

The Psychology of Surviving a Disaster

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[slide 1 – Title: The Psychology of Surviving Disaster]

I'm Sherry Dingman and I'm a biological psychologist on the faculty of Marist College in Poughkeepsie, NY. I needed to say that because Marist was nice enough to pay for my trip to be with you here today. When I started working on this lecture, I planned to use photographs of the Sichuan earthquake as illustrations.

[slide 2] Haitian Quake

Tragically, the planet has experienced a more recent devastating earthquake since then, in Haiti on Tuesday, January 12th at 4:53 p.m. EST. Haiti is a place prone to catastrophe — from natural disasters like hurricanes, storms, floods and mudslides to crushing poverty, unstable governments, poor building standards and low literacy rates.

[Slide 3] Images

The earthquake was one of the largest to ever hit Haiti. The 7.0 quake was shallow and released a massive amount of energy. Haiti is the poorest country in the Western Hemisphere, as well as the, and the distribution of wealth there is the most unequal in the hemisphere (Sletten and Egset, 2004). Several thousand families are wealthy, and 80 percent of Haitians live in absolute poverty. Many of them exist in the teeming slums of Port-au-Prince where life is grimmer than for poor Haitians in rural areas with overcrowding, disease, and squalor

The poverty score board for Haiti includes items such as, "Does anyone in the household own a bed?" "Are any or all of the rooms of the home invaded by rats and mice?" "Yesterday did anyone in your household eat any fats or oils?" "In the past month, how often have you had to reduce the number of meals eaten in a day because of lack of food or money to buy food?"

[Slide 4] Images

Haiti's poverty will contribute to its death toll from this quake. The official death reached 50,000 the day of the quake and climbed to over 200,000 by the final count. Port-au-Prince was reduced to rubble and the nation lacked the manpower to dig out those who were trapped or to provide necessary treatment for the

injured. The city's hospitals collapsed. The poorest country in the Western Hemisphere, Haiti is still struggling to recover from four catastrophic storms in 2008 which affected more than 800,000 people and compounding a food crisis the country was having. Disaster upon disaster and now the looting and lawlessness have started.

[Slide 5] Jillian Thorp

This is Jillian Thorp. Maybe you heard her story on the news. She was trapped under the rubble of the mission house. Her husband Frank drove all night to reach Port-au-Prince to rescue her. It took him an hour to dig her out from under a foot of concrete. She had been trapped for 10 hours. She is injured, but she wants stayed in Haiti to help the people.

[Slide 6] Woman praying.

The woman praying in this picture is a member of a congregation in New Jersey which had a 15 member team in Haiti visiting hospitals, clinics, orphanages, and schools when the earthquake struck. At the time the picture was taken, she didn't know their fate.

Because of who we are in Christ, we are called to places like Haiti to help those who are suffering. It is inevitable that we will be caught up in disasters, natural and man made.

I'd like us to stop for a minute now and for all of us to bow our heads and say a prayer for the church of Christ in Haiti – may this be her finest hour as she demonstrates the grace of God to the lost and please God, may the church in America help her do that.

[Slide 7] Starving Somalian children

The number of natural disasters is increasing because more people are living in regions prone to them. As the world's poor crowd into mega cities in substandard buildings the devastation will continue to rise. A natural event becomes a disaster when people are in harm's way.

The US Office of Foreign Disaster Assistance keeps a database on natural disasters which it defines as an event that kills 10 or more people, or leaves at least 100 people injured, homeless, displaced or evacuated.

Natural Disasters:

January 12th, 2010 earthquake in Haiti maybe have killed 200,000 people, directly or indirectly.

The May 12, 2008 Sichuan earthquake in China killed 70,000 people.

The May 3, 2008 cyclone that hit the Burmese peninsula killed 100,000.

The October 8, 2005 Kashmir earthquake in Pakistan killed 86,000

The December 26, 2004 Indian Ocean earthquake and tsunami killed 250,000 people in 14 countries. It was the second strongest earthquake recorded by a seismograph.

Oct. 26-Nov. 4, 1998. Hurricane Mitch was one of the the deadliest hurricane to ever hit the Americas. It killed 11,000 in people in Honduras and Nicaragua.

Katrain, the Hurricane that struck the US on August 28th, 2005 killed 1,200 people.

Americans are privileged even when struck by a natural event like a hurricane because we enforce building codes, we have infrastructure and rapid response teams.

Disasters are not always natural; they can be perpetrated by men as well as nature. Sometimes men magnify the damage from natural events. There is no event that cannot be made worse, or better, by how humans respond.

Manmade disasters

Nearly 18,000 civilians have been killed directly by the violence in Somalia over the past three years and another million have been displaced from their homes. The prolonged drought in the region, a natural disaster, has been made worse by the violence of men plunging Somalia into a humanitarian crisis with 3.76 million people in desperate need of food. The UN food agency has pulled out of southern Somalia because of attacks on its staff.

The UN issued a report that death toll in Darfur had reached 300,000 but others estimate it to be closer to 500,000.

[Slide 8] normal/abnormal responses

The front line of the battle between heaven and the dark angel lies here on planet earth. We were all born on a battlefield and some have been reborn here to make a difference.

I'm hoping my talk will give you the mind set to survive spiritual, which is all that really matters. As a friend of mine used to say, "All we have to do is outlive them...." Them being the disasters, catastrophes, trials, tribulations and every enemy of the reign of God we face on earth.

So what is a normal response to an earthquake that levels a city? What is "normal" in the face of apocalyptic destruction?

[Slide 9] how we respond to danger

Since my talk is titled the inside the **mind** of a survivor, rather than inside the **brain** of a survivor, I can give you the abbreviated version of the neurobiology of our stress response. This is what is happening in brain... remember, even when the spirit is willing but the flesh can be weak.”

If any of you want to exhaustive version of the neurobiology of stress, email me and I'll send you some excellent references – here is the short version:

Sensory input to the brain goes to through the thalamus – and if a threat is registered there, it activates the brain's alarm system, the amygdale. This leads to a domino effect as chemicals are released (corticotrophin releasing hormone aka CRH) in the hypothalamus leading to a secretion of ACTH from the pituitary which in turn induces secretion of cortisol by the adrenal glands.

You experience this as an adrenaline rush, the feeling that overwhelms you when your realized the oncoming car has crossed over into your lane....

Simultaneously, the autonomic nervous system (auto pilot) switches body systems on and off so you can move your body out of harms way – heart and respiration rate increase, fuel is dumped into circulation so you can move your body out of harm's way, and non-essential functions are shut down, like digestion.

This is a very intricate system designed so we would be in motion making our escape even as we begin the conscious process of deciding we have a problem... and that's a grace for us, since we can be a little dense.

Perceived danger triggers your fight or flight (freeze) system.

What happens in the brain is that the neurotransmitter norepinephrine is released in the brain stem when the alarm goes off – to heighten attention, which might be why time seems to slow down in a disaster and every thing seems to be happening in slow motion...

The other thing that happens with the release of cortical steroids is that we tend operate at an instinctual survival level rather than a more reflective, goal-directed level. In other words, the rational part of our mind isn't running the show..

Our capability to process information is compromised – in particular our spatial orientation processing and categorization of sensory inputs is less than optimal. .

In laymen's terms, we are confused and disoriented. We can't make sense of the stimuli coming in and we can't seem to get oriented.

Finally, decision making becomes more difficult because the prefrontal cortex receives confusing and chaotic alarm signals.

In the midst of this state we aren't rational.

If the event that triggered the response resolves rapidly, the system flips off and we return to our normal state, its good. This is why zebras don't get ulcers. They run away from lions who want to eat them, but if they manage to escapes they settle back down to eating grass....and life is good.

If the catastrophic experience, or the psychological experience of it, lasts and lasts, there is the real possibility of enduring effects on the brain and body.

The regions of the brain that subserve memory, the hippocampus and amygdale, can be altered by being bathed in a cascade of chemicals. These areas of the brain provides a mechanism for two types of long-term memory for the disaster we've experience...

1) a memory you can put into words and talk about, explicit –

2) a memory that manifests itself by changes in habits and conditioned responses, implicit) –

Typically we are not consciously aware of changes in that manifest in our implicit memories, but if you are married, your spouse will probably point them out to you...

Cues that trigger **unconscious** memories of an event can make us fearful; a little noise can make us startle... a sound in the night can catapult us into wakefulness

These delayed biological changes maybe be responsible for symptoms seen in **post traumatic stress disorder** (PTSD) and other chronic disorders.

[SLIDE 10] Normal immediate response

How a disaster victim feels is related to what is happening it the body. Almost instantly when danger is perceived, a person may experience somatic and mental symptoms including a feeling that one's heart is about to burst, difficulty in breathing (so that one feels smothered), and muscles that feel like exploding and don't seem to work right. Elevated heart rate impairs fine motor coordination –

Psychologically, a disaster victim is likely to have feelings of terror and panic. Their confused mental state can lead to cognition shutting down – they may stop thinking (the snap out of it moment), autonomic reflexes take over (drowning victims dangerous to life guards), freezing and/or feelings of helplessness or being out of control.

In part these psychological responses are shaped by past learning and what happened in similar situations, social cues--what is everyone else doing? one's behavior is shaped by whether or not there are others in the disaster with you and whether or not they are strangers or friends and relatives, loss or separation from loved ones, and the effects of cognitive disarray from all the chaos.

In other words when the world comes tumbling down around your ears, it is perfectly normal to feel *anxiety, shock, confusion and denial*. Your brain is saturated with stress hormones and neurotransmitters – it is over loaded with stimuli you can't process.

Physiological and psychological factors, present before, during, and after a disaster is experienced can help you adapt or may lead to the development of chronic stress disorders.

[SLIDE 11] 2 days to four weeks

Timing is as important in brain science as it is in obstetrics. A normal pregnancy lasts 40 weeks, give or take a couple of weeks. If the pregnancy lasts into week 45 or 50 it is no longer NORMAL.

Our neurobiological response to acute stress is designed to turn on, and then turn off. If it stays turned on, the person may be experiencing Acute Stress Disorder.

[SLIDE 12] Acute stress disorder

Everyone does not have the same psychological experience during a disaster, natural or otherwise. Some people really are fine a couple of days after a disaster. At one end of the distribution are people who have intense reactions to traumatic events – and other end of the distribution you might find ER doctors and EMTs and other adrenaline junkies. These are people who cope with events that other people would find really stressful, and do so day in and day out. But even these professionals experience psychological consequences of working in disasters, especially those which involve the death of children, mass casualties, gruesome carnage, or the loss of friends and co-workers.

Acute stress disorder is characterized by what happens during and after the disaster. In the 2 days to four weeks after the natural disaster, some people may

manifest symptoms of acute stress disorder. The military used to call this “shell shocked”

Common reactions that can be symptoms of acute stress disorder include anger, despair, guilt, irritability, nightmares, hyper-arousal, somatic complaints and difficulty concentrating (with or without memory impairment) as well as feelings of alienation, social withdrawal and feelings of disassociation (the world doesn't seem real....it has a dreamlike quality. To the observer the individual may appear to be “spaced out”).

The vast majority of people who have been through a catastrophic disaster will experience these some of these symptoms, but they will be transient. These are normal responses to an abnormal event.

DO NOT DIAGNOSE EACH OTHER... but here is how to professionals diagnose acute stress disorder... if a person manifests 3 out 5 symptoms which last longer than 2 days after a disaster, up to four weeks, they are suffering from acute stress disorder:

I. dissociate symptoms (i.e., the individual feels detached, dazed, experiences derealization or depersonalization or amnesia).

II. recurrent unwanted memories, while either awake or asleep (dreaming about it)

III. physiological or psychological distress when confronted with reminders of the trauma they have experienced. – can lead to avoiding anything that reminds them of the event

IV. Hyper arousal is common and can show up as anxiousness, irritability, insomnia, poor concentration,

V. hyper-reactivity or hyper-vigilance.

It is not just the presence of the symptoms, but also the magnitude that counts. In acute stress disorder these symptoms are so severe they create significant psychosocial impairment.

Individuals experiencing acute stress disorder are at a higher *risk* of developing Post Traumatic Stress Disorder (PTSD).

There is no one definitive “treatment for Acute Stress Disorder. Cognitive behavioral therapy (CBT) seems to be helpful for many people.

I believe sleep therapy might be effective – but that is still a hypothesis under investigation.

First responders make use of Critical Incident Stress Management (CISM) – and the literature on its efficacy is mixed (depending on how the study was designed, who did the study, what was measured, etc). The most important factors in making CISM useful seems to be having a homogeneous group of victims together to discuss the event – people who experienced the same thing.

So do the practical and the obvious if you are working with disaster victims.

1. Triage individuals to mental health professionals when appropriate – if any are available.
2. Provide information concerning the symptoms and feelings that are **normal** after a traumatic experience, criteria for judging when additional help is necessary and caregiver contact information.
3. Provide basic necessities like food, water, and shelter and for security.
4. Above all, be an empathetic listener. Don't pry and re-traumatize the person. If the victim wants to talk, listen to them.

(These 1-4 steps are part of Critical Incident Stress Management.)

If victims are experiencing somatic manifestations of the trauma, help them understand these are reactions to the stress and not manifestations of a genuine medical emergency – a panic attack is not a heart attack but people do have heart attacks in natural disasters – so it might not all be in their heads.

If a person is agitated, speaking too rapidly, appears to have lost touch with his/her surroundings or is crying uncontrollably, gently, but firmly, get them to look at you and to listen carefully. Talk to them about positive or unemotional topics for a time to draw them into working from higher reasoning centers (and out of the emotional part of the brain). You might ask them to describe their surroundings and tell you where they are.

It is very helpful for people to understand what they are going through doesn't make them "crazy." If you can provide a handout for people to take away with them which explains common posttraumatic experiences, this can be very helpful as they probably aren't able to focus and remember very well while you are talking to them. The paper should include contact information for how to find help later on if needed. Handouts assume you are working with a literate population and have resources where you can refer them. If not, you can improvise and send people to see their traditional or spiritual leaders. Try and do an information sharing session with these leaders.

[slide 14]

For some individuals the symptoms persist and they may be afflicted with **Post Traumatic Stress Disorder**.

PTSD is found in people who survived a disaster but in the process were exposed to the threat of imminent death or injury, or witnessed death and destruction.

People with primary relationships to disaster victims are also at risk for problems as from secondary trauma. So are the first responders, rescue workers, fireman, policeman, EMTs and others who see horrific things during disasters. By the very nature of their work, these people are repeatedly exposed to traumatic events and this can lead to traumatic reactivation of thoughts, feelings, and symptoms. These people often have a feeling of separation or detachment from their families, friends and community.

Help givers who talk with survivors are also at risk. Primary care physicians, nurses, rescue workers, and mission staff are exposed to the terror, helplessness and grief experienced by victims and families. They often find themselves listening over and over again to descriptions of horrifying events. In a large disaster, helping professionals work long hours and often are given responsibilities beyond their knowledge, training or professional limits which adds to the stress they experience.

Post traumatic stress disorder is diagnosed when an individual keeps re-experiencing the traumatic event through dreams or flashbacks – unwanted recollections that are “stuck” in their head. PTSD is also characterized by efforts to avoid cues that trigger the unwanted memories along with emotional numbness and detachment. A final hallmark of PTSD is being easily startled or being in a state of hyper arousal.

People experiencing PTSD may not present themselves for 4-6 months after the traumatic event. They may finally seek help because they are overwhelmed with intrusive memories, which cause them to re-experience the disaster over and over again. They may find that they startle at the slightest noise and are chronically anxious as if they were in a prolonged state of alarm. Others suffering from PTSD may complain that they are overwhelmed with emotions that they can't control manifested either as irritability and outbursts of anger; or, frequent uncontrollable bouts of crying. Still others may describe feeling stunned, empty, dead inside, and may have lost the faith that used to sustain them during periods of stress.

[Slide 15] Associated Problems

PTSD may not be the only problem the person is experiencing. They may have lost interest in life and slip into clinical depression, or become impulsive and reckless, or begin abusing drugs or alcohol to self medicate their symptoms.

To be diagnosed with PTSD, the symptoms must last for 30 or more days. The onset of PTSD can be delayed for as much as six months and once it develops, it can become chronic.

Classic PTSD is not common in children but its incidence does increase with age. Instead, children often experience symptoms such as hyper-activity, impulsivity, or become oppositional. Anxiety symptoms such as phobias can also occur.

[SLIDE 16] JOHN HOPKINS MODEL – RESISTENCE, RESILIENCE, RECOVERY

Given the risks inherent to helpers, many people choose to “opt out” and cross to the other side of the street, pretending not to see the victim lying there on the side of the road all bloodied and battered. .But God’s people have a mandate to help others.

Fortunately there is a body of research emerging on resilience that we can draw lessons from to help the survivors of disasters and to help ourselves be survivors.

Resistance is like immunity – and some people are highly resistant to stress. If you recall, many of the negative effects that go along with the stress response “kick in” when the heart rate is elevated to a certain rate... we’ll say 120 beats per minute. If a person’s resting heart rate is 100, it will cross this threshold of being wiped out by stress sooner than someone whose resting heart rate is 55 or 60.

The church is the only army on earth that doesn’t demand **any** degree of physical fitness. When it comes to having resistance in the face of a disaster or helping other victims in a disaster, this is a mistake. The stress response is a biological mechanism rooted our physical bodies...Paul’s comment, “*I buffet my body daily and make it my slave*’ doesn’t appeal to the American mind set where we think a Motel 8 is roughing it!

Bodily discipline is only of little profit because it only matters here in the present life – but it can matter a great deal in the here and now if you want to be a helper. (I Tim 4:8)

Remember the story of the man who drove all night to dig his wife out in Port-au-Prince? Ask yourself, would I be physically capable of that feat? Driving all night and then spending an hour digging a loved one out from under a foot of

concrete? If you couldn't save your loved one under such circumstances— how stressful would that be?

Don't work out at the gym so you can be buff, work out so you are capable of being of some earthy use to the Master.

Exercise is stressful –paradoxically regular physical exercise results in systemic adaptations that include a blunted neuroendocrine response to a given absolute workload. Athletes often having resting heart rates down around 50 beats a minute, giving them a much greater buffer zone than the average American.

Regular exercise can be a highly effective means for developing resistance so we don't fall apart in a disaster. It almost certainly contributes to resilience through maintaining antioxidant defenses and improved neuroendocrine autoregulation,

We all have a fine tuned “fight or flight” response system for running away from lions... but if we never, ever run, what's going to happen when the system kicks on?

Physical resistance and physical resilience is the easiest sort that can be developed. Any martial arts instructor can tell you the physical part is the easiest to achieve. Most of you aren't going to do this, but I'll go ahead and say it...look up the US Army's fitness standards for someone your age and sex and try and achieve them, if you can't already. Soldiers are required to do push-ups, sit-ups and run two miles. A 52 year old male only needs to be able to do 20 real pushups, 28 real sit ups, and run two miles in under 23.24 minutes to pass.

Three-fourths of young Americans in the prime of life who would otherwise be eligible to enlist in the military are physically unable to qualify for service because they are overweight. .

You can be 32% body fat for women and 26% for men and qualify – and three-fourths of young Americans can't qualify. It is not just the military either; seventy-five percent of EMTs are technically obese.

Emergency responders (firefighters, ambulance personnel and police) are expected to be physically fit to perform strenuous duties without compromising the safety of themselves, colleagues or the community.

[Slide 18] Resilience

When a disaster strikes, how fast can you get back up? Getting back in the saddle is the quality we call resilience. Psychologists have been studying this trait and identifying various factors that contribute to resilience. I'm going to tell you about four factors underlying resilience which were identified by a nurse: –

Dispositional Patterns, Relational Patterns; Situational Patterns; and Philosophical Patterns (Polk, 1997). Polk's work was influenced by nursing theorists Martha Rogers and Margaret Newman.

[Slide 18] Dispositional patterns

Investigators have identified dispositional patterns that contribute to resilience, the ability to get back up when you have the wind knocked out of you. People who approach stressful situations with a specific mind set thrive even when facing disastrous events. They hold three significant approaches to life that help "turn adversity into an advantage. The difference between those who thrive and those who "dive" often depends on the three characteristics: commitment, control, and challenge.

(1) Those with a sense of **commitment** are knowledgeable and aware of who they are, what they believe in, and what goals they have. They live their life in congruence with their goals and beliefs. In short, they do what they believe and believe in what they do. They are not hypocrites. They are authentic.

(2) The characteristic of **control** is defined by the ability to realize that there are things over which we have control and things over which we have no control. Those who thrive focus their energy on things they over which they have control rather than trying to change things over which they have no control. By continuing to be involved and exercising some control over what's happening, people maintain a sense of power even in the aftermath of a disaster. A sense of hopelessness or powerlessness gives rise to despair.

(3) **Challenge** refers to a mind set that interprets stressful events as an opportunity to learn. *That which does not kill us makes us stronger* mind set.

Some say that these three Cs, commitment, control, and challenge offer a life raft in the midst of chaos. Perhaps, but another way of thinking about them is they enable you to be the person coming to rescue the people on the life raft during a storm.

[Slide 18] Relational patterns - fellowship

Having strong social support in the form connection to God and our brothers and sisters ought to make us the most resilient people on the planet. The time to develop authentic connections with others is NOT when you are standing in the middle the aftermath of a disaster! Having enduring human relationships contributes to making us resilient. It is the quality of these relationships which enables us to share our deepest hopes and fears. This is the fellowship of the suffering, being connected to people who 'have your back.' It enables us to talk about our trauma to people who care about us.

[Slide 19] Situational patterns

Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword? As it is written:

For Your sake we are killed all day long;

We are accounted as sheep for the slaughter.

Yet in all these things we are more than conquerors through Him who loved us. For I am persuaded that neither death nor life, nor angels nor principalities nor powers, nor things present nor things to come, nor height nor depth, nor any other created thing, shall be able to separate us from the love of God which is in Christ Jesus our Lord.

It is in the midst of the distress we triumph. We have survivor mentality and are focused on others. We can find positive meaning in the trauma, we suffer for His sake. We make up what was lacking in the suffering of Christ.

We are here on earth not as victims, but as part of the rescue operation.

[Slide 20] Philosophical patterns.

The world uses terms like “philosophical patterns’ in order to be PC.

Psychologists in particular tend to have a difficult time dealing with “religion”. But this dimension of resilience really comes down to your spiritual world view.

Your reaction to the death of innocent children depends on what you believe, really believe, about them.

Do you think they are immortal spirits who continues to live and ***have gone the way of all the earth?*** Or do you think they have entirely ceased to exist?

The deeper and more profound issue we need to deal with to survive spiritually is how God, if He is all good, can be all powerful, when terrible catastrophes happen. This is a theological question that has plagued mankind for generations.

It is also a question God answered for us, I think, in the oldest book in the bible – the book of Job. (Moses wrote Genesis later on).

Bad things do happen to good people.

Remember what Jesus said about the tower that fell, “do you think these people were worse sinners” because a disaster befell them?

Greek philosophy entered into Western theology through Augustine via the Roman church. Contrary to that determinism, not everything that that happens on

planet earth right now is NOT what God desires – there are things He wants to change.

*“The son of God appeared to destroy the works of the devil” I John 3:8.
The last enemy that will be abolished is death. I Cor. 15:25-27*

....since the children share in flesh and blood He Himself likewise also partook of the same, that through death He might render powerless him who had the power of death, that is, the devil, and might free those who through fear of death were subject to slavery all their lives. For assuredly He does not give help to angels, but He gives help to the descendant of Abraham. Heb. 2:14-16

We are the resurrected army of the living God and we don't need to be afraid of physical death as if we are mere mortals. We can fight the last enemy...

We can be the Blessing to the children starving in Somalia, feeding them even when the UN pulls out – because we ought not to be afraid to die... been there, done that in the watery grave of baptism. If an Islamic fundamentalist shoots me, it's the bullet that sends me home to glory... and I've decided not to be afraid of heaven any more...this is the mind set we need for real resilience.

Spiritual resilience is based on the firm conviction that the safest place on earth is the center of God's will.

[Slide 21]

Recovery takes time and TLC. How can we build resilience in others? Love them and let them know that God loves them. In the words of a nurse:

Love is the only sane and satisfactory answer to the problem of human existence and that to speak of love is to speak of the ultimate and real need in every human being.

[Slide 22]

Practically speaking, you can help survivors understand what they are going through so they can process the feelings they are having. Outside of Western Civilization people do not necessarily read psychology journals and know that nightmares a common response to living through a catastrophic event. You can help them by explaining what they may experience biologically and perhaps psychologically (which may differ by culture).

Make up handouts to distribute. Give talks. Don't let people suffer alone thinking they are the only one who feels the way they feel.

It helps to give people tasks to do in any disaster situation – helping dig others out of the rubble is beneficial psychologically to the one doing the digging. The person helping others is going to be better off than the person standing passively on the sidelines listening to cries for help. Organizing groups can provide people to be committed to, having tasks to perform provides a measure of control – even if its just gathering firewood, and reframing the experience as something that will ultimately make them stronger can all help.

[Slide 23] Thank you

Thank your for listening to me today – let me know if I can ever be of help to you in dealing with the stress you experience in your work. Questions?