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The Newcastle Earthquake Experience: The Human Context and its Implications for Disaster Management

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This paper is concerned with the psychological impact of the Newcastle earthquake during the first twelve months after its occurrence and with the implications for disaster management. As most disaster workers are aware, the N.S.W. Disaster Welfare Plan identifies Health Services as being responsible for counselling services following a disaster. Accordingly, following the Newcastle earthquake on 28th December, 1989 the Hunter Area Health Service established a Disaster Counselling Service. This Service involved identified strands for primary counselling, specialist counselling, stress debriefing services and counselling for ethnic communities.

A Co-ordinator was appointed to assume responsibility for the overall co-ordination of services. The Disaster Counselling Services Committee was established and consisted of the Co-ordinator, a consultant (a psychiatrist), an Administrative Officer, and Co-ordinators of Primary Counselling Services, Specialist Counselling Services, and Stress Debriefing Services, a Professor of Psychiatry and two staff members from existing Community Health Centres. The Committee's role was to monitor service provision and to discuss issues pertinent to service delivery. The Consultant was responsible for the initial educative process for personnel from Health and other organisations with a view to assisting them to function optimally in their roles dealing with clients. The Administrative Officer was responsible for the smooth day-to-day functioning of the identified strands of the Services.

Primary Counselling Services (the Earthquake Counselling Service being the main centre) provided the first line of contact for clients. One of the important aims of primary counselling was to attempt to reduce clients' anxieties. Brief confidential counselling was offered face-to-face or by telephone or by home visits. Over 450 clients were seen for varying numbers of sessions up till the twelve month anniversary of the earthquake.

Specialist counselling was provided by the existing mainstream Mental Health Services. As is the case under normal circumstances, these services were not the first line of contact for counselling, and were offered only after initial primary counselling contact suggested that it might be necessary.

Stress Debriefing Services were offered to groups of people (e.g. City Council personnel dealing with public enquiries and clean-up operations) who did not feel the need for individual counselling but, who nevertheless, felt that they would benefit from group sessions. It is estimated that approximately 2000 people availed themselves of this service during the first four months after the earthquake.

In view of the large ethnic population in some of the worst affected areas in Newcastle, it was considered essential to develop a strand of Ethnic Counselling Services. The Co-ordinator of this strand liaised with a number of agencies including the Migrant Health Service, Health Care Interpreters, Ethnic Affairs, the Ethnic Communities Council and the Migrant Resource Centre to ensure that people with a non-English speaking background had access to counselling, and to provide support for counsellors serving the ethnic community.

Our experiences in counselling clients during the twelve months since the earthquake suggests that a great deal of distress was experienced not only as a result of the acute event itself, but also as a result of the well-intentioned interventions, actions and attitudes of the various 'helpers' involved in almost every stage of the post-disaster period.

We believe that disaster managers can learn from those most deeply affected by the disaster, i.e. from the victims. It is specifically the reactions of the victims to the disaster itself and their reactions to the various helpers and consequent implications for disaster managers which we wish to address in this paper.

We would also like to emphasise that in our comments concerning the aftermath of the Newcastle earthquake there is no implied or intended criticism of the various categories of helpers. What follows is a report of the experiences of clients as related to us.

We are aware that the use of the term 'victim' in relation to disasters has been questioned, and that the euphemistic term 'disaster affected persons' (or even 'DAPS') is preferred in some quarters. However, although we

normally refer to the people we work with as 'clients', for purposes of this paper we will retain the term 'victim', because we believe that that is what they become as the result of a disaster. In fact the Oxford English Dictionary specifically refers to 'the victims . . . of an earthquake' in defining the term 'victim' and we see no good reason to adopt another term. 'Injury' or 'destruction' are also part of the dictionary definition of 'victim' and are part of what we have seen. The term 'disaster affected person' simply avoids the important human element of what it is we wish to address, and in our opinion serves only to devalue and/or dehumanise the human experience of disasters.

We are all aware that natural disasters, by their very nature have a profound impact on communities and their members. In fact, it is only because disasters occur within a social context that they have any meaning for us at all. If floods, volcanic eruptions, earthquakes etc. occur in unpopulated areas, nobody is concerned. The more densely populated the geographical area, and the more people involved, the more devastating the disaster is likely to be.

Natural disasters can be experienced as an attack on the very fabric of society and as an affront to everything that society strives for. Because of the human context of disasters, and the profound effect that the acute experience and its aftermath can have on individuals, we believe that disaster management involves much more than the organisation and control of services and assistance, i.e. that it involves dealing with people and their feelings and reactions.

Obviously, following the initial reaction and response of 'convergence' upon a disaster affected area there will be decisions which need to be made concerning the well-being of the local residents and there will be decisions which need to be made concerning the health and safety of the immediate locality. Certainly there will be many essential needs to be provided for. We wish to emphasise in this paper the need for some recognition of the psychological and emotional needs of all those involved in a disaster, whether they be victims, disaster workers or helpers (at any level). Our concern is with the entire human context of disasters.

Like many other disasters, the Newcastle earthquake was followed by a widespread psychological reaction within the community. It is now clearly recognised in the literature on disasters that regardless of the specific nature of a disaster there is a constellation of typical and expected reactions. It is important to understand these reactions, not only to facilitate the long term adjustment of individuals who have been severely affected by disaster, but also to maximise the effectiveness and contribution of all helping agencies in the immediate post-disaster period.

We are aware that some of the key concepts for disaster managers are 'taking control' and 'decision making'. Broadly speaking, these are the issues which we feel need to be very sensitively handled when it comes down to the level of the individual, and these are the issues which, for a number of our clients, have caused the most distress. There is a thin line between 'taking control' and 'making decisions' and violating people's basic rights to decide for themselves.

We believe that best possible adjustments for victims will depend to an extent on the sensitivity of disaster management personnel in allowing victims to maintain whatever independence, decision making, and dignity is possible rather than insisting on 'taking over' which can sometimes inadvertently contribute to the sense of being a 'victim'.

In the following, we summarize the most clearly recognised reactions of people at the different stages following a disaster, and, drawing from our experiences with earthquake victims we offer some practical suggestions which disaster managers may wish to consider in their various management roles when dealing with victims.

The Disaster

The typical immediate reactions to disaster include shock, numbness, disbelief and profound anxiety. Because of the losses which inevitably accompany disasters there is frequently grief and distress, mourning, and, sometimes later morbidity.

Whatever the particular circumstances of individuals, disasters frequently change people instantly and dramatically. Without warning 'people' become 'victims'. From being independent they suddenly become needy, and from being private they may suddenly become public property in a way which they have never before experienced. For most, being a 'victim' is a depersonalising experience. While victims may realise that the interventions of helpers are necessary they may sometimes experience them as offensive. For some, the 'help' may even be experienced as a 'second assault'.

Occasionally, people may react to a disastrous event with panic (in some form or other). They may behave in unusual or atypical ways, for example by screaming, shouting, swearing, abusing, running, freezing, pushing, shoving, and trampling. In other words there may be a variety of nonfunctional or dysfunctional behaviours.

These types of feelings and behaviours need to be accepted by disaster managers as being normal reactions to an abnormal situation and require understanding, patience and acceptance without judgement. Disaster

managers need to be properly informed concerning the counselling resources available and need to be prepared to refer distressed persons where this is appropriate. This is not to say that every person showing signs of distress should be viewed as a potential candidate for psychological counselling - quite the opposite. Emotional distress following a disastrous event is normal. Our experience has led us to estimate that probably fewer than one in 10,000 persons needed psychological counselling following the Newcastle earthquake. However, many more people needed counselling to assist them through the distress of dealing with the aftermath (mostly dealing with other people).

Frequently, when those who have experienced a disaster talk about their own immediate reactions and responses, they express some embarrassment and sometimes even guilt and shame about how they reacted. On occasions their own reactions to the disaster can later cause them some emotional distress. One client, for example found it difficult to come to terms with her own feelings of wanting to push people out of the way and wanting to elbow her way out of a crowded department store. She described herself as a very reserved, quiet and extremely well mannered lady and simply could not believe that in a situation eliciting panic that she could even consider behaving in such a rude and aggressive way. Learning something about herself (that was in her view negative) was sufficient to undermine her self-confidence and to temporarily affect her self-esteem.

The Rescue

Similar to the disaster itself, during the rescue phase, those affected will frequently be experiencing fear, a sense of helplessness, physical pain, worry and concern about themselves and others. They will very likely be feeling extremely vulnerable and dependent.

They may manifest these feelings through uncontrollable tears, or by quiet sobbing or weeping. They may be very angry and may swear or shout abuse. They may be unable, at that particular time, to be in a position to hear or to register information or instructions. They may have limited attention and may be unable to carry out simple instructions.

Again, the implications for those in a 'helping' role is that a quiet, calm, firm and encouraging approach is required. It may be necessary to repeat the instructions, information or questions two or three times. It is important where possible to provide information about the rescue procedure and to provide it in as sensitive a way as possible. At all times assume that the

person requiring rescue is conscious and that they can hear everything that is being said, even if they are not responding.

In particular, it is important not to discuss the person and their plight as if they were an inanimate object. Most importantly, the necessity of amputation of body parts to effect the rescue should not be discussed in front of the person, without their inclusion and direct involvement.

One client recounted her earthquake experience with a degree of disbelief about her own abusive language to rescue workers. She reported being aware at the time of the type of language she was using but said that she could just not control what was coming out of her mouth. Another client reported still being distressed many months after the rescue about a discussion taking place about whether or not her leg or legs would have to be amputated in order to free her.

Temporary Relocation

When people are forced to move from their homes they frequently feel confused and resentful. They may be angry and/or sad. The elderly in particular may feel disoriented and isolated and may be very keenly aware of the multiple losses (home, social network, local community etc.) which they inevitably experience.

These feelings may be exhibited via a variety of behaviours. People forced to move may present as very hostile and difficult to negotiate with. They may appear to be aggressive and demanding and may sometimes appear to be ungrateful for the help they are receiving.

Those in a 'helping' role need to be able to learn to recognise displaced anger, and how to deal with it. It is important to recognise that it is rarely directed at specific workers (although they may bear the brunt of it). Most importantly, helpers need to learn to avoid being 'hooked' into the emotional content of the particular issue at stake and thereby avoid responding to the affected person in a like manner.

If interactions between helper and helpee are becoming hostile and confrontational, then it would appear to be an appropriate time to consider the enlisting of a skilled third party - someone who can act as a mediator and/or effectively defuse the emotional aspects of the issues involved, and at the same time help the parties move toward a satisfactory resolution of the problem/s.

Demolition

The loss of a home by forced demolition is generally accompanied by very intense emotions. There is frequently a profound sense of loss and a general sense of bereavement. Frequently there will be much anger and resentment, especially if homes nearby have survived the disaster unscathed. There may also be sadness, a feeling of emotional pain, a sense of being stripped, depersonalised and/or violated. Most of all there will often be a feeling of extreme vulnerability.

The behaviours that typically accompany these feelings are irritability with anyone and everyone, tearfulness and depression. There may be a loss of concentration, a loss of interest in usual activities and a reduced ability to cope generally. For others, there may be a kind of frantic, displaced activity, which usually masks or helps people to deny the emotional suffering. On occasions, behaviour may border on bizarre.

Again, for 'helpers' there is a need to accept these types of behaviours as normal responses to abnormal situations. There is a need to recognise that forced demolition almost invariably involves the grieving process. Most importantly for 'helpers' it is important to recognise that demolition, although perhaps inevitable, may not necessarily be an acceptable solution for the victim.

We have noted that those most profoundly affected by demolition are people who have had lengthy associations with their homes e.g. elderly people who may have lived in the home for fifty years or more, or who have lived in the home since they were six months old, or people who have invested enormous time, energy and money in their property. For example, with reference to personal investment, it was particularly devastating for one of our clients who ran from her work place immediately after the earthquake to see her terrace house, which she had just completed restoring over an eight year period, crumbling before her eyes.

'Helpers' need to avoid describing and referring to the opportunity for new and 'better' homes with mod. cons. Frequently such comments involve an implied value judgement on what it was that the victim viewed as 'home'. The elderly, especially, are not impressed with new, low ceilings that 'come down on you' or by 'rooms with no doors or wall vents'. 'Helpers' need to avoid telling people how 'lucky' they are to have a new house when in fact, they have probably experienced one of the most devastating losses of their lives. 'Helpers' need to recognise and accept that those who have lost their homes are hurting badly and that sometimes they can never replace what they have lost.

Permanent Relocation

The feelings which accompany this particular phase of a disaster are frequently a sense of loss, dissatisfaction, depression and resentment. There is often a sense of disruption, a sense of yearning for what has been lost, and a sense of detachment and displacement.

Typical behaviours include frequent and repetitive complaining and difficulties in adapting. Change is particularly difficult for the elderly and some may never adjust.

We believe that it is important for helpers to be able to recognise the intensity of the experience for the victim. It is important for helpers to recognise some of the more intangible losses, such as loss of social networks as well as the material losses. Even if the helpers do not perceive these as important losses, it is important for them to demonstrate patience and understanding and to be able to recognise these as significant problems for the victim.

There is also a need for helpers during this stage to involve the victim in the decision making processes as much as is possible so that they feel that they have had some choice. It is important for helpers not to advise or to tell victims what they ought to do, especially concerning e.g. what they ought to get rid of so as to accommodate their old furniture in a new home. Again it is important for helpers to be aware when distress levels are sufficiently intense following the loss that psychological counselling would be beneficial.

On occasions we have come across cases where well-meaning people (sometimes family members and sometimes workers involved in the post-disaster phase) have 'organised' things to happen for people in terms of permanent relocation, and have presented the 'solution' to the 'problem' as a *fait accompli* to the client. It may well be that in some instances the victim would have arrived at exactly the same solution - given enough time. The violation of their rights to be involved in the decision making process has, however, been experienced as such, and has been the cause in some instances of a great deal of distress.

Compounding Factors and Complications

A number of our clients have encountered severe difficulties in dealing with bureaucracies. Sometimes the difficulties encountered have been real and sometimes they constitute perceived difficulties by the client. In any event, they constitute obstacles to successful outcome and adjustment for the victim.

The types of difficulties which our clients have encountered include difficulties in obtaining financial assistance, conflicting assessors and/or engineers reports, hassles with insurance companies, and hassles with builders and tradesmen. In addition, compounding factors for some have been language difficulties, which have led in some instances to forms having been signed without having been fully understood, and lack of both communication skills and the ability to negotiate systems.

The typical feelings which these types of situations generate are anger, frustration, a sense of helplessness and despair. Victims can sometimes feel that they are being patronised, investigated, judged and evaluated. Women, in particular, sometimes feel belittled by officious and offensive attitudes (such as 'it'll be right, love'). Some victims have felt confused, vulnerable, insecure, frightened, cheated, disappointed, misunderstood, and depressed. Others have suffered a loss of self-esteem and a sense of loss of status within their local community.

The behaviours which frequently accompany these experiences and feelings are predictable. Victims may present as being hostile, aggressive, difficult, irrational, obstructive, demanding and emotional. They may appear to doubt themselves and everybody around them. They may be suspicious of other people and of their motives. They may appear cynical and indecisive. They may display an almost obsessive preoccupation with the events and their consequences.

On occasions victims may appear to become dependent on agencies or workers to the point where they are experienced as being harrasing. In fact, victims may be unconsciously looking for someone else to take responsibility for decisions.

It is important for helpers to recognise that for many victims, seeking assistance is a humiliating experience. It is also important for helpers to recognise when they are being drawn into the emotional reactions of the victim, and when their own role is being compromised by emotional over-involvement with the victim's problems. Most of all, it is important to avoid over-identification with victims and to avoid trying to solve all of their problems. It is also important for helpers to suspend judgement of victims displaying behaviours which they find difficult to handle.

In addition to the difficulties of dealing with the various bureaucracies following a disaster, victims frequently have a fairly complex psycho-social framework in which the entire event and its aftermath are embedded. Disasters do not occur in some sort of vacuum. Many victims are beset with pre-existing problems, family difficulties of one sort or another, and/or relationship problems. In addition, many victims will have experienced a greater or smaller number of prior losses. There may have been a recent

death of a family member or close friend. Or perhaps it may be that a member of the family is seriously ill or in the last stages of palliative care. There may have been the recent loss of employment or forced retrenchment or redundancy, or retirement. Victims will have a background of financial commitment or even over commitment. There will possibly be pre-existing health problems.

Conclusion

How given individuals cope with disaster obviously depends not only on the immediate effect and magnitude of the disaster itself, but also on how many difficulties that they encounter in the immediate post-disaster period and how the disaster fits into the context of their lives.

Our prime concern as counsellors is to facilitate the adjustment of victims to their new circumstances, whatever they may be, and to assist as rapidly as possible in the transition from 'victim' to 'survivor'.

After having victims share with us their various experiences following the earthquake, we are convinced that the psychological and emotional adjustment of individuals will be influenced to a large extent by the attitude of, and treatment by, disaster workers at every level of the post-disaster phase.

While we realise that 'control' and 'decision making' are an essential part of disaster management, we urge disaster workers to view problems from the victim's perspective and to refrain as far as possible from imposing their own frame of reference on the victim.

We believe that there is a need for a high level of awareness of the victim's plight and for sensitivity in approaches to victims. This includes the need for respectful communication (e.g. an awareness of the effect of such mundane things as tone of voice, body language, and choice of words).

Victims need to be 'spoken to' rather than to be 'spoken about' and they need to be involved in discussions about personal effects rather than having them 'dealt with' without consultation. They need to be 'asked' rather than to be 'told'. Attitudes need to be non-patronising, non-judgmental with a degree of empathy (recognition of 'how would I feel if I were this person').

We feel that it is important for workers to be able to provide victims with the range of options available to them, and to be able to assist victims in foreseeing the possible consequences of their choices or decisions. Victims need to be allowed to take the responsibility for decisions about their own futures. Sometimes workers are keen to 'help solve the problem' and, in their over eagerness to help, make decisions on behalf of victims without

appropriate consultation. If workers make decisions on behalf of victims, victims may be hindered in making the transition from 'victim' to 'survivor', because for them it is a continuation of things being done 'to them'.

In retrospect it seems to us that there is a genuine need for the establishment of a formal, and ongoing consultative service by mental health professionals to those working closely in any capacity with victims of disasters. We recognise that workers are frequently untrained in the psychological effects of disasters and not trained to deal with emotionally distressed people. This inevitably makes their task more difficult. We feel that both workers and victims could benefit from the support and information that mental health professionals could provide. Such a support service could fulfill a preventive and facilitatory function, i.e. perhaps prevent the development of major emotional and psychological problems for victims and, at the same time, enable workers to concentrate on their primary function.

Finally, all disaster workers need to recognise that some people's lives will never be the same (financially, physically, or emotionally) no matter what the level of input. This, too, is a part of the human context of a disaster with which all of us have to come to terms.

