

'A Very Long Recovery'

A psychologist talks about the emotional fallout from disasters like Hurricane Katrina and what can be done to help the victims cope.

WEB EXCLUSIVE

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Sept. 6, 2005 - Food, medical treatment and shelter aren't all that refugees of Hurricane Katrina require. Many of the victims also need mental-health services. With that in mind, members of the American Psychological Association's Disaster Response Network are heading to affected areas along the Gulf Coast to assist the Red Cross in providing hurricane survivors with counseling and other services in the weeks to come. The APA has also posted information and advice on how to deal emotionally with disasters at helping.apa.org.

Susan Silk, a psychologist from Southfield, Mich., was one of the 200 mental-health professionals sent to help the 35,000 survivors of Hurricane Andrew in the summer of 1992. She spoke with NEWSWEEK's Traci E. Carpenter on Thursday before leaving for Louisiana to help victims of Katrina. Excerpts:

NEWSWEEK: What role do mental-health workers play in the aftermath of natural disasters like Hurricane Katrina?

Susan Silk: My role in Hurricane Andrew was to be part of what was at that time a very small team trying to provide services to an enormous area. You're trying to distill very complicated, very traumatic incidents and people's reactions into very simple, clear terms that can help people understand their own reactions and cope with them. The Red Cross mental-health workers go down for approximately two weeks. The day ideally starts with our supervisors, who have received feedback from other Red Cross [workers] to know what the needs are. What communities are most vulnerable? What are people dealing with on the ground? Are there needs for shelters, kids' services, elderly services?

How do the workers administer these services to victims?

We have perhaps three main places where we might interact with clients. A service center is where individuals come to apply for emergency relief—food, shelter, etc. We also have trucks that try to find people in the community and provide meals on site. Clients approach us or are present in all of those settings, so a disaster mental-health worker will reach out to the people we meet in any of those settings and start a conversation about how someone has gotten through the storm, how they got to where they are, how they got to the emergency center, how they've gotten to the shelter, how long they've been there, who are they with, how are they coping. And we might try to build rapport by asking if they've gone through anything like this before, how this experience was different, what coping strategies they're using, and what kinds of things have been helpful. We might ask them about various family members, how family members are coping, how their kids [are] doing. Then we offer them some guidance in the form of normalizing and validating [by assuring them that] yes, it's normal to be distracted, and yes, it's normal to be hypersensitive to sights, sounds and smells. If you've been through something like this—if there's another storm, if they see clouds, if they hear thunder, of course having been through what they've been through, they're going to be more frightened than they ordinarily would be even if they were in a safe place.

Are victims receptive to this counseling?

People are very eager to tell their stories. Disaster mental-health workers do a lot more listening than talking. It takes a certain amount of skill to be able to just go to a distraught person and offer some sympathy and offer an ear and to let the person tell their story. One of the things that makes it perhaps so difficult for people in the shelter is that they can't really tell their story to anyone else there because they've all been through the same thing, maybe even worse. So ... we listen to peoples' experiences and try to help them put things in perspective and help them to recognize that most of what they're going through is probably normal circumstances—and, if it's not, we can provide additional resources ... If someone has some pre-existing emotional problem and this is triggering it and destabilizing them, we can also make sure they get some additional professional services.

What are common psychological responses to natural disasters like this?

Many of the strong emotions and confusion and disorientation and distraction that people have are normal reactions to an abnormal event. There's a certain amount of simplicity in that we're reacting in ways that aren't normal under everyday circumstances, but of course these are not everyday circumstances. It's normal [after a traumatic event] to not remember what the date is, or to forget your phone number, or your kids' birthdays or your anniversary. To not be able to remember a shopping list of bread, milk and eggs. One of the ways we're almost all affected by these sort of things is we become distracted, we become forgetful and our emotions are out of whack. They can be out of whack in either of two directions: we can feel subdued (or numb) or we can feel overreactive. We can stub our toe and start to cry as if we are bleeding profusely, we can go to the refrigerator and forget what we came for and become distraught and question whether we're losing it. Someone can make a joke and we might be overly sensitive when, at almost any other time, we surely would have laughed at the joke.

There's no one-size-fits-all reaction for everybody in disasters. Some people will react more quickly, others will react more slowly. Some people may for the initial hours and days be acting very helpful and altruistic, very stoic, even heroic, and then find themselves days or weeks into the event feeling more emotionally vulnerable. And for other individuals, we might see the reverse—some immediate emotional reactivity and distractibility. And those individuals might take a little while to come to terms with the challenges and then find themselves acting in more cooperative or effective ways.

Are hurricane survivors prone to suffer Post Traumatic Stress Disorder?

Some people may have been just frightened beyond belief—and, of course, why wouldn't they be? They've seen things [like] water coming up to the second or third story of an apartment building, seeing walls of water washing over their city, covering their car, seeing doors hurling through the air. That's the stuff we see in movies, not the stuff we expect to see in our everyday lives. And yes, it's very frightening, and it can induce posttraumatic stress disorder [PTSD] in some individuals. [But so soon after the storm] we don't even start to talk about PTSD because we're thinking that all these reactions are well within normal limits in the first two to four weeks after an event. Four weeks later if [the reactions] are just as intense, and if you're not able to relate to your family in the way that you were before, if you're not able to go back to work or do your day-to-day functioning, that's when we begin to suggest that people look for help from mental-health professionals.

What can be done to lessen the trauma in the early stages?

Find a friend, find a family member, probably someone that hasn't been as affected as traumatically as yourself, and ask them whether they're willing to be a resource to call whenever you need to talk about the event. You have to because someone might be able to bring you a casserole every day for dinner but that might not be the same person who's really able to hear your story. Somebody else may be perfectly willing for you to pick up the phone and call them, but maybe it's not the same person who can help babysit your children.

What are some other tips for victims of disasters?

Don't mask it. A glass of wine is fine, but don't try to mask the feelings with drugs, alcohol, food, caffeine or frenetic activity. On the other hand, do keep active. You have a lot of adrenaline in your system, and some kind of productive activity is probably a good way to channel some of that nervous energy. If you can—and this is silly advice for someone who's in a shelter or with 27 of their closest relatives in a three-bedroom apartment—try to get enough sleep. And again I recognize that this is may be not realistic, but try and take some time for yourself. Self-care is very important, and that means sleeping and eating and getting exercise ... And be willing to talk through your feelings and allow yourself to think through your thoughts.

How can friends and family help loved ones who were affected by Hurricane Katrina?

Maybe offer whichever of these things [above] you think you're in a position to. If you're geographically convenient, offer to take the children for an afternoon to give the parents time to clean up, to freshen up and to perhaps relax. If there are a lot of relatives, talk amongst yourselves. It's going to be a long time before people are able to come back to their homes, so families can cooperate about ways they can provide shelter so that it's not overly taxing to one person or another. When it's appropriate, make phone calls. Don't leave it up the individual to reach out to you—reach out to that person.

Will kids have the same emotional reactions as adults, or are they more resilient?

[Their reactions are] like adults' but only, I'd say, more so. The children are going to be frightened. What's difficult for the kids is that they're used to their parents running interference and protecting them from bad things, and this time the parents couldn't protect them. Children are really good observers. Children can tell that their parents are frightened, and they can tell that their parents are tired and cranky, and that affects kids. The other thing is, Parenting 101 talks about consistency and structure, but it's probably very hard to have any of those things if you're sheltering with 24,000 other people.

How do mental-health workers help kids in shelters?

When we go on site, we try to have resources for the children. We try to have toys, we try to have teddy bears, we try to have a play area for the kids. We try to use some of the teenagers. A teenager with time on his hands is not a good thing, so we try to mobilize some of them to help with the little kids. Little kids love to get teenagers' attention and teenagers get to feel important that they're providing a service. That way it frees the parents up to fill out certain forms and go to certain meetings.

How does the trauma caused by natural disasters differ from the emotional reaction to a terrorist attack?

The significant issue in my experience is that there's less anger. There is less rage. There's disappointment, there's fearfulness. These families may have lived in these coastal areas for generations, so there's a sense of "How could nature do this to us?" But there is not a sense of blaming anyone or anger or resentment. I think that the absence of that rage or that sense of betrayal is probably adaptive. It takes one level of trauma out of the equation.

Does the 24-hour news coverage increase the effects of the trauma, for both the victims and those not directly affected?

It's a mixed blessing. It's how some of us in the outlying areas became aware of this, and it touched us and made us want to help. In that sense the massive media coverage is a very good thing, because it encourages people to give time and money. But you have to remember, what about when kids see this? Kids don't really understand about reruns. Kids think it's happening all over again every time they see it. If a child in California or New York or anywhere on the coast may see the coastal flooding in Louisiana or Mississippi, they may become frightened to go to the beach themselves. Verbal reassurance may only go so far. And for the people right in the thick of it, they pretty much know how bad it is. I'm not sure they're very well served to see it all over again.

What should Americans be aware of over the next few months?

The media can be very helpful because you can tell the story and you can suggest some of the resources that are available for helping people to recover, but one of the problems is what's sexy today becomes pretty boring tomorrow. And yet, for these people, this is going to be a very long-term struggle. And unfortunately, three months from now, six months from now, when some of these people are no nearer returning to their homes, and some of these people may have lost jobs because their industries or places of business have been destroyed, we're going to have to remember people are still going to be suffering. These are people who are not going to have a normal Thanksgiving and are not going to have a normal Christmas. And when our attention may have turned to something new, these people are still going to be coping with this.