Psychosocial aspects of recovery: practical implications for disaster managers

Anne Eyre discusses the psychosocial dimensions of disaster and considers behavioural research in planning strategies for recovery

Abstract

This paper discusses the psychosocial dimensions of disaster and the importance of considering the findings of behavioural research in planning recovery strategies and programmes. Disaster experience highlights the importance of acknowledging the capacities and resilience of people in disasters, as well as planning for and providing appropriate mental health interventions after traumatic events. The recent development of a rights-based approach in the United Kingdom (UK) is referred to as part of a political approach to recovery. An holistic approach requires planning for recovery in all phases and includes acknowledging the role that processes such as investigations and inquiries play in aiding or inhibiting recovery.

Introduction

This paper examines various psychosocial aspects of recovery following disasters from the perspective of a sociologist and trauma specialist. My interest in major incidents and their management stems from UK experiences in a series of manmade events in the 1980s. This subsequently became known as the 'Decade of Disasters'. This paper considers the practical lessons learned about disaster recovery from three perspectives—those of academic researchers, practitioners and survivors.

Over the last 25 years much has been written about disaster stress and, more recently, ways of maximising people's coping strategies and resilience in disaster recovery. Sometimes it seems that the human dimensions of disasters and their management appear subordinated or marginalised in relation to the physical infrastructural elements of disasters. It is important to emphasise as a guiding principle in disaster management *that disasters are about people and that responding to disasters – pre, during and post impact – is about managing and supporting people.*

I have viewed disaster plans and participated in disaster exercises where the people element was missed out, either through ignorance or the fact that the significant issues to be tested go beyond the remit and timescale of an exercise. Dealing with psychosocial recovery includes those areas of decision-making and action that go beyond immediate 'blue light' emergency interventions. They embrace what are often regarded as intangible, difficult to measure qualities of disaster, including stress reactions, bereavement and trauma. It is just as important to address these aspects of recovery even though psychosocial recovery may take longer to effect. Experience suggests that the extent to which individuals and/or communities are able to recover impacts their capacity to cope in subsequent crisis events.

Psychosocial responses to disaster

How are people affected by disasters in terms of their psychosocial impacts? Clearly the likely range of reactions to any disaster is extensive and depends on the nature of the event, the communities and the individual characteristics of the people involved. At the same time behavioural research into the reactions of people involved in various disasters over time and place has identified some common responses. These are useful to review when considering recovery strategies, since a good understanding of impacts and the needs of people should underpin support strategies within disaster-stricken environments.

A psychosocial approach to disasters includes viewing them as traumatic events involving actual or threatened death or injury of people on a large scale. Trauma specialists emphasise that the traumatic effects of such events are associated in part with their being experienced as abnormal or extraordinary events. Anyone witnessing or confronting such events is likely to be affected by the experience.

When thinking in these terms, many people's first thoughts might be of phenomena such as Post-Traumatic Stress Disorder and images of the disaster victim as hapless and helpless in the impact phase. They also think of the stereotypical images presented in disaster movies of widespread panic, looting, rioting or other

forms of anti-social behaviour. These are inappropriate stereotypes far removed from the common reality at disaster sites. Apart from the fact that post-traumatic stress reactions do not manifest straight away, research suggests that widespread panic, looting and rioting behaviour are rare. Experience shows that in most disaster situations primary victims become actively involved in assisting with rescue and the first stages of recovery. Challenging such stereotypes is important in terms of recognising this first and fundamental resource in the initial impact phase of disaster.

Observing the behaviour and hearing the testimony of survivors from incidents illustrates this. An example I often use is the reactions of those involved in the aftermath of the Aberfan Disaster that took place in a small mining village in South Wales in 1966. One morning a waste tip from the local colliery suddenly slid down the mountain and engulfed the village junior school and several houses. It killed 144 people including 116 children who had just finished morning assembly and were settling into their classrooms.

Photos taken at the scene showed an outpouring of community activism in the initial stages with efforts focusing on the search and rescue of victims. An ordered collective response emerged with people forming bucket chains and working as teams to clear the slurry and help pass out survivors. The Aberfan response was not unique and gives us important insights into how people react and behave in disasters. The first responders within this community did not panic but became engaged in focused, socially productive activities. In order to start thinking about recovery it is important to observe and understand these behavioural aspects of disaster, namely people's initial reactions and factors influencing these in the short and longer term.

Landslides affect infrastructure and recovery processes for emergency workers and survivors

Using volunteers in community recovery

Other recent events have reinforced the fact that disasters often generate an outpouring of volunteering, altruism and helping behaviour. Sometimes the offer of disaster support by volunteers can be overwhelming, presenting a real challenge to those managing disaster response and recovery programmes. Within two and a half weeks of the attacks on September 11, the American Red Cross received approximately 22 000 offers of assistance and had processed over 15 000 volunteers (Lowe & Fothergill 2004). In thinking about the initial stages of disaster recovery we should prepare for supporting those volunteers who are likely to emerge in the aftermath.

A study of this spontaneous volunteer behaviour examined the influence and motivation after 9/11 and the impact of the volunteers' presence on the community. Findings suggested that many who volunteered were motivated by an altruistic desire to help and felt a real need to transform their own feelings as victims into empowerment, thereby creating a hopeful outcome from the disastrous consequences of the terrorist attacks. Their voluntary spirit was put to good use in actives such as translating for families, delivering and moving supplies, removing debris, preparing food and fundraising. The researchers concluded that emergency planners and managers would do well to recognise this human tendency and the benefits that it can accrue.

Contributions to the response efforts enhanced community recovery and the healing of those indirectly affected by disaster. Lowe and Fothergill (2004) state,

> *'it is clear that a balance needs to be found between the emotional needs of community residents who want to volunteer and the needs of official response agencies that may be hindered and overwhelmed by too many volunteers. In the spirit of finding that balance, …we suggest that disaster response agencies make a commitment during the disaster planning stages to serve all members of a community who feel victimised by a disaster. Second, we suggest that an effective way to serve those directly affected is to design emergency response plans in anticipation of the "need to do something". A plan could include established on-and-off-the-scene work that allows those with and without skills to be of service to the community and thereby heal themselves' p309–10.*

Recovery strategies for ripple effects

What other lessons have we learned about the psychosocial impact of disasters on people and the implications for recovery strategies? One fundamental point to bear in mind is that 'no one involved in a disaster is untouched by it' (Myers 1994:1). No immunity is afforded emergency responders or other disaster managers on account of the number of previous experiences of attending routine emergencies, or participating in training and disaster rehearsals. Those with disaster experience relate the difference between exercises and attending the real thing. A typical example was an emergency services responder to the Ladbroke Grove train crash outside London in 1999 that resulted in 31 deaths, who said,

> *"Nothing prepared me for the horror…In training you are shown photos of other major incidents so you are prepared in that way, but nothing prepared me for it when I saw it in real life."*

Although no one involved in a disaster is untouched by it, we do know that stress reactions are normal following exposure to a traumatic event. Evidence also suggests that most people directly exposed to disaster will not experience Post-Traumatic Stress Disorder; rather most recover naturally and without the need for long-term professional treatment. Experience has also shown that several risk factors influence the nature and severity of stress reactions, not just the nature of one's experience in an incident and the degree of proximity or exposure. These facts need consideration when thinking about developing recovery strategies and planning post-event interventions.

Recovery planners should take account of the ripple effects of disaster on different victim groups in relation to various risk factors over time and consider their recovery plans and support strategies accordingly. As we learn more about the range of impacts and types of disaster experience, so it is possible to identify potential vulnerable groups as part of recovery planning. Taylor (1989) discussed such issues in Auckland at the World Congress of Mental Health. He identified six categories of disaster victim according to the stressors they react to and the type and forms of interventions that might be appropriate for them. These included direct or primary victims (family/friends), responders and more peripheral victims including 'those far removed from the disaster face' (Taylor 1990:296). In terms of recovery strategies he referred to the need for health professionals to consider 'the range of intervention programmes they offer and the situations in which they offer them' (ibid:298).

Recognising resilience

In recent years there has been ongoing research and learning about the nature of traumatic stress as well as the extensive effects of disasters. These have been linked to debates about the appropriateness of mental health interventions as part of disaster recovery initiatives. Within the field of traumatic stress studies, there has been an interesting shift away from focusing on vulnerability towards recognising and enhancing individuals' and organisations' coping strategies and resilience in all phases of disaster. Some of the revised models of Critical Incident Stress Management reflect this shift (Crisis Management International, for example, is one provider that recently launched a new *Resiliency Approach to Early Crisis Intervention*, see www.cmiatl.com).

Organisations like the American Psychological Association suggest that those working with first responders should focus on the promotion of resilience rather than the prevention of untoward mental health problems following exposure to disasters. They cite several reasons for this including the fact that the large majority of first responders do heroically well. Leskin et al (2004) state 'Police, fire, emergency medical services and other rescue personnel are typically robust in the face of stress' (p1). Furthermore 'the emergency services usually have built-in support systems that help members cope with a variety of occupational hazards and severe stressors' (ibid).

Susy Sanders, Director of the Snohomish Country Disaster Mental Health Network describes resilience as 'the ability to adapt to difficult, challenging, stressful or traumatic life experiences' (Sanders 2004). Discussing strategies for building resilience within communities, she highlights how resilient activities focus on 'strengths that can be developed which contribute to the ability of an individual to "bounce back" after a crisis event' (Sanders 2003:3). She also suggests that good resilience training and preparedness encourages communities to return to some kind of previous state of normality and helps them to 'bounce forward' to a new normal and to grow stronger through the disruptions. This idea of drawing on the opportunities presented by crises fits with the Ministry of Civil Defence and Emergency Management's vision for recovery in terms of New Zealanders discussing disasters 'as an opportunity to adapt their community and economy to better fit the future' (ibid:6).

In keeping with an holistic approach to disaster management and recovery, the American Psychological Association gives practical examples of how to promote such resilience before disaster as well as during and after critical events. In terms of the pre-disaster phase they reinforce the idea that a resilient organisation is one that has prepared well for disaster and applied resilient attitudes and behaviours to promote well-being among

Responders engage in focused, socially productive activities

its members. This includes monitoring stress and rest breaks. The extent to which an organisational culture addresses and manages everyday stress may give some insight into levels of resilience and coping in disasters.

Promoting resilience before and after disaster

In a series of articles describing the work she has done in developing her local disaster mental health network, Sanders (2003) highlights initiatives taken to promote resilience as the basis for recovery within her community. She focused on the development of a mission statement and various activities that brought together disaster mental health professionals for the purpose of mutual education, support and the establishment of protocols during crisis events. By building community supports and connections in this way, she suggests that the well-being of the community and its members is promoted and foundations are laid for recovery from future crisis events before disaster strikes.

The American Psychological Association also stresses the importance of developing good social foundations for recovery within disaster-prone communities. Responders are strengthened through the promotion of group cohesion and interagency co-operation pre-crisis. Existing co-operation between departments, cohesion, and a good team spirit all act as 'protective buffers' (Leskin et al 2004:1). Preparing for recovery here is also about encouraging disaster professionals to develop and maintain effective interpersonal relationships within their communities, neighbourhoods, and professional associations. 'A supportive professional network can cushion impact of stress' (ibid) and thus provides the basis for successful recovery. In practical terms good disaster planning is about building social support networks, an activity that clearly extends beyond emergency planning per se, reinforcing general community development and support initiatives.

Good recovery planning also includes planning for post-disaster support services. The level and quality of environmental support following a disaster has been found to be one of most significant factors influencing vulnerability to longer term post-disaster stress reactions (see Boudreaux et al 2002). As better understanding of traumatic stress has grown, proactive psychological support services have become more accepted as part of the organised response to victims of disaster.

Emphasis has been placed on the provision of psychological debriefing for those involved in disasters as part of recovery planning and response. Over the last 10 years there has been controversy about psychological debriefing and whether providing it may do more harm than good. Recovery planners might be tempted to withdraw any such form of intervention on this basis, but this is not recommended practice. In response to the controversy the British Psychological Society (2002) reviewed debriefing and made a series of recommendations for those working in the field of traumatic stress. Among their conclusions and recommendations they highlight the importance of providing forms of early intervention and support following disasters or other crises:

> *"The essential components of successful early interventions include planning, education, training and support for those affected. Whilst in any group of people exposed to a traumatic event some may go on to develop clinically significant disorders, this should never be regarded as the normal outcome. The goal of all early interventions should be to maximise the likelihood of a positive mental health outcome using the person's own coping mechanisms and support structures" (ibid:74).*

Reinforcing this approach, organisations such as the Association of Traumatic Stress Specialists play an important role in providing and promoting accreditation standards so that appropriately trained and qualified responders are recruited and deployed on crisis response teams (see http://www.atss-hq.com/).

A rights-based approach

Recent initiatives in the UK emphasise a rights-based approach to meeting the needs of those bereaved by disaster. These rights are emphasised in various reports and guidelines written in the wake of recent disaster experiences (Clarke 2001; ACPO 2003). The rights of the bereaved include the rights to view the deceased should they wish and to access information about procedures such as body recovery, identification and post-mortems. The emphasis is also on the right to an informed choice about matters such as whether and how personal property is returned.

A key development in terms of response and recovery has been the consolidation of the role of police family liaison officers. Although their primary role is that of investigator, they nevertheless function as a liaison point between families and the host of other agencies involved in disaster response. In responding to the needs of British families affected by events such as the terrorist attacks on September 11 and in Bali, these officers made an invaluable contribution to the nature, level and quality of environmental support following disasters.

Recovery as a political process

My final thoughts focus on recovering from disaster in the longer term, particularly after manmade events. I have been much impressed by the work of Judith Herman who writes about the politics of trauma and makes this comment on recovery:

> *"Recovery requires remembrance and mourning.… Restoring a sense of social community requires a public forum where victims can speak their truth and their suffering can be formally acknowledged" (Herman 1997:242).*

Mindful of events such as the 9/11 commission and other post-disaster inquiries, it is important to stress that disaster recovery is about more than acknowledging suffering and giving survivors an opportunity to tell their story. It is also about putting in place legal and political processes such as investigations and inquiries to address objectively, openly and honestly the causes of manmade events and the accountability of all involved. When this does not happen – when there is cover-up and evasion – survivors' recovery is interrupted, as is the opportunity for all of us to improve our disaster management by learning lessons and acting on them.

After the Aberfan disaster representatives of the National Coal Board lied at the Tribunal of Inquiry about knowing the hazards caused by the frequent slipping of the coal tips and the vulnerability of the community living in its shadows. Countless warnings and written complaints about tip slides had been ignored. Like many others, this disaster was waiting to happen. It was predictable and preventable, indeed predicted.

As Herman (1997) suggests, recovery requires a sense of social community in which people feel supported in looking back and looking forward. This is what an holistic approach to disaster management is all about. It is only when this kind of support exists that survivors from disasters are really able to talk about recovery.

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Author

Dr Anne Eyre is a sociologist and certified trauma specialist with particular interest in the psychosocial aspects of disasters and their management. She provides training, consultancy and educational services within the public and private sectors.

Her activities include lecturing, examining and advisory services to various universities and professional training programmes. She is on the Journal Editorial Advisory Board of the UK's Fire Service College and has organised a number of conferences bringing together academics and practitioners interested in disaster management.

Anne is a member of the following professional associations: Association of Traumatic Stress Specialists (Board of Directors); Institute of Emergency Management (Executive Committee); Emergency Planning Society; UK Airlines Emergency Planning Group (associate member); British Sociological Association (convener of Disasters Study Group); Institution of Fire Engineers; International Sociological Association (Disasters Research Committee).

She is also on the executive committee of Disaster Action, a charity which provides advice and support to those directly affected by disasters as well as those organising immediate and longer-term support services. Disaster Action's recent activities have included facilitating, in association with other agencies, the establishment of family support groups for UK survivors and the bereaved from the September 11 and Bali tragedies.