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# People and Communities can and do Recover:

Personal and social healing from natural  
disaster & recovery stresses.

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# What Happens in Disasters?

Two sources of Damage:

1. **IMPACT**. – Short: minutes to hours
  - Threat, trauma, loss, damage, dislocation
2. **RECOVERY** – Long: months to years.
  - Disruption, confusion, isolation, intrusion, misunderstanding, overload, etc, + Impact responses continue.

Recovery problems undermine resilience and convert recoverable impact problems into unrecoverable losses.

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Recovery problems are decisive in determining outcome.

They undermine resilience

They convert recoverable impact problems into unrecoverable losses.

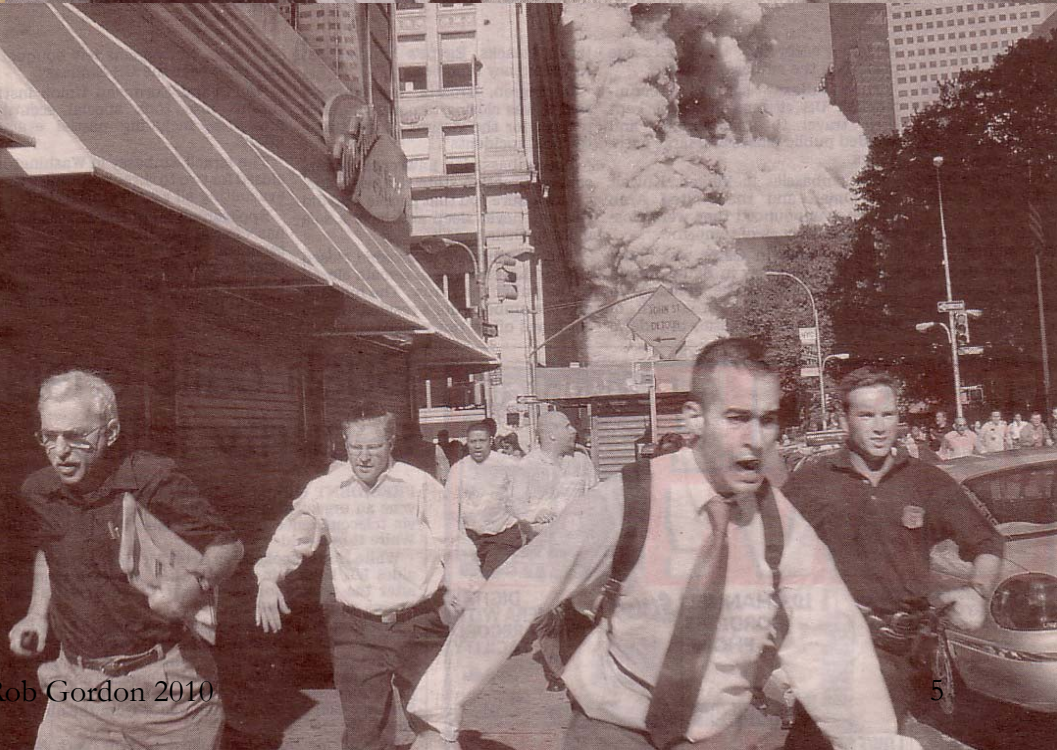
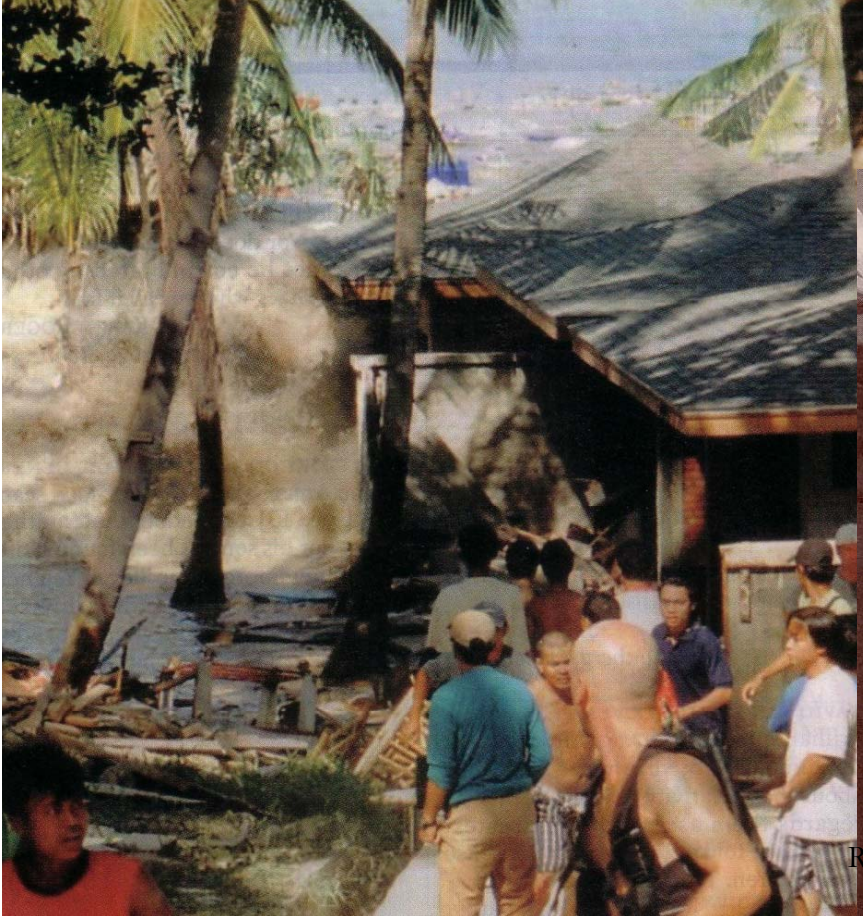
They may be as damaging as the disaster - become: “The second disaster”

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# What are Impact Reactions?

- People go into “Survival Mode”
- Involuntary, high arousal, adrenalin.
- Action mode, high energy
- Shut down what is unnecessary: pain, fatigue, feelings,
- Narrow focus on the present
- Meet immediate needs

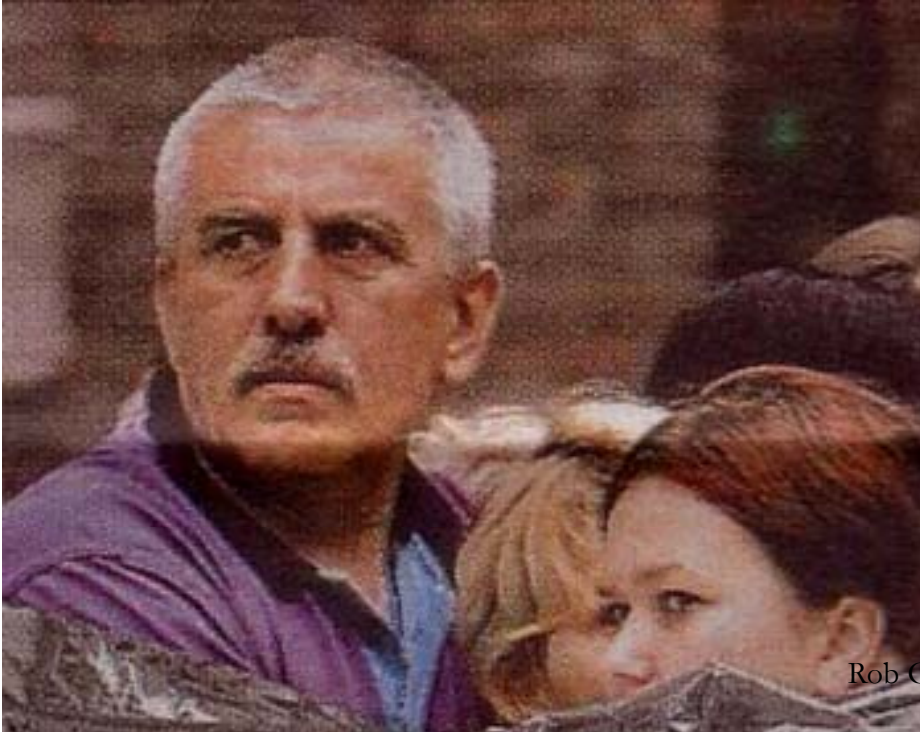
This state is not a basis for recovery.



# What are Recovery Reactions?

- People go into “Stress Mode”
- Ongoing stress, increased arousal, cortisol.
- Working to get and do what is needed
- Shut down what is unnecessary: pain, fatigue, feelings,
- Narrow focus on priorities, next thing
- Do one thing at a time, easily overwhelmed
- No time for self, taking stock: “Bushfire Brain”

**This state is not a basis for normal life.**



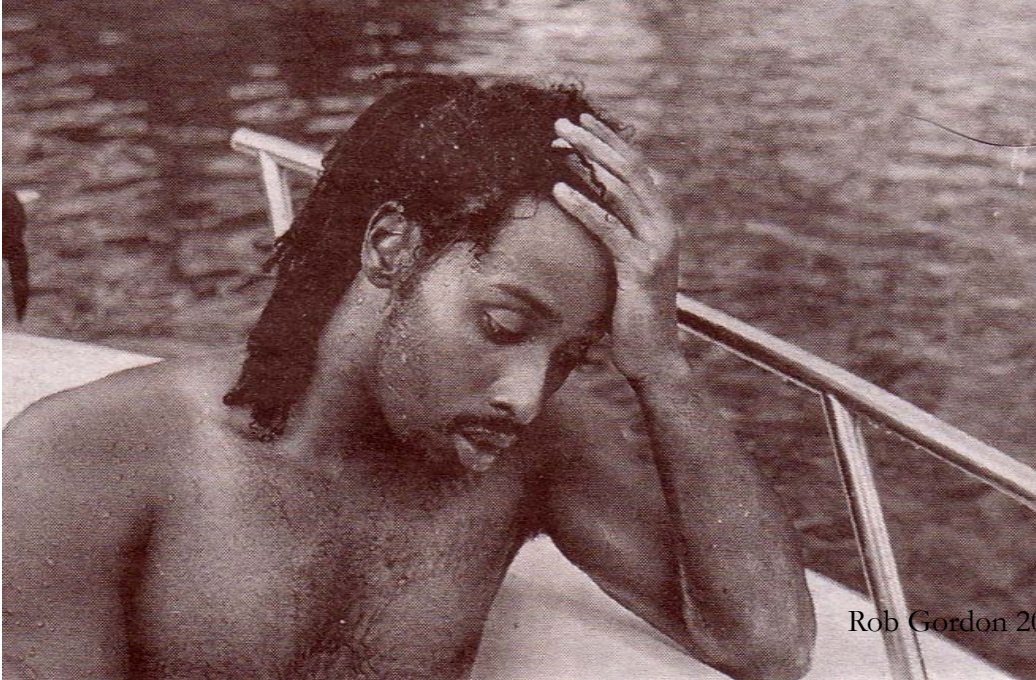
# The social dimension.

- Before the disaster we are immersed in a social system
- Familiar, taken for granted
- Provides known roles, codes of interaction, rules,
- Makes things predictable, don't need to think about it
- Frees our mind for dealing with what is going on *IN* the social system (ie ordinary life)

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# Social Impact.

- Threat creates “Survival Mode” high arousal.
- Revert to immediate physical needs
- Contract to immediate neighbours or loved ones
- Focus on self survival
- Loss of social system
- “Debonding” from larger social world.
- Disorienting



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## Social Rebound – days to weeks

- Gather together in highly aroused groups  
“Social Fusion”
- Many unfamiliar others arrive “Convergence”
- Normal roles and routines replaced by survival, high arousal interactions
- Volunteering, altruism, loss of privacy
- Victims taken over by others
- “Officials” telling what to do
- Confusion & loss of familiar landmarks

## Recovery Period - months to years

- Complex, Positive and negative effects
- High energy and intensity – high arousal
- Needs don't coincide, Cleavages and conflicts
- Feeling left out, hypersensitive
- Everything too slow – tension and disappointments
- Can't decide, not ready for things
- The social setting needs to be managed in a way that it did not before the disaster.

# What is recovery?

- “Re” – means “again”
- “Covery” – cover means “to immerse in”
  - Eg: the ocean *covers* the earth

“Re-covery” means to regain the condition of being immersed the social and physical world with its familiar resources, routines and relationships, roles and systems.

**Every aspect of recovery has a social dimension.**

# The Problem:

- 10-20% 'clinical cases' in Natural Disaster
  - PTSD, depression, anxiety, substance abuse
- 45% in Terrorist Disaster (Oklahoma bombing)
  - 30% of clinical cases still suffered after 6 years.
  - Most cases had no treatment.
- Predictors of Clinical problems :
  - Severity of impact
  - Resource loss
  - Social problems during recovery.
  - Previous problems
- Many others suffer *degraded quality of life*
  - no enjoyment, eroded relationships, loss of motivation.

## Research findings of disaster on mental health:

- Strong initial symptoms and reactions, subside in the early weeks
  - 30% @ 3 months,
  - 18% @ 7 months,
  - 13% @ 10 months.]
- Some take up to 18 months.
- Services often under-utilised in early months
- Demands increase at 6, 12 and 18 months.
- “Psychological Distress” is more common than mental health diagnoses.

[Bourque et al., 2006]

# Kentucky Flood (1982)

- No significantly increased “mental illness”
- Levels of distress (depression, anxiety, stress) similar to major life crisis (death or spouse, loss of job)
- Distress made up of 4 Separate Factors:
  - Negative Emotions
  - Negative Thinking or difficulty thinking
  - Psychosomatic (Bodily) problems
  - Reduced positive emotions & attitudes
- Compared those suffering *personal loss* and those exposed to *community destruction* but not suffering loss.

# Duration of problems (Kentucky 1982)

- Required 2 years to return to pre-disaster overall physical and psychological health.
- Somatic (Bodily) complaints - 3/12 for those suffering personal loss
- Negative emotions – 2 years
- Reduced positive emotions – 1 year (2 years for community destruction not suffering personal loss)
- Negative thinking – 1 year (More important for those exposed to community destruction)

# Social Support (Kentucky 1982)

- Social Participation Declined for 6/12 (community destruction)
- Non Kin Support Declined for 6/12 (personal loss)
- “ “ “ “ “ 2 years (community destruction)
- Kin Support Declined 6/12 (personal loss)

# Resilience

- People keep asking: How are they coping?
- Most people cope – but at a cost.
- **Resilience** is the capacity to resume a creative life.
- Requires integrating the trauma into continuing life history while preserving goals and values.
- Working to rebuild a life when everything is you depend on is disrupted.
- What else is there to draw on?

# Recovery Stress

- As time passes, the effects accumulate
- Not as definable mental health problems
- But as the grinding down of those aspects of normal life that support resilience
  - Friends and family supporting
  - Success and attaining goals
  - Feeling connected
  - Feeling on top of the process
  - Seeing how it will all work out

# Problems of the 1<sup>st</sup> Year

- Surviving,
- Stress,
- Getting things done
- Exhaustion, Keeping going
- Isolation and misunderstanding
- Frustrations and blockages
- Can't keep up with everything else
- Drop out relaxation, enjoyment, recreation
- Health and relationships deteriorate

# Problems of the 2<sup>nd</sup> Year

- Delayed fatigue
- Despondency and cynicism
- Loss of previous life goals
- Confusion about priorities
- Hypersensitive to other people, conflict
- Continuing sense of danger and vulnerability
- Feel devalued, lost time, lost old self
- Community no longer the familiar loved place
- No one cares, they've all moved on
- Health deteriorates

# Understanding reactions

- Not mental illness, weakness or inadequacy
- Normal for extensive demands and losses
- Loss of frame of reference
- Do not know what is normal
- Compare to other situations
- Expectations unrealistic and wrong
- Loss of confidence
- Symbols and gestures go wrong.

# Recovery Time frame

- 2-5 years
- Sadness of loss does not go away
- Just get longer breaks
- Keep working on it
- No “closure” just gradually accept what it is.
- Changed values, relationships and lifestyle
- Sadder but wiser
- More accepting of what reality is

# The Social Setting

- Everything simultaneously disrupted
- No normal anywhere
- Everyone aroused
- New temporary social system (“fusion”)
- Normal needs supplanted by survival needs
- Boundaries and privacy lost
- Incoming supports operate in their own role
- Everything is needed but cannot be done at once
- Confusion comes from communication problems

# Recovery in the 1<sup>st</sup> year

- **Integration** of services recreates the connectedness of pre-disaster social system
- **Flexibility** allows systems from outside to respond to disaster circumstances
- **Informality** encourages use of supports without needing formal criteria
- **Coordination** ensures that the support system preserves effectiveness
- Everything becomes a **symbol** of recovery
- Support is a symbolic process and makes you **feel** more capable - & then you are more capable.

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# Recovery in the 2<sup>nd</sup> Year

- Manage rumours and myths
- Ensure complexity is maintained
- Allow for exceptions
- Outreach and initiatives to meet needs
- Practical needs the basis for meeting psychosocial needs eg, employment, business, re-building, etc.
- Stand-alone support services are felt to be irrelevant – their problems are coming from the real world.
- Community engagement, consultations and representation – it is their community

# Aftermath:

- Restore connectedness
- Self management
- Preserve privacy
- Reduce emotion
- Social organisation, restore family relationships
- Structure, roles and boundaries, parents, children
- Normalisation
- Information and advice
- Combat remaining in 'emergency mode' – out of routine.

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# Recovery Assets

1. Unaffected people helped manage practical tasks
  2. Local people and neighbours
  3. Cooperation from agencies involved in restoration.
  4. Confidence in the assistance measures
  5. Optimism about the future from the confidence in recovery
  6. Collective knowledge of floods and recovery
  7. Stress information meetings
  8. Managing stress and exhaustion
  9. Symbols of support
  10. Time passing
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# Recovery Liabilities

1. Lack of a support person
  2. Support relationships that did not understand recovery or were unhelpful.
  3. Lack of social processes to address stress and conflict
  4. Unrelated personal crises
  5. Lack of control over restoration, rebuilding, etc.
  6. Cognitive disruption and emotional overload.
  7. Unhelpful advice from advisors inexperienced in disasters
  8. Not being listened to, being preached to by experts.
  9. Lack of cooperation from recovery agencies
  10. Uncertainty about the future
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# Misguided Recovery leads to the “second disaster”

- Fail to establish personal space and social embeddedness
- Conflict and detachment
- Hurt and disappointment
- Disillusionment and pessimism
- Degrade the communicational fabric
- Damage integrative capacity
- Lead to persisting dysfunction
- Family loses its fabric and routines, children watching

# Restore Social Fabric

- Constant communication even if nothing new to say
- Ask and Answer questions
- Resolve ambiguities and doubts
  
- Communication *is* social connectedness
- Communication *is* social support
- Communication *is* integration

# Research on Social Impacts

- Structure of social relationships permanently changed.
- Disasters increase family cohesion and relationships.
- Decrease **quality** of family and social relationships
- Expectations of support from family and friends decline.
- Community members not directly impacted greatly affected
- Social deterioration is diffuse, delayed, not recognised.
- Social problems evident where:
  - recovery management disregarded natural networks in providing services.
  - social networks unable to meet all needs (not supported)
  - disappointment in availability of help

# Research on Social Support

- Does not predict immediate distress (impact)
- Predicts Distress at 6, 11, 16 months.
- Reduced social support correlated with increased depression.
- Better social support means faster but not total recovery
- Social support related to: non-kin support, social “embeddedness”
- Three necessary Dimensions of the support system:
  - **Family & friends (those we love)**
  - **Acquaintances, neighbors, colleagues (those we know)**
  - **Membership of voluntary groups (those with common interests)**

# Types of Support that reduce Distress

1. **Resource support** – money, transport, material aid
2. **Identity support** – similar issues, community recognition, availability of friends, peer group
3. **Information support** - advice about issues, entitlements, resources and services
4. **Psychological support** – help to think, decide, solve problems, recognise own states (counseling) etc

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# Recovery Strategies:

- Enhance structured communication opportunities
- Extend modes and variety of communication
- Information is the vehicle of communication
- Communication is the social integrative system
- Social capital is a form of communication
- Need to encourage families to do what was natural before.

Communication is for the social world what hygiene is for physical health.

# Disasters are social events – need social perspectives

- The longest, most expensive consequences are social/family/personal
- Communities need early intervention with the same priority as physical assistance
- They need advice and infrastructure to re-establish their own functioning.
- They need low-key, supportive assistance – it needs training not to do too much
- Normal people need informal, flexible, outreach-oriented community-based services.
- Communities need increased information and increased representation in their recovery.