

Distress can linger after disasters like floods. A mix of personality, family and community gives us clues

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The Queensland and New South Wales floods are a powerful reminder that health crises and natural disasters can arrive without warning and

wreak havoc on the lives of those affected.

But what happens to these people next? Do they typically experience declining [mental health](#) and well-being? Or is the human condition typically one of resilience?

Research [generally finds](#) about two-thirds of people affected by [natural disasters](#), health crises and terrorist attacks show [resilience](#). They maintain a stable level of mental health in the face of a serious stressor.

However, some people experience prolonged distress after floods and other disasters. These people often face other life challenges and have reduced support networks—and must not be overlooked in policy responses and supports.

People respond to disasters in four main ways

Studies often identify [four types of psychological response](#) to disasters and crises such as floods.

The first group, which includes approximately two-thirds of people, have a resilient response. They may have temporary increases in feelings of loss, sadness, fear and worry when the disaster first happens. But within two months they return to their usual level of psychological well-being.

The second group of people experience high psychological distress throughout the time of the disaster and beyond, and show little, if any, recovery.

The third group do not show any changes in psychological well-being for months, but then experience an increase in distress that can continue to increase for up to two years.

The fourth group experience large increases in psychological distress during and immediately after the disaster. These people show gradual declines in distress until their psychological well-being is re-established. However, this can take many months, if not years.

Who falls into which category?

Identifying the types of people who fall into these four psychological responses has proven extremely difficult, as no major factor alone can explain people's psychological well-being during and after disaster.

Instead, it's [the combination of a variety of risk and protective factors](#) that predicts whether a person is resilient, struggles with a more gradual recovery, or develops enduring mental health problems.

These factors also [change over time](#) as people's life circumstances change. This means people can be more or less resilient at different points in their life, which can influence how they're affected by the disaster.

What are the resilience and risk factors?

[Three types of factors](#) help predict resilience: [personal characteristics](#), [family relationships](#), and community characteristics.

[Personal characteristics](#) include personality traits such [feelings of](#) loneliness, optimism, neuroticism, the ability to control emotions, as well as gender, age, cultural background, and a history of mental health issues.

Family relationships factors include how [relationships function](#), perceived support from partners and parents, constructive

communication, feelings of closeness and trust.

Community characteristics include the level of social cohesion in the community, crime rates, exposure to the disaster and other factors such as wealth.

How do they come together?

To show how these factors come together to predict people's psychological responses to disasters such as floods, let's use two examples.

People who are psychologically resilient tend to be optimistic, demonstrate little neuroticism and have few existing mental health problems. They are often (but not always) of higher socioeconomic status.

They also tend to have highly supportive [family relationships](#) that are close and include constructive ways to communicate about problems.

These people tend to live in communities with high cohesion and solidarity.

People who experience chronic mental health concerns, including post-traumatic stress, tend to lack optimism, can be higher on neuroticism and have a past history of mental health issues and past traumas.

Their distress is higher if they experience problematic family relationships, where conflict escalates and there is little support among family members.

The chronic mental health concerns can be further exacerbated in communities of lower socioeconomic status and where there is little

cohesion.

How should policy responses consider well-being?

Typically, disaster response efforts are focused on two areas.

The first is providing tangible assistance. This includes rescue efforts, the cleanup of disaster-affected areas, and helping those affected access food, financial aid, temporary shelter or housing.

This type of disaster response can also include providing advice and information that helps people and their communities access the services they need.

The second is a focus on assessing and providing counseling for those who experience [post-traumatic stress](#).

But by focusing on post-[traumatic stress](#), you can miss out on providing mental [health](#) and relationship counseling to those who are at elevated risk, but may not show immediate signs of distress.

We need to broaden the way we assess people in disaster-affected areas and do a much better job of identifying those who are likely to be resilient and those who are likely to be at risk.

As part of that assessment, there needs to be an understanding of the level of community cohesion and capabilities in disaster-affected areas.

This is important because the distribution of aid and services can backfire and cause greater distress and increase community fracturing. This [can occur](#) if the allocation of resources is not transparent, the reasons for the timing and way aid is distributed is not well understood, and the aid provided is not viewed as fair or culturally sensitive.

It's important to take a [community-centered approach](#) to post-disaster intervention. This requires that governments, aid organizations and local authorities work closely with each community to ensure the community itself has an active role, and a voice, in disaster recovery.

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