

The social system as site of disaster impact and resource for recovery

Rob Gordon reflects on community and clinical observations of people in various emergencies

Abstract

Emergencies create widespread social disruption, which easily translates into degraded quality of life and undermines the social fabric of the affected community. A clearer understanding of these social processes may assist in conceptualising important dimensions of the impact of disaster and point the way to developing strategies to manage the social environment during recovery. This paper reflects on community and clinical observations of people in various emergencies and offers an analysis of some effects of emergencies on social fabric and suggests recovery strategies.

Introduction

Emergencies, even those directly affecting only part of a community, initiate a series of functions activating the whole community to their consequences (Gordon 1991, 2004). In the effort to survive impact, those involved become highly aroused, focusing on immediate needs, regardless of pre-existing relationships. Mind and body enter an unprecedented state of heightened psychological and neurological arousal (if experienced before, it is often a liability rather than a help—unless they have training).

High arousal in emergencies

High arousal activates instinctive survival programming to focus on the threat, and liberates increased physical and psychological resources for the functions demanded by survival (Bremner 2002). Intensified focus and the consequent narrowing of attention occurs at the expense of awareness of self and the social world; awareness of what has been lost is obliterated and replaced with intense impressions that dominate experience. The focus on immediate problems is so intense that people undergo radical reorganisation for survival that excludes past or future.

When a survivor of a massacre in a large building heard shots in the next room, he moved into a state without past or future; nothing else existed in his life except the present moment, the gunman and decisions that would determine if he and those he was responsible for lived or died. For many months afterwards, he lost any sense of meaning or value in the rest of his life, plans, ambitions and relationships. Whenever an incident reactivated flashbacks of the trauma, he detached from his current life and its activities.

Social debonding

This process of social disconnection or 'debonding' (Gordon 1991, 2004) accompanies a profound disruption of the pre-existing continuity of physical, emotional and social life (Gordon & Wraith 1993). Since being debonded is unfamiliar, most people do not recognise or understand it; it affects what is normally constant, taken for granted and not consciously experienced (Kauffman 2002).

Debonding is complex, varied or incomplete depending on the circumstances and individuals involved. Its pervasiveness, completeness and duration vary and disruption of the life continuity occurs on several dimensions.

A **quantitative dimension** refers to extent of the debonding:

- *Intensity* – how profound and violating the threat is, related to the subjective sense of imminent death, injury or helplessness;
- *Pervasiveness* – how totally the person was immersed in the situation; in natural disasters the whole world seems engulfed compared to a limited (though possibly more dangerous) criminal threat;
- *Duration* – how long the threat persisted, identifying when safety and security were re-established.

A **qualitative dimension** denotes which dimensions of the person's life debonded:

- *Loved ones* – whom the victim expects to leave at death, those given up for dead or whose fate is unknown;



Social debonding ruptures and degrades the fabric of social and personal life

- *Other people* – relatives, friends or community members from whom they are separated by the events;
- *One's own life* – when death was accepted as inevitable it is expressed later as loss of motivation or enjoyment for normal activities;
- *Career, occupation, house, neighbourhood, possessions* may no longer seem important;
- *Future ambitions, goals and purposes* may be terminated by the disaster;
- *The body* is expected to be lost in death, and may lead to bodily disconnection (psychosomatic symptoms), lack of interest in sensations (food, warmth, sexuality, etc), numbness, dissociation, out-of-body experiences;
- *Self or personality* – preparation for death means losing one's self, causing identity problems and survival guilt, or it is changed by the disaster.

Emergencies have complex consequences for body, mind and social system. These are all dimensions of recovery. Debonding affects the continuity of social relationships. Threat and arousal change bodily expression and personality, which is not always realised by victims or their supporters since the changes are often in the taken-for-granted basis for normal interactions. The effect is to rupture or degrade the fabric of social and personal life, which normally support each other (Harré 1993). Some examples may clarify debonding.

During a bushfire, occupants of a caravan park locked themselves in the ablutions block. As the fire raged around the building, the people sat in silence except for a few quietly weeping. The young woman describing this, only thought of how to cover her year-old baby with a blanket and place him beneath her so he might survive when the building burned. It did not burn and after leaving she never saw the others again. They had gone through it as individuals.

The man in the next room to the massacre above prepared himself to tackle the gunman when he entered, expecting to die in the attempt. However, the assailant was overpowered. He then helped evacuate the wounded, all the time wondering where the gunman was. No one told him he had been apprehended. He awaited further shots as he helped victims and continued to feel at risk, so he went home many kilometres away and locked himself in, feeling afraid. Safety was only re-established many hours later when he was told the gunman was in custody. He developed post-traumatic stress and more than a year later his reactions indicated he lived in a perpetual state of waiting for the gunman to come into wherever he was. The high arousal state had not been terminated and continued to underpin his daily experience. He had frequent episodes in which he felt his life was meaningless and death was the only answer.

A visitor to New York on September 11 staying near the Stock Exchange rang his wife in Australia when the second plane impacted. He said he was going to leave the area. She begged him to stay in his room.

They argued until he broke off the conversation when the tower collapsed. As he left the room he thought 'I may not make it out of this'. He walked north and saw people everywhere walking without talking. Lack of social interaction made it surreal. In Australia, his pregnant wife listened to the news rocking back and forth stroking her stomach saying to their unborn child 'we may have to do this alone baby'. Both debonded, resulting in considerable stresses for their relationship.

In drought, gradually increasing privations mean community members withdraw onto their farms with a survival mentality abandoning previous activities that brought them into communication with others. They live more solitary lives. Debonding develops slowly as conditions become more threatening and chronic stress in families reduces emotional communication. Bonding is degraded rather than lost.

Rebound—social fusion

Debonding varies with different emergencies but is the beginning of a social process. After the threat subsides, people come together forming a new survival-oriented social system where the abnormal high arousal state becomes the basis for a highly energised 'fusion' (Gordon 1991, 2004). The previous social system is redefined by the event; roles are improvised and defined by immediate tasks (Drabek 1986). In interpersonal contact, there is little time to communicate what people have been through and they interact without

counteracting all dimensions of debonding. They undertake response tasks with a stereotypic togetherness that does not provide opportunities for people to identify what has happened to them.

The narrow focus of high arousal gives a sense of commonality from the disaster, and all participants gain collective significance for each other and for the larger society that witnesses the disaster. Their actions take on communal significance, as they become the subject of media and community attention. Membership of the collective is enhanced by involvement with others in evacuation, registration and receiving aid; personal experiences tend to be put aside or cannot be evaluated.

It is common for people to say they are not affected compared to others who have greater loss although they too suffered.

A farmer from a flooded community introduced himself at a meeting as unaffected and only attending to support the community. He had not lost his house or woolshed, like his neighbours, but later revealed he lost his five kilometre access road, bridge, vehicle and entire livestock.

A young woman who survived the Bali explosion did not consider herself badly affected because her friend had suffered severe injuries. However, she suffered substantial burns and developed post-traumatic stress which she minimised for some time.



It is common for people to say they are not affected when comparing their situation with others who have suffered

Evaluating one's own needs in reference to others' has been observed since the earliest research into disasters when 'reference group' theory was developed to explain judgements that are made by comparing one's situation with others'. The notion of 'relative deprivation' described how people devalue their own losses if they are less than those of their neighbours' (Merton 1968; Schmitt 1972).

The constant intensive social examination of experiences that is part of the fusion community is disorienting to many.

A woman who lost her brother in Bali dreamed she wheeled him into the local football ground, which was filled with people. It expressed her sense of being the object of intense communal attention.

A woman who survived a massacre felt she had no right to be distressed nor access counselling, since her friends had been killed or wounded, because it would take resources away from those more affected. Yet she suffered post-traumatic stress for some years and was highly distressed. She accessed private counselling two years later when she felt she inadvertently caused another tragedy.

Community members who do not suffer loss are also emotionally affected through guilt. It is common for them to avoid those who suffered loss or damage.

Survivors of a bushfire were disappointed by friends who refused to see them because they found it too upsetting to see the damage; but the victims needed their friends' support. A woman whose house was not affected by a flood that inundated most other houses wept openly at a community meeting for what others had lost and said she avoided driving through the town because she became so upset. Those who lost everything comforted her.

As time passes, differences emerge within the fused group. Issues come to light or people's behaviour changes so others do not understand them. Preoccupation with the general impact of the disaster tends to obscure personal circumstances that are all-important in their responses. Many have had different experiences and effects, not only through losses but other circumstances. Less affected community members readily pass judgement on how others are progressing.

A farmer, who was seen as not coping during a drought, had just recovered from a battle with cancer involving years of trips for treatment to a distant regional city. Drought devastated his farm just when he felt his problems were subsiding. Community members were unaware of this, but had critical opinions about his behaviour related to the drought.

A few months after a bushfire, people wrote newsletter articles detailing how they put it behind them and resumed their lives. They were older people with a good financial basis and few other demands on their lives. They implied those unable to do this were lacking in determination. Yet many unable to rebuild were immersed in managing disrupted lives with young children, financial stress and emotional crisis.

A woman risked her life to flee a building where people were held hostage. She raised the alarm and the police successfully resolved the situation. Later, she heard rumours circulating in her community that she fled to save herself and should be sued for negligence. Two years later she developed chronic back pain from a group of muscles in chronic spasm. Asked to think of this part of her back in relation to the siege, she said without hesitation, it was where she expected to feel the bullet lodge as she fled, since the gunman threatened to shoot anyone who tried to leave.

Social cleavage planes

Fusion promotes a false sense of unity and eventually gives way to 'cleavage planes' as differences with collective significance emerge evoking judgements and emotions in the tight social environment (Gordon 1991, 2004). Personal relationships are stressed and disrupted especially by comparisons to what is happening for others. Anyone feels entitled to judge others based on (false) assumptions that they had a common experience.

The unique characteristic of disasters is that they damage the community fabric. It may be because everyone is involved or because the events are so traumatic for those involved, that everyone is affected by the changed threat in their lives. However, debonding is difficult to understand. Those experiencing it lack any comparison, judge it by non-traumatic experiences or compare their inability to return to normal with others who can. This undermines the social fabric of the community, which is the most important recovery resource (Kaniasty & Norris 1999).

Social fabric

Social fabric needs to be understood to develop a technique for its recovery. Disasters emphasise that communities function as wholes or systems in which the elements affect each other in a manner too complex to be mapped by simple linear relationships (Dyke & Dyke 2002). The social system is a system of communication. The material content of the social world is communication and the communal bonds that express the systemic wholeness are bonds of communication (Luhmann 1995). Hence debonding is loss of communicative bonds through disruption of communicational continuity.



Photo by The Canberra Times

Social rebonding during recovery is assisted by rituals and community memorial activities

- Communication may be lost by disrupting the medium, such as between the New York traveller and his wife;
- The essential content may not be communicated, as is common in the fused community;
- Incompatible communications that consolidate debonding may damage it, as it did for the woman who fled the siege;
- The loss of a common frame of reference disrupts communication, like the post-bushfire community when some recovered and judged those who had not.

Communication involves enacting the content of messages in a social context as well as reception and interpretation of information. Enactment of social values, customs, attitudes and meanings through communication is an essential part of their maintenance, and involving people in the communication process incorporates them into it and allows them to influence it (Giddens 1984). The ideas forming the frame of reference for social life are held in common among the community members. They are ideas no individual can change, but are understood by their constant expression and enactment in the exchanges of daily life. Examples include fairness, morality, misfortune, tragedy, victim, deserving, needing and coping. Customs and traditions reflecting past events and current issues give members common ground in spite of different opinions on them.

Social representations

Such ideas are 'social representations' (Farr & Mocovici 1984, Lorenzi-Cioldi and Clemence 2003). They represent the common elements of collective life for members of a society so they can take their place within it as individuals, express themselves and undertake actions. Social representations are conventions that organise thinking and are prescriptive by limiting the sort of ideas that can be had (Moscovici 1984).

Thought, understanding and emotions are not purely individual processes, but are organised and framed by social structures and social representations. When disasters confront people with unprecedented situations, the system of social representations based on normal life provides an inadequate frame of reference to analyse, interpret, evaluate and act upon their experiences. In the absence of more appropriate representations, this is all they have and it misinterprets the phenomena. Affected people struggle to find a social context to evaluate their reactions when they cannot compare their responses with others similarly affected.

This explains why many people affected by tragedies wish to meet others involved. They often do this informally, but it is not always successful and if they are trying to establish a system of social representations with a relevant reference group, it has to cater for the differences in quality and intensity of involvement. Individual and family counselling, while they are important, cannot adequately support affected people, who need to integrate their experience in a new frame of reference formed in communication with others with relevant experience (in the same or similar events). Yet provision for such processes in recovery may conflict with other social processes.

After a public murder, it took many weeks for police to interview the many witnesses. During this time, they would not release names or allow recovery agencies to organise gatherings. They were concerned witnesses would contaminate each other's testimonies, undermine the prosecution case and jeopardise the trial. Many affected people who wanted to meet and compare their experiences were forced to remain isolated and nearly organised their own meeting until other recovery arrangements were made.

Assistance measures derived from normal business and political priorities can divide communities if they validate one group's needs against another or suggest only a certain level of loss is significant and less is insignificant. Criteria for distributing appeal funds may be based on common sense and normal life, but to victims they imply judgements and evaluations of them and their needs. Recovery interventions evoke an implicit set of non-disaster social representations that fracture reference groups and imply evaluations from those intending to help.

These problems express failure of communication because reference systems of social representations fail to give appropriate meaning to disaster experiences nor mesh with normal expectations. The social fabric fails to resolve debonding, reactivates it in new ways or creates social cleavages separating conflicting groups.

The social fabric consists of social representations being enacted providing the frame of reference to allow interpretation and evaluation of disaster experience. It links people into communities of common experience that allow them to feel supported and able to access social resources for recovery.

Size of the problem

Although there is plenty of evidence of these problems, the size is not clear. The proportion of communities that develop clinically significant disorders after a disaster is similar to the normal incidence of disorders, 10–20% including serious depression and post-traumatic stress disorder among those highly exposed (McFarlane & Girolamo 1996; Carlson 1997; Galea et al 2002), although deliberate violence has greater impact than natural or technological disasters (North 2002). Bombings and high casualty events produce up to 45% psychiatric disorder (North et al 1999). Continuing high arousal, numbing and avoidance are important early prognostic signs, suggesting for these people, debonding is not terminated by supportive social contact.

It is not known how many suffer sub-clinical problems, normal crises and degraded quality of life. Although most eventually recover, it does not mean there are not lasting destructive changes in their personal, family, occupational and social lives that could be helped. Prioritising social interventions may prevent some mental health problems, alleviate sub-clinical problems and assist community systems to support their members' recovery.

Social fabric recovery strategies

A number of recovery strategies help constitute a social system oriented towards the reconstruction of the fabric of social life. They involve reorienting emergency management and recovery strategies to prioritise social fabric including communication, information and interaction opportunities. They also involve creating communication systems and information to form normative assumptions that define, interpret and evaluate the disaster experience.

Rebonding

Overcome debonding by establishing communication with people to link them with important others and the recovery system as soon as possible. Discourage people from withdrawing and losing touch with the affected community.

Community formation

Convene the community of interest as soon as possible by defining who is affected and ensuring they are aware of each other (collectively, not personally) and form shared representations of their predicament and needs.

Facilitate social bonds through communication

Establish communication systems that unify the affected community and carry information to log the recovery process and establish reasonable expectations and assumptions for it.

Normalise communication about the disaster and its effects

As early as possible ensure anecdotes are told that encourage people to communicate about their experiences to each other and the recovery system.

Form disaster-related social representations

Encourage communication about experiences in settings that carry information about normal reactions so expectations and assumptions are adapted at the earliest opportunity.

Form a common reality

Provide facts and information about the event, its causes, consequences and the current situation to limit uncertainty and correct misunderstandings.

Form a frame of reference

Establish a body of information to form the basis for making informed evaluations about the event and their responses.

Preserve differences and complexity

Combat homogenising tendencies of the fusion at



People affected by tragedies wish to meet others involved to establish a reference group to aid recovery

the earliest opportunity by ensuring expression of differences and effects in a climate of mutual respect and acknowledgement.

Preserve boundaries and identities

Communication only occurs across a gap or boundary and recognition of differences and privacy become the context in which relevant matter can be communicated while personal privacy is preserved.

Facilitate reference groups

Promote opportunities for people to form informal and formal groups with similar issues. Integrate them into the recovery system as its constituents by facilitating and resourcing them.

Facilitate social representations of post-disaster life

Promote community-based cultural events to represent the disaster and its consequences including rituals, symbols and artistic forms.

Integrate services

Relate the introduction of services and assistance measures so they support social representations of the disaster. Ensure they incorporate the understanding and consolidation of the social fabric.

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