



## The Psychological Effects of Disaster

*By Geralyn Datz, PhD with recommendations by the National Center for PTSD*

Many people survive disasters without developing significant psychological symptoms. Others, however, may have a difficult time "getting over it." Survivors of trauma have reported a wide range of psychiatric problems, including depression, alcohol and drug abuse, lingering symptoms of fear and anxiety that make it hard to work or go to school, family stress, and marital conflicts. Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD) are probably the best known psychiatric disorders following a traumatic event. People suffering with PTSD or ASD often have persistent nightmares or "flashbacks" of the trauma. They may avoid reminders of the trauma or "feel numb" and have difficulty responding normally to average life situations. They may be on edge, have trouble sleeping, have angry outbursts, or seem excessively watchful. They may become badly depressed and begin to abuse drugs and/or alcohol as a way of medicating their painful feelings. This substance abuse can lead to active addiction.

The effects of disasters are not limited to those affected directly by the events. Others may also suffer indirect effects from trauma--referred to as "vicarious" or "secondary" traumatization. Those at risk include spouses and loved ones of trauma victims, people who try to help victims, such as police or firemen, and health care professionals who treat trauma victims, such as therapists and emergency room personnel, as well as journalists. Other professionals who work in areas severely affected by disaster, including city and local professionals, are also at risk for a stress response.

### **Who will develop problems after trauma?**

The strongest predictor of who will develop problems after trauma is if an individual has a prior history of psychiatric problems.

Research into the effects of trauma have shown that, in general, the more devastating and terrifying the trauma is, the more likely it is that a person exposed to it will develop psychiatric symptoms. Aspects of the disaster or trauma which increase the likelihood of psychiatric distress include a lack of warning about the event, injury during the trauma, death of a loved one, darkness, experiencing the trauma alone, and the possibility of recurrence. Researchers are less sure, at this time, what factors protect some people from psychiatric illness following exposure to trauma.

## **What treatments can help a traumatized person?**

It is important that a person who has been exposed to a disaster understand that he or she will probably have some of the symptoms described above as a normal response to an abnormal situation. These symptoms usually resolve over time. However, if they persist or interfere with the person's ability to function normally, professional help should be sought. Talk about suicide, excessive guilt or anxiety, excessive irritability, a significant change in personality or work ability, and substance abuse are warning signals that often require immediate professional attention.

Psychologists, psychiatrists, and mental health professionals use a variety of effective treatments for disaster-related disorders. Talking treatments--such as individual, couples, family or group therapy--can be very helpful. Psychiatric medications can also provide relief for the symptoms of depression, anxiety, and sleep disturbances. It is very important for a psychologist or other mental health professional to evaluate persistent symptoms to develop a comprehensive treatment program.

## **How can friends, family and co-workers help?**

One of the most important things a friend, family member, or co-worker can do for someone who's been in a disaster or other trauma is to be a supportive, active listener.

- Listen patiently and non-judgmentally as the person tells his or her story.
- Avoid offering direct advice other than encouraging him or her to find healthy ways--such as exercise--to cope with stress.
- Discourage such damaging ways of coping as excessive use of alcohol and drugs.

It is also important to realize that it takes weeks, months, and sometimes years before a survivor of trauma is able to put the disaster behind him or her. At times people who have resolved their symptoms following the trauma have a recurrence of traumatic symptoms during stressful times in their lives, such as during retirement, divorce, or loss of a loved one. While it is common for loved ones to become impatient and puzzled over the traumatized person's inability to get on with life, it is especially important at these times to persevere and continue to listen patiently.

Many people struggle with the urge to "fix it" for their traumatized loved ones. The best "fix" is non-judgmental listening. If someone appears to be not coping well after a natural disaster (they are talking about suicide, using alcohol or drugs to cope with stress, or are "not the same person" since the trauma) suggest they seek treatment with an experienced professional right away.

*If you or someone you know is having difficulty handling the aftermath of Hurricane Katrina or Rita, and would like to talk to an experienced professional, please contact your employer's human resources department, the Employee Assistance Program, or a qualified mental health professional for how to get treatments that help.*