remove psychologists from these centers, which was not the case. Psychologists came to the microphone and stated their fear that this would be widely applicable to everything from working in high schools to family therapy. Despite all assurances to the contrary, this type of hysterical thinking would be challenged in our clients, yet went largely uncontested in the APA debate.

Social Psychology

While there has been no evidence that the moratorium would affect those operating outside of the illegal detention centers, there has been ample evidence of the torture, abuse, and rights violations that occur in these detention centers. Social psychology has taught us that individuals in these situations will overwhelmingly fall into the patterns of abuse and obedience. Psychologists are not immune to this phenomenon.

While Zimbardo's Prison Experiment is often looked at to explain the acts of soldiers in places such as Abu Ghraib, we often ignore perhaps the most important lesson of the study for psychologists. This is that Zimbardo himself was drawn into the experiment, despite his knowledge of psychological ethics and of the nature of the experiment. From Zimbardo's own account, he didn't consider calling off the experiment until an independent third party awakened him to the true nature of what was occurring.

Despite the APA's strongly worded resolution against torture, we cannot ignore the susceptibility of any psychologist placed in the detention centers to the worst part of human nature.

Statistics

The question then comes down to what type of error are we willing to make—a type one error or a type two error? This seems like a hard choice. We already know that there are abuse and human rights violations in these detention centers. If we support the involvement of psychologists in interrogations, we are risking the involvement of psychologists in these abuses. However, if we remove the psychologists completely will we also remove any protection that they might have provided for the detainees?

The solution to this is a resolution that allows for psychologists to be present in detention centers that are operating outside of human rights only if they are acting as a medical professional—a medical professional who is working to ensure the welfare and rights of the detainees. The psychologists in these centers must be seen as agents for the powerless, not as agents of the government and be answerable to a higher code of ethics outside of military or U.S. law.

These are the basics. The simple things that you learn in graduate school that are to provide a foundation for your work as an ethical and effective psychologist. So, in fact, most of what I needed to know about the APA and interrogations I have learned while in grad school.

Still, there are some things that grad school could never teach me. These are the things I learned while working with the survivors of war and torture. I have learned about the deep scars and irreparable damage created by the same abuses that we now practice in the detention centers set up by our own government. These lessons, which I learned outside of the classroom, have taught me what it truly means to be an advocate for mental health. It is these lessons and the lessons learned inside the classroom that have cemented the reality that if I am to act ethically, as a future psychologist I must always work for peace and justice.

[1] American Psychological Association, (2003, June 1). Ethical principals of psychologists and codes of conduct. Retrieved Sept. 14, 2007, from APA's web site.

Peace Restoration:
An Ecological Formulation

Michael Corgan, Kathleen Malley-Morrison & Helena Castanheira

PEACE is generally thought of as either the absence of war (a "negative" perspective) or the presence of characteristics such as harmony and well-being (a "positive" perspective) (Galtung, 1985; Hakvoort & Oppenheimer, 1993; Myers-Bowman, Walker, & Myers-Walls, 2005). Anderson (2004, p. 102) suggested that "A truly global understanding of peace should include both the absence of factors such as violence and the presence of factors such as balance, harmony, and unbrokenness." All of these perspectives are relatively static—that is, peace is viewed more as a state than as a process, although Anderson has argued that "The view of peace as a state does not necessarily imply that it is a static concept" (p. 103).

Increasingly, social scientists, NGO members, and peace activists have been focusing more on process in relation to peace—e.g., on peacemaking, peacekeeping, and peacebuilding. Still very neglected is the construct of peace restoration following conflict. In our view, peace restoration is a process that demands attention, and that is best conceptualized within an ecological framework, derived from the initial development framework of Bronfenbrenner (e.g., 1979) and effectively extended to work on family violence by Belsky (1980; 1993).

In his early conceptualization of human development, Bronfenbrenner (1979) argued that human development and behavior should be analyzed within a nested set of environmental contexts or systems. These contexts include: 1) the microsystem—i.e., the immediate settings in which development takes place (e.g., the home); 2) the mesosystem and exosystem—i.e., the school, the larger neighborhood, the mass media, state agencies, and transportation facilities; and 3) the macrosystem—i.e., broad cultural factors within the country at large. In an important modification of the theory, Belsky (1993) argued that the ecological system includes an ontogenetic or individual/developmental level—that is, the unique biological/genetic characteristics that exist even before birth and that individuals bring to every interaction. Several researchers have adapted this model to analyze the causes of child maltreatment (Belsky, 1993), spousal abuse (e.g., Dutton, 1985) and elder abuse (e.g., Schiamberg & Gans, 2000) at different ecological levels. This model, particular as revised by Belsky to include the characteristics that individuals bring to each of the contexts in which they think and act, also provides a useful framework for analyzing both the causes of war and the components of peace restoration. It is quite compatible with the work of Waltz (1959), who theorized that the causes of war lie in the nature of individuals, the nature of governments, and the nature of the international system. In his view, to work on any one of these levels at the expense of the others will only make matters worse and increase the likelihood of war.

Our own interest is in the restoration of peace following conflict in the kind of circumstance that is increasingly characteristic of the world today—that is, conflicts in which there is not a victorious country that imposes conditions of ceasefire and settlement on another country, but where the warring parties, perhaps worn out with the struggle, are willing to work toward ways to stop the violence. The model case for this situation is probably Northern Ireland. To understand how peace restoration occurred in Northern Ireland specifically, and how to promote peace restoration in other post-conflict arenas, it is useful to attend both to characteristics of individuals (particularly leaders, but often followers), and to characteristics of the nested environments within which they function—the immediate community, the neighborhood, the country as a whole, and the broader world and its international organizations.

In the case of Northern Ireland, individuals who made a difference included George Mitchell, who was trusted by both sides and seen as an impartial mediator, as well as the two women, one Protestant (Betty Williams) and one Catholic (Mairead Corrigan), who won a Nobel Peace Prize for their efforts, and ultimately leaders on both sides of the conflict who came to see that more was to be gained by striving for peace than by continuing the violence. At the level of the community, it was important in Northern Ireland for the Catholic community to achieve some economic parity with the Protestant community, which viewed the long-impoverished Catholic community almost as a third-world country. At the broad macrosystem level (the two Irelands—one Catholic and one Protestant—on the island), it was important for both political and religious leaders and followers to recognize that the fuels for the long conflict had been more political and economic than religious. Finally, at the international level, the acceptance of Ireland into the European Union was probably the crucial step in ensuring that the two sides find a way to restore peace.

Using an ecological/Waltzian framework, we would recommend that peace restoration be viewed and pursued as an integrated process, with an attention to all levels of the individual/context ecological level:

1. Identify individual leaders of exemplary character whom both sides can respect and view as fair and unbiased.

2. Re-educate individuals at all levels to reduce demonizing the former "enemy" and increase recognition of common humanity, shared goals, and an interconnected stake in peace.

3. Re-establish the social, economic, and educational infrastructure in communities.

4. Appeal for help from appropriate international organizations as needed—e.g., to stop the fighting, establish a ceasefire, negotiate peace planning, support peace restoration.

5. Work with both the conflicting parties and the international community to address the kinds of structural violence (Christie, 1997) that contribute to armed conflict within and between countries.

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The Aftermath of Katrina for Mental Health Professionals

Julie Meranze Levitt

IN AUGUST 2006 the Society for the Study of Peace, Conflict and Violence: Peace Psychology Division of the American Psychological Association, held discussions in our APA Convention hotel suite for the purpose of bringing together mental health practitioners who served in the post-Katrina recovery efforts. Two back-to-back sessions were held. The first explored the reactions and actions of local mental health responders; the second examined those of international psychosocial workers for whom Katrina was an assignment like others they might experience working in other countries and in other parts of the U.S.

The exploration of local responders and nonlocals who volunteered and worked with the locals, juxtaposed with a dialogue among three international psychosocial colleagues for whom disaster work is formalized, routine and part of daily work, allowed discussions about a number of issues.

First, there was an exploration of the impact of working and living in the place where the community trauma has occurred. Second, the discussions allowed the participants to look at the utility of trauma training and structured protocols when disaster strikes a community. Self-care as a part of the practitioner's modus operandi was a third area. Last, the forum provided an opportunity to question international workers about how Katrina as a disaster may be unique within the history of community tragedies in the U.S. and how their interventions in response to the devastation she left behind were similar and different from their responses in other disaster-struck locations.

Joan Gildemeister detailed the responses of the local psychologists and other health-care specialists and those who came from away and worked with them in her article "Post-Katrina Program" in *Peace Psychology*, Spring/Summer 2007. Drawing from our panelists, she identified four significant demands of mental health workers who lived through the acute and more chronic stages of the disaster:

1. A redefinition of professional roles given the new face of practice because the health care practitioner is also a trauma survivor;
2. The requirement of "extraordinary resourcefulness" in order to be an effective care provider;
3. The ability to handle the obstacles associated with the model of care employed by the city in the post-disaster period; and
4. The need for ethnic and cultural sensitivity because minorities were most likely to lose their neighborhoods and the markers associated with daily routines.

This supplement features four papers authored by participants who share reminisces and reactions to post-Katrina conditions. Three of these mental health workers share insights about their personal journeys. *Douglas Faust*, a pediatric psychologist and director of the Department of Psychology at Children's Hospital in New Orleans, joins with his wife, *J. Kara Faust*, a faculty member at Southeastern Louisiana University, in describing their reactions to role changes, trauma and self-care. *Melinda Warner*, a neuropsychologist at the Cambridge Health Alliance, Harvard Medical School, became involved in post-Katrina New Orleans because her young patient from New Orleans and her family became entangled between a city in Texas and her native city where needed psycho-educational services evaporated following the storm and flooding. *Walter I. Zeichner*, a clinical counselor from Burlington, Vermont, with more than 25 years of clinical experience, volunteered his time at a grassroots clinic in New Orleans, Common Ground Health Clinic. From his perspective as a nonlocal volunteer, he shares his practical approaches for providing assistance to those returning to New Orleans in the months after Katrina and Rita. A sequel to his original paper helps us to understand his own recovery from the disaster. From the international viewpoint, we have a paper by *Kathleen Kostelny*, an international child and psychosocial consultant, and *Michael Wessells*, from Christian Children's Fund, Columbia University and Randolph-Macon College, psychologists who work with non-governmental agencies in places where natural disaster and ethnopolitical conflict have caused major population disruptions. They share their concerns about the delivery of care in the post-Katrina period, especially for children.

Each author concludes with recommendations about how to improve mental health care when disaster hits communities in the United States. There is a vast literature about infrastructure rebuilding that is associated with the work of international psychosocial humanitarian assistance programs. It would be of great value for the U.S. to learn from approaches that have been successful in other parts of the world and incorporate the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), now the universal standard. There has been a tendency in our country to conclude that U.S. disaster management is best, disregarding the substantial knowledge gathered from partnerships between humanitarian assistance programs and local communities in other parts of the globe. Within IASC's guidelines are protocols for practitioners to follow and indicators of good practice. Unfortunately, there is still too little information available about the needs of and supports for workers who provide assistance in their own communities. In the United States, because we so far have failed to see the efficacy of and need to draw upon experience that is part of accepted practice in situations outside the United

States, our programming during the immediate crisis and recovery periods, especially over the long haul, are not as effective as they might be in ameliorating suffering and rebuilding infrastructure. In addition, there is too little research that explores local practice by indigenous practitioners living and working in their disaster-affected areas here in the United States. In time of crisis, our local mental health practitioners who pick up the pieces when the professionally trained first responders leave unfortunately must reinvent tools for survival and service. Of note is that those who write here about their experiences as second responders have lived with their own Katrina-related trauma. Their writing details the events and multi-layered struggles they endured and explored within themselves. I thank them for their willingness to disclose and for their perseverance in revising multiple drafts.

Finally, the mental health specialists writing here give us a special opportunity to learn about those who serve under difficult physical and emotionally gut-wrenching conditions. We must hear from them if we are to make progress in saving our communities in time of crises. As peace psychologists we must understand the lessons they have learned and develop with teams our own protocols in our own communities. Who could better teach us than practitioners: psychologists, counselors and other professionals serving in New Orleans post-Katrina?

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Second Responders and Second Lines:

Living and Working as Psychologists in Post-Katrina New Orleans

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A New Orleans second line is part shuffle, part celebration, done in honor of the moment. We second line at funerals; we second line for birthdays or to celebrate just about anything. The front of the line tends to be someone carrying a gaily decorated umbrella moving two steps forward, one step back—a lot like the recovery of the Gulf Coast.

On August 29th, 2005, Katrina swept ashore and devastated an area of the Gulf Coast approximately the size of Great Britain. Unparalleled in the scope of its damage within the history of storms in the United States, it killed many, turned thousands of families and individuals into refugees, and destroyed the infrastructure of many communities. The need for mental health services, both in the crisis period and in the two years following, has been immense, and the impact of that shared experience on providers—in terms of perspective and practice—has been profound.

In this paper, we will explore questions about the roles and personal dilemmas of mental health workers who share with their clients the catastrophic experience and its aftermath because they live in the community that is affected. Only a handful of papers have been published from the perspective of mental health workers working in their own communities in the United States (Bernard & Rothgeb, 2000; Batten & Orsillo, 2002; Boscarino, Figley & Adams, 2004; Levy, Haglund, Plaut, Emde, Steward, Shaw, Iioven, Buirski, Singer, Hea & Edwards, 2004). Our focus will be on what we call "local second responders," those practitioners who lived and worked in New Orleans prior to the storm, left immediately before the storm and flooding, only to return and to share with the general population the losses of community, property, family, friends and employment. We will describe our thoughts about professional and personal vulnerabilities and offer suggestions about how psychologists can remain resilient when working in their disaster-struck communities. Throughout the paper we will be referring to natural disasters, distinguishing these from other kinds of traumatic experience that lead to stress reactions. In addition, we will describe changes in mental health services delivery in the New Orleans area over the last two years, from when the flooding began to subside to the present. To illustrate the personal journey of local responders, we will draw from our own experience as a married couple and psychologists—Doug, a hospital-based pediatric senior member of a large children's hospital in New Orleans, and Kara, an academic psychologist working at a university outside metro New Orleans. Our experiences post-Katrina changed our assumptions about client care, self-care, how we view service as practitioners, and how we see the need for professional activism. Our recommendations draw from the literature and from our stories. We will begin with our initial exposure to the storm.

Our family—two psychologists, our ten-year-old son, and three cats—evacuated our home north of Lake Pontchartrain one day before the storm. We watched the storm come inland on Monday, and the levees breaking and the town flooding on Tuesday from a hotel TV in Tennessee. As the extent of the storm-related damage became more obvious, we, along with the rest of the metropolitan area, knew the changes in our daily lives would be profound, if we could return to New Orleans at all.

Throughout this initial post-Katrina period we frequently found ourselves the beneficiaries of the "kindness of strangers" from individuals and organizations, on the road and when we returned home. This change from caretaker to recipient of largesse felt foreign, awkward and strange, but it did mitigate feelings of helplessness, loss and rage.

We returned to the New Orleans area two weeks after the storm when Kara's university and our son's school reopened. In the vernacular of post-Katrina, New Orleans, we were exceptionally lucky. Tree fall sig-

nificantly damaged the roof of our home, collapsing beams and supports, but there was no flood damage. It would be nearly two months after the storm before utilities were restored, a much shorter time period than the year required for electricity and potable water to become available to large sections of New Orleans. We remained in that home for ten months, moving buckets around when it rained, while simultaneously negotiating with the insurance company for coverage on repairs. In addition to the direct damage, we found ourselves less resilient to other challenges that followed. In the first year after Katrina, our family had multiple serious health problems, a car had to be replaced after an accident and a dear friend of 30 years died unexpectedly. Nine months after the storm and after repeated re-appraisals, the "last, best offer" from our insurance company fell short of the estimated costs of repair by the contractor. We sold our home of 15 years, and moved to an undamaged house in a nearby community, another loss and another change.

Unlike many psychologists who lived in New Orleans prior to Katrina, we were able to maintain job continuity because the institutions where we worked survived the storm. Continued employment wasn't an option for many other psychologists in the area, especially those employed in the medical centers, where most were laid off despite tenure or seniority.

DOUG: Consultation with patients began by cell phone and e-mail before I returned to New Orleans, anticipating the re-opening of the hospital by five weeks. Those initial consultations were split between patients with old problems exacerbated by the storm and new referrals. As time passed, the severity of clinical problems increased, a function in part of the lack of tertiary psychiatric services in New Orleans.

KARA: At the university, class sizes had swollen to include evacuees from other New Orleans universities. Students who appeared psychologically healthy before the storm were struggling with their losses; students who had marginally good adjustment prior to the storm frequently fell apart; and some required professional intervention. The classroom became a new triage center for the walking wounded.

Hundreds of psychologist first responders, trained and experienced in crisis and trauma psychology, offered their services during the period immediately following the storm, many working in collaboration with the American Red Cross Disaster (ARC) Response Network. Gerry Jacobs, Senior International Disaster Manager with the ARC, has spoken about the task of the disaster psychologist as one of "creating order and then going home" (Jacobs, 2006). These workers provided few if any direct services, but played an important role in monitoring the emotional status of emergency service personnel, providing debriefing services as necessary, and participating in psychiatric triage (American Red Cross, 1998; National Child Traumatic Stress Network, 2006; Interagency Standing Committee, 2007). Katrina psychologist first responders typically came from areas away from the impacted area and returned home after periods of days to weeks. Their exposure to any catastrophic event, and Katrina is typical, is frequently intense and time limited, and their psychological reactions are likely event specific (which may lead to PTSD) and cumulative (as a function of multiple events in which they participate). Factors predictive of post catastrophic trauma in humanitarian workers suggest that post-traumatic stress is likely to vary as a function of level of experience and training, proximity to the event, the specific exposures of the event, and the duration of the activity (Benedek, Fullerton & Ursano, 2007; Eidelson, D'Alessio & Eidelson, 2003).

Second responders working in their own community: An overview

As second responders who took up the burdens of care delivery after the first responders left, and as local mental health workers, we experienced the storm and its aftermath as a series of traumatic events. As psychologists living along the Gulf Coast, we experienced, along with our colleagues and our patients, the effects of the primary trauma of the storm and the damage that it caused; our secondary trauma began when we started to put our lives together.

DOUG: For us as a couple, we shared with our community direct losses such as the damage to our home, and indirect ones such as the unremitting visibility of damaged and ruined homes marked with mud lines and the X's left from body searches, silent neighborhoods unbroken by light or sound and National Guard checkpoints. The shared trauma experience significantly increases the vulnerability of the therapist helper (Saakvitne, 2002).

By returning to work, we experienced additional, secondary trauma when we listened and extended a helping hand to colleagues, students and clients. Over time, in response to the sheer need for therapeutic services in our communities and despite reasonable self-care, we experienced therapy fatigue, at times feeling angry and resentful at our students and clients because of the enormity of their needs. Beyond that, emotional exhaustion exacerbated the potential for burnout.

Diminished work force

The imperative to help was a function of the overwhelming emotional needs of the community, combined with the loss of mental health care providers who did not return after the storm, or who returned only to leave in the first year. In the first months after the storm, New Orleans had lost the majority of its professional mental health community, including as many as 85 percent of all psychiatrists, 40 percent of licensed psychologists, and unknown numbers of counselors and clinical social workers, resulting in the closure or limited re-opening of public and private resources for many months after the storm (Weisler, Barbee, & Townsend, 2006).

The experiences of four New Orleans based psychologists outlined in an earlier paper (Faust, Black, Abrahams, Warner, & Bellando, 2007) are representative of those who returned. One home was destroyed; another was severely damaged; and the two remaining homes took relatively little damage. Two psychologists lost their work sites permanently; the two other sites were closed for varying periods. Two of the psychologists chose to leave New Orleans permanently within 12 months of the storm.

The vacuum of formal mental health services in the immediate post-crisis period did draw a number of outside organizations and individuals to New Orleans. These individuals and organizations were well-intentioned, and many offered alternative or non-traditional interventions, which helped the affected population in the short term, perhaps especially because they were well-intentioned and caring. Particularly in the first weeks and months after the storm, some mental health professionals simply presented themselves and their services ad lib to temporary crisis shelters, even though they lacked experience or skills in trauma psychology.

Rebuilding of formal mental health services has been problematic. By the time federal dollars became available in the second year to facilitate recruitment and retention of health care professionals to the devastated areas, many practitioners had already elected to relocate. Opportunities for employment by New Orleans colleges and universities were significantly reduced in the first six months after the storm, and continued reorganization extending through the first 18 months resulted in further cuts, added to the reductions in medical center staffs. The loss of security associated with tenured appointments, combined with our nationally reported problems with city crime, dramatic increased housing costs, and lack of good schools for children has made successful recruitment of new healthcare professionals in all subspecialties difficult.

Compromised mental health infrastructure

Two years after Katrina, New Orleans continues to have a well-publicized scarcity of mental health resources. Most notably, this has included a substantial reduction in the number of inpatient psychiatric beds for both children and adults, resulting in an over-utilization of medical emergency rooms as holding facilities for patients waiting for beds that may be located 200-400 miles from the city.

Over the ensuing months, university mental health centers found themselves with more individuals with trauma-related problems and a much higher number of significantly compromised students. Throughout the metropolitan area, except for a SAMSHA funded hotline to facilitate referrals to available resources (for which the wait was exceptionally long), the re-emergence of public and private mental health treatment centers has been limited. In the second year after the storm, a coalition of national foundations and faith-based organizations established a prevention and intervention program to train teachers in parochial schools to build resilience in their students and to assist teachers in early identification of students needing intensive mental health services (D. Walker, personal communication, July 2007). Other programs, designed to foster resilience in school-aged children, were made available in many of the local public school districts (D. Newman, personal communication, July 2007; Osofsky, 2006). The problem was and remains today, two years later, that of finding timely mental health services for area residents.

The pattern of psychological recovery did not, however, follow the physical recovery of the damaged areas. Both acutely, and now many months after the storm, psychological integrity has not always followed re-instatement of public services, rebuilding of homes and the re-opening of businesses and schools, regardless of the affluence of the community. Maladaptive responses in children two years after the storm have been found to be highest on the West Bank, a relatively undamaged part of the city (D. Walker, personal communication, August 2007). Fears became phobias, marginally effective psychological defenses failed, and sadness deepened into depression. The mental health of marginally adjusted individuals worsened, with an emergence of more evident personality disorders and other psychiatric disturbance. In the university setting, faculty sometimes became crisis managers, directing the more obviously impaired students and faculty to available psychological resources.

Being a healer and being healed: The dilemmas for local second responders

Against this backdrop of variegated, spotty mental health programming and the influx and exodus of therapists with different levels of expertise and interest in serving the community, the therapists who remained experienced a variety of feelings. Here again we talk about our own experience.

KARA AND DOUG: First, there is guilt. We left hoping Katrina would miss New Orleans, accepting the characterization of psychologists as unnecessary personnel. As the storm and damage evolved, and in the absence of experience and training in disaster psychology, it was hard to know in retrospect whether we could have been helpful in the immediate crisis had we elected to stay. Upon return to the area, we struggled to be effective in caring for others against the backdrop of our personal experience of the storm.

The clinical literature suggests that in some cases the experience of shared grieving and coping can facilitate the therapeutic process by providing a model for effective coping. However, to do so effectively requires close monitoring of the psychological status of the therapist in response to the traumatic event. In some instances, the therapist may model ineffective coping as his defenses are overrun by the re-experience of his own coping experience or she may unconsciously dominate the session with her own attempts to resolve or respond to her own experience at the cost of the patient's needs. As a consequence of the therapist's own defense against the trauma experience, the therapist instead may become less responsive to patient issues that resonate with his own trauma. Similarly, over-identification with the affected client can lead to misjudgment and poor responses (e.g., over-caretaking). The juxtaposition of wounded therapist and wounded client can lead to other confusions for the therapist that compromise both. For example, the melding together of the issues for both the healer and the client may result in high risk of dual relationships. While dual relationships can exist as long as they do not interfere with the therapeutic process, especially in smaller communities and those with more limited resources, there are dangers associated with the therapist losing distance and requiring responses from the client that are not therapeutic. Trauma on top of trauma can lead to therapy fatigue and burnout. The double burden of client care, especially in a time of scarce resources and personal losses, dramatically increases such burnout potential.

Confusions about extent of and limitations of professional responsibilities

DOUG AND KARA: As professional caregivers working in communities with few mental health resources, we felt a therapeutic imperative to be available to—well, just about everyone. We found that most family, neighbors,

clients and students only needed a chance to tell their story in order to validate their experience. Others came to us, overtly and covertly, seeking more extensive help. The consequence of being available to so many was exhausting, but at the same time it was difficult, especially in the first few months, to acknowledge our needs to go "off duty." "Therapy" started in the morning at the gas station, continued in the parking lot, spilled into our offices with "real patients" and staff, and then followed us on our journey home.

In the long run, reassertion of appropriate boundaries and decreasing our availability and exposure to the trauma expressed in the stories of others were necessary to sustain personal balance and clinical effectiveness. Sometimes this meant simply closing the door to the office.

Competition between work and home needs

Trying to help clients with whom we shared a common catastrophe and trauma exposure while we were trying to resolve contemporaneous losses was extraordinarily difficult. We viewed some of these conflicts as inevitable, while others were not anticipated. Family needs included not only comforting each other and our son and attempting to create a normal routine but the requirement that we had to put our home back together, both literally and figuratively.

Self-care

From our review of trauma psychology literature, we were struck by the caveat that practitioners should only offer their services when they are physically and psychologically ready to perform. Typically, individuals providing trauma services are not subjected directly to the trauma to the same degree and in the same ways that their clients are, and they go home at the end of the consultation or care period. Clearly, in our situation, there was and is no going home.

Work settings may facilitate the healing of the psychologist—others may not

Psychologists in academic situations spent much of the first several weeks after classes resumed providing support for both faculty and students, and in that context, building community through shared story telling (Scurfield, 2006). In addition to the benefit of "getting back to the routine" of teaching, which helps, faculty engagement in the story sharing and the modeling of appropriate responses to the disclosure, helped faculty and students feel more "normal." This model for healing also is useful at the community level when the population, although affected by the events, has a large network of in-place support from formal support services, such as churches and schools, and from informal social networks.

For those clinicians, therapists working outside the academic teacher-student environment, the task of recovering from Katrina was more complex. Many previously medicated patients were unable to obtain their medications, and as mentioned previously, therapeutic resources were sparse.

DOUG: In the first year after the storm, we followed more patients whose disturbances were compounded by the loss of basic services and supports than at any other time in our careers. In some instances we were caring for patients in our offices with intensive outpatient therapy who we might otherwise have hospitalized had there been psychiatric beds. Our experience was closer to that viewed on TV's MASH than it was of a nurturing, supportive community.

Another set of problems—are we, the professionals, impaired and with whom do we talk about this?

When treating clients who are in a state of significant emotional turmoil and disorganization, or unable to respond to another's anguish, or to learn from their own experience, the individual therapist needs to find and build supports outside the office walls.

As time goes on, the therapist may experience feelings of loss and abandonment. These feelings are anchored in the reality of tangible damages to personal property, the business place, and the widespread loss of physical infrastructure, that is, actual buildings and the services their occupants performed. There is also the rupture of the implied contract between citizen and country—that is, that the citizens of the world's sole surviving super power can reasonably expect a rapid rescue from a dangerous situation and restoration of essential community services once they, the citizens, return home. The contract rupture is especially hard for the clinician who relies on government money and services to do his job well. In the short term, the perceived loss of that contract may be seen in some distorted way as justification for anti-social acts—e.g., looting Wal-Mart for non-essential items (TVs and furniture), neglect of citizens in need of food and water, and mercy killings. Later, post-crisis perception of continued failure of the local authorities to govern influences one's world view even more significantly. No longer can we trust in government, period. This leads to possible increased feelings of the need to take charge at the same time that one feels more isolated and helpless. The Life Boat Mentality, that we must gather those around us and save them, combined with a sense that we cannot abandon ship, competes with our feelings of impotence—the combination leading to further difficulty determining and sustaining direction.

Lack of professional provider support networks in New Orleans following Katrina

DOUG AND KARA: All of us were busy (either professionally or personally), and among the clinicians who returned after the storm, there was little opportunity to share experiences and take care of each other. There is a standard rule within the crisis literature—it is the responsibility of the senior/manager of mental health services to watch the stress levels in other team members and provide situational interventions. After the crisis passes, who takes care of those in charge?

DOUG: The persistent question for me was to what degree my emotional response to the storm might negatively affect my ability to respond to the needs of colleagues and patients—was I impaired, or merely distressed? The distinction between impairment and distress is not well considered in our professional organizations. Colleague assistance programs are driven primarily by complaints to licensing boards and frequently result in disciplinary actions. On the other hand, we are called upon to self-monitor and seek therapy and supervision when necessary. In the absence of local colleague support services after the storm, it would have been helpful to have access to outside resources, which were also made available beyond the immediate post-storm period.

What we learned that helped us recover

1. First and foremost, it has given us a greater appreciation of the limits of our skills and abilities, and more than anything else, has taught us to be comfortable with those limits.

2. It has increased our respect for trauma and disaster training as a core component of psychology curriculum, given our new understanding that all communities may be vulnerable at some point and that we, the local psychologists, must know what to do when disaster hits.

3. We would like to think that the Katrina experience has made us more compassionate, deliberative decision makers in the therapy room.

4. The catastrophic damage caused by Katrina affected the entire community, regardless of income or race. The pattern of recovery from that damage has contributed to a better understanding of implicit racism. It is incumbent on us as psychologists to consider the implications of hidden cultural and ethnic beliefs that inform our thinking and practices. We are humbled by our experience, and rightfully so.

5. Katrina has taught us that there are, under catastrophic circumstances, limits to the amount of time and energy we can bring to the therapeutic process: that when we become overburdened we become less effective as therapists. The catastrophe experience elicits from the professional caretaker a therapeutic imperative, which while appearing appropriate, can be seductive and overwhelming. Establishing time limits for office work is as critical as maintaining boundaries within the therapeutic encounter.

6. The experience has reminded us of the importance of self-care to ensure that we are able to juggle our different and sometimes competing roles. Central to the process of recovery was/is our recognition that under even the most difficult of circumstances, we must make choices. In addition to becoming empowered, making choices is a first step in recognizing our own needs.

7. Part of the consequence of the shared trauma experience is our assumption that we and the client have suffered at some level, in the same way that the other has. In turn, this insight increases the therapeutic alliance and allows for a faster recovery.

8. The experience has increased our comfort in the use of the internet and telephone as an adjunct to face-to-face therapy.

9. Residents of New Orleans now segment their life experience, referring to the period before and the period after the storm. It has become routine in our practice to ask about the impact of Katrina in our patients' lives and to listen more carefully to the chronology of events and experiences leading to the chief complaint; in many instances the emerging symptom complex can still be linked to the storm experience and the client's recovery from the event. We believe this phenomenon will go on for some time.

10. We've gained an understanding that a goal of trauma recovery is not necessarily closure about the person's trauma. Especially in a situation where the exposure is long-term, substantive, and affecting so many people, closure may not be possible or positive. Rather, the more appropriate goals are to understand the process of recovery, and to find, develop and support interpersonal resilience, which will help increase one's coping ability.

11. Finally, the experience of Katrina has caused us to have a deeper appreciation of the value and contribution of the "talking therapies." There is nothing like the absence or inaccessibility to medication to re-affirm the strength and impact of psychotherapy.

Recommendations for facilitating the work of second responders in their own communities after a catastrophic event in the U.S.

1. We need to move as a profession toward an acceptance of the legitimacy of "distressed" psychologists and the establishment of mechanisms for addressing their needs prior to the appearance of impairment (American Psychological Association, 2006; O'Connor, 2001). We need to shift from a focus on "impaired professionals" toward the establishment of colleague assistance programs that acknowledge that stress may be a by-product of care-giving, especially in times when the entire community is suffering. We need to make it acceptable and possible for psychologists to take leave from the trenches, knowing that all of us may at some time experience distress in the line of duty, but especially in community disaster situations, where periods of recreation and relaxation are a necessity. There also must be an assumption that demonstrating vulnerability is not a crime and that its presence requires support, not labels or shunning.

2. We need to discover ways in which local practitioners can be supported while they do the necessary work of recovery and reconstruction. These financial, educational, and manpower supports will necessarily have to come from outside the affected areas and will require leadership at state, regional and national organizational levels. The research on helpers providing sustained care within their own communities in the aftermath of trauma is sparse; further exploration to find best ways to support local practitioners is needed.

3. Psychologists in the affected area need help from non-local colleagues who will send supplies and provide temporary respite in other locations during and after the emergency phase. For example, in the immediate aftermath of Katrina, psychologists from other parts of the country helped in a number of inventive ways. A dedicated website (www.DisplacedPsychologists.com) was developed to help in temporary or longer term professional relocation. Association of Psychology Postdoctoral and Internship Centers (APPIC) and other organizations facilitated the transfer of students newly into their internships and post-doctoral training, and psychological testing companies donated replacement equipment for these trainees. Individuals provided temporary inexpensive or free housing outside the impacted area. Perhaps recreational homes could be registered to provide overworked locals an opportunity for rest and recreation. Funds for psychologist retreats could benefit local practitioners in traumatized areas.

4. In anticipation of a catastrophic incident, it is incumbent upon practitioners to anticipate the need for temporary or longer term displacements from their practice communities and make suitable preparations. This might include banking of credentials and maintenance of multi-state licensure.

5. State associations and the APA should offer to help by identifying people and groups that can fill in where services are missing beyond the immediate post crisis period. This might take the form of an appropriately licensed and insured "boomer corps" of retired psychologists willing to deploy for a specific period of time for service provision, to advise and collaborate on the rebuilding of direct services, and for the support of local practitioners. Such a service could be viewed as an extension of the APA crisis response network, with help extended beyond the acute crisis period.

6. At the national level, we need financial assistance and coordination of resources consistent with the level of help provided by the U.S. when disaster strikes in other parts of the world. Consistent with international practices, those services should be offered in a culturally sensitive way, using pre-existing formal and informal community leaders who are knowledgeable about local needs and resources. We need to foster communication during the post-crisis period both within and across mental health disciplines, especially when infrastructure is compromised or destroyed, as was the case in New Orleans.

Concluding remarks

The continuing contemporary history of community-based traumatic and catastrophic events (the Oklahoma City bombing, the 9/11 attacks, the Columbine shootings, Hurricanes Andrew, Ivan, Katrina and Rita, and the more recent shootings at Virginia Tech) and the perceived increased risk of terrorist attacks in the United States suggest that training in trauma work can no longer be the domain only of highly specialized trauma specialists. Rather, it is increasingly likely that all psychologists may be called upon to respond to local needs. Therefore, we must ensure that training on techniques and emotional preparation in the event of local disaster is made available at the graduate and continuing education levels. Some professional schools have identified specific training tracks for those interested in disaster psychology (e.g., University of Denver; University of South Dakota), but leadership for education in this area also must come from state and national organizations. In addition to identifying and providing training in best-practices, psychologists must foster and encourage the development of effective peer support networks for those responding to disaster in their own communities.

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Through the Looking-Glass

Reflections of a Katrina Participant-Observer

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I am a child psychologist. For the first 10 or 15 years of my career, I carried a mixed case load: at least one neuropsychological, psychological or developmental evaluation every week, with the rest of my working hours spent seeing children whose lives had been touched by trauma —generally physical or sexual abuse. I did therapy, and I conducted abuse and neglect evaluations in conjunction with local child protection agencies. I specialized in seeing the very youngest children referred to every agency for which I worked. Eventually, though, the work became too gut-wrenching for me as a solo practitioner—I gave up my trauma-centered work and focused more on testing and assessment. Even so, my more "classically trained" neuropsychological colleagues say that my assessment approach is unusual.

I TELL MY PATIENTS' PARENTS to think of me as they do their primary care provider and to contact me with questions and concerns as their child grows and develops, thereby creating an ongoing relationship. Perhaps my encouragement for families to remain connected with me is because I tend to see children with severe, life-affecting issues rather than those for whom one evaluation will be enough. I have heard other clinicians refer to certain children's situations as "a Melinda case," not usually a good sign for the child. With this background delving into extreme experience—trauma, child abuse, life-threatening and life-changing neurological disorders, you'd have thought I'd be unflappable—ready for anything. I never expected that the weather would change my life.

In August of 2005, I was 45 years old and had already lived through tornadoes, floods, blizzards and a couple of hurricanes. And, yeah, I had an ugly memory or two from childhood, mostly from flooding when the edge of a storm coming up the Atlantic clipped the small town we lived in outside of Philadelphia, but nothing really awful. I have lived in the Mid-West or Northeast United States all my life. That kind of thing happens. I was not aware of anyone in my family who actually stopped to take notice of these things.

That is not true for me anymore. The hurricane season of 2004-2005 changed everything. I never saw it coming: I didn't have hurricanes or major life changes penciled into my Day Planner® .

I live just outside of Boston, Mass. Not exactly the meteorological center of hurricane activity. I had planned for many other things in August through October of 2005 and beyond. Somehow, these plans have not materialized in the way I would have predicted had I been asked prior to what I have come to refer to as "The Storms." Part of what follows tells what it was like to be involved in what, at approximately 90,000 square miles (233,100 km2), is estimated to be the largest area of natural disaster in the history of the United States. Part is my story of what it was like to be an outside observer of that chaos. But my story encompasses more—a mix of being both an outsider and an insider, neither entirely in, nor completely outside of the event— a participant observer, if you will. And interwoven within my narrative is how my view of the world, people, systems and definitions of 'public health' and the practice of psychology have changed over the past two years.

The Immediate Crisis Period

As I mentioned before, I currently practice almost exclusively pediatric neuropsychology. In July 2005, I was asked to see a young, medically complex child from New Orleans whose parents wanted an assessment conducted by someone without ties or potential loyalties to her home school district. Since she was visiting in the Boston area during the summer, the parents wanted the evaluation in Boston, where my practice is based. The parents were divorced, with one living in Massachusetts. Each had remarried and had a blended family. The evaluation went off without a hitch. I contacted fellow clinicians in New Orleans to discover where in the 'legalese' of the Louisiana statutes I could find the "magic phrases" that would help the family access the services the child would need following her return home and began to work on my report.

And then it started to rain.

I honestly do not recall if I paid much attention to Hurricane Katrina before it came close to New Orleans. My parents live in southern Florida. It is possible that I was alarmed and then relaxed when the storm passed over them or that my adrenaline system had been on high-alert for so long over the course of that hurricane season that I have simply erased the memory in an unconscious act of self-preservation. I had already been through several severe hurricanes with my parents since they had moved south—Ivan and Charlie among them as well as several less prominent hurricanes. I knew that no matter what, they would not evacuate.

Other parts of the weekend before, during and immediately after Katrina hit New Orleans are crystal clear in my mind. It was warm in Boston that week. I was studying for the American Board of Pediatric Neuropsychology (ABPdN) exams and my apartment was an unholy mess. I rotated almost mechanically through various tasks—studying, writing, quilting and sleeping took up most of my days. Study, write, sew, sleep. Study, write, sew, sleep. I remember with painful clarity standing at the ironing board, sweating in the heat, pressing open a freshly sewn seam and watching news coverage of the flooding in New Orleans, wondering where my patient and her New Orleans-based family were. How much television were her half-siblings in Boston watching? Where were the colleagues I'd consulted when writing the child's report? How could I find them? How could I ensure that all of them were safe? Suddenly my trauma training kicked in, and I knew I was doing exactly the wrong thing. Not only

was I over-exposing myself to trauma, but I had paired this psychic pain with a previously soothing, leisure activity—sewing. I was poisoning something that had previously been associated only with pleasure. I snapped the television off and e-mailed my patients, telling them to do the same.

Already, in the first 48 hours of crisis and from 1000 miles away, I had become like my colleagues in New Orleans—using e-mail and the available network news as primary sources of information and communication. Unlike my Louisiana colleagues, I could simply pick up the telephone and call my patient and her family. But I didn't. I don't know why. Maybe it was old training telling me that therapists don't call their patients first, they wait to be called. Maybe I knew I could get to them more quickly via e-mail since at least one of the adults was probably at work. Maybe it was simply too painful to talk to the family directly.

Again, like the clinicians in Louisiana, the question of "who is my patient" had a different answer.

Now, in addition to the child I had tested and her immediate family (who just hours before the storm had evacuated to Houston), the Massachusetts branch of her family became my concern. My work on behalf of the child and her family was incomplete. Because the New Orleans healthcare infrastructure was essentially non-existent in those first few weeks and because the Louisiana branch did not have an advocate for her in Louisiana or Texas, it seemed both irresponsible and unethical to terminate service.

The child's family members welcomed my support. By e-mail, land-line and cellphones, we worked together at all hours of the day and night. We communicated about basic safety needs, how to minimize the exposure of the children to information and rumors for which they were not developmentally ready, made plans for adult self-care, discussed ways to occupy many people of wide-ranging ages in one small hotel room, and discussed the pros and cons of temporarily relocating the Louisiana family to the Northeast. Traditional, non-directive therapy, my model of choice and training, simply wasn't appropriate—the family needed direction. I was asked by the adults to join them in here-and-now, pragmatic problem-solving. There was conflict among the adults about what was best for the child and the family as a whole with concomitant role confusions and power issues. Sometimes I found myself needing to be very directive, employing a "corporate decision making" model of psychotherapy, which meant orders from above. I morphed into the 'expert consultant.' The requirement of taking charge and creating structure within the therapy context has been a significant shift for me in my work.

Early in the aftermath of Katrina, I realized that I hadn't seen any postings on the professional listservs from either of the Louisiana psychologists with whom I had previously conferred about the child. I sent up an S.O.S. for them. Kind graduate students and other colleagues of theirs helped me find and resume communication with them. Because so many cell towers were down and the demand for cell time was so great, people who had cell phone numbers with area codes in affected areas often had difficulty placing and receiving calls. All of their calls were, at some point, routed through storm-affected areas. Colleagues who changed their cell numbers to area codes outside of the storms' effects were easier to reach. However, at times the cell phone difficulties required one or both parties to arrange to be at a given place at a specific time to attempt an audible cell tower connection. Some days it worked; other days it did not. The days when I could reach no one and had to rely solely on the national news outlets were incredibly frustrating.

"You don't get it. It's gone. There's nothing there. Nothing."

As dedicated as the national and local journalists were, they couldn't give me needed information about friends or my relocated patients. I turned to my own family to access information. My father explained that the office of the chain of newspapers for which he worked had been flattened in the storm. He didn't know any more than I did. My local American Red Cross/Disaster Response Network (ARC/DRN) liaison thought I'd lost my mind when I called to see if she could tell me which hospitals in New Orleans were open. My patient's mother was anxious to take her home but wouldn't return until she had ready access to a hospital. Finally, the ARC/DRN coordinator said in frustration, "You don't get it. It's gone. There's nothing there. nothing."

I think I replied with equal exasperation, "No, you don't get it—I've got a missing kid down there who needs medical care and a scared parent up here. I've got to find out what is safe and what isn't." I think we both hung up incredibly dissatisfied with our inability to "fix" what needed fixing.

Hurricane Rita—The Next Assault

Hurricane Rita hit approximately one month later, increasing anxieties for me and the Louisiana-Massachusetts family. By now, I had established several new ways to deliver "therapy" and new people to support. In addition to the families of my original patient, to whom I provided telephone support as well as regular e-mail and consultation to the children's schools in Massachusetts, I continued to check in regularly with the American Red Cross in an effort to obtain reliable information about the recovery of infrastructure in New Orleans. Media accounts about hospital re-openings were contradictory.

I also provided "back-up" services for six clinicians I knew who were working in New Orleans. It is an assumption in the disaster response community that so-called "first responders" should work in time-limited shifts and leave their assignment after a limited tour of duty. But those attempting to provide service to the child who was to return to New Orleans didn't have the option of "rotating out"; there were no workers to replace them. These clinical and neuropsychologists couldn't leave for respite and anyway, had no where to go. New Orleans was their community and they believed that their professional services were required. Every day these "second responders" drove from wherever they were staying (which frequently changed), through areas of physical devastation to their offices (also changing venues with fewer amenities), carried out their work and then traveled home to begin the evening ritual of managing the sights and requirements of their personal

spaces, including correspondence with insurance adjustors and completing FEMA forms. These clinicians described case loads at least as high as before the storm, with clients whose issues were markedly more acute than they had been pre-Katrina. I spoke with six of these professionals—all of them seasoned, solid, experienced clinicians—by cell phone or corresponded via e-mail once or twice daily.

My Katrina involvements caused friction at home and at work. My family and colleagues characterized me as "obsessed." They blamed the people of New Orleans for living in a doomed city filled with poverty and precariousness because it is below sea level. They could not understand why I, from away, had become compelled to work with people I had not yet even met in person. Several thought that the storm had been "overplayed" in the news. After all, they reasoned, the Gulf storms were "local news" without national implications. Some family and friends told me that the United States government should "just admit we screwed up and move on." These same people failed to appreciate how the relationship between clinicians and their patient or a family intensifies under acute distress—they simply did not understand the trauma experience that can cause feelings of helplessness, self-doubt and the inability to easily make solid, independent decisions because one's daily reality has become unpredictable and burdened with events more bizarre than one has ever imagined or dreamed—even in one's worst nightmares. Some of my conflicts with colleagues and family resulted in rifts that have yet to heal. With some I have learned to withhold comment and move the conversation in a more benign direction because I don't believe they are able to grasp what severe crisis reactions entail. For others, Katrina and her aftermath is a topic I have learned to eliminate as an area of discussion, just as I have learned to shut out their political positions and other opinions that I find personally offensive. I guess friends and family and I are aware that no rapprochement on the Gulf storms issue is possible—we remain committed to our friendship for other reasons.

All through September and into October, my cell phone and e-mail contacts with New Orleans clinicians continued. Then, toward the end of October, I flew to Florida to take the ABPdN Boards in Tampa. Before I left home, as is my usual practice, I reminded patients about my cell phone and e-mail contacts should they need to reach me.

That next week is a blur in my memory —last minute preparations for the Board exams and fighting by phone with a Massachusetts hospital about whether or not they would release the New Orleans child's medical records, including those generated by another facility. I argued that the hospital was ethically obligated to release all of her records because original data was housed in hospitals no longer in existence. I wandered through unfamiliar neighborhoods near my parents' home in Florida, trying to find solid cell phone signals so that I could keep track of my New Orleans colleagues.

> At one point, I wondered about how many state lines I had transgressed by maintaining contact with patients by calling in states where I was not licensed and then decided that this simply didn't matter.

I reasoned that no state authority would fault me under these dire circumstances.

As these things go, the Board exam was fine. I passed in spite of all my angst. The ensuing National Academy of Neuropsychology (NAN) convention, my first big meeting, was a great diversion. Unfortunately, Mother Nature was not yet done with me.

Hurricane Wilma, the third largest storm of the season (after Katrina and Rita, respectively) descended upon southern Florida just as the convention ended. NAN conference organizers ultimately did not cancel the conference, but many individual presenters left early, worried about predictions of storm damage as far north as our meeting site. I had neither the option nor the inclination to leave the conference early. My maternal aunt had an appointment with a pulmonary transplant team at Tampa General Hospital (TGH) the morning Wilma was due. My family had worked long and hard for that appointment and, since I was the most medically knowledgeable family member and knew that evidence of family support was critical for getting a patient on a transplant list, I wasn't leaving. But that meant that I was about to be in the same vulnerable position as my friends and patients who had weathered Katrina and Rita first hand. I still can't find words for the level of fear and anxiety I felt as I waited for Wilma to hit.

At the same time, I needed a way of informing patients about where I was and how I could be reached. Pre-that hurricane-filled summer, I routinely "covered" my own patients by cell phone and e-mail. With Wilma these methods of informing might not work. Now post-Katrina I had many patients in my practice who would be terrified that I was potentially in the "hit zone" of what was variably predicted to be a Category 3-4 storm. I needed a new plan.

My parents (both highly accomplished journalists in Fort Myers, Florida and even closer to the predicted landfall of Wilma than I was in Tampa) refused to make a "family safety plan." They didn't understand that I was professionally obligated to make plans for my practice.

They had been through hurricanes before and were habituated to such events. In fact, one parent, in a moment of utter frustration about my insistence for emergency contingency plans, said in exasperation that the storm wasn't even going to hit Florida! My brother Dan, in Nashville, understood my predicament and agreed to be the "point of contact" for a Boston-based colleague who would provide care in my absence.

In addition, I planned how I would communicate with patients. I sent e-mails to patients about whom I was most concerned, telling them I was safe and detailing who they could call in a crisis or if they were unable to reach me and concerned about my safety. I also told these clients how I would maintain close contact with the covering clinician. The relaying of accurate information became a major concern because I had seen the negative effects of information black outs during the previous storms. I decided that fifteen years of covering my own practice had not served my clients well and that this practice would change.

Eventually, I was able to convince my aunt and mother to come to Tampa the night before the medical appointment. I told them that downed trees might make travel more difficult and that being late for the meeting wouldn't look good. The three of us spent the night in my hotel room. I'd been there for 10 days now. My mother and I shared one bed, my aunt and her oxygen tank, the other. Mom and I slept fitfully, knowing that my father was back in Fort Myers working

at the newspaper. We kept the television on all night, and the two of us took unspoken turns watching over the others. When one of us turned over, the other whispered, "Not yet. Go back to sleep," meaning that Wilma had not made landfall. When Wilma finally passed Fort Myers, I remember being the first to wake. When my mother rolled over, I whispered, "It's gone. It's OK. Go back to sleep." By mid-morning, we were able to reach my father by cell phone, but only briefly, as the power was out and many cell towers were down. Dad was safe and at his office. He hadn't yet seen his home or neighborhood, but in the course of his reporting duties he had spoken by cell phone to a neighbor who reported trees disappearing as he looked outside. The rain and wind so limited visibility that he couldn't see through the rain and wind well enough to know the fate of the trees. In addition, Dad said that power lines were down and land-line phones, unusable. The drive back to Fort Myers from Tampa was quiet, very quiet. We could see the effects of the storm on both sides of the road—and we could see the FEMA trailers that were still in place from the previous year's hurricanes.

Over the Long Term

I'm not the same person
I was before the storms.
I won't ever be, and I'm
not sure I want to be.

I was raised in a home where the effects of race, class and privilege were discussed. These were critical, alive issues for my parents and my grandparents. They felt strongly that people who were "different" got treated badly and that social justice should be equally available to all. I was aware of these issues even as a young child when I napped on the couch in my grandmother's office at the YWCA—back when the Y's were largely rooming houses, not trendy athletic clubs. I remember asking her why other people called her "Mrs. Mulholland" while she addressed them by their first names. She explained that this custom was based on her status in the office hierarchy—she was an administrator, they were assistants. Ethnic or cultural differences were not reasons for this practice. I remember an organization that my grandfather wasn't allowed to join because the restaurant he and my grandmother owned served liquor. I remember him making a deal with the "head guy" of the organization who agreed to his joining if he could pass a test demonstrating knowledge of its history and rituals. As I recall, the expectation was that the leadership was certain he would not pass. My grandfather, who had only completed eight years of school before he went to work just like the rest of his brothers, studied so hard for that exam that there was no way he could fail. He wasn't going to let anyone keep him from doing something just because others didn't think he was good enough. In addition, I remember my parents throwing a welcoming party for a new employee at my father's newspaper where no one showed up except the guest of honor and his wife. The husband was the newspaper's first African-American hired for a professional position.

In spite of all of this "priming" in my early years, I find myself newly sensitized to difference, about how we as part of a nation, culture, and as individuals treat people who don't meet whatever standard it is that we've set for "worthiness." I have become more sensitive about how we as professionals make clinical judgments and whether these might be different had the patient been identified as part of another racial, cultural and/or economic group. For example, if staff agrees that a child of a certain age should not be "co-bedding" with his or her parents, but no one suggests calling in child protective services, I might ask if we would make that same decision if the family were of a lower SES or belonged to a minority group which we believe to have child-rearing practices consistent with that practice. This is even with an awareness that cultural differences vary considerably from family to family.

I think about how we are
training the next generation
of psychologists.
Are we giving them the skills
they need to help families who
have been through these kinds
of mass disasters?

Do we teach them to even ask about exposure to community trauma? I have no doubt that we as a profession need to be sensitively asking questions about loss and change. When I suggested on a professional

listserv that we should ask parents not only about physical and sexual trauma, but also about potential trauma outside the immediate family, such as that related to being in a military family or experiencing community loss, I was told that there wasn't time during an intake to explore these issues—that such incidents, after all, have a low incidence of occurring. Apparently, unlike others, I routinely see patients who come from places where they survived not only natural disasters but also human-made ones. I have seen that friends are survivors, too. At my last quilt guild meeting, six of the nine women sitting at my table had connections to one of the Gulf States. Regardless of how they label their feelings, patients and friends alike have expressed that their post-crisis lives have differed from their lives before the experience. They may not yet be able to verbalize how, but they are quite clear that they are changed at their core. Unfortunately, community trauma is no longer simply "local news"—it affects all of us.

Since the storms I have questioned how we, as a profession, support one another informally and within our guilds and state associations. Over the past two years, my experiences supporting colleagues in the Gulf states, my supervision of pre- and post-doctoral interns, and my coverage of practices for mental health professionals who have had illnesses that have temporarily side-lined them from work, have increased my belief that we, as professionals, continue to stigmatize those within our numbers who show signs of emotional "weakness," that is, those who have physical disorders or mental reactions to extreme stress. There is no mechanism to support them within our guild associations until they reach the level of "impairment" and are open to sanctions by Boards of Registration. This unfortunate reality has kept many psychologists from seeking the support they need in times of trouble. I consider myself privileged to know psychologists and

psychiatrists who have had the courage to share their struggles with me and with whom I can safely do the same. Unfortunately, many clinicians in the Gulf states have had no one with whom to talk. They have been so busy trying to care of for patients and other (non-mental health) care providers that they haven't had the time or the access to resources that would make care possible. In addition, because there is still stigma associated with clinicians expressing emotions, reactions and needs, colleagues in New Orleans report an unwillingness to seek help for themselves.

I believe we as a profession must provide support for local mental health people who live and work in disaster zones.

The action I have taken on this issue is to join a new APA-sponsored listserv that is looking at Colleague Assistance Programs. I've also joined the Ethics Committee in one of the states in which I practice. We provide one-on-one consultations to members of the state psychological association. Eventually, I hope to develop a Colleague Assistance Program that is supportive and preventive, rather than disciplinary.

In extraordinary circumstances, the usual common sense and intuitive self-care techniques of adequate rest, exercise and engagement in enjoyed activities are neither possible nor sufficient. I searched the literature for research exploring how disasters affect healthcare providers who live in the disaster zone and found nothing. My conversations with a few major traumatologists from different parts of the country were disappointing. These experts admitted that they have very little, if any, literature about treating caregivers functioning under acute and chronic stress conditions in their own communities. The most pertinent references I could find spoke about assistance for first responders, the highly trained caregivers who usually do not live and work in their own community. Dr. Robert Ursano, Chief of Psychiatry, United States Military Medical School, Institute for Traumatic Stress, was recently asked at a meeting in Cambridge, Massachusetts, about resources for mental health workers who live and work in the same disaster site. His advice, citing his own research with mortuary workers, was to remind those living and working in disaster areas not to say, "This could have been me."

Clinicians in the Gulf states continued to serve their communities in spite of their own suffering. Rather than argue with those who worked long hours, I sent them small gifts of things they could no longer easily obtain—professional journals when the mail no longer delivered anything except by overnight or 1st class. Favorite snack foods when the only local grocery that carried a child's favorite treat closed. And always, I kept my cell phone charged and on and checked my e-mail accounts several times daily, answering messages as soon as I could. Even if we only discussed the weather.

I changed jobs after the storm.

I had thought I would spend my professional years at the institution where I was employed pre-Katrina. My new job is at an agency that is an alliance between a metropolitan Department of Public Health and a major university medical school. I am still a pediatric neuropsychologist. I still see every child who comes in the door. But somehow, working for an agency whose stated mission includes providing public health services seems to be exactly where I am 'called' to be.

I'm not sorry that these storms came into my life. I grieve for the losses that so many experienced at so many different levels. And I grieve that we as a nation and as a profession failed to respond more effectively. But I'm not sorry that I got buffeted in the winds a bit as well. I'm grateful for what I've been allowed to give to others and at how much trust they placed in me. And I'm grateful to those clinicians who allowed me to sit with them and bear witness.

Grass Roots Mental Health Disaster Preparedness: **A Call to Action**

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Hurricanes Katrina and Rita devastated the Gulf Coast in 2005. Towns were wiped out, and large portions of the major city of New Orleans reduced to rubble. Millions of people have been affected; the social and material lives of hundreds of thousands have been forever changed.

I arrived in Louisiana in early October. I volunteered at Common Ground Health Clinic, which was started by street medics within a week of Katrina. As a result of observation and accounts of others I met, it became clear to me that the Red Cross and FEMA were often not serving returnees effectively. Little or no paperwork and immediate care drew thousands to the clinic. Over 10,000 patient visits were recorded at the clinic by the end of 2005.

Early on, during the early wave of returnees, I did a lot of listening. People told stories of death and destruction. It was hot and humid so I passed out large quantities of water to people waiting to see a doctor or nurse, who also did a lot of listening. I discovered quickly that people needed to talk, but they also needed tools for distracting themselves from the repeating loops of thought they were experiencing in response to their trauma. This type of circular thinking is easily pathologized, but in my view this kind of rumination is a healthy response to feeling overwhelmed.

> The scale of the disaster was too big for people to wrap their minds around.

I told them this and that the thought loops were where their minds were getting stuck as they tried to understand how their lives were changed. I recommended distraction and healthy denial: look at the sky, eat something, have a conversation with someone, read something light, watch a comedy on TV, craft something—do anything to give the mind something on which to focus and that can be grasped. This approach seemed to help. People came back to the clinic and told me they were feeling better and were more able to approach daily tasks.

In early October I was the only counselor at the clinic. There were also massage therapists, acupuncturists and other "non-medical" people offering support to returnees. Since then there have been a number of very effective mental health practitioners at the clinic who come for weeks at a time.

Disasters of this magnitude are approached on a myriad of levels, from the political and economic issues as overarching ones that will ultimately determine whether a community will survive to the practical, nuts and bolts ones, such as those concerned with medical needs and the physical surroundings of individuals. Essential among the latter levels is the emotional well-being of those affected by the disaster. In this case we're discussing post Katrina and Rita New Orleans, but there are daily natural and human-made disasters occurring globally, which traumatize people and add to the collective trauma of people everywhere. This paper explores my experience and reactions to the post-Katrina-Rita period from October 2005 to January 2006 and my recommendations about how to handle trauma in the future that results from natural disasters and man-made events. The paper was completed in January 2006.

The first thing to do is to find a place where the survivors are. Then find a place to help out where you can sit and start listening. I was fortunate to find the Common Ground Health Clinic. Looking for the street medics in any crisis situation is a good move because these helpers provide whatever health care they can and usually know what's going on in their community. They have a good track record of organizing themselves on the spot into a functioning clinic. This faculty makes them likely allies and colleagues.

Some people need to tell their stories right away, some later on, some with rapidity, some more slowly. Regardless, however, people generally have a need to begin their healing by putting into context what they've experienced so that they can construct the possibility of a future. Without the process of exploring their narrative, despair and hopelessness may set in. The circumstances for sharing personal stories are essential to the recovery process—sharing narratives requires being in a trusting relationship: a traumatized person who is able to talk about his experiences and reactions with an empathic person soon after the unsettling event will soon thereafter start creating the context. Often that sharing soon turns away from retelling the trauma events and moves on to a search to find ways to normalize what has taken place. The route to that normalizing is often through acknowledgement by the listener that the events and reactions have occurred.

> Listening allows the helper to begin to form ideas about what's happened—the listener, too, needs the context of the narrative to be effective.

As more and more people return to the site and need to be heard, more and more listeners are needed. That which is shared is often so unsettling that listeners, who must be empathic, will become emotionally filled and may lose the capacity to keep listening. Additional listeners will be needed as will care for the saturated listeners. It is possible to slow the rate at which saturation occurs for listeners if they are in communication with empathic others, people with whom they can share, squeezing the sponge as it were, so there is room for more listening.

The advantage of more listeners and emotional support of listeners is that listeners are sustained and the experience of empa-

thy is shared more and more widely as the stories are passed around and people, even those who are remote from the disaster site itself, come to care about what has happened. The downside to this approach of increasing the number of listeners is that the trauma is shared and the collective consciousness and unconscious are changed; the human organism becomes inoculated by more toxic trauma.

Better, however, to dissipate the impact of the trauma among many prepared individuals than for few persons to absorb its full concentration.

Consider the plight of Vietnam Veterans, a small group with much trauma contained within them, who received too little treatment and acknowledgement too late. The number of suicides among Vietnam Vets since the early 1980s exceeds the number killed in combat.

Time passes and the next wave of people who return to the disaster site will experience their trauma differently than those who returned home right away. This next wave of returnees, like the first returnees, has been traumatized by the initial event but also, by the displacement they experienced in the period between the event and their return. Their needs may be different from the early returnees. They may not require telling their stories because so much time has passed and their new experiences are so much more a part of their reality than the storm experience. Rather, they may need to problem-solve about how to create stability in their lives, either by returning to old neighborhoods or finding other places to live and work. They may be in shock from seeing devastation they'd only heard about prior to their return. Talking with a listener may enable them to identify resources within themselves that allow them to begin to make a recovery plan. On the other hand, if they haven't had the benefit of being heard when they experienced the initial disaster, they may still be at loose ends about what happened. Talking with a good listener helps.

Friends or relatives, remnants of community, provide people with connection, context, and continuity.

Finding these supports also helps to rebuild lives. Speaking with a counselor is not the only way people are heard or need to be heard.

In New Orleans during the post-storms period there was the chaos of government bureaucracy and physical debris. The system associated with the rebuilding of the city seemed at times more focused on adherence to rules than on developing approaches that could benefit the individual in need. Government and relief infrastructure "moved on" to their next phase of relief and survivors had to jump on the bandwagon when it rolled by or miss out on assistance, whether or not they were psychologically ready and/or prepared to do so.

Listening, helping people reconnect with community where possible, and assisting people in rebuilding their lives is part of the job of the mental health practitioner who goes to a disaster area. Another part of the work is monitoring the psychological wellbeing of co-workers. At the early stages after a trauma, the role of counselor within a clinic also includes facilitating daily staff debriefings, consulting with other volunteers on their emotional states and keeping a pulse of the wellbeing of the staff as a whole.

Any disaster area has a political-economic infrastructure. Disasters have become big money-making opportunities for corporations favored by the federal government. To assess benefits of services from large government contractors, one must consider how services are and are not made available to residents at disaster sites. Tragically for the people living in New Orleans, FEMA and private contractors enjoyed a fairly high standard of living—leather living room sets, freshly prepared steak and salmon dinners, marble-topped tables and wide screen TVs in huge tents while city residents enjoyed prepackaged cold cut sandwiches, water and delayed temporary housing.

The already-existing political economic power structures must be considered when assessing the impact of disaster on the local population. In the case of New Orleans, generations of government insufficiency (among these, poorly equipped schools in minority neighborhoods, badly maintained streets and water mains, and inadequate electrical service in economically disadvantaged neighborhoods), thrown into chaos by the disaster, combined with politicized federal initiatives to significantly reduce the compromised services already in existence.

The collapse of infrastructure in New Orleans affected the mental health system along with other services. Practitioners themselves were traumatized.

New Orleans prior to Katrina and Rita had not been a place that attracted many private psychotherapists. Pre-storms the mental health system existed mainly in hospitals and clinics. The hurricanes damaged the buildings in which mental services had been delivered and drove away personnel, so what was left at first was the absence of services.

Initially, the physical environment included debris piles in the streets, dead animals, bad smells from overflowed sewers and chemicals released by the storm from under kitchen sinks and every garage that flooded, not to mention the refrigerators full of rotten food, maggots, cockroaches. Roofs were blown off by wind in some areas, entire city blocks of houses flattened in others. One warehouse contained one million pounds of putrefied meat. People wearing HAZMAT suits and respirators cleaned that site. Black mold grows in damp ruined structures, releasing toxic spores into the air. One didn't have to experience these environmental hazards directly to be affected by them because toxins, mold spores and bacteria travel freely. And one didn't have to experience them directly to be affected psychologically as community devastation affects in one way or another everyone in the area and even those who know people in the affected area.

The next wave of people returning to New Orleans included chronically mentally ill people who, prior to the storms, lived marginalized lives, with time spent in and out of the local mental health facilities. In New Orleans access to care traditionally

has been limited for those without health insurance, and even then, not all facilities accept Medicaid and Medicare. Since the number of hospital beds for psychiatric illness was in the 40s three months after the storms and halfway houses, which provided a residence for those who could not survive on their own, had not reopened, options for the severely mentally disabled were limited. At this time, the need for skilled caseworkers and residential facilities was great.

Five months since the storms, New Orleans is a traumatized city. Even some people whose material lives were not changed significantly seem depressed and anxious. Suicide rates are high. Outpatient mental health facilities are gradually returning to their pre-storm level of functioning. There is still, however, a huge need for trauma counseling for the general population of returnees to New Orleans and its surrounds. There is still a need for caseworkers to assist returnees with social services and the relief system.

Natives of the city report to me that one positive aspect of the post-storm period is that the crime rate is down because the population is dramatically lower than before. The drug dealers aren't back in full force because there isn't enough business for them, so there are no longer the four or five shootings a night that there were pre-storms.

It seems likely that within the next few decades there will be future disasters of Katrina-Rita magnitude in American cities. These events may be the result of natural forces, perhaps brought on by global climate change, industrial accidents, neglect or war. We need to prepare ourselves to respond humanely and with careful consideration to the wellbeing of the people who survive these disasters. Because local governments may be unable to meet needs of their populations, there may be requirement that communities identify individuals who are willing to serve in time of crisis and train these people ahead of time. Common Ground Relief, one grass roots relief organization in New Orleans, distributed over $25 million in donated food, clothes, cleaning supplies, water and other basics of life in the first four months after the hurricanes.

Clearly, it is up to "We the people" to share responsibility for helping populations in distress with official governmental agencies. There is a need for first responders in all aspects of medical care, including trained mental health practitioners who understand the phases of trauma and have training in cultural sensitivity as well as the socio-economic politics of poverty. We need emotional support for these workers and must provide relief responders so that the first group can get some time away. We need caseworkers who can conduct ongoing research into social and relief services needed for residents returning home and who can serve as advocates for returnees requiring government supports. We need group facilitators, family therapists and rape crisis counselors. In addition we will want local mental health services already in existence, private and public, prepared to respond. In sum, communities would be well served if planning for the mental health care needs were part of regional disaster relief plans. It would be wiser still if disaster relief programming included participation of all public and private mental health systems, including individual practitioners, which exist in the community.

This storm period has put us on notice to the fact that catastrophic events can rock the foundations of places and lives. The New Orleans disaster reminds us that disasters can occur anywhere at any time. Luckily the best of our humanity surfaces when we're responding to others in need—we all benefit. Traumatic events, an inevitable part of life itself, are opportunities for those not traumatized to give generously and to connect emotionally and with caring. Such events remind us that our difficult time may come next and that the human condition always is interconnected, requiring that we work together.

I spent my first two weeks in October listening and doing direct service at Common Ground Health Clinic. Then I left to attend to other matters, returning in mid-November to resume counseling, answering crisis calls, doing neighborhood check-ins, and working with the mental health staff. In late November I realized that we needed to recruit more counselors for the holidays. I announced the need for workers through various networks, and counselors from various parts of the United States responded, staying for a week, some for two or three. In January I established a connection with a local mental health agency that was up and running, and this organization provided the clinic two Bachelor-level social workers on a daily basis. I also requested that two local graduate schools and my alma mater send counseling interns to volunteer at Common Ground. This happened. Throughout the holidays, there continued to be a high volume of people in need, including staff.

> By January I was burned out, the result of hearing too many stories, not having enough debriefing or supervision, and existing in an environment of crisis, running on adrenaline.

Reflecting on what the experience has meant to me, I want to acknowledge the openheartedness on the part of others, volunteers and returning residents. People were blown wide open, I included, and in the initial stages of people returning to New Orleans, I experienced meaningful, loving interactions, and felt myself an integral part of the human family, where there are no strangers.

The Katrina and Rita hurricanes are wake up calls for mental health workers, counselors, social workers and others with needed skills, like writing and organizational and communication skills, to identify and work with local colleagues who will plan how to meet community needs should disaster strike. Make a phone tree. Scout out possible locations to gather in times of emergency and set up temporary services. Make contact with first responders in your area and from neighboring towns, cities, and regions. Prepare even while knowing that you likely won't feel prepared when action is required. Regardless, you'll be more prepared than you are now.

We who respond to the needs of others in time of crisis believe we should be responsible.

> Our motivation to help fosters a sense of human connectedness. That connectedness, in turn, is the driving force for healing our communities.

The need to serve is a profound calling.

Postscript – 10 months after leaving New Orleans

When I left New Orleans I felt burnedout, tired, angry, overwhelmed, sad and relieved to leave. I can trace my progress recovering from the work in New Orleans by assessing how agitated and anxious I feel and by observing how much I engage in self-care or self-harm, and by how frequently I bring New Orleans into conversations.

My personal discomfort with my preoccupations and lack of ease with who I am and where I am going has changed over the last ten months. Initially, I wasn't sleeping much. I'd wake up and smoke cigarettes a few times a night. If I were staying in a town, I preferred to smoke in the middle of the road late at night. Not main roads, but residential streets. I found these neighborhood streets comforting. I would look around at the lack of debris, notice the absence of the odor of decay in the air and listen to the quiet. Later I moved to a rural community and would sit out on my deck and smoke.

Now I smoke less. My sleep is improving. I am not dreaming about New Orleans. I have been randomly visualizing the big bridge, the Greater New Orleans (GNO), which spans the Mississippi from East Bank to West Bank. The bridge was the backdrop to the clinic, an imposing physical presence that was built by demolishing old neighborhoods and creating a huge highway zone. I find I am visualizing the bridge less than when I first left New Orleans in January 2006.

At first I felt a need to share with people my feelings and thoughts related to my New Orleans stay. That has been frustrating because it is difficult to convey these impressions in words, and the emotions that come out of me in the telling are not soft and free-flowing and not easy for people to hear—they are harsh, broken and discordant. The exception is when I am with people who also have spent time in New Orleans after the hurricanes. There is a shared experience, even if we didn't meet up until after New Orleans, that allows for an opening up of communication coming from a place inside of me that feels and resonates with the other person's deep feeling—that is satisfying. As time goes by I feel less and less inclined to bring New Orleans into my conversations. It doesn't feel as necessary as it did six months ago.

I hadn't been a smoker for many years when I went to New Orleans in October 2005, but I started to smoke again a week after arriving there and haven't stopped yet. For me, smoking provides a sense of comfort. Smoking feels in part as though it is about joining with the people there since so many whom I met in New Orleans smoke. It's also a sort of flag or badge that says "I am not totally OK yet. I am still disturbed." I can tell I am gradually getting healthier because I can't tolerate coffee the way I used to. It is now too stimulating, whereas when I was in New Orleans it was barely stimulating enough to keep me going.

After leaving New Orleans, I continue to be involved with the clinic by managing the clinic's website, http://cghc.org. I am aware that as much as this task is about providing service to the clinic, managing the website is a service to me because I am able to remain steadfast in my calling to help the people of New Orleans. This becomes possible without having to be in the city. The clinic has become a permanent health care facility, with non-profit status and local staffing. All this is good.

I did return to NOLA for three days in August 2006 to attend a conference and to explore the possibility of returning for the winter. I quickly realized that at that point, I couldn't go back to live in New Orleans. I had after all begun the process of lessening the trauma within myself and to return to the city would have interrupted that process, piling new trauma on top of what I was already experiencing. That seemed like a bad idea to me.

I have not fully integrated the experience of volunteering in New Orleans. I am learning from looking at what that experience was about for me. I find that my political views, my spiritual practices and my clinically trained self are overlapping more and more. I don't see myself embracing an "office job" anytime in the near future. I don't see myself returning to traditional clinical practice.

> We are facing enormous challenges as a world, and compartmentalizing profession, political activism and personal spiritual commitments, as I once did, no longer fits for me.

Helping Children Post Katrina:
Observations from the Field

Kathleen Kostelny and Mike Wessells

Hurricane Katrina, the largest natural disaster in U.S. history, left large numbers of people homeless, displaced masses of people to areas throughout the U.S., and created a need for long-term resettlement and rehabilitation on a large scale.

For children, who are nearly always invisible in emergencies yet who have special vulnerabilities, the aftermath of the hurricane created risks as great as those posed by the hurricane itself.

Providing immediate child protection and psychosocial support was crucial for insuring the recovery, rehabilitation, and development of children and their families who suffered greatly in this unprecedented disaster. However, poor coordination, competition, and non-compliance with international standards hindered services that would ensure children's protection and psychosocial well being.

In the wake of Katrina, as part of Christian Children's Fund's (CCF) global child protection team, we conducted child protection and psychosocial assessments in Tahlequah, Oklahoma and Jackson, Mississippi—areas where children and their caretakers displaced by Katrina were now living. As part of these assessments, we talked with children, youth, parents, local disaster management leaders, people who worked directly with the evacuees, child protective services, camp leaders, educators, social workers, and ministers. Having worked extensively in emergencies internationally, we unfortunately witnessed numerous instances where international standards and procedures for protecting children and insuring their well-being were not implemented. We were shocked to find virtually no awareness of even the most basic internationally accepted guidelines such as the Inter-Agency Guidelines on Separated and Unaccompanied Children, which are standard in all emergencies. As a result, children were in danger of risks to their physical, emotional, and social well-being. Following are our reflections from our experiences in Mississippi and Oklahoma.

Jackson, Mississippi:
After the devastation of Katrina, tens of thousands of people fled north, finding temporary shelter in Jackson, Mississippi and nearby towns and cities. Children and their caretakers were living in temporary shelters, including churches, high schools, and community centers. While basic needs were met—people had a roof over their head and food was plentiful—the psychosocial needs of children and their caretakers were not adequately addressed. Mothers reported feeling stressed by having to care for their children "non-stop."

In many two-parent families, some fathers were not at the shelter because they had gone back home to try and settle insurance claims. These mothers felt strained by the situation, and missed the support that their husband normally would have provided. In some cases children had been separated from their mothers who had been evacuated to another state, and were being cared for by grandmothers or other relatives, some who were sick or elderly and felt overwhelmed by the circumstances.

Prior to Katrina, many young children, ages 2-5, had been in daycare and pre-school. However, they had now lost this predictable routine, structured activities, and opportunities for socialization with children their age. At the temporary shelters we visited, there were no organized, ongoing, structured activities for young children. Sporadic activities were sometimes provided by well-intended individuals or groups (for example, a puppet show or reading of books), though there was no continuity to activities, and no checks or standards to ascertain the qualifications of these individuals and groups.

One director of a shelter reported that the "kids run wild" there and the director of a feeding center said that parents would use them as "babysitters" while they attended to other matters. Numerous child protection issues loomed large.

During the course of one two-hour visit, a two-year-old boy had climbed to the top of the bleachers in the gymnasium and was on the edge of falling two stories (a "keep off" sign obviously had little effect for the young non-reader). A three-year-old girl was found playing in the toilet of the men's rest-room. A five-year-old girl asked me if I could take her in my car to go look for her mommy. And while there were guards posted at the front of the building, the back and side doors were open so that young children could wander out and predators were able to come in.

For school-age children, many started attending school by the second week following Katrina, though they reported feeling like they "didn't fit in" and "feeling bad" because they didn't have school uniforms like the rest of the children.

Others felt stigmatized and the objects of unwanted attention. One fifth-grade boy reported that the teacher showed a film on tolerance, told the other children that "they had to be nice to me," and then opened up a discussion in which the local children asked lots of questions of him about "seeing dead bodies" and "being homeless." Overwhelmed, he decided "not to talk to anyone" or "go outside to recess" where he would have to deal with questions by the other children.

When school-age children were not in school, they lacked structured activities and consistent adult supervision. Some children lay on their cots and watched TV in isolation. Some hung out at the always open snack counter and consumed large quantities of sugar- and fat-filled items. Some children played in small groups, though the play was unsupervised and sometimes rough and aggressive.

The primary concerns for this age group of evacuee children focused on the loss of their relationships with significant people in their lives. They missed their friends: "we'd do everything together, all of us were best friends"; the routines: "we had Girl Scouts Wednesday"; and the celebrations: "I was going to have a sleep-over for my birthday. Now I guess I can't." They also missed support from their extended family:

"My cousins… they're in Dallas. My grandma's in Dallas. We're here…but we don't have anybody here."

Most youth at shelters spent much of their time playing video games or watching TV alone. Many said they were "bored…had nothing to do." They found the lack of privacy difficult to deal with: "I share a bedroom with a hundred people!" Some expressed anger at their situation: "I had a house, a life….I was a senior. Look where I am." One of the main issues for evacuee youth was uncertainty about the future: "I don't know if I'll be able to go back to my school." "Not sure where I'll be a year from now."

In working in emergencies throughout the world, there are child protection agencies that work to strengthen social environments to support psychosocial well-being. According to the best practice agreed upon by emergency practitioners worldwide and as recently codified in the establishment of an Education Cluster, young children need structured activities, such as day care, preschool, and other safe, predictable places such as a child-centered space. Where day care and early child development activities exist, options should be explored to integrate children into them. Unfortunately, these child protection agencies were not included in the U.S. emergency plan.

Additionally, caretakers need to be supported, so that they can support their children. This can be done through informal groups for mothers/caretakers where they would have opportunities to share their current concerns and support each other. Mothers are young children's primary means of social support, care, and protection. Many parents, however, were feeling overwhelmed from their losses and the disruption of the normal rhythm of life that provided a sense of meaning, identity and self-esteem. In one of the focus groups, all the mothers said they had not shared their feelings around the hurricane with anyone. When they were given the opportunity to share, they cried throughout, hugged each other at the end, and said they had found being with each other and sharing extremely helpful.

School-age children need opportunities to play, make new friends, and socialize. They also need structure, routine, and stability through after-school programs, child-centered spaces, and sports and recreation activities. Where there is existing programming, such as after school programs, assimilating evacuee children into existing groups should be explored. Where there are no structured activities for children, child-centered spaces should be provided at shelters, churches, or other places where evacuee children may be found.

> Finally, youth need to be engaged in activities that give them meaningful roles and responsibilities and restore hope for the future.

For example, youth can help with activities with younger children and with a variety of activities with the local community or shelter.

Tahlequah, Oklahoma:

Following Katrina and the horrors of living in the Superdome, more than 2,000 people were evacuated by bus from New Orleans to Oklahoma. Many of the evacuees said they were relieved to be in Oklahoma, and it was inspiring to see the kindnesses extended by local churches and community groups, who provided shelter, food, and support for the evacuees. However, to observers who have worked in many disaster- and conflict-torn situations globally, it was clear that this was no ordinary emergency response. In particular, numerous challenges threatened the well-being of children and families, and harm was too often caused by the humanitarian aid effort itself. Threats and issues of Do No Harm arise in all emergencies but were more pronounced in Tahlequah than in any emergency we have worked in during the past fifteen years. This seemed a sad irony in light of the enormity of the resources available in the U.S., which vastly outstrip those available to emergency affected people in countries such as Sudan, Iraq, Liberia, Afghanistan, and Sri Lanka.

It's important to discuss these issues in order to learn from them and to avoid preventable harm in the future. Of particular concern were serious challenges to three humanitarian priorities: (1) the protection of human dignity, which is nearly always one of the first casualties, (2) the protection of children by preventing separations of children and families and managing the situation when separations do occur, and (3) the coordination of humanitarian efforts in an effective manner.

The assault on human dignity began with the treatment of survivors as cattle who were loaded onto buses outside the Superdome and shipped off without having been told where they were being taken. The indignity was compounded by the long bus ride, during which they were not allowed to leave the buses on arrival in local towns due to widespread fear among local people that they were criminals who had communicable diseases. Those on the bus endured a grueling 30-hour ride, and children who had been on one bus talked about how scary it had been to ride with a person who had died en route.

On arrival in Tahlequah, approximately one thousand evacuees were housed in military barracks at Camp Gruber, a federal military base. Although most evacuees were very grateful for having a roof over their heads and access to meals, they felt confined by the military regulations that governed the base. Youth in particular said they felt like they were in jail, and adults commented that they had not been consulted in organizing the sleeping arrangements.

Not uncommonly, a large sleeping area at Camp Gruber contained beds for ten or more families with little or no privacy. Although it is largely preventable, lack of privacy is one of the main sources of psychosocial distress for many displaced people. A simple means of reducing this distress and building human dignity is to empower the emergency affected people to organize themselves and make decisions about how, for example, to improve sleeping arrangements and privacy.

This empowerment orientation is the cornerstone of the recently completed Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (see http://www.humanitarianinfo.org/iasc/content/products).

The problem of separations is one that arises in many emergencies, as family members

in flight often become physically separated from each other and suffer the distress of not knowing where their loved ones are. Separation from parents or legal guardians is one of the greatest protection threats to children, who are at risk of sexual violence, exploitation, and a host of other problems. In emergencies outside U. S. borders, UNICEF and child protection Non Government Organization (NGO) partners such as International Rescue Committee (IRC), Save the Children, and CCF help to prevent separations and to reunite separated children with their families in accordance with the widely adopted principles inherent in the Inter-Agency Guiding Principles on Separated and Unaccompanied Children.

The separation of children from their caretakers arose mainly not from the hurricane itself but from the relief effort.

Outside the Superdome, during the process of loading buses, a number of children were separated from parents who wanted to ensure that their children got out even if they could not. Also, well-intentioned humanitarians separated children by placing them alone or with siblings but without their parents on buses destined for camps and temporary settlement areas far from their homes.

At Camp Gruber, staff reported no knowledge of the Inter-Agency Guidelines on Separated Children and had not taken the most basic precautions to protect separated children. The essential first step—identification, registration and tracking of individual children—was not done effectively, with the unfortunate result that weeks following the arrival of the evacuees, the Camp commander was unable to say with certainty how many separated children there had been or where they were currently. This was not only a military issue. When we approached the Oklahoma state authorities, such as the Department of Health, they showed genuine care about separated children but had never heard of the Guidelines and even confused the issue by conflating separated children with 'displaced children.' Internationally it is well established that these are two separate categories having very different needs.

Coordination of humanitarian actors is invariably one of the greatest challenges in emergency response, and coordination problems were more visible in Tahlequah than in any emergency in recent memory.

The night the evacuees arrived by bus, they lacked adequate food supplies since the evacuees had been outnumbered by volunteers, who had consumed most of the food.

Establishing an effective coordination group or mechanism is the key step toward effective coordination. Although in emergencies outside the U.S., this typically happens under auspices of the U.N. or the national government, the coordination of the Hurricane Katrina response was hampered by contested lines of authority, territoriality and incompetence regarding skills of coordination. At Fort Gruber and the surrounding area, for example, no coordination group existed. Agencies, such as the Federal Emergency Management Agency (FEMA) and the American Red Cross, engaged in turf struggles over things as insignificant as control over mayonnaise jars thus impeding a coordinated response.

The coordination problems were highly visible in regard to child protection issues. As outlined above, there was considerable need for an effective response to the needs of separated children. Because an essential first step is to assess the magnitude of the problem, UNICEF, IRC and CCF offered to authorities in Washington, DC help in assessing the situation and providing technical advice on how to support separated children. The unfortunate result, however, was an eerie silence. This may have reflected institutional problems and power struggles within the U. S. disaster response system. In this system, the main responsibility for separated children falls to the American Red Cross, which often found itself locked in struggles with FEMA and state and municipal authorities over control of the emergency response. Also, there may have been issues of territoriality, arrogance, or both, as some leaders may have been reluctant to have international actors become too involved. Whatever the cause, the very low spirit of inter-agency collaboration undermined the coordination that was badly needed.

The coordination problems affected not only separated children but others as well. At Camp Gruber, some children and youth spent large amounts of time unsupervised, as parents went out on their own, and no supervised activities or safe spaces for children were available on a regular basis. By the second week, children attended local schools, but problems of intolerance surfaced when some parents had called a local school superintendent to say they did not want their children going to school with the evacuees, whom they regarded as diseased and likely to make their children ill. While the evacuee children were allowed to attend school, the school officials repeatedly rebuffed the attempts by several groups to meet with teachers to take a preventive stance and address intolerance.

The problems of discrimination and intolerance, which in many respects were at the heart of the wider suffering unearthed by Hurricane Katrina, were alternately denied or seen as someone else's problem. This unfortunate orientation undermined coordination, which requires collective ownership and a willingness to address the most difficult problems.

Despite these challenges, the experience in Tahlequah produced valuable lessons and constructive change that may make for more effective emergency response in the future. Recognizing there was a major unfilled gap in regard to child protection capacity and little capacity for emergency response, the local emergency response team has now included child-focused agencies. Also, the team decided to integrate child protection into emergency preparation and response for various agency partners. This integrated approach—if extended fully into areas such as health, education, shelter, and water and sanitation—fits with the current approach to emergency response in the international humanitarian system and could help large numbers of children in future disasters.

In the post-Katrina response and in emergencies worldwide, the effective implementation of an integrated approach requires the cooperation of psychologists, who can do their share by coordinating their work with that of other groups and agencies, understand and work within the frameworks established by international, inter-agency guidelines, and work in a self-critical manner that respects the Do No Harm imperative. A useful first step is to adhere to the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. More information about the IASC is found on its website: www.humanitarianinfo.org/iasc.

…human connectedness…

is the driving force

for healing

our communities.

– Walter I. Zeichner

Why Peace Psychologists Should be Concerned About Prison Issues

Ethel Tobach & Joanie Connors

"The good we secure for ourselves is precarious and uncertain, is floating in mid-air, until it is secured for all of us and incorporated into our common life."

—Jane Addams, 1892

Many peace psychologists are against the death penalty and advocate reform of the U.S. criminal justice system on humanitarian grounds, but few are actively working to change these policies. Changing the U.S. obsession with execution and imprisonment is an essential and necessary step toward achieving world peace.

U.S. governmental policy toward prisoners is a product of a deep penchant for vengeance and retribution. The war in Iraq has brought attention to U.S. treatment of prisoners in a horrifying way and made it important to examine the issues of execution and imprisonment. Stories of prisoner abuse at both Abu Graib and Guantanamo make it clear that the U.S. criminal justice policy, especially the treatment of prisoners, needs to be overhauled. Jailing and killing those who are deemed enemies or criminals is part of the U.S. identity viewed by many as a nation bent on achieving dominance by crushing those who stand in the way of that aim.

Is there a "Rage to Punish" in the U.S.?

Statistics of the execution and imprisonment of prisoners make it clear that vengeance is implemented in terms of ethnicity, race, gender and class. The U.S. "justice" system has been characterized as motivated by a "rage to punish" (Haney, Race and the Rage to Punish, http://home1.gte.net/cjhawk/Haney_Race_Rage_Punish.htm).

How does the U.S. criminal "justice" system work?

- There are 5.3 million individuals in U.S. prisons and in foreign prisons (as of 2001, Bureau of Justice Statistics) http://www.ojp.usdoj.gov/bjs/crimoff.htm)
- As of December 2006 (Human Rights Watch), 2,300,000 United States citizens were in prison http://hrw.org/english/docs/2006/12/01/usdom14728_txt.htm). This is more than any other country in the world, including China and Russia.
- The fastest growing segment in U.S. prisons is undocumented aliens, comprising 1.6 million, most of whom have not committed crimes (Corpwatch, http://www.corpwatch.org/article.php?id=14333)
- The number of mentally ill people in prison has quadrupled over the last six years, with few getting treatment and many reporting abuse (Human Rights Watch, http://hrw.org/english/docs/2006/09/06/usdom14137.htm).
- Black men are six times more likely to be incarcerated than white men in the U.S., and four times more likely than Black men in South Africa (Haney, http://home1.gte.net/cjhawk/Haney_Race_Rage_Punish.htm).
- Seventy-seven percent of U.S. prisoners are there for nonviolent crimes, primarily drug offenses (Third World Traveler http://www.thirdworldtraveler.com/Prison_System/Bad_Company.html)
- Of the 3,400 prisoners currently on death row, 58 percent are nonwhite.
- Since 1976, 1066 people have been executed in this country, 43 percent of whom were nonwhite (Death Penalty Information Center www.deathpenaltyinfo.org
- The death penalty is based on class — 90 percent of those on death row could not afford to hire an attorney (The Case Against the Death Penalty, http://users.rcn.com/mwood/deathpen.html).
- In May, 2000, the UN rebuked the U.S. for the "brutality" of its prisons, citing the use of electroshock stun belts, torture and increased use of 'supermax' high security cells (UNHCR, http://www.unhchr.ch/huricane/huricane.nsf/view01/1DB59AA2EAB21919802568DC002E2C54?opendocument)
- Over 100,000 children are locked in juvenile facilities, with a growing number being sent to adult prisons (Human Rights Watch, http://www.hrw.org/prisons/united_states.html)

An international "Rage to Punish"

The bombing attacks on the U.S. have provided an excuse to extend an obsession with punishment to the international arena onto nations identified as Arab or Muslim. U.S. soldiers have been trained to bomb and personally execute those who are now defined as our enemies, including civilians (for an example, see "60 Minutes," 3/18/07, http://www.cbsnews.com/stories/2007/03/15/60minutes/main2574973.shtml). The brutal execution of Saddam Hussein (conveniently preventing Saddam from telling the story of how he had cooperated with the U.S. in the past) on a Muslim holy day performed by the Iraqi government but controlled by the U.S., was an ugly warning to any leader who might stand in the way of U.S. dominance of oil supplies.

In a further step toward internationalizing a "rage to punish," the U.S. has used a different name for prisoners of war— "enemy combatants" since the 9-11 attacks, Thus, the U.S. proclaims that it does not have to abide by the Geneva Convention in its treatment of POWs. Over 600 people (mostly foreign nationals) have been imprisoned as "enemy combatants" in

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Guantanamo Bay and other prisons, denying them rights of representation and due process. They and all others imprisoned as "enemy combatants" are subject to horrible conditions (lack of water, lack of medical care, cold, heat, tent camps, unsanitary conditions), interrogations and unspeakable torture for which psychologists have been accused.

The U.S. alliance holds over 14,000 Iraqis imprisoned in Iraq, 600 in Afghanistan, and unknown numbers in detention facilities in east Europe, Indonesia, and Egypt (Human Rights First http://www.humanrightsfirst.org/media/hrd/2007/statement/316/index.htm).

HOW TO MAKE A DIFFERENCE:

Suggestions for peace psychologists

- Press for actions within APA and its divisions to support change in U.S. criminal justice policy.
- Press for programs for treatment of prisoners who are mentally ill.
- Create a section devoted to criminal justice, prisons and the death penalty, with resource files and links, on the web sites of Division 48, the Peace Division, and Psychologists For Social Responsibility.
- Advocate reform of the criminal justice system and improvements in prison conditions through letters and calls to the media and government officials.
- Learn about Restorative Justice, which shows great promise in changing the life directions of convicted felons (see resources below).
- Join and support campaigns to restore habeas corpus rights and apply the Geneva Convention to all people in U.S. custody.
- Advocate U.S. membership in the International Criminal Court.
- Join one or more of the campaigns against the death penalty (see resources below).
- Stay informed and support movements to reform U.S. criminal "justice" issues.

CONCLUSION

Peace psychologists and scholars need to keep the imprisoned and those on death row in their thoughts. They are our children and part of the purported mission of U.S. influence on international peace. They cannot become part of the international "disappeared."

Resources for reform of criminal justice

Just Alternatives: Promising Practices in Justice & Corrections: http://www.justalternatives.org/

The Criminal Justice Reform Unit (a part of the United Nations Office on Drugs and Crime)

http://www.unodc.org/unodc/en/criminaljustice.html

Standard Minimum Rules for the Treatment of Prisoners

http://www.uncjin.org/Standards/Rules/r01/r01.html

The Prison Fellowship: http://www.justicefellowship.org/

CURE—Citizens United for the Rehabilitation of Errants: http://users.bestweb.net/~cureny/

Human Rights Watch, USA Prison Campaign

http://www.hrw.org/doc/?t=usa_prisons

http://www.hrw.org/prisons/united_states.html

ACLU Campaign to Restore Due Process Rights

http://www.aclu.org/safefree/detention/commissions.html

Restorative justice

The Restorative Justice Resource Center

http://www.restorativejustice.info/index.htm

Restorative Justice Online

http://www.restorativejustice.org/

Real Justice: http://www.realjustice.org/

Restorative Justice Handbook

http://www.unodc.org/pdf/criminal_justice/06-56290_Ebook.pdf

Opposition to death penalty resources

Campaign to End the Death Penalty

http://nodeathpenalty.org/content/index.php

National Coalition to Abolish the Death Penalty

http://www.ncadp.org/

Amnesty International—Death Penalty Campaign

http://web.amnesty.org/pages/deathpenalty-index-eng

World Coalition Against the Death Penalty

http://www.worldcoalition.org/bcoalintro.html

International justice resources

USA for the International Criminal Court

http://www.usaforicc.org/

International Criminal Court

http://www.icc-cpi.int/home.html&l=en

Human Rights Watch—International Justice Campaign: http://www.hrw.org/doc/?t=justice

Amnesty International—Stop Torture

http://web.amnesty.org/pages/stoptorture-index-eng

Human Rights First

http://www.humanrightsfirst.org/discrimination/index.asp

Peace Restoration, continued from page 14

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A VISIT TO JAPAN—PEACE PSYCHOLOGY

John Paul Szura

I was a friend of the Catholic priest who was military chaplain for the atom bomb crews that attacked Hiroshima and Nagasaki in 1945. He was Rev. George Zabelka, a person sincerely dedicated to religious ministry in the military. But in the aftermath of that nuclear attack, and after painful questioning and soul searching, he underwent a conversion, repenting of his complicity in those war crimes. His spiritual journey during the 1950s, 60s and 70s took him from the civil rights and labor movements through protests against the Vietnam War and into the nuclear disarmament campaigns of the 80s and 90s. Until his death, George was a dedicated peace advocate, a credible and respected voice against atomic weapons, and a well known, celebrated figure in the Catholic peace movement. That is where I met him.

When I visited the atom bomb museums at Hiroshima and Nagasaki five years ago, I was disappointed to find nothing of George Zabelka among their several hundred exhibits. So, with the help of friends, I approached the administration of both atom bomb museums to see if I could donate some items to memorialize him. The administrators were interested in his story and welcomed donations. Back in the United States, I gathered pictures, audio tapes, videos and a brief biography to give to the museums on my return to Japan. Presently, these are preserved in the museum archives, to be available to historians, scholars and the curious and brought out for occasional display.

Subsequently, I received some items from Zabelka's estate, including his military chaplains manual. Upon reading it, I saw something that I believe was a factor in his conversion, when he understood in later life how his religious work was used by the military. His manual gave four purposes of military chaplaincy decreed by those in command. The first two purposes focused upon religious ministry. But the last two were about combat support.

1. To provide the facilities for public religious worship to the military personnel.

2. To give spiritual ministration, moral counsel, and religious guidance to those under military jurisdiction.

3. To be the exponent in the Military Establishment of the religious motive as an incentive to right thinking and right acting.

4. To promote character building in the United States Army by precept and example and thus add greater efficiency to those engaged in the military defense of the country

Grasping how his religious motives were manipulated by the War Department, George deeply regretted that he and his church were used for some of the most brutal violence in the history of warfare. He had to make amends and become a peacemaker. And I had in my possession his chaplains manual—to my mind a historically significant booklet that had serious implications for peace psychology as well as for religion. I felt that it really belonged at Hiroshima. I felt George would have wanted it there.

But first, at the 2005 APA convention in Washington, DC, I brought it as an aid for a Division 48/PsySR Hospitality Suite program entitled "Unintended Combat Support Consequences of Non-combatant Military Roles." The program was led by John Carmody (Division 48), also of the Center for Christian Nonviolence and a Purple Heart Vietnam veteran. Our hope was to start a peace psychology conversation about combat support from military roles that could be advertised or recruited for on the basis of a humanitarian non-combat commitment—such as medic, nurse and psychotherapist, as well as chaplain.

In March 2007 I returned to Japan and donated George's chaplains manual to the atom bomb museum at Hiroshima, giving a photocopy to the atom bomb museum at Nagasaki. I explained to the administrators of both museums some of its religious and psychological implications. I believe that George would have wanted his chaplains manual to reside at the Hiroshima atom bomb museum to be available to others.

Presently I am in dialogue with members of the peace movement in Japan and the United States about religious and peace psychology issues raised by non-combatant military roles, such as chaplain, medic and psychological counselor. For example, the Center for Christian Nonviolence is enlarging the concept of conscientious objection from refusal to be conscripted for military service to public refusal to volunteer for either combat or non-combat military roles. The Center offers psychologists and potential chaplains the opportunity to make public their refusal to volunteer for the military—and it offers to psychologists the opportunity to make public their refusal to work for the CIA as well. (See www.centerforchristiannonviolence.org; click Resources; go to "Refusal to Volunteer for Military Service on the Basis of Conscience"; go to "learn more").

I hope this dialogue thrives. I welcome conversation.

John Paul Szura can be contacted at johnpaulosa@aol.com

SAVE THE DATE

SUMMIT ON VIOLENCE & ABUSE IN RELATIONSHIPS:

CONNECTING AGENDAS AND FORGING NEW DIRECTIONS

February 28-29, 2008 • Bethesda, Maryland

Alan Kazdin, PhD, President-Elect of APA, has selected this summit as part of his presidential initiative. Topics include Intimate Partner Violence, Child Maltreatment, Children Exposed to Violence and Abuse, Elder Abuse, Gender-Based Issues, Cultural Issues, Substance Abuse, and related themes. The focus will be on What We Know, What We Need to Know, and Where Do We Need to Go with respect to Research, Intervention, and Prevention. The program will consist of a number of plenary speakers and break-out groups to discuss relevant topics.

Conference Schedule

February 28: Opening Plenary, Poster Session, Networking Reception

February 29: Summit Programming

Preliminary Plenary Presenters

Arun Gandhi; Mary Koss, PhD; Jacquelyn Campbell, PhD, RN; and David Finkelhor, PhD

Coordinators

Jackie White, PhD, President-Elect, Div. 35, Bob Geffner, PhD, President-Elect, Div. 56

Host Hotel

Hyatt Regency Bethesda (888) 591-1234: Reservations link at www.reisman-white.com (special conference rate code- G-TPSY)

$189 single/double

In addition to the two lead divisions sponsoring the conference, Division 35 – Society for the Psychology of Women and Division 56 – Trauma Psychology, Centers for Disease Control, the University of Kentucky's Center for Research on Violence Against Women, and the following divisions are serving as collaborators:

- 9, Society for the Psychological Study of Social Issues
- 17, Society of Counseling Psychology
- 22, Rehabilitation Psychology
- 27, Society for Community Research, and Action: Division of Community Psychology
- 28, Psychopharmacology and Substance Abuse
- 37, Society for Child and Family Policy and Practice
- 39, Psychoanalysis
- 43, Family Psychology
- 45, Society for the Psychological Study of Ethnic Minority Issues
- 48, Society for the Study of Peace, Conflict, and Violence: Peace Psychology Division
- 50, Addictions
- 51, Society for the Psychological Study of Men and Masculinity

The Institute on Violence, Abuse and Trauma at Alliant International University is a co-sponsor of this Summit and is responsible for the Continuing Education program. Up to nine hours of CE credit are available for psychologists, social workers, marriage and family therapists, nurses, attorneys, substance abuse and other counselors.

For additional information and to register for this summit, go to www. reisman-white.com or call (512) 845-9059.

Having a Conscience & Going to Gitmo

Jean Maria Arrigo

Peace psychologists have rallied for the welfare of detainees in the current "War on Terror" and against psychologists' presence in detention settings that fail the Geneva Conventions. The deterioration of military morale is also a tragic consequence of this war. From among my oral histories of the moral development of intelligence professionals, I present an illustrative passage (much abridged). The speaker is a senior army interrogator, trained in Arabic. He served in Iraq as a debriefer in the 2003 search for Weapons of Mass Destruction (WMD).

This was late August, 2002. Of course, being conscientious about my job, I wanted to see, okay, what's this all about? Now the huge advantage that I had over you is that I had a terminal with "top secret" written across the top... At best, I could make a circumstantial case that there could be WMD. But, I said, I don't have access to the same level of information that the president does. He must know something that I don't.

But then I went to Iraq. And that was priority intelligence requirement number one: find some WMD. My unit spoke to physicists at universities who may not themselves have been involved but they might know a colleague. And then you go out in the populace: "Has anyone ever seen someone bury something in the middle of the night?" And nothing. I mean, there were some leads, but they all petered out. The blinders came off [me], and at that point, it became a fraud. WMD was just a pretext.

And I think the reason that this disillusionment had such a profound effect on me is this idealistic notion that, we're not perfect, but we're trying, damn it; that America is a force for good. That just hit me almost like a physical force. How could I be let down like this by my own country? When I so closely identified myself and built who I am on the fact that I'm a proud American. I felt betrayed by my own government, on so many levels. I mean, there's the one layer where, "Hey, this is my ass you're sending out here to Iraq. This is me in the line of fire." All the way from that elementary level to more ideological reasons. That was so profound on me that I had to seek help from a mental health professional [laughs].

And then my number was coming up to go back again. I was struggling the whole time with we shouldn't be in Iraq, so how could I go back there? And as the date grew closer for me, I became more anxious. And the conflicting emotions that came with all that, because of what was happening at Gitmo, the people who were there, and why they were there, and how they were being held. And yet I didn't want to let anyone down. I felt a sense of shame of not being able to pull my weight. And then a week before, I broke down. I just cried uncontrollably in the office of the psychologist there. And I was just beside myself that I was of this state. That damn it, if I am so right in my position, then why aren't others with me?

But the clincher for it was when I told the psychologist I wasn't sure if I could reconcile having a conscience and going to Gitmo, to the point where I wasn't sure if I would make it back from Gitmo alive. I could see myself committing suicide if the pressures became too much. But, of course, that was the final straw.... I retired. What if this were ten years earlier, and I wasn't eligible to retire yet?

Almost every sentence of this narrative evokes some familiar, manageable theme of psychology—identity theory, self-efficacy, social comparison, etc. But the hard reality for a military professional sent into an unjust war (in the military sense) with further demands for unjust conduct (in the military sense) invites more thought by peace psychologists—and perhaps collaboration between peace psychology and military ethics.

Would you like to show your support for PEACE in a more tangible—and visible—way?

Order a "Peace is Possible" t-shirt or hat from Julie Levitt by emailing her at julie.levitt@verizon.net.
Donate $10 (or more if you like) to our Division, and we will send you one of the items as a token of our appreciation.

Peace in the Face of Terror

Zach Rothschild, Matt Motyl and Tom Pyszczynski

Despite technological advances in food production, communication, and an increased sense of global interdependence, today's world remains embroiled in a self-perpetuating cycle of violence. Wars, genocides, and rounds of deadly terrorist and counter-terrorist violence continue to plague humanity. Understanding the underlying motivations behind this violence may be the first step toward finding ways to break this cycle of brutality and move toward peaceful solutions to inter-group conflicts.

This article presents a Terror Management Theory (TMT; Greenberg, Pyszczynski, & Solomon, 1986) analysis of the psychological underpinnings of inter-group violence along with empirical research demonstrating situational factors that can reduce inter-group hostility. Most of this research has focused on reminding people of our commonalities, including our shared compassionate values and a sense that we are all members of the same human family.

TMT is a psychological theory that explains a wide variety of human behaviors as being motivated by existential anxieties. Although humans like all other creatures have evolved to strive for self-preservation, our unique cognitive abilities lead us to recognize the inevitability of death. To avoid the resultant anxiety, humans strive to transcend their ephemeral nature by adopting cultural world views that imbue life with meaning. By feeling embedded in a cultural world view and living up to societally prescribed values, individuals gain a sense of self-esteem and the possibility of transcending their own mortality by being a valuable contributor to an eternal reality. However, the existence of alternate world views threatens one's psychological equanimity because it raises the possibility that one's own world view may not be absolutely correct. TMT views the derogation of, and hostility toward out-groups as attempts to defuse the threat they pose to the in-group's faith in their own world view.

Over 350 empirical studies conducted in 16 countries have supported TMT hypotheses. Most often these studies have found that when individuals are reminded of death they become motivated to adhere to cultural standards of value, and derogate threatening out-groups. Death reminders have also been shown to increase support for using extreme military force (e.g., nuclear weapons) in the war on terror in an American sample, and increase support for suicide bombings in an Iranian sample. This shows how opposing groups can be motivated toward violence by the same underlying anxieties. More recent research has shown that support for violence is not an inevitable response to existential fear. Although individuals with world views different from our own often evoke anger and hostility, the tendency to aggress against others can be countered by world-view values that promote tolerance and compassion.

Although religion itself has often been viewed as a catalyst for inter-group violence, most religions share the core values of love and compassion. Rothschild, Abdollahi, and Pyszczynski (2007) recently investigated the effect of reminding people of their religion's compassionate teachings on support for violence after a death reminder. Because mortality reminders have been found to motivate individuals to live up to salient world-view values, then reminding people of the compassionate teachings of their world view after a death reminder should reduce hostility towards the out-group. The first study was conducted in the United States with a predominantly Christian sample. Participants were reminded of death or an aversive topic and responded to either compassionate Biblical quotations highlighting the teachings of Jesus, or neutral quotations. Participants then completed a survey assessing support for the use of extreme military force to fight terrorism, including willingness to kill thousands of innocent people to capture Osama Bin Laden. Results indicated that although individuals high in religious fundamentalism were generally more supportive of using extreme violence, after a mortality reminder, high fundamentalists in the compassionate Biblical values condition showed a significant reduction in support for violence. A parallel study conducted in Iran on a Shiite Muslim sample replicated this effect and found that reminding participants of compassionate Quranic verses after a mortality reminder significantly reduced hostility toward the U.S. and its Western allies.

Motyl et al. (2007) conducted another set of studies aimed at motivating peaceful co-existence by encouraging people to view all humans as sharing a common humanity. In the first study, American college students were reminded of death or another aversive topic, and were then asked to make judgments about a series of photographs that depicted families from diverse cultures activating a sense of common humanity, American families, or apparently unrelated people. Participants' automatic associations between Arabs and positive and negative concepts were assessed with a common measure of implicit attitudes. Although death reminders increased anti-Arab prejudice in the control conditions, death reminders reduced prejudice for participants who viewed the pictures depicting diverse families. A second study manipulated feelings of common humanity by having participants read and respond to vignettes about common childhood experiences supposedly written by either Americans or an ethnically diverse group of authors. Once again, although death reminders led to increased out-group prejudice as measured by a scale assessing attitudes towards immigration in the American author condition, this increased prejudice effect was eliminated after a mortality reminder in the common humanity condition. These studies suggest that appealing to a sense of common humanity can obscure in-group/out-group distinctions and negate inter-group prejudice when existential fears are heightened.

Reflecting on a history of violence, we often neglect the fact that great individuals and groups of people alike have been able to push an agenda of peace through religious and secular activism. This is only possible because sentiments of compassion and a sense of shared humanity pervade our diverse systems of beliefs. While TMT has previously been used to understand why people are motivated to support violence

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CONGRATULATIONS
to the newly elected officers of Division 48!

President Elect:
Eduardo Diaz

Council Representatives:
Corann Okorodudu
Judy Van Hoorn

Member-at-Large:
Judy Kuriansky

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against others, recent research lends empirical credence to strategies used by past leaders who struggled for peace in times of turmoil and oppression. By preaching messages of tolerance, love, and universal humanity, men like Nelson Mandela, Gandhi, and Jesus drastically changed the sociopolitical landscape. We must realize that these same values still exist deep within the world views of people around the world. Perhaps we need new voices to remind us of our common humanity and shared compassionate values.

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ANNOUNCEMENTS

POSITION AVAILABLE

REGIONAL PSYCHOLOGICAL CONSULTANT

for Public Education Radio programs promoting reconciliation in East Africa

LA BENEVOLENCIJA GREAT LAKES, a Dutch Humanitarian Media production NGO, is broadcasting educational programs to prevent violence and promote reconciliation, trauma recovery and active bystandership. The position involves working with Radio Benevolencija's production teams in Rwanda, The Democratic Republic Congo, and Burundi in training and application of the substantive psychological components used in the production of La Benevolencija's programs and grass roots activities. The Regional Psychological Consultant executes her/his tasks in Africa in coordination with the organization's academic team in the U.S. The Regional Psychological Consultant should be willing to commit to the project for a minimum of one year, renewable annually for an expected maximum of four years. Please contact info@labenevolencija.org for more information.

Peace Research Task Force Looking at Meaning of a "Peaceful Person"

THE PEACE RESEARCH TASK FORCE IS CONDUCTING RESEARCH to develop an empirical understanding of the nature of a peaceful person. This research is based on the roundtable discussion led by Linden Nelson at the 2005 convention. The goal is to organize a symposium on this topic for the upcoming convention next year in Boston. People interested in joining the research group are encouraged to contact Dan Mayton (dmayton@lcsc.edu).

Theme Issue of *Peace and Conflict* Announced

ACCORDING TO EDITOR RICHARD WAGNER, the final 2007 issue of *Peace and Conflict: Journal of Peace Psychology* (Vol. 13, No. 4), features articles by psychologists who attended a weekend devoted to understanding the process of military interrogation. The psychologists met with four retired senior military interrogators, who stated that their method of extracting information from a source is based on "rapport." Clark McCauley characterizes their methods as the application of basic principles of social psychology, while Allison Redlich points out the differences and similarities between military and police interrogation. Issue co-editor Jean Maria Arrigo and interrogator Ray Bennett debunk the famous "ticking bomb" scenario and decry the coercive methods used by non-military interrogators at Guantanamo and elsewhere. Ronnie Janoff-Bulman, Ali Moghaddam, Robin Vallacher, and issue co-editor Richard Wagner add their perspectives to our understanding of interrogation. The military interrogators' "testimony" provides a valuable perspective on the current debate about psychologists' involvement in military and national security interrogation.

The first issue of 2008 will feature Ethel Tobach, a true pioneer in peace psychology. Also included in Volume 14, No. 1, will be a major article by Herb Kelman: "Evaluating the Contributions of Interactive Problem Solving to the Resolution of Ethnonational Conflicts."

Chair and New Members Needed for Feminism, Gender, and Peace Working Group

THE WORKING GROUP, FEMINISM, GENDER, AND PEACE is looking for a chair and new members to address research and activism relevant to the group's charge. The chair position would be for three years and is renewable. In the past, this working group has organized symposia at the annual convention and been involved in peace research and peace practitioner activities. If you are interested, please contact Dan Mayton (dmayton@lcsc.edu), Debby Ragin (ragind@mail.montclair.edu), or Kathleen Dockett (kdockett@aol.com).

APA Council of Representatives (COR) Report

by Division 48 Council Representatives Judy Van Hoorn and Corann Okorodudu

Before reporting on the August 2007 meeting, we want to inform you about an agenda item sponsored by Division 48 and Division 16 (School Psychology) that is scheduled for the APA Council of Representatives' (COR) February 2008 meeting. It is critical to develop support for this item.

Task Force on the Psychosocial Effects of War on Children and Families Who are Refugees Residing in the U.S.

The purpose of the proposed Task Force is to assist psychologists in the U.S. to meet the challenges of working with immigrant children and families who are refugees from armed conflicts. Although there has been increased attention to developing culturally appropriate practices and policies for immigrant groups, there has been little consideration of the special needs of the refugees from armed conflicts who migrate to the U.S.

The Task Force Report will contribute to the integration of the diverse literature relevant to the field and, in addition to a scholarly review, provide a widely accessible and comprehensive review for practitioners, researchers, and policy makers working in the U.S. The Task Force Report will also include recommendations for practice that consider the effects of war and armed conflict, that are developmentally and culturally appropriate, and that are relevant to specific populations.

Report from the August 2007 APA Council Meeting

APA's 2007 Resolution Against Torture

Perhaps the most hotly debated issue within the Council of Representatives (COR) and the program at the 2007 Annual APA Convention in San Francisco was the participation of psychologists in interrogations at U.S. detention centers for foreign detainees. This section of our report describes the process leading to the adoption by COR of the 2007 APA Resolution Against Torture and briefly highlights some of the actions specified for APA as an organization and for all psychologists. We are co-authors with Beth Wiggins (Division 41: The American Psychology–Law Society) and Bill Strickland (Division 19: Society for Military Psychology) of an article on the 2007 Resolution in the November *APA Monitor*, which presents a more focused analysis and a call to action. We were among the original co-sponsors of the resolution whereby APA would call for a non-binding moratorium on psychologists' involvement in interrogations. (Linda Woolf substituted for Corann Okorodudu at the meeting and was a co-sponsor of the resolution.) The challenges to consideration of this resolution changed significantly in June when the APA Board proposed a Substitute Motion to replace the "moratorium resolution." Following this, with the approval of Division 48's Executive Committee, we worked hard and in collaboration with other Council Representatives to make the Substitute Motion, which was adopted by Council, as strong as possible.

The Process

At the August 2006 meeting of COR, Neil Altman, a representative of the Division of Psychoanalysis (39) proposed a resolution whereby APA would call for a non-binding moratorium on all psychologists' involvement in interrogations at U.S. detention centers. The Executive Committee of the Society for the Study of Peace, Conflict and Violence, APA Division 48, supported this resolution. Judy Van Hoorn, Linda Woolf, substituting for Corann Okorodudu during the COR meeting, and Corann Okorodudu were co-sponsors of the proposed resolution. The necessity for a moratorium was based upon the possible denial to detainees of protections outlined in the Geneva Conventions and the possible use of interrogation techniques in violation of the 2006 APA Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CIDTP). The proposed resolution was reviewed by the Ethics Committee and seven other APA governance groups, none of which supported it. The Ethics Committee recommended a further round of revision and review, but, due to the urgency of the issue, Neil Altman, as the sponsor of the "moratorium resolution," asked that it be placed on the agenda of COR's August 2007 meeting.

In June, the APA Board of Directors reviewed the feedback from the governance groups and developed a Substitute Motion to replace the "moratorium resolution" in the proceedings of COR. The Substitute Motion did not include support for a moratorium on psychologists' participation in interrogations. Instead, it prohibited an extensive list of specific interrogation techniques. A month before the August COR meeting, Division 48's representatives who had co-sponsored the "moratorium resolution" (including Linda Woolf) and the other co-sponsors of the resolution became aware of the Board's Substitute Resolution and began to formulate amendments to strengthen the Board's resolution as reaffirmation and application of existing APA policy and to allow COR to discuss placing limitations of psychologists' participation in interrogation at detention centers. Through our initiative and collaboration with other COR representatives, this collegial process on the amendments began quickly and thoughtfully through conference calls and e-mail transmissions before the convention. We transmitted the draft to the listservs of the Divisions for Social Justice, COR, and Division 48's Executive Committee for input. The Division 48 Executive Committee approved it.

At the Convention, the work on the amendments continued with a larger, more diverse group of COR members through four face-to-face-meetings of the group, as well as numerous consultations among themselves and others. There were several questions and points of disagreement. The 2007 Resolution adopted by Council represents consensus on numerous amendments to the Board's Substitute Motion. The group was unable to reach consensus

on a key amendment which proposed that "the roles of psychologists in settings in which detainees are deprived of adequate protection of their human rights, should be limited as health personnel to the provision of psychological treatment." In contrast to the moratorium resolution, this would have been a binding prohibition. In response to a suggestion from Division 48's representatives, the group agreed unanimously to place this amendment on COR's agenda so that it could be read and discussed by Council members prior to the vote. Corann Okorodudu introduced this amendment and Judy Van Hoorn and other Council representatives spoke on the floor of Council urging Council to support the amendment that would have limited psychologists participation at Guantanamo and other such sites. After respectful yet vigorous and wide-ranging debate, Council voted by a large majority not to adopt the amendment that we and others had proposed.

The Resolution

The 2007 APA Resolution reaffirms APA's 2006 Resolution Against Torture and Other CIDTP in its entirety as the general, comprehensive policy applicable to all individuals, in all settings and contexts, without exceptions. It builds on the 2006 Resolution significantly by specifying actions for APA as an organization and prohibitions and actions for individual psychologists. A distinctive strength of the resolution is its recognition that "torture and other CIDTP can result not only from the behavior of individuals, but also from the conditions of confinement.

Although the moratorium resolution and the amendment that would have limited participation did not pass, the resolution clarifies that (a) APA expresses concern over settings in which detainees are deprived of adequate protection of their human rights, (b) APA affirms the prerogative of psychologists to refuse to work in such settings, and (c) APA shall explore ways to support psychologists who refuse to work in such settings or refuse to obey orders that constitute torture.

Importantly, the Resolution calls upon APA to inform U.S. government agencies that psychologists are prohibited from participating in interrogation techniques that are contrary to the Geneva Convention, the U.N. Convention Against Torture and the 2006 APA Resolution Against Torture.

The Resolution is especially strong in that it applies to all psychologists whose work relates directly or indirectly with lawful or unlawful enemy combatants wherever they are held. This includes psychologists in the military, the CIA, consultants in varied roles and all other psychologists having information relevant to the use of prohibited interrogation techniques or conditions of detention that violate human rights. It advances the struggle against torture by unequivocally condemning and prohibiting a non-exhaustive list of 19 unethical interrogation techniques in keeping with the UN conventions cited above, as well as the 2006 Resolution Against Torture.

The 2007 resolution clarifies the application of Ethical Standard 1.02, which has been the topic of numerous questions. The resolution affirms that there is never a justification for torture and that the invocation of laws, regulations or orders is never a defense against engaging in torture under APA Ethical Standards. Another path-breaking provision is that psychologists who take clear and unequivocal stances against torture and cruel, inhuman or degrading treatment or punishment, especially in the line of duty, are commended by APA. The Resolution thus affirms that psychologists may engage in civil disobedience consistent with APA Ethics Code in cases where ethics and law conflict and calls upon psychologists to report torture and to cooperate in all investigations of it, including investigations by the U.S. government. We urge you to read the resolution in its entirety.

Council Actions to Enhance Representation and Respect for Diversity

Amendment to Include Ethnic Minority Associations

Amendments to APA By Laws and Association Rules are voted on by the membership. We urge you to vote "yes" on this issue when you receive the ballot.

With a historic vote, Council approved amendments to the APA By Laws and Association Rules regarding the composition of COR to add one voting representative from each National Ethnic Minority Psychological Association (the American Association of Asian Psychologists, the Association of Black Psychologists, the Society of Indian Psychologists, and the National Latino/a Psychological Association). Council representatives from these groups shall be members of their respective constituencies and members of APA and shall be designated by their respective associations. The proposed amendments will be sent to the APA membership for a vote in November 2007. So we are asking Division 48's members to be alert to the call for the vote which will determine if the national ethnic minority psychological associations will be seated as full voting members on Council for the February 2008 meeting.

Anti-Discrimination Resolutions

In adopting the recommendations of the World Conference Against Racism Report, Council took initiatives that have resulted in three anti-discrimination resolutions in addition to the APA Resolution Against Racism (2001): (1) The APA Resolution on Anti-Semitic and Anti-Jewish Prejudice (2005); (2) the APA Resolution Against Prejudice, Stereotypes, and Discrimination (2006); and (3) the APA Resolution on Religious, Religion-Related and/or Religion-Derived Prejudice (2007). Due to questions raised about the assumption in the original Resolution on Anti-Semitic and Anti-Jewish Prejudice that "anti-Semitism is frequently asserted in the context of discourse regarding the actions of the State of Israel," this resolution was amended at the August 2007 meeting by deleting "frequently" and substituting "Government" for the "State" of Israel. Therefore, as the resolution currently reads, it cannot be assumed that all persons who criticize Israeli government policies are expressing covert or "modern" anti-Semitism.

Ethnic Minority Recruitment, Retention, and Training

Taking into account both the successes and remaining challenges revealed in the APA Commission of Ethnic Minority Recruitment, Retention, and Training 2 (CEMRRAT2) Task Force, Council ad-

opted a resolution calling for enhancing these facets of diversity through the continuing oversight of the Task Force of the CEMRRAT2 Plan and directing the APA CEO to include the Task Force recommendations in the CEO's proposed Diversity Implementation Plan and the APA Strategic Plan.

Reimbursement Policy for Ethnic Minority Members of Council

Council voted to continue this reimbursement policy, which first became effective in August 2001 and has been helpful in increasing ethnic minority representation on Council. This policy applies mainly to the August meeting of COR, in that since Council approval in January 2006, all Council members are fully reimbursed for their attendance at the February meeting of Council. *Council strongly encourages Divisions and State, Provincial and Territorial Associations to submit one or more slates of nominees for Council comprised solely of ethnic minorities.*

Education for Sustainable Development

The United Nations has declared a Decade of Education for Sustainable Development (2005-2014) with the UN Educational, Scientific, and Cultural Organization (UNESCO) as its lead agency. APA's Education Directorate has been in meetings with leaders from over a dozen national disciplinary associations, initiated by the Association of American Colleges and Universities and the Association of University Leaders for a Sustainable Future, to address the challenges of education for a sustainable future. This collaboration has resulted in a joint Resolution in Support of Education for Sustainable Development adopted by Council as APA policy.

The Society for the Study of Peace, Conflict, and Violence has interest, scholarship and practice on sustainable development that could be brought to bear on broadening the impact of this initiative.

The Working Group for Peace and Spirituality

Steve Handwerker

The Working Group begins its twelfth year and continues to engage bold new steps to expand its project venues, research endeavors and international community work. These all are in service of promoting those values that promote peace. To this point in time we have documented over 460 inquiries! Some of the broad range of interests that have been part of this Group's activities include: publication of articles by members of the working group in the edited volume(by Samuel Natale) of "Conflict and the Sleep of Reason" (Oxford University Publications 2006); the beginning of a book with various members (and professionals outside 48) on "Building Unity Through Education"; a presentation and publication at Oxford University of results from international research on values that promote peace; working within communities with religious leaders to create Sunday school curricula that address tolerance and understanding between the faiths; research in relation to resiliency (and the prevention of burnout) and the establishment and replication of cross validated, multicultural Peace and Spirituality measures; and participation in the APA Midwinter Conferences (last two years) at Loyola University, which will culminate in the publication of *Visions in Conflict*, a book based on these symposia. Over the previous eleven years over 60 programs addressing values that promote peace have been generated for APA conventions and Midwinter conferences.

At this point, various tasks have been at the forefront of the Group's efforts: Creating or participating in programs at professional conferences; working on a book on Building Interfaith Harmony and on another book on Peace and Spirituality. Another task involves continuing international research using a Peace Inventory that explores the impact of values and their role in peace building and coping with trauma. We continuously receive requests for permission to use this measure internationally and in a greatly expanded number of venues!

Members of the working group attended an international conference in England and presented research in the areas of peace and spirituality. This past year we promoted the theme of the impact of values on peace building to interested international practitioners through two symposia at the APA Midwinter Conference for Division 36 that focused on interfaith topics and values research. A book will be published from the compilation of contributions in this venue. Additional work is currently going on in relation to working with religious and community leaders to expose the ideas of building interfaith harmony through the generation of various curricula WITHIN the settings of each of the various groups. One such continuing project exposes and shares marriage ceremony rituals from different perspectives to different religious groups. A book is still at the beginning stages in this area of interfaith work, and through the initiation of various members, it is receiving top priority, and we are seeking publishers for this project. We are very excited about all this wonderful work. For anyone interested in any one of these projects please contact me. Any and all input is welcome!

Steve Handwerker can be contacted at peacewk@peacewk.org or 561-447-6700.

"Action is the antidote to despair."

-Joan Baez

Peace is not the product of
a victory or a command.
It has no finishing line,
no final deadline,
no fixed definition of achievement.
Peace is a never-ending process,
the work of many decisions.

– Oscar Arias

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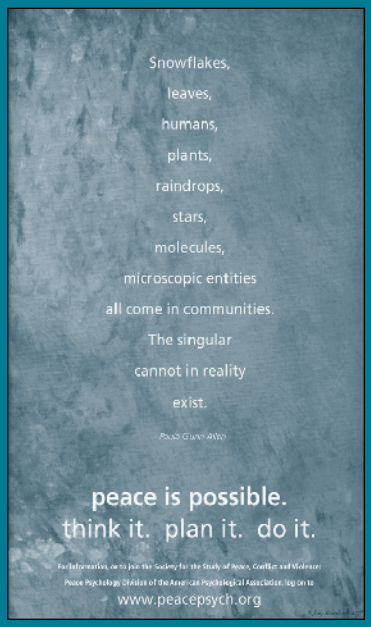

REFLECTIONS FROM PANAMA

Hola, amigos!

Greetings from Panama City where Ramona and I are living until December to see if we want to relocate here in 2008. We missed seeing you in San Francisco, but through the wonders of the internet, kept up with much of what happened there. We were saddened, but not surprised, when we read Linda Woolf's commentary on the Moratorium proposal at HYPERLINK: http://www.webster.edu/~woolflm/ASadDayforPsychologists.pdf.

As Yogi Berra said, it was like "deja vu all over again." The experiences that she described in dealing with the APA before and during the Council meetings brought back many memories of my two years as Chair of the Council's Task Force on the Psychological Effects of Efforts to Prevent Terrorism. At their February 2003 meetings we were charged with "assessing the emotional and behavioral effects of processes initiated in the U.S. to safeguard American lives and property and prevent future acts of terrorism." Council approved this Task Force proposal nearly unanimously with one long-time council member calling it the "most important task force ever established by Council."

The Board of Directors of the APA, President Sternberg and Secretary Levant vetted the 15 Task Force members that I recommended and added one other researcher from NIH. We pursued our assignments individually and coordinated through conference calls attended by a variety of employees of the APA's Public Interest Directorate between June and October of 2003. The editing of the final document was done by e-mail with expert help from Art Kendall on the necessary detailed work. Three other experts in conflict resolution reviewed our work in March 2004. Their comments were taken into account in the Final Report that went to the Board of Directors' June 2004 meeting. At this meeting the Report was approved for the Council meetings of July 2004.

And then the fun began. Just before the afternoon session at which I was scheduled to present our Report to the APA Council, Ron Levant, Rhea Farberman, Henry Tomes and my contact on the Board of Directors called me from lunch to discuss our Report. I was told that to have the Report "received" by the Association—as proposed in our Agenda item—would not be as powerful as having it "reported" to the APA after being reviewed by a number of relevant Boards and Committees. They suggested that I amend our item on the floor to have such a review take place so that the Association could do more with our findings and recommendations than just accepting them.

With little time to consult the rest of the Task Force (there had been no mention of such a review process before this hurried discussion), I amended the proposal as requested (although Bernice Lott, another TF member on Council, who was skeptical of this last-minute turn of events, opposed postponing the reception of our time-sensitive work). My expectation was that by going through the review process, the Report would be stronger and the Association would act upon it more quickly and comprehensively after Council approved it in February 2005.

Attending the meetings and responding to the suggestions of the many boards and committees involved a lot more work for me and our authors, as these groups had different interests and points of view regarding our findings and recommendations. When we finished revising our Report in light of their suggestions, the APA Board of Directors recommended it be rejected as lacking "peer review" in spite of the fact that it was a policy piece and not an academic journal article. It was also suggested that our findings and recommendations were too "political" (it seems that only the status quo is not "political" or "politically correct" at the Association).

We brought our responses to the Board of Directors' objections to the February 2005 Council meetings, only to find our item being moved down the agenda by Ron Levant (presiding as President) until there were just ten minutes left in the final afternoon session. This was barely enough time to go over the main item and no time for discussion of or response to the Board's critique. Our first speaker was cut off by

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Levant (there were several others ready and able to address their issues) and a vote was called. We were voted down—as representatives were leaving to catch flights and other convention activities—and the Report was never received by the APA.

As many of you know, I took the initiative to transform the 12 articles written by the Task Force members into chapters in *Collateral Damage: The Psychological Consequences of America's War on Terrorism* published by Praeger in August 2006. The APA's attorney made it clear that I was not to intimate in any way that the book was endorsed or approved by the Association.

Like Linda in her struggles with the recent Moratorium proposal, I felt neglected, misled and taken advantage of by the Board of Directors and members of the APA Central Office. There was little money for the Task Force (our only meeting was at our own expense, staying late at the 2004 Convention in Toronto) and no single staff member was assigned by the Public Interest Directorate to assist us as needed with our volunteer activities. The APA's Director of Public Affairs told me that the Association could not publish some of our statements such as "more people will die from the 'war on terrorism' than died on 9/11," even before the Report was seen by Council. In short, rather than feeling we were part of a professional organization working together to promote the general welfare, I felt that we were being led through a series of obstacles in an effort to prevent us from bringing to the public important information about the effects of our government's policies on terrorism.

After being rejected, our Report was referred to the Board of Scientific Affairs for further review where it has remained undiscussed for two and one half years. Thus, our findings and recommendations are available only to those who purchase *Collateral Damage*. Joanne Tortorici Luna favorably reviewed our book in the August 15 (2007) online issue of *PsyCritiques*. It ends, "It is good to know that, in a moment of our history when even a supposedly independent press has largely suspended its critical voice, there are still some who will call it as they see it. Psychologists are sometimes referred to as those who are willing to speak the unspeakable. There is no better time than now."

I sincerely hope that the time is not too far off when our membership association will speak with a clearer voice on critical national and international issues. In the meantime, I suggest that you read the rest of the *PsyCritiques*' book review and/or buy a copy of *Collateral Damage* to see what it is that the Association will not associate with.

Hasta luego,
Paul Kimmel (aka)
The Panama Kid

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Peace Psychology Division of the American Psychological Association

As of November 2007

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There is a second way to get to our web site—go to the APA web site, scroll down to Division 48, click on it, and you'll find our web site address at the bottom of that page. The APA URL is:
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Let me know if you have any difficulty getting to our web site.

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