

# After the Disaster:

## *Emotional Reactions and Help*



Although people share in common many feelings and reactions to the effects of a disaster, special attention will be required for persons of particular age groups, unique social circumstances, and abilities. This publication describes some of these groups and their emotional needs.

First, however, is a review of some thoughts, feelings, and behaviors common to all who experience a disaster.

### **Common Needs and Reactions**

- Concern for basic survival
- Anxiety over separation from family and friends
- Regressive behaviors, such as reappearance of thumbsucking in children
- Relocation and isolation anxieties
- Need to talk about feelings from experiences during the disaster
- Need to feel a part of the community and its recovery efforts
- Desire to help others

### **Some Special Needs Groups**

The characteristics of some groups create the need for special consideration in planning for disaster recovery. The following list includes many of these categories:

- Age groups
- Socioeconomic groups

- Cultural, ethnic, and racial communities
- Institutionalized individuals, such as those in hospitals, convalescent, and correctional facilities
- People in emotional or medical crises
- Human service and disaster relief workers

Sometimes disaster victims do not ask for help for themselves, but they may be seeking help indirectly by representing others who obviously require help, such as parents requesting help for an emotionally distraught child. The parents, in such cases, may also need help but are reluctant to ask for it.

### **Age Groups**

Each age brings special challenges that must be dealt with in everyday living. Some age groups, however, appear to be vulnerable in unique ways to the stresses of disaster. For example, research indicates that younger children and seniors are more vulnerable to emotional trauma than the general population. Teens as a group are susceptible to unique and possibly long-range effects of disaster such as the disruption of activities with their friends and their lack of involvement in community rebuilding efforts.

In general, children of all ages will show symptoms such as sleep disturbances and night terrors, persistent fears about natural events, fears of future disaster,

loss of interest in school, and a loss of interest in personal responsibilities such as chores. They may also show regressive behaviors, which are behaviors typical of a child much younger than the victim.

The most common symptoms to appear in adults are anxiety, depression, hostility, resentment, loss of ambition, sleep disturbances, and psychosomatic symptoms. Couples may argue more, especially regarding money, caring for children, and responsibility for housework. There may be increasing neglect of self and, in extreme cases, thoughts of suicide.

## Symptoms by Age

### Preschool (ages 1–5)

In the preschool years, children generally lack the verbal and conceptual skills necessary to cope effectively by themselves with sudden and unexpected stress. They typically look to their parents, older siblings, or others as behavior models and for comfort in such situations. Even if children seem relatively unaffected by the disaster itself (for instance, they might have slept through the earthquake or tornado), they still may be strongly affected by reactions of parents and others to the disaster. Such strong emotions may be repressed (automatically made subconscious) or simply “stored-up” because of a lack of opportunity for expression or because such expression may be discouraged as “childish.”

In the natural course of events, small children, if given the opportunity, will try to resolve emotionally traumatic experiences by reliving them in their play activities. It is less usual at these early ages for children to attempt to verbalize the traumatic episode without explicit encouragement.

Unfortunately, well-intentioned parents sometimes discourage forms of reliving the disaster, hoping to spare children unnecessary or harmful emotional effects. Without opportunities for expression, however, children (and adults) may display somatic symptoms, regressive behavior, or other problems.



Children who have lost one or both parents are especially in need. Loss of a relative, a playmate, or a favorite pet are also disturbing events for children; they need an opportunity to express their grief by talking or creating drawings about the loss. One of the major fears of childhood is that of abandonment. Children who have lost parents will need reassurance that they will be cared for in the future.

Children in this age group display their stress most often through regressive behavior. Such behavior may include thumbsucking, bedwetting, old fears of darkness or of animals, night terrors, clinging to parents, and loss of bowel and bladder control. These problems are best understood as expressions of anxiety about the disruption of their formerly secure worlds.

Caregivers can help relieve these fears through action and attitude. Ample verbal reassurance, physical comforting, more frequent attention, and comforting bedtime routines are helpful. A child may be allowed to sleep in the parents’ bedroom for a while if this has not been the case previously. Play activities and games

may help the child to integrate the experience and reestablish a sense of having some control.

### Schoolage (ages 5–11)

Regressive behaviors will also be characteristic of this group, taking such forms as irritability, whining, clinging, fighting with friends and siblings, and open competition with

younger siblings for parental attention. Night terrors are frequent, accompanied by nightmares and fear of the dark. School problems emerge also in behaviors such as refusal to attend, fighting, withdrawal, loss of interest, and the inability to concentrate. Loss of pets or of prized objects holds special meaning for this age group.

Caregivers need tolerance and patience in responding to these behaviors. Routine rules and regulations can be relaxed, if necessary, for a while. Play and opportunities to talk, both with other schoolagers and with adults, help children to realize that they are not

alone in their reactions. The aim should be to ease back into normal, routine functioning reasonably soon, which provides a sense of security for youngsters.

### **Early Adolescent (ages 11–14)**

Reactions from friends are usually important in this age group. Children need approval and acceptance from friends. They need to feel that their fears and anxieties are both appropriate and shared. These fears and anxieties may express themselves as sleep disruptions or appetite disturbances. Other symptoms may include rebellion in the home and refusal to do chores; school misbehavior, including fighting, withdrawal, loss of interest, and need for excessive attention; and physical symptoms of headaches, vague aches and pains, skin eruptions, bowel problems, and various psychosomatic symptoms.

Caregivers can help to relieve such symptoms by lessening tension and anxieties and possible guilt feelings. Individual and group discussions should be encouraged. Group activities, especially those which encourage resuming routines, are helpful. Discussions and activities are most effective when shared with friends. The discussions may include reliving the disaster and rehearsing future behaviors which are effective in saving lives, should a disaster ever strike again.

### **Adolescent (ages 14–18)**

As with the early adolescent age group, most of the activities and interests of adolescents are focused on their own age-group peers. The reactions to a disaster may take the form of psychosomatic symptoms (rashes, bowel problems, asthma, etc.), physical symptoms (headaches, tension, hypochondriasis, appetite and sleep disturbances, etc.), and social behaviors (withdrawal, apathy, agitation, decline in interest in dating, risk-taking behavior, etc.).

The most effective responses to the problems of adolescents encourage activity in reestablishing their community, school, and social spheres. They should be given every opportunity to participate in the rehabilitation and reclamation work necessary to rebuild their community, especially if it involves working with their peer group. When possible, give

responsibility for specific tasks. Social activities, such as sports, clubs, and dances, should be encouraged when immediate grieving has passed.

### **Adulthood**

On the face of it, grown-ups may seem an unlikely group to have specific problems. However, it is



helpful to be alert, especially to the possibility of emotional problems arising in later, rather than immediate, post-disaster periods.

Consider the family that loses its home and possessions in a flood or tornado. Forced to rebuild, they must do so with far more costs. Retirement with the mortgage paid off is now out of the question, and prospects of an old age and adequate pension and comfortable living may have vanished.

It takes time for these conditions and the realizations of a reappraised future to sink in, but they may and do have any number of effects in psychosomatic problems, relationship difficulties, and occupational dissatisfactions.

Remember also that about one in five adults have significant problems dealing with the challenges of everyday life, even without a disaster. These problems may be related to mental or emotional disabilities, substance abuse problems, lack of life skills, and combinations of these. The added stress of a disaster can push these people into irrational behavior. If you are close to people with these challenges, be especially sensitive and supportive during this time.

### **Older Adults**

Many seniors today remain self-sufficient, active members of their communities. Some seniors, however, are somewhat isolated. They spend their time mostly with others of similar age and circumstances in daily routines that have become comfortable. Others are confined to house or apartment, frequently alone. When these familiar routines are disrupted by

the disaster, and particularly when residential loss and relocation occur, seniors might exhibit despair, mourning, apathy, withdrawal, anger, irritability, or confusion. An important issue is the despair accompanying loss of property and objects, which is a loss of ties with the past. Often, because loss of life has occurred among neighbors and friends, mourning the loss of sentimental objects and loss of property seems “inappropriate.” However, these can and do constitute significant psychological loss.

Isolated seniors also tend to watch more TV than any other age group. If they watch extended coverage of disasters or news coverage of crime, their perspective of day-to-day life in communities can get distorted. They come to believe that the world is a scary place, which can lead to them feeling even more isolated.

## Socioeconomic Groups

Socioeconomic circumstances are important influences on attitudes and reactions of people in stressful situations. More importantly, these factors can affect which individuals will seek or accept help voluntarily for emotional distress. For example, people in lower economic circumstances are generally more inclined to seek medical rather than psychological treatment. This re-emphasizes the importance of outreach efforts in disaster relief work. Otherwise, these people may not be reached and may not get the help they need.

People in middle- and upper-income economic circumstances are more likely to seek and accept help when needed. These social groups also would be expected to be more likely to understand the long-range benefits from early use of services. Upper-income people are less inclined, however, to welcome outreach and “free” services as compared with lower- and middle-income groups.

## Cultural and Racial Differences

Disaster relief workers emphasize the importance of social and cultural differences in recovery, especially differences of race, language, economic level, class, and ethnicity. For these groups it is essential that

outreach be channeled through representatives or facilities known and trusted by the group.

Differences of language and custom, if ignored, may lead to frustration and failure by those attempting to render services.

Disaster losses also are felt differently by people who have less insurance, precarious job situations and skills, less knowledge about available help, and less confidence in government (or others outside their own family or in-group) to help.

## Human Service and Disaster Relief Workers

Workers in all phases of disaster relief—whether rescue workers, protective services, shelters, clothing and food services, rehabilitation and reclamation services, or human service workers—expose themselves to huge demands to meet the needs of victims. For many, the disaster takes precedence over all other responsibilities and activities, and the workers devote all their time to the disaster-created



tasks, at least in the immediate post-impact period. Some workers become frustrated that, no matter how hard they work, victims are still traumatized. As some order returns, many of the workers, especially volunteers, return to their regular jobs but at the same time attempt to continue with their disaster work. The result of the overwork is the burnout syndrome, a state of exhaustion, irritability, and fatigue that creeps up

unrecognized and undetected on the individual and which markedly decreases personal effectiveness and capability.

The best way to forestall burnout is to expect it, to be alert to its early signs, and to act decisively in relieving the stress. Burnout symptoms have been identified in four primary areas:

*Thinking:* Mental confusion, slowness of thought, inability to make judgments and decisions, lessened ability to prioritize tasks, loss of objectivity in evaluating one's own functioning

*Psychological:* Depression, irritability, anxiety, excitability, rage reactions

*Physical:* Physical exhaustion, loss of energy, gastrointestinal distress, appetite disturbances, hypochondria, sleep disorders, tremors

*Behavioral:* Hyperactivity, excessive fatigue, inability to express self verbally or in writing

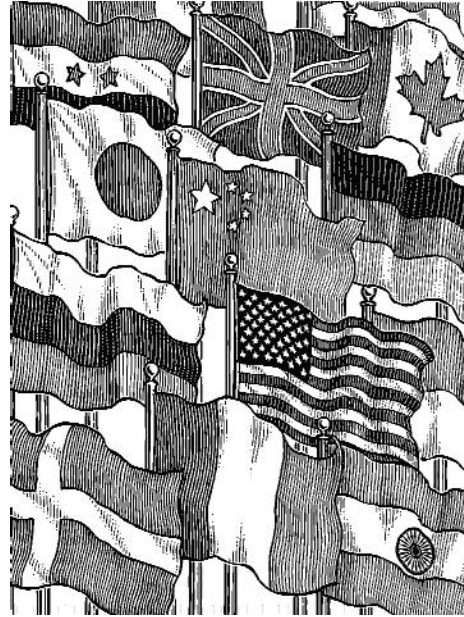
The first step is to recognize the symptoms of burnout when they first appear. The earlier they are recognized, the better the chances for helping. All relief workers need to know about the symptoms so that they may recognize burnout not only in themselves but also in their fellow workers. Relief work supervisors should also watch for signs of burnout and be prepared to intervene.

The supervisor should discuss burnout concerns with workers and try to get them to recognize the symptoms in themselves. Then make sure these staff are relieved from duties, at least for a short time. Guilt over leaving the activity is relieved by receiving official permission to stop and by showing that the workers' efforts are less effective. Assure workers that they can return and that they will have improved greatly as a result of a short recuperation. At first, attempt to persuade workers to take time off. If necessary, order workers to do so. The syndrome may appear early or well into the post-disaster period, from two weeks to a year. On average, it seems to take about four to six weeks for most of the symptoms to appear.

## Factors to Consider When Working With Recent Immigrant Groups

- Trauma and stress in country of origin
- Immigration experience
- Immigration status
- Trust/mistrust of government and agencies
- Level of acculturation
- Language fluency and literacy
- Social class

- Economic situation before and after disaster
- Mistrust of "outsiders"
- Definition of "family"
- Role of family members—male, female, children, seniors, extended family
- Formal and informal support systems
- Role of "helpers"—family, medical/healers, religious personnel, other
- Belief system regarding disaster (e.g., fate, causality, responsibility, punishment, guilt)



- Belief system regarding healing, mental health
- Religious belief system
- Values regarding "asking for help"
- Rituals and traditions, especially related to grieving, healing
- Symbolic environment (items of faith, mementos)
- Disaster losses that reawaken prior losses and trauma

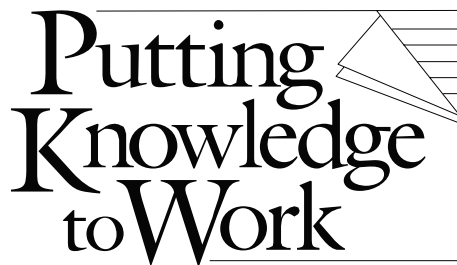
## Interventions with Immigrant Groups

- Establish your credibility
- Be genuine, sincere
- Be dependable, responsible, well-informed
- Allow yourself time to be educated by key members of the community
- Learn about local politics
- Learn about relationship/reputation of the mental health agency in this ethnic community
- Respect boundaries
- Be a good listener for verbal and nonverbal clues
- Use active outreach approaches

- Use interventions that are culturally sensitive and appropriate
- Provide information and services in appropriate languages
- Use trusted community leaders and members
- Channel assistance through local religious and community resources
- Assist in eliminating barriers to help interpret facts, policies, and procedures

In summary, many of the reactions to disasters are predictable. No one in any of the groupings dis-

cussed in this publication will exhibit all the symptoms discussed, but these guidelines are intended to help sensitize family, friends, and caregivers to special needs and opportunities. Some reactions to traumatic stresses are immediately evident; others may not surface for years. Some disaster victims never fully recover, while others seem to find the resources to carry on. If there could be a silver lining to disasters, it may be that communities often pull together in support of one another, creating stronger bonds of support than ever before.



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CHFD-E 10-1

Revised April 2002



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