



PERSONAL AND FAMILY RESPONSES TO DISASTER: THE LONGER TERM PERSPECTIVE

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About The Authors

The authors have provided child and family mental health services to two communities affected by severe bushfires for a period of 4.5 years post disaster. Over 60 families have been seen during this time. Of particular interest have been those presenting for help from 18 months to 4 years after the event. These families illustrate the nature of some longer term reactions to seriously disruptive life events*.

Abstract

The disruption of disasters and the protracted recovery period following, can cause a variety of problems in the longer term. The authors identify a number of problems from clinical work with bushfire-affected families, including deterioration in the general fabric of family life, disruption of children's developmental pathways, reactivation of past traumatic experiences, and changes in self-concept and identity*. The community context of assistance is emphasised.

INTRODUCTION

Many of the effects of disaster in the short and medium term (that is up to about 18 months post-disaster) are relatively well-defined and recognisable. However as time passes, processes set in train by the disaster and the recovery period may lead to serious difficulties in the lives of individuals and families. Often the nature of the problem is such that there seems to be little obvious relationship to the disaster. It requires careful inquiry into both disaster and recovery experiences of

the family members, their feelings and their reactions, before this relationship can be understood.

The ways in which traumatic experiences and high stress living conditions affect people's lives is often understood in terms of post-traumatic stress and adaptations imposed by it. However our observations of families suggest that this is only one dimension of the problem. The dimension we would like to draw attention to is the ongoing disruption to family life and developmental pathways, which results not only from the disaster events, but especially from the personal, family and

community disruption that occurs – often for several years – during the recovery period.

We have been able to identify four dimensions of disruption of the family system and the ability of individuals to function within the unit.

The Fabric of Family Life. The multiple, conflicting demands of re-establishing one's lifestyle after the experiences and disruptions of a disaster, impose serious strains simultaneously on all family members. Each one is forced into potentially maladaptive methods to some



degree. Because no-one is free of the strain, these problems can combine to provide a serious deterioration in the fabric of family life. When this happens the very elements which should be available to support and assist the members in dealing with stressful and disruptive events are undermined. The members become isolated, hostile and disappointed in each other.

* Personal details have been deliberately changed to preserve anonymity.

Young children can become difficult, so imposing extra demands and causing anxiety for their already over-burdened parents; adolescents may become withdrawn and depressed, unable or unwilling to help with family tasks, or may look for support outside the family; parents can become easily isolated from each other and add marital discord to their other problems.

The essential problem is that the family ceases to be an environment of mutual support to assist in coping with stressful experiences, and instead becomes a problem sphere in its own right.

Some of these issues emerged in a family with 3 adolescents who lost everything in the fire and were referred two years afterwards. The closest, a daughter and the next youngest were hostile and constantly fighting with each other and the parents. The elder son had been excluded from one school and was in trouble in a second. He had developed a life outside the family and wanted to leave home. The parents were in conflict about the tasks of re-establishment. All family relationships were the source of major tension and unhappiness. Prior to the disaster this family seemed to be managing their problems successfully. Intervention over a one-year period eased tensions, allowed a better understanding of each other to develop and formed the basis for them to work out their own problems.

Developmental Pathways. All development requires the interaction of emerging capacities and the support of a receptive environment. In the post disaster period parents are pre-occupied, stressed and in need of support themselves. Often they are unable, in spite of their endeavours, to provide children at vulnerable stages (such as school entry, puberty, mid adolescence) with the extra understanding and help they need. Some parents seem to lose sight of their children's needs for a time. This can mean that children miss out on crucial experiences, and when seen a year or two later, problems may be related to the unsuccessful completion of developmental tasks.

The effect of this for some children is to throw them off their developmental pathway so that further experiences compound their problems as they get older, occasionally tending towards serious problems.

An illustration of this is a ten year old boy whose family were heavily involved in both the emergency and recovery stage in the community. Although their property was not affected, one parent's life had been at risk. This preyed on the boy's mind. He also misunderstood the absence of many children from his school due to evacuations and for some months thought they had been killed. He kept his fears to himself, the parents being unaware of the boy's worries because of their own intense issues. Three years after the fire, the boy was fighting with peers, lying, stealing, was having nightmares and fears. He was a behavior problem at home being angry with his parents, was depressed and had suicidal thoughts. In short, had moved on to a deviant developmental pathway.

A combination of individual, parent and family sessions enabled the boy to settle his fears and fantasies, helped the parents and older sister understand him and also

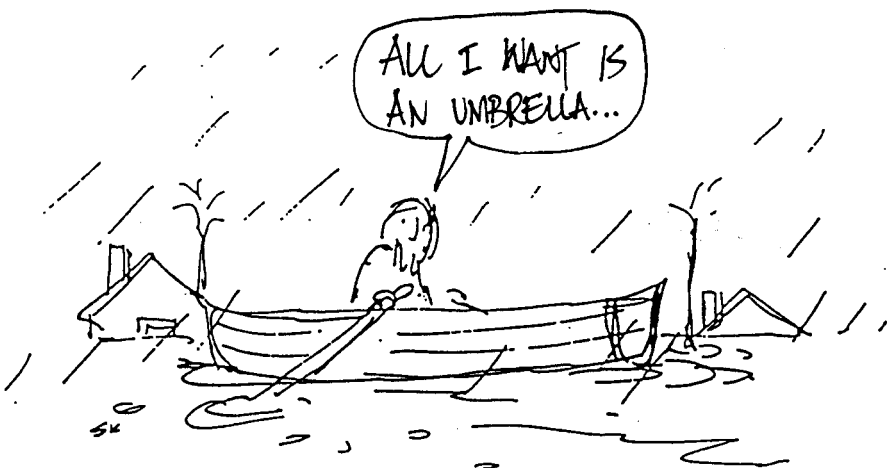
to recognise how the events since the fire had undermined family life. The intervention re-established the communication, trust and affectional bonds that had existed before.

Reactivation of past trauma. One effect of disaster is to reactivate past traumatic episodes in people's lives which heretofore have been adequately accommodated. Sometimes the disaster itself may be the 'trigger' and these instances are the easiest to identify and resolve. However the events and circumstances of the recovery period may bring about the same response but in a more subtle way. Experiences of exhaustion, helplessness, frustration, isolation, loss of the familiar, loneliness, lack of support or understanding, sense of being overwhelmed and loss of a sense of future may reactivate previous life episodes. In our experience, earlier episodes frequently gained precedence, leaving people pre-occupied with these troubles, disoriented in relation to the present and unable to apply themselves to the current interactional and personal issues of the family.

Individuals with this response tended to be frightened and to lose confidence in themselves. They were unable to understand why a problem that had not bothered them for years and had suddenly come back to haunt them and they blamed themselves for not coping with the present better. Often they could not avoid withdrawing from family relationships.

A family referred three years after the fire complained of fears, separation problems and poor behavior in their older two children. After treatment had begun to address the problems, the mother revealed she had been raped under particularly traumatic circumstances in her youth. Although she had not thought of it for years, since the fire she could not get it out of her mind because she experienced the same sense of helplessness, loneliness and impotence during the recovery period. She had not spoken of the rape to her husband, and had recently become afraid of him and also avoided intimacy. She came to recognise during the treatment, how this had prevented her caring for her children in the way they required. She was also able to share the experience with her husband and they re-established the relationship.

Identity Formation. Because disasters and the recovery periods are so important and unique in people's lives, the events and responses have an important and often enduring effect on their sense of identity. People's idea of themselves may be enhanced or distorted depending not so much on what actually happens but how they come to view it. If strong feelings of guilt, inadequacy, loss of self-esteem, or failure are not placed in perspective,





them to the various contexts of community process, family life, developmental status and normal expectations. The identification and sharing of past traumas may be necessary to prevent people from compounding problems. People may need help to recognise healthy areas of functioning, and make use of their skills and resources. Communication, recreation and shared experience may need to be actively encouraged. Help may be required to articulate previously held life-goals, to review them in the light of the disaster and to develop new ones if necessary. The problems outlined have the potential to develop into serious psychopathology over time, or lead to serious family disfunction. However, our observations indicate that when they are treated in the context of the disaster and recovery phenomena they can be resolved quite rapidly.

they do not abate, but alter a person's self image. This in turn affects the quality and quantity of participation in family life

These feelings can be understood and integrated if they are discussed and evaluated in a supportive, respecting context that links the facts of the situation with the personal response. Acceptance by others and knowledge of what are normal responses to abnormal stress situations are the most effective way of coming to terms with oneself.

One senior combatant service officer was deeply dissatisfied with aspects of his performance in a disaster situation and spent almost all his spare time in solitary activities. He considered himself extremely lucky that his wife and children had been so understanding. Another sixty-five year old man revealed that as an adolescent caught in a bushfire he had become very frightened. He had been called a coward at the time and had accepted that understanding of himself until the present, even bringing his sons to believe it. The effects on the family life and development of this man's children can only be guessed at.

Clearly many things can happen to families after a disaster to influence the kinds of problems and stresses that impinge upon them. Several issues have emerged as important in the families seen. The loss of reference points to evaluate experiences seems to make it more difficult to handle challenges. Changes in community norms, family lifestyle or personal expectations during the post-disaster disruptions all contribute.

The disruption often involves the loss of support structures both personal and community, including friendship and extended family networks, work, recreation patterns and community services. After the disaster, existing support systems change or are overloaded, or are no longer appropriate to the demands. People are often then thrown back onto their own resources.

Another important factor is that the protracted stress and multiplicity of changes lead to the dissolution of previous adaptations and challenges solutions to past conflicts. Past, present and future become condensed in a confused experience of time. The recovery period becomes "lost time", and the sense of continuity in life is disrupted.

Longer term reactions can be prevented or alleviated if people are given help to clarify their own and each other's disaster and recovery experiences, and to relate

The community is the context in which all these processes take place, and all community services, agencies and families can actively prevent these problems, or assist in their resolution if they contribute a component of understanding, care and support to their normal activities. The media have a particular role to play in this process. Mental health and welfare staff should be actively utilised to consult with all services to assist them to maximise their potential to help the people they are serving.

