



Psychosocial recovery after the Oklahoma City Tornadoes

Corresponding Author:

Dr. Joseph O Prewitt Diaz,
Affiliate Professor of Psychology, Center on Psychosocial Support in Disasters, Quintas Las Mueasas, 240,
Francisco Colon Julia, 00736 - Puerto Rico

Submitting Author:

Dr. Joseph O Prewitt Diaz,
Affiliate Professor of Psychology, Center on Psychosocial Support in Disasters, Quintas Las Mueasas, 240,
Francisco Colon Julia, 00736 - Puerto Rico

Article ID: WMC004269

Article Type: Research articles

Submitted on: 04-Jun-2013, 03:29:41 PM GMT **Published on:** 05-Jun-2013, 07:01:06 AM GMT

Article URL: http://www.webmedcentral.com/article_view/4269

Subject Categories: PSYCHOLOGY

Keywords: Psychology

How to cite the article: Prewitt Diaz JO. Psychosocial recovery after the Oklahoma City Tornadoes.
WebmedCentral PSYCHOLOGY 2013;4(6):WMC004269

Copyright: This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC-BY\)](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source(s) of Funding:

None

Competing Interests:

None

Psychosocial recovery after the Oklahoma City Tornadoes

Author(s): Prewitt Diaz JO

Abstract

The purpose of this commentary is to introduce the importance of place after the tornadoes in Oklahoma and suggest next steps for the community of disaster survivors and the external stakeholders that will step in to help in the recovery process. After defining place, the nimbleness of resilience and psychosocial support as a platform to alleviate suffering experienced by secondary stressors, the article processes six survivor centric strategies to accelerate recovery and enhance the disaster affected people to rebuild their natural and built places.

Introduction

This commentary proposes that place is an important variable in the recovery process for disaster-affected people. After rescue and accountability of all the affected people the immediate response has been to look for those "dear objects" that were lost as a result of the tornadoes. In many cases these little objects are the connection of one generation with the other. Initiating cleanup and accounting for the loss of built and natural environment, and looking for what has been left of place, is the beginning of recovery for disaster affected people. The second point of the commentary is to suggest that resilience has become a catch phrase to assure that contributions from external stakeholders are used for mitigation activities, usually attending to replace, retrofit, or construct new "things" (built environment) that will prevent the same destruction in the future. Well disaster-affected people will re-construct their psychological, spiritual, and social selves with time. Therefore when we try to apply resilience to people, it must be nimble. It has to account for the amount of suffering and destruction, psychological strength, desire to move on, and motivation from friends, family and neighbors. The third part of the paper will describe psychosocial stress and propose six possible steps in using psychosocial support as a tool to alleviate suffering and foster recovery and well being.

Place

Place is about human connectivity (Gunderson and Watson, 2006). Tuan (1977) helped the readers understand that for a human being place was the center of meaning based on experiences. The social construction of place referred to as place attachment (Stedman 2003) is understood as the meanings people give to a specific landscape through human interpretation of the natural and built environment.

Place is the perception in time and place of built and natural space that is constructed through narratives, stories, and networks. Historical, cultural, social, ecological and physical attributes are torn and re-woven according to the attitudes and feelings of people that find themselves in the eye of the storms, the peripheral turbulence, or who have lost themselves in the winds of despair (Sullivan, Schuster, Kuehn, Doble&Morais; 2009). Place includes leaving and coming back, cultural identity with others in the place, family connections, or this is the only place they know. There is nowhere to go, there is no way out. The multigenerational families, that developed the place, disbanded, the economy has collapsed. The only thing that remains is hope.

Having been displaced the Oklahoma tornadoes meant that disaster affected people saw the tornado in all its destructive force coming, and realized that they may not have the capacity to withstand the whirling winds and their destructive force. The disaster-affected person realized that they didn't have the physical or psychological force to protect from the tornado. As things quieted down didn't know where they were, or what had happened to their place. There was so much destruction that the landscape had changed radically. To have no place means that disaster affected people were emotionally, spiritually and in some cases physically lost.

As happened to many people that were displaced after Katrina and Hurricane Sandy, the sustained experience of displacement ultimately creates a sense of being lost while living in places that are known. This is an experienced reported frequently by disaster-affected people, many are staying in the dorms at the University of Oklahoma and other

facilities close to their now destroyed neighborhoods.

Prewitt Diaz & Dayal (2008) found with their work in the 2004 tsunami, that the key to meaning of recovery is found in place. The process of finding place is an inner and outer journey that fosters the capacity to locate place, give it meaning, and solidify the sense of belonging. This is where inclusion and reconciliation begin; this is where the transformation of what was pre-disaster takes place. Place holds the key to new beginnings.

Place is unique for each disaster affected people. Place is about rootedness, such as the families who lost their homes, for others it is bonding with neighbors. For some there is the warmth of being included for others the feeling of being invisible, being excluded by their kin and neighbors.

Everyone in a place knows their role, there is the guy that hustles in the corner, the churchgoers, the gossip in the barbershop, or the members of the neighborhood watch. Everyone has a unique role, and share their life with a unique combination of people and identities. Place is the nature of a people joined together by their past and present, joined together by their aspirations for the future. The simplest explanation for what turns a group of people into a place is a shared narrative. Place is both a story and a history (Prewitt Diaz & Dayal 2008).

In a place leaders lead from within, and everything talked through, until the topic has been well defined and visualized by all a gestation period is essential for recovery. The affected people need the space to discuss their vision of a re-constructed place, they decide who will do what and how, they will decide who to contact and when, they will monitor their progress and celebrate when all is well again. This period is necessary because it is where the future community narrative is weaved through the social capital and the cultural literacy to develop a discourse of love, hope, and unity.

Resilience

Resilience refers to the ability to adapt to changing conditions and withstand and rapidly recover from disruption due to emergencies (Presidential Policy Directive-8). The proposal that has been suggested by the Federal Government is somewhat static. It applies to mitigation, to structures, to built place and maybe to natural places. It certainly forgets the most

important element: the people. The Community Resilience System Initiative (CRSI) (2011) suggest that for the disaster affected people to enhance their resilience there should be a series of steps taken pre-disaster to include engaging the community in assessment, developing a shared vision, conduct action planning exercises, and foster a community resilience initiative.

Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum (2008) defines community resilience as a process linking a network of adaptive capacities (resources with dynamic attributes) to adaptation after a disturbance or adversity. Community resilience emerges from four primary sets of adaptive capacities--Economic Development, Social Capital, Information and Communication, and Community Competence--that together provide a strategy for disaster readiness. Conner (1998) suggests that community resilience needs to be nimble and have the ability to consistently succeed in unpredictable, contested environments by implementing changes efficiently and effectively. Nimbleness means more than just flexibility. It is a term that conveys speed, grace, dexterity, and resourcefulness, and it represents a significant competitive advantage.

Parker (2010) commenting on her Katrina experience supports with examples of her work, four steps in the process of developing adaptive assistance through fomenting resilience nimbleness (Conner, 1998) at the local neighborhood and place. Her rationale is based in involving the local organizations in the recovery process because they have: (1) a positive and compelling vision of what recovery looks like in the places. (2) Activities are based on the human, cultural, social, psychological and spiritual knowledge of the disaster affected people in place; (3) resourcefulness to identify, prioritize and meet needs with the disaster affected people, and finally; (4) all actions putting the needs and interest of the impacted places with humility and community spirit. The metaphor of resilience as a journey (internal or external) rises from the awareness that no matter the difficulty of the terrain, you stay in touch with a core defining essence of being in place (Bara, 2010).

Walker, Carpenter, Anderies, Abel, Cumming, Janssen, et al. (2001) suggest that Resilience demands that residents are heard. The disaster affected people need to gain voice. Voice in the language of the moment. People must participate in meaningful ways in resolving and challenges of disruption. Solutions must be inclusive. Resilience depends of thinking about the world organic,

incremental, and in bottom ups terms (where the people come first).

Resilience is about accommodation and accumulation of small-scale changes (taking baby steps). The perception of resilience depends on your location--the eye of the storm, do we flounder to get on our feet, or do we live in a perpetual storm.

A nimble vision of resilience permits that homeostasis between built and natural environment in interaction with human beings may be the pathway to re-establish place. Defining as an end goal enhancing resilience provides an opportunity to disaster affected people to examine their place through mapping in its entirety, and identifying the important elements of the place that enhance resilience for them.

CRSI (211) suggests that there are four steps that the community, place or neighborhood has to do to take charge of their own destinies: (1) an understanding of the meaning of resilience for them, (2) a practical measure of resilience in action, (3) simple usable tools and process that will help the disaster affected people to move forward and tangible benefit is that flow from their efforts. Resilience when applied to disaster-affected people is nimble. It is the quality of places that faces, moves, through and bounce back from difficulty, damage, or destructive experience with a spirit that pursues and stays in touch with purposeful life.

Psychosocial Support

Psychosocial refers to the emotional reaction of a person when they realize that they are experiencing an event for which they are not physically equipped to manage successfully. There are three central factors in psychosocial support: behavioral, spiritual and social. The behavioral part is usually addressed with behavioral health strategies (i.e. crisis intervention, counseling or psychological first aid). Spiritual care is often a component used to address death and destruction. The social component emerges after the immediate crisis and last for a longer period of time, and it usually alleviates the traumatic stress as a result of secondary stressors (i.e. returning to normalcy, re-establishment of place, reconstruction of neighborhood and homes, and assisting the recovery efforts in the community).

The purpose of psychosocial support is to provide a space for disaster-affected people to two specific

phases (1) psychological first aid during the emergency phase. Psychological first aid entails basic, non-intrusive pragmatic care with a focus on listening but not forcing talk, assessing needs and concerns, ensuring that basic needs are met, encouraging social support from significant others and protecting from further harm (SPHERE Manual, 2011, p. 335). and (2) trains community workers to provide basic emotional and practical support to the disaster affected people in addressing the challenges of secondary stressors, by activating social networks, community trusted traditional support, and supporting age appropriate centers (SPHERE, 2011, p. 334). The efforts of psychosocial support should be community based in that international guidance suggests: (1) enable community members including marginalized people to strengthen community self-help and social support, (2) as part of early recovery, initiate plans to develop a sustainable community by advocating for basic needs and activating community networks to provide practical support (MHPSS, 2007; SPHERE 2011).

Prewitt Diaz, Bhathra & Krishnan, (2007); Prewitt Diaz (2008a), and Miller (2012) suggest that objective of psychosocial support (PSP) is to provide a space for a dialogue on the shared emotional and affective meanings that leads the disaster-affected people to understand their relationship with the environment around them. Cross (2001) suggest that place includes cultural beliefs, and practices that link people to their place. PSP activities may lead to fostering through community activities feelings of belonging, an appreciation of the social elements of their place and a sense of feeling stimulated, excited, joyous, expansive, and alive (nimble resilience). Cross (2001) further suggest that people have subjective perceptions of their place that involves both an interpretative perspective and an emotional reaction. Prewitt Diaz (2008b) developed psychosocial support as a platform for long term recovery attending to the secondary stressors of the affected people.

PSP promotes the dynamic search for security as ultimately fostering and re-building trust in self, others, and the lived social landscape creating a feeling such (Hummon, 1992). Psychosocial support facilitates the development of social spaces that encourage and sustain a quality of interaction wherein people feel they can touch, shape and be shaped by accessible conversation. These suggest a combination of localness and proximity that helps people to stay in touch. In such places, people feel a sense of voice that reverberates and creates resonance with events and processes that affect their lives. These activities

may reduce the feelings of uprootedness, alienation and placelessness (Fullilove;1996).

Six essential steps in recovery

1. Alleviate fear by facilitating linking with family, neighbors, community and friends.
2. Assure safety and security through satisfying basic needs, providing shelter, and initiate behavioral health and spiritual care activities that promote calmness.
3. Engage disaster affected people in conducting assessment of the affected area, focusing on prioritizing the need for natural and built structures that are needed to begin the recovery process (i.e. school, day care, hospital, senior center, churches, and community stores).
4. Disaster affected people identify their immediate needs and received assistance with temporary shelter, neighborhood cleanup campaigns, and defining steps in the recovery. This will provide guidance to external partners and interested people.
5. Promote Neighbor-to-Neighbor psychosocial support, and activities for children, the elderly and those with functional needs.
6. Take time to rest, through celebrations and information. At first celebrate little steps to recovery and later community wide celebrations, fairs, and other collaborative activities.

Conclusion

This is a time when the affected community needs external assistance, however in the coming days and weeks recovery should be people centric. Giving a voice at the decision making table to the affected neighbors will go a long way to enhancing resilience, and promoting physical, spiritual and psychological well being. This disaster provides a great opportunity for researchers to study the effect of loss of place on the psychosocial recovery of the disaster affected people, and to document lessons learned as nimble actions enhance community resilience.

References

1. Bara, C. (2010). Bases for a community resilience system. In Mclellan, A.B. (ed.) (2010). The proceedings of the First International Symposium on Social Resilience. Washington, D.C.: Homeland Security Studies and Analysis Institute.
2. Bolton, P. & Tang, A. (2002). An alternative approach to cross-cultural function assessment. *Social*

- Psychiatry & Psychiatry Epidemiology, 37(11), 537-543.
3. Conner, D. R. (1998). *Leading at the edge of chaos*. New York: John Wiley & Sons.
4. CRSI (2011). *Community resilience system initiative (CRSI) Steering committee Final Report: A roadmap to increased community resilience*. Washington, D.C. Community And Regional Resilience Institute.
5. Cross, J.E. (2001). What is sense of place. Boulder CO; Department of Sociology, Colorado State University. Paper presented at the 12th Headwaters Conference, Western State College, November 2-4, 2001
6. Ealy, L.T. (2013). *Coordinates of Resilience: On the nimbleness of community and faith based organizations in disaster response and recovery*. <http://localknowledge.mercatus.org/articles/coordinate-s-of-resilience/>. Accessed March 6, 2013 at 4:13 P.M.
7. FEMA (2011). *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*. Washington, D.C.: Federal Emergency Management Administration.
8. Fullilove, M. (1996). Fullilove MT. Psychiatric implications of displacement: contributions from the psychology of place. *American Journal of Psychiatry* 1996;153:1516-1523.
9. Hobfoll, S.E., Watson, P., Bell, C.C., Bryant, R.A., Brymer, M.J., Friedman, M.J., Friedman, M., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical Evidence. *Psychiatry*. 70(4), 283-315.
10. Gunderson, K. & Watson (2007). Understanding place meaning on the Bitterwood National Forrest, Mo: *Society and Natural Resources*. 20, 705-721.
11. Hidalgo, M.C. & Hernandez, B. (2001). Place attachment: Conceptual and empirical questions. *Journal of Environmental Psychology*. 21, 273-281.
12. Obama, B. (2011). Presidential policy Directive 8 (PPD-8): National Preparedness. Washington, DC. The White House.
13. MHPSS (2007). *Guide on mental health and psychosocial support: Geneva, Switzerland: IASC (Inter agency Standing Committee)*
14. Miller, J. L. (2012) *Psychosocial capacity building in response to disasters*. New York: Columbia University Press.
15. Noji, E. K. (2005). Disasters: Introduction and State of the art. *Epidemiologic Reviews*. 27(1) 3-8.
16. Norris FH, Stevens SP, Pfefferbaum B, Wyche KF, Pfefferbaum RL.(2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American Journal of Community Psychology*. 41(1-2):127-50.
17. Parker, R. (2010). *Organizations-The Role of building societal resilience*. In Mclellan, A.B. (ed.)

(2010). The proceedings of the First International Symposium on Social Resilience. Washington, D.C.: Homeland Security Studies and Analysis Institute.

18. Prewitt Diaz, J. O., Bhatra, S., & Krishnan, P. (2007, June). Psychosocial support as a platform for an integrated development program. *Coping with Crisis* (IFRC Documentation Center). 9(2), 4–7.

19. Prewitt Diaz & Dayal, A. (2008). Sense of place: A model for community based psychosocial support programs. *The Australasian Journal of Disaster and Trauma Studies*?ISSN: 1174-4707?Volume : 2008-1. http://www.massey.ac.nz/~trauma/issues/2008-1/prewitt_diaz.htm.

20. Prewitt Diaz, J. O. (2008a). Role of psycho-social support programs following natural disasters. *Journal of Disaster Advances*.1(1), 15–17.

21. Prewitt Diaz, J.O. (2008b). Integrating Psychosocial Programs in Multi-sector Responses to International Disasters. *American Psychologist*. 63, (8), 820–830

22. Prewitt Diaz, J.O. (2013). Psychosocial support during recovery: A review and practical application. Submitted to the *Journal of*

23. Schuster, L.E., Schuster, R. M., Kuchn, D.M., Doble, C.S., &Morais, D. (2009). Building sustainable communities using sense of place indicators in three Hudson river valley NY Tourism destinations. *Proceedings of the 2009 Northeastern Recreation Research Symposium*. GTR-NRS-P-66.

24. The National Academies. (2012). *Disaster resilience: A national imperative*. Washington, DC: The National Academies Press.

25. Walker, B., S. Carpenter, J. Anderies, N. Abel, G. Cumming, M. Janssen, L. Lebel, J. Norberg, G. D. Peterson, and R. Pritchard. 2002. Resilience management in social-ecological systems: a working hypothesis for a participatory approach. *Conservation Ecology* 6(1): 14. [online] URL: <http://www.consecol.org/vol6/iss1/art14>.

26. Williams, A, Kitchen, P. (2012) Sense of place and health in Hamilton, Ontario: A case study. *Social Indicator Research*. Springer PMID:PMC3400750.<http://link.springer.com/article/10.1007/s11205-012-0065-1#page-1>. Accessed March 1, 2013.

Disclaimer

This article has been downloaded from WebmedCentral. With our unique author driven post publication peer review, contents posted on this web portal do not undergo any prepublication peer or editorial review. It is completely the responsibility of the authors to ensure not only scientific and ethical standards of the manuscript but also its grammatical accuracy. Authors must ensure that they obtain all the necessary permissions before submitting any information that requires obtaining a consent or approval from a third party. Authors should also ensure not to submit any information which they do not have the copyright of or of which they have transferred the copyrights to a third party.

Contents on WebmedCentral are purely for biomedical researchers and scientists. They are not meant to cater to the needs of an individual patient. The web portal or any content(s) therein is neither designed to support, nor replace, the relationship that exists between a patient/site visitor and his/her physician. Your use of the WebmedCentral site and its contents is entirely at your own risk. We do not take any responsibility for any harm that you may suffer or inflict on a third person by following the contents of this website.