



Mental Health Matters

Counseling and Psychological Services (CAPS)

Spring 2006
Volume III Issue I

Mass Disasters, Trauma, and Loss

Disasters occur commonly, and affect individuals as well as their communities. They may be human-made, caused by deliberate intention, as with terrorism, civil unrest, and war experiences, or caused by people through mishap or neglect, such as a work accident or an apartment fire. In addition disasters may be caused by nature, including earthquakes, floods, wildfires, hurricanes, or tornadoes.

Some disasters, such as terrorism, continue over a long period and may create an on-going insecurity and exposure to danger or threat. This may make it difficult for some people to function in their daily lives.

After a disaster, it is **normal** to experience a number of stress reactions that may continue for a significant period. And after the sudden, traumatic losses caused by disasters, it is normal for grieving and mourning to be more intensely felt, variable, and extended over time. In all disasters, the experience of safety, security, and predictability in the world is challenged, and a sense of uncertainty becomes a part of life.

Experience after a disaster

Most survivors experience some of the following *normal stress responses* to varying degrees. They may last for many months after the disaster has ended, or even longer. Normal stress reactions include:

- **Emotional (feeling) reactions:** feelings of shock, disbelief, anxiety, fear, grief, anger, resentment, guilt, shame, helplessness, hopelessness, betrayal, depression, emotional numbness (difficulty having feelings, including those of love and intimacy, or taking interest and pleasure in day-to-day activities)
- **Cognitive (thinking) reactions:** confusion, disorientation, indecisiveness, worry, shortened attention span, difficulty concentrating, memory loss, unwanted memories, repeated imagery, self-blame
- **Physical (bodily) reactions:** tension, fatigue, edginess, difficulty sleeping, nightmares, being startled easily, racing heartbeat, nausea, aches and pains, worsening health conditions, change in appetite, change in sex drive
- **Interpersonal reactions:** neediness; dependency; distrust; irritability; conflict; withdrawal; isolation; feeling rejected or abandoned; being distant, judgmental, or over-controlling in friendships, marriages, family, or other relationships.
- **Spiritual (meaning) reactions:** wondering why? why me? where was God? feeling as if life is not worth living, loss of hope.

If after the end of a disaster, these normal experiences do not slowly improve, if they worsen with time, or if they cause difficulties in relationships or work, it is helpful to find professional support. (The International Society for Traumatic Stress Studies. 2005)

In this issue:

Mass Disasters and their impacts

Disasters and Domestic Violence

Cost of Untreated Mental Health Disorders

The Road to Resilience: Helping ourselves – helping our students

10 Ways to Build Resilience

Studies show that some individuals are more vulnerable to serious stress reactions and lasting difficulty, including those whose histories include:

- Other traumatic experiences (such as severe accidents, abuse, assault, combat, immigrant and refugee experiences, rescue work)

- Chronic medical illness or psychological problems

- Chronic poverty, homelessness, unemployment, or discrimination

- Recent or earlier major life stressors or emotional strain (such as divorce or job loss).

Disasters and Domestic Violence

Prevalence and Impact of Domestic Violence in the Wake of Disasters

Two questions require attention when considering the implications of domestic violence for post-disaster recovery.

The first question is whether domestic violence increases in prevalence after disasters.

Mechanic et al. undertook the most comprehensive examination of intimate violence in the aftermath of a disaster after the 1993 Mid-western flood. A representative sample of 205 women who were either married or cohabitating with men and who were highly exposed to this disaster acknowledged considerable levels of domestic violence and abuse. Over the 9-month period after flood onset:

- 14% reported at least one act of physical aggression from their partners,
- 26% reported emotional abuse,
- 70% verbal abuse, and
- 86% partner anger.

The second question is whether domestic violence, regardless of the reasons how or why it occurs, influences women's post-disaster recovery.

An important finding from Mechanic et al.'s (2001) study was that the presence of domestic violence strongly influenced women's post-disaster mental health.

- 39% of abused women developed post-disaster PTSD, compared to 17% of other women.
- 57% of abused women developed post-disaster depression, compared to 28% of other women.
- Marital stress and conflicts are highly predictive of post-disaster symptoms

Similarly, Norris and Uhl found that as marital stress increased, so too did psychological symptoms such as depression and anxiety. Likewise, Norris et al. found that 6 and 30 months after Hurricane Andrew, new conflicts and other socially disruptive events were among the strongest predictors of psychological symptoms.

(A National Center for PTSD Fact Sheet, Fran H. Norris, Georgia State University)

- Police reports of domestic violence increased by 46% following the eruption of the Mt. St. Helens volcano.
- One year after Hurricane Hugo, marital stress was more prevalent among individuals who had been severely exposed to the hurricane than among individuals who had been less severely exposed or not exposed at all.
- Within 6 months after Hurricane Andrew, 22% of adult residents of the stricken area acknowledged having a new conflict with someone in their household.
- In a study of people directly exposed to the bombing of the Murrah Federal Building in Oklahoma City, 17% of non-injured persons and 42% of persons whose injuries required hospitalization reported troubled interpersonal relationships.

Cost of Untreated Mental Health Disorders:

- Untreated mental health disorders cost American businesses \$79 billion in lost productivity per year (Surgeon General's Report on Mental Health 1999).
- More than 44 million Americans suffer from a major mental health disorder (National Institutes of Mental Health).
- 87% of American cite lack of insurance coverage as a top reason for not seeking mental health services (APA Survey 2004).
- Nine out of ten Americans say psychotherapy helped them (APA, How to Find Help Through Psychotherapy, 1998).
- The estimated annual \$44 billion cost of depression equals the cost of coronary heart disease (Ernst Berndt, MIT).

SAMHSA officials project that as many as one-third of people who were displaced by Hurricane Katrina may need the help of mental health professionals due to stress-related psychological disorders. One reason for such a high projection is the prolonged nature of the aftermath of Katrina.

"Disasters that are over with quickly have less psychopathology than disasters that have repeated or chronic exposures."

Mental Disorders that may be related to or affected by exposure to violence or traumatic events:

- Anxiety Disorders
- Post-Traumatic Stress Disorder
- Depression

The Road to Resilience: Helping ourselves – helping our students

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress -- such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Research has shown that resilience is ordinary, not extraordinary. *People commonly demonstrate resilience.* One example is the response of many Americans to the September 11, 2001 terrorist attacks and individuals' efforts to rebuild their lives.

Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress.

Many college students, faced with the war on Iraq and the ongoing threat of terrorist attacks, find that they now feel uncertain about a future for which they had just begun to plan. Some may be concerned about parents, relatives or friends in the military or who are living overseas. Others may wonder how they, themselves, may become directly involved in this crisis. No one is unaffected.

10 Ways to Build Resilience

Make connections. Good relationships with close family members, friends, or others are important. Accepting help and support from those who care about you and will listen to you strengthens resilience. Some people find that being active in civic groups, faith-based organizations, or other local groups provides social support and can help with reclaiming hope. Assisting others in their time of need also can benefit the helper.

Avoid seeing crises as insurmountable problems. You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events. Try looking beyond the present to how future circumstances may be a little better. Note any subtle ways in which you might already feel somewhat better as you deal with difficult situations.

Accept that change is a part of living. Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

Move toward your goals. Develop some realistic goals. Do something regularly -- even if it seems like a small accomplishment -- that enables you to move toward your goals. Instead of focusing on tasks that seem unachievable, ask yourself, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"

Take decisive actions. Act on adverse situations as much as you can. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

Look for opportunities for self-discovery. People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss. Many people who have experienced tragedies and hardship have reported better relationships, greater sense of strength even while feeling vulnerable, increased sense of self-worth, a more developed spirituality, and heightened appreciation for life.

Nurture a positive view of yourself. Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

Keep things in perspective. Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective. Avoid blowing the event out of proportion.

Maintain a hopeful outlook. An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear.

Take care of yourself. Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing. Exercise regularly. Taking care of yourself helps to keep your mind and body primed to deal with situations that require resilience.

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CAPS Upcoming Event

Anxiety Screening Day

Thursday, April 20

10am – 4pm

UC Lobby

*The Division of Student
Life and Diversity*