Psychosocial resilience and its influence on managing mass emergencies and disasters

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Abstract

This article argues that, while emergencies and disasters are distressing for most people and may result in mental disorders for a substantial minority of affected persons at some time in the following months and years, there are personal and collective sources of psychosocial resilience. The concepts, bases, and practical potential of resilience have been explored for more than 40 years. However, studies of pathology, which emphasizes people's vulnerability over their adaptive capacities, have predominated. The nature and basis of personal psychosocial resilience are outlined, and a new approach to collective resilience that has been developed through recent research on crowd psychology is described. The article concludes with some implications for managing disasters and practice, including the suggestion that crowds be treated as part of the solution rather than part of the problem in mass emergencies and disasters.

Keywords collective resilience; crowds; disasters; disorders; distress; emergencies; personal resilience; psychological first aid; psychosocial resilience

Introduction: disasters and emergencies

On average, a disaster occurs somewhere in the world every day. Although some are anticipated, it is difficult to predict accurately when disasters may occur or the nature of the next major incident.

Emergencies and disasters have the potential to disadvantage many persons. Stressors include:

- threat to life and physical integrity
- exposure to injured and dying people, and corpses
- exposure to gruesome sights and noxious smells
- social and material loss and bereavement
- social, employment, school, and community disruption
- consequential continuing hardship.

The psychosocial, behavioural, and health consequences of disasters result from interactions of the:

- direct impacts on the people involved
- consequences of the response (e.g. economic loss, disruption)
- health and social effects on people who are involved directly or indirectly, or who carry the burden of worry and care for survivors
- impact of subsequent preparedness (e.g. counter-terrorism strategies) and the social ramifications of new security procedures.

Therefore, it is not surprising that so many of the people who are directly or indirectly affected develop social, relationship, and/or psychological problems, physical health care problems, or psychiatric disorders. The literature contains numerous papers that describe the enormity of these effects. Yet, that is an incomplete picture. In its recent guidance, NATO adopts "… *an evidence-informed and values-based approach to psychosocial intervention after disasters … that takes the psychosocial resilience of persons and the collective psychosocial resilience of families, groups of people and communities as the anticipated responses, but not as inevitable*".[1]

Protecting people and communities against the psychosocial effects of disasters and promoting their resilience is, therefore, a critical component of disaster preparedness and of responses to major incidents. This paper explores the nature and bases of resilience, and its implications for managing disasters.

Disorder, distress, and resilience

A high percentage of people who are involved in emergencies experience health complaints after their exposure to traumatic events. NATO[1] has estimated that up to 80% of affected people may experience at least short-term mild distress; 15–40% medium-term, moderate, or more severe distress; 20–40% a mental disorder or other psychological morbidity associated with dysfunction in the medium term, and 0.5–5% may have a long-term disorder. These figures are broad guidelines only, because it is difficult to provide precise prevalence rates.

The figures reported in the literature vary considerably with factors that include the differing effects and durations of different emergencies, variations in the profile of vulnerabilities of the people who are affected, differences in how the affected populations are defined, variations in the methods used to ascertain the impacts, and differences in the sensitivity of their application. However, it seems clear that more people suffer from distress rather than psychiatric disorder.

Distress refers to the experiences and feelings of people after external events that challenge their tolerance and adaptation. It is initiated and maintained directly by primary and secondary stressors, and subsides when the stressors disappear or as people adapt to the changed circumstances. Distress is an anticipated human experience that has emotional, cognitive, social, and physical aspects. It is not a disorder when it emerges and persists in proportion to external stressful situations.[1]

The distinction between distress and disorder is evaluative because it is subject to cultural considerations and differing personal perceptions and values. However, the distinction is

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important prognostically, and, we argue, in respect of planning for humanitarian aid, and psychosocial and mental health care responses to disasters.

Psychosocial resilience describes people's ability to cope with stress. In technology, resilience refers to the capacity of a material to return to its original shape after an applied force is removed. Thus, the concept of psychosocial resilience does not imply any lack of impact of events on people's feelings, actions, or performance, but the reverse. It embraces distress that is followed by recovery if the circumstances are supportive.

We recognize two forms of psychosocial resilience. The first, which we term personal resilience, describes how particular people respond to the challenges they face. The second application describes how collectives of people respond to, cope with, and recover from emergencies. We consider the nature, aetiology, and implications of each below.

Personal resilience

Personal resilience describes '*a person's capacity for adapting psychologically, emotionally and physically reasonably well and without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge*'.[1]

Genetic and acquired personal characteristics determine the extent to which people are more or less resilient or vulnerable. They include people's developmental experiences and personal characteristics, repertoires of knowledge, and capabilities acquired from our earliest years. Resilience also has dynamic, interactional, and systemic qualities, in which personal factors interact with experience and changing circumstances. Thus, the nature of our family, peer, school, and employment relationships, the life events we experience, and the nature of our attachments are important formative elements. Box 1 summarizes the core features of personal resilience that have emerged from research and practical experience. Table 1 summarizes models and further aspects of personal resilience.

Facets of resilience that are particularly important include capacities and capabilities for forming effective attachments to other people, being able to sustain good relationships with others, and also being able to accept social and emotional support from them. In summary, personal resilience describes more than people being subject to protective factors or lacking risk factors that affect their lives. It includes how well people are able to grasp the realities of their circumstances, how they perceive themselves in relation to the challenges they face, and their abilities to innovate. Importantly, it is also a dynamic process of interaction between people and others and the environment around them.

Collective resilience

Collective resilience refers to the way people in crowds express and expect solidarity and cohesion, and thereby coordinate and draw upon collective sources of practical and emotional support adaptively to deal with an emergency or disaster.[4] The ability of established communities and organizations to recover and function successfully without top-down direction is well documented in disaster research. The emergency services, for example, successfully improvised forms of coordination after the World Trade Center terrorist attack in 2001, despite the loss of their command and control centre. We go further and argue that these qualities do not apply solely to social systems that have clear role structures, but also, importantly, to unstructured groups of survivors thrown together by events. This is a novel argument, which offers a new perspective on the relation between crowds and personal well-being.

In early research on emergencies and disasters, crowds were understood as a problem. Conventional views were that, with limited means of escape, people see others in the crowd as obstacles to their own survival.[5] Emergencies are stressful and frightening. It was assumed that these emotions would spread uncritically through a crowd, resulting in people reverting to a basic, instinctual individualism, with disastrous results for all. An increasing body of review evidence from a variety of mass emergencies and disasters has undermined this picture of pathological mass panic. The behaviour of crowds in emergencies and disasters is typically orderly, and mutual help among survivors is common. Panic, when it occurs, is displayed by a few people and not the crowd as a whole. Collective reactions to emergencies and disasters are more typically resilient.[6]

Previously, the major explanations for the resilient behaviours of crowds in emergencies have been in terms of the persistence of pre-existing interpersonal relationships, norms, and roles. However, perhaps the most striking and novel social behaviour observed in emergency crowds is mutual aid among strangers.

Resilience factors

Personal skills

- The capacity to receive social support
- Good cognitive skills
- Good communication skills
- Active problem-solving skills
- Flexibility – the ability to adapt to change
- Ability to cope with stress (seeing stress as a challenge)

Personal beliefs and attitudes

- Self-efficacy (general expectation of competence)
- Self-esteem
- Hope
- A sense of purpose
- Religion or the feeling of belonging somewhere
- Positive emotion and humour
- The belief that stress can have a strengthening effect
- Acceptance of negative feelings

Interaction skills, relationships, and achievements

- Good relationships with other people
- Contributions to community life
- Talents or accomplishments that one values oneself or that are appreciated by others
- Access to and use of protective processes
- Adaptive ways of coping that suit the situation and the person
- Growth through negative experiences

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Box 1