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# Resilience & Recovery -

How communities react to the impact of natural disaster & survive the stresses of recovery.

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# What is resilience?

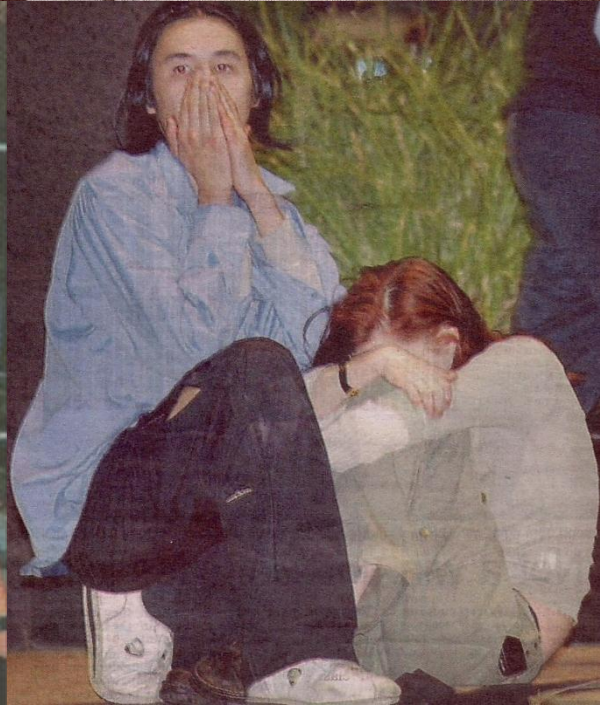
- People keep asking: How are they coping?
- Most people cope – but at a cost.
- **Resilience** is the capacity to resume a creative life.
- From Latin for “reeds”
- Resilience is capacity for some things not to be damaged but to be the basis for recovery

# Recovery

- Re- & -covery
- “To regains lost state of health, wealth, happiness”
- Cover means immerse in a medium (cover potatoes to cook them)
- Recovery = re-immerses the person in the social medium of their life.
- Recovery and replace losses (1-2 ys)
- Recovery and return to pre-impact state (2-3 ys)
- Recovery and getting to where you should have been (3-10 ys)

# Disaster & trauma damage social fabric.

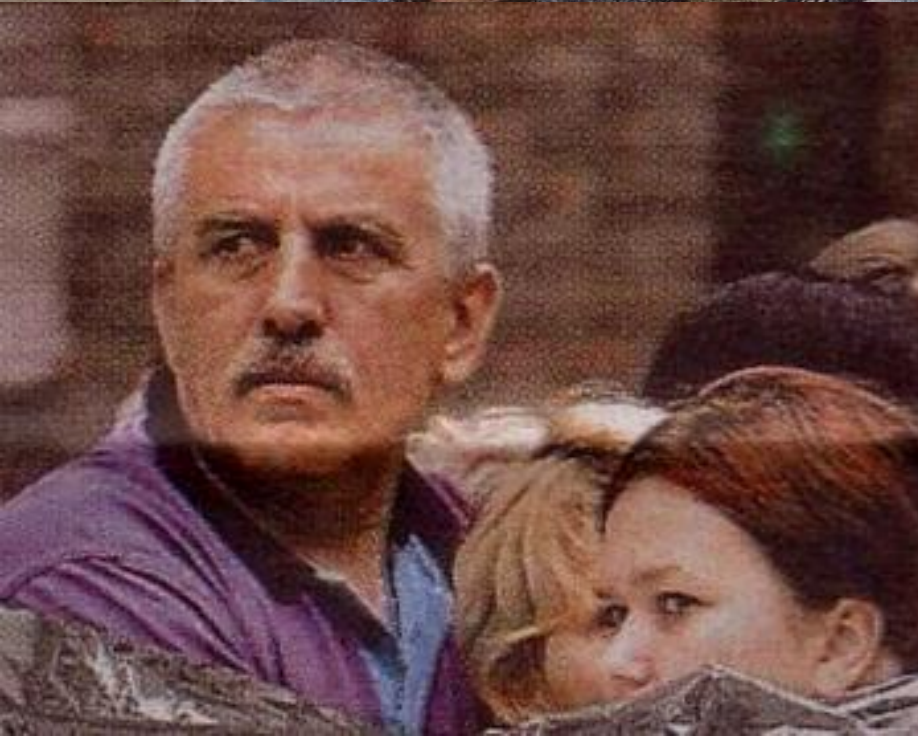
- Threat creates high arousal (adrenalin)
- Reorganises the whole individual for survival.
- Reverts to more instinctive, pre-programmed behaviour
- Retains vivid, fragmented memories of threat
- Neglects reassuring connecting memories
- “Undigested fragments” reactivate threat and danger



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# Rebound:

- Bewildered and disoriented
  - Overwhelmed and confused
  - Cannot think or organise
  - Cling to familiar routines
  - Cannot understand their current state
  - Do not understand their immediate needs
  - Fly into activity to meet needs, help and carry on.
  - Integration put aside in the immediate demand to carry on
  - No time to connect with children
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# Immediate Care after trauma:

- Restore capacity for integration
- Provide support
- Minimise disruption

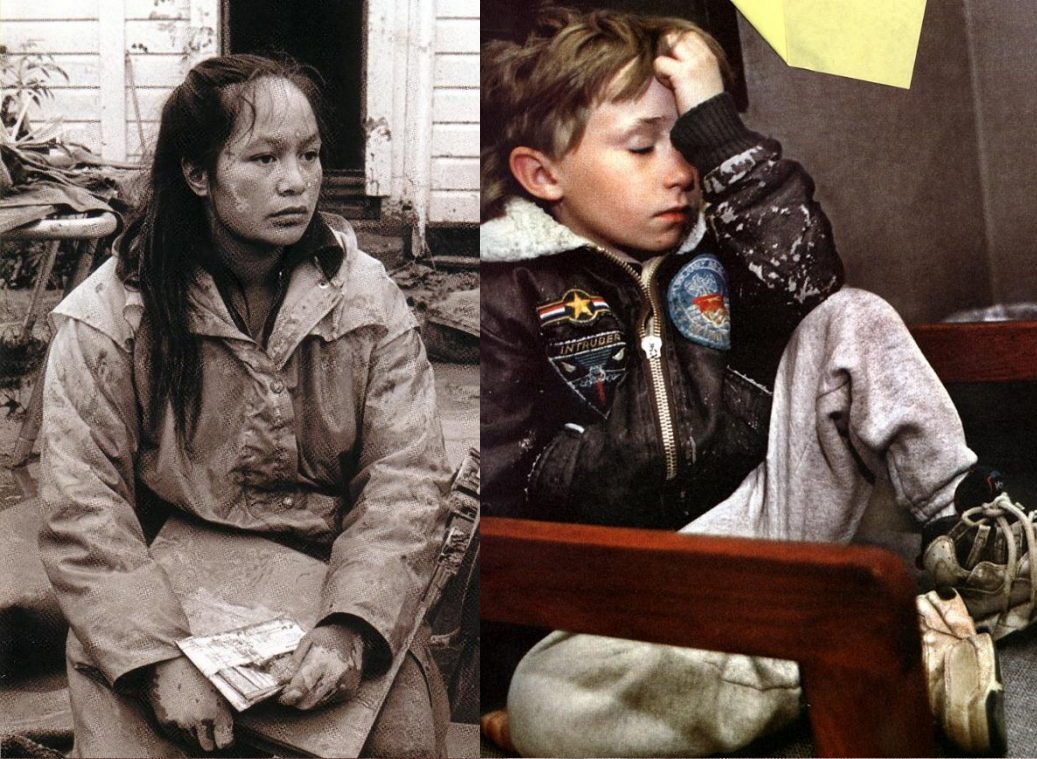
## **Methods:**

- Personal Support
- Psychological First Aid (PFA)
- Social Support

Restore effective communication with those affected,  
help children to become children again.

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# Priorities for Early Intervention (PFA)

1. Terminate threat, restore security
  2. Counteract debonding, form a recovery community.
  2. Stabilise emotions, restore self-regulation.
  4. Provide comfort and care.
  5. Reconnect with loved ones.
  6. Set realistic recovery assumptions.
  7. Normalise reactions, provide information.
  8. Make the system acceptable and meaningful.
  9. Assist in choice and decision-making.
  10. Practical assistance.
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# First State – Emergency Mode - Adrenalin

- Threat pushes outside comfort zone.
- Adrenalin stress – liberates unknown reserves
- Reorganised to focus on immediate problem, act now
- Think in images and actions
- Fragmented memory images “flashbulb memories”
- Pre-programmed Emotions anger, fear, shock, grief
- Shut down feedback from self
- Simple, intense social interactions
- Adrenalin specializes for survival at expense of normality
- **Disaster** is the whole world



Calcutta  
Fire  
Rescue

# Threat factors that stimulate arousal

- Threat depends on snap judgement (Appraisal).
- *Appraisal* creates stress BUT may be mistaken.
- Subjective factors more important than objective in defining threat and arousal.
- Arousal is stimulated by threat
- But maintained by context: E.G.:
  - **Novelty** – no past experience to draw on.
  - **Uncertainty** – cannot arrive at definite decision.
  - **Conflict** – cannot resolve opposing strategies.
- The aftermath is full of arousing influences

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# Social Fusion Dynamics – Community and Family:

- Activity-oriented not reflective or integrative
  - Focus on material losses and grief
  - Organizational tasks (registration forms, insurance)
  - Unfamiliar circumstances & systems
  - Problem-oriented thinking, stereotypic, judgemental,
  - Myths rumours and blaming
  - Relative Deprivation & Social Comparison
  - “Were you affected?” vs “How were you affected?”
  - Family life lost in the rush – parents preoccupied, children detached
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# 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
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# Recovery Stress

- As time passes, acute stress of the trauma gives way to chronic stress of recovery.
- Too much to do, nothing is easy,
- Small frustrations accumulate,
- Fatigue sets in
- Emotions increase
- Family members recede from each other
- Children don't want to ask or become demanding
- Anxiety, Resentment and Pessimism increase
- Everyone buckles down into a grim existence



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# How long does First State - Survival Mode last?

- Until threat ceases
- No longer in Novelty, Uncertainty & Conflict
- 1-6 months.

# Then What?

- Overwhelming tasks
- Grief and hardship
- Necessity to keep functioning
- Need to do “everything at once”
- Often isolated and supporters do not understand

Adrenalin state is high energy, short term, physical, and unsustainable, moves to Second state.



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## Chronic and Cumulative Stress: Endurance Mode-

Maintenance of elevated arousal, disconnection of self/body feedback, shutting down of unessential functions and narrowed attention and modified functioning.

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# Second State – Endurance Mode - Cortisol

- Endure the adversity, keep going as long as required
- Exploit unimportant functions to support necessary
- Reorganised for necessary issues, endure for duration
- Thinking narrow problem solving, memory reduced
- Emotional numbness interrupted by instinctive emotions  
anger, fear, shock, grief
- Reduced feedback to maintain endurance
- Social interactions reduced to bare minimum – but  
involvement in community focussed on recovery - Fusion
- **Recovery** is the whole world – “homogenised identity”

# Common Features of Stress States

- Simplified, specialised state, outside “comfort zone” supporting complex human capacities,
  - Reduced capacity for reasoning, strategic decision making, prioritising, long term goals, lateral thinking, multi-dimensional views etc
  - Emotional life raw and intense, giving out or coping rather than enriching, need greater than available supplies
  - Social life simplified, maintenance neglected, reduced empathy, intolerance, intense involvement
- Active, impatient, grim, focussed, intolerant, self-sufficient,

# Characteristics of Cortisol Stress

- Loss of self awareness
- Reset feedback mechanisms to maintain outside comfort zone
- Lack of routines & familiarity - try to form new ones
- They are around disaster and the stressed existence.
- Can't link to previous history or future goals.
- Reserves not replenished – everything used up
- Energy leached from body systems: “cellular fatigue”

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# Adrenalin & Cortisol States

- Adrenalin and Cortisol states may alternate
- Overactive adrenalin leads to cortisol rebounds (anxiety into depression; activity into exhaustion)
- Cortisol leads to difficulty prioritising and recurring threat and back to adrenalin.
- Loss of routines and unstable lifestyle reactivate adrenalin
- Degraded social life and relationships lead to conflict, stresses and tension
- No leisure – only recuperating – no integration

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# General Effects of Stress on Thinking

- Linear, concrete, problem solving thinking
  - Less verbal, more visual thought
  - Reduced flexibility and lateral thinking
  - Simplified emotional associations, rather than logical deductions
  - Judgemental, jumping to conclusions
  - Bias towards threat information, away from reassuring information
  - Good for emergency survival
  - Not good for strategic planning and long-term sustainability
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# General Effects of Stress on Emotions

- Primary instinctive emotions increased (fear, anger, distress, horror, disgust, shame, pain)
- Complex socially meaningful emotions reduced (regret, disappointment, sadness, compassion, resignation)
- Highly reactive, emotions unstable, fluctuate and keep stress high, high emotions consolidates visual memories
- Or may become shut down and numbed if still physically active, then don't feel what it all means
- Emotions welded to memories & reactivated by them
- Unjustified emotions stimulated by false or distorted judgements

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# Communicating with Stressed People

1. Bring down arousal before tackling problems.
  2. Listening to them will bring arousal down.
  3. Help them clarify what they want to say/ask.
  4. Be slow, methodical and explain reasons
  5. Don't use jargon, big words, complex ideas
  6. Use the words you would use for a 9 year-old (but don't talk down to them).
  7. Use images, tangible ideas rather than concepts
  8. Explain, do not assume things or take for granted
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# How long does Second State – Endurance Mode last?

- Until stress subsides
- Routines and stability reformed
- Immediate situation is known
- 6 months to 2<sup>nd</sup> year.

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# The dilemma of recovery

- Physical loss is the most tangible problem
  - Rebuilding/replacing seems to be the priority
  - It is at the expense of social interaction
  - Leads to degrading the social system at all levels
  - Social damage may be lasting: relationships, children's development, friendships, community belonging, confidence and optimism.
  - These translate to all areas of life and development.
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# Recovery Supports

- Prioritising communication and togetherness
  - Holding family and social life against demands for constant work
  - Combining privacy and socialising
  - Information about reactions and stress, self care
  - Depersonalising reactions by relating to circumstances
  - Rest, recreation, leisure, time away.
  - Make time for listening, talking about progress and frustrations
  - Keeping in mind what can't be replaced – relationships, health, career, recreations, community
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# Research findings: 1

- Strong initial reactions, subside in the early weeks:
    - 30% by 3 months; 8% by 7 months; 13% by 10 months.
  - Some take up to 18 months.
  - Formal mental health Services under-used in early months
  - Clinical demands increase at 6, 12 and 18 months.
  - “Psychological Distress” more common than diagnoses.
  - Reliable predictors of distress are:
    - Severity of exposure
    - Resources loss
    - Pre-existing problems
    - Social problems during recovery
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## Research findings: 2

- Return to pre-disaster physical and psych. Health - 2 yrs.
  - Negative emotions – 2 yrs to recover
  - Reduced positive emotions – 1 yr personal loss; 2 yrs for community destruction without loss
  - Negative thinking – 1 yr (More important for community destruction without loss)
  - General health – 1 yr (personal loss)
  - Fatigue – 2 yrs (community destruction)
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# Medium Term Personal Responses

- Little increase in formal mental illness
- Many suffer from low grade psychological difficulties
  - stress responses,
  - reactive depression to losses,
  - psychosomatic conditions
  - anxiety
  - posttraumatic symptoms
  - event-related responses such as survivor guilt.
- Emotional Responses:
  - Anger and blaming.
  - Frustration,
  - exhaustion
  - helplessness
- Hostility at service providers



# Medium Term Social Responses

- Loss of privacy, constant involvement with agencies
- Rebuilding personal social support networks is hampered.
- Increased rates of family conflict, separation, divorce and domestic violence.
- Personal responses interact with community responses.
- Community reactions alleviate or aggravate personal reactions,
- Individual reactions are exaggerated when shared by other community members.
- Individual and collective responses are simultaneous facets of a whole.
- Evaluation of loss depends on awareness of others' losses.

# Social Disruption

- Loss of networks – through mobility, isolation, different issues, loss of common ground, impact/recovery differentials etc
- But Social networks buffer against distress
- Social support creates well-being.
- “**Well-being**” and “**Ill-being**” are independent dimensions of life.
- **Well-being** is increased at the same time as **Ill-being** is increased by doing good things together
- Loss of access to well-being degrades quality of life, reduces resilience

# Preconditions for Help-Seeking

1. Awareness of distress (symptoms may not be recognised)
2. Interpretation of the problem situation (stressed, weak, lazy, crazy ...)
3. Identifying resources and solutions (drink more, talk to friends, see an accountant/GP/Shrink etc)
4. Make a decision to use resources and do it.
5. Undertaking the action plan (knowing where to go)
6. May require several tries to get the right match between problem and help.

# 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)**
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# 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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# Research on Outcome

- Communities eventually return to normal
- Show little adverse effects.
- Likely where impact is not pervasive and too comprehensive
- Social and material infrastructure is not demolished.
- Enhances existing tendency towards enhancement or deterioration



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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.

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# 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.

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## Third State – Second or Third Year

- Plans made, house built, survival assured, future view
- Routines settled, stress subsides
- Stress reorganisation is let go, move towards “comfort zone” again
- Rest and restore depleted reserves (Holidays, time away), restore feedback to self.
- Thinking broader, complex, big picture, long term
- Increased emotions, numbness wears off start to feel,
- Social life emerges from the shadows
- **Disaster** has to become part of **Life Story**

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# Third State – Identity Crisis

- Poor memory under stress – can't remember last years
- Recovery goals and priorities lose touch with former goals & plans
- Neglect of self, relationships, family & social life,
- Neglect of non-disaster recreation, interests
- Social & Community life sidetracked and focussed on Disaster and Recovery
- Homogenised Identities must become multi dimensional
- Homogenised social life must become multi dimensional.
- Lost normality, now losing recovery community support

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# Problems of the Third State

- Fatigue as reserves are restocked - “cellular fatigue”
- Emotions for all that has been neglected
- Loss of privacy, lack of recognition of situation
- 2<sup>nd</sup> stage grief and bereavement
- Trauma and stress responses appear with relaxation
- Difficulty letting go of disaster identity
- Previous lifestyle empty and lost attachments- disoriented
- Some turn back to disaster, some fed up with it
- Some got value, meaning and belonging they didn't have
- Some want to resume their old lives.

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# Third State – Identity and Integration

## Tasks after emerging from Endurance Mode:

- Digest and integrate all that has happened into past life
- Adapt previous goals and aspirations to the disaster
- Re-establish personal boundaries, privacy and space
- Re-establish the other important elements of identity
- Work through the emotional consequences of the disaster
- Review values, goals, lifestyle in light of the disaster experience
- Find a new balance between community and privacy
- Pick up what has been neglected or ignored last year.

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# Third Stage Risks

- Physical Health crises from exploitation of resources
- Poor and impulsive decision making
- Degraded Quality of Life becomes a new lifestyle
- Relationships crises as partners run out of patience
- Children's postponed developmental problems appear
- Often no language to talk about identity problems.
- The affected community were together now everyone is at a different point.

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# Third Stage Tasks

- Reconstruct the fabric of life and identity
- Recapture social involvements to reflect complex identity
- Supportive routines to enrich instead of surviving
- Disposable energy for recreation
- Values adjusted by the experience
- Adjusted future goals and priorities



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# How long does Third State – identity Crisis last?

- Until identity reconciles who I was, what has happened and who I am now
- Until new routines & lifestyle are established
- 2<sup>nd</sup> – 4<sup>th</sup> years.

# Long Term Personal Reactions

- Dominant clinical conditions:
  - posttraumatic stress disorder,
  - depression,
  - anxiety
  - Substance abuse
- Social or relationship changes.
- Delayed emotional reactions when reconstruction returns to normal
- Most people's symptoms dissipate in the next two years.
- It will be 7 years before the community is back to normal
- 10-15% consider their mental health to have improved.

# Long Term Health Problems:

- Headaches
- Irritability
- Nervous tension
- Depression
- Worrying
- Fatigue
- Sleep disturbance
- Weight change
- Digestive disturbance
- Shortness of breath
- Rheumatism
- Hypertension
- Bladder problems
- Ulcers

**These often take 2 years to resolve.**

# Community Responses:

- Recreation prioritised low in relation to reconstruction
- Reduction in leisure pursuits.
- Survival lifestyle lacking enjoyment.
- Reduced participation in social activities and community events.
- Social life put on hold - increased social isolation,
- Less contact between extended families members and friendship groups.
- Social activity replaced by political activity
- Loss of attachment to place
- Generalised reduction in morale

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## Fourth Stage: *Recovery from Recovery*

- Identity Crisis is hard emotional work on all fronts of life
- Health often poor, lowered mood, degraded relationships, disorientation, fatigue,
- May have changed lifestyle and community
- Everyone else expects them to be over it by now! Time to move on! Etc.
- So much of neglected life to catch up on

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# Recovery from Recovery

- Prolonged period of recharging
- Need for spare time, leisure and recreation
- Changed lifestyle and priorities
- Changes in self hard to communicate even to each other
- Family members integrate differently – changed relationships alters lifestyle
- All of this at odds with pre-disaster networks and lifestyle
- As energy, enthusiasm, interests return life expands

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# How long does Fourth State – Recovery from Recovery last?

- Until Recharged from all the work
- No longer living in relation to the disaster
- Now live in relation to (changed) goals – life continuum re-established.
- 4<sup>th</sup> -6<sup>th</sup> years.

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# The affected community

- Do not see themselves as unwell or needing services
- Generally do not need intensive mental health services
- Often seek out alternative sources of support
- Lack an overview or perspective of their problems
- Do not understand what they need. “Life just sucks”



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# Relation with the wider community

- Supporters outside the affected area think it should be over
- This leads to alienation of disaster affected area
- They feel they only have themselves to support each other
- They are all already exhausted
- Feel bitter and disappointed
- Do not want to see others outside the area (They don't understand)
- Sick of those in it (Don't want to hear about the same problems)
- Promotes Fusion processes.

# Attitudes change in social situations with relevant others:

- Reading stories about others (vicarious integration)
- Electronic media
- Talking to friends and neighbours
- Community events & meetings
- Family conversations
- Support Groups
- Counseling

# Social stressors:

- “Role Strain:” additional tasks and responsibilities do not allow all previous roles to be fulfilled.
- Women and middle-aged more vulnerable because more responsibilities
- Married people have higher stress than single
- People with multiple roles in community

Support for Normal roles frees up capacity for Recovery roles.

# Social Complexity

- Some are recovering and feeling on top of it – optimistic
- Others are exhausted
- Others only react emotionally when the recovery is over (depression and sadness)
- Others cannot see how they will ever get on top again.
- Some not affected by the disaster are affected by the loss of support systems as everyone is exhausted.
- Judgmental environment – each group judges others from their own point of view.

# Family Coping Styles

## CONSTRUCTIVE

- Reorder priorities
- Recovery focused
- Maintain essential functions: quality time, celebrations, leisure
- Long term plan
- Reconstruct meaning
- Integrate disaster into history
- Educate support networks about their needs
- Accept discomfort & disappointment
- Maintain family roles
- Hold pre-disaster interests
- Focus on what they have and what did not happen

## DYSFUNCTIONAL

- Loss of priorities
- Survival focused
- Neglect essential functions, put everything into rebuilding
- Crisis driven
- Try to return to old meaning
- Can't make sense, disillusioned, bitter
- Withdraw into affected community
- Can't accept constant emotional anguish
- Subject everything to the crisis
- Lose pre-disaster interests
- Focus on what they lost and what went wrong.

# Recovery Strategies

- Promote Personal Interactions (Networking)
- Community awareness and education (Stories of each other's experiences)
- Sharing coping information
- Networking Services
- Build on Primary Care Services (GP's, home help, meals-on-wheels, schools, community houses, sport
- Promote cultural activities to build identity and new future
- Participation in planning and development

# “Cultural Resources”

- Develop a culture of recognising and normalising the stress as it is occurring
- This will change with time, season, events, etc
- Information about stress and response
- Stories and anecdotes from here and elsewhere
- De-personalise it as much as possible – employ social identity
- Information about meaning of the symptoms.
- Coping strategies and resources.