



## Starting Over After Environmental Trauma

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### Abstract

In August 2016, Baton Rouge, Louisiana, was inundated by 31 inches of rain during a 48-hour period. Entire communities were flooded. Many homes had six feet of water. People were awakened in the middle of the night with water rising around them. Once things began to settle, the emotional damage became apparent. Nemeth and Whittington 2012, outlined the following six stages of recovery from environmental trauma: 1) Shock, 2) Survival Mode, 3) Assessment of Basic Needs, 4) Awareness of Loss, 5) Susceptibility to Spin and Fraud, and 6) Resolution. Many flood victims, who presented for health care, were reporting the following symptoms: constant worry, irritability, tension, headaches, restlessness, sleep disturbance, sadness, and fatigue. These symptoms were anniversary reactions. Most likely, these individuals had been flooded in March 2016 and/or during Hurricane Katrina in 2005, not just in August 2016. People were still emotionally numb four months afterwards. As thinking in the shadow of feelings is often very hard to do, the need for psychotherapeutic intervention was apparent. People who attended these Emotional Resiliency workshops were given an opportunity to be heard, to share their feelings, and to learn effective coping mechanisms. The real strength of the workshops was, however, the opportunity for bonding. People who felt very alone came together and found strength in their common purpose. Psychological coping skills were enhanced and a deeper sense of spiritual awareness occurred. Creative drawings, relaxation exercises, and expressions of thankfulness allowed people to express their feelings and to move forward.

**Keywords:** Environmental trauma, Emotional resiliency, Coping skills, Six stages of recovery, Community bonding

### Environmental Resilience

Louisiana could be the poster child for Environmental Trauma. According to Barry D. Keim and Robert A. Muller, the state of Louisiana has experienced more environmentally traumatic events than any other state in the lower 48 (2009). Floods, hurricanes, tornados, coastal land loss, swamp degradation by oil companies, etc.

You name it! We've experienced it!  
In spite of nature-caused trauma, human-caused trauma, or both, Louisiana's environment and its people have been amazingly resilient.

For example, after Hurricane Katrina, Lake Pontchartrain became excessively polluted by water from the New Orleans sewer system. Researchers from a university in Florida found that the lake's



amoeba were able to successfully clean up sewer water and return the lake to its pre-Katrina status. These findings were totally unexpected, but the lake took care of itself. With humans' interference, however, this environmental self-stabilization is becoming less likely.

The concept of resilience, the ability to be grounded in today, to learn from yesterday, and to imagine oneself in tomorrow, is as old as time itself (see Figure 1). It has evolved from the Latin word "resiliens," meaning to rebound, which was reportedly coined in the 17<sup>th</sup> century. According to the work of Dr. George Bonnano, it typically referred to "the ability to bounce back from a crisis, to engage in positive coping actions, to request and accept support, and to look forward toward a better future" (as cited in Kuriansky, 2012, p. 143).

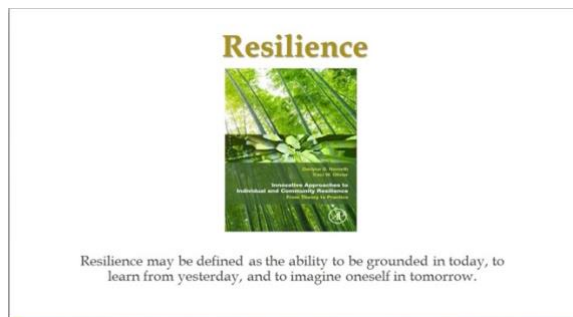


Figure 1. Resilience was defined in *Innovative Approaches to Individual and Community Resilience: From Theory to Practice* (Nemeth & Olivier, 2017).

### Resilience is A Biopsychosocial Phenomenon

Resilience is a biopsychosocial phenomenon. For example, research conducted by Genomind, Inc., regarding the effectiveness of mental health medications revealed that many individuals do not

benefit from the psychopharmacological treatment with Selective Serotonin Reuptake Inhibitors (SSRI's), such as Prozac or Zoloft. Those individuals often have low stress resilience and are more prone to suffer from Post-Traumatic Stress Disorder (PTSD) (Genomind). Thus, many individuals may be naturally unable to benefit from these biochemical interventions. As there are such limited world-wide supplies of these medications and as researchers, such as Dr. Irving Kirsch, in his 2009 book, *The Emperor's New Drugs*, pointed out, less than 20 percent of those prescribed these medications actually benefit from them. Therefore, we must look to non-pharmacological approaches to promote resilience.

### Basic Needs

In 1954, Dr. Abraham Maslow, an American psychologist, refined his Hierarchy of Needs in his book, *Motivation and Personality*. Maslow arranged the Hierarchy of Needs in a pyramid from the basics (such as physiological, safety, love/belonging, and esteem) to the ultimate (self-actualization) (Maslow, 1954).

Most people are a long way from achieving Self-Actualization. Oftentimes, people find themselves struggling with securing their basic needs, which must take priority over endeavoring to reach their full potential. Environmental traumas, such as floods and hurricanes, are only a few of the stressors that keep people from ascending this hierarchy. When considering these stressors, both the **ecodynamics**—how humans affect the environment—and the —how the environment affects humans—must be considered (Nemeth, 2015).

It is hard to be resilient when you do not have a home. Regardless of where they



are in the world, people long for home. This longing is often referred to as **oikophilia**. It is the basic need for people to reconnect with their roots, and to rebuild their communities. This longing is not only going on in Louisiana but throughout the world. People are trying to rebuild their homes and their lives.

### Six Stages of Recovery

As outlined by Nemeth and Whittington (2012) in *Living in an Environmentally Traumatized World: Healing Ourselves and Our Planet*, people are experiencing the Six Stages of Environmental Trauma. They are as follows:

- 1) **Shock** – We tend to view our lives as predictable, stable, and secure. People, property, and entire communities vanished in minutes. For those who survive, there is shock.
  - When people are in shock, they act without thinking.
  - Frequently they perform heroic feats at their own peril.
  - These heroic actions, however, may have unintended consequences such as posttraumatic stress disorder and/or long-term health ailments.
- 2) **Survival Mode** – In a state of panic, most people do whatever it takes to survive. In survivor mode, Garrido (2007) identified types of victims:
  - 1) Those who are overwhelmed and in shock due to the emotional impact of the trauma
  - 2) Those who tell their horrifying story while displaying no emotion
  - 3) Those who feel guilty for having survived while others died or were injured

- 4) Those who believe they
  - a) Made the disaster worse somehow
  - b) Could have done something to help
  - c) Could have prevented it from happening
  - d) Could have saved someone

According to Garrido (2007), to address the plight of survivors, it is necessary to understand which of the aforementioned emotional characteristics they display.

- 3) **Assessment of Basic Needs** – Typically, first or second responders assess basic needs. Initially, these needs include food, clean water, shelter, and safety.
  - *Local people do this best.* They understand the culture of the people and they know how to assess their basic needs.
  - Safety is one of the most difficult conditions to re-establish.
    - As espoused by Dr. Karen Horney, the safety motive is a measure by which individuals attempt, either directly or indirectly, "to protect themselves from the hostility in their environment, and more broadly, to protect themselves from any kind of threat" (Wolman, 1989, p. 299).
  - To ameliorate the immediate impact of trauma, Dr. Garrido recommends that the following interventions be implemented as quickly as possible:
    - Calm people down
    - Soothe their fears



- Let them talk
  - Keep them safe
  - Provide food and shelter.
  - The realistic limitations and availabilities of services in crisis situations must also be discussed. Dr. Garrido cautions that **crisis managers must not promise what cannot be delivered.**
- 4) **Awareness of Loss** – After passing through the shock of a situation, finding a way to survive and re-establishing their basic needs, people become aware of their losses.
- This involves surveying the damage.
  - This typically begins when people endeavor to find their loved ones, to locate property, and to gain perspective.
  - Then, when a major authority figure (e.g. Louisiana’s Governor John Bel Edwards) comes to acknowledge their pain by his presence, people begin to settle down.
    - This settling experience allows people to face their personal losses, including loss of people, property, pets, community, and even perhaps culture.
- 5) **Susceptibility to Spin and Fraud** – Just when people need to rebuild, to repackaging themselves, and to reshape their lives and their culture, spin and fraud come knocking on the door.
- There are always “entrepreneurs” trying to take advantage of people’s vulnerabilities, or insurance companies attempting to settle claims too quickly or to deny them altogether, there are usually perpetrators of spin and fraud on the heels of an environmental disaster.
- 6) **Resolution** – Resolution can take a long time—from many months to many years. The beginning of the resolution phase is marked by an anniversary reaction, which usually occurs one year post environmental trauma. Others follow on the 5<sup>th</sup> and 10<sup>th</sup> anniversaries.
- These anniversary symptoms typically include:
    - Constant worry
    - Irritability
    - Tension
    - Headaches
    - Restlessness
    - Sleep Disturbance
    - Sadness
    - Fatigue
  - According to Maccoll and colleagues (1999), intrusive memories, emotional numbness, and behavioral reactivity may also accompany reminders of the event.

### Five Characteristics of Resilience

Rebuilding can be difficult without resources. Resources can be either external or internal. Dr. Judith Rodin, in her 2014 book *The Resilience Dividend*, described resilience as an inner resource. She outlines five main characteristics of resilience. They include being:

- 1) **Aware**→As knowing your strengths and assets,
- 2) **Adaptive**→As having the capacity to adjust to changing circumstances,



- 3) Diverse→As having multiple capacity sources to operate even when challenged,
- 4) Integrated→As being able to coordinate your functions (feelings) and actions, and
- 5) Self-Regulating→As being able to deal with difficult situations and disruptions without extreme malfunction or catastrophic collapse.

In our current world, as Dr. Rodin points out, **“building resilience is one of our most urgent social and economic issues because we live in a world that is defined by disruption”** (2014, p.6-7).

### **Dealing with Changes**

The capacity to respond to change is crucial to maintaining our physical health and emotional well-being. Gradual change is easier to manage than sudden change. Even when we expect it, we seldom are prepared to deal with sudden change effectively.

For example, it is one thing to expect and to prepare for change; it is quite another thing to experience it, to survive it and to thrive. In Louisiana, state government officials conducted three mock hurricane preparedness workshops, called Hurricane Pam. The third workshop was held shortly before the infamous Hurricane Katrina. Yet, when Hurricane Katrina actually hit New Orleans on August 29, 2005, all of those well-practiced community plans fell apart. As a result, chaos prevailed. Everything that could go wrong, did go wrong. Similar outcomes occurred in Fukushima and in Chernobyl. In fact, Dr. Yasuo Onishi and his colleagues, in their 2007 book, *Chernobyl—What Have We Learned?* concluded that the

most lasting public health effect of Chernobyl was psychological, as it was in Hurricane Katrina.

### **The Hurricane Katrina Wellness First and Tenth Anniversary Workshops**

On the 10<sup>th</sup> anniversary of Hurricane Katrina, members of the World Council for Psychotherapy (WCP) and the Louisiana Psychological Association (LPA) held Wellness Workshops in New Orleans, Louisiana. Ten years after Katrina, many participants were still suffering emotionally. They had not recovered fully and the expected anniversary reactions were deeply felt. Most workshop participants had never interacted with a psychotherapist before. They had not understood the power of group workshops that included healing spiritual music, psychological exercises, and group cohesion. The value of obtaining basic information about emotional trauma, developmental regression at times of trauma, and anniversary reactions was offered. By revisiting and rebuilding developmental stages, grief work was accomplished. Then, new affective coping strategies and emotional freedom techniques were introduced. Individual and community drawing exercises and discussions helped participants to regain their sense of resilience. Basically, it was necessary to revisit developmental stages in order to move forward emotionally (see Figure 2). In less than **seven** hours, anxiety was reduced and resilience was restored.



Hendrix Stages & Ages	RILEE Emotional Needs	RILEE Corrective Behaviors	Family Affective Themes
1 Attachment (0-18 months)	Attachment Security	Relax	Scared
2 Exploration (18-36 months)	Attention	Relate	Angry
3 Identity (3-4 years)	Acceptance	Forgive	Anxious
4 Competence (4-7 years)	Approval	Share	Embarrassed
5 Concern (7-13 years)	Acknowledgment	Connect	Sad
6 Intimacy (13-19 years)	Affection	Satiate	Happy

Figure 2. Hendrix developmental stages and RILEE Interventions.

These Anniversary Wellness Workshops, which fostered individual resilience and social cohesion, were used as the basis for our **four** hour WCP/LPA Emotional Resiliency Workshops. According to Dr. Rodin, 2014, social cohesion is “the glue that binds people to one another.” She added, “Genuine commitment and caring, shared values and beliefs, engagement, common purpose, and sense of identity” make “all the difference in building resilience” (p.61). In those who have either been flooded out or flooded in, these workshops encourage reconnection and reduce loneliness.

### The Emotional Resiliency Workshops

When a disaster happens to a community, it must be addressed in a community by that community. Therefore, Emotional Wellness Workshops were developed by WCP/LPA psychotherapists and students in response to this need.

The Workshops for Adults included the following activities (see Figure 3):

- LPA's Resiliency Workshops: The Outline for Adults
- I. Welcomes, Introductions, Invocations
    - a) Defining Resilience
    - b) Identifying the Six Stages of Recovery from Environmental Trauma
      - 1) Shock
      - 2) Survival Mode
      - 3) Assessment of Basic Needs
      - 4) Awareness of Loss
      - 5) Susceptibility to Spin and Fraud
      - 6) Resolution
  - II. Sharing Your Story
    - a) Helping one another
    - b) Surviving and coping
      - 1) Facing feelings and sharing experiences
      - 2) Acknowledging and affirming
      - 3) Being creative and solving problems
        - a) Getting to Yes Exercise
      - 4) Reassessing and Reprioritizing Needs
      - 5) Implementing resilient strategies
  - III. MORNING BREAK
  - IV. Dealing with Loss (Individual Drawings)
    - a) Of people
    - b) Of pets
    - c) Of property
    - d) Remembering
      - 1) Two good memories
      - 2) Two bad (sad) memories
  - V. Learning Lessons (Group Drawings)
    - a) What's really important?
    - b) Planning and Preparing
    - c) Developing Perspectives
  - VI. Rebuilding and Avoiding Spin and Fraud
    - a) What do I really need?
    - b) Who do I really need?
    - c) What are my emotional needs?
    - d) What are my physical needs?
    - e) What are my spiritual needs?
  - VII. Closing Remarks
    - a) Community sharing
    - b) Prayer/Song
    - c) Lunch (if possible)

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Figure 3. Adult emotional resiliency workshops' outline.

Whereas, the Workshops for Teens and Children included the following activities (see Figure 4):

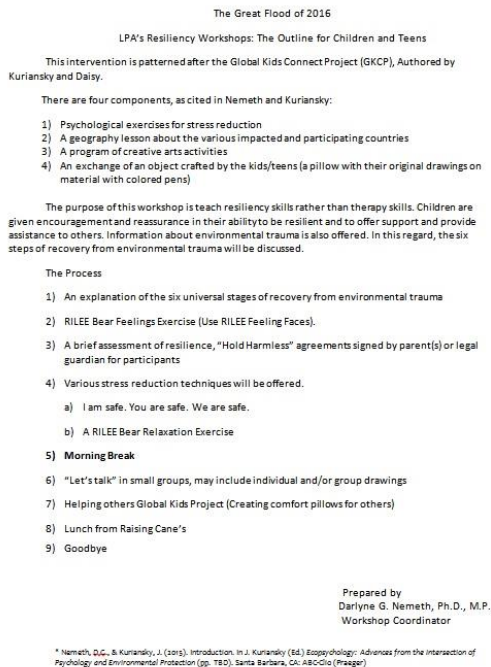


Figure 4. Teens and children emotional resiliency workshops' outline.

It is important to note that traumatized children need to have something small to eat and/or drink every two hours (Ranter, 2016). Therefore, morning and lunch breaks were included in the workshops as well as many fun activities. The Louisiana children really enjoyed preparing pillows for others as the Haitian children had prepared pillows for them (Kuriansky, 2012). Helping others was especially uplifting. These workshops allowed participants to be heard and understood. When acknowledged, participants were emotionally free to address and solve their own problems.

### **Loneliness and the Need to Reengage after Environmental Trauma**

Loneliness is a very dangerous phenomenon. Rehm estimated that 90% of people experience some type of emotionally and/or

environmentally traumatic events in their lifetime (2015). After a trauma, people often disengage. But disengagement can be very dangerous. According to Drs. Cacioppo and Patrick, chronic loneliness can lead to cognitive dysfunction, emotional disturbance, paranoia, and social detachment (2008). Encouraging individuals to re-form communities (e.g., neighborhoods) helps them to recover from this type of trauma. In communities, resilience is fostered, loneliness is reduced, and depression is averted. Identifying strengths and weaknesses and listening actively and attentively are very important building blocks for resilience.

When we are unable to listen, we are either preoccupied with our own inner concerns or frozen with fear. As Dr. Reuven Bar-Lavov concluded in his 1988 book, *Thinking in the Shadow of Feelings*, productive responding is thwarted. Currently, the logical approach to healthy problem solving is "ready, aim, fire." Today, however, many people are using ideology rather than logic. This produces a hysterical form of responding, labeled by Dr. Robert Birnbaum (2013) as "ready, fire, aim." Such responses lead to chaos. Especially when we are out of touch with our own internal strengths and coping styles.

### **Epilogue**

We often hear, but do not listen. We often judge, but do not understand. We often act, but do not know why. With technology, we have been losing the art of listening, of truly being able to consider one another's points of view. But resilience requires listening. It also requires empathy and understanding. How can we be resilient, yet lack compassion? How can we experience well-being, yet lack balance? How can we avoid



depression, yet lack social connection? If we are to truly survive and thrive, we must re-define our individual, social, and collective priorities. In this regard, psychotherapists face unique challenges.

Psychotherapists must strive to develop a unique blend of technical and experiential mastery. They must be able to understand that their personal and professional lives are not separate entities, but rather require a blend of both aspects of the self. Neither can be out-of-order. Both require careful attention. Psychotherapists must maintain a positive outlook and be grounded in the present. They must see themselves in the future while benefitting from the past. They must understand that psychotherapy is more than a profession, it is a calling. As stated in Nemeth and Olivier (2017), this requires a balanced lifestyle, the ability to avoid toxic personal and professional relationships, and an eternal sense of hope and resilience.

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