

# DISASTER SPIRITUAL CARE

**Practical Clergy Responses  
to Community, Regional  
and National Tragedy**

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## *The Life Cycle of a Disaster*

*Rabbi Stephen B. Roberts, BCJC*

Life and the way life is lived are unique for each person. Yet there is much commonality in the way we spiritually and religiously mark the cycles of our lives. There are common ebbs and flows in life—birth, growing up, finding and committing to life partners, and dying. Most religious and spiritual communities have their own unique practices that mark these occasions.

Leaders of faith communities are deeply involved with these “life cycle” events. We often perform rituals, worship services, and other spiritual practices associated with them. Different religious, spiritual, and cultural groups mark birth differently, with different customs, worship services, religious practices, and spiritual traditions. The range of customs includes naming ceremonies, ritual immersion in water of the baby or mother, circumcising practices, naming backup guardians who are not blood relatives, tattooing, and much more. When we look across the spectrum of beliefs and religious practices, we see that most groups have some sort of clearly identified ritual to mark this beginning of the cycle of life.

Life cycles are what leaders of faith communities often know best. Life cycle events mark both the happy and sad occasions within a spiritual and religious community. They provide meaning in our lives as leaders of faith communities and in the lives of those whom we serve.

## *Each Disaster Is Unique*

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Like life itself, each disaster is unique. No two floods inundate communities and individuals the same way. No two hurricanes or tornadoes follow the exact same paths. No two large transportation disasters touch the same families, businesses, and communities. Yet, like life itself, all disasters have a common set of phases. Figure 1.1 is a graphic representation that lays out the common phases of a life cycle of a disaster.<sup>1</sup>

Individuals and communities progress through these phases at different rates depending on the type of disaster and the degree and nature of disaster exposure. This progression may not be linear or sequential, as each person and community brings unique elements to the recovery process. Individual variables such as psychological resilience, social support, and financial resources influence a survivor's capacity to move through the phases. While there is always a risk of aligning expectations too rigidly with a developmental sequence, having an appreciation of the unfolding of reactions to disaster is valuable.<sup>2</sup>

### *Phases of the Life Cycle of a Disaster*

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#### **Pre-disaster Phase—Threat and Warning**

A man lived in a known flood plain. He turned on the TV and the weatherman was announcing that extreme rain was taking place and that all people should evacuate to higher ground. The man said to himself: "God will take care of me." The next morning a policeman knocked on his door and told him he was in a mandatory evacuation area and should leave immediately. The man responded: "God will take care of me." By late afternoon the water was up to his second story window. A boater saw him in his house and offered to take him out of harm's way. The man responded: "God will take care of me." Finally, as night was falling and the man was on his roof a helicopter flew over and offered to rescue him. The man responded yet again: "God will take care of me." The man then drowned in the flood and came before God. The man was angry and demanded to know of God: "I was a man of deep faith. Why did you not take care of me?" God responded: "I

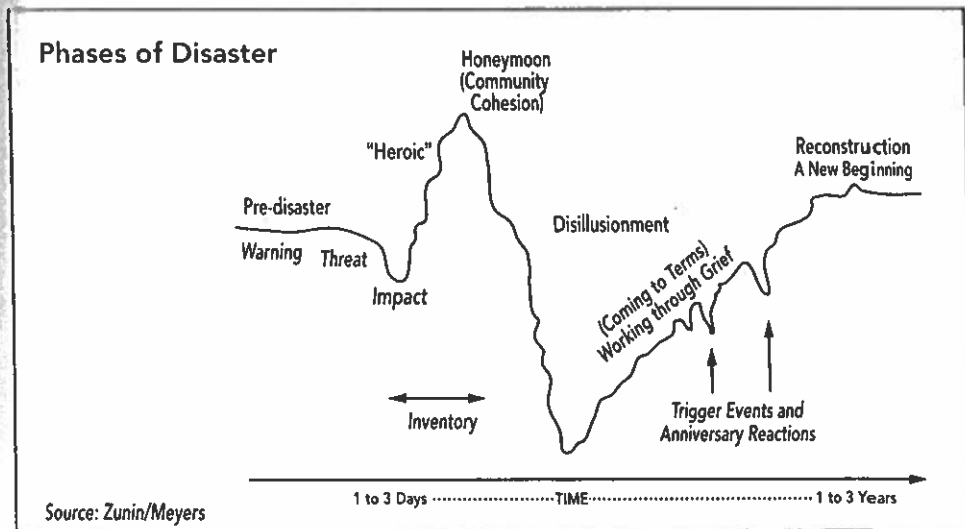


Figure 1.1

had the weather man alert you with plenty of time to get out with all your possessions. I then sent a policeman to alert you with time to take some of your possessions. I then sent a boat to get you out. Finally, I sent a helicopter. Why did you not have faith in me to accept the help I offered? Faith works both ways."

Some disasters, such as earthquakes and explosions, come with no immediate warning. Some, such as hurricanes, come with lots of warnings. Some, such as tornadoes and floods, fall in between. Yet, in almost every case, people and communities can make plans and preparations to lessen the impact of a potential disaster.

There is a known relationship between an actual risk and an individual's threat assessment, which greatly influences that person's disaster preparedness. There are many stories of survivors of multiple hurricanes who ignored mandatory warnings to evacuate extremely large and dangerous storms. They assessed the risk as low: "I survived many storms in my home. I can survive this as well." Their own threat assessment led to tragic consequences for them and, many times, for their families. Further, how someone reacts has long-term implications for their spiritual, physical, and emotional health.

Leaders of faith communities play an extremely important role in the time prior to a disaster. Experience has repeatedly shown that people often downplay the risks involved because thinking about all of the various

risks can overwhelm them. One of the most common expressions heard prior to a disaster, and a common excuse for not preparing properly, is "God will take care of me." Our responsibility as leaders of faith communities is to be agents for God in taking care of God's flock. It is first our responsibility to help our communities prepare. Then we must guide them to appropriate reactions when a threat occurs.

The work of preparation is familiar to us. Prior to a wedding, many of us counsel the couple about the changes they will experience in their lives. We take a proactive role. We must equally be proactive in our preparation for disasters. With warning of impending disaster comes anticipatory stress. What shall I do? Where shall I go? Will my family be safe? Will my property be safe? Will I live? Will I die? People are often overwhelmed with worry and do not prepare or react proactively. Our job in the warning or threat phase is to mobilize our communities to prepare. There is always planning and preparations that our communities can do to lessen the impact of disaster. Ultimately, when the phone call comes, we need to be prepared to lead. Further, we need to be able help keep our communities from neither panicking nor becoming so frightened that they are immobilized with fear.

### Impact

The actual time in which a disaster occurs can be seconds, minutes, hours, or even days. Depending on the disaster and the warnings involved, a community's reactions to the actual event range from confusion to disbelief to shock. As stated by D. Myers and D. Wee in *Disaster Mental Health Services*, "In disasters of discreet and rather sudden impact, people may experience intense fear but rarely panic."<sup>3</sup>

Common spiritual reactions to disasters that occur suddenly and are short in duration include spontaneous prayer, calling out to God, and reciting a fixed prayer from memory. Common spiritual reactions to disasters longer in length, such as a hurricane, include reading sacred texts, forming prayer circles, meditating, religious singing, and holding more formal worship services.

Common physical reactions to a disaster include increased pulse, rapid shallow breathing, sweating, chills, and time distortion (where time "slows down").<sup>4</sup> People tend to focus initially on their own survival and the survival of their family, and then the physical well-being of others. When families are separated by geography during the impact

of a disaster, survivors will often experience considerable anxiety until they know their loved ones are safe.<sup>5</sup>

### Rescue/Heroic/Miracle Phase

The period immediately following a disaster is known as either the "rescue" or "heroic" phase. It commonly lasts between a day and a week, except in the largest of disasters. This is a moment of action when adrenaline flows. It is a period of search and recovery. To leaders of faith communities, this period can also be known as the "miracle" phase. This is the time when miracles of survival take place, when those who thought they were going to die are rescued.

Once people realize they are alive, they move into action. It is common to see victims helping other victims, and to see people live their faith at this time. Strangers step in to help first responders save lives and rescue property. Chain saws, moving equipment, boats, and other rescue items suddenly appear and are put into action. Communities pull together. Shelters are opened, people are housed and fed.

People are grateful to be alive, and often report a feeling of euphoria and sense of personal vulnerability. While people are shocked and horrified by damages and losses, morale is typically high for people directing their energy into concrete, necessary, and meaningful tasks. Psychological arousal results in high level of activity but cognitive impairment (confusion, difficulty comprehending, problem solving, and setting priorities) often contribute to a low level of efficiency and effectiveness. People rushing to help others are often inattentive to safety, and injuries frequently occur in this phase.<sup>6</sup>

It is also during this period that people begin to take inventory and try to locate loved ones. Frantic phone calls are placed, which often overwhelms the phone system and renders it inoperative. Electricity is often out, so people may not have access to e-mail. Survivors who have found their families to be unharmed try to find out about the state of their property, about where they work, about their friends, and about their houses of worship.

"The contribution of the recovery environment to individual and community responses to traumatic events cannot be overemphasized. Community leaders and families can critically influence the

speed and direction of recovery by first constructing an environment of rest, respite and safety."<sup>7</sup>

Figure 1.2 provides common responses exhibited during this phase of a disaster. If these reactions last a significant length of time (weeks or months), they are no longer common and the person experiencing them should be referred to a professional.

### Honeymoon or Remedy Phase— Community Cohesion

In the days, and sometimes weeks, immediately after a disaster communities come together. People flock to the affected area with offers of help. Government officials publicly proclaim that they will assist with disaster aid. People who have insurance think it will cover their losses. Those without insurance often think that government aid or donations will help them recover. Survivors and their families are often grateful just to be alive when others were not so fortunate; they have a sense that God is watching over them and taking care of them. Those who lost loved ones are often comforted by large community outpourings of support.

There is a strong sense of having shared with others a dangerous, catastrophic experience and having lived through it.<sup>8</sup> There is a sense the worst is over. Leaders of faith communities are exhaustingly busy and visible during this phase. First they lead funerals for those who have died and provide direct spiritual care to the families and friends of the deceased. Multiple hospital visits take place to tend to both the wounded and their loved ones. Prayer vigils continue for those injured and in need of healing. Multifaith memorial services for those who died are organized and held. If there are not multifaith disaster response organizations to help focus on unmet needs, this is the phase in which they are often created. There are extensive meetings with both governmental and private industry leaders to focus on needs and on beginning the healing process and then reporting back to their own communities on what is taking place. And finally, if their own house of worship was damaged or destroyed in the disaster, they must organize their own faith community to begin the process of deciding the next steps.

## COMMON EARLY RESPONSES TO DISASTER IN IMPACT/INVENTORY PHASES

| SPIRITUAL  | EMOTIONAL                             | THOUGHTS/<br>COGNITIVE  | BEHAVIORAL  | PHYSICAL                                      |
|--|---------------------------------------|---|---|---|
| Guilt, shame   | Depression                            | Memory loss   | Tearful   | Fatigue                                       |
| Anger at God   | Grief                                 | Lowered<br>Concentration  | Prolonged<br>silences   | Dizzy spells                                  |
| Religious<br>reappraisal   | Hopelessness                          | Confusion in<br>thinking  | Changes in<br>eating  | Headaches                                     |
| Questioning the<br>power of prayer                               | Helplessness                          | Loss of<br>attention span   | Decreased<br>libido   | Chest pain **                                 |
| Feeling need to<br>be punished                                   | Panic feelings                        | Difficulty mak-<br>ing decisions                                  | Changes in<br>sleep patterns  | Light-<br>headedness                          |
| Questions about<br>reality/meaning/<br>justice/fairness          | Withdrawal, ,<br>lack of<br>enjoyment | Calculation<br>problems   | Overly alert,<br>startle easily                                     | Muscle tremors                                |
| Feelings of<br>hopelessness<br>and fatalism                      | Anger, intense<br>irritability        | Problems<br>with abstract<br>thinking                             | Avoidance<br>behaviors  | Sensitivity to<br>noise                       |
| Questioning<br>core faith and<br>spiritual values                | Feeling<br>overwhelmed                | Reconstructing<br>events in mind<br>to change<br>outcome          | Withdrawal<br>from others   | Rapid<br>breathing **                         |
| Changing<br>assumptions<br>about life and<br>afterlife           | Fear and<br>heightened<br>anxiety     | Lowering of all<br>higher cognitive<br>functions                  | Decreased per-<br>sonal hygiene                                     | Chills or<br>Sweating                         |
| Needing<br>acts/rituals of<br>purification                       | Emotional<br>numbness<br>and shock    | Recurrent<br>thoughts,<br>dreams and<br>nightmares<br>about event | Overly protec-<br>tive of self and<br>family                        | Hunger and/or<br>thirst                       |
| Needing<br>reassurance of<br>God's presence<br>and power         |                                       |   | Increased per-<br>sonal hygiene                                     | Difficulty<br>breathing **                    |
| Asking core<br>questions:<br>"Why me?"<br>"Why would<br>God...?" |                                       |   | Increased protec-<br>tive of self and<br>family                     | Increased<br>heart rate **                    |
|  |                                       |   | Increased con-<br>flict at work<br>and home                         | Elevated blood<br>pressure **                 |
|  |                                       |   | Increased<br>alcohol and<br>drug use *                              | Nausea and/or<br>gastrointestinal<br>distress |
|  |                                       |   | Discarding<br>treasured<br>objects *                                |   |
|  |                                       |   | Changes in or-<br>dinary behavior<br>patterns                       |   |
|  |                                       |   | Increased or de-<br>creased associa-<br>tion with fellow<br>workers |   |

\* These should be discouraged. They are common but often unhealthy.  
\*\* These symptoms should be referred to a physician immediately.

Figure 1.2



### Disillusionment Phase— Coming to Terms, Working through Grief

This phase is often the most difficult one, and a small number of survivors never get beyond it. This phase is full of grief, one of the most basic spiritual issues in which most leaders of faith communities have extensive experience. We have an essential healing role during this period.

The disillusionment phase starts just days or weeks after the disaster. People realize that their insurance may be inadequate or that it will take months or years to recover money. They grieve the loss of their hopes and dreams for a quick rebuilding. In the previous phase they had been hopeful and full of joy; now they are despondent and discouraged.

The media quickly moves on to the next “big event.” The survivors discover that both the private and the government disaster relief programs that promised to help them are generally bureaucratic with red tape, delays, changing rules, a host of agencies to connect with, and pages of paperwork to fill out, often requiring documents they do not have. Their savings begin to disappear, and they grieve the loss of financial stability. They tire of the temporary housing, which is often cramped. They become weary and fatigued. They grieve their lost lives.

They discover that their destroyed homes may not be able to be rebuilt due to changes in zoning or lack of money. Mortgages may still need to be paid. They may find themselves the victim of price gouging and unethical builders. Their jobs may have disappeared. Their schools may have closed. It dawns on them just how much they have truly lost.

Within what seems a short period of time, relief agencies close their doors. People suddenly may feel abandoned and alone, full of sorrow and grief. Life is *not* better for them, and yet people act as if it is or it should be.

A frequently overlooked aspect of trauma is the stigmatization of victims. As individuals, families, or communities, we frequently wish to avoid the victims of trauma or disasters. These victims remind us of our own profound vulnerability to unexpected and unplanned events. Such stigmatization increases the isolation of the victims and frequently their experience of self-blame. Often the stigmatization of the victim is the result of the expectation and wish of others that the individual “be all better now.”<sup>9</sup>

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Figure 1.3 lists just some of the issues people face during this difficult and critical period. As spiritual leaders, we are often in a unique position to observe these problems. It is imperative that we provide referrals and support when we witness these problems. In this phase, if we are proactive, we can often find volunteers from within our faith communities to help strategize ways to deal with the myriad issues our congregants and communities face.

One of the most imperative issues faced during the disillusionment phase is a significant rise in suicide rates. You should alert your congregants that people often think about suicide at this time, and that you and other leaders of faith communities are there for them. Use sermons, newsletters, and special mailings to get this information out. Emphasize they are not alone, even if they feel they are alone. Take talk of suicide seriously.

### **PROBLEMS FACED BY SURVIVORS IN DISILLUSIONMENT STAGE**

- Spiritual struggles of faith and meaning, including a sense of abandonment by either God or their faith community
- Divorce
- Suicide
- Physical exhaustion from a lack of recreation or leisure time
- Medical, due to preexisting conditions or a lack of insurance, doctors, medicine, healthy eating
- Fatigue, due to crowding and noisy living conditions in "temporary" shelters
- Increased drug use and domestic violence—a common but unhealthy way that some people handle their situations
- Greater emotional and psychological problems, including depression
- Financial ruin caused by a lack of adequate insurance, timely payment by insurers, loss of job and prospect for work in the area, bureaucratic hassles

*Figure 1.3*

The larger community less impacted by the disaster often returned to business as usual, which is typically discouraging and alienating for survivors. Ill will and resentment may surface in neighborhoods as survivors receive unequal monetary amounts for what they perceive to be equal or similar damage. Divisiveness and hostility among neighbors undermine community cohesion and support.<sup>10</sup>

People realize during this phase that life is never going to be the same—they have lost much. Our role as leaders of faith communities during this period is essential. We are the experts in grief, and people often seek us out in their grief. We must work hard to be available, to reach out, and to be visible. The world has changed and moved on for worse or for better. In their grief, survivors make great effort to find meaning. We, the leaders of faith communities, are the trained professionals to guide them in this struggle and to ensure they are not alone and abandoned when they are so vulnerable.

It is during this phase that survivors decide how best to rebuild given their new realities. It becomes apparent to them that they must take personal responsibility for moving forward to rebuild their spiritual, emotional, and physical lives, including their home, work life, and religious community. We need to be able to offer them spiritual support and spiritual resiliency guidance to help them in this work of rebuilding.

Chapter 11 deals with the “trigger events” that can affect disaster survivors, such as birthdays, weddings, wedding anniversaries, the anniversary of the disaster, or major news articles about the disaster.

Like most people filled with grief after loss, the majority of people affected by a disaster realize at some point that they do have the strength, faith, hope, and ability to cope. They discover parts of themselves they may not have been aware of. They pass through the darkest periods and then begin to move back toward the brighter future. Their journey is not a continuous climb. There are many setbacks and roadblocks—both internal and external—but the work of rebuilding has really begun now.

As our final comment on the disillusionment phase, we offer an important reminder about self-care: you, as a leader of a faith, *are* vulnerable to compassion fatigue and burnout! You must take care of yourself. Chapter 2 provides extensive information on self-care; chapter 13 provides detailed information on compassion fatigue and secondary traumatic stress. We strongly encourage you to read and implement the suggestions for both. The disillusionment phase is when

you are most needed. The only way to get through it is by being proactive with self-care.

### **Reconstruction Phase—A New Beginning**

New beginnings really happen when both the individuals and the community as a whole have worked through the worst of their loss, grief, and anger. A mindset of “moving on” sets in. In this phase your spiritual care work should be proactive. We need to be mindful of the two kinds of trigger events that can add stress to our community. The first is predictable events, such as anniversaries of the disaster or the dedication of memorials. The second is unpredictable events, such as a similar disaster striking another community and bringing up reminders and images of the community’s own experience.

No matter our faith traditions, we know that life after a disaster is never the same. Our various sacred texts all teach this lesson. When calamity strikes, we look to rebuild lives of stability and meaning. This final phase leads back to a “new beginning” in people’s lives.

### *Dynamics That Contribute to the Length of a Disaster Life Cycle*

The following factors have an impact on the life cycle—the time line and duration—of a disaster. It is important to be aware of these factors and to assess them when responding to a disaster.

#### **Scope**

The scope of a disaster refers to its size. The larger the disaster, the more lives lost or put at risk and the larger the loss of property. A tornado that does physical damage to a community without injuring people is small in scope. Hurricane Katrina affected the whole of the southeastern United States and thus was extremely large in scope.

Small-scale disasters leave most of a community’s infrastructure in place. The larger the scope, the more infrastructure destruction takes place. After a large-scale disaster it is often hard to shop for food and other vital materials, to find clean water to drink, to be in contact with family and friends, and to get reliable information.

As a general rule, the larger the scope of a disaster, the longer the life cycle.

### **Intensity**

The intensity of a disaster refers to the emotional, spiritual, and psychological impact. It also refers to the physical destruction caused by a disaster. Power outages often have a large scope and often cause large losses of property, but most people are not worried for their lives once they realize what has caused the outage. Thus, a power outage would be considered low in intensity.

In general, the more intense a disaster, the longer the life cycle.

### **Duration**

The duration of a disaster refers to the total time period a disaster is actually taking place and for which people are affected by the disaster. The longer the duration, the longer people are in a state of hyper vigilance. A tornado has a relatively short duration. A major hurricane has a long duration. A major earthquake has a short duration, but when all of the aftershocks are included, it has a much longer duration. Cold and heat waves often have long durations lasting days and sometimes even weeks.

A key consideration with duration is the cumulative impact over time. The 2004 hurricane season had a very long duration in Florida. The state was hit by four different storms. The overall impact of four storms was much greater than a single storm, or even two, would have been. Its duration was extremely long.

In general, the longer the duration of a disaster, the longer the life cycle.

### **Multiplicity and Situational Importance**

The multiplicity of a disaster refers to the amount of personal exposure or number of times a person is exposed to different disasters and trauma. There is often a cumulative effect to exposure of trauma and disaster. Situation importance refers to how significant a person perceives an event will be in their own personal life. The same event will often be perceived as having different situational importance for different people. A hurricane that destroys most of a city will have high situation importance for most people in the town, but to a homeless person, who is already on the edge, it might have a lower situation importance. The greater a person's perception of situational importance

regarding an event, the greater his or her reaction. High multiplicity, high situational importance events include the death of a family member or close friend; the loss of a home and possessions; and the physical destruction of the larger local community including residential neighborhoods, shopping areas for food, houses of worship, and work locations.

In general, the higher the multiplicity and situational importance of a disaster, the longer the life cycle.

You have heard the saying, "knowledge is power." Sharing with you the life cycle of a disaster is an attempt to give you back the power a disaster steals from you. My hope is that with the knowledge of what to expect following a disaster you will be able to discern what are common responses to uncommon events.

It is also my prayer that you will heed the strategies and suggestions offered throughout this book. Adhering to the principles of this book, following good self-care practices, and maintaining a healthy support network can be a very positive use of your time and a source of healing following a disaster. Finally, knowing the life cycle of a disaster allows you to keep track of your journey and to look at the benchmarks in your recovery process. May this book lead you to finding that joy that King David said comes following weeping.

### Notes

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3. D. Meyers and D. Wee, *Disaster Mental Health Services* (New York: Brunner-Routledge, 2005), 19.
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5. *Ibid.*
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7. R. J. Ursano, B. G. McGaughey, and C. S. Fullerton, *Individual and Community Responses to Trauma and Disaster* (Cambridge: Cambridge University Press, 1994), 404.
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### Further Reading

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### About the Contributors

**Rabbi Stephen B. Roberts, BCJC**, is editor of this book. He is the associate executive vice president of the New York Board of Rabbis overseeing the Jack D. Weiler Chaplaincy Program. He is a past president of the National Association of Jewish Chaplains. Two years prior to September 11, 2001 he founded a partnership organization within the American Red Cross in Greater New York of what is now Disaster Chaplaincy Services (DCS-NY), New York, an independent 501(c)3. He serves DCS-NY as chairman emeritus. Since 2000, Rabbi Roberts has served as one of the five official representatives overseeing American Red Cross's national Spiritual Care Response Team (SRT). Following 9/11 he was the first national officer to set up American Red Cross spiritual care response in New York City. On June 17, 2002, in New York City, Rabbi Roberts visioned and then chaired an American Red Cross one-day conference for clergy and other religious leaders with over 650 participants. This resiliency training specifically addressed the impact of 9/11 and on providing tools to better understand and work with those affected. He has taught extensively on disaster spiritual care and was the primary researcher for the only peer-reviewed research on the impact of disasters on spiritual care providers that has been published.