

# Recognizing Normal Psychological Reactions to Disasters

Bena Labadee<sup>18</sup>  
Eleanor Bennett<sup>19</sup>

## Introduction

Typically, when someone is faced with the possibility of losing his/her life, loved ones, home and possessions, hopes, dreams and assumptions about life, there will be some degree of psychological impact. This is what usually occurs in the event of a disaster. Disasters of various types are common occurrences throughout the world and have a broad impact on individuals and communities. Despite that, most survivors are able to cope with the effects, rebuild their lives, and recover psychologically. In most cases, the passage of time will lead to the re-establishment of equilibrium. Fundamental to this process is access to public information about normal reactions, personal coping strategies, and when and where to seek help.

## Factors influencing emotional reactions to disasters

Not all disasters are the same. Each disaster, whether a flood, earthquake, hurricane, or human-caused event, has unique elements. These elements have psychological implications for survivors and communities and the potential for shaping and influencing the nature, intensity, and duration of post-disaster distress. Following is an overview of these factors.

### Origin of the disaster

If a disaster is caused by human actions, survivors tend to struggle with deliberate human-on-human violence or human error as causal agents. Recovery is hampered by blame and anger, evoked by the perception that the event was preventable and a sense of betrayal by a fellow human(s). Disasters caused by natural hazards are often perceived to be beyond human control. It is not uncommon for people to believe that disasters are retribution for evil beliefs or deeds (see Chapter 6); for some, accepting mass destruction as “an act of God” is easier, whereas for others it can be more difficult (1). However, disasters are increasingly recognized as failures of the development process. For example, the quality and level of enforcement of buildings codes is a major determining factor in a country’s resilience to natural disasters.

18. Psychiatric Nurse Practitioner, Community Nursing Services, Ministry of Health, Saint Lucia.

19. Psychiatric Nurse Practitioner, Central Health Region, Ministry of Health, Belize.

## Degree of personal impact

Research has consistently shown that the more personal exposure a survivor has to the disaster's impact, the greater his or her post-disaster reactions (2). Death of a family member, loss of one's home, and destruction of one's community can have a devastating impact on survivors. In each of these instances, the intertwining of the processes of grief and trauma compound the effects and extend the duration of the recovery period for many survivors (3). Survivors who experience tremendous loss experience more anxiety, depression, sadness, somatic symptoms, and, in some cases, alcohol abuse.

## Size and scope of the disaster

It is highly likely that the greater the community devastation, the greater the psychological impact on the survivors. When entire communities are destroyed, everything familiar is gone. Survivors become disoriented and may experience high levels of anxiety, depression, somatic symptoms, and generalized distress associated with widespread community destruction (3). When some fabric of community life is left intact (e.g., schools, churches, commercial areas), there is a foundation upon which recovery can begin. Social support occurs and family roles resume more readily when community gathering places remain. Survivors are then more able to continue some of their familiar routines.

## Probability of recurrence

When a disaster has a seasonal pattern, such as a hurricanes or tornado, survivors are concerned they will be hit again before the season ends. During the period between events, communities rebuild, vegetation grows back, and visual reminders of the disaster diminish. As the season comes around again, the reminder that the area is potentially at-risk may stir up feelings of anxiety and hyper vigilance may resurface. Earthquakes, volcanic eruptions, and floods that do not necessarily follow a seasonal pattern tend to make survivors anxious and preoccupied because the immediate probability of recurrence is perceived as high.

## Characteristics of survivors

Each survivor experiences the disaster through his or her own lens. Factors such as the meaning assigned to the disaster, personality type, inherent personality, coping skills, world view, and spiritual beliefs contribute to how that person perceives, copes with, and recovers from the disaster. Experiences with losses or disasters may enhance or may compromise coping. Resilience factors include the ability to tolerate and cope with disruption and loss; while vulnerability factors include



preexisting health or emotional problems and additional concurrent stressful life events (4). In addition, cultural experience and ethnic background may facilitate or interfere with a survivor's ability to engage with disaster relief efforts.

## Typical reactions to disasters

It is commonly assumed that the devastation associated with some disasters may cause pathological conditions such as acute stress disorder and post-traumatic stress disorder (PTSD). The truth is, however, that for the majority of survivors, mild to moderate distress reaction is the most common occurrence. Distress reaction is transitory and commonly regarded as a normal response to an abnormal event. Survivors also react with grief to the loss of loved ones, homes, and possessions. Poor concentration, withdrawal, and depressed mood characterize grief reactions and are common and normal. Grief and stress response in the disaster aftermath are natural and adaptive, and should not be labeled pathological unless it is prolonged, blocked, exceeds a tolerable quality, or interferes with regular functioning to a significant extent. It is important to remember that the average person is "normal" before and after the event and therefore mental health labels must be avoided when inappropriate.

Table 7.1 presents common distress reactions to disasters, categorized into emotional, physical, cognitive, and interpersonal effects (see Table 7.1).

**Table 7.1 Common disaster-related stress reactions**

Emotional reactions	Cognitive reactions	Physical reactions	Interpersonal reactions
<ul style="list-style-type: none"> <li>• Fear</li> <li>• Grief</li> <li>• Anger</li> <li>• Guilt</li> <li>• Feeling depressed or sad</li> <li>• Feeling despair or hopelessness</li> <li>• Resentment</li> <li>• Helplessness</li> <li>• Emotional numbness</li> <li>• Feeling overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>• Trouble concentrating or remembering things</li> <li>• Confusion</li> <li>• Difficulty making decisions</li> <li>• Preoccupation with the event</li> <li>• Recurring dreams or nightmares</li> <li>• Questioning spiritual beliefs</li> <li>• Attention span</li> <li>• Memory problems</li> <li>• Self-blame</li> </ul>	<ul style="list-style-type: none"> <li>• Tension</li> <li>• Fatigue</li> <li>• Restlessness</li> <li>• Sleep disturbances</li> <li>• Bodily aches and pains</li> <li>• Increase or decrease in appetite</li> <li>• Hypertension, heart pounding</li> <li>• Racing heartbeat</li> <li>• Nausea</li> <li>• Quick startle response</li> <li>• Headaches</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling more distrustful</li> <li>• Irritability</li> <li>• Sleep problems</li> <li>• Crying easily</li> <li>• Increased conflicts with family</li> <li>• Withdrawal from others</li> <li>• Feeling rejected and abandoned by others</li> <li>• Being judgmental; being over-controlling</li> </ul>

Source: Adapted from New South Wales (NSW) Health, .Disaster mental health response handbook, North Sydney, NSW: NSW Health, 2000.

## Typical reactions to disasters by age group

Children, adolescents, adults, and older persons may share common patterns or ways of reacting to a disaster.

**Table 7.2 Common reactions in the post-disaster phase, by age group**

Common reactions of children	Common reactions of adolescents	Common reactions of adults	Common reactions of older adults
<ul style="list-style-type: none"> <li>• Fearful of new situations</li> <li>• Separation anxiety</li> <li>• Fear of the darkness or animals</li> <li>• Clinging to parents</li> <li>• Baby talk</li> <li>• Loss of bladder or bowel control, constipation</li> <li>• Speech difficulties (e.g., stammering)</li> <li>• Loss or increase of appetite</li> <li>• Become passive and quiet</li> <li>• Thumb-sucking</li> <li>• Irritability</li> <li>• Aggressive behavior at home or school</li> <li>• Competition with younger siblings for parental attention</li> <li>• Night terrors, nightmares, fear of darkness</li> <li>• School avoidance</li> <li>• Withdrawal from peers</li> <li>• Loss of interest; poor concentration and attention in school</li> <li>• Headaches or other physical complaints</li> <li>• Fears about weather, safety, recurrence</li> <li>• Thinks about many frightening moments during and after the events</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep disturbance</li> <li>• Appetite disturbance</li> <li>• Rebellion in the home</li> <li>• School problems (e.g., fighting, withdrawal, loss of interest, attention-seeking behaviors)</li> <li>• Physical problems (e.g., headaches, vague pains, skin eruptions, bowel problems, psychosomatic complaints)</li> <li>• Loss of interest in peer social activities</li> <li>• Poor performance</li> <li>• Withdrawal and personal isolation, extreme avoidant behavior</li> <li>• Changes in peer group or friends</li> <li>• Agitation or decrease in energy level</li> <li>• Irresponsible and/or delinquent behavior</li> <li>• Use of alcohol and drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep problems</li> <li>• Avoidance of reminders</li> <li>• Excessive activity level</li> <li>• Crying easily</li> <li>• Increased conflicts with family</li> <li>• Hyper vigilance</li> <li>• Isolation, withdrawal</li> <li>• Fatigue, exhaustion</li> <li>• Gastrointestinal distress</li> <li>• Appetite change</li> <li>• Somatic complaints</li> <li>• Worsening of chronic conditions</li> <li>• Depression, sadness</li> <li>• Irritability, anger</li> <li>• Anxiety, fear</li> <li>• Despair, hopelessness</li> <li>• Guilt, self doubt</li> <li>• Mood swings</li> </ul>	<ul style="list-style-type: none"> <li>• Depression, withdrawal, apathy</li> <li>• Decline in physical health with an increase in physical complaints</li> <li>• Disorientation, confusion, and memory losses.</li> <li>• Agitation, impatience, anger, and irritability</li> <li>• Appetite and sleep disturbances</li> <li>• Reluctance to leave home</li> <li>• Relocation adjustment problems</li> <li>• Worsening of chronic illnesses</li> <li>• Sleep disorders</li> <li>• Somatic symptoms</li> <li>• Multiple medication needs</li> <li>• Despair about losses</li> <li>• Apathy</li> <li>• Suspicion</li> <li>• Anxiety with unfamiliar surroundings</li> <li>• Embarrassment about receiving “hand outs”</li> </ul>

Source: Adapted from New South Wales (NSW) Health. Disaster mental health response handbook, North Sydney, NSW: NSW Health, 2000.

## Children

Children experience a variety of reactions and feelings in response to a traumatic event or a disaster and require special attention to meet their needs (see Table 7.2). Children may exhibit behaviors that are not typical for them. For example, an outgoing child may become

shy or may revert to a past behavior such as thumb-sucking or baby talk. Since many children lack the verbal and conceptual skills needed to cope effectively with sudden stress, the reactions of their parents and families strongly affect them. In most cases the symptoms will pass after the child has readjusted. When symptoms do continue, it means a more serious emotional problem has developed and the child will need to be referred to a mental health professional (see Chapters 9 and 12 for more information).

## Adolescents

Peer reactions are especially significant in this age group (see Table 7.2). The adolescent needs to know that his/her fears are both appropriate and shared by others. A disaster may stimulate fear concerning the loss of their family or fear related to their body. The family's need to pull together threatens their natural branching away from the. Disasters disrupt their peer relationships and school life. As children get older, their responses begin to resemble adult reactions to disasters. They may also have a combination of childlike reactions mixed with adult responses. Teenagers may show more risk-taking behaviors than normal (reckless driving, use of drugs, etc.). Teens may feel overwhelmed by their emotions, and may be unable to discuss them with their families (see Chapters 9 and 12 for more information).

## Adults

Adults are focused on family, home, jobs, and financial security. Many are involved with caring for older parents as well. Pre-disaster life often involves maintaining a precarious balance between competing demands. Following a disaster, this balance is lost, with the introduction of the enormous time, financial, physical, and emotional demands of recovery. Somatic reactions are especially present in those who are less able to experience and express their emotions directly (Table 7.2). Cultural, gender-based, or psychological factors may interfere with emotional expression and seeking social support. Anxiety and depression are common, as adults contend with both anxiety about future threats and grief about the loss of home, lifestyle, or community.

## Older adults

The impact of disaster-related losses has shown that a higher incidence of personal loss, injury and death are experienced by older adults (Table 7. 2). In addition, existing problems with sight, hearing and mobility all place older adults at higher risk for physical injury. Research has also shown that older adults are less likely to evacuate, less likely to heed warnings, less likely to acknowledge hazards and dangerous situations,



and are much slower to respond to the full impact of losses. A larger proportion of older persons, as compared with younger age groups, have chronic illnesses that may worsen with the stress of a disaster, particularly when recovery extends over months. They are more likely to be taking medications that need to be replaced quickly following a disaster. Reactions of older adults to disasters are summarized in the table below (see Chapters 9 and 12 for more information).

## Conclusions

The emotions and reactions that follow a disaster are normal and natural responses to a stressful event. For most people, these reactions are temporary and generally do not become chronic problems. Individual responses will differ and progress at different paces throughout the process. It is important for survivors to recognize that these reactions are expected and that everyone will experience them in some form and intensity.

## References

1. Yates, S. "Attributions about the causes and consequences of cataclysmic events." *Journal of Personal and Interpersonal Loss*. 1998; 3(1):7–24.
2. Solomon, S.D., B. L. Green, "Mental health effects of natural and human-made disasters." *PTSD Research Quarterly*. 1992; 3(1): 1–8.
3. Kohn, R., I. Levav. "Bereavement in disaster: an overview of the research." *Int J Ment Health*. 1990; 19(2): 61–76.
4. McFarlane, A.C., L. Weisaeth (Eds.), *Traumatic stress: the effects of overwhelming experience on mind, body and society*. New York: Guilford Press; 1996.
5. New South Wales (NSW) Health, *Disaster mental health response handbook*. North Sydney, NSW: NWS Health, 2000.
6. Raphael, B. *When disaster strikes: how individuals and communities cope with catastrophe*. New York: Basic Books, 1986.