Human Responses to Natural Disasters

Historical article

First published in 1986, Wraith and Gordon explore the context and scientific study of human responses to natural disaster

To celebrate the 20th anniversary edition of The Australian Journal of Emergency Management, this is a reprint from an early issue of the Journal. From June 1986 through to September 1988, Ruth Wraith and Rob Gordon wrote a series of nine articles on human responses to natural disasters. These articles focused on the myths of human response, short-term, medium and long-term responses to disaster, workers’ and community responses, and the principals for support and recovery for human services. The first of these articles featured in Vol. 1 No. 2, June 1986, and is reproduced in its entirety below.

In a natural disaster situation the predominant experience is confusion. It occurs because disastrous events, by their very nature, disrupt the expected familiar pattern of life. The physical environment is usually drastically altered; sometimes it is almost unrecognizable. Death, injury or the threat of them, introduce new and powerful experiences of danger. Evacuation and the influx of combatant and relief workers, replace ordered and familiar community life with a disorientated, emotional mass of people.

In this, as in any situation of confusion, people fall back on what is familiar, to orient themselves. This means they may not immediately recognise what is new and unique to the disaster. They tend to focus on definite, tangible problems. The overwhelming physical needs are quite rightly the first to be addressed. Many physical requirements have to be met in a matter of hours. When concentrating on providing necessary services, it is difficult to understand why the many new personal and community responses that take place.

People’s contact with each other falls into one of two categories:

1. People trying to direct or organize each other: relief workers function within an organizational structure and the victims are either organizing their own families, or being organized by the disaster executives;

2. People identifying and meeting emergency needs: these may be for material requirements such as food, shelter, medical treatment; or emotional needs like sympathy, support, reassurance, help with planning and decision making, or the need for information.

All these interactions have one thing in common, they are geared towards responding to immediate, obvious things and require a direct response to the situation.

But it is not obvious that behind these immediate needs for direct action, there are other aspects of the experience that do not claim attention, but become more obvious later when the intensity and excitement subside. As recovery proceeds, the real human response becomes evident and lack of understanding or recognition of personal needs in the initial stages of the recovery may become important problems.

Human responses, here, refers to the overall impact of the disaster on the personality, life and experience of people caught up in it. The disaster represents a major life experience for all those involved, including those who come into the situation as part of the recovery process. Major life experiences are those which have a powerful formative or shaping effect on the person’s future development. We normally think of them in terms of loss of loved ones, marriage, birth of children, migration or other changes in living situations, and major illness. Everybody can look back on such events and see how both their personality and the course of their life has been influenced by them. It is characteristic that the effects are often only seen clearly much later in life.

The kind of influence such events have is not so much a matter of what happens, but of how people feel about it and what sense they make of it. Even very painful experiences can be enriching, provided the person receives the understanding, support and help he needs in coming to terms with it, and feeling he has gained something from it.

Understanding the human response means relating the disaster experience (whatever that may be), to the deeper responses which make a life experience of it and only show its effects in the future. This involves all workers having some understanding how their particular role they can help people to integrate the experience, so that it will become as growth-promoting as possible. Tragedy cannot be denied when it occurs in life, but the task is to undertake the recovery process so that the effects of the tragedy are not repeated and multiplied as time passes. It is then necessary to add a dimension of recovery of human experience as part of the other aspects of material, economic and social recovery.

To place human recovery in its context, the following graph (Fig. 1.) portrays the impact of the disaster and the consequent physical
and human needs. As can be seen, the physical needs are met relatively quickly, with a minimal ongoing requirement after some months. The human needs, (including both individual and community responses), are at a peak on impact then rapidly drop during the short post-disaster activity phase, when personal/emotional issues are put aside. They rapidly reach a new peak in the disillusionment phase which follows and then take a fluctuating course. The provision of human services contrasts with the physical needs and usually lags well behind the actual need.

There have always been reports of human reactions to disasters. Following the first and second World Wars, attention was given to the psychological disturbances of combat, known as ‘shell shock’ and later ‘combat fatigue’. Gradually, attention was paid to the experiences of people involved in other types of disasters. Many of these studies, up until the 1960s, were concerned to understand how people reacted to the dramatic life-threatening, traumatic experiences of the disaster impact. In the last 20 years, however, attention is being increasingly directed at understanding other effects such as dislocation, loss of familiar surroundings and objects, disruption of community life, etc. Besides dreams, fears and flashbacks, attention is being paid to some of the longer term effects such as physical and psychosomatic illness, depression, loss of identity, feelings of alienation and disorientation and others.

Vietnam veterans and their families are beginning to show the type of problems which can develop a decade or more after disaster experiences, and the study of families of the Nazi Holocaust, is providing an understanding of the way extreme disaster experiences can also affect children, and even grandchildren.

The current focus is on stress, in particular, post-traumatic stress. This refers to the stress arising after a person has been exposed to a traumatic experience (in other words an experience too massive or painful for him to deal with).

Stress in itself is an indicator that the person is facing circumstances which he is not well adapted to meet, hence he is forced to function in a manner which overloads his capacities. While most people can cope with this for a time, eventually everyone finds some part of their system no longer operates properly and they develop stress symptoms of some sort. Stress then becomes distress. Support for people before they reach this stage is the most effective help personal services can offer to both workers and victims.

However, stress is a very genuine concept. It tends to focus on the individual as a whole, and does not always indicate the actual factors responsible for the stress. It is important, therefore, to combine stress research with a more detailed understanding of the particular processes following the disaster in the individual or family, in relation to their pre-disaster history.

Increasing research is being done, to gain a better understanding of the effects of disasters. A body of reliable knowledge is accumulating from many different sources, to serve as a basis for anticipating the effects on people, families and social systems; in recovering from them and avoiding the possible longer term repercussions. However, the understanding of these effects is at an early stage and the knowledge of how to avoid or assist them, is even less well developed. Unfortunately, it is only by accumulating more experiences of human suffering in disasters, that this knowledge can be gained.