

In environmental disasters, families respond with conflict, denial, silence

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When environmental disasters divide communities, "family dynamics totally mirror what happens in the community," says UB's Orom. Credit: Douglas Levere, University at Buffalo

Environmental disasters impact individuals and communities; they also affect how family members communicate with each other, sometimes in surprising ways, according to a paper published by a faculty member at the University at Buffalo in the *Journal of Family Issues*.

The study is the first <u>systematic analysis</u> of how families communicate when faced with serious health issues brought on by "slow moving technological disasters," like <u>environmental disasters</u>. The purpose was to identify how people in families communicate when they are facing these issues in order to better characterize the social costs of such disasters.



The findings were, in some ways, counterintuitive, says Heather Orom, PhD, assistant professor of community health and <u>health behavior</u> in the UB School of Public Health and Health Professions and lead author on the paper.

"The casual observer might assume that when people become seriously ill and there are fatalities, that families would come together and support one another," says Orom. "But our research shows that often times, the opposite happens. That is because whether it's buried toxic waste, such as in Love Canal or contaminated drinking water in Woburn, Massachusetts, these slow moving technological disasters become such a divisive issue in communities. The family dynamics totally mirror what happens in the community."

Orom's research consisted of focus groups conducted with residents of Libby, Montana, who either had asbestos-releated disease, had <u>family members</u> with the disease or were not affected either way. Libby, Montana has significantly elevated incidences of several kinds of asbestos-related disease, such as pleural disease, asbestosis, lung cancer and mesothelioma.

For almost 70 years, asbestos-contaminated vermiculite, a mineral commonly used in insulation, construction and as an additive to potting soil, was mined and processed in Libby. As a result, asbestos-related diseases, which often are fatal, are common among former mine employees; family members may also have been affected by the asbestos carried home by workers on their clothes. Cases have been linked to day-to-day exposures among people residing in the town and surrounding area.

"We found that the people in these situations can be victimized twice," Orom continues. "They become ill and then may be stigmatized because some members of the community view illness claims as lacking



credibility, as baseless attempts to get compensation that tarnish the reputation of the town."

According to Orom, what typically occurs is that with the news of contamination, properties are devalued and businesses start leaving the area. "Suddenly, you've got two disasters: an economic disaster and a medical disaster," she says. "It's not surprising that some families decide, 'let's stop talking about it.' Those who continue to bring it up are then labeled troublemakers. Those who are sick and are seen with their oxygen also get labeled. So, many people, especially those with symptoms, start to isolate themselves at home and that affects how and if they discuss their illness with family members." Orom adds that this behavior could prevent people from seeking the medical or psychological help they need; it also could prevent them from discussing important measures that other family members should take, such as screening to find out if they, too, have the disease.

Orom and her colleagues identified five communication patterns within the affected families, which they characterized as open/supportive; silent/supportive; open/conflictual; silent/conflictual and silent/denial. They speculated that the silent and conflictual types of communication could be barriers to attitudes and behaviors that would promote better health, such as screening for asbestos-related diseases, and could increase psychological distress in families.

"There is a reason why people don't like to discuss illness in general, anyway," says Orom. "With an environmental diasaster, there is an additional layer creating a propensity for silence. In our focus groups, we saw instances where families rejected the legitimacy of the illness and estranged the person who was ill."

Orom notes that the negative effects that come from these kinds of responses within families do have significance in the larger community



and should be taken into account by policymakers.

"If there are real social and financial costs that result from these disasters and their effects on family relationships, for example, if divorces increase as a result, then maybe this kind of research can help move policies in a direction of being more protective of communities," she says.

Provided by University at Buffalo

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