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Rothlyn Zahourek

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# Finding Holism in Disaster

## A Story of Katrina's Aftermath

Rothlyn Zahourek, PhD, APRN, BC, AHN-BC

*Private Holistic Psychotherapy Practice, Amherst, Massachusetts*

How do we find holism in the aftermath of disasters? This is the author's personal account of being deployed as a psychiatric clinical nurse specialist by the Substance Abuse and Mental Health Services Administration and meeting two survivors in the Lower 9th Ward of New Orleans after Hurricane Katrina. This article tells how she learned from survivors' stories and music about healing and holism in the aftermath of disaster.

**Keywords:** *holism; Hurricane Katrina; disaster; healing; music*

**H**olism *is*. It is not the sum of parts but an integral phenomenon. Even in a hurricane's tearing apart of land, water, air, and families and communities, holism exists. Even in the social and psychological chaos resulting from a hurricane, holism *is*. Holism is the union of good and bad, creation and destruction, sadness and joy, yin and yang. It is recognizing that holism actually is good-evil, create-destroy, sad-joy, and yin-yang. Holism is manifest and recognized when we notice that there is no separation and when we see, hear, feel, and sense unity in our total being.

How are we able to look at a hurricane's aftermath holistically? A common belief is that disasters and emergencies bring out people's best and worst qualities. Disasters force people to find meaning in the experience, or become despondent. Is this also holism but not initially noticed? The following tells of an experience my husband and I had when we were deployed to do mental health work in Louisiana 3 months post-Hurricane Katrina. One meeting with a mother and daughter taught us about holism in disaster—that beauty can be experienced in destruction. Their story is of hope and resilience. It is also a story about the power of music to transform one's experience of futility, grief, and despair into good, hope, and knowledge that new growth will happen. But before we tell that story, we need to describe the unique environment of this particular disaster.

### Hurricane Katrina and New Orleans

The Katrina-Rita-Wilma Hurricanes that attacked the Gulf Coast in the fall of 2005 were unusual in many respects. First, Katrina was predicted to be a

“really big one” even up to the day before it hit. There was initial relief when the worst of the storm passed over New Orleans. Then a day later, levees weakened and broke. Lake Pontchartrain flooded 80% of the city and engulfed surrounding communities.

The first news was that the city of New Orleans was gone. We knew that many people had not evacuated and many were in the process of leaving and still caught in major traffic jams. Where were they all now? There was disturbing news of people sitting on rooftops and stranded on bridges for days in blistering heat and with no shelter, food, or water. We watched the television news coverage of people dying trapped on the overpasses leading out of the city. Media portrayed the horrific conditions encountered by people who sought shelter in the Convention Center and Superdome. On National Public Radio, a nurse from Charity Hospital begged for help for hours as water rose, flooding floors below her, and as patients died because of the heat and the lack of supplies to treat their illnesses. She also described how the nursing staff was administering IV fluids to each other so they could keep working. The airport was overwhelmed with casualties; people died slumped in wheelchairs and lying on conveyor belts in baggage claim. We heard reports of caregivers leaving their charges to drown in extended-care facilities and

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group homes for the developmentally disabled and chronically mentally ill. We also heard of people putting themselves in great jeopardy to rescue neighbors.

I watched TV and listened to the radio in Massachusetts. It appeared that help was frustratingly slow in arriving; it seemed like the Gulf Coast had been transformed into a Third World disaster zone. What was the matter? Where was help? I felt helpless, frustrated, sad, and angry. If the media could get there, why couldn't others with life-saving clean water?

We later learned that some areas of New Orleans were more devastated than others. The attracting tourist areas of the Garden District and French Quarter were largely spared. The most severely affected areas in New Orleans were neighborhoods located close to the levees and the canals in which largely poorer and working-class African American families lived. An example is the Lower 9th Ward. This area became famous for the degree of destruction to the homes and to people's lives. It had a high casualty rate, and many people spent hours and days waiting on top of roofs to be rescued from here. As of July 2006, the area remains nearly a wasteland, and a decision by the city fathers between either rebuilding or bulldozing remains unmade.

We learned that this community had been established for many generations. People had built modest and more elaborate single-family homes that they cared for and then passed down to children and relatives. In recent years, however, the neighborhoods had begun to change. A staunch churchgoing community had increasingly been plagued by drug abuse, domestic violence, theft, and murder. It has been referred to as the "murder capitol within the murder capitol of the USA" in several news reports.

## My (Our) Story

My husband, Jay Holtzman, and I have visited and loved New Orleans for many years. We wanted to do something to help the recovery after Katrina. Finally, we volunteered together and were deployed with the Substance Abuse Mental Health Services Administration (SAMHSA) of the federal government from December 1 to 14, 2005. I am a clinical nurse specialist in psychiatric mental health nursing and a certified, advanced-practice holistic nurse in private practice; Jay is a psychiatrist who is chief of behavioral health at our community hospital. Both of us have more than 35 years of mental health experience, including community and preventive psychiatry. Neither of us had

had any experience with disasters or with disaster psychiatry. Both of us had crisis intervention and emergency psychiatry experience, but that was largely in emergency rooms and inpatient psychiatric units. We had worked with people experiencing trauma and post-traumatic stress disorder because in psychiatric treatment facilities, those issues are common. We were curious and anxious because we felt unprepared for what we might encounter. What was the job going to be? Would we become overwhelmed with how much people had lost and suffered?

The night before we left, our team leader called and said that we would be "hitting the ground running." He was vague and said that there was a "unique situation" in which we would be available for help in one of the most devastated areas of New Orleans. On December 1, 2005, our 6:00 a.m. flight left from Hartford, Connecticut, in below-zero weather. We landed before noon at a very quiet and subdued New Orleans airport. We remembered other visits to the city when the airport was bustling and crowded. This time we thought about the numbers of people who had died at the airport awaiting help during the aftermath of the storm. The day was bright, warm, and humid. As we left the rental car agency, the attendant called my husband "Darlin." I joked that I would have to keep an eye on my husband. She called me "Sweetie." We all laughed; I felt reassured—there was still great personal warmth left in the city.

We connected with our SAMHSA team leader, a social worker, who told us that we would get to work as soon as our orange SAMSHA shirts came out of the dryer. We settled into our downtown hotel—a quieter and somewhat disorganized version of its former self. Looking out the window, we could see the two cruise ships docked in the Mississippi River two blocks away. These boats housed first responders and their families who had been displaced by the storm. Two SAMHSA teams assigned to the ships were also staying in the hotel. Police from other states were housed there as well; we watched with wonder as they arrived dressed in black with "POLICE" displayed on their backs in large white letters. They wore heavy boots and carried firearms. Although their overall appearance was intimidating, their faces were tired and grim—they ignored us. This was not the New Orleans we were used to—no beads, no music.

By 2:00 p.m. the same day, we were wearing SAMHSA's orange, emergency-response shirts and were on our way with our team leader through downtown New Orleans. Although it had been 3 months since the storm, large mounds of trash, broken windows, and

twisted street signs reminded us of what had happened and how much more cleanup was still needed. Many traffic lights did not work, and power remained out in sections of the city. Cars of all makes and ages were piled like broken toys covered in gray-green dust under a Canal Street overpass. We soon became all too familiar with that gray-green dust and the “Katrina mold” that caused the “Katrina cough” most of us suffered.

Our team leader finally explained that we were going to the Lower 9th Ward to participate in the first day that people were allowed to actually return to their homes. Prior to this, FEMA (Federal Emergency Management) and the National Guard thought it would be too dangerous for people to be allowed on the streets of the Lower 9th, much less in their crumbling homes. Electricity and water remained cut off, gas leaks persisted, and building structure stability was unpredictable. Dead bodies were still being found. There had been a “look and leave” program in which people were allowed to ride a bus thorough the 9th Ward to survey the damage. They were not allowed off the bus because there were concerns about safety, looting, and people being so upset with what they saw and the reality of their losses that they might hurt themselves or others.

As we got closer to the 9th Ward, the damage became more apparent. The median along what had once been a pretty boulevard was piled with rubbish of all kinds: broken trees, plastic bottles, dishes, a case of soda, a bicycle, baby toys, clothing, and a worn-out couch next to a now-moldy recliner. A child’s plastic Big Wheel bike and large pink and green stuffed animals hung from telephone wires. More cars were piled in twisted shapes. One car had been decorated with large, plastic leafy green branches that stuck out of its windows and doors at bizarre angles. The splash of bright green was jarring in the gray dust, but in a crazy way it seemed a hopeful symbol that things might grow again amid this rubble. The trash heaps grew bigger and the houses, still standing abandoned, were more damaged. Most had large, spray-painted red and blue crosses on them. Each quadrant was marked with numbers and letters. We were told that these tattoos were codes explaining when the house was entered by FEMA and what was found. There was a place for the number of bodies and a place for their removal; many homes had signs stating “condemned,” “do not enter,” and “danger.” Some were labeled “TFC,” which meant “totally flooded and contaminated.” One house had clearly written in blue spray paint, “Two cats found traps set” and, below, “SPCA removed” at a

later date. Another partially collapsed house had plastic flowers placed in front, along with a spray-painted cross and plastic flower wreath—clearly a grave marker or memorial. Other houses had bright, professionally printed and produced signs reading “Do Not Bulldoze.” One was the rock-‘n’-roll star Fats Domino’s damaged house; we heard the story of his disappearance, discovery, and finally, his helicopter rescue from the famed and despised Superdome.

My husband and I were silent except for the sighs and statements of “Can you believe this?” It felt overwhelming. We began to take in the degree of devastation and the gravity of what had happened and to marvel at what cleanup and reconstruction would entail. Our team leader said, “You haven’t seen anything yet.”

Military personnel dressed in jungle fatigues, wearing guns on their shoulders, checked people at the main intersection. We rolled down our windows and showed our orange shirts and SAMHSA IDs, saying, “We’re here to do mental health work,” and were allowed to pass. We parked on a crowded street near a huge tent erected next to the shell of a large concrete building that still bore the sign “Community Center.” Workers dressed in white coveralls, respirators, gloves, and boots were gutting the building. The sound of jack hammers and large blowers drying the building was nearly deafening. I was surprised again to think the flood had happened 3 months ago. The Red Cross had a couple of large vans; volunteers were handing out supplies to people such as snack food, masks, and water. At the back of the major tent was a table labeled “free clinic,” and another medical trailer was located near the entrance. Another large banner advertised prayer and spiritual services. The Salvation Army was serving hot meals to people as they drove by and to people who wanted to eat in the tent. The bright, yellow big-top tent looked like a circus or a party was about to happen. However, music and joy were clearly missing. We felt conspicuous in our orange shirts and didn’t know what we were supposed to do.

We met Red Cross and Salvation Army volunteers and learned about their experiences. We met the “commander” for managing the Lower 9th, a retired military colonel dressed in fatigues. He stood tall while a line of people waited to talk with him. When we finally met him, he told us, smiling and wiping his brow from the heat and dust, “We’re so glad you are here. These people are really hurting, and they need you. Get out there and do what you can.”

We talked with a few people who had been back to their homes. One man exclaimed that his house was a

total loss but that his grandmother's china was fine; it just seemed to float out of the china cabinet and then drop gently as the water receded onto the soaked but soft carpet. Except for a few chips, it was still intact. After he left, the colonel shook his head and stated, "What a shame. Most of the china that has been found sat in the horrible acrid water. After drying, it becomes pitted, badly faded, and useless."

Lines of former residents stood at a set of tables toward the entrance. They were required to sign in and to fill out a questionnaire. Many felt suspicious; they had already been through so much red tape with FEMA and insurance companies. Many had experienced being told one thing (i.e., that they were covered by their flood insurance and then later that they were not). We heard complaints such as, "Why do I have to go through this to go to my own house? What are they going to do with this information?"

For the next 4 days, we went out into the community talking with people as they visited their homes, trying to salvage what they could. Many had been evacuated to other states (Mississippi, Georgia, Texas, and even California) and now needed to survey the damage, salvage what they could, and then decide about their futures. Did they want to come back? Rebuild? Or did they want to leave behind their former lives as well as painful hurricane memories? We were there to offer support, to listen, to intervene if there was a crisis, and to refer people, as needed, to a now-minimal mental health system. This was Thursday afternoon, and people predicted that it would get increasingly more crowded as the weekend approached.

Rumors were rampant and communications confused—some heard that the 9th Ward would be totally closed for bulldozing on Monday. Others thought that the 9th Ward would just be open after this initial weekend. These rumors only added to the homeowners' sense of pressure to decide what to do and to recover what they could as quickly as possible. People were irritable and worried. Again and again we had to tell people that we did not know. By Saturday afternoon, we heard from the colonel that after the weekend, the area would be open and accessible from 9 a.m. to 4:30 p.m. but without electricity or water.

We spent the first 4 days of December driving and walking the 9th Ward with supplies of water, masks, gloves, and snacks. We brought ourselves and were willing to listen to their stories, to see their homes with them, and to witness what they were able to salvage. People who have visited here say repeatedly that you can't even begin to imagine the degree of

destruction unless you visit. It was block after block of gray, dusty rubble; twisted, broken, flattened homes; boats and cars on roofs; tossed-out household items; downed lines and trees, and still-impassable streets. Then there was a house standing—its front ripped off and the owners' clothes still hanging in the closet, naked and exposed to anyone who cared to look from the street. It was quiet. No birds were singing, no children were playing, and there was little traffic. It was hot, dusty, smelling of mold, and grim.

Most people to whom we brought our little gifts wanted to talk; they seemed to need to tell their story again and again. We hoped and believed that this could help their healing. Some were not ready or simply didn't want to talk with us, and we respected that need for privacy. Everyone thanked us profusely for being there and for the supplies. We heard stories of what it was like to leave during the storm—what it was like to chop through roofs with axes and to spend the next 3 days there without food or water. We heard stories about the horror of the Superdome. We heard stories of people watching their neighbors or family members fall off roofs and drown and of friends and family still missing. We heard stories of reunions and of adjustment to new communities. We heard stories of heroism. We heard anger, bitterness, and despair. We heard hopelessness and confusion. We also heard stories of resilience, hope, and determination.

The following is one of many stories from our experiences in Louisiana with the survivors of Katrina. This is a story of loss, sadness, faith, music, hope, and making new meaning. To me, this is a story of holism in the face of great destruction and loss.

## The Concert

We were just about to head back to the major staging area and either stop for the day or get more water to distribute. At this point, we only had a trunk full of Sun Chips and a few other snacks but nothing else to give. We were tired—we had talked with many people, surveyed numerous homes with the owners, and heard many stories of death, grief, and struggle with insurance and authorities. We were coughing and had headaches from the moldy dust. As we turned a corner, we saw two men (one older and the other much younger) standing near their truck, getting ready to go into a house. A young woman was standing near her car talking on her phone. As usual, when we stopped at a home and got out of the car, we felt quite conspicuous with our Caucasian faces and



bright orange shirts. Most of the people we saw were African American, and often they were initially guarded. Who were these people and what did they want? Were they FEMA representatives or some other disliked agency ready to ask a million questions or demand something from us? We told them we were with a Katrina Assistance group.

Having run out of water and masks, which they already had, we could only offer the Sun Chips. The men gratefully accepted these and the young woman (Brenda) asked us to drop some in her car. The men went to work in the house, dragging out furniture and household items that looked largely ruined. As Jay dropped snacks into her car, Brenda's 86-year-old mother, Sylvia, planted her quad cane on the ground and started to get out. When Jay asked if it was her house, she said it was but that her children wouldn't let her go in it. Jay said, "Good for them. You know you can't go inside. It's too dangerous and moldy." She smiled ruefully and replied, "Yes, I know, but I've lived here for 49 years since my husband built it." As we talked about her husband, how he built the house, and how much she would like to go inside just once more, her daughter came over and ordered me in my bright orange SAMHSA shirt to stand next to her Mom and pose for a picture. She explained that she was making "new memories."

We engaged in a long talk in which Brenda and her mother told us about the neighborhood and who had lived there. They explained that the area, a once tight-knit, safe, family-oriented middle-class neighborhood, had changed over the years, and drugs and crime had begun to take over. This saddened them, but they accepted it as a reality of change in their community. Sylvia explained how they were trying to make meaning of what had happened. They did not underestimate their losses but reaffirmed their faith that things happened for a purpose and counted their blessings. None of the family had died in the storm, but the loss of the main family home with all its memories was heartbreaking. They explained that their faith and their sense that things happen for a purpose was helping them to continue on with their changed lives.

An example of how they were making meaning was exemplified when Brenda told us that Katrina stood for "cleansing" and Rita meant "renewal" (the names of the two devastating hurricanes). Both Brenda and Sylvia sadly believed that there needed to be destruction and a rebirth in the 9th Ward. They believed God had sent the hurricanes to cleanse and renew. This belief comforted them.

Sylvia, one of the sweetest women we have ever met, had worked as a beautician most of her life. She also had been a singer and established the gospel choir at the senior center in the 9th Ward. She turned to Brenda and ordered her, "Sing for them, Brenda." After a little repartee between them, Brenda started to sing gospel in a clear, high, flawless soprano. No short cuts here—we got the whole hymn, all verses. There was no one else on the street. After she finished, we clapped and hugged each other; Brenda said, "OK, Mama, your turn." Sylvia demurred slightly and briefly, and then in a wavering voice, she began her spiritual. She stood straighter, barely leaning on her cane, and she opened up. The wavering stopped, and her voice soared, filling the moldy, dusty, deserted 9th Ward with beautiful sound. At the end, it felt like one prolonged note, then profound quiet. The energy changed, the air was clearer, the humidity lower. We felt that we had been given a wonderful gift of hope and spirit in their concert. Sylvia looked pleased with herself.

We all hugged some more, had more pictures taken and talked about everyone having gifts to share. Sylvia smiled at her new, orange-shirted friends and the new memories she was trying to make. My eyes burned with tears and my throat was tight from emotion rather than dust. It was starting to get dusky; it was time for us to leave. As we were leaving, we apologized for not having more to give them. Brenda stated, "But you did. You brought us the sun in the Sun Chips and you are part of our new memories. God bless you." Brenda then turned and looked at the cracked clay dirt that surrounds everything. A tiny patch of green grass was struggling through it. She pointed to and said, "See, even the grass is gradually coming back. We will survive one way or another."

Who's giving what to whom here? Sylvia said, "If God gives us something, then we've got something to give." We left greatly moved. What we gave seemed little in comparison to the great need, but Brenda and Sylvia seemed grateful that we listened to their story and that we heard their prayerful songs. In a small way, we brought the sun. Although we felt that our material gifts were minimal, we had brought ourselves and our willingness to be present at an awful moment in their lives. We were included in their stories, in their hymns, and in the creation of their new memories. We felt that they had shared a small part of their changing a shattered reality into one that had meaning and hope—a healing—and a new wholeness. Through their songs, we felt that healing had begun.

## Conclusion

The year 2005 has been a year of trauma and disaster throughout the world. We can expect more natural and man-made disasters. Nurses traditionally serve in such situations. How we participate holistically is reflected in our approach. It is our capacity to share in, and bear witness to, another person's loss and sense of devastation. Yes, we can bandage wounds of the body, but binding wounds of the spirit takes the willingness to really listen, to be really present, and to use ourselves as best we can. We provide safe places of physical, emotional, and spiritual comfort. As best we can, we help hold the grief, pain, fear, frustration, and anger for them. Most often there is no immediate solution other than providing for the most emergent needs and being present with an accepting, open, and loving attitude.

This experience taught us that people are creative and need their creative expressions to help them through challenges in life. If we think energetically, in disaster we attempt to share the intense energy of their experience with us. We take it in, help them hold it, and then hopefully allow it to pass through us. Sometimes it may be overwhelming, and we experience compassion fatigue. When we become exhausted, we may have allowed, or been unable to prevent, that negativity and intensity to stick inside us rather than pass through. This is where the caregiver needs relief and may need to absent themselves physically and emotionally or get direct help from another. The stories are often heart wrenching. It may be hard for caregivers to rest, to do something different, or to care for themselves. Holistic nurses, however, know the importance of this and have, probably more than other groups of nurses, made this a priority. Caregivers' health and well-being are integral to the whole of any disaster work.

When working in a disaster area, many volunteers come with a sense of urgency. They want to help—to do something to make things better. One lesson we learned was the value of slowing down, breathing, looking, and waiting. Direction will come—the tasks may be not what you expected. Our delivering water and supplies, for example, does not seem like obvious mental health work.

As time goes on from the initial disaster and people continue in the process of healing, we may be even more able to support their positive energy of healing. We may be able to encourage hope and faith that things will inevitably change; they can be strong and resilient and make meaning of their experiences.

Participating in the 2 weeks of deployment and working with Katrina survivors in Louisiana was a transforming experience for Jay and me. People ask, "Would you go back?" and we both say, "Yes! If we could take more time from work, we would go again in a heartbeat." We felt we had only begun work that needed to be done. We believed that we contributed in small, but we hope significant, ways to a small number of people. It was a little drop in a big bucket of need, but it was a drop. The crisis continues, and the health and mental health needs of people are going to be profound for years to come. Whether buildings and homes are reconstructed is an important issue, but more at stake are the survivors' human needs for rebuilding their spirit and faith and maintaining their capacity for resilience, healing, and wholeness.

Sue Monk Kidd states in her novel *The Mermaid's Chair* (2005), "They say you can bear anything if you can tell a story about it." As I have written and rewritten this article, I realize that the implications of this single story continue to impact me and to evolve. Maybe that is part of the whole and the holistic nature of difficult experiences—what the story means to you changes and develops each time you tell it. It's a continuous and continuing process. Brenda and Sylvia heal as they tell their stories and sing their hymns, and I heal as I tell my story about them.

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- Rothlyn Zahourek**, PhD, APRN, BC, AHN-BC, is a psychotherapist in private practice in Amherst, Massachusetts. She is the research coordinator for AHNA and an adjunct faculty for University of Massachusetts, Amherst. She did two deployments with SAMHSA post-Katrina, the first was to New Orleans and Baton Rouge (December 2005) and the second to Pascagoula, Mississippi (February 2006).