

# Psychosocial Resources in the Aftermath of Natural and Human-Caused Disasters: A Review of the Empirical Literature, with Implications for Intervention

## A National Center for PTSD Fact Sheet

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Findings regarding psychosocial resources are organized by distinguishing between resources that are threatened by stress (vulnerable resources) and resources that emerge in response to stress (emergent resources). Emergent resources must be mobilized to replace or replenish the vulnerable ones. We first reviewed the evidence regarding the protection afforded by psychological and social resources, then the evidence regarding the potential for resource deterioration, then the evidence regarding resource mobilization in the aftermath of disasters.

### Protection Afforded by Psychological Resources

Psychological resources such as coping efforts, self-efficacy, mastery, perceived control, self-esteem, hope, and optimism do protect disaster victims, as indicated by the following empirical results:

- \* **Ways of coping** influenced symptom outcomes in several studies, but the findings were not always consistent across them. Avoidance coping and blame assignment were consistently problematic, but other ways of coping were sometimes helpful and sometimes not.
- \* **Beliefs about coping** were far more important than ways of coping. What matters, apparently, is not how individuals actually cope but rather how they perceive their capabilities to cope.
- \* **Self-efficacy, mastery, perceived control, self-esteem, hope, and optimism** all are related positively, strongly, and consistently to mental health in both the short-term and long-term.

### Protection Afforded by Social Resources

Social embeddedness, received social support, and perceived social support are all critical for disaster victims, as indicated by the following findings in the empirical research:

- \* **Social embeddedness**-the size, activeness, and closeness of the survivor's network-is related strongly and consistently to mental health.
- \* **Received social support** is the actual helping behavior that emerges in response to stress. Although it usually is related positively to mental health, the findings are

not entirely consistent, in part because levels of help received are confounded with need. Received support is important primarily because it protects and replenishes other resources, such as perceived social support.

\* **Perceived social support** is the most thoroughly researched social resource. With few exceptions, disaster survivors who subsequently believe that they are cared for by others and that help will be available if needed, fare better psychologically than disaster survivors who believe they are unloved and alone.

### Resource Deterioration

The extent to which resources were lost may be the single most important thing to understand about a postdisaster environment, as indicated by the following research:

\* **Global indices of resource loss** show that the greater the amount of resource loss, regardless of the specific resources, the greater the psychological distress. Several studies have found such measures to be the strongest predictors of symptom outcomes.

\* **Psychological resources**, such as optimistic biases and perceived control, occasionally have been found to decline after disasters.

\* **Social resources**, specifically social embeddedness and perceived social support, appear to be especially vulnerable to the effects of disasters. The reasons are many, including loss of network members through death and relocation and community-wide changes in social activities. An important feature of disasters is the likelihood that potential supporters are victims themselves. As a result, the need for support for all affected may surpass its availability, leaving social networks unable to provide necessary support.

\* **The Social Support Deterioration Model**, which has been tested across several disasters, indicates that declines in social support account for a large share of victims' subsequent declines in mental health. Attending to the social needs of disaster victims could go a long way toward protecting survivors from long-term adverse psychological consequences.

\* **Resource mobilization** can help counteract the forces that engender resource deterioration. It is therefore critical to understand the processes that influence the receipt or mobilization of postdisaster social support.

\* **The Social Support Deterioration Deterrence Model**, an extension of the earlier deterioration model, shows that resource deterioration is *not* inevitable. When disaster victims receive too little help relative to their needs, their subsequent perceptions of social support deteriorate. However, when disaster victims receive help that is adequate relative to their needs, they maintain their expectations of support (and subsequent mental health).

\* **Families and friends** are relied upon more often, and with greater subsequent comfort, than outsiders and professional sources of support.

\* **Emotional, informational, and tangible help** are all important to disaster victims.

\* **The rule of relative needs**, which means that the most help should go to those who need it the most, is followed appropriately by most communities.

\* **The rule of relative advantage** acknowledges that the distribution of postdisaster help is not governed by need alone. Within communities, the amount of received support increases as network size, help-seeking, comfort, and economic well-being increases. These rules operate at the macro- as well as micro-level. Postdisaster "altruistic communities" are less likely to develop in a context of low resources than in a context of high resources. These communities are also less likely to develop after technological disasters than after natural disasters. As far as we know, support mobilization has not been studied in the aftermath of mass violence.

\* **Sustaining helping activities may be more difficult than mobilizing them.** In time, attentive media and other outsiders leave. Families and social networks become saturated with stories and shared feelings. Over time, fatigue, irritability, and scarcity of resources increase the potential for interpersonal conflict and social withdrawal. When support provisions are inadequate, inequitable, or too short-lived, the mobilization of support gives way to the deterioration of support.

## Summary and Conclusions

Although the empirical data on resources is less extensive than the research on the overall impact of disasters or risk factors for adverse outcomes, it has grown tremendously in recent years. These data yield the following conclusions and recommendations:

\* **Naturally occurring psychosocial resources** provide important protection against adverse symptom outcomes. Unfortunately, these same protective resources are themselves vulnerable to the impact of disasters and sometimes decline or deteriorate in strength. Fortunately, such deterioration is unlikely when postdisaster support provisions are adequate, equitably distributed, and sufficiently lasting to meet survivors' needs.

One limitation is that the data supporting this perspective emerged primarily from studies of natural disasters. Although some of the natural disasters studied have been quite serious, **it has not been established that naturally occurring resources are powerful enough to overcome the effects of the profound trauma that accompanies mass violence.** It also has not been established that such resources and processes effectively protect survivors from PTSD, as most of the studies predicted levels of nonspecific distress. This is not to say that resources are not important in the context of mass violence, only that they have not been studied very much.

\* We should educate survivors, and those who come into contact with them, that **avoidance and blame assignment are rarely effective coping strategies.** Otherwise, however, the specific ways of coping matter much less than do people's perceptions of themselves as able to cope and control outcomes. It may be more important for disaster workers to reassure survivors that they do, in fact, have what it takes to meet the demands faced.

\* **A focus on self-efficacy** does not mean that mental-health services are not needed but rather that such services should be delivered in a way that provides resources without threatening them. Some people are more likely to accept help for "problems in living" than to accept help for "mental-health problems." In exercising our good intentions to help victims, we must not inadvertently rob them of the very psychological resources they need to persevere over the long term.

\* **Naturally occurring social resources are particularly vital for disaster victims.** Professionals and outsiders are important sources of assistance when the level of need is high, but they must not and cannot supplant natural helping networks. People should *not* abandon their routine social activities because these keep people informed about the relative needs of network members, provide natural forums for sharing experiences, and preserve a sense of social embeddedness. It also might be helpful to educate individuals about the reasons why significant others may not always be able to provide them with the quality or quantity of interpersonal support they expect.

## Implications for Intervention

A number of implications for intervention can be drawn from the above results. Whether directed toward the community, family, or individual, the emphasis for interventions should be on empowerment, meaning they should draw upon and build strengths, capabilities, and self-sufficiency.

**Community-focused interventions** for enhancing social resources will vary depending upon the disaster, the setting, and the culture. General recommendations are as follows:

- o Collective grieving expresses solidarity and facilitates unity and collective action.
- o Keep people in their natural groups if they must be relocated.
- o Provide social activities for new communities that form because of displacement, especially if natural groups have not been retained.
- o Group meetings in which participants brainstorm about various themes for rebuilding the community help survivors to recognize the reality of loss, to identify and discuss local problems, and to work together toward an achievable, specific goal.
- o In order to emphasize inclusiveness, the above activities must reach out to people who might feel isolated or marginalized. Community members also might canvas the community to learn of others' needs.

**Family-focused interventions** are very important. Most people are most comfortable seeking and receiving help from family members, yet family members also are a significant source of strain and conflict. Disaster workers should search for effective ways to build and sustain support at the family level. The following are only a few general suggestions:

- o Encourage families to talk together about their experiences, losses, and feelings.

- o Encourage families to resume normal activities to the extent possible.
- o Help families handle conflict appropriately so as to minimize negative encounters caused by the strain, fatigue, and irritability that often follow trauma.

**Individual-focused interventions** are costly and often unnecessary. They should be reserved for those persons who are most distressed, who had weak psychological and social resources to begin with, or who suffered particularly dire resource losses. If it is recalled that resources must be invested in order to acquire new ones, it will be understood that the people who need such services the most may be least likely to seek them. Outreach to such persons, and to the communities in which they are most likely to live, is essential.

Clearly, resources matter in times of stress. The concepts of emergent and vulnerable resources may be helpful not only for organizing the research but for organizing information about a specific community's resources. A clear goal of intervention should be to help disaster-stricken communities plot strategies that increase the emergence of resources and decrease the vulnerability of resources. Providing the people within indigenous networks with the resources they need to help one another is (or should be) the primary objective of disaster mental-health policy. The ultimate task is to foster a mobilization of community support that will be powerful, inclusive, and that will last long enough to conquer the spiral of losses.

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### [Risk factors](#)

A fact sheet about the risk factors for adverse outcomes in natural and human-caused disasters

### [Treatment and assessment](#)

Description of the phases of coping with traumatic stress and the typical symptoms expressed following trauma

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