Long Term and Emotional Recovery
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During long term clean up and rebuilding following a disaster, the community cohesion deteriorates. Symptoms include occasional abuse of victims by insurance companies and disreputable contractors and a general decline of individual and corporate physical, emotional, and spiritual energy. Only after the clean-up and sufficient rebuilding has occurred do we begin to see a long and gradual reestablishment to pre-disaster levels.

Some of the harmful emotional responses during this phase include survival guilt (guilt by those who experienced little or no loss), frustration (over delays, dishonesty, bureaucracy, etc), fatigue, long-range indecisiveness, cumulative stress (a response to multiple and long term stressors), corporate stress and fatigue (an expression of universal stress and fatigue that spreads throughout the community to those without loss and even those who moved in after the disaster), and loss of resilience or hope. If neglected this emotional and spiritual decline may result in long term, pathological psychological disorders. Without a focus on resiliency, the emotional and spiritual recovery may be delayed much longer or never occur. Without attention to self-care and support, clergy face a high risk of burnout. As noted in the Phases of Disaster Recovery article, clergy turnover ranges from 75 - 100% within three years after major disasters.

When I first became involved in the my role as pastor and counselor to coastal clergy and parishes effected by Katrina, I found all post-disaster literature emphasizing post-traumatic stress disorder (PTSD) which all disaster victims experience at some level. PTSD more frequently occurs among those who experience greater and elongated traumatic events and, in more advanced forms, resulted in flashbacks, panic attacks. PTSD at this level can become debilitating. Individuals developing advanced symptoms of PTSD should be referred to appropriate professional therapists – with cognitive behavior therapy the most common treatment approach. While I have counseled with individuals who had near death experiences during Katrina’s impact and exhibiting PTSD symptoms, this label did not fit most of the individuals I encountered who complained of sadness of unknown origins, frequent and unexplained emotional outbursts, feelings of loss of control, depression, etc.

I served as a member of the group coordinating the “Gulf Coast Mental Health Summit,” a seminar focusing on the mental health and emotional needs of coastal residents after Katrina and planned by and for mental health professionals and
clergy. At this seminar I encountered Pauline Boss, author of Ambiguous Loss: Learning to Live with Unresolved Grief and Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss. Boss began her work on ambiguous loss during the Vietnam War working with families of POWs and MIAs. She advocates that the grieving process differs when a body is absent than when present. She has applied the same concepts to families of Alzheimer patients: when a body is present but the person mentally absent. Basically ambiguous loss occurs when the cause of the grief is severe, continues indefinitely, and lacks specific clarity. As with any loss, pain and suffering exists but the ambiguity as to the specific cause of the loss increases the trauma. A major source of ambiguous loss originates from the belief we can master our own destinies and that the world operates in a predictable manner in which hard and good work is rewarded. We do not tolerate an environment that operates differently from these principles or outside our sense of control. Ambiguous loss proves much more stressful than traditional loss or grief and creates an emotional roller coaster that, if unchecked, results in a loss of resilience and hope.

Victims of major disasters may experience loss of home, business, and friends and a disruption to every area of life. As one person shared with me in our first counseling session, “I didn’t just lose my house and everything in it including everything passed down to me from my parents and grandparents and all my family memories, I lost my doctor, my grocery, my post office, my pharmacy, my beauty salon, and everything else that gave a sense of order in my life.”

After the impact of the disaster come a series of subsequent disasters. Not living in a 500-year flood zone and not having flood insurance, Katrina victims learned their insurance would not cover their losses because the insurance carriers considered a wind driven storm surge out of the Gulf to be a flood. This left them with mortgages on concrete slabs and no way to recoup their losses. Promises of FEMA assistance came and went – with many not receiving the anticipated assistance. Friends moved away. Businesses closed and employees lost jobs. The ongoing losses and life disruption after major disasters result in the emotional distress described by Boss as ambiguous loss. One does not get over such loss but must go through it.

To get through it requires resiliency – the regaining of energy after it has been drained, rising above the trauma, not becoming immobilized but living well despite the ongoing trauma. Most of us have this natural ability but at times need assistance and intentionality about coping as we face on-going ambiguity. It requires defining a “new normal” or “new reality” and believing we can recover and thrive. Clergy and congregations can greatly assist in this process. As noted in the Phases article
having traditional worship the first Sunday after the disaster offers an opportunity to gather with the church family, to practice a familiar ritual, and to “reground.”

Over time congregations can offer ongoing worship and special liturgies that offer comfort and opportunities to acknowledge, remember, reflect, and celebrate. Clergy need to offer a theology of meaning and hope and a theology of redemption and “moving in to a new reality.”

Clergy can assist members in interpreting their post-disaster responses as normal. Many victims begin to consider themselves abnormal because they become unexpectedly teary, angry, or withdrawn. Clergy can help victims recognize these as normal responses to an abnormal and extremely stressful event and help them to distinguish between these responses and behaviors that are destructive to self or others. Members need assistance recognizing their emotions, redirecting feelings of guilt or shame toward addressing external causes, and finding meaning and hope. Specifically clergy need to encourage them to find positives and humor where possible and to practice the concepts of the AA prayer: changing what they can, accepting what they cannot, and seeking the wisdom to know the difference.

Some 18 months after Katrina one victim told me, “We were lucky. We had our home insured. We got full value and decided not to rebuild again so close to the water, but we have a home just as big and nice as our old home. So, I don’t understand why I’ll be talking to someone, doing things at home, or riding down the road, and I just start crying for no reason. My friends think I’m crazy. I’m beginning to think I’m crazy.” Helping her understand her tearful response offered a healthy release to an extremely painful, prolonged traumatic event and relieving anxiety that she had become “crazy” freed her to begin exploring what might trigger these emotional responses and how to become more resilient.

Often in ambiguous loss, someone knows she grieves but does not really know what she grieves. Helping her to more clearly and specifically define the grief helps the resilience process. When I asked her to describe the loss of her home, this approximately 80 year old woman responded, “We built this home almost 25 years ago after all our kids were gone. We designed and built it to have place to grow old together, to die together.” In the conversation that followed, she came to realize she did not grieve the loss of brick and mortar but the loss of this vision of having a sacred space for her and her husband to grow old and die together. This enabled us to talk about ways to bring that same vision into the new space and to incorporate memories into a space that offered no memories.
Clergy who do not practice good self-care following disasters face the risk of significant burnout. In disasters zones clergy face the warning of Flora Slosson Wuellner in *Feed My Shepherds*, “...if a shepherd is not fed as well as the sheep, that shepherd will begin to starve and may end up devouring the sheep.”

In Katrina many of the clergy on the Gulf Coast lost their homes and all their possessions there, their church buildings and all their possessions in their offices, and many of their members. I’ve met with one clergy person who had six of his staff members killed because they stayed to protect the buildings from looters after the storm.

Congregants will have greater demands for pastoral support. The clergy person will have less resources and risk exhaustion, disillusionment, and compassion fatigue – grief and depression resulting from over identification with the pain and suffering of others.

I have observed that just as healthy families weather a trauma such as the death of a child but dysfunctional families become more dysfunctional and often disintegrate, the same is true of congregations. Congregations healthy before Katrina have weathered the aftermath of Katrina well: rebuilding, appropriate support of clergy, active participation, and, in some instances, increased attendance and financial giving. Congregations unhealthy before Katrina have not weathered the disaster well: conflicts over rebuilding location and design, criticisms of clergy, criticism of members by clergy, and decreased attendance and financial giving.

Clergy in disaster areas need self-awareness and recognition of symptoms of burnout, exhaustion, excessive stress, compassion fatigue, etc and to take appropriate corrective actions. Because of heightened stress among and increased demands from congregants that may express itself through anger directed at clergy, more than any other time, clergy need the ability to self-differentiate and prevent becoming the “dumping ground” for others’ frustration. Clergy need to avoid “Superman” tendencies and set appropriate boundaries and set time aside time for rest and exercise, for family and positive social contacts, and for personal spiritual disciplines. Escalating congregational conflicts need to be addressed quickly.

Clear communication between judicatory and clergy and congregation is needed. Clergy and judicatories should set aside typical measurement tools e.g. average Sunday attendance. Having a spiritual director and/or a clergy support group proves beneficial. Setting aside time for breaks proves challenging throughout the post-impact and recovery process, but at every phase of the process, clergy need to

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set aside sabbath time – daily, weekly, monthly, and annually. I recommend at the completion of each phase of recovery clergy take breaks of progressive duration: at least three consecutive days after the immediate post-impact and before beginning clean-up, at least a consecutive week between clean-up and beginning rebuilding, and, for recovery processes lasting over a year, in addition the normal annual leave, taking a “mini-sabbatical” of a month within two years after the disaster or at the completion of the rebuilding – whichever comes first. Taking time off in a disaster area proves impossible. Therefore, clergy need to have locations away from the disaster area for these breaks.

Clergy will need judicatory support throughout the recovery process. Judicatories need to hold clergy accountable for self-care, assist with providing sabbath time by educating congregations about this need, providing needed coverage during the clergy absences, and providing sites for clergy/families to go during breaks. Judicatories also need to offer a variety of supports: a resource person, facilitator(s) for support groups and retreats, disaster recovery and resiliency education, and need to assist in defining new measures of success or accomplishment. Other clergy can support affected clergy but should avoid “pastoral voyeurism” – seeking to “hear the horror stories” by offering pastoral support – and need to be ready to listen but to not force self-disclosure. I have heard repeatedly, “I began avoiding volunteers and other clergy because I got sick of telling my story.” Those offering support must be prepared to be supportive for the long term and not just offer “drive-by pastoral care.” They can encourage resiliency and offer to cover worship and pastoral visits so effected clergy can take needed breaks. Because the effects of disasters are cumulative, recognize the effected clergy may complain about or become frustrated over what appears to be insignificant but is probably a response to a culmination of multiple factors that the person may not be able to articulate.