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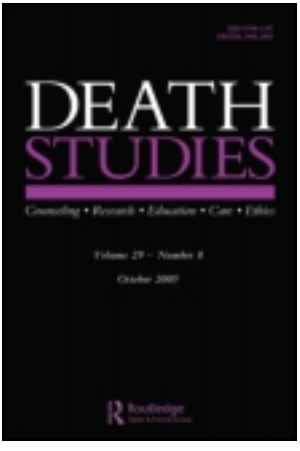

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ASSUMPTIONS AND PRINCIPLES ABOUT PSYCHOSOCIAL ASPECTS OF DISASTERS

International Work Group On Death Dying Bereavement

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ASSUMPTIONS AND PRINCIPLES ABOUT PSYCHOSOCIAL ASPECTS OF DISASTERS

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During the final phase when the document was circulated for comment to all members of the IWG, several useful contributions were made by individuals who had not been members of the Work Group. On behalf of the group I would like to acknowledge this help and, in particular, to thank Ruth-Marijke Smeding who took much time and trouble to provide useful modifications.

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Preamble

Disasters are universal phenomena, the effects of which can have an impact on individuals, communities, nations, as well as across international borders. Disasters rob people and communities of previously held assumptions about themselves and the world causing a sense of fear, insecurity, and disequilibrium. Integrating the disaster into the life experience of the individual, community, and nation can provide meaning and allow for new assumptions to be made and a new world view to develop. (These issues are examined in more detail in the IWG document "Existential Questions and their Moral Implications", 2001.) At the international level, disasters can create opportunities for cooperation and subsequently new relationships or intensify tension and conflict.

This article explores the psycho-social consequences and implications of disaster, recognizing that the responses will vary in duration and intensity both in the short term and the long term. It also suggests principles for helping and policy-making. The members of the work group acknowledge that, given the multi-ethnic/multi-cultural nature of society, the assumptions and principles need to be read and interpreted giving recognition to these ethnic/cultural differences.

Operational Definitions

Disaster: A traumatic event that causes major loss of life, health, and/or property, and impacts many people. (Note that traumatic events causing less than 10 deaths or major injuries are not included here, although they may well have similar consequences for the individuals and families involved.)

Traumatic Event: An event that occurs outside the normal range of experience that may cause intense fear, sense of helplessness or horror.

Responses to Disaster: Disasters give rise to both loss responses (grief) and trauma responses. Although grief and trauma have a lot in common, they also differ in distinct ways.

Loss Responses, or grief, involve the severance of an attachment leading to separation distress.

Trauma Responses overwhelm the resources of the survivor who has difficulty in processing events.

The following manifestations that may involve grief and/or trauma are *common responses*, which may be accompanied by physiological symptoms.

- *Hyper-arousal*: Increased mental activity at neurophysiological, emotional, and behavioral levels.
- *At a cognitive level*: Shattered assumptions about the world, self, and others, resulting in confusion, inability to focus, disorientation, searching for information. A tendency to obsessively review the disaster and experience flashbacks and nightmares.
- *At an emotional level*: Intense feelings of fear, anger, relief over being alive, and guilt for having survived. Some individuals may display a restricted range of feelings or dissociative states. Continued arousal.
- *At a behavioral level*: A hyper-vigilance and over reaction to triggers that bring back memories of the traumatic event. Crying and wailing, and regressive patterns of behavior and inability to function normally are included.
- *At a spiritual level*: Attempts to develop frameworks of meaning and explanation.
- *At an interpersonal level*: Increased sense of alienation, reoccurrence of past conflicts and tensions, and/or increased needs of attachment.

Support: Psychological, social, and spiritual care that may be formal or informal and given by professionals or volunteers who have been selected and trained for the purpose. It is not used here to cover physical care or rescue.

Proactive support implies non-intrusive outreach to individuals at risk (c.f. *reactive support*, which implies responding only to self-referral).

Complicated Responses to Disasters: Complicated responses include those that may result from trauma and/or grief. These may be manifested as an anxiety/panic disorder, a major depression, a post-traumatic stress disorder, adaptive disorders or as a form of complicated grief.

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Terms to be Used for the Sequence of Phases Following the Disaster Event

I. Impact Phase: This phase coincides with the period during which the disaster event is taking place.

II. Early Aftermath Phase: This phase, often referred to as the *crisis or recoil* phase, coincides with the period immediately following the disaster

event during which rescue teams, emergency workers and others actively participate in saving human lives and property. Physical care is usually given priority during this phase.

III. Short-term Aftermath Phase: During this phase, sometimes referred to as the *absorption* or *processing* phase, the rescue teams and helpers typically withdraw and people recognize more readily the broader implications of the disaster experience and their needs for support. Psycho-social interventions become more prominent. There is a pressure to return to a normal way of living, restoring equilibrium, while at the same time people process their experiences.

IV. Long-term Aftermath Phase: Even though traumatic grief has life long implications, by this time most people will have integrated the loss into their life. This phase is sometimes termed the *adaptation* phase.

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Characteristics of Disaster

The following dimensions need to be taken into account when we seek to specify the characteristics of particular disasters.

Cause:	Natural or human-induced		
Spread:	Local, national, or international		
Anticipation:	Warning of time and place, intermediate, or totally unexpected		
Intentionality:	Non-deliberate act or deliberate act		
Duration:	Short (less than a day), medium (1 day–1 month), or long (over a month)		
Scale:	Small,	medium,	or large
Deaths:	10–100,	101–1000,	or over 1001
Injuries:	10–100,	101–1000,	or over 1001
Property damage:	Minimal,	moderate,	or major

People Affected by Disasters

- Dead
- Survivors (Injured; not injured)
- Witnesses/onlookers/media personnel
- First responders (emergency services, others)
- Bereaved relatives, friends, and colleagues

- People indirectly traumatized
- Later responders (Professional caregivers, volunteer caregivers, sightseers, government/politicians [Local, National and International], other VIPs, and other involved persons)

Assumptions and Principles About Disasters[1]

General

a. Responses to Disaster

1. Assumption: There is a natural tendency of people to ignore or deny the possibility of occurrence of a disaster. As a result, plans of intervention are often not developed to meet the needs of those affected by a disaster event. Where such plans exist they often fail to pay specific attention to the psycho-social needs of the affected individuals and communities.

   Principle: Communities and countries need to develop plans for immediate and long-term intervention to meet psycho-social needs. These plans should be implemented, periodically reviewed, and updated on an ongoing basis. Training should be offered that is appropriate to the roles and needs of community members and to those responsible for political and strategic planning at communal, regional, national, and international levels.
2. Assumption: Disasters take different forms.

   Principle: There is no single intervention plan likely to be appropriate to all disasters.
3. Assumption: Disasters affect people in different ways.

   Principle: Responses need to be tailored to suit the needs of different groups of people. (See list of People Affected by Disasters above.)
4. Assumption: Individual vulnerability varies.

   Principle: Responses need to be tailored to individual needs.
5. Assumption: Needs change over time.

   Principle: Interventions must change accordingly and be sufficiently flexible to meet newly emergent needs.

[1]Assumption: a statement which is believed to be true on the basis of current knowledge. Principle: the principle of care or intervention which logically follows from that assumption.

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6. Assumption: Disasters regularly cause widespread grief and traumatic response. The scale and intensity of loss create distinct problems. Interventions and therapies exist that can mitigate many of these responses and problems.

   Principle: Much of the knowledge and many of the skills required for handling grief and trauma events can be drawn upon in the management of disaster responses. In addition, additional training to work in disaster situations is needed.
7. Assumption: The influence of disasters today extends very widely both because of the mobility of the people directly affected and because of the ways in which modern media extend the range of disasters and bring them into the homes of people across long distances.

   Principle: Although this document focuses on the organization of services in the vicinity of disasters, many of the assumptions and principles of psycho-social care need to be considered and applied by local communities elsewhere.
8. Assumption: Politicians and other leaders may be affected by disasters, both directly because of personal involvement and indirectly as a consequence of pressures for action that are brought to bear upon them by others. Their subsequent use of the powers available to them may be a potent source for good or harm.

   Principle: All who are in a position to do so should recognize and attempt to meet the leaders' needs for psycho-social support and wise counsel. This may include active attempts to counteract excessive or irrational demands. (See also the Assumptions and Principles on this topic formulated by the International Work Group on Violence and Grief, 1996.)

b. Education, Training and Research

9. Assumption: Education and training on assisting individuals and communities affected by a disaster varies within and between regions and professions.

   Principle: Training and education should be promoted in all professional and voluntary communities that may be involved in the disaster response.
10. Assumption: Our current knowledge about the effects of disaster upon individuals and communities, as well as the effectiveness of intervention, is limited.

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Principle: Building on the existing body of knowledge, continuing research regarding identification of risk and protective factors, development of assessment tools, and evaluation of interventions and their outcomes needs to be encouraged.

I. Impact Phase

11. Assumption: During this phase people appraise the disaster, which is usually correctly perceived as threatening to their own being and safety as well as the safety and well-being of others. By its magnitude, it challenges most people's sense of self-efficacy and increases needs for leadership and attachment.
12. Assumption: People experience hyper-arousal or alertness, most feel different degrees of fear and some may also experience a sense of shock and/or numbness.
13. Assumption: People behave differently during the impact phase depending upon their subjective appraisal of the event and their coping resources. Some may become immobilized, others may flee from the scene of the event, while the majority tend to meet the demands of the situation in a more or less effective way. Responses may vary over a very short period of time.

    Principle: Anything that increases an individual's sense of control and self-efficacy, as well as his/her feeling of being looked after, can reduce the impact of the disaster. Control may be increased by prior training in disaster response and appropriate intervention measures that provide individuals with information, skills, and assurance that a wide range of feelings are normal. This also increases the chances that they will be in a position to lead and support others.
14. Assumption: Even in the early moments of a potential disaster, appropriate and effective leadership can forestall and minimize panic and other damaging affects.

    Principle: Whenever possible, people should be selected, trained, and designated as leaders in disaster management before the event.
15. Assumption: Some people at the periphery of a disaster believe themselves to be in the center ("Illusion of Centrality") and may make inappropriate demands for priority support.

    Principle: Psycho-social support for these people may free up rescue personnel to deal with more important priorities.

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II. The Early Aftermath Phase

a. Common Needs and Plans

16. Assumption: This phase is dominated by chaos and a primary concern for saving human life and property and helping the injured.

    Principle: Pre-established crisis training and planning for disasters will reduce chaos and facilitate organized interventions that aim at saving human life, protecting property, and helping the injured.
17. Assumption: Often the psycho-social, as opposed to the physical, needs of those affected by the disaster are ignored.
18. Assumption: Helping may be complicated by a mismatch of needs and resources.
19. Assumption: The effects of disasters may be amplified by secondary traumatic events (e.g., rumors and alarmist media reports).
    Principle: Within the community where the disaster takes place, a leading agency and "key person" who co-ordinates and manages the disaster response needs to be identified (preferably in advance of disasters) and to be made known to all other relevant agencies. Within this co-ordinated response, a named person should be responsible for assessing overall psycho-social needs and organizing appropriate interventions.

    Principle: The command structure of the disaster response needs to be unambiguous and clearly communicated to all parties. It should also have the power and resources (including funds and other resources) to act swiftly and without lengthy consultation (i.e., the model is "military" in style rather than democratic).

    Principle: When community command structures are non-existent, damaged, or destroyed, a higher authority may need to help install new structures to meet the needs of the immediate aftermath. In all other cases higher authorities and experts should be available to provide advice and other help when called upon. In the event that they need to take over control from local services, this should be continued only as long as it is essential, control should be returned to local authorities as soon as practicable.

    Principle: A system should be set up for the recruitment, selection, and accreditation of organizations and individuals who may be of help.

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Principle: A database should be initiated without delay to record relevant information about (a) all those who may be physically or psychologically damaged; (b) all those seeking information or advice, and (c) all those offering help.

b. Individual Responses

20. Assumption: Following a disaster, survivors will normally experience traumatic responses and/or acute grief. Some people who are severely traumatized may not experience grief at this time, whereas others who are less traumatized may display severe acute grief.

    Principle: Helpers needs to recognize and reassure those whose responses fall within the culturally accepted parameters. Normal responses need to be interpreted within the person's cultural context.
21. Assumption: Responses common to trauma and grief include high levels of anxiety and its physiological accompaniments.

    Principle: Helpers should recognize these and provide appropriate explanation, reassurance, and instruction.
22. Assumption: Attachment needs are intensified during and following disaster events.

    Principle: Helpers need to acknowledge and respond, in both verbal and non-verbal ways, to these attachment needs, which if ignored may lead to an increased sense of alienation.

c. Helpers

23. Assumption: Members of the rescue teams and other helpers may also be affected by their exposure to the trauma and suffering of those affected.

    Principle: Professional and informal types of psycho-social support must be provided to these helpers in order to enable them to function effectively in their roles and to deal with their personal responses.

d. Communal Response

24. Assumption: Communities may initially respond to the disaster with a strong sense of cohesion and affiliation with helpers, at the same time, they may experience conflicts resulting in social disorganization.

    Principle: Helpers need to expect and tolerate this ambivalence and the possibility of negative reactions.

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Principle: They can also assist leaders of the community to be similarly tolerant with the expectation that conflicts will usually diminish over time.

e. Prevention of Long-Term Problems

25. Assumption: The following factors have been found to increase the risk of lasting problems following bereavement. All are commonly found following disasters:
    a. Prior vulnerability to stress and loss;
    b. Deaths that are unexpected and untimely;
    c. Experiencing or witnessing horrific or terrifying events;
    d. Deaths attributable to human agency;
    e. Multiple losses and concurrent crises;
    f. Child whose parent dies in the disaster;
    g. Parent whose child dies in the disaster;
    h. Absence of or undue delay in the recovery of intact bodies of those killed in the disaster.

    Principle: Systematic assessment of all those potentially at risk should be carried out as early as is practicable and pro-active offers of appropriate support provided. Such offers to be tailored to the specific needs identified.

f. Media and Communication

26. Assumption: Disasters and their consequences are inevitably newsworthy events. Members of the media may act in ways that are helpful and/or harmful to both individuals and communities affected by disasters. They may also, themselves, be affected by the disaster.

    Principle: Planning and policies for disasters need to include a plan for constructive ways of working with the media and supporting their psycho-social needs.

27. Assumption: Ongoing communication and dissemination of accurate and reliable information is important during this phase.

    Principle: A designated individual should be appointed to act as liaison between the command structure and the media. This person will strive to ensure that accurate and reliable information is disseminated and that the rights of people affected by the disaster are respected.

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III. The Short-Term Aftermath Phase

a. Individual Responses

28. Assumption: There is a wide range of individual responses to the aftermath of disaster. It is during this phase that people are most likely to become aware of their need for psycho-social help and to accept any help that is offered.

    Principle: Systematic attempts should be made to assess psycho-social needs and provide appropriate help as soon as it is required and acceptable.

29. Assumption: At this time people are likely to realize the broader implications of the disaster experience and begin to grieve over any losses they have experienced.

    Principle: Helpers should understand the nature and normal features of grief.

30. Assumption: Active attempts are usually made to attribute meaning to the disaster experience.

    Principle: Attribution of meaning may be assisted by appropriate and acceptable religious or other spiritual help.

31. Assumption: A conflict may exist between the need to process and work through the tragedy experience on the one hand, and pressures and/or desire to return to a normal way of living on the other hand.

    Principle: Psycho-social interventions need to allow for opportunities to grieve and work through traumatic experiences, while recognizing that people may also need to escape from grief and trauma and to attend to other needs from time to time.

32. Assumption: Some people may be unaware that help is available or likely to be beneficial, whereas others may be reluctant or unable to ask for help.

    Principle: Proactive offers of help to people directly affected by the disaster are needed, in addition to reactive responses to requests for help.

33. Assumption: Children and adolescents affected by disasters are at special risk both because of their developmental level and because the disaster may affect their parents' ability to provide secure care at this time. Traumatic events may have long lasting effects that may affect the child or adolescent's continuing development. Parents and others commonly minimize or ignore this risk.

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Principle: Support services should give priority to assessing children and adolescents, educating parents, and meeting their needs. School communities, colleges, and universities have an important role to play. Staff members need to be educated and supported.

b. Helpers

34. Assumption: In addition to the ongoing vulnerability of all rescuers and other helpers, some who continue to function during the rescue operation may become aware of their own distress at this time.

    Principle: There is a need to plan a response that involves continuing support for the professional and other helpers involved.

c. Community

35. Assumption: At this time, formal and informal rituals can help mark the importance of the event. They bring symbolic order to chaos and help people reflect upon the experience, find meaning, support each other, and establish a sense of togetherness and belonging.

    Principle: Rituals ought to be respected and encouraged and should reflect the psycho-social needs and beliefs of those who have been most affected. For this reason, affected people should be involved in the planning of such events.

The Long-Term Aftermath Phase

a . Individual Response

36. Assumption: During this phase, while the majority will probably cope well without support from outside their own families, a minority may remain distressed and functionally impaired and others will experience delayed reactions.

    Principle: Plans should be made to meet these needs and support services tapered gradually.

b. Communal Response

37. Assumption: Communities are affected in the long-term by disasters. They will always be associated with the disaster in the minds of people inside and outside the community.

    Principle: Helpers should assist members of the community to acknowledge and facilitate the transitional process.

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38. Assumption: Throughout the period of the disaster and its aftermath, people may be buoyed up by the interest, attention, and support that comes from the outside world. When this attention, interest, and support dwindle, feelings of disillusionment, disappointment, and being "let down" are often evoked.

    Principle: Helpers and leaders of the affected community need to be prepared for such feelings and respond appropriately by educating and supporting community members.
39. Assumption: In some cases following disaster, community members may grow closer to each other and a real sense of "community" may grow out of their shared suffering. Conversely, other communities may suffer disorganization, fragmentation, and loss of cohesion and morale.

    Principle: Helpers need to periodically assess possible adverse affects and refer or provide appropriate support.

    Principle: The community can be helped to find meaning in the disaster and to integrate the experience into a new communal identity.
40. Assumption: While people in communities affected by disasters continue to engage with the disaster experience, anniversaries and other emergent events may reawaken or intensify feelings and reactions.

    Principle: Those helpers who remain in the community need to be aware of the likelihood of such reactions and respond appropriately.
41. Assumption: Ongoing rituals, memorials and other commemorative acts continue to be important both for individuals and community. They contribute to the establishment of a new community identity.

    Principle: Helpers should work closely with people affected by the disaster and community leaders to facilitate meaningful rituals, memorials, and commemorative acts.

c. Helpers

42. Assumption: Throughout the disaster, helpers and members of the affected community will experience heightened arousal in their attempts to meet challenges and tasks, as well as to restructure their internal world. The change from the extra-ordinary experience to the ordinary world, which has now come about, evokes a feeling of loss.

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Principle: Helpers need to acknowledge these issues, together with the sense of loss and of feeling "let down", and seek appropriate self-care. They should also validate, educate, and support members of the community as they deal with similar issues.

44. Assumption: Helpers who have worked for some time in a disaster area often find that their own world view has been profoundly affected by the experience. They may not wish to return to former employment and way of life and, if they do, they may be discontented.

    Principle: Helpers who are approaching the end of their service should be offered opportunity and support in reviewing their plans and working through the meaning of their experience. This should not be seen as therapy but as an opportunity to maximize the valuable skills and insights that they have acquired.

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